CHAMPION HEALTH PLAN

Resource Guide 2026

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Welcome to
Champion Health Plan

Dear Member,

Welcome to Champion Health Plan. Thank you for choosing us as your Medicare Advantage plan.

Champion Health Plan offers coordinated care and coverage designed to help you access covered medical services and manage your health. We work with your healthcare providers to support your care needs and help you understand your benefits.

Depending on your plan, you may have access to benefits such as:

- $0 or low monthly premiums
- $0 copayments for certain covered doctor visits
- Prescription drug coverage, if included in your plan
- Additional benefits not covered by Original Medicare

This Resource Guide provides a summary of plan benefits and services. It does not replace your **Evidence of Coverage (EOC)**. For complete details, including limitations and exclusions, please review your EOC at **championhmo.com/plan-documents** or call **1-800-885-8000 | TTY 711**.

Hours of Operation

Year-round: Monday–Friday, 8 a.m. to 8 p.m.
October 1 - March 31: Monday–Sunday, 8 a.m. to 8 p.m.

We look forward to serving you.

Sincerely,
Champion Health Plan

Scan QR code to visit plan documents page

Our Mission

Champion Health Plan provides health programs and services to Medicare beneficiaries. Our goal is to help members maintain their health, independence, and quality of life.

Our Values

Intentional Action
We act responsibly and put members first in everything we do.

Improving Outcomes
We help members and providers understand plan benefits so informed health decisions can be made.

Inclusive Community
We treat all members with respect, dignity, and fairness.

Innovative Care
We support care programs that improve coordination between members and providers.

Table of Contents

Why choose Champion Health Plan for your Medicare Coverage?

Champion Health Plan coordinates with your doctors to help you access covered services under your Medicare Advantage plan.

Key Benefits:

Direct Access

- **All Plans:** Members may visit their Primary Care Physician (PCP) and urgent care centers without a referral. Prior authorization may not be required for these services.
- **Champion Advantage, Connect, or Select Plans:** Members enrolled in a Chronic Kidney Disease (CKD/ESRD) C-SNP may see a nephrologist without a referral.
- **Champion Plus Plan:** Members enrolled in a behavioral health C-SNP may see a Champion Health Plan psychiatrist without a referral.

Service availability depends on plan type and network participation.

Coordinated Care

Your PCP (or your nephrologist or psychiatrist if you are enrolled in a C-SNP) helps coordinate your covered care and referrals, when required.

Fixed Costs

Your plan includes set copayments and cost-sharing amounts for covered services, as outlined in your Evidence of Coverage.

Member Support

Our Member Services team is available to help answer questions about benefits, coverage, and provider access.

Additional Benefits
Beyond Original Medicare

Depending on your plan, you may be eligible for additional benefits, such as:

- Transportation services
- Rewards or incentive programs
- Dental services
- Vision services
- Hearing exam and hearing aids
- Over-the-counter items, healthy food, and utilities allowance[1]
- Personal Emergency Response System (PERS)
- Prescription drug mail order services
- Respite care
- Worldwide emergency and urgently needed services
- Home-based dialysis start services[2]

Benefits, coverage amounts, and eligibility requirements vary by plan.

[1]Healthy Food and Utilities benefits are available only to members who qualify through the Champion Ally Plan and who meet specific chronic condition requirements. Refer to your Evidence of Coverage (Chapter 4, Section 2: Medical Benefit Chart) for details.

[2]Home-based dialysis start services are available only to members enrolled in Champion Health Plan Chronic Kidney Disease C-SNP plans.

Member Services

We Are Here to Help

To view a complete description of the services covered, please review your **Evidence of Coverage (EOC)** at **championhmo.com/plan-documents** or contact Member Services to request a copy. This Resource Guide does not list every covered service or every limitation or exclusion.

Call Toll-Free:

1-800-885-8000 | TTY 711

Hours of Operation:

Year-round: Monday–Friday, 8 a.m. to 8 p.m.
October 1 – March 31: Monday–Sunday, 8 a.m. to 8 p.m.

Mailing Address:

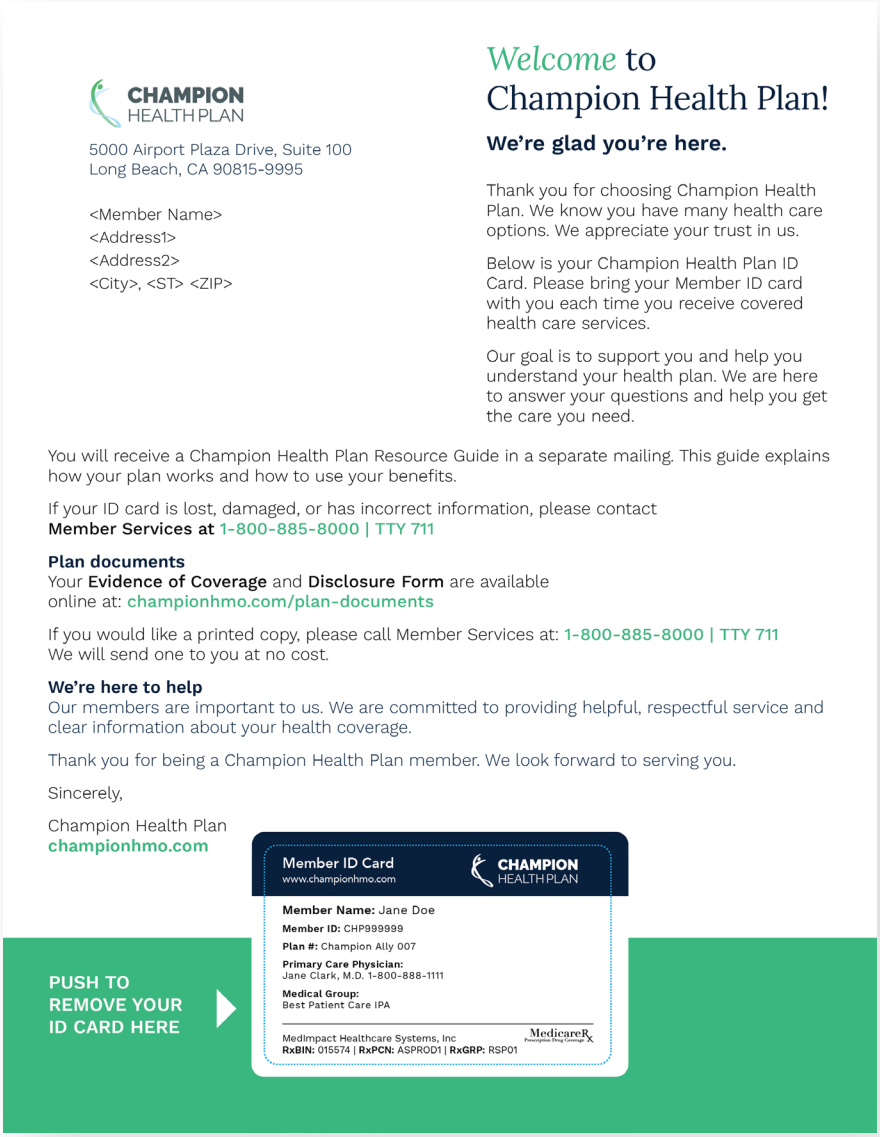
Champion Health Plan
Attn: Member Services Department
5000 Airport Plaza Drive, Suite 100
Long Beach, CA 90815-9995

Scan QR code to visit plan documents page

Your Champion Health Plan *ID Card*

Bring your Champion Health Plan ID Card to all healthcare appointments. If you have Medicaid (Medi-Cal in California), bring that card as well.

If you have not received your ID card or need a replacement, contact Member Services.



CHAMPION HEALTH PLAN

5000 Airport Plaza Drive, Suite 100
Long Beach, CA 90815-9995

<Member Name>
<Address1>
<Address2>
<City>, <ST> <ZIP>

Welcome to Champion Health Plan!

We're glad you're here.

Thank you for choosing Champion Health Plan. We know you have many health care options. We appreciate your trust in us.

Below is your Champion Health Plan ID Card. Please bring your Member ID card with you each time you receive covered health care services.

Our goal is to support you and help you understand your health plan. We are here to answer your questions and help you get the care you need.

You will receive a Champion Health Plan Resource Guide in a separate mailing. This guide explains how your plan works and how to use your benefits.

If your ID card is lost, damaged, or has incorrect information, please contact **Member Services at** 1-800-885-8000 | TTY 711

Plan documents
Your **Evidence of Coverage** and **Disclosure Form** are available online at: championhmo.com/plan-documents

If you would like a printed copy, please call Member Services at: 1-800-885-8000 | TTY 711
We will send one to you at no cost.

We're here to help
Our members are important to us. We are committed to providing helpful, respectful service and clear information about your health coverage.

Thank you for being a Champion Health Plan member. We look forward to serving you.

Sincerely,

Champion Health Plan
championhmo.com

Member ID Card
www.championhmo.com
CHAMPION HEALTH PLAN

Member Name: Jane Doe
Member ID: CHP999999
Plan #: Champion Ally 007
Primary Care Physician:
Jane Clark, M.D. 1-800-888-1111
Medical Group:
Best Patient Care IPA

MedImpact Healthcare Systems, Inc
RxBIN: 015574 | **RxPCN:** ASPROD1 | **RxGRP:** RSP01
MedicareRx

PUSH TO REMOVE YOUR ID CARD HERE

Transportation Coverage

Transportation benefits may be available for approved healthcare-related appointments. Coverage and eligibility requirements vary by plan.

Scheduling a Ride

- Call Champion Health Plan at least 48 hours in advance for non-urgent transportation.
- For urgent, non-emergency needs, contact us as soon as possible.

Missed or Delayed Rides

Call the Transportation Line at **1-800-299-7450 | TTY 711**.

Special Assistance

Wheelchair or mobility assistance may be available when requested at the time of scheduling. Refer to your Evidence of Coverage for benefit details.

Scan QR code to visit forms page

Dental Coverage

Dental benefits are available when using an in-network provider within the Delta Dental PPO network.

Finding a Dentist

Visit **championhmo.com** and use the provider search tool.

Covered Services (varies by plan)

- **Annual maximum benefit:** $3,000 per calendar year
- **$0 deductible**
- **Preventive services:** 0% copay
- **Basic services:** 20% copay
- **Major services:** 40% copay

Refer to your Evidence of Coverage for full details.

Call Toll-Free: 1-800-508-4883 | TTY 711.

Vision Coverage

How It Works

1. Select an EyeMed participating provider.
2. Schedule your appointment.
3. Inform the provider you are covered by EyeMed.

Vision Benefits (varies by plan)

- Annual eye exam at no cost
- Annual retinal screening at no cost
- Frames, lenses, or cosmetic contact lenses each year

EyeMed Contact Information

Call: 1-888-767-3885 | TTY 711

Hours:
Monday–Saturday, 5 a.m. to 8 p.m. PT
Sunday hours vary by season

Over-the-Counter, Healthy Food, Utility Assistance, and Rewards

Members enrolled in eligible Champion Health Plan C-SNP or Champion Ally plans may qualify for OTC items, healthy food, and utilities benefits.

- Benefits are based on approved item catalogs.
- Allowances and eligibility requirements vary by plan.
- Coverage details are outlined in your Evidence of Coverage.

Your OTC Network card may be used at participating retailers for eligible purchases. Refer to your plan documents for details.

Champion Dollars Rewards Program

Eligible members may earn rewards for completing certain preventive services recommended by their provider. Rewards are added to the Champion Dollars VISA® debit card after services are completed and reported to Champion Health Plan.

Eligible Reward Activities

Preventive Service	Reward Amount
Annual Wellness Visit	$50
Health Risk Assessment (HRA)	$10
Flu Vaccine	$10
Breast or Colorectal Cancer Screening	$25
Diabetes Management (such as A1c test or eye exam)	$25
Bone Density Screening (Osteoporosis)	$15
Smartphone App Registration	$5
Perfect Attendance – Dialysis Treatment	Up to $100 per month

Scan QR code to visit plan documents page

Rewards are subject to eligibility requirements and program rules. Rewards may be taxable. Participation does not affect plan benefits. Reward amounts, qualifying services, and merchant eligibility may change. Refer to your Evidence of Coverage or contact Member Services for complete details.

Make the Most of Your *Champion Health Plan Benefits*

A simple guide to your OTC, food, utility, and support benefits.

Your quarterly benefit allowance

Eligible members get a benefit amount each quarter. Many plans offer about $300 to $500 per quarter, depending on the plan. You may be able to use your Benefits OTC Network Prepaid Card, also called **Champion Dollars**, for:

- Over-the-counter (OTC) health items
- Healthy foods and groceries
- Utilities and other basic services
- Gasoline for personal vehicles, when covered by your plan

Important reminders

Benefits are added each quarter. Unused money does not roll over. Check your balance before you shop or pay a bill.

What SSBCI means

SSBCI is extra help for members with certain ongoing health conditions. SSBCI stands for Special Supplemental Benefits for the Chronically Ill.

This means extra benefits for members who have certain long-term health conditions. These benefits are meant to help you stay well, live safely at home, and manage daily needs.

SSBCI benefits may include food, utilities, transportation, or other support. Not every member will qualify. Your health needs and your plan rules decide if you can use these benefits.

Good to know

Your benefits can help you stay healthy, save money, and meet daily needs. Benefit amounts, approved items, and eligibility may vary by plan.

How to check your Champion Dollars balance

Check your balance before you use your card.
You can check it in two ways:

- Use the OTC Network App. Scan the QR code to download the app and choose “My Benefits.”

Scan QR Code to Download

Call Member Services at **1-800-885-8000 | TTY 711**.

Over-the-counter (OTC) benefits

Use your benefit card to buy everyday health items that are approved by your plan and listed in the OTC catalog.

OTC items must be in the OTC catalog to be eligible. If an item is not listed in the catalog, you cannot buy it with your benefit card.

Category	Examples
Personal care	Lotion, soap, shampoo, toothpaste, toothbrushes, denture care, feminine care
Cold, allergy, and pain relief	Cold and flu medicine, allergy products, pain relievers, muscle creams, heating pads
Diabetes and digestive health	Diabetes supplies, nutrition drinks, heartburn medicine, probiotics
First aid and foot care	Bandages, gloves, wipes, wound care, foot care, antifungal treatments
Supports and mobility	Braces, canes, walkers, compression socks, bathroom safety items
Home health and safety	Blood pressure monitors, thermometers, COVID tests, pill organizers
Incontinence and skin care	Briefs, pads, bed protectors, skin creams, wipes
Vitamins and nutrition	Vitamins, supplements, nutrition shakes, weight management foods
Oral hygiene	Dental floss, mouthwash, toothpaste

Healthy food and grocery benefits

Some plans include a food and produce benefit. This benefit may be part of SSBCI. It helps eligible members buy healthier foods that are listed in the OTC catalog.

Food items must be in the OTC catalog to be eligible. If a food item is not listed in the catalog, you cannot buy it with your benefit card.

Category	Examples
Fruits and vegetables	Fresh or frozen produce; canned fruits and vegetables with low sugar or low sodium
Proteins	Chicken, turkey, beef, fish, seafood, eggs, beans, lentils
Dairy and alternatives	Milk, yogurt, cheese, almond milk, soy milk, oat milk
Whole grains and pantry items	Whole wheat bread, brown rice, quinoa, pasta, oatmeal, cereal, healthy oils, spices
Healthy snacks and drinks	Nuts, seeds, nutrition bars, healthy soups, water, juice, herbal tea

Items not covered

These items are not approved:

- Alcohol or tobacco
- Candy, desserts, or soda
- Hot prepared foods
- Pet food
- Household supplies not approved by the plan

Utility and transportation benefits

Some plans include a utility benefit. This may be part of SSBCI. It can help eligible members pay for basic services.

Category	Examples
Utilities	Electric, gas, water, and sewer
Phone and internet	Internet and cell phone service
Transportation support	Gasoline for personal vehicles, when covered by your plan

How to pay with your card

- Use your benefit card with vendors that accept OTC Network.
- Choose “Credit” when asked how you want to pay.

Make sure your balance covers the full cost before you pay.

Where you can use your card

You may be able to use your card in stores and online. Store options can change, so check before you shop. A store may accept the card, but OTC and food items still must be listed in the OTC catalog.

Category	Examples
In-store retailers	Albertsons, Cardenas, Costco, CVS, Dollar General, Dollar Tree, Family Dollar, Walmart, Walgreens, Rite Aid, Ralphs, Vons, HMart, Food 4 Less
Online stores	Walmart.com, CVSHealth.com, Amazon.com, MomMeals.com

Need help?

Member Services can help you with:

- Balance questions
- Catalog and approved item questions
- Orders and payments
- Language support

Member *Services*

1-800-885-8000 | TTY 711

Oct. 1 to Mar. 31: 8 a.m. to 8 p.m., 7 days a week

Apr. 1 to Sept. 30: 8 a.m. to 8 p.m., Monday to Friday

Important notice

If you leave your plan, these benefits will end. Call Member Services if you have questions about your coverage.

MedImpact Direct Mail® Program

The MedImpact Direct Mail® Program. The Program includes Birdi™ as your mail pharmacy for home delivery of maintenance medicine. These are drugs you take for conditions like high blood pressure and diabetes. You will save money and can get up to a 100-day supply of medicine for 2 copayments and eligible covered prescription drugs.

Get started today at **medimpact.com**. A one-time registration allows access to the portal or mobile app. The MedImpact app is available in the Apple App Store and Google Play Store.

Birdi makes it easy to manage the medicine you take to help stay healthy. Birdi also:

- Offers after hours service: Call Birdi at **1-855-873-8739 | TTY 711**.
- Sends refill reminders to help you have the right amount of medicine on hand.
- Accepts manufacturer coupons to save on copay amounts.

Getting Started

Register online at **medimpact.com** to get started. The information needed includes any allergies or medical conditions, contact information and shipping address. Your doctor will need to submit a 100-day-supply prescription to Birdi to start home delivery service. Most orders are processed and shipped within 5 business days of receipt of the prescription.

To download MedImpact direct order form go to **championhmo.com/forms/**

MedImpact Direct Contact Information:

Call: **1-855-873-8739 | TTY 711**
Fax: 1-888-783-1773 (prescribers only)

Hours of Operation:

Monday-Friday, 8 am – 8 pm EST
Saturday, 9 am – 5 pm EST
Closed Sundays

Email:

Patientcare@birdirx.com

Website:

medimpact.com

Scan QR code to visit forms page

Generic vs. Brand Name

Generic medications have the same ingredients as the brand name drugs, but you aren't paying for the "name." Always ask the pharmacy for a generic instead of the brand name. Save your money for something special.

What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a new payment option in the prescription drug law that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like Champion Health Plan with drug coverage) can use this payment option.

This payment option and participation is voluntary.

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan.

Go to page 21 to find the Medicare Prescription Payment Plan participation request form.

What to know before participating

How does it work?

When you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail order and specialty pharmacies). Instead, you'll get a bill each month from Champion Health Plan.

Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.

This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.

If you cannot afford to pay for your medications, contact your Champion Health Plan Case Manager or the Champion Health Plan Membership department at **1-800-885-8000 | TTY 711**. Our team is available Monday – Friday, 8 am – 8 pm between April 1 and September 30, and 7 days a week, 8 am – 8 pm from October 1 to March 31 to discuss your options. You may qualify for the Medicare Extra Help program or Medicaid (Medi-Cal in California) options.

How is my monthly bill calculated?

Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year. All plans use the same formula to calculate your monthly payments.

Go to page 18 for examples of how the monthly bill is calculated.

Your payments might change every month, so you might not know what your exact bill will be ahead of time.

Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

In a single calendar year (January – December), you'll never pay more than the total amount you would have paid out of pocket to the pharmacy if you weren't participating in this payment option.

The Medicare drug coverage annual out-of-pocket maximum ($2,100 in 2026).

The prescription drug law caps your out-of-pocket drug costs at $2,100 in 2026.

This is true for everyone with Medicare drug coverage, even if you don't participate in the Medicare Prescription Payment Plan.

Will this help me?

It depends on your situation. **Remember, this payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs**. You're most likely to benefit from participating in the Medicare Prescription Payment Plan if you have high drug costs earlier in the calendar year. Although you can start participating in this payment option at any time in the year, starting earlier in the year (like before September), gives you more months to spread out your drug costs.

Go to **medicare.gov/prescription-payment-plan/will-this-help-me** to answer a few questions and find out if you're likely to benefit from this payment option.

This payment option may not be the best choice for you if:

- Your yearly drug costs are low.
- Your drug costs are the same each month.
- You're considering signing up for the payment option late in the calendar year (after September).
- You don't want to change how you pay for your drugs.
- You get or are eligible for Extra Help from Medicare.
- You get or are eligible for a Medicare Savings Program.
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage.

Go to page 17 to learn about programs that can help lower your costs.

Who can help me decide if I should participate?

To get more information, or if you need to pick up a prescription urgently,

Call Champion Health Plan Member Services Department at 1-800-885-8000 | TTY 711

Member Services Hours of Operation
April 1 – September 30:
Monday – Friday, 8 am – 8 pm
October 1 – March 31:
Monday – Sunday, 8 am – 8 pm

Medicare: Visit **medicare.gov/prescription-payment-plan** to learn more about this payment option and if it might be a good fit for you.

State Health Insurance Assistance Program (SHIP): Visit **shiphelp.org** to get the phone number for your local SHIP and get free, personalized health insurance counseling.

How do I sign up?

Complete the Champion Health Plan Election Request Form or contact Champion Health Plan to start participating in this payment option at: 1-800-885-8000 | TTY 711. Our team is available Monday – Friday, 8 am – 8 pm between April 1 and September 30, and 7 days a week, 8 am – 8 pm from October 1 to March 31:

In 2026: If you want to participate in the Medicare Prescription Payment Plan for 2026, contact Champion Health Plan at: 1-800-885-8000 | TTY 711. Our team is available Monday – Friday, 8 am – 8 pm between April 1 and September 30, and 7 days a week, 8 am – 8 pm from October 1 to March 31. Your participation will start January 1, 2026.

During 2026: Starting January 1, 2026, contact Champion Health Plan to start participating in the Medicare Prescription Payment Plan anytime during the calendar year.

Remember, this payment option may not be the best choice for you if you sign up late in the calendar year (after September). This is because as new out-of-pocket drug costs are added to your monthly payment, there are fewer months left in the year to spread out your payments.

What to know if I'm participating

What happens after I sign up?

Once Champion Health Plan reviews your participation request, we will send you a letter confirming your participation in the Medicare Prescription Payment Plan.

Then: When you get a prescription for a drug covered by Part D, we will automatically let the pharmacy know that you're participating in this payment option, and you won't pay the pharmacy for the prescription.

Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call **Champion Health Plan at: 1-800-885-8000 | TTY 711**, or ask the pharmacist.

How do I pay my bill?

After Champion Health Plan approves your participation in the Medicare Prescription Payment Plan, we will send you a letter with information about how to pay your bill.

What happens if I don't pay my bill?

We will send you a reminder if you miss a payment. If you don't pay your bill by the date listed in that reminder, you'll be removed from the Medicare Prescription Payment Plan. You're required to pay the amount you owe, but you won't pay any interest or fees, even if your payment is late. You can choose to pay that amount all at once or be billed monthly. If you're removed from the Medicare Prescription Payment Plan, **you'll still be enrolled in Champion Health Plan**.

Always pay your health or drug plan monthly premium first (if you have one), so you don't lose your drug coverage.

If you're concerned about paying both your monthly plan premium and Medicare Prescription Payment Plan bills, go to page 17 for information about programs that can help lower your costs.

Call Champion Health Plan at **1-800-885-8000 | TTY 711** if you think we made a mistake about your Medicare Prescription Payment Plan bill. If you think we made a mistake, you have the right to follow the grievance process found in your Member Handbook or Evidence of Coverage. Our team is available Monday – Friday, 8 am – 8 pm between April 1 and September 30, and 7 days a week, 8 am – 8 pm from October 1 to March 31.

How do I leave?

You can leave the Medicare Prescription Payment Plan at any time by contacting **Champion Health Plan at 1-800-885-8000 | TTY 711**. Our team is available Monday – Friday, 8 am – 8 pm between April 1 and September 30, and 7 days a week, 8 am – 8 pm from October 1 to March 31. Leaving won't affect your Medicare drug coverage and other Medicare benefits.

Keep in mind:

- If you still owe a balance, you're required to pay the amount you owe, even though you're no longer participating in this payment option.
- You can choose to pay your balance all at once or be billed monthly.
- You'll pay the pharmacy directly for new out-of-pocket drug costs after you leave the Medicare Prescription Payment Plan.

What happens if I change health or drug plans?

If you leave Champion Health Plan or change to a new Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage), your participation in the Medicare Prescription Payment Plan will end. Contact your new plan if you'd like to participate in the Medicare Prescription Payment Plan again.

What programs can help lower my costs?

If you have limited income and resources, find out if you're eligible for one of these programs:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs. Visit **ssa.gov/medicare/part-d-extra-help** to find out if you qualify and apply. You can also apply with your State Medical Assistance (Medicaid) office. Visit **medicare.gov/ExtraHelp** to learn more.
- **Medicare Savings Programs:** State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments, and coinsurance. Visit **medicare.gov/medicare-savings-programs** to learn more.
- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that might include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit **go.medicare.gov/spap** to learn more.
- **Manufacturer Pharmaceutical Assistance Programs (sometimes called Patient Assistance Programs (PAPs)):** Programs from drug manufacturers to help lower drugs costs for people with Medicare. Visit **go.medicare.gov/pap** to learn more.

Many people qualify for savings and don't realize it. Visit **medicare.gov/basics/costs/help** or contact your local Social Security office to learn more. Find your local Social Security office at **ssa.gov/locator**.

Where can I get more information?

- **Champion Health Plan:** Visit **championhmo.com**, or call the Champion Health Plan Member Services Department to get more information at: **1-800-885-8000 | TTY 711**. Our team is available Monday – Friday, 8 am – 8 pm between April 1 and September 30, and 7 days a week, 8 am – 8 pm from October 1 to March 31.
- **Medicare:** Visit **medicare.gov/prescription-payment-plan**, or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users can call **1-877-486-2048**.

Examples of how a monthly bill is calculated

Example 1:

You take several high-cost drugs that have a total out-of-pocket cost of $500 each month. In January 2026, you join the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

We calculate your first month's bill in the Medicare Prescription Payment Plan differently than your bill for the rest of the months in the year

- First, we figure out your "maximum possible payment" for the first month:

$2,100 [annual out-of-pocket maximum] – $0 [no out-of-pocket costs before using this payment option] = $2,100
Divide that by 12 [remaining months in the year]

- Then, we figure out what you'll pay for January:

Compare your total out-of-pocket costs for January ($500) to the "maximum possible payment" we just calculated: $175.

- Your plan will bill you the lesser of the two amounts. So, you'll pay $175 for the month of January.

You have a remaining balance of $325 ($500-$175).

For February and the rest of the months left in the year, we calculate your payment differently:

$325 [remaining balance] + $500 [new costs] = $825
Divide that by 11 [remaining months in the year] = $75

We'll calculate your March payment like we did for February:

$750 [remaining balance] + $500 [new costs] = $1,250
Divide that by 10 [remaining months in the year] = $125

We'll calculate your April payment like we did for March:

$1125 [remaining balance] + $500 [new costs] = $1,625
Divide that by 9 [remaining months in the year] = $180.56

In May, when you refill your prescriptions again, you'll reach the annual out-of-pocket maximum for the year ($2,100 in 2026). You'll continue to pay what you already owe and get your prescription(s), but after May you won't add any new out-of-pocket costs for the rest of the year.

$1,444.44 [remaining balance] + $100 [new costs to reach annual out-of-pocket maximum] = $1,544.44
Divide that by 8 [remaining months in the year] = $193.05

Here's how it breaks down:

= $175 [your "maximum possible payment" for the first month]
= $75 [your payment for February]
= $125 [your payment for March]
= $180.56 [your payment for April]
= $193.05 [your payment for May and all remaining months in the year]

Even though your payment varies each month, by the end of the year, **you'll never pay more than:**

- The total amount you would have paid out-of-pocket.
- The total annual out-of-pocket maximum ($2,100 in 2026).

Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.

Example 1: Start participating in January with high drug costs early in the year

Month	**Your drug costs** (without this payment option)	**Your monthly payment** (with this payment option)	Notes
January	**$500**	**$175**	This is when you started participating in this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
February	**$500**	**$75**	
March	**$500**	**$125**	
April	**$500**	**$180.56**	
May	**$100**	**$193.05**	This month you reached the annual out-of-pocket maximum ($2,100 in 2026). You'll have no new out-of-pocket drug costs for the rest of the year.

Month	**Your drug costs** (without this payment option)	**Your monthly payment** (with this payment option)	Notes
June	**$0.00**	**$193.05***	*You'll still get your $500 drugs each month, but because you've reached the annual out-of-pocket maximum, you won't add any new out-of-pocket costs for the rest of the year. You'll continue to pay what you already owe.
July	**$0.00**	**$193.05**	
August	**$0.00**	**$193.05**	
September	**$0.00**	**$193.05**	
October	**$0.00**	**$193.05**	
November	**$0.00**	**$193.05**	
December	**$0.00**	**$193.05**	
TOTAL	**$2,100.00**	**$2,100.00**	You'll pay the same total amount for the year, even if you don't use this payment option.

If you're concerned about paying $500 each month from January to April and $100 in May, this payment option will help you manage your costs. If you prefer to pay $500 each month from January to April, $100 in May, and then pay $0 for the rest of the year, this payment option might not be right for you. Contact your health or drug plan for personalized help.

Medicare Prescription Payment Plan participation request form

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). This payment option may help you manage your expenses, but it doesn't save you money or lower your drug costs.

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call Champion Health Plan at **1-800-885-8000 | TTY 711** for more information.

How to submit this form
Please mail this form to the address below or call the Champion Health Plan Member Services department at 1-800-885-8000 | TTY 711.

Complete all fields unless marked optional		
FIRST name:	**MIDDLE initial (optional):**	
LAST name:		
Medicare number: _ _ _ _ - _ _ _ - _ _ _ _		
Birth date: (MM/DD/YYYY) (/ /)	**Phone number: ( )**	
Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness): **Address:**	**City:**	
County (optional):	**State:**	**ZIP code:**
Mailing address, if different from your permanent address (P.O. Box allowed): **Address:**	**City:**	
County (optional):	**State:**	**ZIP code:**
• **I understand this form is a request to participate in the Medicare Prescription Payment Plan. Champion Health Plan will contact me if they need more information.** • **I understand that signing this form means that I've read and understand the form.** • **Champion Health Plan will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active. Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.**		
Signature:	**Date:**	
If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.		
Name:		
Address:	**City:**	
County (optional):	**State:**	**ZIP code:**
Phone number: ( )	**Relationship to participant:**	

Submit your completed form to:

Champion Health Plan
5000 Airport Plaza Drive, Suite 100
Long Beach, California, 90815

You can also complete the participation request form online at **championhmo.com/forms** or call us at **1-800-885-8000 | TTY 711** to submit your request via telephone.

If you have questions or need help completing this form, call us at **1-800-885-8000 | TTY 711**.

Our team is available Monday – Friday, 8 am – 8 pm between April 1 and September 30, and 7 days a week, 8 am – 8 pm from October 1 to March 31.

Scan QR code to visit forms page

Medication Therapy Management Program

Champion Health Plan has a free voluntary program for members who have multiple medical conditions, take many prescription drugs, have high drug costs, and/or are determined to be at risk for misuse or abuse of an opioid or a frequently abused drug under the Drug Management Program (DMP). The Medication Therapy Management Program (MTMP) is utilized to help members manage medications and make sure our members are receiving medications according to their medical conditions, identify any possible medication interactions, duplication of therapy, and review drug dosages according to the appropriate prescribing standards.

Please note that the MTMP is not considered a benefit. **It is available to you at no cost**. You will be automatically enrolled in this program if you are in a DMP to help with opioid use and/or meet all the following three criteria:

1. **Have three or more chronic medical conditions, such as:**
   - Chronic Kidney Disease (CKD) or End Stage Renal Disease (ESRD)
   - Chronic Obstructive Pulmonary Disease (COPD)
   - Chronic Heart Failure (CHF)
   - Rheumatoid Arthritis
   - Alzheimer's Disease
   - Bipolar Disorder
2. **Take eight or more Medicare Part D covered drugs.**
3. **Expect to spend more than a specified amount on covered Medicare Part D prescriptions:** $1,276 or more in 2026

The MTMP offers a comprehensive review of all your medications and discusses with you over the phone on how to better manage your conditions with drug therapy. If you are eligible for this program, you will be notified by mail. We will then contact you by telephone to perform this service. Each session takes about 30-40 minutes. After the telephone session, we will send you a Personal Medication List (PML) and Medication Action Plan (MAP) which are summaries of what we've talked about. We will also perform Targeted Medication Review quarterly and may contact you or your doctor directly if there are questions about your medications. In addition, you will receive information on the safe disposal of prescription medications that are controlled substances.

If you would like additional information about the program, please call our Member Services Department at **1-800-885-8000 | TTY 711**.

Hours of Operation

Year Round: Monday - Friday 8 am - 8 pm
October 1 - March 31: Monday - Sunday 8 am - 8 pm

*Closed holidays

Member Services also has free language interpreter services available for non-English speakers. TTY requires special telephone equipment and is only for people with hearing or speaking difficulties.

Hearing Exams and Hearing Aids

TruHearing® Select Hearing Aid Benefit

Don't miss out on the moments that matter most. Good hearing helps you stay connected and involved in life's special moments. That's why Champion Health Plan offers you a hearing aid benefit through TruHearing.

Hearing aids can be expensive—an average of $2,330 per aid—but your benefit makes addressing hearing loss more affordable for TruHearing Advanced hearing aids. Details of your hearing benefit include:

- State-of-the-art technology
- Enjoy natural, lifelike sound in virtually all listening situations
- Bluetooth connectivity for streaming your favorite music, TV and phone calls straight to your ears[1]
- Take control with a tap: communicate directly with your provider, get health insights—like step counting—and set health goals with the TruHearing app[2]
- (Re)Mix technology that separates speech from background noise
- Personalized Care
- Guidance and assistance from a dedicated TruHearing Hearing Consultant
- Local, professional care from an accredited provider in your area
- A hearing exam plus 1 year of follow-up visits for fitting and adjustments
- $0 copay for routine hearing exam

Help Along Your Way

- A worry-free purchase with a 60-day trial and 3-year warranty
- 80 free batteries per aid included with non-rechargeable models
- Guides to help you adapt to your new hearing aids

All exams and hearing aid purchases must be made through TruHearing.

To learn more or schedule an appointment with a provider near you, contact a TruHearing Hearing Consultant at **1-888-991-9956 | TTY 711** or go to **TruHearing.com/how-it-works**.

Scan QR code to TruHearing page

[1]Smartphone compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Connectivity also available to many Android® phones with use of an accessory. TV streaming available through most TVs with use of an accessory.

[2]Ask your provider to enable virtual appointments. In-app interfacing requires provider activation.

Personal Emergency Response System (PERS)

Staying safe and feeling secure wherever you are can become a little more difficult as we age, especially when we're dealing with health issues. That's why Champion Health Plan has partnered with Aloe Care Health to provide our members with what might be "the world's most advanced medical alert system" – at no cost to you.

The Mobile Companion

Created to work in concert with the Aloe Care Health smartphone app, your Mobile Companion is an accessory device that helps independent adults balance freedom and safety while connecting you to everyone in your Care Circle – including doctors, nurses, family, and friends. In fact, the app allows you to add as many people to your Care Circle as you like!

Location Detection
Offers peace of mind to caregivers and allows prompt care to arrive wherever needed. Real-time location tracking is available in case of an emergency.

Caregiver Speed Dial
The device can make an outbound call to a caregiver with the ease of pressing a button.

Wearable Fall Detection
The internal accelerometer can detect falls and prompt users with assistance. App feature allows user to adjust sensitivity to help prevent false triggers.

24/7 Emergency Response
From the Aloe Care Health five-star professional monitoring team.

Water Resistant
Can be worn in the shower but should not be submerged.

Tech Compatibility
Your Mobile Companion is specially engineered so it won't interfere with pacemakers.

Ease of Use
Smaller than a credit card, it can be worn on a lanyard or carried in-hand.

Smartphone App
The Aloe Care Health mobile app is available through Google Play and the Apple App Store at no cost to you. If you already have this app on your phone, adding the Mobile Companion is easy.

These special services are provided to you at no additional cost.

Getting Started

Contact Champion Health Plan's Member Services Department at **1-800-885-8000 | TTY 711** or the Aloe Care Health Member Services Department at **1-866-696-6676 | TTY 711** to acquire your Mobile Companion and start enjoying the security you deserve.

Complementary and Alternative Medicine Access

American Specialty Health Plan (ASH)

Members enrolled in Champion Ally, Champion Care, or Champion Choice plans may have access to chiropractic and acupuncture services beyond Original Medicare.

Provider availability and coverage details vary by plan. Refer to your Evidence of Coverage for details.

Call Toll-Free: 1-800-848-3555 | TTY 711.

Health and Wellness Support

Silver&Fit® Program

Eligible members may have access to:

- Standard fitness centers nationwide
- Optional premium fitness facilities for an additional cost
- One home fitness kit per benefit year
- Digital fitness tools and on-demand workouts
- Online wellness resources and virtual classes

Program availability varies by plan. Refer to your Evidence of Coverage for details.

Call Toll-Free: 1-877-427-4788 | TTY 711.

This information is not a complete description of benefits. Limitations, copayments, and restrictions may apply. Benefits, premiums, and cost-sharing may vary by plan and service area. Refer to your Evidence of Coverage for complete details.

Respite Care

Champion Health Plan has partnered with The Helper Bees to offer a caregiver break benefit called Respite Care. This benefit is available through **all Champion plans except for Champion Ally and Champion Plus**. Respite Care is designed to give your main caregiver some time to rest.

You can get up to 30 hours each year of help from a trained caregiver. These hours can be used in 2-hour or 4-hour visits to help you with daily tasks, like:

Personal Care
Help with bathing, grooming, hair washing, shaving, dressing, undressing, and incontinence care to ensure comfort and hygiene.

Mobility Assistance
Support for walking, transferring, and using assistive devices like wheelchairs.

Skin Care
Assistance with applying lotions, creams, or ointments and monitoring for skin issues.

Errands
Caregivers can run errands on behalf of the member (within a 10-mile limit, no purchases included).

Transportation
Available within a 10-mile limit for essential trips.

Oral Hygiene Support
Assistance with brushing teeth, denture care, and maintaining oral health.

Medication Reminders
Prompting members to take medications on time.

Feeding & Meal Preparation
Help with eating and meal preparation for those who need assistance.

Using Your Point of Service (POS) Feature for Champion Advantage, Connect, and Select Plan Members Only

If you are enrolled in **Champion Advantage, Champion Connect, or Champion Select**, your Plan Benefit Program is an HMO-POS plan. Your Champion Health Plan offers comprehensive benefits, allowing you to use both in-network and out-of-network providers. Please be aware that certain services may require prior authorization before you visit specific providers. Refer to your Evidence of Coverage (EOC) for precise terms and benefits. For a copy, go to **championhmo.com** or contact Champion Health Plan directly.

How It Works

Prior Authorization for Out-of-Network Providers

Providers Not Requiring Prior Authorization:

- Primary Care Providers
- Nephrologists
- Dialysis Centers
- Urgent Care Centers

Providers Requiring Prior Authorization:

- All other physicians, diagnostic services, and non-physician providers.

Note: Out-of-network POS coverage does not apply to the following services, except in emergencies:

- Hospital Services
- Skilled Nursing Facilities (SNF)
- Behavioral Health Services

How to Receive Authorization for Out-of-Network Services

Members:

- Request a self-referral from Member Services at 1-800-885-8000 | TTY 711

Member Service Hours of Operation:

- April 1 – September 30: Monday – Friday, 8:00 a.m. – 8:00 p.m.
- October 1 – March 31: Monday – Sunday, 8:00 a.m. – 8:00 p.m.

You can nominate your physician to become a participating provider. Simply call the Champion Health Plan Member Services department at 1-800-885-8000 | TTY 711 and provide the name, address, phone number, and specialty. We will contact them to explore their interest in contracting with our Plan. Although we cannot guarantee that your provider will join, we will make every effort.

Please share this information with your out-of-network providers. You can fold along the line and tear out, copy this page, or bring this book to out-of-network providers.

Providers:

Authorization requests can be submitted through our Utilization Management (UM) Department at 1-800-885-8000, Monday through Friday, 8:00 a.m. to 6:00 p.m.

Submitting a Healthcare Claim or Bill

Electronic Billing:

Submit claims through your clearinghouse using Payer ID: CPS01 (Please use a zero, not the letter "O").

Paper Billing Address:

Champion Health Plan
C/O Champion Payer Solutions
PO Box 15337
Long Beach, CA 90815

Approved services will be reimbursed at 100% of Medicare-allowed rates, minus any required copayments.

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2026
Important Plan Documents Notice

The 2026 documents below are available upon request starting October 15, 2025.

- Evidence of Coverage (EOC)
- Formulary
- Pharmacy directory
- Provider directory

You can obtain a copy of these documents by:

Mail: To request a copy be mailed to you, contact Member Services at **1-800-885-8000 (TTY: 711)**

8 am - 8 pm, Monday - Friday (April 1 - September 30)

8 am - 8 pm, 7 days a week (October 1 - March 31)

Email: Request a copy at **memberservices@championpayer.com**

Web: Print a copy directly from our website at **championhmo.com**

Please contact Member Services at **1-800-885-8000 (TTY: 711)** to request hard copies of these materials as a one-time or permanent request.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **1-800-885-8000 (TTY: 711)** o hable con su proveedor.

Nondiscrimination Notice

Champion Health Plans-USA (Champion) and its subsidiaries, including Champion Health Plan of California, Inc.; Renal Payer Solutions. Inc.; Champion Payer Solutions, LLC. all comply with applicable federal civil rights laws. Champion Health Plan does not exclude individuals, deny benefits, or treat them differently on the basis of, or because of, race, color, national origin, age, disability, gender identity, sexual orientation, or religion.

Champion Health Plan provides free aids and services to individuals with disabilities to assist them in communicating effectively with the health plan. Such services may include but are not limited to qualified sign language interpreters, and written information in various formats such as: large print, audio, accessible electronic formats, and others.

Champion Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services or believe that Champion Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender identify, contact **Champion Health Plan Member Services at:**

By Telephone: **Dial 1-800-885-8000**
By TTY: Dial "711"
By US Mail: **Champion Health Plan Grievance Department**
PO Box 15337
Long Beach, CA 90815-9995

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, or an appeal Champion Health Plan Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

By Telephone: 1-800-368-1019 (TTY: 1-800-537-7697)
By Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Y0168_ NONDISCRIMINATIONNOTICE2025_C

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-885-8000. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-885-8000. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我┌提供免┌的翻┌服┌，┌助┌解答┌于健康或┌物保┌的任何疑┌。如果┌需要此翻┌服┌，┌致┌1-800-885-8000。我┌的中文工作人┌很┌意┌助┌。┌是一┌免┌服┌。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-885-8000。我們講中文的人員將樂意┌┌提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-885-8000. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-885-8000. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-885-8000 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits-und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-885-8000. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-885-8000 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-885-8000. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لديك. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-885-8000. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-885-8000 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-885-8000. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-885-8000. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-885-8000. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-885-8000. Ta usługa jest bezpłatna.

Japanese: ┌社の健康 健康保┌と┌品 ┌方┌プランに┌するご質問にお答えするため に、無料の通┌サ┌ビスがありますございます。通┌をご用命になるには、1-800-885-8000 にお電話くださ い。日本語を話す人 者 が支援いたします。これは無料のサ┌ビスです。

Notes

Notes

Notes

5000 Airport Plaza Dr., Ste. 100
Long Beach, CA 90815

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <ST> <ZIP>

CHAMPION HEALTH PLAN

For Questions
Call Toll-Free

1-800-885-8000, TTY 711

April 1 - September 30:
Monday - Friday, 8 am - 8 pm

October 1 - March 31:
Monday - Sunday, 8 am - 8 pm

championhmo.com