This is a short description of your 2026 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

PLAN COSTS		
Monthly plan premium	**$0**	**$0**
MEDICAL BENEFITS		
	Elite Health Signature (HMO)	**Elite Health Core (HMO)**
Annual Medical Deductible	$0	$0
Annual out-of-pocket maximum	$699	$1,499
	(The most you may pay in a year for covered medical care)	
Doctor's office visit		
Primary care provider (PCP)	$0 copay	$0 copay
Specialist	$0 copay	$0 copay
Virtual visits	$0 copay to talk with network providers who offer telehealth capabilities online through live audio and video.	
Preventive services	$0 copay	$0 copay
Inpatient hospital care	1-5 days; $75 copay 6-90 days: $0	1-5 days; $100 copay 6-90 days: $0
Skilled nursing facility (SNF)	1-20 days; $0 copay 21-100 days: $50	1-20 days; $0 copay 21-100 days: $100
Outpatient hospital, surgery	$0 copay	$0-125 copay
	(Cost sharing for other services may apply)	
Outpatient Ambulatory Surgery Center	$0 copay	$0 copay
Outpatient mental health		
Group therapy	$0 copay	$0 copay
Individual therapy	$25 copay	$25 copay
Virtual Visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Diabetes monitoring supplies	$0 copay for covered brands	$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay	20% co-insurance
Diagnostic tests and procedures (non-radiological)	$0 copay	$0 copay
Lab services	$0 copay	$0 copay
Outpatient x-rays	$0 copay	$50 copay
Ambulance	$100 copay ground; 20% co-insurance air	$225 copay ground; 20% co-insurance air
Emergency care	$95 copay ($100 copay for emergency care outside the US)	$150 copay ($150 copay for emergency care outside the US)

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MEDICAL BENEFITS CONTINUED		
	Elite Health Signature (HMO)	**Elite Health Core (HMO)**
Urgently needed services	$0 copay ($50 copay for urgent services outside US per visit	$0 copay ($90 copay for urgent services outside US) per visit
Routine Physical	$0 copay, 1 per year	$0 copay, 1 per year
Routine Eye Exam	$0 copay, 1 per year	$0 copay, 1 per year
Hearing Exam	$0 copay, 1 per year	$0 copay, 1 per year

BENEFITS BEYOND MEDICARE (SUPPLEMENTAL BENEFITS)		
	Elite Health Signature (HMO)	**Elite Health Core (HMO)**
Over-the-counter (OTC) Allowance	$65 Calendar Quarter	$90 Calendar Quarter
World Wide Emergency Coverage	$10,000 per year $100 copay ER $50 urgent coverage $100 copay transport	$20,000 per year $150 copay ER $90 urgent coverage $200 copay transport
Routine Footcare	$10 copay, 12 visits/yr	$0 copay, 12 visits/yr
Health Related Transportation	20 trips per year via approved vendor	10 trips per year via approved vendor
Chiropractic	$10 copay 12 visits/year	$0 copay 12 visits/year
Acupuncture	$10 copay 12 treatments/year	$0 copay 12 treatments/year
Therapeutic Massage	$10 copay 12 sessions/year	$0 copay 12 sessions/year
Personal Emergency Response System	$0 copay via approved vendor	Not available
Eyewear	$250 allowance toward contact lenses, eyeglasses (lenses and/or frames).	$300 allowance toward contact lenses, eyeglasses (lenses and/or frames).
	In-home eyewear selection available.	
Dental	$0 copay for exams*, cleanings, X-rays and fluoride; *2 oral exams/yr Additional Dental: $0 - $98 for selected other services provided. Please refer to EOC for details.	
Hearing Aids	$399 - $949 copay for each prescription hearing aid (per ear). Up to 2 hearing aids every 2 years. In-home hearing test, product delivery, and support.	
Fitness program	Access to an online exercise program that can be customized for your health and wellness goals for online fitness classes and memory activities, plus much more.	
Meal benefit	$0 copay Provided for up to 7 days, 2 meals per day immediately following surgery or inpatient hospitalization on an unlimited basis throughout the year.	

This information is not a complete description of benefits.
Contact Elite Health Plan for more information.

Elite Health

PHARMACY BENEFITS		
	Elite Health Signature (HMO)	**Elite Health Core (HMO)**
DEDUCTIBLE	**$0**	**$0**
INITIAL COVERAGE PHASE (30 days supply)		
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic [1]	$0	$7
Tier 3: Preferred Brand [2]	$35	$47
Tier 4: Non-Preferred Drug [3]	$98	25%
Tier 5: Specialty Drug [3]	33%	33%
Tier 6: Select Care Drug	$0	$0
CATASTROPHIC COVERAGE PHASE		
$0 - After you, and others on your behalf, have paid a combined total of $2,100, you will not pay anything for your Medicare-covered Part D drugs for the rest of the plan year.		

[1] Tier includes the generic erectile dysfunction drug – sildenafil on Tier 2 copay at a quantity limit.
[2] You will pay the lesser of 25% of the cost or a maximum of $35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay $0.
[3] Limited to a 30-day supply and not available at mail order.

For all ACIP-recommended Part D Vaccines, you will have no cost-share.
The Formulary and pharmacy network may change at any time.

Why choose Elite?

Benefits and Coverage

Trusted Local Care

Support for your Health Journey

Discover the Benefits of:
Elite Health Plan

Elite Health Plan Signature (HMO) 001
This plan is ideal for individuals who may require extra support on a more regular basis.

Elite Health Plan Core (HMO) 002
This plan is ideal for individuals who require less and offers more robust supplemental benefits.

	Elite Health Plan Signature (HMO)	Elite Health Plan Core HMO (HMO)
MONTHLY PREMIUM	$0	$0
ANNUAL PLAN DEDUCTIBLE	$0	$0
MAXIMUM OUT OF POCKET (MOOP)	$699	$1,499
PRIMARY CARE PROVIDER (PCP)	$0	$0
SPECIALIST COPAY	$0	$0
WORLD-WIDE EMERGENCY COVERAGE (annual)	$10,000	$20,000
OTC ALLOWANCE (per quarter)	$65	$90

ADDITIONAL SUPPLEMENTAL BENEFITS (amounts vary by plan benefits)

- ✓ OTC (noted above)
- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Chiropractic
- ✓ Podiatry
- ✓ Routine Acupuncture
- ✓ Fitness
- ✓ Meals
- ✓ Transportation
- ✓ Massage Therapy
- ✓ Personal Emergency System (PERS) Signature Plan Only

This is a short description of our **2026** plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Elite Health

Want to learn more?
Here is how to connect with us.

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

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Benefit Highlights

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

Find the Plan that is right for you.

Your Health.
Your Plan.
Your Local Medicare Advantage Option.

Offered in: Los Angeles, Riverside, and San Bernardino counties in California

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