



CCHP Senior Select Program (HMO SNP)

2012 Summary of Benefits 保障簡要

**January 1, 2012 – December 31, 2012
H0571**

Section I: Introduction to Summary of Benefits

Thank you for your interest in CCHP Senior Select Program (HMO SNP). Our plan is offered by Chinese Community Health Plan, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call CCHP Senior Select Program (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CCHP Senior Select Program (HMO SNP) and ask for the "Evidence of Coverage".

You Have Choices In Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like CCHP Senior Select Program (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call CCHP Senior Select Program (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare CCHP Senior Select Program (HMO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where Is CCHP Senior Select Program (HMO SNP) Available?

The service area for this plan includes: San Francisco County, CA. You must live in this area to join the plan.

Who Is Eligible To Join CCHP Senior Select Program (HMO SNP)?

You can join CCHP Senior Select Program (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in CCHP Senior Select Program (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call plan to see if you are eligible to join.

Can I Choose My Doctors?

CCHP Senior Select Program (HMO SNP) has formed a network of doctors, specialists and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory by contacting our customer service number listed at the end of this introduction.

What Happens If I Go To A Doctor Who's Not In Your Network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

Where Can I Get My Prescriptions If I Join This Plan?

CCHP Senior Select Program (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.cchphmo.com/drugbenefitseniorprogram.html. Our customer service number is listed at the end of this introduction.

Does My Plan Cover Medicare Part B or Part D Drugs?

CCHP Senior Select Program (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What Is A Prescription Drug Formulary?

CCHP Senior Select Program (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary changes that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website at www.cchphmo.com/drugbenefitseniorprogram.html.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How Can I Get Extra Help With My Prescription Drug Plan Costs Or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov, "Programs for People with Limited Income and Resources" in the publication Medicare & You.
- The Social Security Administration at 1-800-722-1213 between 7 a.m. and 7 p.m. Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

What Are My Protections In This Plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of CCHP Senior Select Program (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of

problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of CCHP Senior Select Program (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact CCHP Senior Select Program (HMO SNP) for more details.

What Types Of Drugs May Be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but not limited to, the following types of drugs. Contact CCHP Senior Select Program (HMO SNP) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under a doctor's supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin Alfa or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.

- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if that transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs administered through DME.**

Where Can I Find Information On Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Chinese Community Health Plan for more information about CCHP Senior Select Program (HMO SNP).

Visit us at www.cchphmo.com, or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Pacific

Current and Prospective members should call toll-free (888)-775-7888 for questions related to the Medicare Advantage Program. (TTY/TDD (877)-681-8898).

Current members should call locally (415)-834-2118 for questions related to the Medicare Advantage Program. (TTY/TDD (877)-681-8898)

Prospective members should call locally (415)-955-8800 for questions related to the Medicare Advantage Program. (TTY/TDD (877)-681-8898)

Current and Prospective members should call toll-free (888)-775-7888 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-681-8898)

Current members should call locally (415)-834-2118 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-681-8898)

Prospective members should call locally (415)-955-8800 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-681-8898)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede ser disponible en una no-Inglés idioma. Para obtener información adicional, llame al departamento de servicios al numero de teléfono mencionado arriba.

此文件有其它的語言版本提供。了解詳情請致電上列的電話號碼與會員服務部聯絡。

If you have any questions about this plan's benefits or costs, please contact Chinese Community Health Plan for details.

Section II: Summary of Benefits

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
IMPORTANT INFORMATION		
1 – Premium and Other Important Information	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2011 the monthly Part B Premium was \$0 or \$96.40 and may change for 2012 and the annual Part B deductible amount was \$0 or \$162 and may change for 2012.*</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General</p> <p>* Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p>In-Network</p> <p>\$3,400 out-of-pocket limit. All plan services included.*</p>
2 – Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
SUMMARY OF BENEFITS		
INPATIENT CARE		
<p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day* These amounts may change for 2012.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>\$0 copay</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>4 – Inpatient Mental Health Care</p>	<p>In 2011 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day* These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network</p> <p>\$0 copay</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>Except in an emergency, your doctor must tell the plan that you are going</p>

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		to be admitted to the hospital.
<p>5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$141.50 per day* These amounts may change for 2012.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>\$0 copay for SNF services.</p>
<p>6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits*</p>
<p>7 – Hospice</p>	<p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
OUTPATIENT CARE		
8 – Doctor Office Visits	0% or 20% coinsurance	<p>In-Network</p> <p>\$0 copay for each primary care doctor visit for Medicare-covered benefits.*</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.*</p>
9 – Chiropractic Services	<p>Supplemental routine care not covered</p> <p>0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered chiropractic visits*</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
10 – Podiatry Services	<p>Supplemental routine care not covered.</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered podiatry benefits.*</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11 – Outpatient Mental Health Care	<p>0% or 40% coinsurance for most outpatient mental health services</p> <p>0% or 40% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Mental Health visits*</p> <p>\$0 copay for Medicare-covered partial hospitalization program</p>

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	<p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>services*</p>
<p>12 – Outpatient Substance Abuse Care</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered visits*</p>
<p>13 – Outpatient Services/Surgery</p>	<p>0% or 20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>0% or 20% coinsurance for ambulatory surgical center facility services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit*</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit*</p>
<p>14 – Ambulance Services (medically necessary ambulance services)</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered ambulance benefits.*</p>
<p>15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency</p>	<p>General \$0 copay for Medicare-covered emergency room visits*</p> <p>Worldwide coverage.</p>

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
	<p>room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	
<p>16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>0% or 20% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 copay for Medicare-covered urgently-needed-care visits*</p>
<p>17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Occupational Therapy visits*</p> <p>\$0 copay for Medicare-covered Physical and/or Speech and Language Therapy visits*</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered items*</p>

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% or 20% coinsurance	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items*
20 - Diabetes Programs and Supplies	0% or 20% coinsurance for diabetes self-management training 0% or 20% coinsurance for diabetes supplies 0% or 20% coinsurance for diabetic therapeutic shoes or inserts	General Authorization rules may apply. In-Network \$0 copay for Diabetes self-management training* \$0 copay for: <ul style="list-style-type: none"> - Diabetes monitoring supplies* - Therapeutic shoes or inserts*
21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	0% or 20% coinsurance for diagnostic tests and x-rays \$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered: <ul style="list-style-type: none"> - lab services* - diagnostic procedures and tests* - X-rays* - diagnostic radiology services (not including X-rays)* - therapeutic radiology services*

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
22 - Cardiac and Pulmonary Rehabilitation Services	0% or 20% coinsurance for Cardiac Rehabilitation services 0% or 20% coinsurance for Pulmonary Rehabilitation services 0% or 20% coinsurance for Intensive Cardiac Rehabilitation services This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.	General Authorization rules may apply. In-Network \$0 copay for: -Medicare-covered Cardiac Rehabilitation Services* -Medicare-covered Intensive Cardiac Rehabilitation Services* -Medicare-covered Pulmonary Rehabilitation Services*
PREVENTIVE SERVICES		
23 - Preventive Services and Wellness/Education Programs	No coinsurance, copayment or deductible for the following: - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 copay for the HIV	General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
	<p>screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <ul style="list-style-type: none"> - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. - Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - Smoking Cessation (counseling to 	<ul style="list-style-type: none"> - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p>In-Network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters -Nutritional benefit - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Nursing Hotline

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
	<p>stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</p> <p>- Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p> <p>.</p>	
<p>24 - Kidney Disease and Conditions</p>	<p>0% or 20% coinsurance for renal dialysis 0% or 20% coinsurance for kidney disease education services</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for renal dialysis*</p> <p>\$0 copay for kidney disease education services*</p>
<p>25 - Outpatient Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General \$0 copay for Part B-covered drugs. \$0 annual deductible for Part B-covered drugs.* \$0 copay for Part B covered chemotherapy drugs and other Part-B covered drugs.*</p> <p>Drugs covered under Medicare</p>

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
<p>25 - Outpatient Prescription Drugs (cont.)</p>		<p>Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.cchphmo.com/drugbenefitseniorprogram.html on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CCHP Senior Program (HMO SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs,</p>

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
<p>25 - Outpatient Prescription Drugs (cont.)</p>		<p>due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network</p> <p>You pay a \$0 annual deductible.</p> <p>Initial Coverage</p> <p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$1.10 copay or - A \$2.60 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$3.30 copay or - A \$6.50 copay. <p>Retail Pharmacy</p> <p>You can get drugs the following way(s):</p>

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
<p>25 - Outpatient Prescription Drugs (cont.)</p>		<ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply <p>Long Term Care Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (31-day) supply <p>Mail Order</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - three-month (90-day) supply <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 copay.</p> <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CCHP Senior Select Program (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> - one-month (30-day) supply

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
<p>25 - Outpatient Prescription Drugs (cont.)</p>		<p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by CCHP Senior Select Program (HMO SNP) up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$1.10 copay or - A \$2.60 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$3.30 copay or - A \$6.50 copay. <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.</p>
<p>26 - Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered dental benefits*</p> <ul style="list-style-type: none"> - \$0 to \$12 copay for oral exams \$4 to \$23 copay for up to 2 cleaning(s) every year - \$0 copay for up to 1 dental x-ray(s) every year <p>Plan offers additional comprehensive dental benefits.</p>

Benefit Category	Original Medicare	CCHP Senior Select Program (HMO SNP)
27 - Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p>General Authorization rules may apply.</p> <p>In-Network Hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams*</p> <p>- supplemental routine hearing exams</p>
28 - Vision Services	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye*</p> <p>- and up to 1 supplemental routine eye exam(s) every year</p> <p>\$0 copay for</p> <p>- one pair of eyeglasses or contact lenses after cataract surgery *</p> <p>- up to 1 pair(s) of glasses every year</p> <p>- up to 1 pair(s) of contacts every year</p>
Over-the-Counter Items	Not covered.	<p>General The plan does not cover Over-the-Counter items.</p>
Transportation (Routine)	Not covered.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for up to 36 one-way trip(s) to plan-approved location every year</p>
Acupuncture	Not covered.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay</p>

Section III: Important Plan Information

Important Note about the Plan Premium

In order to enroll in CCHP Senior Select Program (HMO SNP), you must have both Medicare and full Medi-Cal benefits. Because you have full Medi-Cal benefits, you automatically qualify for extra help from Medicare for your prescription drug benefit. This means that Medicare will pay your monthly Plan premium of \$0 for 2012. If you have any questions about your Medicare or Medi-Cal benefits, you can call your Personal Care Coordinator or the CCHP Member Services Department.

CCHP Senior Select Program (HMO SNP)

What is CCHP Senior Select Program (HMO SNP)? It is a special benefit package designed for Medicare beneficiaries who also have Medi-Cal coverage. We can offer this special program because Medicare law now allows health plans, such as CCHP, to offer this type of program. Medicare calls this type of program a “special needs plans,” which for us means that a person must have both Medicare and Medi-Cal. It is different from the regular CCHP Senior Program because there are no copayments for many services, and very low copayments for prescription drugs.

In addition, we have additional benefits for the CCHP Senior Select Program (HMO SNP).

For our CCHP Senior Select Program (HMO SNP) members, there is a Personal Care Coordinator available at no cost to you to help you get the care and services you need. The Personal Care Coordinator will assist you:

- If you have questions about how to obtain services
- If you have questions about an illness
- If you have questions about the medicines you take
- If you need assistance with transportation to your PCP or specialist, or other approved Plan locations
- If you need help with medical or non-medical bills

We also have an annual transportation benefits which will allow you up to 36 one-way trips to and from Plan-approved locations per year. These trips must be for medical purposes, and they will be provided to you at no charge. Arrangements for this transportation must be made through your Personal Care Coordinator.

Chinese Community Health Plan

Chinese Community Health Plan (“CCHP”) is a health maintenance organization (“HMO”) with a Medicare contract. CCHP was originally founded in 1986 in San Francisco by Chinese Hospital Association. As a health maintenance organization, our objective is to give you peace of mind about your health care coverage. From routine checkups and preventive services to critical care, we have you covered.

CCHP contracts with Chinese Community Health Care Association (our “medical group”) for physician care, an organization of over 160 doctors who provide care to the Chinese community in San Francisco. These doctors include primary care physicians and a wide range of specialist physicians. For hospital care, our physicians use Chinese Hospital, a general acute care not-for-profit hospital serving the Chinese community for over 80 years. Chinese Hospital has a wide range of special bilingual services, such as intensive care, coronary care, same day surgery, outpatient services, health education, and a Chinese dietary service to meet your needs. In addition, there are three other participating hospitals: St. Francis Memorial Hospital, California Pacific Medical Center, and St. Mary’s Medical Center.

Members of CCHP choose their own Primary Care Physician from the doctors in our medical group, listed in our Provider Directory. With the wide selection of physicians and office locations, finding the right doctor for you and each member of your family is easy. Each physician is affiliated with one or more of the fine hospitals which participate in CCHP.

CCHP continues the tradition of quality and trust started by Chinese Hospital over 80 years ago. With CCHP you can be confident that wherever you live in our service area, you will have the quality of care and comprehensive coverage which have been offered by CCHP for many years.

Outpatient Prescription Drug Benefit

Since January 1, 2006, a new Medicare prescription drug coverage has been available to all people with Medicare. CCHP Senior Select Program (HMO SNP) includes this coverage. As a member of CCHP Senior Select Program (HMO SNP), you automatically have Medicare prescription drug coverage from CCHP Senior Select Program (HMO SNP).

As a CCHP member, you are usually required to go to a network pharmacy or mail order facility to obtain your medications. We are pleased to tell you that there are more than 100 pharmacies in our network in San Francisco.

Your prescription drug coverage and copayments are listed in the benefit chart.

In 2012, CCHP Senior Select Program (HMO SNP) will have a formulary. A formulary is a preferred list of drugs selected to meet members’ needs at a lower cost. If the formulary changes during the course of the year you will be notified, in writing, before the change. Drugs are either classified as generic or brand. Generic drugs are produced and sold under their chemical names, while brand drugs are produced and sold under the original manufacturer’s brand name. Even though generic drugs cost less, they are similar to brand drugs in terms of quality and effectiveness. Some brand drugs have a generic equivalent and others do not. CCHP maintains a list of formulary brand medications.

If your physician writes the prescription for a brand drug when a generic is available, the prescription will be filled with the generic medication; if you choose to have the corresponding brand medication, you must pay the copayment for the brand medication. If a drug is not covered in the way you would like it to be covered, you can ask the plan to make an “exception.” An exception is a type of coverage

decision. Similar to other types of coverage decisions, if we turn down your request for an exception, you can appeal our decision. When you ask for an exception, your doctor or other prescriber will need to explain the medical reasons why you need the exceptions approved. We will then consider your request.

Some medications require prior authorization from CCHP. This is true, for example, if the medication is covered by a clinical protocol called "step-therapy," which CCHP administers for a few chronic medical conditions. Under this program, physicians and members are encouraged to use first-line therapy drugs, which are clinically-appropriate and may be lower cost medications. If the first-line therapy drug does not produce the result desired by the member and physician, second-line therapy medications are available. If the physician feels you should have a second-line therapy drug without first trying the first-line therapy, prior authorization may be required from CCHP.

Remember, if you have questions about our CCHP Senior Select Program (HMO SNP) for 2011, you may contact CCHP Customer Service at 415-834-2118 (Chinese and English) or toll-free 1-888-775-7888, 8:00 a.m. to 8:00 p.m. (Pacific), Monday through Sunday (or TTY 1-877-681-8898 for the hearing impaired).

Summary of Benefits

Section IV: Medi-Cal

The tables in this section show the benefits that Medi-Cal offers to eligible beneficiaries. For each benefit, you can see what Original Medi-Cal (Medi-Cal alone) covers and what our plan covers. You may not qualify for all of the Medi-Cal benefits listed. If you qualify for a Medi-Cal benefit that CCHP Senior Select Program (HMO SNP) does not offer, then please contact our Member Services department. We may be able to help you find the right provider and coordinate the benefit for you. Please review Section II of this Summary of Benefits for more information on the benefits you will receive as part of CCHP Senior Select Program (HMO SNP).

All Members Who Qualify for Full Medi-Cal May Receive the Following Medi-Cal and Health Plan Services:

State of California Medi-Cal Program Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)		
Benefit Category	Medi-Cal	CCHP Senior Select Program (HMO SNP)
1 – Inpatient hospital services	\$0 copay for Medi-Cal-covered services	In-Network \$0 copay No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
2 – Outpatient hospital services	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply. In-Network \$0 copay for each Medi-Cal-covered ambulatory surgical center visit. \$0 copay for each Medi-Cal-covered outpatient hospital facility visit.
3 – Rural health clinic services	\$0 copay for Medi-Cal-covered services	Not covered
4 – Federally qualified health center services	\$0 copay for Medi-Cal-covered services	Not covered

State of California
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Benefit Category	Medi-Cal	CCHP Senior Select Program (HMO SNP)
5 – Laboratory services	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medi-Cal-covered: - Lab services - Diagnostic procedures and tests</p>
6 – X-rays	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medi-Cal-covered: - X-rays - Diagnostic radiology services (not including X-rays) - Therapeutic radiology services</p>
7 – Skilled nursing facility care for over 21 years of age – Subacute care	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for SNF services.</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p>
8 – Family Planning services & supplies	\$0 copay for Medi-Cal-covered services	Not covered
9 – Physician services	\$0 copay for Medi-Cal-covered services	<p>General See “Welcome to Medicare and Annual Wellness Visit” for more information.</p> <p>In-Network \$0 copay for Medi-Cal-covered doctors visits for Medi-Cal-covered benefits.</p>

State of California
Medi-Cal Program
Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)

Benefit Category	Medi-Cal	CCHP Senior Select Program (HMO SNP)
		\$0 copay for each specialist visit for Medi-Cal-covered benefits.
10 – Medical & surgical dental services	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered visits.</p>
11 – Ophthalmologist services	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered ophthalmology benefits.</p>
12 – Optometry services	\$0 copay for Medi-Cal-covered services	<p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye and routine eye exams.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - One pair of eyeglasses or contact lenses after cataract surgery - Up to 1 pair(s) of glasses every two years.
13 – Nurse anesthetist services	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered services.</p>
14 – Medical supplies (does not include incontinence creams and washes products)	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered items.</p>

State of California
Medi-Cal Program
Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)

Benefit Category	Medi-Cal	CCHP Senior Select Program (HMO SNP)
15 – Durable medical equipment	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered items.</p>
16 – Hearing aids	\$0 copay for Medi-Cal-covered services	Not covered
17 – Enteral formulae	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Nutrition Therapy for Diabetes.</p>
18 – Licensed midwife services	\$0 copay for Medi-Cal-covered services	Not covered
19 – Home health services through a home health agency (including home health nursing and aide services, physical and occupational therapy, speech pathology and audiology services, intermittent nursing, home health aid care, medical supplies, equipment and appliances)	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered home health visits.</p>
20 – Physical therapy and related services	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered Physical Therapy visits.</p>

State of California
Medi-Cal Program
Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)

Benefit Category	Medi-Cal	CCHP Senior Select Program (HMO SNP)
21 – Rehabilitation facilities	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered visits.</p>
22 – Clinic (Organized outpatient clinic, Indian Health Services, alternate birthing centers, ambulatory surgical centers)	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered services.</p>
23 – Occupational therapy	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered Occupational Therapy visits.</p>
24 – Pharmaceutical services and prescribed drugs	\$0 copay for drugs excluded from Medicare Part D coverage	<p>Drugs covered under Medicare Part B</p> <p>General \$0 copay for Part B-covered drugs.</p> <p>\$0 yearly deductible for Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.cchphmo.com/drugbenefitseniorprogram.html on the web.</p>

State of California
 Medi-Cal Program
 Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)

Benefit Category	Medi-Cal	CCHP Senior Select Program (HMO SNP)
<p>24 – Pharmaceutical services and prescribed drugs (cont.)</p>		<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - Have limited incomes, - Live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CCHP Senior Select Program (HMO SNP) for certain drugs.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network</p>

State of California
 Medi-Cal Program
 Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)

Benefit Category	Medi-Cal	CCHP Senior Select Program (HMO SNP)
<p>24 – Pharmaceutical services and prescribed drugs (cont.)</p>		<p>You pay a \$0 yearly deductible.</p> <p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$1.10 copay or - A \$2.60 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$3.30 copay or - A \$6.50 copay. <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - One-month (30-day) supply - Three-month (90-day) supply <p>Long Term Care Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - One-month (31-day) supply <p>Mail Order You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - Three-month (90-day) supply <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 copay.</p> <p>Out-of-Network Plan drugs may be covered in special</p>

State of California
 Medi-Cal Program
 Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)

Benefit Category	Medi-Cal	CCHP Senior Select Program (HMO SNP)
<p>24 – Pharmaceutical services and prescribed drugs (cont.)</p>		<p>circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CCHP Senior Select Program (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> - One-month (30-day) supply <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by CCHP Senior Select Program (HMO SNP) up to the full cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$1.10 copay or - A \$2.60 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$3.30 copay or - A \$6.50 copay. <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs</p>

State of California
Medi-Cal Program
Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)

Benefit Category	Medi-Cal	CCHP Senior Select Program (HMO SNP)
		purchased out-of-network.
25 – Prosthetic appliances (Orthotic appliances) prosthetic eyes	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply. In-Network \$0 copay for Medi-Cal-covered items.
26 – Comprehensive Perinatal Services Program (Preventive services)	\$0 copay for Medi-Cal-covered services	Not covered
27 – Adult day health care	\$0 copay for Medi-Cal-covered services	Not covered
28 – Chronic dialysis services	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply. In-Network \$0 copay for Medi-Cal-covered visits.
29 – Rehabilitation services (ADHC, chronic dialysis, outpatient heroin detoxification, rehabilitative mental health, drug Medi-Cal, independent rehabilitation centers)	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply. In-Network \$0 copay for Medi-Cal-covered visits.
30 – Institutes for Mental Diseases (for under 21 years of age and over 65 years of age, including inpatient psychiatric care)	\$0 copay for Medi-Cal-covered services	In-Network \$0 copay per day You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor

State of California
Medi-Cal Program
Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)

Benefit Category	Medi-Cal	CCHP Senior Select Program (HMO SNP)
		must tell the plan that you are going to be admitted to the hospital.
31 – Intermediate Care Facility	\$0 copay for Medi-Cal-covered services	Not covered
32 – Nurse midwife	\$0 copay for Medi-Cal-covered services	Not covered
33 - Hospice	\$0 copay for Medi-Cal-covered services	General You must get care from a Medicare-certified hospice.
34 – TB-related services	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply. In-Network \$0 copay for Medi-Cal-covered benefits.
35 – Respiratory care for ventilator-dependent patients	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply. In-Network \$0 copay for Medi-Cal-covered benefits.
36 – Family nurse practitioner	\$0 copay for Medi-Cal-covered services	Not covered
37 – Rural primary care hospital	\$0 copay for Medi-Cal-covered services	Not covered
38 – Nonmedical health facilities	\$0 copay for Medi-Cal-covered services	Not covered
39 – Emergency hospital services	\$0 copay for Medi-Cal-covered services	General \$0 copay for Medi-Cal-covered emergency room visits Worldwide coverage.
40 – Transportation (State provides	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply.

State of California
 Medi-Cal Program
 Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)

Benefit Category	Medi-Cal	CCHP Senior Select Program (HMO SNP)
emergency and non-emergency medical transportation. Meets federal requirement for assurance of transportation to medically necessary services)		<p>In-Network \$0 copay for Medi-Cal-covered ambulance benefits</p> <p>\$0 copay for up to 36 one-way trip(s) to plan-approved location every year.</p>

Summary of Benefits

Section IV: Medi-Cal

Members Who Qualify for Medi-Cal Waiver Programs or Meet Specific Medical Eligibility Criteria May Also Receive the Following Medi-Cal Services*

State of California Medi-Cal Program Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)		
Benefit Category	Medicaid (Medi-Cal)	CCHP Senior Select Program (HMO SNP)
1 – Private duty nursing* (Waiver only)	\$0 copay for Medi-Cal-covered services	Not covered
2 – Home and community care for functionally disabled elderly* (Waiver only)	\$0 copay for Medi-Cal-covered services	Not covered
3 – Community-supported living arrangements* (Waiver only)	\$0 copay for Medi-Cal-covered services	Not covered
4 – Personal care services*	\$0 copay for Medi-Cal-covered services	Not covered
5 – Services for pregnant women that treat a condition that may impact the woman and/or the fetus* (Not specifically stated as a benefit but is a mandated provision under federal regulations)	\$0 copay for Medi-Cal-covered services	Not covered
6 – Marriage and family counselor	\$0 copay for Medi-Cal-covered services	Not covered General

* Note: You must meet specific eligibility criteria in order to receive benefits under the early & periodic screening, diagnosis, and treatment (EPSDT) program or through other Medi-Cal Waiver programs.

State of California
Medi-Cal Program
Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)

Benefit Category	Medicaid (Medi-Cal)	CCHP Senior Select Program (HMO SNP)
services* (Early & periodic screening, diagnosis, and treatment services & waiver only)*		Authorization rules may apply. In-Network \$0 copay for Medi-Cal-covered Mental Health visits.
7 – Licensed clinical social worker services* (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply. In-Network \$0 copay for Medi-Cal-covered Mental Health visits.
8 – Case management* (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medi-Cal-covered services	Not covered
9 – Private duty nursing agency services* (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medi-Cal-covered services	Not covered
10 – Individual nurse provider services* (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medi-Cal-covered services	Not covered
11 – Nonmedical services (Waiver)	\$0 copay for Medi-Cal-covered services	Not covered

* Note: You must meet specific eligibility criteria in order to receive benefits under the early & periodic screening, diagnosis, and treatment (EPSDT) program or through other Medi-Cal Waiver programs.

State of California
 Medi-Cal Program
 Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)

Benefit Category	Medicaid (Medi-Cal)	CCHP Senior Select Program (HMO SNP)
only)		
12 – Pediatric nursing facility care for under 21 years of age – Subacute services* (Early & periodic screening, diagnosis, and treatment supplemental services)*	\$0 copay for Medi-Cal-covered services	Not covered

* Note: You must meet specific eligibility criteria in order to receive benefits under the early & periodic screening, diagnosis, and treatment (EPSDT) program or through other Medi-Cal Waiver programs.

Section IV: Summary of Benefits
Section IV: Medi-Cal

Certain Members Who Have Full Medi-Cal May Also Receive the Following Benefits** :

State of California Medi-Cal Program Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)		
Benefit Category	Medicaid (Medi-Cal)	CCHP Senior Select Program (HMO SNP)
1 – Podiatry services**	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered podiatry benefits</p>
2 – Chiropractic services**	\$0 copay for Medi-Cal-covered services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medi-Cal-covered chiropractic visits*</p> <p>Medi-Cal-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
3 – Psychology	\$0 copay for Medi-Cal-covered	General

** Note: Legislation enacted in July 2009 added Section 14131.10 of the W&I Code to exclude several optional benefit categories from coverage under the Medi-Cal program. The optional benefits indicated are excluded from coverage under the Medi-Cal program effective July 1, 2009. The optional benefits exclusion policy does not apply to the following beneficiaries: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a skilled nursing facility (Nursing Facilities Level A and Level B, including subacute care facilities); 3) beneficiaries who are pregnant (pregnancy-related benefits and services; other benefits and services to treat conditions that, if left untreated, might cause difficulties for the pregnancy); 4) California Children’s Services beneficiaries; and 5) beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly. Most claims for excluded optional benefit services billed by a physician or physician group remain reimbursable on or after July 1, 2009. However, these claims will be denied if the rendering provider is not a physician, but one of the optional benefit providers. More information on the reduced benefits and services affected by this new legislation is available on the California Department of Health Care Services website at www.dhcs.ca.gov.

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Benefit Category	Medicaid (Medi-Cal)	CCHP Senior Select Program (HMO SNP)
services**	services	Authorization rules may apply. In-Network \$0 copay for Medi-Cal-covered Mental Health visits
4 – Optician and optical fabricating lab services**	\$0 copay for Medi-Cal-covered services	In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye and routine eye exams. \$0 copay for - One pair of eyeglasses or contact lenses after cataract surgery - Up to 1 pair(s) of glasses every two years
5 – Incontinence creams and washes**	\$0 copay for Medi-Cal-covered services	Not covered
6 – Acupuncture services**	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply. In-Network \$0 copay
7 – Audiology services**	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply. In-Network

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Benefit Category	Medicaid (Medi-Cal)	CCHP Senior Select Program (HMO SNP)
		Hearing aids not covered \$0 copay for Medi-Cal-covered diagnostic hearing exams - routine hearing tests
8 – Dental services**	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply. In-Network \$0 copay for Medi-Cal-covered dental benefits* - \$0 to \$12 copay for oral exams - \$4 to \$23 copay for up to 2 cleaning(s) every year - \$0 copay for up to 1 dental x-ray(s) every year Plan offers additional comprehensive dental benefits.
9 – Speech pathology/Speech therapy**	\$0 copay for Medi-Cal-covered services	General Authorization rules may apply. In-Network \$0 copay for Medi-Cal-covered Speech/Language Therapy visits.
10 – Dentures**	\$0 copay for Medi-Cal-covered services	Not Covered
11 – Eyeglasses, other eye	\$0 copay for Medi-Cal-covered services	In-Network \$0 copay for diagnosis and treatment

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appliances**		for disease and conditions of the eye and routine eye exams. \$0 copay for - One pair of eyeglasses or contact lenses after cataract surgery - Up to 1 pair(s) of glasses every two years
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BACK COVER



CCHP Senior Select Program (HMO SNP)

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