



CCHP Senior Value Program (HMO) 2022 Summary of Benefits

Service Area: San Francisco & San Mateo County

This is a summary of drug and health services covered by CCHP Senior Value Program (HMO) from January 1, 2022 December 31, 2022.

| Premiums and Benefits | CCHP Senior Value Program (HMO) |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Plan Premium | \$0 You must continue to pay your Medicare Part B premium. |
| Deductible | \$0 |
| Maximum Out-of-Pocket Responsibility (does not include prescription drugs) | \$7,550 annually Includes copays and other costs for medical services for the year. |
| Inpatient Hospital | Days 1-7: \$150 copay per day** (at Chinese Hospital) Days 1-7: \$315 copay per day** (at all other in-network hospitals) Days 8-90: \$0 copay per day** |
| Outpatient Hospital | \$230 copay** (at Chinese Hospital) \$310 copay** (at all other in-network hospitals) |
| Ambulatory Surgery Center (ASC) Services | \$300 copay** |
| Doctor Visits | PCP: \$10 copay Specialists: \$35 copay** |
| Preventive Care (e.g. flu vaccine, diabetic screenings) | \$0 copay** Other preventive services are available. There are some covered services that have a cost. |
| Emergency Care | \$90 copay Within the US: Copay is waived if admitted within 24 hours to hospital. Outside the US: Copay is not waived if admitted to hospital (\$5,000 maximum coverage amount) |
| Urgently Needed Services | \$45 copay within the US \$90 copay outside the US (\$5,000 maximum coverage amount) |
| Diagnostic Services/ Labs/Imaging | Diagnostic Radiology Services: \$200 copay** X-Ray and Lab Services: \$0 copay** Diagnostic Tests & Procedures: \$0 copay** |
| Hearing Services | Routine Hearing Exam: \$20 copay** (one routine exam allowed annually) |
| Hearing Aids | \$600 - \$2,075 copay/ear, limit two per year through NationsHearing |
| Optional Dental Coverage | \$18/month (in addition to monthly plan premium) |
| Vision Services | Routine eye exam: \$35 copay** (one exam allowed annually) Eyeglasses: \$0 copay for one pair of glasses every two years (maximum \$100 allowance) |

| Premiums and Benefits | | CCHP Senior Value Program (HMO) | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|
| Mental Health Services | Inpatient Hospital: Days 1-7: \$250 copay/day** Days 8-90: \$0 copay/day** | Group and Individual Therapy Sessions: \$35 copay** | |
| Skilled Nursing Facility (up to 100 days/benefit period) | Days 1-20: \$0 copay/day** Days 21-100: \$150 copay/day** | | |
| Physical Therapy | \$35 copay** | | |
| Ambulance Services | \$265 copay per trip | | |
| Transportation | \$0 copay per trip, 12 one-way trips or 6 round-trips | | |
| Medicare Part B Drugs | Chemotherapy: 20% Coinsurance** Other Part B drugs: 20% Coinsurance** | | |
| Acupuncture/Chiropractic | \$10 co-pay (15 combined visits per year) | | |
| Part D: Prescription Drug Coverage (for Drugs on CCHP's Formulary) | 30-day Supply at Retail Pharmacy | 90-day Supply by Mail Order and Preferred Cost-Share Pharmacies* | |
| Tier 1: Preferred Generic (no deductible) | \$5 copay | \$10 copay | |
| Tier 2: Non-preferred Generic (no deductible) | \$12 copay | \$24 copay | |
| Tier 3: Preferred Brand (no deductible) | \$47 copay | \$94 copay | |
| Tier 4: Non-preferred Brand (no deductible) | \$100 copay | \$200 copay | |
| Tier 5: Specialty (no deductible) | 31% coinsurance | Drugs in this tier are <u>not</u> available at this extended day supply. | |
| Coverage Gap: Costs after your total yearly drug costs reach \$4,430 | | | |
| Generic | 25% coinsurance | | |
| Brand & Specialty | 25% coinsurance | | |
| Catastrophic Coverage: Costs after yearly out-of-pocket drug costs reach \$7,050 | | | |
| Generic | You pay the greater of 5% or 3.95 copay. | | |
| Brand & Specialty | You pay the greater of 5% or \$9.85 copay. | | |
| *Cost share for 90-day supply may differ at non-preferred cost sharing pharmacies. | | | |
| **Prior authorization and referral rules may apply. | | | |

This plan is available to anyone who is enrolled in Medicare Part A and Part B and resides in our service area. Chinese Community Health Plan (CCHP) is a Medicare Advantage HMO plan with a Medicare contract and a California Medicaid program contract for our HMO D-SNP Plan. Enrollment in CCHP depends on contract renewal. A complete list of services we cover can be found in the "Evidence of Coverage" on our website www.cchphealthplan.com/medicare or contact us for more information, 1-888-681-3888 (TTY 1-877-681-8898) from 8:00 a.m. to 8:00 p.m., seven days a week. Chinese Community Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. CCHP's pharmacy network offers limited access to pharmacies with preferred cost sharing in San Francisco and San Mateo Counties. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up to date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-888-775-7888 or consult the online provider/pharmacy directory at www.CCHPHealthPlan.com/medicare.