

















BENEFITS CHART 2019

2019 BENEFITS	Alignment Health Plan My Choice (HMO) - 001 Los Angeles, Orange, Riverside, San Bernardino Counties	Alignment Health Plan Platinum (HMO) - 015 Riverside & San Bernardino Counties
	 Premium	\$0
 Doctor/ Specialist	PCP: \$0 copay Specialist: \$0 copay	PCP: \$0 copay Specialist: \$0 copay
 Inpatient Hospitalization	Days 1-3: \$50 copay Days 4-90: \$0 copay unlimited days per admission	\$0 copay
 Emergency Care/Post Stabilization Care	\$75 copay waived if admitted within 48 hours	\$70 copay waived if admitted within 48 hours
 Urgent Care	\$0-\$10 copay waived if admitted within 24 hours	\$0-\$10 copay waived if admitted within 24 hours
 Worldwide Coverage	\$0 copay up to \$25,000 per year	\$0 copay up to \$25,000 per year
 Ambulance Ground and Air Ambulance Services	\$125 waived if admitted	\$75 copay waived if admitted
 Transportation	\$0 copay 22 one-way trips to plan approved locations (within a 25 mile radius).	\$0 copay 22 one-way trips to plan approved locations per year (within a 25 mile radius)
 Durable Medical Equipment	0% coinsurance for items \$350 or less ; 20% coinsurance for items \$350.01 or more	0% coinsurance for items \$350 or less ; 20% coinsurance for items \$350.01 or more
 Health Club/ Fitness Class Membership	\$0 copay	\$0 copay
 Vision Services	\$0 copay for routine eye exams (1 every year) \$75 coverage limit for contacts/ glasses every 2 years.	\$0 copay for routine eye exams (1 every year) \$200 coverage limit for contacts/ glasses every 2 years.
 Hearing Services	\$0 copay for Medicare covered benefits; \$0 copay for exam/fitting/evaluation 1 per year	\$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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	 Dental Services	Covered Refer to your Summary of Benefits for details
 Readmission Prevention Meals	Not covered	\$0 copay 28 days/56 meals
 On Demand Personalized Care	\$0 copay 24/7 Telehealth	\$0 copay 24/7 Telehealth
 Over-the-Counter Allowance	Not covered	\$20 per month spending limit no roll over month to month
Prescription Drug Benefits (30 day preferred retail supply)		
T1 - Preferred Generic Drugs Coverage through the Gap	\$1 copay	\$1 copay
T2 - Generic Drugs	\$5 copay	\$5 copay
T3 - Preferred Brand Drugs	\$30 copay	\$30 copay
T4 - Non Preferred Brand Drugs	\$75 copay	\$75 copay
T5 - Specialty Drugs	33% coinsurance	33% coinsurance
T6 - Select Care Drugs Coverage through the Gap	\$3 copay	\$3 copay

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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