CHAMPION HEALTH PLAN

Summary of *Benefits*

Champion Home (HMO C-SNP) H6170-016

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

H6170_SB016CA2027_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 Home (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 HOME
Monthly Premium	$0
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 HOME
Inpatient Hospital*	$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.)
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
Preventive Services (Medicare Covered Screenings)	$0 Copay
Emergency Care (Hospital Emergency Department)	$115 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 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.

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION HOME
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)	
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*	$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.)

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION HOME
Mental Health Outpatient (Medicare-covered individual and group sessions)	$0 Copay for group sessions and individual sessions
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 for therapy services
Ambulance Services*	0% to 20% of the Cost for air ambulance 0% to 20% of the Cost for ground ambulance, not to exceed $125 Copay Minimum Cost share applies to non-emergency ambulance transport.
Transportation	$0 Copay 48 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 $35 Copay for a 30-day supply of insulins.
Dialysis	20% of the Cost
Durable Medical Equipment (DME)*	DME, Prosthetics, & Medical Supplies: 20% of the Cost

*Services may require authorization and/or a referral.

PLAN DETAILS	CHAMPION HOME
Over-the-Counter Items / Healthy Foods / Utilities Benefit	$468 Allowance every quarter. $0 Copay for monthly allowance to use for purchase of 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.^
Acupuncture	$0 Copay for Medicare-covered services
Chiropractic Care	$0 Copay for Medicare-covered services
Podiatry Services (Medicare-covered services only)*	20% of the Cost
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.

^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.

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