



CCHP Senior Select Program (HMO SNP) 2019 Summary of Benefits Service Area: San Francisco County

This is a summary of drug and health services covered by CCHP Senior Select Program (HMO SNP) January 1, 2019 - December 31, 2019.

Premiums and Benefits	CCHP Senior Select Program (HMO SNP)	
Monthly Plan Premium	\$0 - \$32.40* You must continue to pay your Medicare Part B premium. <i>* Premium may vary based on the level of Extra Help you receive. Please contact the plan for further details.</i>	
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**	
Doctor Visits	PCP: \$0 copay Specialists: \$0 copay**	
Preventive Care (e.g. flu vaccine, diabetic screenings)	\$0	
Emergency Care	\$0 copay	
Urgently Needed Services	\$0 copay	
Diagnostic Services/ Labs/Imaging	Diagnostic and Procedures: \$0 copay** Lab Services: \$0 copay**	
Hearing Services	Routine Hearing Exam: \$0 copay**	
Dental Services	Not Covered	
Vision Services	\$0 copay for refraction** \$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**	

Premiums and Benefits		CCHP Senior Select Program (HMO SNP)
Ambulance Services		\$0 copay per trip
Transportation		\$0 copay per trip, 48 one-way trips per year**
Medicare Part B Drugs		\$0 copay**
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: <ul style="list-style-type: none"> For beneficiaries receiving no Extra Help, deductible is \$415. For some beneficiaries receiving partial subsidy Extra Help, deductible is \$85. For most beneficiaries is \$0. 	Generic (including brand drugs treated as generic)	25% coinsurance; or with Low Income Subsidy (LIS): \$0/\$1.25/\$3.40 copay or 15% coinsurance
	All Other Drugs	25% coinsurance; or with Low Income Subsidy (LIS): \$0/\$3.80/\$8.50 copay or 15% coinsurance
Catastrophic Coverage: Costs after yearly out-of-pocket drug costs reach \$5,100.	Generic (including brand drugs treated as generic)	You pay the greater of 5% or \$3.40 copay.
	All Other Drugs	You pay the greater of 5% or \$8.50 copay.
<i>*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.</i>		

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

- Long term services and supports
- Routine foot care
- Incontinence supplies
- Certain drugs excluded by Medicare, check the Medi-Cal (Medicaid) formulary for more details
- Dental Services
- Hearing Aids

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 SNP. Enrollment in CCHP depends on contract renewal. This information is not a complete description of benefits. 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, 1-888-371-3060 (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. ATTENTION: This information is available for free in other languages. Please contact our Member Services Department at <1-888-775-7888> (TTY 1-877-681-8898) from 8:00 a.m. to 8:00 p.m., seven days a week. ATENCIÓN: Esta información está disponible gratuitamente en otros idiomas. Por favor póngase en contacto con nuestro departamento de servicio de miembro al 1-888-775-7888 (TTY 1-877-681-8898) de 8:00 a.m. a 8:00 p.m., siete días a la semana. 此文件有其它的語言版本免費提供。了解詳情請致電 1-888-775-7888 與會員服務中心聯絡（聽力殘障人士請電 TTY 1-877-681-8898），每週 7 天，上午 8 時至晚上 8 時。

****Prior authorization and referral rules apply.**

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