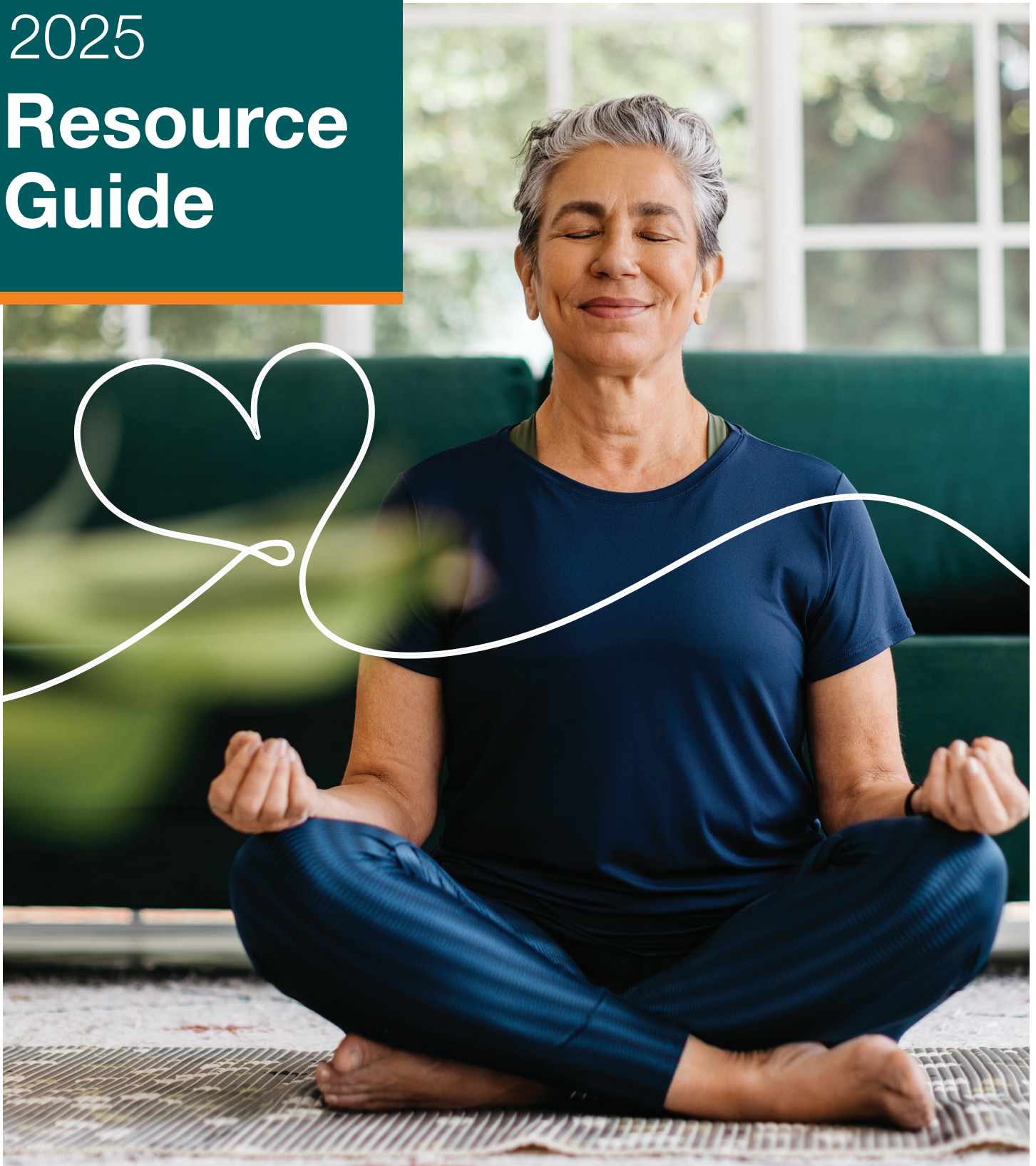


# 2025 Resource Guide










A guide to make the most of your benefits



# Welcome to Central Health Medicare Plan

We're so glad you're here! Throughout this Resource Guide, you'll find helpful information about your plan benefits, who to call when you have questions, and how to get care when you need it.

While you're getting to know us and your plan, here are the first things you should do:

-  **Check your ID card to make sure the information is correct.**  
See page 3 for details.
-  **Join the member portal.** The member portal has everything you need to know about your plan all in one place. Find more information on "Your Member Portal" on page 4.
-  **Answer a Welcome Call from our friendly concierge onboarding team.** Learn more on page 6.
-  **Schedule your Care Connections visit.** Find details on page 7.
-  **Complete your Health Risk Assessment (HRA).** Your HRA is included in this packet. Follow the instructions on the form.
-  **Get started with Rewards+.** Learn all about rewards on page 11.
-  **Access your Evidence of Coverage (EOC) or Member Handbook.\***  
Your EOC (Member Handbook) lists your plan's detailed benefit coverage and costs. Find it at [CentralHealthPlan.com/Materials/EOC](https://CentralHealthPlan.com/Materials/EOC).

*\*For members with Central Health Medi-Medi Plan I (HMO D-SNP), your EOC is titled "Member Handbook."*

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# Your Member ID Card

Your Central Health Medicare Plan ID card is the key to your health plan. Remember to bring your ID card to all your health-related appointments and to the pharmacy. If you have a Medi-Cal card, please bring it with you as well.

We know insurance cards can be confusing. Here's a quick key to the most important information.

Your member ID card is included in your Welcome Kit. Take a moment to review your card. (Note that it might look different from the image shown below.) Make sure your name, PCP, and medical group/IPA are listed correctly. If any of the information is incorrect, please call Member Services as soon as possible so we can send you a new card.

The diagram shows a sample Central Health Medicare Plan ID card with the following fields and callouts:

- Central Health Medicare Plan** logo at the top right.
- PLAN:** <Central Health Plan Name (HMO X-XXX)>  
<H5649-XXX>
- NAME:** <FIRST M. LAST>
- ID:** <XXXXXXXXXXXX> (Callout: **Your member ID number**)
- ISSUED DATE:** <MM/DD/CCYY>
- ISSUER:** (80840)
- PCP:** <PCP Name> (Callout: **Your primary care provider (PCP)**)
- GRP/IPA:** <Physician/Group/IPA> (Callout: **Your medical group or IPA**)
- PH:** <(XXX) XXX-XXXX>
- PH:** <(XXX) XXX-XXXX>
- Copay:** PCP: <\$XX> ER: <\$XX> (Callout: **Some basic information about what you'll pay for care**)
- HOSP:** <\$XX>
- Prescription Drug Plan** (Callout: **Your prescription benefit information**)
- RX GROUP:** <XXXXXX>
- RX BIN:** <XXXXXX> **RXPCN:** <XXXXXX>
- MedicareRx** Prescription Drug Coverage logo at the bottom right.



# Your Member Portal

Get connected, stay connected



Register on  
**MyCHPportal.com**

The new My Central Health Plan portal is your secure, one-stop shop for all your health plan needs. The portal offers you a place to find answers to your health plan questions. It also gives you ways to reach us when you need help. My Central Health Plan portal is available through a website or mobile app. We suggest starting on the website version.



Go to MyCHPportal.com on your computer or mobile device and follow the on-screen instructions. You will be able to register with your member ID number, even if it is before your plan effective date. After you register, you will be able to:

- Change your primary care physician (PCP)
- View and print your ID card, or request a new one
- Link directly to CVS.com to see your medications or to find new ones in the drug list
- Select your communication and language preferences
- View your claim status

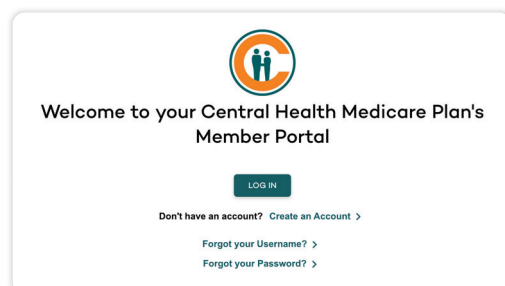
NOTE: If you have registered on MyMolina's portal before, you will need to re-register on the My Central Health Plan portal for your new plan.



For access on the go, **download the My Central Health Plan app**. When you're out and about, the mobile app puts your health plan at your fingertips. With the My Central Health Plan app, you can view your ID card, find a doctor or facility near you, use the 24-hour Nurse Advice Line, and much more! Here's how to get started:

1. Scan the QR code below using your mobile device or visit the App Store or Google Play and search for My-CHP.
2. Download My Central Health Plan to your device.
3. Sign in using your MyCHPportal.com account information and follow the step-by-step instructions.

NOTE: We recommend registering at MyCHPportal.com before you begin using the mobile app, but you can start your registration on the app if you prefer. Make sure you opt in to receive important health-related messages from us.





## Meet Your Onboarding Team

At Central Health Medicare Plan, you have a team of healthcare professionals who can help you get the care and resources you need.



### Concierge

Our friendly and knowledgeable Central Health Medicare Plan Concierge onboarding team will give you a Welcome Call to help you start using your benefits and answer questions about your new plan.



### Care Connections

Central Health Plan Care Connections is a team of advanced nurse practitioners who help manage your health by meeting you where you are. We offer both in-person appointments and telehealth video calls, as well as annual wellness visits and medication reviews.



### Case Management

For members with qualifying conditions, Central Health Medicare Plan provides a Case Management (CM) program to help navigate your health journey and arrange for specialized services to meet your healthcare needs. This team works closely with your doctors to help you get the care you need when you need it. Learn more about this program on page 18.

# Your Welcome Call

Soon after you join, our Concierge team will call you to welcome you to Central Health Medicare Plan. On your New Member Welcome Call, we will help you with:



## Your plan and coverage

- Explaining your new benefits and how to use them



## Your doctor

- Confirming that your primary care provider (PCP) and other providers are in your network
- Changing your PCP if requested
- Scheduling your first appointment



## Your prescriptions

- Reviewing your prescriptions to make sure we cover the medications you take
- What to do if your prescriptions are not in the formulary (covered drugs list) and go over what else we cover



## Your Rewards+

- How you can earn rewards for taking healthy actions (learn more on page 11)



## Care Connections

- Scheduling a telehealth or in-person visit with a Care Connections advanced nurse practitioner (learn more on page 7)



# Central Health Plan Care Connections



During your Welcome Call, we will schedule a telehealth or in-person visit with a Care Connections advanced nurse practitioner. When you have your no-cost Care Connections visit, expect to:

- Review your health history and have an annual wellness exam (AWE). This exam is at no additional cost to you. Completing this visit also qualifies you for rewards!
- Learn about your medications and answer questions about them. We can prescribe short-term refills for non-controlled medications as well as work with your PCP if any changes are needed.
- Address chronic conditions such as high blood pressure (hypertension) or diabetes.
- Arrange for any further tests or additional resources based on your needs, such as transportation, education, or help at home.
- Create a plan of care to ensure you get the help and services you need.
- Find or change your PCP if necessary, and schedule a visit and set up transportation if needed.

We share the information from this visit with your doctor so they can help you get the best care possible.

If you have any questions about your Care Connections visit, please call 1-844-491-4763, TTY: 711. We're here to help!

## Mid-Treatment Transition

Just joined your plan and in the middle of care or treatment with a specialist? As soon as you join Central Health Medicare Plan, contact your PCP to make sure your provider is in network. If they are out of network, your PCP will transfer you to an in-network specialist or work with your current provider to continue and finish your care.

**A note about covered services:** The benefit information provided in this guide does not list every service we cover or every limitation or exclusion. To get a complete list of services we cover, please review your Evidence of Coverage (EOC) at [CentralHealthPlan.com/Materials/EOC](https://CentralHealthPlan.com/Materials/EOC) or call Member Services to request a copy.

# How to Get Care

There's a lot to know about how your health plan works. HMO, PCP, IPA...what does it all mean and how do they work together? Let's outline the basics to help make your health plan easier to use. The bottom line: **It's all about your network!**

Your plan is part of a health maintenance organization, or HMO. In an HMO, you receive covered services from a specific network of doctors and other healthcare providers. You must select your PCP from this network.

Your PCP may also belong to a network called an independent practice association (IPA) or medical group. When you select a PCP, you also belong to that doctor's IPA. When you need care from a specialist, your PCP will refer you to one within their IPA.

If you find that your PCP or IPA isn't the right fit for you, please give us a call. Our friendly Member Services team can help you change your PCP and/or your IPA so you can feel good about getting the care you need.



## Why does in-network work better?

HMOs and IPAs work together to keep your care affordable. That means networks help save you money. And when you see an in-network provider, you not only get care from the doctors who know you best, you get it at the best value, too.

In most cases, seeing a provider out of your network means you will have to pay higher out-of-pocket costs.

Explore your plan's network at **[CentralHealthPlan.com/doctor](https://CentralHealthPlan.com/doctor)**. Be sure to select your IPA/medical group from the drop-down box during your search.

# Your Access to Care Plan

When you're sick or injured, you shouldn't have to wonder where to get care. The information below will guide you to the most appropriate care within your network and help save you time and money.



## Your PCP

Your PCP is your best, first choice for non-emergencies. They can assess your symptoms to see how soon and where you should be treated.



## 24-hour nurse advice line

When you can't reach your PCP or their office is closed, Central Health Medicare Plan's nurse advice line is a great next step, and it's available at no cost to you. They can help you decide when and where to get care, or if you can treat your symptoms at home.

Nurses are available 24 hours a day, 7 days a week, including holidays.  
Call **1-888-920-8809**, TTY: **711**.



## Urgent care

Your PCP or the nurse advice line might recommend that you get care at an urgent care clinic. Urgent care clinics also belong to your IPA's network. Knowing your closest in-network option will help save you time and money.

Find the closest in-network urgent care clinic with our online provider directory at **CentralHealthPlan.com/doctor**.



## Telehealth

Your PCP or the nurse advice line might also recommend that you get virtual care. Your plan includes \$0 telehealth visits through Teladoc. You can speak with a doctor by phone, video chat, or through their mobile app 24 hours a day, 7 days a week, including holidays. It's extra helpful during cold and flu season when waiting rooms are full, or when you're not able to get in-person care as soon as you need it.

Call **1-800-835-2362**, TTY: **711**, visit **teladoc.com**, or download the app on your phone or tablet.



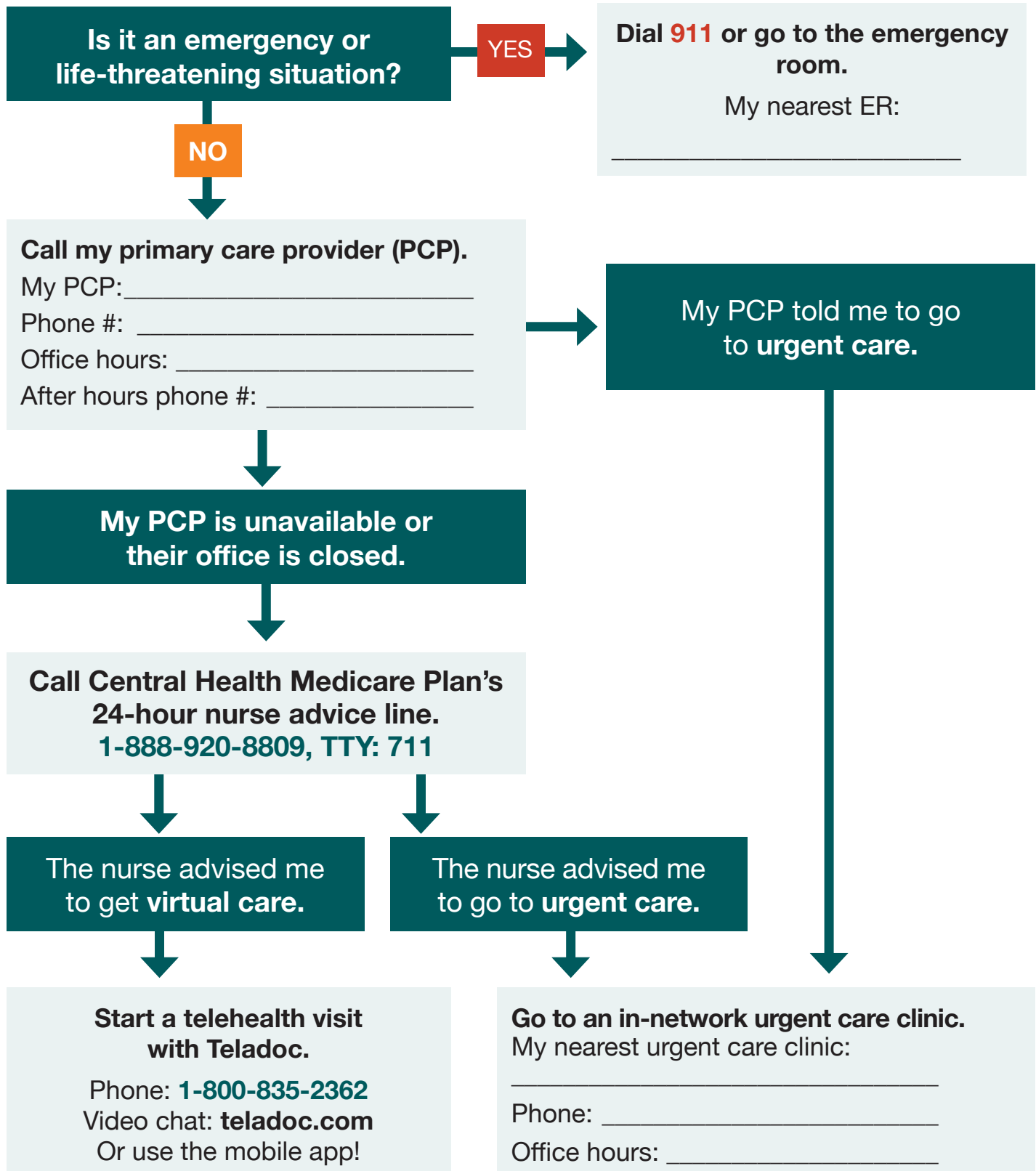
## Emergency room

**If you need emergency care, call 911 or to go the nearest emergency room immediately.**

Save the emergency room for life-threatening situations like chest pain, trouble breathing, head trauma, severe injury, loss of vision, etc.

On the next page, you'll find a useful chart with this information. Fill it in, tear it out, and keep it handy so that when you need care fast, you know just what to do. Share it with your family, caregivers, and doctor so they know your plan, too.



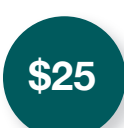

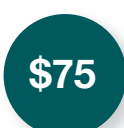
# My Access to Care Plan



# Rewards+ Program

It is very important to see your PCP to check in on how you are doing, make sure your medications are working well, and get advice to stay on top of your health. By getting regular checkups and screenings, you can earn rewards for healthy living!

You can earn up to **\$375** in 2025 by completing these healthy actions\*:

 <b>\$125</b>	<b>Annual wellness exam (AWE)</b>	 <b>\$75</b>	<b>Colon cancer screening</b>	 <b>\$25</b>	<b>Flu shot</b>
 <b>\$75</b>	<b>Breast cancer screening</b>	 <b>\$75</b>	<b>Diabetes screenings</b> (A1c test, diabetic eye exam, and diabetic kidney health evaluation)		

## How it works



Schedule a visit with your doctor or the Care Connections team to review which health screenings you need to complete this year.



Complete your eligible screenings after your plan's start date and before December 31, 2025 to earn your reward(s).



Claim your rewards by January 31, 2026. You will receive an attestation form in the mail to submit proof that you completed your eligible screenings.

- Mail the attestation form back to us at address provided on the form.
- You can also call our Health & Wellness line to submit proof of your screenings at 1-855-483-8740, TTY: 711, Monday – Friday, 8 a.m. – 5 p.m., PST.



Your rewards will be loaded onto your flex card as a separate allowance.



Go shopping! Visit **CentralHealthPlan.NationsBenefits.com** to find a list of participating stores.

*\*Your eligibility for rewards will vary based on your doctor's recommendations. You must meet program requirements to qualify to earn all available rewards.*



# Your Flex Card

Your plan may include benefit allowances that you can use to purchase over-the-counter (OTC), herbal, and health related items, fitness items, and healthy foods. All your allowances are loaded onto one easy-to-use Benefits Mastercard® Prepaid Card from NationsBenefits.



To see which allowances are included in your plan, see your Evidence of Coverage (EOC) at **CentralHealthPlan.com/materials/EOC**.

## Some important things to remember about your Flex Card:

- NationsBenefits will mail your card to you along with helpful instructions on how to use it. Be sure to review the information carefully.
- If you have more than one allowance, they are not interchangeable. Each amount is valid for only the benefit it applies to. For example, OTC items can be purchased **ONLY** using your OTC allowance.
- Funds are loaded to your card monthly or quarterly according to your plan. Unused funds do not roll over to the next period. Spend them before they expire!
- You can check your balance(s) anytime at **CentralHealthPlan.NationsBenefits.com**.
- Your Flex Card cannot be used to make purchases for other people, including friends and family members.
- Keep your card. As long as you remain enrolled in a qualifying plan, we'll continue to reload your allowance(s) on the same card.



*The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access.*

<p><b>OTC and Herbal Allowance</b> (herbal not included in all plans)</p> <p>The Centers for Medicare and Medicaid Services (CMS) limits purchases to approved items only, such as:</p> <ul style="list-style-type: none"> <li>• Allergy, cold, flu, and sinus medications</li> <li>• Dental and denture care</li> <li>• Incontinence supplies</li> <li>• Pain relievers and fever reducers</li> <li>• Therapeutic skin and sun care</li> <li>• Vitamins and minerals</li> <li>• Qualifying herbal products</li> </ul>	<p><b>Fitness Allowance</b> (not included in all plans)</p> <p>Plan-approved purchases include:</p> <ul style="list-style-type: none"> <li>• Gym membership at participating locations</li> <li>• Fitness activities and classes, such as yoga and ballroom dancing lessons</li> <li>• One round of golf per day</li> <li>• Home fitness equipment</li> </ul>	<p><b>Healthy Foods Allowance*</b> (for members with a qualifying condition)</p> <p>Plan-approved purchases include:</p> <ul style="list-style-type: none"> <li>• Fresh, canned, or frozen fruits and vegetables</li> <li>• Meats</li> <li>• Beans and legumes</li> <li>• Healthy grains</li> <li>• Canned soups</li> <li>• Pantry staples such as flour and sugar</li> <li>• Made Easy Meals through Healthrageous</li> </ul>
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**NOTE:** Your plan may also include a dental allowance loaded onto your flex card. Be sure to review your EOC to learn which allowances are included in your plan.

## Where can you use your flex card?



### Online in the NationsBenefits Portal.

Visit [CentralHealthPlan.NationsBenefits.com](https://CentralHealthPlan.NationsBenefits.com) to get started.



### In store at participating retail locations.



**Over the phone.** Call NationsBenefits at the number shown to the right.



**By mail.** Call NationsBenefits to ask for a catalog to be mailed to you.

### Questions about your Flex Card?

Call NationsBenefits at  
**1-866-876-8637, TTY: 711.**  
 Member Experience Advisors  
 are ready to serve you  
 8 a.m. – 8 p.m. local time.

*\*This is a special supplemental benefit for the chronically ill (SSBCI). Enrollee must have cardiac arrhythmia, coronary artery disease, peripheral vascular disease, chronic venous thromboembolic disorder, congestive heart failure, dementia, or diabetes to be eligible. Not all members with qualifying conditions will be eligible for the benefit.*






# Value-Added Benefits


Your plan includes great value-added benefits beyond original Medicare, and we've chosen excellent partners to bring those benefits to you.



To see which of the benefits below are included in your plan, see your Evidence of Coverage (EOC) at **CentralHealthPlan.com/materials/EOC**.

In the table below, you'll find contact information for each of your value-added benefits. To find a dental, vision, hearing, or acupuncture provider, use our online provider finder at **CentralHealthPlan.com/doctor**.

Value-added benefit	Contact information	Partner
<b>Dental coverage</b>	<b>Phone:</b> 1-855-370-3867, TTY: 1-800-735-2929 <b>Hours:</b> Monday – Friday, 5 a.m. – 6 p.m. PT <b>Website:</b> <a href="http://www1.deltadentalins.com/medicare/centralhealth.html">www1.deltadentalins.com/medicare/centralhealth.html</a>	
<b>Vision coverage</b>	<b>Phone:</b> 1-888-872-0473, TTY: 1-844-230-6498 <b>Hours:</b> 8 a.m. – 5 p.m. PT, 7 days a week <b>Website:</b> <a href="http://Member.eyemedvisioncare.com/centralhealth">Member.eyemedvisioncare.com/centralhealth</a>	
<b>Hearing coverage</b>	<b>Phone:</b> 1-866-876-8637, TTY: 711 <b>Hours:</b> 24 hours a day, 7 days a week <b>Website:</b> <a href="http://NationsHearing.com/CentralHealth">NationsHearing.com/CentralHealth</a>	
<b>Acupuncture</b>	<b>Phone:</b> 1-800-678-9133, TTY: 1-800-735-2922 <b>Hours:</b> Monday – Friday, 5 a.m. – 8 p.m. PT <b>Website:</b> <a href="http://ashlink.com/ASH/centralhealthplan">ashlink.com/ASH/centralhealthplan</a>	
<p>For members in the following medical groups, your acupuncture benefit is covered under your provider's network: Allied Pacific (ALLP), Seoul Medical group (SMGI), Seoul Medical Group – Santa Clara (SCSM). Website: <a href="http://centralhealthplan.com/doctor">centralhealthplan.com/doctor</a></p>		
<b>Fitness membership</b>	<b>Phone:</b> 1-888-423-4632, TTY: 711 <b>Hours:</b> Monday – Friday, 5 a.m. – 5 p.m. PT <b>Website:</b> <a href="http://SilverSneakers.com">SilverSneakers.com</a>	

Value-added benefit	Contact information	Partner
<b>Made Easy Meals</b>	<b>Phone:</b> 1-855-868-1898, TTY: 711 <b>Hours:</b> Monday – Friday, 8 a.m. – 5 p.m. PT <b>Website:</b> <a href="https://www.madeeasy-meals.com/CHPEenroll">MadeEasyMeals.com/CHPEenroll</a>	<b>Healthrageous®</b>
<b>Transportation services</b>	<b>Turn to “Transportation Services” on page 16 for information about your transportation benefit.</b> <b>Phone:</b> 1-855-932-5416, TTY: 711 <b>Hours:</b> Monday – Saturday, 6 a.m. – 8 p.m. PT <b>Website:</b> <a href="https://centralhealthplan.member.saferidehealth.com">centralhealthplan.member.saferidehealth.com</a>	<b>SafeRide <u>Health</u></b>
<b>Personal emergency response system (PERS)</b>	<b>Phone:</b> 1-844-583-0813, TTY: 711 <b>Hours:</b> Monday – Friday, 6 a.m. – 6 p.m. PT Saturday – Sunday, 7 a.m. – 4 p.m. PT <b>Website:</b> <a href="https://www.aloecare.com">aloecare.com</a>	



# Transportation Services

## SafeRide **Health**

Have a medical or dental appointment but no way to get there? No problem! We've partnered with SafeRide Health to provide you with non-emergency medical transportation. You can take advantage of this service to see a doctor, access specialty services, visit a dentist, or even pick up prescriptions at the pharmacy.

**Important:** Your plan includes a limited number of one-way trips to approved locations. Please see your Evidence of Coverage (EOC) to find the number of trips included in your plan, along with approved locations and distances. Access your EOC at [CentralHealthPlan.com/materials/EOC](https://CentralHealthPlan.com/materials/EOC) or call Member Services to request a copy.

For members with an eligible chronic condition, your plan may also include non-medical transportation to approved locations.\* Please see your EOC for details.



### How to schedule a ride

1. Call SafeRide at 1-855-932-5416, TTY: 711, Monday – Saturday, 6 a.m. – 8 p.m. PST, to create your SafeRide member portal account.
2. Once you're set up in the SafeRide member portal, schedule your rides online at [centralhealthplan.member.saferidehealth.com](https://centralhealthplan.member.saferidehealth.com)

#### Please remember to:

- Schedule at least two days in advance when possible.
- Schedule a round trip if needed.
- If you use a wheelchair or need gurney transportation, specify that you need non-urgent medical transportation.

*\*This is a special supplemental benefit for the chronically ill (SSBCI). Enrollee must have cardiac arrhythmia, coronary artery disease, peripheral vascular disease, chronic venous thromboembolic disorder, congestive heart failure, dementia, or diabetes to be eligible. Not all members with qualifying conditions will be eligible for the benefit.*



# Prescription Drug Coverage

Your prescriptions are an important part of your healthcare. The information below will help you understand what prescriptions are covered under your plan. It'll also help you make sure you can get the medication you need at an affordable price.



**Use your formulary.** Your plan's drug list, also called a formulary, is your best resource to find out which medications your plan covers. The amount you pay for a medication depends on which tier your drug is on. Generally, the lower the tier, the less you'll pay. You can find your formulary at **CentralHealthPlan.com/PartD**.



**Ask about generic options.** Your covered medications include both brand-name and generic drugs. Generic drugs work the same as brand-name drugs and usually cost less. Ask your PCP or pharmacist if your medication has a generic alternative to help you save.



**Price your medications.** Want to check the price of your medication before you go to the pharmacy? Our pharmacy partner has a handy tool to help you know exactly how much it will cost to fill your prescription. Create your account at **Caremark.com** today.



**Ask your doctor for a 100-day supply.** You can get a 100-day supply of most of your non-specialty medications for the price of two 30-day supplies. If you receive Extra Help for your prescription costs (see below), you can get a 100-day supply for the cost of one 30-day supply. That means you'll get over one month free whenever it's time to refill your medications! Plus you'll take fewer trips to the pharmacy.



**Save time with mail order.** You can skip the pharmacy and have your prescriptions mailed right to your home. Your Welcome Kit includes a mail order form and instructions to get you started.

## Extra Help with Medicare prescription costs

Extra help is a Medicare program that helps people lower their prescription drug costs. In most cases, to qualify for Extra Help, you must have Medi-Cal coverage or have an income below a certain limit set by Medicare. If you qualify for Extra Help, Medicare will cover all or part of your Part D premium and you will have lower copayments for your prescriptions.

You can apply for Extra Help by contacting Social Security.

- Call 1-800-772-1213, TTY: 1-800-325-0778.
- Or apply online at [ssa.gov/prescriptionhelp](https://ssa.gov/prescriptionhelp).

# Case Management Program

Members with certain chronic medical conditions and/or enrolled in a Medi-Cal dual eligible plan may be eligible for our case management program. Depending on your plan and your health needs, you may be assigned a case manager who will work with you to develop an individualized care plan to improve your overall health.

If you have one or more of the following conditions, you may qualify and should be referred for evaluation:

- Chronic illness (behavioral health conditions, diabetes, hypertension)
- Catastrophic medical conditions (organ transplant, cancer treatment)
- Seeing multiple providers and needing help with navigating the health system
- Frequent emergency room visits or hospitalizations

We also offer disease management and condition-specific resources and benefits for the following conditions:

- Asthma
- Diabetes
- Congestive heart failure (CHF)
- Depression
- Chronic obstructive pulmonary disease (COPD)
- Hypertension (high blood pressure)
- Nutrition consultation and weight management
- Smoking/tobacco cessation

**You can enroll in our case management program with a referral from your provider or by calling Member Services.**

# Helpful Contacts

## Member Services

**Phone:** 1-866-314-2427, TTY: 711  
**Hours:** 8 a.m. – 8 p.m. PST  
7 days a week (October 1 – March 31)  
Monday – Friday (April 1 – September 30)  
**Web:** CentralHealthPlan.com  
**Fax:** 1-626-388-2361  
**Mail:** Central Health Medicare Plan  
200 Oceangate Ste. 100  
Long Beach, CA 9080

## 24/7 nurse advice line

**Central Health Medicare Plan**  
**Phone:** 1-888-920-8809, TTY: 711  
**Hours:** 24 hours a day, 7 days a week

## 24/7 telehealth

**Teladoc**  
**Phone:** 1-800-835-2362, TTY: 1-855-636-1578  
**Hours:** 24 hours a day, 7 days a week  
**Web:** teladoc.com

## Appeals & Grievances

Central Health Plan  
Medicare Appeals & Grievances  
P.O. Box 22816  
Long Beach, CA 90801-5816

## Quality of care complaints

**Livanta**  
**Phone:** 1-877-588-1123, TTY: 1-855-887-6668  
**Hours:** 9 a.m. – 5 p.m. PT, Monday – Friday  
11 a.m. – 3 p.m. PT, Saturday – Sunday  
**Web:** livantaqio.com

## Part D prescription claims

**Phone:** 1-866-314-2427, TTY: 711  
**Hours:** 8 a.m. – 8 p.m. PST  
**Fax:** 1-866-290-1309  
**Mail:** Central Health Plan  
Attn: Pharmacy Department  
7050 Union Park Center, Suite 600  
Midvale, UT 84047

## Member Advisory Council (MAC)

As a Central Health Medicare Plan member, your voice is very important to us. And we'd love to hear from you. We are always looking for members to join our Member Advisory Council. Joining the council gives you a unique opportunity to help make your health plan better by sharing your experience, opinions, and suggestions. Your input can help us improve your healthcare experience, including areas like access to care, coordination of services, and removing barriers to healthcare.

If you'd like to learn more about joining the council, please email **[memberservices@centralhealthplan.com](mailto:memberservices@centralhealthplan.com)**.

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# Contact us for membership questions



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## **Hours of operation:**

8 a.m. – 8 p.m. PST

7 days a week (October 1 – March 31)

Monday – Friday (April 1 – September 30)

