

## Introduction to Summary of Benefits

## Section I

Our service area includes this county in California: Los Angeles County

Our service area includes this part of county in California: San Bernardino County, the following zip codes only:

91701	91708	91709	91710	91729	91730	91737	91739	91743
91758	91759	91761	91762	91763	91764	91766	91784	91785
91786	91798	92301	92307	92308	92313	92316	92317	92318
92321	92322	92324	92325	92326	92329	92331	92334	92335
92336	92337	92340	92341	92342	92344	92345	92346	92350
92352	92354	92357	92358	92359	92368	92369	92371	92372
92373	92374	92375	92376	92377	92378	92382	92385	92391
92392	92393	92394	92395	92397	92399	92401	92402	92043
92404	92405	92406	92407	92408	92410	92411	92412	92413
92415	92416	92418	92420	92423	92427			

Our service area includes this part of county in California: Orange County, the following zip codes only:

90620	90621	90622	90623	90624	90630	90631	90632	90633
90638	90680	90720	90721	90740	90742	90743	92602	92603
92604	92605	92606	92612	92614	92615	92616	92617	92618
92619	92620	92623	92626	92627	92628	92646	92647	92648
92649	92650	92655	92683	92684	92685	92697	92701	92702
92703	92704	92705	92706	92707	92708	92711	92712	92725
92728	92735	92780	92781	92782	92799	92801	92802	92803
92804	92805	92806	92807	92808	92809	92811	92812	92814
92815	92816	92817	92821	92822	92823	92825	92831	92832
92833	92834	92835	92836	92837	92838	92840	92841	92842
92843	92844	92845	92846	92850	92856	92857	92859	92861
92862	92863	92864	92865	92866	92867	92868	92869	92870
92871	92885	92886	92887	92899				

### Which doctors, hospitals, and pharmacies can I use?

**Central Health Medicare Plan (HMO), Central Health Premier Plan (HMO), and Central Health Focus Plan (HMO SNP)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider directory at our website (<http://www.centralhealthplan.com/NetworkProviders/Directory.aspx>).

You can see our plan's pharmacy directory at our website (<http://www.centralhealthplan.com/Benefits/PharmacyList.aspx>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

### What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.centralhealthplan.com/Benefits/Formulary.aspx>.
- Or, call us and we will send you a copy of the formulary.

### How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

**Central Health Medicare Plan (HMO)**

**MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES**

<b>How much is the monthly premium?</b>	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
<b>How much is the deductible?</b>	This plan does not have a deductible.
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <p style="padding-left: 40px;">\$3,400 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<b>Is there a limit on how much the plan will pay?</b>	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

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