CHAMPION HEALTH PLAN

Summary of *Benefits*

Champion Care (HMO C-SNP) H6170-008

Fresno, Imperial, Kern, Los Angeles, Madera, Orange, Riverside, San Bernardino and San Diego Counties

H6170_SB008CA2027_M

2027 Summary of *Benefits*

CHAMPION HEALTH PLAN

Champion Health Plan

January 1, 2027 - December 31, 2027

Champion Health Plan is an HMO, HMO C-SNP and HMO-POS C-SNP with a Medicare contract. Enrollment in Champion Health Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you can expect to pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, please access the "Evidence of Coverage" booklet at championhmo.com.

To join **Champion Care (HMO C-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and have a diagnosis of Cardiovascular Disease, Congestive Heart Failure, Chronic Heart Failure (CHF), Coronary Artery Disease (CAD), Cardiac Arrhythmias, or Diabetes. Our service area includes the following counties in California: Fresno, Imperial, Kern, Los Angeles, Madera, Orange, Riverside, San Bernardino and San Diego.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View online at medicare.gov or receive a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week, including some federal holidays. TTY users should call 1-877-486-2048.
This document is available in other formats such as Braille, large print or audio.

For more information, please call us toll-free at 1-800-885-8000. From October 1 - March 31, we're available 7 days a week, 8 am to 8 pm Pacific time (PT). From April 1 - September 30, we're available Monday through Friday, 8 am to 8 pm PT. You can also visit us at championhmo.com.

PLAN DETAILS	CHAMPION CARE
Monthly Premium	$0
Annual Plan Deductible	No Deductible
Annual Maximum Out of Pocket (MOOP)	$499

PLAN DETAILS	CHAMPION CARE
Inpatient Hospital*	$0 Per Stay
Outpatient Hospital and Ambulatory Surgery Centers (ASC)*	$100 Copay for outpatient hospital services $0 Copay for surgery in an Ambulatory Surgery Center $0 Copay for outpatient hospital observation
Primary Care Providers	$0 Copay
Specialists*	$0 Copay Authorization may be required for all services except nephrology.
Preventive Services (Medicare Covered Screenings)	$0 Copay
Emergency Care (Hospital Emergency Department) **Worldwide Emergency Care**	$150 Copay Copay is waived if admitted to hospital within 24 hours for related health event. $0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan not to exceed 60% of local Medicare rates. Combined with Worldwide Urgently Needed Care.
Urgent Care Services (Non-hospital Urgent Care Center) **Worldwide Urgently Needed Care**	$0 Copay $0 Copay for up to $100,000 maximum Worldwide benefit limit reimbursable by the plan not to exceed 60% of local Medicare rates. Combined with Worldwide Emergency Care.
Diagnostic Services/Labs/Imaging* • Diagnostic tests and procedures • X-Rays • Lab Services • Diagnostic radiology services (such as MRI, CT Scans) • Therapeutic radiology services (such as radiation treatment for cancer)	$0 Copay Diagnostic tests and procedures and lab services may require authorization and a referral.

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION CARE
Hearing Services	
• Medicare-covered services	$0 Copay for Medicare-covered services every year
• Routine hearing exam and fitting/ evaluation for hearing aid	$0 Copay for one routine exam and one fitting/ evaluation for hearing aids every year
• Hearing Aid	$149 Copay per hearing aid (all models) up to (2) aids every (3) years for TruHearing Advanced hearing aids.
Dental Services*	$0 Copay for Preventive Dental Services and Medicare-covered dental services
• Medicare covered dental services	20% to 40% of the Cost for Comprehensive Dental Services
• Preventive dental services (exams, cleanings, fluoride treatments, x-rays, other dental services)	$3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined
• Comprehensive dental services (restorative, periodontics, endodontics, prosthodontics, surgeries)	Comprehensive dental services may require authorization and a referral.
Vision Services	
• Medicare covered eye exam	$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)
• Medicare covered frames and lenses or contacts	$0 Copay for (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery
• Routine eye exam	$0 Copay for (1) routine eye exam, refraction up to (1) per year
• Routine frames and lenses, or contacts	$350 Allowance for routine frames and lenses and upgrades every year
Mental Health Inpatient	$100 Copay for days 1-5 $0 Copay for days 6-90
Mental Health Outpatient* (Medicare-covered individual and group sessions)	$0 Copay

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION CARE
Skilled Nursing Facility*	$0 Copay for days 1-20 $221 Copay for days 21-100
Outpatient Rehabilitation* • Physical Therapy • Speech Therapy • Occupational Therapy	$0 Copay
Ambulance Services*	20% of the Cost for Medicare-covered air ambulance services $0 or $125 of the Cost for Medicare-covered ground ambulance services Minimum cost share applies to non-emergency ground ambulance transport
Transportation	$0 Copay 40 one-way plan-approved health-related locations. Maximum mileage per trip is 25 miles.
Medicare Part B Drugs	0% to 20% of the Cost $0 to $15 Copay for a 30-day supply of insulins.
Dialysis	20% of the Cost
Durable Medical Equipment (DME)*	DME, Prosthetics, & Medical Supplies: $0 for items $100 or less 20% of the Cost for items over $100
Over-the-Counter Items / Healthy Foods / Utilities Benefit	$280 Allowance every quarter. Eligible members pay $0 Copay for monthly allowance to use for healthy foods and produce, over-the-counter items, and/or assistance with utilities. Any unused monthly amounts not used within 90 days do not roll over to the next period. Some of the benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify. Qualifying conditions include diabetes, cardiovascular disorders, and chronic heart failure. Please see your Evidence of Coverage, Chapter 4, Section 2's Medical Benefit Chart for more information about eligibility.

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION CARE
Acupuncture • Medicare-covered acupuncture • Routine acupuncture	 $0 Copay for Medicare-covered services $0 Copay for up to 50 routine visits per year (combined with routine chiropractic)
Chiropractic • Medicare-covered chiropractic care • Routine chiropractic care	 $0 Copay for Medicare-covered services $0 Copay for up to 50 routine visits per year (combined with routine acupuncture)
Silver&Fit Fitness Benefit	$0 Copay for receiving up to $35 reimbursed each month on gym membership or fitness classes
Podiatry Services (Medicare-covered services only)*	$0 Copay
Hospice	Covered by Original Medicare
Respite Service (Support for Caregivers)	$0 Copay for up to twelve (12) 4-hour sessions of Helper Bees support for member's caregiver
Personal Emergency Response System (PERS)	$0 Copay
Home and Bathroom Safety Devices and Modifications	$0 Copay for the provision of a shower chair
Annual Physical Exam	$0 Copay for one (1) annual exam
Health Education	$0 Copay
Weight Management Program	$0 Copay for consultations with a nutritionist or dietitian, a personalized exercise plan, and behavioral support as needed.

*Services may require authorization and/or a referral.

PART D PRESCRIPTION DRUG COVERAGE		
PLAN DETAILS	**CHAMPION CARE**	
Part D Deductible	No Deductible	No Deductible
	Participating Retail Pharmacy	**Mail Order**
Initial Coverage	Up to a 30-day supply	100-day supply
Tier 1: Preferred Generic (including insulins)	$0 Copay	$0 Copay
Tier 2: Generic • **Insulins**	$5 Copay Lesser of $5 Copay or 25% of the Cost	$10 Copay Lesser of $10 Copay or 25% of the Cost
Tier 3: Preferred Brand • **Insulins**	$47 Copay Lesser of $20 Copay or 25% of the Cost	$94 Copay Lesser of $40 Copay or 25% of the Cost
Tier 4: Non-Preferred Brand • **Insulins**	$100 Copay Lesser of $20 Copay or 25% of the Cost	$200 Copay Lesser of $40 Copay or 25% of the Cost
Tier 5: Specialty Tier • **Insulins**	33% of the Cost Lesser of $20 Copay or 25% of the Cost	A 100-day supply is not available in Tier 5
Tier 6: Select Care Drugs (including insulins)	$0 Copay	$0 Copay
Catastrophic Coverage (after you or others on your behalf pay $2,400)	During this stage, the plan pays the full cost for your covered Part D drugs.	

PART D PRESCRIPTION DRUG COVERAGE	
PLAN DETAILS	**CHAMPION CARE**
Important Message About What You Pay for Insulin	At retail pharmacy locations, you won't pay more than $20 for a one-month supply or $60 for a three-month supply of each insulin product covered by our plan on Tiers 2, 3, and 4. You will not pay more than $20 for a one-month supply of insulin on Tier 5. For mail order, you won't pay more than $40 for a three month supply of each insulin product covered by our plan on Tiers 2, 3, and 4. Long term supplies of insulins in Tier 5 are not available through mail order.
Important Message About What You Pay for Vaccines	Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
Extra Help from Medicare	Medicare and Social Security have a program called Extra Help that can help pay drug costs for people with limited income and resources. If you qualify, you get help paying for your Medicare drug plan's monthly plan premium, yearly deductible, and copayments. Extra Help also counts toward your out-of-pocket costs.