



Summary of *Benefits*

Champion Plus
(HMO C-SNP) H6170-010

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

2027 Summary of Benefits



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 Plus (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 Schizophrenia, Schizoaffective, Bipolar, Major Depressive or Paranoid Disorders. 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 PLUS
Monthly Premium	\$7.30
Plan Deductible	No Plan Deductible \$283 Part B Deductible (This 2026 cost sharing amount may change for 2027. Champion Health Plan will provide updated rates on its website when 2027 rates are released.)
Annual Maximum Out of Pocket (MOOP)	\$9,850

PLAN DETAILS	CHAMPION PLUS
Inpatient Hospital*	\$1,736 deductible per benefit period \$0 for days 1 - 60 \$434 Copay per day for days 61 - 90 \$868 Copay per day for each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime) 100% of all Costs beyond the lifetime reserve days (These 2026 cost sharing amounts may change for 2027. Champion Health Plan will provide updated rates on its website when 2027 rates are released.).
Outpatient Hospital and Ambulatory Surgery Centers (ASC)*	20% of the Cost for outpatient hospital services 20% of the Cost for surgery in an Ambulatory Surgery Center 20% of the Cost for outpatient hospital observation
Primary Care Providers	\$0 Copay
Specialists*	20% of the Cost Authorization may be required for all services except nephrology.
Preventive Services (Medicare Covered Screenings)	\$0 Copay
Emergency Care (Hospital Emergency Department) Worldwide Emergency Care	\$115 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.

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION PLUS
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 for lab services and X-rays 20% of the Cost for all other services Diagnostic tests and procedures and lab services may require authorization and a referral.
Hearing Services • Medicare-covered services • Routine hearing exam and fitting/evaluation for hearing aid • Hearing Aid	\$0 Copay for Medicare-covered services every year \$0 Copay for one routine exam and one fitting/evaluation for hearing aids every year \$149 Copay per hearing aid (all models) up to (2) aids every (3) years for TruHearing Advanced hearing aids.
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

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION PLUS
Mental Health Inpatient*	\$1,736 deductible per benefit period \$0 Copay for days 1 - 60 \$434 Copay per day for days 61 - 90 \$868 Copay per day for each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime) 100% of all Costs beyond the lifetime reserve days (These 2026 cost sharing amounts may change for 2027. Champion Health Plan will provide updated rates on its website when 2027 rates are released.)
Mental Health Outpatient (Medicare-covered individual and group sessions)*	\$0 Copay
Skilled Nursing Facility*	\$0 Copay for days 1-20 \$221 for days 21-100
Outpatient Rehabilitation* - Physical Therapy - Speech Therapy - Occupational Therapy	\$0 Copay for physical and speech therapy services \$0 for occupational therapy services.
Ambulance Services*	20% of the Cost for Medicare-covered air ambulance services 0% to 20% of the Cost for Medicare-covered ground ambulance services, not to exceed \$125 Copay Minimum cost share applies to non-emergency ground ambulance transport
Transportation	\$0 Copay 48 one-way plan-approved health-related locations. Maximum mileage per trip is 25 miles.
Medicare Part B Drugs	20% of the Cost \$0 to \$35 Copay for a 30-day supply of insulin
Dialysis	20% of the Cost

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION PLUS
Durable Medical Equipment (DME)*	DME, Prosthetics, & Medical Supplies: 20% of the Cost
Over-the-Counter Items / Healthy Foods / Utilities Benefit	\$480 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 bipolar disorder, major depressive disorder, paranoid disorder, schizophrenia, and schizoaffective disorder. Please see your Evidence of Coverage, Chapter 4, Section 2's Medical Benefit Chart for more information about eligibility.
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)*	20% of the Cost
Hospice	Covered by Original Medicare
Respite Service (Support for Caregivers)	\$0 Copay for up to twelve (12) 4-hour sessions with Helper Bees to support member's caregiver.
Personal Emergency Response System (PERS)	\$0 Copay
Annual Physical Exam	\$0 Copay for one (1) annual exam
Home and Bathroom Safety Devices and Modifications	\$0 Copay for the provision of a shower chair
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 PLUS	
Part D Deductible	\$700 Deductible (does not apply to Tiers 1, 2 and 6)	
	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 (including insulins)	\$0 Copay	\$0 Copay
Tier 3: Preferred Brand • Insulins	25% of the Cost Lesser of \$35 Copay or 25% of the Cost	25% of the Cost Lesser of \$105 Copay or 25% of the Cost
Tier 4: Non-Preferred Brand • Insulins	25% of the Cost Lesser of \$35 Copay or 25% of the Cost	25% of the Cost Lesser of \$105 Copay or 25% of the Cost
Tier 5: Specialty Tier • Insulins	25% 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	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 3 and 4 and no more than \$35 for a one-month supply of insulin on Tier 5, even if you haven't paid your deductible.	
Important Message About What You Pay for Vaccines	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. 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.	