CCHP Health Plan

CCHP Senior Select Program (HMO D-SNP) 2027 SUMMARY OF BENEFITS | JANUARY 1, 2027 – DECEMBER 31, 2027

SERVICE AREA: SAN FRANCISCO COUNTY

This Summary of Benefits describes what you pay for covered Medicare services and supplemental benefits. As a Dual Eligible Special Needs Plan (D-SNP), many members qualify for Medi-Cal, which may cover Medicare cost-sharing and additional Medicaid benefits.

Plan Details	CCHP Senior Select Program (HMO)	
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	**$0**	
Maximum Out-of-Pocket Responsibility (MOOP)	$9,850 *Includes copays and other costs for medical services for the year. If you qualify for full Medi-Cal benefits, Medi-Cal may cover your Medicare cost-sharing for Part A and Part B services. In these cases, you will not pay Medicare cost-sharing amounts.*	
Comprehensive Care		
Primary Care Visits	$0 copay	
Preventive Screenings*** Medicare-covered preventive services that meet Medicare coverage criteria. *(e.g. mammograms, diabetes screenings, glaucoma screenings, etc.)*	$0 copay**	
X-Rays	$0 copay**	
Diagnostic Radiology Services *(e.g. ultrasound, MRI, CT, PET Scans, etc.)*	$0 copay**	
Laboratory Services *(e.g. blood tests, urine tests, etc.)*	$0 copay**	
Immunizations *(e.g. pneumonia, flu, Hepatitis B, COVID-19 vaccines)*	$0 copay	
Specialist Visits *(e.g. dermatologist, orthopedist, cardiologist, neurologist, etc.)*	$0 copay** *(Additional copay may apply based on services received during the specialist visit. Certain tests or procedures may require separate copays.)*	
Podiatry Services *for diagnosis and medical/surgical treatment of injuries and diseases*	$0 copay**	
Physical Therapy	$0 copay**	
Mental Health Services *Provided by a state-licensed or Medicare-qualified mental health care professional*	**Inpatient Hospital Days 1-90:** $0 copay per day	**Outpatient Group and Individual Therapy Sessions** $0 copay**
Medicare-Covered Acupuncture *For chronic low back pain, through in-network providers. Refer to EOC for details.*	$0 copay**	
Hospital and Emergency Care		

Inpatient Hospital *Up to 90 days per admission*	**Days 1-90:** $0 copay per day**	
Outpatient Hospital	$0 copay per day**	
Skilled Nursing Facility (SNF) Care *Up to 100 days per calendar year*	$0 copay per day**	
Emergency Care	**Within the U.S.** $0 copay *For each emergency room visit*	**Outside of the U.S. *** $90 copay *Coverage is limited to a $25,000 maximum per year. Copay is not waived upon admission.*
Urgently Needed Services	**Within the U.S.** $0 copay	**Outside of the U.S. *** $90 copay *$25,000 maximum coverage amount*
Ambulance Services	$0 copay per one-way trip**	
Ambulatory Surgery Center (ASC) Services	$0 copay**	

Dental	
Dental Coverage	*$1,000 allowance for Dental Services beyond those covered by Medi-Cal Dental Program. Please refer to EOC for details.*
Vision	
Medicare-Covered Exams for Diagnostic and Treatment Purposes *Through in-network providers*	$0 copay**
Routine eye exam* *Supplemental benefit through VSP Network*	$0 copay** Limit 1 exam per year from a VSP provider
Eyeglasses or Contact lenses* *Supplemental benefit through VSP Network*	1 pair of glasses or contact lenses per 2 years Up to $150 plan allowance from a VSP provider per 2 years
Hearing	
Medicare-covered Diagnostic Hearing Exam *Through in-network providers*	$0 copay**
Routine Hearing Exam* *Supplemental benefit through NationsHearing Network*	$0 copay Limit 1 routine hearing exam per year
Hearing Aids* *Supplemental benefit through NationsHearing Network*	$1,000 annual benefit allowance Limit 2 Entry Level hearing aids per year

Extra Benefits*	
Over-the-Counter (OTC) Items	$50 allowance per quarter (allowance expires quarterly)
Grocery Flex Card	One-time $100 allowance*** (allowance expires on January 31, 2028)

Special Supplemental Benefits for the Chronically Ill (SSBCI)	$45 allowance per month**** (allowance expires at the end of plan year)
Health, Fitness, and Wellness Classes *Visit https://cchphealthplan.com/classes-and-events/ for more information*	$0 copay
Transportation Services	40 one-way trips to and from plan-approved health-related locations for covered medical services. Restrictions apply.
Acupuncture (Supplemental benefit)	$0 copay**

Part B: Medicare Drug Coverage		
Medicare Part B Insulin Drugs Up to $35 copay	**Chemotherapy** $0 copay**	**Other Part B drugs** $0 copay**

Part D: Prescription Drug Coverage: For Drugs in CCHP's Formulary					
Yearly Deductible	**$0 if you receive Extra Help, $700 if you receive no Extra Help.**				
	30-Day Supply at Retail Pharmacy		**Extended Supply 100-Day Supply for Tiers 1, 2, & 3 90-Day Supply for Tier 4**		
	Preferred Pharmacy	**Standard Pharmacy**	**Mail Order**	**Preferred Pharmacy**	**Standard Pharmacy**
	Initial Coverage[1]				
Tier 1: Preferred Generic (no deductible)	$0 copay (does not apply to deductible)				
Tier 2: Generic (no deductible)	$0 copay (does not apply to deductible)				
Tier 3: Preferred Brand (no deductible)	24% coinsurance and applies to deductible				
Tier 4: Non-preferred Brand (no deductible)	25% coinsurance and applies to deductible				
Tier 5: Specialty (no deductible)	25% coinsurance and applies to deductible		Drugs in this tier are not available at this extended day supply.		
Catastrophic Coverage: Costs after yearly out-of-pocket drug costs reach $2,400					
After your yearly out-of-pocket drug costs reach $2,400, you pay $0 for covered Part D drugs for the rest of the year.					

Frequently Asked Questions	
What is the difference between Medicare and Medicaid?	**Medicare** is the federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with end-stage renal disease (kidney failure). **Medicaid** is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid coverage varies depending on the state and the type of Medicaid you have. Some people with

	Medicaid get help paying for their Medicare premiums and other costs. Other people also get coverage for additional services and drugs that aren't covered by Medicare.
What is MOOP?	MOOP, or Maximum Out-Of-Pocket amount, is the most you'll pay out-of-pocket for covered services.
How do I find an in-network provider?	The Provider Directory (cchphealthplan.com/provider-search) lists our current network providers and durable medical equipment suppliers. Network providers are the doctors and other health care professionals, medical groups, durable medical equipment suppliers, hospitals, and other health care facilities that have an agreement with us to accept our payment and any plan cost sharing as payment in full. You must use network providers to get your medical care and services. If you go elsewhere without proper authorization, you'll have to pay in full. The only exceptions are emergencies, urgently needed services when the network isn't available (that is situations where it's unreasonable or not possible to get services in network), out-of-area dialysis services, and cases when CCHP Senior Select Program (HMO D-SNP) authorizes use of out-of-network providers.
What is SSBCI?	Members who qualify with a diagnosis of at least one eligible chronic condition are eligible to receive a $45 monthly grocery allowance through the Special Supplemental Benefits for the Chronically Ill (SSBCI) program. SSBCI benefits are supplemental and are not covered under Original Medicare or Medi-Cal.

*Supplemental Benefit: These benefits are not covered under Original Medicare but are included in your CCHP plan.
**Prior authorization and referral rules may apply.
***Must qualify by completing Annual Wellness Visit.
****Must meet qualification of at least one eligible chronic condition. Please refer to EOC for list of conditions.
*****Preventive Screenings apply to Medicare-covered preventive services that meet Medicare coverage requirements. Other diagnostic tests and screenings may be subject to applicable cost sharing.
[1]Cost-share may vary based on the level of Extra Help you receive.

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 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., Monday to Friday. 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, San Mateo and Alameda 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.