CCHP Senior Value Program (HMO): SUMMARY OF BENEFITS | JANUARY 1, 2027 – DECEMBER 31, 2027

SERVICE AREA: ALAMEDA COUNTY

This Summary of Benefits provides a brief overview of what you pay for covered services. It does not list every benefit or limitation. For full details, please review your Evidence of Coverage (EOC).

Plan Details	CCHP Senior Value Program (HMO)	
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	**$0***	
Maximum Out-of-Pocket Responsibility (MOOP)	$6,000 per year *Includes copays and other costs for medical services for the year. Does not include prescription drugs.*	
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	$5 copay**	
Diagnostic Radiology Services *(e.g. ultrasound, MRI, CT, PET Scans, etc.)*	$80 copay**	
Laboratory Services *(e.g. blood tests, urine tests, etc.)*	$5 copay**	
Immunizations *(e.g. pneumonia, flu, Hepatitis B, COVID-19 vaccines)*	$0 copay**	
Specialist Visits *(e.g. dermatologist, orthopedist, cardiologist, neurologist, etc.)*	$20 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*	20% coinsurance**	
Physical Therapy	20% coinsurance**	
Mental Health Services	**Inpatient Hospital** **Days 1-10:** $250 copay per day** **Days 11-90:** $0 copay per day**	**Outpatient Group and Individual Therapy Sessions** 20% coinsurance**
Medicare-Covered Acupuncture *For chronic low back pain, through in-network providers. Refer to EOC for details.*	$20 copay**	
Hospital and Emergency Care		
Inpatient Hospital *Up to 90 days per admission*	**At Chinese Hospital** **Days 1-90:** $0 copay per day**	**At all other in-network hospitals**

		Days 1-7: $300 copay per day** **Days 8-90:** $0 copay per day**
Outpatient Hospital	**At Chinese Hospital** $0 copay**	**At all other in-network hospitals** $310 copay**
Skilled Nursing Facility (SNF) Care *Up to 100 days per calendar year*	**At Chinese Hospital** **Days 1-100:** $0 copay per day**	**At all other SNFs** **Days 1-20:** $10 copay per day** **Days 21-100:** $200 copay per day**
Emergency Care	**Within the U.S.** $130 copay *Copay is waived if admitted within 24 hours to hospital*	**Outside of the U.S. ***** $90 copay *Copay is not waived if admitted to hospital ($5,000 maximum coverage amount)*
Urgently Needed Services	**Within the U.S.** $50 copay	**Outside of the U.S. ***** $90 copay *$5,000 maximum coverage amount*
Ambulance Services	$300 copay per one-way trip**	
Ambulatory Surgery Center (ASC) Services	$300 copay**	

Dental	
Preventive Dental Services*** *Supplemental benefit through Delta Dental Network*	$0 copay Limit 2 dental exams and cleanings per year
Optional Comprehensive Dental Coverage*** *Supplemental benefit through Delta Dental Network*	$16.75 monthly premium, in addition to monthly plan premium. *Please refer to Delta Dental EOC for coverage.*
Vision	
Medicare-Covered Exams for Diagnostic and Treatment Purposes *Through in-network providers*	$35 copay**
Routine eye exam*** *Supplemental benefit through VSP Network*	$35 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 $100 plan allowance from a VSP provider per 2 years
Hearing	
Medicare-covered Diagnostic Hearing Exam *Through in-network providers*	$20 copay**
Routine Hearing Exam*** *Supplemental benefit through NationsHearing Network*	$0 copay Limit 1 routine hearing exam per year
Hearing Aids***	$600 - $2,075 copay per hearing aid

Supplemental benefit through NationsHearing Network	Limit 2 per year

Extra Benefits***	
Over-the-Counter (OTC) Items	$40 allowance per quarter (allowance expires quarterly)
Grocery Flex Card	One-time $100 allowance*** (allowance expires on January 31, 2028)
Health, Fitness, and Wellness Classes *Visit https://cchphealthplan.com/classes-and-events/ for more information*	$0 copay
Transportation Services	$0 copay, 56 *one-way trips to and from plan-approved health-related locations for covered medical services. Restrictions apply.*
Acupuncture (Supplemental benefit)	$10 copay, 12 visits per year**

Part B: Medicare Drug Coverage		
Medicare Part B Insulin Drugs Up to $35 copay	**Chemotherapy** 0%-20% coinsurance**	**Other Part B drugs** 0%-20% coinsurance**

Part D: Prescription Drug Coverage: For Drugs in CCHP's Formulary					
Yearly Deductible	**$0**				
	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				
Tier 1: Preferred Generic (no deductible)	$0 copay	$5 copay	$0 copay	$0 copay	$15 copay
Tier 2: Generic (no deductible)	$13 copay	$15 copay	$26 copay	$26 copay	$45 copay
Tier 3: Preferred Brand (no deductible)	$45 copay	$47 copay	$90 copay	$90 copay	$141 copay
Tier 4: Non-preferred Brand (no deductible)	$100 copay		$200 copay	$200 copay	$300 copay
Tier 5: Specialty (no deductible)	33% coinsurance		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 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 Value Program (HMO) authorizes use of out-of-network providers.

*Premium 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.
***Must qualify by completing Annual Wellness Visit.
****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.
*****Supplemental Benefit: These benefits are not covered under Original Medicare but are included in your CCHP plan.

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.