



Summary of Benefits

2025

Los Angeles
Riverside
Sacramento

San Bernardino
San Diego

Central Health
Medi-Medi Plan I
(HMO D-SNP) (02)

2025 Summary of Benefits

Central Health Medi-Medi Plan I (HMO D-SNP) H5649-002

January 1, 2025 - December 31, 2025.

Central Health Medicare Plan is an HMO/HMO SNP with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please access the “Evidence of Coverage” at www.centralhealthplan.com.

This plan is a **Dual Eligible Special Needs Plan (D-SNP)** for people who are eligible for both Medicare and Medicaid. As a dual eligible beneficiary, your services are paid first by Medicare and then by Medicaid. How much Medicaid covers depends on the type of Medicaid eligibility you have. To join **Central Health Medi-Medi Plan I (HMO D-SNP)**, you must be in one of the following Medicaid eligibility categories:

- **Qualified Medicare Beneficiary (QMB):** Medicaid covers your Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts. You are not otherwise eligible for any Medicaid benefits.
- **Qualified Medicare Beneficiary Plus (QMB+):** Medicaid covers your Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts. You are also eligible for full Medicaid benefits, secondary to your Medicare coverage.
- **Full Benefit Dual Eligible – Medicaid Only:** You are eligible for full Medicaid benefits. Medicaid may provide some assistance with Medicare cost-sharing. Generally, your cost share is \$0 when the service is covered by both Medicare and Medicaid. There may be instances where you have to pay Medicare cost-sharing when the service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost-share may also increase or decrease. You must remain eligible for and enrolled in Medicaid to stay enrolled in this plan. You also must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in California: Los Angeles, Riverside, Sacramento, San Bernardino and San Diego.

Eligibility for the Model Benefit or RI Programs under the Value-Based Insurance Design (VBID) Model is not assured and will be determined by the MAO after enrollment, based on relevant criteria e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program in the event eligibility of Targeted Enrollees for Model Benefits or RI Programs is not assured or cannot be determined before a Plan Year, as applicable.

Except in emergency or urgent situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at Medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) available 24 hours, 7 days a week including some federal holidays. TTY/TDD users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

Have questions? Please call Central Health Medicare Plan Member Services Department at (866) 314-2427, TTY: 711, 8 a.m. – 8 p.m. PST, 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30) or visit our website at www.centralhealthplan.com.

Premium & Benefits	Central Health Medi-Medi Plan I (HMO D-SNP) (02)
<p>Monthly Plan Premium</p> <p>You must keep paying your Medicare Part B premium.</p>	<p>\$13.60</p>
<p>Deductible</p>	<p>No deductible</p>
<p>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</p>	<p>No more than \$9,350 annually</p>
<p>Inpatient Hospital*</p>	<p>\$1,632 deductible</p> <p>\$0 copay per day for days 1–60</p> <p>\$408 copay per day for days 61–90</p> <p>\$816 copay per day for each lifetime reserve day</p> <p>These are 2024 cost-sharing amounts and may change for 2025. We will provide updated rates at www.centralhealthplan.com as soon as they are released.</p>
<p>Outpatient Hospital*‡</p>	<p>20% coinsurance</p>
<p>Ambulatory Surgery Center*</p>	<p>20% coinsurance</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary care providers • Specialists* 	<p>28% coinsurance</p> <p>28% coinsurance</p>
<p>Preventive Care</p> <p>Other preventive services are available.</p> <ul style="list-style-type: none"> • Flu vaccine, diabetic screenings, etc.* 	<p>\$0 copay</p>

* Services may require authorization.

‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Premium & Benefits	Central Health Medi-Medi Plan I (HMO D-SNP) (02)
<p>Emergency Care</p> <p>Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours</p>	<p>\$110 copay</p>
<p>Urgent Care</p>	<p>\$0 copay</p>
<p>Diagnostic Services/Labs/Imaging*</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	<p>20% coinsurance</p> <p>\$0 copay</p> <p>20% coinsurance</p> <p>20% coinsurance</p>
<p>Hearing Services*</p> <ul style="list-style-type: none"> • Medicare-covered hearing exam • Routine hearing exam One per year • Hearing aid fittings and evaluations One per year • Hearing aid 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>Hearing aid allowance up to \$3,000 per year through NationsHearing</p>

* Services may require authorization.

Premium & Benefits	Central Health Medi-Medi Plan I (HMO D-SNP) (02)
<p>Dental Services†*</p> <ul style="list-style-type: none"> • Medicare-covered dental services • Preventive dental <ul style="list-style-type: none"> ◦ Oral exams ◦ X-rays ◦ Cleanings <p>Comprehensive Dental*</p> <ul style="list-style-type: none"> • Restorative Services • Endodontics • Periodontics • Prosthodontics removable • Prosthetics • Implant Services • Prosthodontics fixed • Oral and Maxillofacial Surgery • Orthodontics • Adjunctive General Services 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>Not covered</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>Not Covered</p> <p>Not Covered</p> <p>Not Covered</p> <p>\$0 copay</p> <p>Not Covered</p> <p>\$0 copay</p>
<p>Vision Services*†</p> <ul style="list-style-type: none"> • Medicare-covered eye exams • Medicare-covered eyewear • Routine eye exam • Retinal imaging • Eyewear allowance 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>One exam per year</p> <p>\$0 copay</p> <p>One exam per year</p> <p>Up to \$300 per year</p>
<p>Mental Health Services*</p> <ul style="list-style-type: none"> • Outpatient individual therapy • Outpatient group therapy 	<p>\$50 copay</p> <p>\$50 copay</p>

† Limitations may apply. See your EOC for details.

* Services may require authorization.

Premium & Benefits	Central Health Medi-Medi Plan I (HMO D-SNP) (02)
Skilled Nursing Facility (SNF)*	\$0 copay per day for days 1–20 \$204 copay per day for days 21–100 These are 2024 cost-sharing amounts and may change for 2025. We will provide updated rates at www.centralhealthplan.com as soon as they are released.
Physical Therapy*	\$50 copay
Ambulance (Ground)*	20% coinsurance per ride
Ambulance (Air)*	20% coinsurance
Transportation*	\$0 for 24 one-way trips to plan approved locations (up to 50 mile limit)
Medicare Part B Drugs* <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs • Part B insulin drugs 	20% coinsurance unless capped by Inflation Reduction Act (IRA) rules 20% coinsurance unless capped by Inflation Reduction Act (IRA) rules \$35 copay

* Services may require authorization.

Outpatient Prescription Drugs

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Part D Deductible

\$0*
*For members receiving Extra Help

Retail Rx 31-day supply

Mail Order 100-day supply

**Part D Insulins
Tier 3 – Preferred Brand**

\$0 copay*	\$0 copay*
*For members receiving Extra Help	

Initial Coverage
You are in the Initial Coverage Phase until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$2,000

**Generic Drugs (including brand drugs treated as generic)
All Other Drugs**

\$0 copay*	\$0 copay*
\$0 copay*	\$0 copay*
*For members receiving Extra Help	

Catastrophic Coverage
You are in this stage after your year-to-date “out-of-pocket costs” (your payments) reach a total of \$2,000

During this stage, the plan will pay for the full cost of your covered Part D drugs.

Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year (through December 31, 2025).

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.

Extra Benefits	Central Health Medi-Medi Plan I (HMO D-SNP) (02)
24/7 Telehealth	\$0 copay
Acupuncture* <ul style="list-style-type: none"> • Medicare-covered acupuncture • Routine acupuncture 	\$0 copay \$0 copay Unlimited visits each year.
Chiropractic Services* <ul style="list-style-type: none"> • Medicare-covered chiropractic care 	\$0 copay
Durable Medical Equipment (DME)*	20% coinsurance
Flex Card You will have one card to use at retail locations for all of your individual benefits listed below: <ul style="list-style-type: none"> • Over-The-Counter (OTC) Items, including OTC Hearing Aids • Fitness Allowance 	Up to \$175 every 3 months Up to \$20 every month
Gym Membership*	\$0 copay
Healthy Foods Allowance‡* This is a special supplemental benefit for the chronically ill (SSBCI). Enrollee must have cardiac arrhythmia, coronary artery disease, peripheral vascular disease, chronic venous thromboembolic disorder, congestive heart failure (CHF), dementia, or diabetes to be eligible. Not all members with qualifying conditions will be eligible for the benefit.	Up to \$25 each month for healthy foods for members with a qualifying chronic condition

* Services may require authorization.

‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Extra Benefits	Central Health Medi-Medi Plan I (HMO D-SNP) (02)
Herbal Catalog	Products in the catalog are covered through your over-the-counter (OTC) allowance. You can only order these items through a plan approved vendor, but not at a retail location. For more information, please call Member Services.
In-Home Support Services*	\$0 copay for up to 20 hours per calendar year. Not all members will qualify, please see your EOC for more details.
Meals (Made Easy Meals)*‡	\$0 copay Receive 14 meals each month, for 12 months (168 total meals). Meal delivery is included 1 time per month. \$0 copay Receive 2 meals a day, for 14 days immediately following surgery or inpatient hospitalization, or for a medical condition or potential medical condition that requires you to remain at home for a period of time. Can be used up to 4 times per year.
Personal Emergency Response System (PERS)*	\$0 copay
Scales‡* This is a special supplemental benefit for the chronically ill (SSBCI). Enrollee must have congestive heart failure (CHF) or kidney disease to be eligible. Not all members with qualifying conditions will be eligible for the benefit.	\$0 copay

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‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Extra Benefits

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Worldwide Emergency Care

- Urgent Care
- Emergency Room
- Emergency Transportation

\$0 copay

Coverage up to \$100,000

Summary of Medi-Cal covered benefits

Services available through Central Health Medicare Plan California

In addition to the Medicare services described in the Summary of Benefits, you may be eligible for the following Medi-Cal benefits based on the level of your Medi-Cal coverage. For eligibility rules, a complete list of services, and additional information about Medi-Cal benefits, please visit: www.centralhealthplan.com.

Inpatient Hospital Care	Diagnostic Tests, Lab and Radiology Services, and X-Rays
Inpatient Mental Health Care	Outpatient Hospital Services
Skilled Nursing Facility (SNF)	Outpatient Substance Abuse Services
Emergency Care	Renal Dialysis
Urgently Needed Services	Ambulance Services
Home Health Care	Routine Transportation
Hospice	Diabetes Supplies and Services
Doctor Office Visits	Durable Medical Equipment (DME)
Preventive Care	Prosthetic Devices
Foot Care	Immunizations
Telemedicine	Dental Services
Speech Therapy	Vision Services
Physical Therapy/Occupational Therapy	Hearing Services
Mental Health Care	Prescription Drug Benefits

The categories above are subject to the coverage and limitation policies listed in your Medi-Cal contract.

Have Questions? What you pay for covered services may depend on your level of Medi-Cal eligibility. If you have questions about your Medi-Cal eligibility and what benefits you are entitled to, please call: 1-800-221-3943