

















# BENEFITS CHART 2019

2019 BENEFITS		Alignment Health Plan Platinum (HMO) - 016 San Diego County
 <b>Premium</b>		\$0 copay
 <b>Doctor/Specialist</b>		PCP: \$0 copay Specialist: \$0 copay
 <b>Inpatient Hospitalization</b>		Days 1-3: \$0 copay Days 4-7: \$50 copay Days 8-90: \$0 copay unlimited days per admission
 <b>Emergency Care/Post Stabilization Care</b>		\$65 copay waived if admitted within 48 hours
 <b>Urgent Care</b>		\$0-\$10 copay waived if admitted within 24 hours
 <b>Worldwide Coverage</b>		\$0 copay up to \$25,000 per year
 <b>Ambulance Ground and Air Ambulance Services</b>		\$75 copay waived if admitted
 <b>Transportation</b>		\$0 copay 24 one-way trips to plan approved locations per year (within a 25 mile radius)
 <b>Durable Medical Equipment</b>		0-20% coinsurance 0% coinsurance for items \$50 or less 20% coinsurance for items \$50.01 or more
 <b>Health Club/Fitness Class Membership</b>		\$0 copay
 <b>Vision Services</b>		\$0 copay for routine eye exams (1 every year) \$200 coverage limit for contacts/glasses every 2 years.
 <b>Hearing Services</b>		\$0 copay for Medicare covered benefits; \$0 copay for exam/fitting/evaluation 1 per year. \$1,000 limit every 2 years for hearing aids. Maximum benefit applies to both ears combined.

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Platinum (HMO) - 016  
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 <b>Dental Services</b>	Covered Refer to your Summary of Benefits for details
 <b>Re-admission Prevention Meals</b>	\$0 copay 28 days/56 meals
 <b>Over-the-Counter Allowance</b>	\$40 per month spending limit no roll over month to month
 <b>On Demand Personalized Care</b>	\$0-\$10 copay 24/7 Telehealth
<b>Prescription Drug Benefits (30 day preferred retail supply)</b>	
<b>T1 - Preferred Generic Drugs Coverage through the Gap</b>	\$0 copay
<b>T2 - Generic Drugs</b>	\$3 copay
<b>T3 - Preferred Brand Drugs</b>	\$30 copay
<b>T4 - Non Preferred Brand Drugs</b>	\$75 copay
<b>T5 - Specialty Drugs</b>	33% coinsurance
<b>T6 - Select Care Drugs Coverage through the Gap</b>	\$5 copay

BENEFITS CHART

Alignment Health Plan is an HMO plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. 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 a language other than English, assistance services, free of charge, are available to you. Call 1-866-634-2247 (TTY 711); ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-634-2247(TTY 711)

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