

2020 SUMMARY OF BENEFITS

This is a summary of drug and health services covered by **Alignment Health Plan CalPlus (HMO) 009** for January 1, 2020 - December 31, 2020.

Alignment Health Plan CalPlus (HMO) 009

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 CalPlus (HMO) 009**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, Stanislaus, Santa Clara, San Diego, or Marin Counties.

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 CalPlus (HMO) 009**

Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, Stanislaus, Santa Clara, San Diego, and Marin Counties

Monthly Plan Premium

- Part C
- Part D

\$0
 You pay \$27.30
 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 \$6,700 annually
 Includes copays and other costs for medical services for the year

Inpatient Hospital^{1,2}

\$1,364 deductible for each benefit period
 Days 1-60: \$0 coinsurance for each benefit period
 Days 61-90: \$341 coinsurance per day of each benefit period
 Days 91 and beyond: \$682 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)
 Beyond lifetime reserve days: all costs
 These costs are for 2019 and may change in 2020

Outpatient¹

- Hospital Services
- Observation Services

20% coinsurance
 20% coinsurance

Ambulatory Surgical Center

20% coinsurance

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**

20% coinsurance
 (waived if admitted within 3 days)

Urgently Needed Services

20% coinsurance
 (NOT waived if admitted)

Outpatient Diagnostic^{1,2}

- Procedures, tests, lab services
- X-Ray/Diagnostic
- Therapeutic radiology services (such as radiation treatment for cancer)

20% coinsurance

 You pay nothing
 20% coinsurance

 Prior authorization is required for some services

Hearing Services^{1,2}

- Routine hearing exam
- Hearing aid

\$0 copay for exam/fitting/evaluation (1 per year)
 \$2,000 limit (every two years)
 Maximum benefit applies to both ears combined

PREMIUMS AND BENEFITS

Alignment Health Plan CalPlus (HMO) 009

Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, Stanislaus, Santa Clara, San Diego, and Marin Counties

Dental Services^{1,2} <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Routine exam • Eyewear coverage limit 	\$0 copay (1 per year) \$0 copay \$300 plan coverage limit for eyeglasses/contacts (every two years)
Mental Health Services^{1,2} <ul style="list-style-type: none"> • Outpatient group therapy/individual therapy visit 	20% coinsurance
Skilled Nursing Facility^{1,2}	Days 1-20: \$0 for each benefit period Days 21-100: \$170.50 coinsurance per day of each benefit period Days 101 and beyond: all costs These costs are for 2019 and may change in 2020
Physical Therapy¹	20% coinsurance
Ground and Air Ambulance Services¹	20% coinsurance (NOT waived if admitted)
Transportation	\$0 copay Unlimited trips to plan approved locations within 50 miles
Medicare Part B Drugs	20% of the cost for chemotherapy drugs 20% of the cost for other Part B drugs

**OUTPATIENT
PRESCRIPTION DRUGS****Alignment Health Plan CalPlus (HMO) 009**

Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, Stanislaus, Santa Clara, San Diego, and Marin Counties

Deductible	\$435		
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 <ul style="list-style-type: none"> • Tier 1: Preferred Generic • Tier 2: Generic • Tier 3: Preferred Brand • Tier 4: Non-Preferred Brand • Tier 5: Specialty Tier • Tier 6: Select Care 	\$0 copay \$14 copay 25% copay 25% copay 25% copay \$5 copay	\$0 copay \$20 copay 25% coinsurance 25% coinsurance 25% coinsurance \$5 copay	\$0 copay \$42 copay 25% coinsurance 25% coinsurance Not covered \$0 copay
Gap Coverage	No extra gap coverage 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_20061EN_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

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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.

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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

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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.

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Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.

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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).