CCHP Senior Select Program (HMO D-SNP)
2023 Summary of Benefits
Service Area: San Francisco County

This is a summary of drug and health services covered by CCHP Senior Select Program (HMO D-SNP) from January 1, 2023 - December 31, 2023.

Premiums and Benefits	CCHP Senior Select Program (HMO D-SNP)
Monthly Plan Premium	**$0*** ***if you qualify for Extra Help or*** **$38.90*** ***if you don't*** You must continue to pay your Medicare Part B premium. *Premium may vary based on the level of Extra Help you receive. Please contact the plan for further details.
Annual Deductible	**$0**
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$3,400 annually Includes copays AND other costs for medical services for the year.
Inpatient Hospital	Days 1-7: **$0** copay per day** Days 8+: **$0** copay per day**
Outpatient Hospital	**$0** copay**
Ambulatory Surgery Center (ASC) Services	**$0** copay**
Doctor Visits	PCP: **$0** copay Specialists: **$0** copay**
Preventive Care (e.g. flu vaccine, diabetic screenings)	**$0** copay**
Emergency Care	**$0** copay within the U.S. **$90** copay outside the US ($25,000 maximum coverage amount). Copay is not waived if admitted into hospital.
Urgently Needed Services	**$0** copay within the US **$90** copay outside the US ($25,000 maximum coverage amount)
Diagnostic Services/ Labs/Imaging	Diagnostic Radiology Services: **$0** copay** X-Ray and Lab Services: **$0** copay** Diagnostic Tests and Procedures: **$0** copay**
Hearing Services	Routine Hearing Exam: **$0** copay** (Up to one hearing exam each year)
Hearing Aids	**$1,000** allowance/year. $1,000 annual benefit allowance may be applied towards the purchase price of up to two entry level hearing aids each year through NationsHearing.
Dental Services	**$1,000** allowance for Dental Services beyond those covered by Medi-Cal Dental Program.

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Vision Services	Routine eye exam: **$0** copay** (one exam allowed annually) Eyeglasses: **$0** copay for one pair of glasses every two years (maximum $150 allowance)	
Mental Health Services	Inpatient Hospital: Days 1-90: **$0** copay per day**	Group and Individual Therapy Sessions: **$0** copay**
Skilled Nursing Facility (up to 100 days/benefit period)	Days 1-100: **$0** copay per day**	
Physical Therapy	**$0** copay**	
Ambulance Services	**$0** copay per trip	
Transportation	**$0** copay per trip, 48 one-way trips per year**	
Medicare Part B Drugs	**$0** copay**	
Acupuncture	**$0** copay**	
Over-the-Counter (OTC) Items	**$55** allowance per quarter (allowance expires at the end of the quarter)	
Grocery Flex Card	**$28** allowance per month (allowance expires at the end of the quarter)	
Part D: Prescription Drug Coverage (for Drugs on CCHP's Formulary)	**Drug Tier**	**Copay*** (may vary based on the level of Extra Help eligibility)
Initial Coverage Costs for Drugs after Deductible*: • For beneficiaries receiving no Extra Help, deductible is $505. • For some beneficiaries receiving partial subsidy Extra Help, deductible is $104. • For most beneficiaries is $0.	**Generic** (including brand drugs treated as generic)	25% coinsurance; or with Low Income Subsidy (LIS): $0/$1.45/$4.15 copay or 15% coinsurance
	All Other Drugs	25% coinsurance; or with Low Income Subsidy (LIS): $0/$4.15/$10.35 copay or 15% coinsurance
Catastrophic Coverage: Costs after yearly out-of-pocket drug costs reach $7,400.	**Generic** (including brand drugs treated as generic)	You pay the greater of 5% or $4.15 copay.
	All Other Drugs	You pay the greater of 5% or $10.35 copay.
*Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. **Prior authorization and referral rules may apply.		

The following services are not covered by CCHP Senior Select Program (HMO D-SNP) but may be available through Medi-Cal (Medicaid):

- Long term care in a facility longer than the month of admission plus one month
- Routine foot care
- Incontinence supplies
- Certain drugs excluded by Medicare, check the Medi-Cal (Medicaid) formulary for more details
- Certain dental services

This plan is available to anyone who is enrolled in Medicare Part A and Part B, receives Medi-Cal (Medicaid) benefits, and resides in San Francisco County. 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.