2026 Summary of Benefits

Elite Health Plan Signature (HMO) H6368-001 and
Elite Health Plan Core (HMO) H6368-002

Elite Health

H6368_SB_V3_2026_
PBP001_002

About this Summary of Benefits

Thank you for considering Elite Health Plan. You can use this **Summary of Benefits** to learn more about our plans. It includes information about:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Mandatory supplemental benefits
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan

For definitions of some of the terms used in this booklet, see the glossary at the end.

For more details

This document is a summary of the Elite Health Plan "Signature/HMO" and "Core/HMO" benefit packages. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at www.elitehealthplan.com or ask for a copy from Member Services by calling **1-800-958-1129** (TTY **711**). We are open Monday – Friday 8:00 a.m. – 8:00 p.m. Pacific Time. Between October 1*st* - March 31*st*, except for the major year-end holidays. We're closed on most federal holidays. If you reach out during a holiday or outside our regular hours, feel free to leave us a message. We'll get back to you within one business day.

Questions? We're here to help.

- Call Member Services at **1-800-958-1129** (TTY: **711**)

Hours of Operation:

- April 1 – September 30: Monday to Friday, 8 a.m. – 8 p.m.
- October 1 – March 31: 7 days a week, 8 a.m. – 8 p.m.

What's covered and what it costs

* Your plan provider may need to provide a referral.
† Prior authorization may be required.

Benefits and premiums	With our **Signature (HMO) plan**, you pay	With our **Core (HMO) plan**, you pay
Monthly plan premium	**$0**	**$0**
Deductible	**$0**	**$0**
Your maximum out-of-pocket responsibility Includes copays and other costs for medical services for the year. Doesn't include Medicare Part D drugs.	**$699**	**$1,499**
Inpatient hospital services*† If your stay goes beyond 90 days, you can utilize your Medicare-covered lifetime reserve days.	Per Admission / Per Stay **$75** per day for days 1 through 5 of your stay and **$0** for the rest of your stay for days 6 through 90.	Per Admission / Per Stay **$100** per day for days 1 through 5 of your stay and **$0** for the rest of your stay for days 6 through 90.
Outpatient hospital services*†	**$0** per visit	**$125** per visit
Ambulatory Surgical Center (ASC)*†	**$0** per visit	**$0** per visit
Doctor's visits • Primary care providers	**$0**	**$0**
• Specialists***†**	**$0** per visit	**$0** per visit
Preventive care See the **EOC** for details.	**$0**	**$0**
Emergency care • No max $ coverage amount per visit. • We cover emergency care anywhere in the world.	**$95** per Emergency Department visit. Waived if admitted **$100** per Emergency Department Worldwide visit. Waived if admitted Worldwide coverage for urgent or emergency care and emergency transport anywhere in the world up to $10,000/calendar year.	**$150** per Emergency Department visit. Waived if admitted **$150** per Emergency Department Worldwide visit. Waived if admitted Worldwide coverage for urgent or emergency care and emergency transport anywhere in the world up to $20,000/calendar year.

Benefits and premiums	With our **Signature (HMO) plan**, you pay	With our **Core (HMO) plan**, you pay
Urgently needed services • No maximum $ coverage amount per visit • We cover urgent care anywhere in the world.	**$0** per office visit **$50** per Urgent Care Worldwide visit Worldwide coverage for urgent or emergency care and emergency transport anywhere in the world up to $10,000 / calendar year.	**$0** per office visit **$90** per Urgent Care Worldwide visit Worldwide coverage for urgent or emergency care and emergency transport anywhere in the world up to $20,000 / calendar year.
Diagnostic services, lab, and imaging*† • Lab tests • X-rays and ultrasounds	 **$0** **$0**	 **$0** **$50** per outpatient x-ray service
• Diagnostic tests and procedures (like EKG)	**$0**	**$0**
• MRI, CT, and PET	**$0** per visit	**20%** coinsurance is dependent on the service
Hearing services • Evaluations to diagnose medical conditions	**$0**	**$0**
Dental services • **Medicare covered**	**$0**	**$0**
Vision services • Visits to diagnose and treat eye diseases and conditions (preventative glaucoma screenings)	**$0**	**$0**
• Diabetic retinopathy services	**$0**	**$0**
• Eyeglasses after cataract surgery *Routine eyewear will be outlined later under Additional Benefits.*	**$0**	**$0**

Benefits and premiums	With our **Signature (HMO) plan**, you pay	With our **Core (HMO) plan**, you pay
Mental health services† • Inpatient mental health*	**$75** per day for days 1 through 5 of your stay and **$0** for the rest of your stay for days 6 through 90.	You pay **$100** per day for days 1 through 5 of your stay and **$0** for the rest of your stay for days 6 through 90.
• Outpatient group therapy	**$0** per visit	**$0** per visit
• Outpatient individual therapy	**$25** per visit	**$25** per visit
Skilled nursing facility*† We cover up to 100 days per benefit period.	Per benefit period: • **$0** per day for days 1 through 20 • **$50** per day for days 21 through 100	Per benefit period: • **$0** per day for days 1 through 20 • **$100** per day for days 21 through 100
Physical therapy*†	**$0** per visit	**$0** per visit
Ambulance† Prior authorization for non-emergency.	**$100** per one-way trip (includes worldwide) **20%** coinsurance Air Ambulance per one-way trip	**$225** per one-way trip (includes worldwide) **20%** coinsurance Air Ambulance per one-way trip
Transportation • Worldwide emergency transportation non-Medicare *Routine transportation will be outlined later under Additional Benefits.*	**$100** per one-way trip Worldwide coverage for urgent or emergency care and emergency transport anywhere in the world up to $10,000 /calendar year.	**$200** per one-way trip Worldwide coverage for urgent or emergency care and emergency transport anywhere in the world up to $20,000 / calendar year.
Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the **EOC** for details. • Drugs that must be administered by a health care professional	**$0–20% coinsurance** depending upon the drug (please call Member Services to find out which drugs are provided at a coinsurance). Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.	**$0–20% coinsurance** depending upon the drug (please call Member Services to find out which drugs are provided at a coinsurance). Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.
• Medicare Part B Insulin Drugs (up to a 30–day supply from a plan pharmacy)	**$35** for Part B insulin drugs furnished through an item of Durable Medical Equipment (DME)	**$35** for Part B insulin drugs furnished through an item of Durable Medical Equipment (DME).

Medicare Part D prescription drug coverage

The amount you pay for drugs will be different depending on:

The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at **www.elitehealthplan.com** or call our Part D Member Services to ask for a copy at **1-888-807-5705** (TTY 711), 7 days a week, 8 a.m. to 8 p.m. Between October 1*st* - March 31*st*, except for the major year-end holidays. We're closed on most federal holidays. If you reach out during a holiday or outside our regular hours, feel free to leave us a message. We'll get back to you within one business day.

- The day supply quantity you get (like a 30–day or 90–day supply). Note: A supply greater than a 30– day supply isn't available for all drugs.
- When you get a 31– to 90–day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (initial coverage stage and/or catastrophic coverage stage.

Note: Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, the cost-sharing below may not apply to you; instead, please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

Deductible stage

Because we have no deductible, this payment stage does not apply to you and you start the year in the initial coverage phase.

Initial coverage stage

You pay the copays and coinsurance shown in the chart below until your out-of-pocket costs reach
$2,100. If you reach the $2,100 limit in 2026, you enter the Catastrophic coverage stage and your benefits change accordingly.

Retail plan pharmacy

Drug tier	With our **Signature (HMO) plan,** you pay	With our **Core (HMO) plan**, you pay
Tier 1 **Preferred generic**	**$0** (for days supply up to 90)	**$0** (for days supply up to 90)
Tier 2 **Generic**	**$0** (for days supply up to 90)	**$7** (for days supply up to 30) **$14** (for days supply 31 to 60) **$21** (for days supply 61 to 90)

Drug tier	With our **Signature (HMO) plan,** you pay	With our **Core (HMO) plan**, you pay
Tier 3 * Preferred Brand	**$35** (for days supply up to 30) **$70** (for days supply 31 to 60) **$105** (for days supply 61 to 90)	**$47** (for days supply up to 30) **$94** (for days supply 31 to 60) **$141** (for days supply 61 to 90)
Tier 4 * Non-Preferred Drug	**$98** (for days supply up to 30)	**25%** (for days supply up to 30)
Tier 5 * Specialty	**33%** (for days supply up to 30)	**33%** (for days supply up to 30)
Tier 6 Select Care Drugs	**$0** (for days supply up to 90)	**$0** (for days supply up to 90)

*For each insulin product covered by our plan, you will not pay more than **$35** for a 30–day supply, **$70** for a 31– to 60–day supply, and **$105** for a 61– to 90–day supply, regardless of the tier.

**Our plan covers most Part D vaccines at no cost to you.

Mail Order (90 Day Supply)

Drug tier	With our **Signature (HMO) plan,** you pay	With our **Core (HMO) plan**, you pay
Tier 1 Preferred generic	**$0**	**$0**
Tier 2 Generic	**$0**	**$21**
Tier 3 * Preferred Brand	**$105**	**$141**
Tier 4 Non-Preferred Drug	**Not Available**	**Not Available**
Tier 5 Specialty	**Not Available**	**Not Available**
Tier 6 Select Care Drugs	**$0**	**$0**

*For each insulin product covered by our plan, you will not pay more than **$105** or **25%** of the cost of the drug for a 90 days supply.

Catastrophic coverage stage

If you or others on your behalf spend **$2,100** on your Part D prescription drugs in 2026, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2026.

Long-term care, home-infusion, and non-plan pharmacies

- If you live in a **long-term care facility** and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31–day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30–day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the **Evidence of Coverage** for details.

Medicare Prescription Payment Plan:

The Medicare Prescription Payment Plan is a payment option that can help individuals manage out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January– December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Prescription Drug Plan) can sign-up for this payment option anytime during the year. **All plans offering Part D offer this payment option; participation is voluntary.**

If you enroll in this payment option:

- You'll get a bill from Elite Health Plan to pay for your prescription drugs (instead of paying the pharmacy).
- There's no cost to participate in the Medicare Prescription Payment Plan, and you won't pay any interest or fees on the amount you owe, even if your payment is late.
- It's especially helpful if you have high out-of-pocket drug costs earlier in the calendar year, as this payment option spreads out what you'll pay each month across the calendar year (Jan – Dec), so you don't have to pay out-of-pocket costs to the pharmacy.
- **This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.**
    - Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call Member Services or ask the pharmacist.
- **Note: Your payments might change every month, so you might not know what your exact bill will be ahead of time.** Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket drug costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

For more details, you can visit Medicare.gov/basics/costs/help/drug-costs to learn about programs that can help lower your drug costs. You can also contact Elite Health Plan.

To sign up, please call us at **1-888-807-5705** (TTY **711**) or visit www.elitehealthplan.com/MPPP to get started in this payment option at any time during the plan year.

Who can enroll:

You can sign up for one of our plans if:

- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- You're a citizen or lawfully present in the United States.
- You request enrollment during a valid enrollment period
- You live in the service area for these plans, which include:
  - These counties in California: Los Angeles, Riverside, or San Bernardino

Covered Service General Information:

We cover the services and items listed in this document and the **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider / Pharmacy Directory**

  . But there are exceptions to this rule.
  - Emergency care
  - Out-of-area dialysis care
  - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
  - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

  Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. If you receive non-covered care or services, you must pay the full cost.

For details about coverage rules, including non-covered services (exclusions), see the **Evidence of Coverage**.

Getting care

To find our provider and their locations, see our **Provider / Pharmacy Directory** at **www.elitehealthplan.com** or ask us to mail you a copy by calling Member Services at **1-800-958-1129** (TTY **711**). We are open Monday – Friday 8:00 am and 8:00 p.m. Pacific Time between October 1*st* - March 31*st*, except for the major year-end holidays. We're closed on most federal holidays. If you reach out during a holiday or outside our regular hours, feel free to leave us a message. We'll get back to you within one business day.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You may choose any available plan provider to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services at **1-800-958-1129** (TTY: **711**) or at **www.elitehealthplan.com.**

Help managing conditions

If you have more than one ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time that includes the date you received the item or service. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we will speed up our decision.

If you have a complaint about any aspect of the Plan, our partners, processes, etc., you can file a grievance with us. See the **Evidence of Coverage** for details about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** at **www.elitehealthplan.com.**

Additional Benefits

*Your plan provider may need to provide a referral.
†Prior authorization may be required.

See the **Evidence of Coverage** for details.

These benefits do not count towards the maximum out of pocket amounts.

These benefits are available to you as a plan member:	With our **Signature (HMO) plan,** you pay	With our **Core (HMO) plan**, you pay
Routine Eyewear We provide an allowance to buy eyewear (lenses/frames, contact lenses) every calendar year	**$0** up to Medicare's limit, but you pay any amounts beyond that limit. **$250** allowance per year.	**$0** up to Medicare's limit, but you pay any amounts beyond that limit. **$300** allowance per year.
Hearing aids We provide hearing aids at reduced copay. • Copay listed is per ear / per aid every 2 years Hearing exam, hearing aid fittings and evaluation of hearing aids.	**$399** minimum copay to **$949** maximum copay **$0**	**$399** minimum copay to **$949** maximum copay **$0**

Dental care
• Preventive dental:
  • Oral exam (up to 2 per calendar year)
  • Teeth cleaning (up to 2 per calendar year)
  • Fluoride (2 per year)
  • Bitewing X-rays (1 per year)
• Oral Maxilla / facial surgery – extractions (3 per year)
• Restorative Dental (2 fillings per calendar years)
See EOC for full details
	$0 minimum copay to **$98** maximum copay	**$0** minimum copay to **$98**
		maximum copay

Routine Chiropractic (non-Medicare) • 12 visits total per calendar year. No prior authorization or referral is required.	**$10** per visit	**$0** per visit
Routine Podiatry (non-Medicare) • 12 visits total per calendar year. No prior authorization or referral is required.	**$10** per visit	**$0** per visit

These benefits are available to you as a plan member:	With our **Signature (HMO) plan,** you pay	With our **Core (HMO) plan**, you pay
Routine Therapeutic Massage (non-Medicare) • 12 visits total per calendar year. No prior authorization or referral is required.	**$10** per visit	**$0** per visit
Fitness benefit — Age Bold™ You have access to the Age Bold complete online fitness program for the body and mind. Age Bold: provides interactive and member-selected fitness classes and activities for seniors. Tracks workout sessions and also provides memory and cognitive fitness modules as well.	**$0** unlimited access per year	**$0** unlimited access per year
Post-Hospital Meals Benefit • Up to 7 days, 2 meals per day immediately following surgery or inpatient hospitalization on an unlimited basis throughout the year. Physician Referral Required	**$0** per meal	**$0** per meal
Over-The-Counter (OTC) • Per quarter OTC benefit allowance through an online catalog. Benefit does not carry over from quarter to quarter or annually.	**$65** per quarter	**$90** per quarter
Personal Emergency Response System (PERS) † • We provide your choice of lanyard or smart watch remote monitoring device.	**$0** monthly fee	**Not available**
Transportation • Uber Health rideshare trips per year to health-related location.	**$0** per one-way trip (20 one-way trips)	**$0** per one-way trip **(**10 one-way trips)

* Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your **Evidence of Coverage** for more information, including the cost-sharing that applies to out-of-network service.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-958-1129 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-958-1129 (TTY: 711) o hable con su proveedor.

中文 (Chinese-Simplified) 注意：如果您说 中文， 我们将免费为您提供语言协助服务。我们还免费提 供适当的辅助工具和服务，以无障碍格式提供信息. 致电 1-800-958-1129 (TTY: 711) . 或咨询您的服务提供商.

中文 (Chinese- Traditional) 注意：如果您說 中文，我們可以為您提供免費語言協助服務. 也可以免費提 供適當的輔助工具與服務，以無障礙格式提供資訊. 請致電 1-800-958-1129 (TTY: 711). 或與您的提供者討論.

Tagalog PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-958-1129 (TTY: 711) o makipag-usap sa iyong provider.

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-958-1129 (TTY: 711) ou parlez à votre fournisseur.

French Creole: Atansyon: Si w pale angle, sèvis asistor lang gratis disponib pou ou. Nou gen zouti ak sèvis ki apwopriye pou bay enfòmasyon nan fòma aksesib, tou gratis. Rele 1-800-958-1129 (TTY: 711) oswa pale ak founisè ou.

Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Anh, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin bằng các định dạng dễ tiếp cận cũng có sẵn miễn phí. Gọi 1-800-958-1129 (TTY: 711) hoặc nói chuyện với nhà cung cấp của bạn.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-958-1129 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

(Arabic) لتصا على مقرلا اذإ تكن ثدتتح للغةا بيةرلعا بيةرلعا ، رفوفستتن كلذ تمادخ ةدلمساعا يةوللغا لمجانيةا. كما رفوتتن لسائو وأ ثدتح لىإ مدمة مةدلخا". ةدمساع تمادخو مناسبة رفيولت تماولمعلا تبتنسيقا نيمك لوصولا ليهاإ أمجان. تنبيه:
(711) 1-800-958-1129

한국어 (Korean) 주의: 영어를 하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-958-1129 (TTY: 711)로 전화하시거나 귀하의 제공자와 이야기하십시오.

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на английском языке, вам доступны бесплатные услуги языковой помощи. Также бесплатно доступны соответствующие вспомогательные пособия и услуги для предоставления информации в доступных форматах. Позвоните по номеру 1-800-958-1129 (TTY: 711) или поговорите со своим поставщиком услуг.

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-1-800-958-1129 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।"

Italian: ATTENZIONE: Se parli inglese, i servizi di assistenza linguistica sono disponibili per te gratuitamente. Sono disponibili anche ausili e servizi adeguati per fornire informazioni in formati accessibili senza alcun costo. Chiama il numero 1-800-958-1129 (TTY: 711) o parla con il tuo fornitore.

Portuguese: ATENÇÃO: Se você fala inglês, serviços gratuitos de assistência linguística estão disponíveis para você. Ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-958-1129 (TTY: 711) ou fale com o seu prestador.

Polish: UWAGA: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-958-1129 (TTY: 711) lub porozmawiaj ze swoim dostawcą".

日本語 (Japanese) 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-958-1129 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

ไทย (Thai) หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-958-1129 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ"

ភាសាខ្មែរ (Khmer): សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-958-1129 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។"

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਜਾਣਕਾਰੀ ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਦੇਣ ਲਈ ਯੋਗ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-800-958-1129 'ਤੇ ਕਾਲ ਕਰੋ (TTY: 711) ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

NONDISCRIMINATION NOTICE

Elite 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. Elite Health Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Elite Health Plan:
Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Civil Rights Coordinator.

If you believe that Elite Health Plan, Inc. 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. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

Customer Service
Civil Rights Coordinator
Elite Health Plan
P.O. Box 1489
Orange, CA 92856
800-958-1129 (TTY: 711)
Fax: 840-237-2980
Compliance@elitehealthplan.com

Medicare Customer Service
Phone: 800-958-1129 (TTY: 711)
Email: MemberServices@elitehealthplan.com

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/smartscreen/main.jsf
or by mail or phone at:

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)

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

Helpful definitions (glossary)

Allowance

A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the difference.

Benefit period

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

Calendar year

The year starts on January 1 and ends on December 31.

Coinsurance

A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a 20% coinsurance for a $200 item means you pay $40.

Copay

The set amount you pay for covered services — for example, a $20 copay for an office visit.

Deductible

It's the amount you must pay for Medicare Part D drugs before you will enter the initial coverage phase. Also, if you sign up for Advantage Plus (optional supplemental benefits), it's the amount you must pay for comprehensive dental services before our plan begins to pay.

Durable Medical Equipment (DME)

We cover medically necessary items like walkers, canes, and wheelchairs when prescribed by a healthcare provider for your condition.

Evidence of Coverage

A document that explains in detail your plan benefits and how your plan works.

Maximum out-of-pocket responsibility

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

Medically necessary

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

Medicare Prescription Payment Plan

A program that offers Medicare Part D enrollees the option to pay out-of-pocket prescription drug costs in the form of capped monthly payments to the health plan instead of all at once at the pharmacy until the out-of-pocket costs max for Part D is reached.

Non-plan provider

A provider or facility that doesn't have an agreement with Elite Health Plan, Inc. to deliver care to our members.

Plan

A Medicare plan is a private insurance option approved by Medicare that delivers your benefits. We are known as Elite Health Plan, Inc. Elite Health Plan, Elite Signature HMO, Elite Core HMO

Plan premium

The amount you pay for your Elite Health Plan health care and prescription drug coverage.

Plan provider

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

Prior authorization

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.

Retail plan pharmacy

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

Service area

The geographic area where we offer Elite Health Plan "Signature HMO" and "Core HMO". To enroll and remain a member of our plan, you must live in Elite Health Plan's service area.

Elite Health Plan is a Federally Qualified Medicare Advantage Prescription Drug Plan Health Maintenance Organization with a Medicare contract. Enrollment in Elite Health Plan depends on contract renewal. By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your **"Medicare & You"** handbook. You can view it online at **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**

Questions? We are here to help.

☎ Call Member Services at **1-800-958-1129** (TTY: **711**)

Hours of Operation:

- April 1 – September 30: Monday to Friday, 8 a.m. – 8 p.m. PST
- October 1 – March 31: 7 days a week, 8 a.m. – 8 p.m. PST

Elite Health Plan, Inc.
PO Box 1489
Orange, CA 92856

www.elitehealthplan.com

Elite Health

Elite Health Plan is a for profit Health Maintenance Organization (HMO) with a Medicare Contract. Enrollment in Elite Health Plan depends on annual contract renewal.

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