2020 Summary of Benefits

This is a summary of drug and health services covered by **Alignment Health Plan AllCare Preferred Plan (HMO) 011** January 1, 2020 - December 31, 2020.

Alignment Health Plan AllCare Preferred Plan (HMO) 011 is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join **Alignment Health Plan AllCare Preferred Plan (HMO) 011**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in Stanislaus County.

If you use the providers that are not in our network, we may not pay for these services. For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio. For more information, please call us at 1-866-634-2247 (TTY users should call 711), October 1 – March 31: Seven days a week, from 8:00 a.m. to 8:00 p.m. except for Thanksgiving and Christmas Day. April 1 – September 30: Monday through Friday, (except holidays) from 8:00 a.m. to 8:00 p.m. Or visit us at alignmenthealthplan.com.

Premiums and Benefits	**Alignment Health Plan AllCare Preferred Plan (HMO) 011** Stanislaus County
Monthly Plan Premium • Part C & Part D	 $0 You must continue to pay your Medicare Part B Premium
Deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than $3,400 annually Includes copays and other costs for medical services for the year
Inpatient Hospital[1,2]	$0 copay per day, days 1-4 $50 copay per day, days 5-10 $0 copay per days, days 11-90 (unlimited days per admission)
Outpatient • Hospital Services • Observation Services	 $125 copay $0 copay
Ambulatory Surgical Center	$0 copay
Doctor Visits • Primary • Specialists[1,2]	 $0 copay $0 copay (prior authorization is required for specialist visits)
Preventive Care (e.g., flu vaccine, diabetic screenings)	$0 copay Other preventive services are available There are some covered services that have a cost
Emergency Care/ Post-Stabilization Care	$75 copay (NOT waived if admitted)
Urgently Needed Services	$0-10 copay (waived if admitted within 24hrs)
Outpatient Diagnostic[1,2] • Procedures, tests, lab services • X-Ray/Diagnostic • Therapeutic radiology services (such as radiation treatment for cancer)	 $0 copay $0 copay 20% coinsurance
Hearing Services[1,2] • Routine hearing exam • Hearing aid	 $0 copay for exam/fitting/evaluation (1 per year) Not covered
Dental Services[1,2] • Oral exam & cleaning • Fluoride treatment • X-ray	 $0 copay (1 every six months) $0-20 copay (1 every six months) $0-30 copay (1 every three years)
Vision Services • Routine exam • Eyewear coverage limit	 $0 copay (1 per year) $0 copay for glasses/contacts (every two years) $75 plan coverage limit for eyeglasses/contacts (every two years)
Mental Health Services[1,2] • Outpatient group therapy/ individual therapy visit	 $0 copay

Premiums and Benefits	**Alignment Health Plan AllCare Preferred Plan (HMO) 011** Stanislaus County
Skilled Nursing Facility[1,2]	$0 copay per day, days 1-20 $50 copay per day, days 21-100 (no prior hospital stay required)
Physical Therapy[1]	$0 copay
Ground and Air Ambulance Services[1]	$100 copay (waived if admitted)
Transportation	$0 copay 26 one-way trips to approved locations within 50 miles Unlimited trips to the Care Center
Medicare Part B Drugs	20% of the cost for other Part B drugs

Outpatient Prescription Drugs	**Alignment Health Plan AllCare Preferred Plan (HMO) 011** Stanislaus County		
Part D Deductible	$0		
Initial Coverage Limit	$4,020		
Part D Out of Pocket Threshold	$6,350		
	Preferred Retail Rx 30-day supply	**Non-Preferred Retail Rx 30-day supply**	**Mail Order 100-day supply**
Initial Coverage • Tier 1: Preferred Generic • Tier 2: Generic • Tier 3: Preferred Brand • Tier 4: Non-Preferred Brand • Tier 5: Specialty Tier • Tier 6: Select Care	 $5 copay $10 copay $40 copay $93 copay 33% coinsurance $5 copay	 $12 copay $17 copay $47 copay $100 copay 33% coinsurance $5 copay	 $12.50 copay $25 copay $100 copay $232.50 copay Not covered $0 copay
Gap Coverage • Tier 6: All Drugs	Cost-Sharing may change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit. If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy for a 31-day supply.		

NOTE:
Services with a 1 may require prior authorization.
Services with a 2 may require a referral from your doctor
Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Alignment Health Plan is an HMO, PPO and an HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. Alignment 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. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-399-2247 (TTY 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY 711). Y0141_20063EN_M

Understanding the Benefits & Rules

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at:

1-888-979-2247 (TTY USERS CALL 711)
8am-8pm, seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8am-8pm Monday through Friday (except holidays) from April 1 through September 30.

Understanding the Benefits	
☐	Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **alignmenthealthplan.com** or call **1-866-634-2247** to view a copy of the EOC.
☐	Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
☐	Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules	
☐	In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
☐	Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
☐	Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).