



2022 CCHP Medicare Information Kit

Choose Quality and Value from a Local Provider. Choose CCHP.

CCHP Senior Program (HMO)

CCHP Senior Value Program (HMO)

CCHP Senior Select Program (HMO D-SNP)



CCHP
Health Plan

Enjoy More, Worry Less

Notes:

Hello!

For generations, it has been our mission to improve the health of our community by providing high-quality affordable healthcare. The recent global challenges remind us healthcare is local. Our commitment to our mission is stronger than ever. Healthy, happy lives is our goal for all our neighbors. Enjoy More, Worry Less!

Community Roots

We are part of a 130-year old, not-for-profit healthcare system. We work closely with our community doctors and nurses to provide you care where you live. Anchored by Chinese Hospital, we have neighborhood clinics to serve you conveniently.

Access to Care

Whatever your need, we want to make sure you have a choice in facilities. That's why our network includes many of the best hospitals: Chinese Hospital, Dignity Health, Seton Medical Center, Stanford Health Care, Sutter Health, and UCSF Health.

Always Improving

Last year, we introduced our **CCHP Senior Value Program (HMO)** to great success! Starting 2022, we have added acupuncture benefit and transportation to and from your medical appointments. We have also removed the drug deductible. This is just among the many ways we are providing Value to our members.

Focused on Wellness

Our focus on your wellness is an on-going commitment. In addition to offering free annual preventive screenings and fitness classes, we now offer Virtual Health Education Classes. Your health, wellness and safety is our priority.

Proof of Quality

Medicare continues to rate us 4 stars out of 5 for 2022. Track-record of our quality pledge is evident.

Choosing CCHP is Easy

We want to make choosing CCHP for your Medicare needs easy. Just talk to one of our seasoned experts who can guide you to the right plan for your needs.

Please review the information in this booklet and be sure to let us know if you have any questions or when you are ready to join generations of happy members!

Thank you for considering CCHP!

Your CCHP Team

Questions?

1-877-224-7705
TTY 1-877-681-8898

Enjoy More, Worry Less

Thank you for your interest in CCHP Medicare Advantage plans for your health coverage needs. Choosing CCHP means you get quality care while enjoying more of the services that help you stay healthy at low or no extra cost to you.

This booklet will help you understand the benefits of enrolling in one of our three Medicare Advantage plans:

- **CCHP Senior Program (HMO)**
- **CCHP Senior Value Program (HMO)**
- **CCHP Senior Select Program (HMO D-SNP)** (Available in SF only.)

Here is what’s included:

- 1) **Plan Overview** gives you a quick look at our benefits and valuable services
- 2) **Pre-Enrollment Checklist** of items for your consideration when shopping for coverage
- 3) **Summary of Plan Benefits** for an in-depth look at what’s covered
- 4) How you can **contact us**. Be sure to contact us with any questions. Our friendly sales representatives are waiting to help.

Get CCHP for the peace-of-mind you deserve. We are your trusted local partner in your health care journey.

Caring for Generations.



Questions?
 1-877-224-7705
 TTY 1-877-681-8898

Notes:

A San Francisco Original

We are committed to helping you live your life without worry. We believe that health care is local. We know the unique health care wants and needs of Bay Area people like you because we too live, work and play here. We are available exclusively to San Francisco and San Mateo County residents, families, workers, and businesses.

Choice of Physicians—plus Virtual Visits

You should be able to choose the doctors you want. You can select from thousand of doctors, specialists and providers with offices located throughout our service area. Many of our providers are also available virtually through Telehealth for your safety and convenience.

You want to get the most out of your health care budget and we get that. That’s why we designed our plans to suit your unique needs and included some of the extras that may be important to you.

Access to Top Local Hospitals

CCHP plans enable you access to nearly all the major hospitals including UCSF, Sutter, Dignity, Stanford, Seton, and Chinese Hospital

No Cost Preventive Care

Maintaining your health with regular check-ups for preventive services shouldn’t cost extra. That’s why we cover basic services like an annual screening, labs, x-rays and vaccinations without copay.



Questions?
 1-877-224-7705
 TTY 1-877-681-8898

Health, Wellness and Fitness Classes

Maintaining your optimal health shouldn't be difficult. Our educational classes are practical as well as informational so you can stay on top of your health conditions. Our yoga, tai chi, and qigong classes are designed so you can choose how you stay fit. Discounted memberships to all San Francisco area YMCA's are also available.

Western Medicine with Eastern Remedies

Sometimes you want to try proven alternative therapies for certain conditions. We are committed to helping you integrate treatments for better healing and maintaining your Chi. You can choose a plan that includes acupuncture visits so you can personalize the care you receive.

After Hours Access

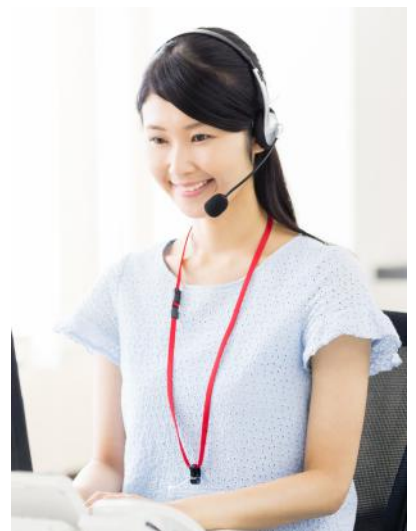
Sometimes you just have questions or need to consult a medical expert when your doctor is not available right away. You can get the help you need through our 24/7 Nurse Advice line. Should you need non-emergency care after hours you can visit one of several Urgent Care centers.

Technology Your Way

Technology should work to make your life easy, not the other way around. Our user-friendly member portal helps you get things done quickly and easily. You can review your plan and claims information, test results, and pay your premiums. Now with virtual visits, you don't need to leave your home to get the care you need.

Service with a Smile

Whether you reach us by phone, email, or in person, you will find that, first, we answer right away. You will also find a caring and listening Member Services team member on the other end. You can also speak with us in-person. With two Member Services offices to serve you (one in San Francisco and one in Daly City), you will find it comforting to know that we treat you like you would like to be treated.



CCHP Senior Program (HMO)

- Service area:** San Francisco & San Mateo County
- Who qualifies?:** People enrolled in Medicare parts A & B
- What does it cost:** \$42 per month
-

Benefits include:

- \$0 Copay Preventive Care Services
- \$0 Medical Deductible
- \$0 Copay for Lab Tests and X-rays
- Optional Comprehensive Dental Coverage
(additional \$10/month)
- Preventive Dental Coverage
- Vision Coverage + Eye Glasses
- Hearing Aid
- Prescription Drug Coverage
- Acupuncture Treatments
- Over-the-Counter (OTC) Items

CCHP Senior Value Program (HMO)

- Service area:** San Francisco & San Mateo County
- Who qualifies?:** People enrolled in Medicare parts A & B
- What does it cost:** \$0 per month
-

Benefits include:

- NEW** Transportation Services for Medical visits (12 one-way trips or 6 round-trips per year, non-ER and Plan-approved locations only)
- NEW** Acupuncture Treatments (15 visits per year)
 - Medicare Part D Drug Coverage
 - \$0 Copay Preventive Care Services
 - \$0 Medical Deductible
 - Routine Hearing Exam
 - Hearing Aid
 - Vision Coverage + Eye Glasses
 - Optional Dental Coverage (additional \$18/month)

CCHP Senior Select Program (HMO D-SNP)

- Service area:** San Francisco County
- Who qualifies?:** People enrolled in Medicare Parts A and B, receives Medi-Cal (Medicaid) benefits
- What does it cost:** \$0 if you qualify for Extra Help or \$33.20* per month if you don't
(Premium may vary based on the level of Extra Help you receive.)
-

Benefits include:

- NEW** Grocery Flex Card (\$18.88 allowance per month)
- \$0 Copay Preventive Care Services
 - \$0 Medical Deductible
 - \$0 Copay Acupuncture Treatments
 - \$0 Copay for Lab Tests and X-rays
 - Transportation Services for Medical visits
 - Dental Coverage
 - Vision Coverage + Eye Glasses
 - Hearing Aid
 - Prescription Drug Coverage
 - Over-the-Counter (OTC) Items

* Note: To enroll in CCHP Senior Select Program (HMO D-SNP), you must receive Medi-Cal benefits.

Your Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-224-7705, (TTY 1-877-681-8898). Hours are 7 days a week, 8:00 a.m. to 8:00 p.m.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.CCHPHHealthPlan.com/Medicare or call 1-877-224-7705, (TTY 1-877-681-8898) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium, unless your Part B premium is covered by the State for full-dual eligible individuals. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- CCHP Senior Select Program (HMO D-SNP) is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.



CCHP Senior Program (HMO) 2022 Summary of Benefits

Service Area: San Francisco & San Mateo County

This is a summary of drug and health services covered by CCHP Senior Program (HMO) from January 1, 2022 - December 31, 2022.

Premiums and Benefits	CCHP Senior Program (HMO)
Monthly Plan Premium	\$42* You must continue to pay your Medicare Part B premium. *Premium may vary based on the level of Extra Help you receive. Please contact the plan for further details.
Deductible	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6,700 annually Includes copays and other costs for medical services for the year.
Inpatient Hospital	Days 1-7: \$100 copay per day** (at Chinese Hospital) Days 1-7: \$305 copay per day** (at all other in-network hospitals) Days 8-90: \$0 copay per day**
Outpatient Hospital	\$130 copay** (at Chinese Hospital) \$310 copay** (at all other in-network hospitals)
Ambulatory Surgery Center (ASC) Services	\$300 copay**
Doctor Visits	PCP: \$5 copay Specialists: \$20 copay**
Preventive Care (e.g. flu vaccine, diabetic screenings)	\$0 copay** Other preventive services are available. There are some covered services that have a cost.
Emergency Care	\$90 copay Within the US: Copay is waived if admitted within 24 hours to hospital. Outside the US: Copay is not waived if admitted to hospital (\$25,000 maximum coverage amount)
Urgently Needed Services	\$45 copay within the US \$90 copay outside the US (\$25,000 maximum coverage amount)
Diagnostic Services/ Labs/Imaging	Diagnostic Radiology Services: \$200 copay** X-Ray and Lab Services: \$0 copay** Diagnostic Tests & Procedures: \$0 copay**
Hearing Services	Routine Hearing Exam: \$20 copay** (one routine hearing exam allowed annually)
Hearing Aids	\$600 - \$2,075 copay/ear, limit two per year through NationsHearing
Preventive Dental Services	\$0 copay (limit twice per year)
Optional Comprehensive Dental Coverage	\$10 per month (in addition to monthly plan premium)
Vision Services	Routine eye exam: \$20 copay** (one exam allowed annually) Eyeglasses: \$0 copay** for one pair of glasses every two years (maximum \$150 allowance)

Premiums and Benefits		CCHP Senior Program (HMO)	
Mental Health Services	Inpatient Hospital: Days 1-7: \$250 copay/day** Days 8-90: \$0 copay/day**	Group and Individual Therapy Sessions: \$20 copay**	
Skilled Nursing Facility (up to 100 days/benefit period)	Days 1-20: \$0 copay/day** Days 21-100: \$150 copay/day**		
Physical Therapy	\$20 copay**		
Ambulance Services	\$265 copay per trip		
Transportation	\$0 copay per trip, 12 round trips (24 one-way trips)		
Medicare Part B Drugs	Chemotherapy: 20% coinsurance** Other Part B drugs: 20% coinsurance**		
Acupuncture	\$5 copay**		
Over-the-Counter (OTC) Items	\$25 allowance per quarter (allowance expires at the end of the quarter)		
Part D: Prescription Drug Coverage (for Drugs on CCHP's Formulary)	30-day Supply at Retail Pharmacy	90-day Supply by Mail Order and Preferred Cost-Share Pharmacies*	
Tier 1: Preferred Generic (no deductible)	\$3 copay	\$6 copay	
Tier 2: Generic (no deductible)	\$7 copay	\$14 copay	
Tier 3: Preferred Brand (no deductible)	\$40 copay	\$80 copay	
Tier 4: Non-preferred Brand (no deductible)	\$60 copay	\$120 copay	
Tier 5: Specialty (no deductible)	33% coinsurance	Drugs in this tier are <u>not</u> available at this extended day supply.	
Coverage Gap: Costs after your total yearly drug costs reach \$4,430			
Generic	25% coinsurance		
Brand & Specialty	25% coinsurance		
Catastrophic Coverage: Costs after yearly out-of-pocket drug costs reach \$7,050			
Generic	You pay the greater of 5% or \$3.95 copay		
Brand & Specialty	You pay the greater of 5% or \$9.85 copay.		
*Premium may vary based on the level of Extra Help you receive. Please contact the plan for further details.			
**Prior authorization and referral rules may apply.			
***Cost share for 90-day supply may differ at non-preferred cost sharing pharmacies.			

This plan is available to anyone who is enrolled in Medicare Part A and Part B and resides in our service area. Chinese Community Health Plan (CCHP) is a Medicare Advantage HMO plan with a Medicare contract and a California Medicaid program contract for our HM D-SNP Plan. Enrollment in CCHP depends on contract renewal. A complete list of services we cover can be found in the "Evidence of Coverage" on our website www.cchphealthplan.com/medicare or contact us for more information, 1-888-681-3888 (TTY 1-877-681-8898) from 8:00 a.m. to 8:00 p.m., seven days a week. Chinese Community Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. CCHP's pharmacy network offers limited access to pharmacies with preferred cost sharing in San Francisco and San Mateo Counties. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up to date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-888-775-7888 or consult the online provider/pharmacy directory at www.CCHPHealthPlan.com/medicare.

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CCHP Senior Value Program (HMO)

2022 Summary of Benefits

Service Area: San Francisco & San Mateo County

This is a summary of drug and health services covered by CCHP Senior Value Program (HMO) from January 1, 2022 December 31, 2022.

Premiums and Benefits	CCHP Senior Value Program (HMO)
Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.
Deductible	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$7,550 annually Includes copays and other costs for medical services for the year.
Inpatient Hospital	Days 1-7: \$150 copay per day** (at Chinese Hospital) Days 1-7: \$315 copay per day** (at all other in-network hospitals) Days 8-90: \$0 copay per day**
Outpatient Hospital	\$230 copay** (at Chinese Hospital) \$310 copay** (at all other in-network hospitals)
Ambulatory Surgery Center (ASC) Services	\$300 copay**
Doctor Visits	PCP: \$10 copay Specialists: \$35 copay**
Preventive Care (e.g. flu vaccine, diabetic screenings)	\$0 copay** Other preventive services are available. There are some covered services that have a cost.
Emergency Care	\$90 copay Within the US: Copay is waived if admitted within 24 hours to hospital. Outside the US: Copay is not waived if admitted to hospital (\$5,000 maximum coverage amount)
Urgently Needed Services	\$45 copay within the US \$90 copay outside the US (\$5,000 maximum coverage amount)
Diagnostic Services/ Labs/Imaging	Diagnostic Radiology Services: \$200 copay** X-Ray and Lab Services: \$0 copay** Diagnostic Tests & Procedures: \$0 copay**
Hearing Services	Routine Hearing Exam: \$20 copay** (one routine hearing exam allowed annually)
Hearing Aids	\$600 - \$2,075 copay/ear, limit two per year through NationsHearing
Optional Dental Coverage	\$18/month (in addition to monthly plan premium)
Vision Services	Routine eye exam: \$35 copay** (one exam allowed annually) Eyeglasses: \$0 copay for one pair of glasses every two years (maximum \$100 allowance)

Premiums and Benefits		CCHP Senior Value Program (HMO)	
Mental Health Services	Inpatient Hospital: Days 1-7: \$250 copay/day** Days 8-90: \$0 copay/day**	Group and Individual Therapy Sessions: \$35 copay**	
Skilled Nursing Facility (up to 100 days/benefit period)	Days 1-20: \$0 copay/day** Days 21-100: \$150 copay/day**		
Physical Therapy	\$35 copay**		
Ambulance Services	\$265 copay per trip		
Transportation	\$0 copay per trip, 12 one-way trips or 6 round-trips		
Medicare Part B Drugs	Chemotherapy: 20% Coinsurance** Other Part B drugs: 20% Coinsurance**		
Acupuncture/Chiropractic	\$10 co-pay (15 combined visits per year)		
Part D: Prescription Drug Coverage (for Drugs on CCHP's Formulary)	30-day Supply at Retail Pharmacy	90-day Supply by Mail Order and Preferred Cost-Share Pharmacies*	
Tier 1: Preferred Generic (no deductible)	\$5 copay	\$10 copay	
Tier 2: Non-preferred Generic (no deductible)	\$12 copay	\$24 copay	
Tier 3: Preferred Brand (no deductible)	\$47 copay	\$94 copay	
Tier 4: Non-preferred Brand (no deductible)	\$100 copay	\$200 copay	
Tier 5: Specialty (no deductible)	31% coinsurance	Drugs in this tier are <u>not</u> available at this extended day supply.	
Coverage Gap: Costs after your total yearly drug costs reach \$4,430			
Generic	25% coinsurance		
Brand & Specialty	25% coinsurance		
Catastrophic Coverage: Costs after yearly out-of-pocket drug costs reach \$7,050			
Generic	You pay the greater of 5% or 3.95 copay.		
Brand & Specialty	You pay the greater of 5% or \$9.85 copay.		
*Cost share for 90-day supply may differ at non-preferred cost sharing pharmacies.			
**Prior authorization and referral rules may apply.			

This plan is available to anyone who is enrolled in Medicare Part A and Part B and resides in our service area. Chinese Community Health Plan (CCHP) is a Medicare Advantage HMO plan with a Medicare contract and a California Medicaid program contract for our HMO D-SNP Plan. Enrollment in CCHP depends on contract renewal. A complete list of services we cover can be found in the "Evidence of Coverage" on our website www.cchphealthplan.com/medicare or contact us for more information, 1-888-681-3888 (TTY 1-877-681-8898) from 8:00 a.m. to 8:00 p.m., seven days a week. Chinese Community Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. CCHP's pharmacy network offers limited access to pharmacies with preferred cost sharing in San Francisco and San Mateo Counties. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up to date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-888-775-7888 or consult the online provider/pharmacy directory at www.CCHPHealthPlan.com/medicare.

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CCHP Senior Select Program (HMO D-SNP) 2022 Summary of Benefits Service Area: San Francisco County

This is a summary of drug and health services covered by CCHP Senior Select Program (HMO D-SNP) from January 1, 2022 - December 31, 2022.

Premiums and Benefits	CCHP Senior Select Program (HMO D-SNP)
Monthly Plan Premium	\$0 if you qualify for Extra Help or \$33.20* if you don't You must continue to pay your Medicare Part B premium. *Premium may vary based on the level of Extra Help you receive.
Deductible	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$3,400 annually Includes copays AND other costs for medical services for the year.
Inpatient Hospital	Days 1-7: \$0 copay per day** Days 8+: \$0 copay per day**
Outpatient Hospital	\$0 copay**
Ambulatory Surgery Center (ASC) Services	\$0 copay**
Doctor Visits	PCP: \$0 copay Specialists: \$0 copay**
Preventive Care (e.g. flu vaccine, diabetic screenings)	\$0 copay**
Emergency Care	\$0 copay within the U.S. \$90 copay outside the US (\$25,000 maximum coverage amount). Copay is not waived if admitted to hospital.
Urgently Needed Services	\$0 copay within the US \$90 copay outside the US (\$25,000 maximum coverage amount)
Diagnostic Services/ Labs/Imaging	Diagnostic Radiology Services: \$0 copay** X-Ray and Lab Services: \$0 copay** Diagnostic Tests and Procedures: \$0 copay**
Hearing Services	Routine Hearing Exam: \$0 copay** (Up to one hearing exam each year)
Hearing Aids	\$1,000 allowance/year. \$1,000 annual benefit allowance may be applied towards the purchase price of up to two entry level hearing aids each year through Nations Hearing.

Premiums and Benefits		CCHP Senior Select Program (HMO D-SNP)	
Dental Services	Oral exams and cleaning: \$0 copay (twice a year) Dental X-rays: \$0 copay (once a year) Endodontics, Periodontics, and Extraction services: \$0 copay Prosthodontics, Oral/Maxillofacial Surgery services: \$0 - \$1,740 copay/visit depending on the service		
Vision Services	Routine eye exam: \$0 copay** (one exam allowed annually) Eyeglasses: \$0 copay for one pair of glasses every two years (maximum \$150 allowance)		
Mental Health Services	Inpatient Hospital: Days 1-90: \$0 copay per day**	Group and Individual Therapy Sessions: \$0 copay**	
Skilled Nursing Facility (up to 100 days/benefit period)	Days 1-100: \$0 copay per day**		
Physical Therapy	\$0 copay**		
Ambulance Services	\$0 copay per trip		
Transportation	\$0 copay per trip, 48 one-way trips per year**		
Medicare Part B Drugs	\$0 copay**		
Acupuncture	\$0 copay**		
Over-the-Counter (OTC) Items	\$55 allowance per quarter (allowance expires at the end of the quarter)		
Grocery Flex Card	\$18.88 allowance per month (allowance expires at the end of the quarter)		
Part D: Prescription Drug Coverage (for Drugs on CCHP's Formulary)	Drug Tier	Copay* (may vary based on the level of Extra Help eligibility)	
Initial Coverage Costs for Drugs after Deductible*: • For beneficiaries receiving no Extra Help, deductible is \$480. • For some beneficiaries receiving partial subsidy Extra Help, deductible is \$99. • For most beneficiaries is \$0.	Generic (including brand drugs treated as generic)	25% coinsurance; or with Low Income Subsidy (LIS): \$0/\$1.30/\$3.95 copay or 15% coinsurance	
	All Other Drugs	25% coinsurance; or with Low Income Subsidy (LIS): \$0/\$4.00/\$9.85 copay or 15% coinsurance	
Catastrophic Coverage: Costs after yearly out-of-pocket drug costs reach \$7,050.	Generic (including brand drugs treated as generic)	You pay the greater of 5% or \$3.95 copay.	
	All Other Drugs	You pay the greater of 5% or \$9.85 copay.	
*Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. **Prior authorization and referral rules may apply.			

The following services are not covered by CCHP Senior Select Program (HMO D-SNP) but may be available through Medi-Cal (Medicaid):

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- Long term care in a facility longer than the month of admission plus one month
- Routine foot care
- Incontinence supplies
- Certain drugs excluded by Medicare, check the Medi-Cal (Medicaid) formulary for more details
- Certain dental services

This plan is available to anyone who is enrolled in Medicare Part A and Part B, receives Medi-Cal (Medicaid) benefits, and resides in San Francisco County. Chinese Community Health Plan (CCHP) is a Medicare Advantage HMO plan with a Medicare contract and a California Medicaid program contract for our HMO D-SNP Plan. Enrollment in CCHP depends on contract renewal. A complete list of services we cover can be found in the “Evidence of Coverage” on our website www.cchphealthplan.com/medicare or contact us for more information, 1-888-681-3888 (TTY 1-877-681-8898) from 8:00 a.m. to 8:00 p.m., seven days a week. Chinese Community Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

**Attn: Sales Department
Chinese Community Health Plan
445 Grant Avenue
San Francisco, CA 94108**

Once they process your request to join, they'll contact you.

How do I get help with this form? Call Chinese Community Health Plan at 1-888-681-3888. TTY users can call 1-877-681-8898.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Chinese Community Health Plan al 1-888-681-3888 (TTY: 1-877-681-8898) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.



MEDICARE ADVANTAGE INDIVIDUAL ENROLLMENT REQUEST FORM

Please Provide the Following Information

Please check which plan you want to enroll in:

- CCHP Senior Program (HMO): \$42 per month**
- CCHP Senior Value Program (HMO): \$0 per month**
- CCHP Senior Select Program (HMO D-SNP): \$0 if you qualify for Extra Help or \$33.20* if you don't**

**Note: To enroll in CCHP Senior Select Program (HMO D-SNP), you must receive Medi-Cal benefits. Monthly premium depends on your level of Low-Income Subsidy.*

Full Name:	Medicare Number:
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Home Phone Number:

Permanent Street Address (P.O. Box is not allowed):

City:	State:	ZIP Code:
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Mailing Address (only if different from your permanent street address):			
Street Address:	City:	State:	ZIP Code:

Please fill out the following:

I am currently a member of:

- CCHP Senior Program (HMO) with a monthly premium of \$_____.
- CCHP Senior Value Program (HMO) with a monthly premium of \$_____.
- CCHP Senior Select Program (HMO D-SNP) with a monthly premium of \$_____.

I would like to change to:

- CCHP Senior Program (HMO).
- CCHP Senior Value Program (HMO).
- CCHP Senior Select Program (HMO D-SNP).

I understand that this plan has different health benefits and a monthly premium of

- \$42 \$0 \$33.20* depending on my level of Low Income Subsidy.

Name of Chosen Primary Care Physician (PCP), clinic or health center:

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format: Chinese Spanish Large Print

Please contact CCHP at 1-888-775-7888 if you need information in an accessible format other than what's listed above. Our office hours are 8:00 a.m. to 8:00 p.m., seven days a week. TTY users can call 1-877-681-8898.

Your Plan Premium

You can pay your monthly plan premium (if applicable), (including any late enrollment penalty you have or may owe) by mail, “Electronic Funds Transfer (EFT)” or by “credit card” each month. You can also choose to pay your premium (if applicable) by automatic deduction from your Social Security or Railroad Retirement Board Check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium (if applicable). You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the Railroad Retirement Board. Do NOT pay CCHP the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium (if applicable) for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option (not applicable if you enroll in CCHP Senior Value Program (HMO) and if you don't have a late enrollment penalty):

- Get a bill each month.
- Automatic deduction from your monthly Social Security or RRB benefit check.

I get monthly benefits from: Social Security RRB

(The Social Security deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please Read and Sign Below

CCHP is a plan that has a contract with the Federal government.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with CCHP, he/she may be paid based on my enrollment in CCHP.

Release of Information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that CCHP will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that people with Medicare aren't covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date CCHP coverage begins, I must get all of my health care from CCHP, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by CCHP and other services contained in my CCHP Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, NEITHER MEDICARE NOR CCHP WILL PAY FOR THE SERVICES.**

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:

Today's Date:

If you're the authorized representative, you must sign above and provide the following information:

Name:

Address:

Phone number:

Relationship to enrollee:

Office Use Only

Name of staff member/agent/broker (if assisted in enrollment): _____

Effective Date of Coverage: _____

Plan ID: 001 005 007

ICEP AEP MAOEP SEP (type): _____

Not Eligible: _____

RECEIVED DATE STAMP

Broker assisted enrollments:

Please fax completed application to CCHP: 1-888-551-2247

Chinese Community Health Plan (CCHP) is a Medicare Advantage HMO Plan with a Medicare contract and a California Medicaid program contract for our HMO D-SNP Plan. Enrollment in CCHP depends on contract renewals. Chinese Community Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Chinese Community Health Plan (CCHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chinese Community Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CCHP Member Services.

If you believe that CCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with us in person, by phone, by mail, or by fax at:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

華人保健計劃 (CCHP) 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。華人保健計劃 (CCHP) 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

華人保健計劃 (CCHP) :

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
 - 合格的手語翻譯員
 - 以其他格式提供的書面資訊 (大號字體、音訊、無障礙電子格式、其他格式)
- 向母語非英語的人員免費提供各種語言服務，如：
 - 合格的翻譯員
 - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡華人保健計劃 (CCHP)

如果您認為華人保健計劃 (CCHP) 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以親自提交投訴，或者以郵寄、傳真或電郵的方式向我們提交投訴：

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, 聽力殘障人仕電話 1-877-681-8898
傳真 1-415-397-2129

您還可以向 U.S. Department of Health and Human Services (美國衛生及公共服務部) 的 Office for Civil Rights (民權辦公室) 提交民權投訴, 透過 Office for Civil Rights Complaint Portal 以電子方式投訴:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 或者透過郵寄或電話的方式投訴:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD) (聾人用電信設備)

登入 <http://www.hhs.gov/ocr/office/file/index.html> 可獲得投訴表格。

Chinese Community Health Plan (CCHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Chinese Community Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Chinese Community Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lenguaje de señas capacitados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados.
 - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con CCHP Member Services.

Si considera que CCHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-889
Fax 1-415-397-2129.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-775-7888 (TTY: 1-877-681-8898).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-775-7888 (TTY: 1-877-681-8898).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-775-7888 (TTY: 1-877-681-8898)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-775-7888 (TTY: 1-877-681-8898).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-775-7888 (TTY: 1-877-681-8898).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-775-7888 (TTY: 1-877-681-8898) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-775-7888 (телетайп: 1-877-681-8898)

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-775-7888 (TTY: 1-877-681-8898).

Hindi: ध्यान दः यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-775-7888 (TTY: 1-877-681-8898) पर कॉल कर।

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-775 7888 (TTY: 1-877-681-8898) まで、お電話にてご連絡ください。

Armenian: Ուշադրութեամբ խոսելու համար, եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություններ: Չանգահարեք 1-888-775-7888 (TTY (հեռախոս)՝ 1-877-681-8898):

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-775 7888 (TTY: 1-877-681-8898) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺ អាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-775-7888 (TTY: 1-877-681-8898)។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-775 7888 (TTY: 1-877-681-8898).

Thai: 注意: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-775 7888 (TTY: 1-877-681-8898).

Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-775-7888 (TTY: 1-877-681-8898) تماس بگیرید.

Lao (Laotian):

ຄວາມສົນໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດຕິດຕໍ່ເບີຂ້າງລຸ່ມນີ້ ເພື່ອຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໄດ້.

ໂທຫາເບີ 1-888-775-7888 (TTY: 1-877-681-8898).



CCHP
Health Plan

<p>CALL 1-877-224-7705 TTY 1-877-681-8898</p>	<p>VISIT San Francisco 445 Grant Avenue San Francisco, CA 94108</p>	
<p>EMAIL sales@cchphealthplan.com</p>	<p>Daly City 386 Gellert Boulevard Daly City, CA 94015</p>	
<p>GO ONLINE CCHPHealthPlan.com</p>		

Chinese Community Health Plan (CCHP) is a Medicare Advantage HMO plan with a Medicare contract and a California Medicaid program contract for our HMO D-SNP Plan. Enrollment in CCHP depends on contract renewal. Every year, Medicare evaluates plans based on a 5-star rating system. CCHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.