CHAMPION HEALTH PLAN

Summary of *Benefits*

Champion Plus (HMO C-SNP) H6170-010

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

H6170_SB010CA2027_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 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. This plan is designed to meet the needs of individuals who qualify for Medi-Cal and do not receive institutional-level type of care (long-term care). 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	YOUR COST WITH MEDICARE AND MEDI-CAL
Monthly Premium	$7.30	$0 (with Extra Help)
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.)	No Plan Deductible $0 for Part B Deductible†
Annual Maximum Out of Pocket (MOOP)	$9,850	$0†

†If you have full Medi-Cal benefits, you may pay $0 for your Medicare-covered services.

PLAN DETAILS	CHAMPION PLUS	YOUR COST WITH MEDICARE AND MEDI-CAL
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.).	$0†
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	$0 Copay†
Primary Care Providers	$0 Copay	$0 Copay
Specialists*	20% of the Cost Authorization may be required for all services except nephrology.	$0 Copay†
Preventive Services (Medicare Covered Screenings)	$0 Copay	$0 Copay

*Services may require authorization and/or a referral.
†If you have full Medi-Cal benefits, you may pay $0 for your Medicare-covered services.

PLAN DETAILS	CHAMPION PLUS	YOUR COST WITH MEDICARE AND MEDI-CAL
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.	$0 Copay†
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.	$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 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.	$0 Copay for lab services and X-rays $0 Copay for all other services† Diagnostic tests and procedures and lab services may require authorization and a referral.

*Services may require authorization and/or a referral.
†If you have full Medi-Cal benefits, you may pay $0 for your Medicare-covered services.

PLAN DETAILS	CHAMPION PLUS	YOUR COST WITH MEDICARE AND MEDI-CAL
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*		
• Medicare covered dental services	$0 Copay for Preventive Dental Services and Medicare-covered dental services	
• Preventive dental services (exams, cleanings, fluoride treatments, x-rays, other dental services)	20% to 40% of the Cost for Comprehensive Dental Services	
• Comprehensive dental services (restorative, periodontics, endodontics, prosthodontics, surgeries)	$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	$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	

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION PLUS	YOUR COST WITH MEDICARE AND MEDI-CAL
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.)	$0 Copay†
Mental Health Outpatient (Medicare-covered individual and group sessions)*	$0 Copay	$0 Copay
Skilled Nursing Facility*	$0 Copay for days 1-20 $221 for days 21-100	$0 Copay for days 1-100†
Outpatient Rehabilitation* • Physical Therapy • Speech Therapy • Occupational Therapy	$0 Copay for physical and speech therapy services $0 for occupational therapy services.	$0 Copay†
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	$0 Copay†

*Services may require authorization and/or a referral.
†If you have full Medi-Cal benefits, you may pay $0 for your Medicare-covered services.

PLAN DETAILS	CHAMPION PLUS	YOUR COST WITH MEDICARE AND MEDI-CAL
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	$0 Copay†
Dialysis	20% of the Cost	$0 Copay†
Durable Medical Equipment (DME)*	DME, Prosthetics, & Medical Supplies: 20% of the Cost	$0 Copay†
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. 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.	

*Services may require authorization and/or a referral.
†If you have full Medi-Cal benefits, you may pay $0 for your Medicare-covered services.

PLAN DETAILS	CHAMPION PLUS	YOUR COST WITH MEDICARE AND MEDI-CAL
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	$0 Copay†
Hospice	Covered by Original Medicare	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.
†If you have full Medi-Cal benefits, you may pay $0 for your Medicare-covered services.

PART D PRESCRIPTION DRUG COVERAGE			
PLAN DETAILS	**CHAMPION PLUS**		**YOUR COST WITH MEDICARE AND MEDI-CAL**
Part D Deductible	$700 Deductible (does not apply to Tiers 1, 2 and 6)		$0 Copay
	Participating Retail Pharmacy	**Mail Order**	**LIS COPAY (with Extra Help)**
Initial Coverage	Up to a 30-day supply	100-day supply	
Tier 1: Preferred Generic (including insulins)	$0 Copay	$0 Copay	$0 Copay
Tier 2: Generic (including insulins)	$0 Copay	$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	Generics: $0 or $1.65 or $5.80 Copay Brands: $0 or $5 or $14.40 Copay
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	Generics: $0 or $1.65 or $5.80 Copay Brands: $0 or $5 or $14.40 Copay
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	Generics: $0 or $1.65 or $5.80 Copay Brands: $0 or $5 or $14.40 Copay A 100-day supply is not available in Tier 5
Tier 6: Select Care Drugs (including insulins)	$0 Copay	$0 Copay	$0 Copay

PART D PRESCRIPTION DRUG COVERAGE		
PLAN DETAILS	**CHAMPION PLUS**	**YOUR COST WITH MEDICARE AND MEDI-CAL**
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.	Generics: $0 or $1.65 or $5.80 Copay Brands: $0 or $5 or $14.40 Copay
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 Program	If you meet federal low income limits, you qualify for the Extra Help program that assists individuals with Part D cost shares, including deductibles. You may pay $0 for your Part D premium, deductible and no more than the low income subsidy amounts for all of your Part D drugs.	