

2026

Annual Notice of Change

Central Health Valor Care Plan
(HMO)

California H5649-030-000

Effective January 1 through December 31, 2026

H5649_26_030_CA_ANOC_M
CA-H5649-30-AC-EN-26-L



Central Health Valor Care Plan (HMO) offered by Central Health Plan of California, Inc

Annual Notice of Change for 2026

You're enrolled as a member of Central Health Valor Care Plan (HMO).

This material describes changes to your plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Central Health Valor Care Plan (HMO).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage. Get a copy at www.centralhealthplan.com or call Member Services at (866) 314-2427 (TTY users call 711) to get a copy by mail.

More Resources

- This document is available for free in Spanish.

- Call Member Services at (866) 314-2427 (TTY users call 711) for additional information. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. This call is free.
- You can get this document for free in other language(s) or other formats, such as large print, braille, or audio. Call (866) 314-2427, (TTY: 711). The call is free.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Central Health Valor Care Plan (HMO)

- Central Health Medicare Plan is an HMO/HMO SNP plan with a Medicare contract. Enrollment depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Central Health Plan of California, Inc. When it says “plan” or “our plan,” it means Central Health Valor Care Plan (HMO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Central Health Valor Care Plan (HMO).** Starting January 1, 2026, you'll get your

medical coverage through Central Health Valor Care Plan. Go to Section 3 for more information about how to change plans and deadlines for making a change.

- This plan doesn't include Medicare Part D drug coverage and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

Annual Notice of Changes for 2026

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium (Your premium can be higher than this amount. Go to Section 1.1 for details.)	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$4,999	\$4,400
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$0 per visit	\$0 per visit

	2025 (this year)	2026 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	You pay a \$285 copay per day for days 1 - 6 You pay a \$0 copay per day for days 7 - 90	You pay a \$150 copay per day for days 1 - 6 You pay a \$0 copay per day for days 7 - 90

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium	\$0	\$0

	2025 (this year)	2026 (next year)
(You must also continue to pay your Medicare Part B premium.)		
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$75	\$79
Additional premium for optional supplemental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$21	The Optional Supplemental Enhanced Dental Benefit Package is not available

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out of pocket amount. Once you’ve paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.	\$4,999	\$4,400 Once you’ve paid \$4,400 out of pocket for covered Part A and Part B services, you’ll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.centralhealthplan.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.centralhealthplan.com.
- Call Member Services at (866) 314-2427 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, call Member Services at (866) 314-2427 (TTY users call 711) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Inpatient Hospital Care	You pay a \$285 copay per day for days 1 - 6. You pay a \$0 copay per day for days 7 - 90. You pay a \$0 copay per lifetime reserve day.	You pay a \$150 copay per day for days 1 - 6. You pay a \$0 copay per day for days 7 - 90. You pay a \$0 copay per day for days 91 and beyond.
Inpatient Hospital (Acute) Additional Days	Not covered	Unlimited additional days are covered with a \$0 copay.

	2025 (this year)	2026 (next year)
Inpatient Services in a Psychiatric Hospital	<p>You pay a \$285 copay per day for days 1 - 6.</p> <p>You pay a \$0 copay per day for days 7 - 90.</p> <p>You pay a \$0 copay per lifetime reserve day.</p>	<p>You pay a \$150 copay per day for days 1 - 6.</p> <p>You pay a \$0 copay per day for days 7 - 90.</p> <p>You pay a \$0 copay per lifetime reserve day.</p>
Emergency Care	<p>You pay \$0 copay per visit if you are admitted to the emergency room within 72 hours of a prior emergency room discharge and \$125 copay per visit for all other emergency services.</p>	<p>You pay a \$130 copay per visit for all emergency services.</p>

	2025 (this year)	2026 (next year)
Worldwide Emergency Coverage	<p>You pay a \$125 copay per visit for Worldwide Emergency services.</p> <p>You pay a \$125 copay per visit for Worldwide Urgently Needed services.</p> <p>You pay a \$125 copay per visit for Worldwide Emergency Transportation services.</p> <p>There is a maximum plan benefit coverage amount of \$50,000 for worldwide emergency services, worldwide</p>	<p>You pay a \$130 copay per visit for Worldwide Emergency services.</p> <p>You pay a \$130 copay per visit for Worldwide Urgently Needed services.</p> <p>You pay a \$130 copay per visit for Worldwide Emergency Transportation services.</p> <p>There is a maximum plan benefit coverage amount of \$50,000 for worldwide emergency services,</p>

	2025 (this year)	2026 (next year)
	urgently needed services and worldwide emergency transportation services combined.	worldwide urgently needed services and worldwide emergency transportation services combined.
Telehealth	<p>The following Medicare-covered benefits may have additional telehealth benefits covered on the plan. Please see your EOC for more details, including cost shares for each benefit type.</p> <ul style="list-style-type: none">• Primary Care Physician Services• Chiropractic Services	<p>The following Medicare-covered benefits may have additional telehealth benefits covered on the plan. Please see your EOC for more details, including cost shares for each benefit type.</p> <ul style="list-style-type: none">• Cardiac Rehabilitation Services

	2025 (this year)	2026 (next year)
	<ul style="list-style-type: none">• Occupational Therapy Services• Physician Specialist Services• Individual Sessions for Mental Health Specialty Services• Group Sessions for Mental Health Specialty Services• Podiatry Services• Other Health Care Professional Services	<ul style="list-style-type: none">• Primary Care Physician Services• Chiropractic Services• Occupational Therapy Services• Physician Specialist Services• Individual Sessions for Mental Health Specialty Services• Group Sessions for Mental Health Specialty Services

	2025 (this year)	2026 (next year)
	<ul style="list-style-type: none">• Individual Sessions for Psychiatric Services• Group Sessions for Psychiatric Services• Physical Therapy and Speech-Language Pathology Services• Opioid Treatment Program Services• Individual Sessions for Outpatient Substance Abuse	<ul style="list-style-type: none">• Podiatry Services• Other Health Care Professional Services• Individual Sessions for Psychiatric Services• Group Sessions for Psychiatric Services• Physical Therapy and Speech-Language Pathology Services• Opioid Treatment Program Services

	2025 (this year)	2026 (next year)
	<ul style="list-style-type: none">• Group Sessions for Outpatient Substance Abuse <p>You pay a \$0 copay for telehealth visits.</p>	<ul style="list-style-type: none">• Individual Sessions for Outpatient Substance Abuse• Group Sessions for Outpatient Substance Abuse <p>You pay a \$0 - \$10 copay for telehealth visits depending on the type of service you receive.</p>
Outpatient Hospital Observation	<p>You pay a \$0 copay for diagnostic colonoscopies in an outpatient setting and a</p>	<p>You pay a \$295 copay per stay.</p>

	2025 (this year)	2026 (next year)
	\$295 copay per stay for all other services.	
In-Home Meal Program (for members post-discharge or homebound)	Not covered	You pay a \$0 copay per meal through the in-home meal program. You get 2 meals a day for 14 days immediately following surgery or inpatient hospitalization, or if you are ordered to isolate at home for 14 days by a healthcare provider due to a COVID-19 diagnosis or exposure. This benefit is

	2025 (this year)	2026 (next year)
		available up to 2 times per calendar year (56 total meals).
Medicare Part B Prescription Drugs	Your Part B insulin cost share is \$35 for a one-month supply of any insulin on our formulary.	Your Part B insulin cost share is 20% coinsurance, up to a \$35 copay (whichever is lower) for a one-month supply of any insulin on our formulary.
Eyewear Allowance	You get up to \$150 every year for qualifying eyewear expenses.	You get up to \$400 every year for qualifying eyewear expenses.
Hearing Aids	Up to 2 hearing aids every 3 years	Up to 2 hearing aids every year

	2025 (this year)	2026 (next year)
	You pay a \$49 copay per aid for Entry Model aids	You pay a \$575 copay per aid for Entry Model aids
	You pay a \$149 copay per aid for Basic Model aids	You pay a \$699 copay per aid for Basic Model aids
	You pay a \$449 copay per aid for Prime Model aids	You pay a \$999 copay per aid for Prime Model aids
	You pay a \$849 copay per aid for Preferred Model aids	You pay a \$1,399 copay per aid for Preferred Model aids
	You pay a \$1,049 copay per aid for Advanced Model aids	You pay a \$1,599 copay per aid for Advanced Model aids
	You pay a \$1,549 copay per aid for Premium Model Aids	

	2025 (this year)	2026 (next year)
		You pay a \$2,099 copay per aid for Premium Model Aids

	2025 (this year)	2026 (next year)
Optional Supplemental Enhanced Dental Benefit	<p>Premium: \$21</p> <p>Out-of-Network:</p> <p>Oral Exams: You pay 10% coinsurance</p> <p>Dental X-Rays: You pay 10% coinsurance</p> <p>Other diagnostic dental services: You pay 10% coinsurance</p> <p>Prophylaxis (cleaning): You pay 10% coinsurance</p> <p>Fluoride Treatment: You pay 10% coinsurance</p> <p>Other preventive dental services: You pay 10%</p>	<p>The Optional Supplemental Enhanced Dental Benefit is not available.</p>

	2025 (this year)	2026 (next year)
	coinsurance	
	Restorative services: You pay 70% coinsurance	
	Endodontics: You pay 70% coinsurance	
	Periodontics: You pay 70% coinsurance	
	Prosthodontics, removable: You pay 70% coinsurance	
	Implant Services: You pay 70% coinsurance	
	Prosthodontics, fixed: You pay 70% coinsurance	
	Oral and maxillofacial surgery: You pay	

	2025 (this year)	2026 (next year)
	70% coinsurance Adjunctive general services: You pay 70% coinsurance Annual benefit limit for out-of-network services: \$1,500	

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Tivity is no longer a contracted vendor for 2026.	Your Fitness/Gym benefits were administered by Tivity D.B.A. SilverSneakers.	Silver&Fit is the contracted Fitness/Gym vendor for 2026.
Healthrageous is no longer a contracted vendor for 2026.	Your meal services were available through Healthrageous.	NationsBenefits is the contracted meals vendor for 2026.

	2025 (this year)	2026 (next year)
Aloecare is no longer the contracted vendor for 2026.	Your PERS benefits were administered by Aloecare.	Medical Guardian is the contracted PERS vendor for 2026.

SECTION 3 How to Change Plans

To stay in Central Health Valor Care Plan, you don’t need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you’ll automatically be enrolled in our Central Health Valor Care Plan (HMO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You’ll be automatically disenrolled from Central Health Valor Care Plan (HMO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You’ll be automatically disenrolled from Central Health Valor Care Plan (HMO).
- **To change to Original Medicare without a drug plan,** you send us a written request to disenroll. Call Member Services at (866) 314-2427 (TTY users call 711) for more

information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Chapter 1, Section 5.1 of your *Evidence of Coverage*).

- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the Medicare & You 2026 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m. Monday-Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778 or
- Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Office of AIDS. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call (916) 449-5900. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Section 5.1 Get Help from Central Health Valor Care Plan (HMO)

- **Call Member Services at (866) 314-2427. (TTY users call 711.)**

We're available for phone calls Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for Central Health Valor Care Plan (HMO) or call Member Services at (866) 314-2427 (TTY users call 711) to ask us to mail you a copy. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.centralhealthplan.com or call Member Services at (866) 314-2427 (TTY users call 711) to ask us to mail you a copy.

- Visit www.centralhealthplan.com

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called

Fresno County:

Valley Caregiver Resource Center

(559) 224-9117

Imperial County:

Elder Law & Advocacy

(760) 353-0223

Kern County:

Kern County Aging and Adult Services Dept

(661) 868-1000

Kings County:

Kings/Tulare Area Agency on Aging

(559) 713-2875 / (800) 434-0222

Los Angeles County:

Center for Health Care Rights

(213) 383-4519

Madera County:

Valley Caregiver Resource Center

(559) 224-9117

Orange County:

Council on Aging – Southern California

(714) 560-0424

Riverside County:

Council on Aging Southern California

(909)-256-8369

Sacramento County:

Legal Services of Northern CA, Inc.

(800) 434-0222 / (916) 376-8915

San Bernardino County:

Council on Aging Southern California

(909) 256-8369

San Diego County:

Elder Law & Advocacy

(858) 565-8772

San Francisco County:

Self Help For the Elderly

(415) 677-7520

San Joaquin County:

Legal Services of Northern CA, Inc.

(209) 470-7812

San Mateo County:

Self Help for the Elderly

(650) 627-9350

Santa Clara County:

Sourcewise Community Resource Solutions

(408) 350-3200

Tulare County:

Kings/Tulare Area Agency on Aging

559-713-2875 / 800-434-0222

Call to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. You can learn more by visiting their website (<https://www.aging.ca.gov/hicap>)

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Additional Important Healthcare and Member Resource Information

- **Electronic Notice (ELN) - How to Get Important Documents**
- **Notice of Availability (NOA) – Language Assistance Services**
- **Non-Discrimination Notice (NDN) – Section 1557**
- **Notice of Privacy Practices (NPP)**

How to Get Important Plan Documents



You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider. You can also look up your prescription drugs, anytime, anywhere, from any device. Your 2026 plan documents, like your Evidence of Coverage, Formulary, and Provider Directory will be available online by October 15, 2025.

Get to know your plan documents

- **Evidence of Coverage (EOC):** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider Directory:** A list of network doctors and specialists with phone numbers and addresses. You can find a network provider using our online directory at CentralHealthPlan.com/doctor.
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at CentralHealthPlan.com/chp/Member/PrivacyNotice.

How to view or request a copy of a plan document



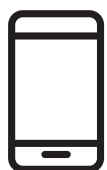
Online at CentralHealthPlan.com

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your 2026 plan documents will be available online by October 15, 2025.



Online at MyCHPportal.com.

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider. Sign in to your Member Portal or set up an account at MyCHPportal.com. Click “Create an Account” and follow the step-by-step instructions to sign up.



Call toll-free

Let us know if you don't have computer access or if you prefer to have a printed copy of an EOC, Formulary, or Provider Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **the number located on the back of your ID card, Monday - Friday, 8 a.m. to 8 p.m., local time.**

We're here to help

If you have questions about your benefits or need help finding a network provider, call Member Services toll-free at **the number located on the back of your ID card.**

Notice of Availability/Taglines – Section 1557 Central Health Plan

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

English

ATTENTION: If you need help in your language call 1-866-314-2427(TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-866-314-2427(TTY: 711). These services are free of charge.

العربية (Arabic)

يرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-866-314-2427، (وبالنسبة لمستخدمي الهاتف النصي TTY: يمكنهم الاتصال على 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير، اتصل بـ 1-866-314-2427 (وبالنسبة لمستخدمي الهاتف النصي TTY: يمكنهم الاتصال على 711). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեզ հարկավոր է աջակցություն ձեր լեզվով, ապա զանգահարեք 1-866-314-2427 (TTY՝ 711) հեռախոսահամարով: Հաշմանդամություն ունեցող անձանց համար գործում են նաև օժանդակ միջոցներ ու

Notice of Availability/Taglines – Section 1557 Central Health Plan

Ծանայություններ, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպատառով տրամադրվող նյութեր։ Տվյալ դեպքում զանգահարեք 1-866-314-2427 (TTY՝ 711)՝ հեռախոսահամարով։ Ծանայությունները գործում են անվճար։

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក
សូមទូរសព្ទទៅលេខ 1-866-314-2427(TTY: 711)។
ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ
ដូចជាឯកសារសរសេរជាអក្សរផុសសម្រាប់ជនពិការភ្នែក
ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។
ទូរសព្ទមកលេខ 1-866-314-2427(TTY: 711)។
សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文 (Chinese)

请注意：如果您需要以您的语言提供帮助，请致电
1-866-314-2427(TTY: 711)。另外还提供针对残疾人
的辅助工具和服务，例如盲文文件和大字体文件。
请致电 1-866-314-2427(TTY: 711)。这些服务均免
费提供。

Notice of Availability/Taglines – Section 1557 Central Health Plan

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود راهنمایی دریافت کنید، با (711) 1-866-314-2427 (TTY: 711) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌هایی به خط بریل و چاپ درشت، نیز موجود است. با (711) 1-866-314-2427 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-866-314-2427 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-866-314-2427 (TTY: 711) पर कॉल करें। ये सेवाएं निशुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-866-314-2427 (TTY: 711). Tsis tas li ntawd, kuj tseem muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-866-314-2427 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.



Notice of Availability/Taglines – Section 1557 Central Health Plan

日本語 (Japanese)

注記：日本語での対応が必要な場合は 1-866-314-2427 (TTY: 711) までお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスもご用意しております。

1-866-314-2427(TTY: 711)までお電話ください。これらのサービスは無料です。

Notice of Availability/Taglines – Section 1557 Central Health Plan

한국어 (Korean)

알림: 귀하의 언어로 도움을 받고 싶으시면
1-866-314-2427 (TTY: 711)번으로 전화하십시오.
점자나 큰 활자로 된 문서와 같이 장애가 있는
분들을 위한 지원 및 서비스도 이용하실 수
있습니다. 1-866-314-2427(TTY: 711)번으로
전화하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໃນ
ຫ້າໂທຫາເບີ 1-866-314-2427(TTY: 711).

ນອກນີ້ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ

ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ:

ເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່

ໃຫ້ໂທຫາເບີ 1-866-314-2427(TTY: 711).

ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ.

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Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-866-314-2427(TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-866-314-2427(TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ 1-866-314-2427(TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। 1-866-314-2427(TTY: 711)'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Notice of Availability/Taglines – Section 1557 Central Health Plan

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-866-314-2427(TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-866-314-2427(TTY: 711). Такие услуги = бесплатны.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-866-314-2427(TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-866-314-2427(TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-866-314-2427(TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-866-314-2427(TTY: 711). Libre ang mga serbisyonang ito.

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ภาษาไทย (Thai)

โปรดทราบ:

หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ
กรุณาโทรศัพท์ไปที่หมายเลข 1-866-314-2427(TTY:
711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง
ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ
ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่
กรุณาโทรศัพท์ไปที่หมายเลข 1-866-314-2427(TTY:
711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою
рідною мовою, телефонуйте на номер
1-866-314-2427(TTY: 711). Люди з обмеженими
можливостями також можуть скористатися
допоміжними засобами й послугами, наприклад
отримати документи, надруковані шрифтом
Брайля та великим шрифтом. Телефонуйте на
номер 1-866-314-2427(TTY: 711). Ці послуги
безкоштовні.



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Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-866-314-2427 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-866-314-2427 (TTY: 711). Các dịch vụ này đều miễn phí.

Non-Discrimination Notice

Section 1557

Central Health Plan



Discrimination is against the law. Central Health Plan follows State and Federal civil rights laws. Central Health Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Central Health Plan provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services in a timely manner to people whose primary language is not English, such as:
 - Qualified interpreters
 - Written information in other languages

If you need these services, contact Central Health Plan between 8:00 a.m. to 8:00 p.m. by calling 1-866-314-2427. If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print,

audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Central Health Plan
Civil Rights Coordinator
200 Oceangate, Suite 100
Long Beach, CA 90802

By phone: 1-866-606-3889. If you cannot hear or speak well, please call 711.

HOW TO FILE A GRIEVANCE

If you believe that Central Health Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Central Health Plan's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Central Health Plan's Civil Rights Coordinator between 8:30 a.m. to 5:30 p.m. by calling 1-866-606-3889. Or, if you cannot hear or speak well, please call 711.
- **In writing:** Fill out a complaint form or write a letter and send it to:
Central Health Plan
Civil Rights Coordinator
200 Oceangate, Suite 100
Long Beach, CA 90802

- **In person:** Visit your doctor's office or Central Health Plan and say you want to file a grievance.
- **Electronically:** Send an email to [**CivilRights@MolinaHealthcare.com**](mailto:CivilRights@MolinaHealthcare.com). You can also visit Central Health Plan's website at [**MolinaHealthcare.Alertline.com**](http://MolinaHealthcare.Alertline.com).

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call 916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).
- **In writing:** Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413
Sacramento, CA 95899-7413

Complaint forms are available at [**DHCS.ca.gov/Pages/Language_Access.aspx**](http://DHCS.ca.gov/Pages/Language_Access.aspx).

- **Electronically:** Send an email to [**CivilRights@dhcs.ca.gov**](mailto:CivilRights@dhcs.ca.gov).

OFFICE OF CIVIL RIGHTS – U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can file

a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, by phone, in writing, or electronically:

- **By phone:** Call 1-800-368-1019. If you cannot speak or hear well, please call TTY/TDD: 1-800-537-7697.
- **In writing:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at [**HHS.gov/ocr/office/file/index.html**](https://www.hhs.gov/ocr/office/file/index.html).

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at [**OCRportal.hhs.gov/ocr/portal/lobby.jsf**](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf).

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes the privacy practices of Molina Healthcare's affiliated health plans (referred to herein as "**Molina**", "**we**" or "**our**"). We use and share protected health information ("**PHI**") about you to provide your health benefits as a Molina member. We use and share your PHI to carry out treatment, payment and health care operations. We also use and share your PHI for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is January 1, 2026.

PHI is health information that includes your name, member number or other identifiers, and is used or shared by us. PHI includes health information about substance use disorders and biometric information (like a voiceprint).

Why do we use or share your PHI?

We use or share your PHI to provide you with health care benefits. Your PHI is also used or shared for treatment, payment, and health care operations.

For Treatment

We may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

For Payment

We may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations

We may use or share PHI about you to run our health plan(s). For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve your concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Addressing member needs, including solving complaints and grievances.

We will share your PHI with other companies (“**business associates**”) that perform different kinds of activities for our health plan(s). We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment(s), or other health-related benefits and services.

When can we use or share your PHI without getting written authorization (approval) from you?

In addition to treatment, payment and health care operations, the law allows or requires Molina to use and share your PHI for several other purposes including the following:

Required by law

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Research

Your PHI may be used or shared for research in certain cases, such as when approved by a privacy or institutional review board.

Legal or Administrative Proceedings

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement

Your PHI may be used or shared with police for law enforcement purposes, such as to help find a suspect, witness or missing person.

Health and Safety

Your PHI may be shared to prevent a serious and imminent threat to the health or safety of a person or the public.

Government Functions

Your PHI may be shared with the government for special functions. An example would be to protect the President.

Victims of Abuse, Neglect or Domestic Violence

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers' Compensation

Your PHI may be used or shared to obey Workers' Compensation laws.

Other Disclosures

Your PHI may be shared with funeral directors or coroners to help them do their jobs.

Additional Restrictions on Use and Disclosure.

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain types of health information. Such laws may protect the following types of information: alcohol and substance use disorders, biometric information, child or adult abuse or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. We will follow the more stringent law, where it applies to us.

Substance Use Disorder (SUD) Information. Although we are not a substance use disorder treatment program under federal law (a "SUD Program"), we may receive information from a SUD Program about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have

(i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

When do we need your written authorization (approval) to use or share your PHI?

We need your written approval to use or share your PHI for a purpose other than those listed in this Notice. We need your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

What are your health information rights?

You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**

You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use our form to make your request.

- **Request Confidential Communications of PHI**

You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use our form to make your request.

- **Review and Copy Your PHI**

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions about you as our member. You will need to make your request in writing. You may use our form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases, we may deny the request. *Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.*

- **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a member. You will need to make your request in writing. You may use our form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12- month period. You will need to make your request in writing. You may use our form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member Services department at the toll-free number on the back of your ID card, 7 days a week, 8 a.m. to 8 p.m., local time. TTY/ TDD users, please call 711.

What can you do if your rights have not been protected?

You may complain to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may file a complaint with us at:

Call Member Services at the toll-free number on the back of your ID card, 7 days a week, 8 a.m. to 8 p.m., local time. TTY/TDD users, please call 711. Or write to us at:

Molina Healthcare
Attn: Appeals and Grievances
P.O. Box 22816
Long Beach, CA 90801-9977

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health &
Human Services Office for Civil
Rights
200 Independence
Ave., S.W. Suite
509F, HHH Building
Washington, D.C.
20201
(800) 368-1019; (800) 537-7697 (TDD); (202) 619-3818 (FAX)

What are our duties?

We are required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

This Notice is Subject to Change

We reserve the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, we will post the revised Notice on our website and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by us. This Notice is available on our website at www.molinahealthcare.com.

Contact Information

If you have any questions about this Notice, please contact us.

Call our Member Services department at the toll-free number on the back of your ID card; 7 days a week, 8 a.m. to 8 p.m., local time. TTY/TDD users, please call 711. Or write to Molina Member Services, 200 Oceangate, Suite 100, Long Beach, CA 90802.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 882-3901, TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.

PO Box 298
Monroe, WI 53566-0298
Attn: Enrollment Accounting

Important Molina Healthcare Information



CAACEN26L00055