



# Summary of Benefits

2025

Alameda  
Contra Costa  
Fresno  
Imperial  
Kern  
Kings  
Madera  
Placer  
Sacramento

San Francisco  
San Joaquin  
San Mateo  
Santa Clara  
Solano  
Stanislaus  
Tulare  
Yolo

Central Health  
Embrace Care Plan  
(HMO C-SNP) (25-2)

# 2025 Summary of Benefits

## Central Health Embrace Care Plan (HMO C-SNP) H5649-025-002

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](http://www.centralhealthplan.com).

To join **Central Health Embrace Care Plan (HMO C-SNP)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area, and must have Diabetes, Chronic Heart Failure (CHF), or Cardiovascular disorders (limited to cardiac arrhythmias, coronary artery disease, peripheral vascular disease and chronic venous thromboembolic disorder). Our service area includes the following counties in California: Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare and Yolo.

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](http://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](http://www.centralhealthplan.com).

Premium & Benefits	Central Health Embrace Care Plan (HMO C-SNP) (25-2)
<p><b>Monthly Plan Premium</b></p> <p>You must keep paying your Medicare Part B premium.</p>	<p><b>\$0</b></p>
<p><b>Deductible</b></p>	<p><b>No deductible</b></p>
<p><b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)</p>	<p><b>No more than \$2,750 annually</b></p>
<p><b>Inpatient Hospital*</b></p>	<p><b>\$0 copay</b> per day for days 1 - 5</p> <p><b>\$200 copay</b> per day for days 6 - 9</p> <p><b>\$35 copay</b> per day for days 10 - 90</p>
<p><b>Outpatient Hospital*‡</b></p>	<p><b>\$0 - \$150 copay</b></p>
<p><b>Ambulatory Surgery Center*</b></p>	<p><b>\$0 - \$100 copay</b></p>
<p><b>Doctor Visits</b></p> <ul style="list-style-type: none"> <li>• Primary care providers</li> <li>• Specialists*</li> </ul>	<p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p>
<p><b>Preventive Care</b></p> <p>Other preventive services are available.</p> <ul style="list-style-type: none"> <li>• Flu vaccine, diabetic screenings, etc.*</li> </ul>	<p><b>\$0 copay</b></p>
<p><b>Emergency Care</b></p> <p>Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours</p>	<p><b>\$0 - \$140 copay</b></p>
<p><b>Urgent Care</b></p>	<p><b>\$0 copay</b></p>

\* Services may require authorization.

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

Premium & Benefits	Central Health Embrace Care Plan (HMO C-SNP) (25-2)
<p><b>Diagnostic Services/Labs/Imaging*</b></p> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• MRI, CAT scan</li> <li>• X-rays</li> </ul>	<p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$100 copay</b></p> <p><b>\$0 copay</b></p>
<p><b>Hearing Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered hearing exam</li> <li>• Routine hearing exam One per year</li> <li>• Hearing aid fittings and evaluations One per year</li> <li>• Hearing aid</li> </ul>	<p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$575 copay per hearing aid for the entry model</b></p> <p><b>\$699 copay per hearing aid for the basic model</b></p> <p><b>\$999 copay per hearing aid for the prime model</b></p> <p><b>\$1,399 copay per hearing aid for the preferred model</b></p> <p><b>\$1,599 copay per hearing aid for the advanced model</b></p> <p><b>\$2,099 copay per hearing aid for the premium model</b></p> <p><b>You receive 2 hearing aids every year</b></p>

\* Services may require authorization.

Premium & Benefits	Central Health Embrace Care Plan (HMO C-SNP) (25-2)
<p><b>Dental Services†*</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered dental services</li> <li>• Preventive dental <ul style="list-style-type: none"> <li>◦ Oral exams</li> <li>◦ X-rays</li> <li>◦ Cleanings</li> </ul> </li> </ul> <p><b>Comprehensive Dental*</b></p> <ul style="list-style-type: none"> <li>• Restorative Services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics removable</li> <li>• Prosthetics</li> <li>• Implant Services</li> <li>• Prosthodontics fixed</li> <li>• Oral and Maxillofacial Surgery</li> <li>• Orthodontics</li> <li>• Adjunctive General Services</li> </ul>	<p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$25 - \$400 copay</b></p> <p><b>\$25 - \$720 copay</b></p> <p><b>\$0 - \$780 copay</b></p> <p><b>\$0 - \$600 copay</b></p> <p><b>Not Covered</b></p> <p><b>\$45 - \$2,160 copay</b></p> <p><b>\$0 - \$840 copay</b></p> <p><b>\$0 - \$380 copay</b></p> <p><b>Not Covered</b></p> <p><b>\$0 - \$300 copay</b></p>
<p><b>Vision Services*†</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered eye exams</li> <li>• Medicare-covered eyewear</li> <li>• Routine eye exam</li> <li>• Retinal imaging</li> <li>• Eyewear allowance</li> </ul>	<p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p><b>\$0 copay</b></p> <p>One exam per year</p> <p><b>\$0 copay</b></p> <p>One exam per year</p> <p><b>Up to \$300 per year</b></p>
<p><b>Mental Health Services*</b></p> <ul style="list-style-type: none"> <li>• Outpatient individual therapy</li> <li>• Outpatient group therapy</li> </ul>	<p><b>\$10 copay</b></p> <p><b>20% coinsurance</b></p>

† Limitations may apply. See your EOC for details.

\* Services may require authorization.

Premium & Benefits	Central Health Embrace Care Plan (HMO C-SNP) (25-2)
<b>Skilled Nursing Facility (SNF)*</b>	<b>\$0 copay</b> per day for days 1–20 <b>\$204 copay</b> per day for days 21–100 These are 2024 cost-sharing amounts and may change for 2025. We will provide updated rates at <a href="http://www.centralhealthplan.com">www.centralhealthplan.com</a> as soon as they are released.
<b>Physical Therapy*</b>	<b>\$0 copay</b>
<b>Ambulance (Ground)*</b>	<b>\$0 - \$200 copay per ride</b>
<b>Ambulance (Air)*</b>	<b>20% coinsurance</b>
<b>Transportation*</b>	<b>\$0 for 24 one-way trips to plan approved locations (up to 50 mile limit)</b>
<b>Medicare Part B Drugs*</b> <ul style="list-style-type: none"> <li>• Chemotherapy drugs</li> <li>• Other Part B drugs</li> <li>• Part B insulin drugs</li> </ul>	<b>20% coinsurance unless capped by Inflation Reduction Act (IRA) rules</b> <b>20% coinsurance unless capped by Inflation Reduction Act (IRA) rules</b> <b>\$0 copay</b>

\* Services may require authorization.

## Outpatient Prescription Drugs

### Central Health Embrace Care Plan (HMO C-SNP) (25-2)

**Part D Deductible  
(Tiers 2 to 5)**

**No deductible**

**Retail Rx 31-day supply**

**Mail Order 100-day supply**

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

**\$0 copay**

**\$0 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**

**Tier 2 – Generic**

**\$9 copay**

**\$18 copay**

**Tier 3 – Preferred Brand**

**\$47 copay**

**\$94 copay**

**Tier 4 – Non-Preferred Brand**

**\$90 copay**

**\$180 copay**

**Tier 5 – Specialty Tier**

**33% of the cost**

**Not available**

**Tier 6 – Select Care**

**\$0 copay**

**\$0 copay**

**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 Embrace Care Plan (HMO C-SNP) (25-2)
<b>24/7 Telehealth</b>	<b>\$0 copay</b>
<b>Acupuncture*</b> <ul style="list-style-type: none"> <li>• Medicare-covered acupuncture</li> <li>• Routine acupuncture</li> </ul>	<b>\$0 copay</b> <b>\$0 copay</b> <b>Up to 12 visits every year combined with Routine Chiropractic services.</b>
<b>Chiropractic Services*</b> <ul style="list-style-type: none"> <li>• Medicare-covered chiropractic care</li> <li>• Routine chiropractic care</li> </ul>	<b>\$0 copay</b> <b>\$0 copay</b> <b>Up to 12 visits every year combined with Routine Acupuncture services.</b>
<b>Durable Medical Equipment (DME)*</b>	<b>\$0 - 20% coinsurance</b>
<b>Flex Card</b> You will have one card to use at retail locations for all of your individual benefits listed below: <ul style="list-style-type: none"> <li>• <b>Over-The-Counter (OTC) Items, including OTC Hearing Aids</b></li> <li>• <b>Fitness Allowance</b></li> </ul>	<b>Up to \$130 every 3 months</b>  <b>Up to \$60 every month</b>
<b>Gym Membership*</b>	<b>\$0 copay</b>
<b>Healthy Foods Allowance‡*</b> 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.	<b>Up to \$40 each month for healthy foods for members with a qualifying chronic condition</b>

\* Services may require authorization.

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



Extra Benefits	Central Health Embrace Care Plan (HMO C-SNP) (25-2)
<b>In-Home Support Services*</b>	<b>\$0 copay for up to 20 hours per calendar year. Not all members will qualify, please see your EOC for more details.</b>
<b>Meals (Made Easy Meals)*‡</b>	<b>\$0 copay Receive 14 meals each week, for 12 weeks (168 total meals). Meal delivery is included 1 time per week.</b>
<b>Personal Emergency Response System (PERS)*</b>	<b>\$0 copay</b>
<b>Scales‡*</b> 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.	<b>\$0 copay</b>
<b>Worldwide Emergency Care</b> <ul style="list-style-type: none"> <li>• Urgent Care</li> <li>• Emergency Room</li> <li>• Emergency Transportation</li> </ul>	<b>\$140 copay Coverage up to \$50,000</b>
<b>Optional Supplemental Enhanced Dental Benefits</b>	Additional dental coverage is available for \$21 per month. Coverage is up to \$1,500 per year for non-network providers Preventive dental services: 10% coinsurance Comprehensive dental services: 70% coinsurance

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