CHAMPION HEALTH PLAN

Summary of *Benefits*

Champion Compass (HMO C-SNP) H6170-015

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

H6170_SB015CA2027_M

2027 Summary of *Benefits*

CHAMPION HEALTH PLAN

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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 Compass (HMO C-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and have a diagnosis of Cardiovascular Disease, Congestive Heart Failure, Chronic Heart Failure (CHF), Coronary Artery Disease (CAD), Cardiac Arrhythmias, or Diabetes. This plan is designed to support individuals with a qualifying chronic condition who reside in an assisted living facility in our service area. 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 COMPASS
Monthly Premium	$0
Annual Plan Deductible	No Deductible
Annual Maximum Out of Pocket (MOOP)	$999

PLAN DETAILS	CHAMPION COMPASS
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)	$150 Copay Copay is waived if admitted to hospital within 24 hours for related health event.
Urgent Care Services (Non-hospital Urgent Care Center)	$0 Copay
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.
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.

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION COMPASS
Dental Services* • Medicare covered dental services • Preventive dental services (exams, cleanings, fluoride treatments, x-rays, other dental services) • Comprehensive dental services (restorative, periodontics, endodontics, prosthodontics, surgeries)	$0 Copay for Preventive Dental Services and Medicare-covered dental services 20% to 40% of the Cost for Comprehensive Dental Services $3,000 yearly benefit coverage limit for preventive and comprehensive dental services combined Comprehensive dental services may require authorization and a referral.
Vision Services • Medicare covered eye exam • Medicare covered frames and lenses or contacts • Routine eye exam • Routine frames and lenses, or contacts	$0 Copay for a Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) $0 Copay for (1) pair of Medicare covered eyewear (eyeglasses or contact lenses) after a cataract surgery $0 Copay for (1) routine eye exam, refraction up to (1) per year $350 Allowance for routine frames and lenses and upgrades every year
Mental Health Inpatient	$100 Copay for days 1-10 $0 Copay for days 11-90
Mental Health Outpatient* (Medicare-covered individual and group sessions)	$0 Copay
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

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION COMPASS
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% Copay $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	$250 Allowance every quarter. Eligible members pay $0 Copay for monthly allowance to use for purchasing an electric toothbrush and/or incontinence supplies, receiving a post discharge in-home medication reconciliation and support for caregivers. Support for caregivers is limited to twelve (12) 4-hour sessions per year with Helper Bees to support member's caregiver. Any unused amounts from a monthly allowance not used within 90 days does not roll over to the next period. 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 COMPASS
Medicare-Covered Acupuncture	$0 Copay
Medicare-Covered Chiropractic Care	$0 Copay
Podiatry Services (Medicare-covered services only)*	$0 Copay
Hospice	Covered by Original Medicare
Personal Emergency Response System (PERS)	$0 Copay
Annual Physical Exam	$0 Copay for one (1) annual exam
Health Education	$0 Copay

*Services may require authorization and/or a referral.

PART D PRESCRIPTION DRUG COVERAGE		
PLAN DETAILS	**CHAMPION COMPASS**	
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 $35 Copay or 25% of the Cost	$94 Copay Lesser of $70 Copay or 25% of the Cost
Tier 4: Non-Preferred Brand • **Insulins**	$100 Copay Lesser of $35 Copay or 25% of the Cost	$200 Copay Lesser of $70 Copay or 25% of the Cost
Tier 5: Specialty Tier • **Insulins**	33% of the Cost Lesser of $35 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.	
Important Message About What You Pay for Insulin	At retail pharmacy locations, you won't pay more than $35 for a one-month supply or $105 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 $35 for a one-month supply of insulin on Tier 5. For mail order, you won't pay more than $70 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 retail or mail order.	

PART D PRESCRIPTION DRUG COVERAGE	
PLAN DETAILS	**CHAMPION COMPASS**
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.