



Summary of Benefits

2025

Los Angeles
Orange
Riverside

San Bernardino
San Diego

**Central Health Part B
Savings Plan
(HMO) (29)**

**Central Health
Savings Plan
(HMO) (19)**

2025 Summary of Benefits

Central Health Part B Savings Plan (HMO) H5649-029

Central Health Savings Plan (HMO) H5649-019

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.

To join **Central Health Part B Savings Plan (HMO)** you 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, Orange, Riverside, San Bernardino and San Diego.

To join **Central Health Savings Plan (HMO)** you 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, Orange, Riverside and San Bernardino.

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 Part B Savings Plan (HMO) (29)	Central Health Savings Plan (HMO) (19)
Monthly Plan Premium You must keep paying your Medicare Part B premium.	\$0	\$0
Part B Rebate	\$119 per month	\$120 per month
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	No more than \$2,000 annually	No more than \$3,500 annually
Inpatient Hospital*	\$200 copay per day for days 1 - 5 \$0 copay per day for days 6 - 90	\$175 copay per day for days 1 - 5 \$0 copay per day for days 6 - 90
Outpatient Hospital*‡	\$0 - \$100 copay	\$0 - \$225 copay
Ambulatory Surgery Center*	\$0 copay	\$0 - \$100 copay
Doctor Visits <ul style="list-style-type: none"> • Primary care providers • Specialists* 	\$0 copay \$0 copay	\$0 copay \$25 copay
Preventive Care Other preventive services are available. <ul style="list-style-type: none"> • Flu vaccine, diabetic screenings, etc.* 	\$0 copay	\$0 copay

* Services may require authorization.

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

Premium & Benefits	Central Health Part B Savings Plan (HMO) (29)	Central Health Savings Plan (HMO) (19)
Emergency Care Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours	\$0 - \$140 copay	\$0 - \$140 copay
Urgent Care	\$0 copay	\$0 copay
Diagnostic Services/Labs/Imaging* <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	\$0 - \$25 copay \$0 copay \$100 copay \$0 copay	\$0 copay \$0 copay \$100 copay \$0 copay
Hearing Services* <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 	\$0 copay \$0 copay \$0 copay \$575 copay per hearing aid for the entry model \$699 copay per hearing aid for the basic model \$999 copay per hearing aid for the prime model \$1,399 copay per hearing aid for the preferred model \$1,599 copay per hearing aid for the advanced model \$2,099 copay per hearing aid for the premium model You receive 2 hearing aids every year	\$0 copay \$0 copay \$0 copay Hearing aid allowance up to \$2,000 per year through NationsHearing

* Services may require authorization.

Premium & Benefits	Central Health Part B Savings Plan (HMO) (29)	Central Health Savings Plan (HMO) (19)
<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 \$0 copay \$0 copay</p> <p>\$25 - \$400 copay \$25 - \$720 copay \$0 - \$780 copay \$0 - \$600 copay Not Covered \$45 - \$2,160 copay \$0 - \$840 copay \$0 - \$380 copay</p> <p>Not Covered \$0 - \$300 copay</p>	<p>\$0 copay</p> <p>\$0 - \$17 copay \$0 - \$41 copay \$0 copay</p> <p>\$0 - \$424 copay \$0 copay \$0 copay \$0 - \$220 copay Not Covered \$0 - \$2,160 copay \$75 - \$295 copay \$0 - \$237 copay</p> <p>Not Covered \$0 - \$166 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 One exam per year \$0 copay One exam per year Up to \$300 per year</p>	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay One exam per year \$0 copay One exam per year Up to \$300 per year</p>
<p>Mental Health Services*</p> <ul style="list-style-type: none"> • Outpatient individual therapy • Outpatient group therapy 	<p>\$40 copay</p> <p>\$40 copay</p>	<p>\$35 copay</p> <p>\$35 copay</p>

† Limitations may apply. See your EOC for details.

* Services may require authorization.

Premium & Benefits	Central Health Part B Savings Plan (HMO) (29)	Central Health Savings Plan (HMO) (19)
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.	\$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*	\$35 copay	\$10 copay
Ambulance (Ground)*	\$0 - \$150 copay per ride	\$0 - \$155 copay per ride
Ambulance (Air)*	20% coinsurance	20% coinsurance
Transportation*	Not covered	Not covered
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	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

	Central Health Part B Savings Plan (HMO) (29)		Central Health Savings Plan (HMO) (19)	
Part D Deductible (Tiers 2 to 5)	No deductible		No deductible	
	Retail Rx 31-day supply	Mail Order 100-day supply	Retail Rx 31-day supply	Mail Order 100-day supply
Part D Insulins Tier 3 – Preferred Brand	\$35 copay	\$70 copay	\$35 copay	\$70 copay
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				
Tier 1 – Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 – Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3 – Preferred Brand	\$35 copay	\$70 copay	\$35 copay	\$70 copay
Tier 4 – Non-Preferred Brand	\$75 copay	\$150 copay	\$75 copay	\$150 copay
Tier 5 – Specialty Tier	33% of the cost	Not available	33% of the cost	Not available
Tier 6 – Select Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Outpatient Prescription Drugs

	Central Health Part B Savings Plan (HMO) (29)	Central Health Savings Plan (HMO) (19)
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).	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 Part B Savings Plan (HMO) (29)	Central Health Savings Plan (HMO) (19)
24/7 Telehealth	\$0 copay	\$0 copay
Acupuncture* <ul style="list-style-type: none"> • Medicare-covered acupuncture • Routine acupuncture 	\$0 copay \$0 copay Up to 12 visits every year combined with Routine Chiropractic services.	\$0 copay \$0 copay Unlimited visits each year.
Chiropractic Services* <ul style="list-style-type: none"> • Medicare-covered chiropractic care • Routine chiropractic care 	\$0 copay \$0 copay Up to 12 visits every year combined with Routine Acupuncture services.	\$0 copay Not Covered
Durable Medical Equipment (DME)*	\$0 - 20% coinsurance	\$0 - 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 \$25 every month Up to \$60 every month	Up to \$25 every 3 months Up to \$60 every month
Gym Membership*	\$0 copay	\$0 copay
Personal Emergency Response System (PERS)*	\$0 copay	\$0 copay

* Services may require authorization.

Extra Benefits	Central Health Part B Savings Plan (HMO) (29)	Central Health Savings Plan (HMO) (19)
Worldwide Emergency Care <ul style="list-style-type: none"> • Urgent Care • Emergency Room • Emergency Transportation 	\$140 copay Coverage up to \$50,000	\$140 copay Coverage up to \$50,000
Optional Supplemental Enhanced Dental Benefits	<p>Additional dental coverage is available for \$21 per month.</p> <p>Coverage is up to \$1,500 per year for non-network providers</p> <p>Preventive dental services: 10% coinsurance</p> <p>Comprehensive dental services: 70% coinsurance</p>	<p>Additional dental coverage is available for \$45 per month.</p> <p>Coverage is up to \$1,500 per year for non-network providers</p> <p>Preventive dental services: 10% coinsurance</p> <p>Comprehensive dental services: 70% coinsurance</p>