Benefits Chart 2019

2019 Benefits	Alignment Health Plan **Platinum (HMO) - 008** Los Angeles & Orange Counties	Alignment Health Plan **Heart and Diabetes (HMO SNP) - 010** Los Angeles & Orange Counties	Alignment Health Plan **smartHMO (HMO) - 013** Los Angeles County
Premium	$0 copay	$0 copay	$0
Medicare Part B Rebate	Not Covered	Not Covered	$109
Doctor/ Specialist	PCP: $0 copay Specialist: $0 copay	PCP: $0 copay Specialist: $0 copay	PCP: $0 copay Specialist: $10 copay
Inpatient Hospitalization	$0 copay (unlimited days per admission)	$0 copay unlimited days per admission	Days 1-5: $120 copay Days 6-90: $0 copay unlimited days per admission
Emergency Care/Post Stabilization Care	$50 copay waived if admitted within 48 hours	$70 copay waived if admitted within 48 hours	$120 waived if admitted within 48 hours
Urgent Care	$0-$10 copay waived if admitted within 24 hours	$0 copay	$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	$0 copay up to $25,000 per year
24-Hour Nurse Hotline	$0 copay	$0 copay	$0 copay
Ambulance Ground and Air Ambulance Services	$50 copay waived if admitted	$100 copay waived if admitted	$100 waived if admitted
Transportation	$0 copay 42 one-way trips to plan approved locations per year (within a 25 mile radius).	$0 copay 32 one-way trips to plan approved locations (within a 25 mile radius).	Not covered

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Durable Medical Equipment	0-20% coinsurance 0% coinsurance for items $50 or less 20% coinsurance for items $50.01 or more	0% coinsurance for $0-$499 items 20% coinsurance for $500+ items	20% coinsurance
Health Club/ Fitness Class Membership	$0 copay	$0 copay	$0 copay
Vision Services	$0 copay for routine eye exams (1 every year) $200 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.	$0 copay for routine eye exams (1 every year) $100 coverage limit for contacts/$200 for glasses every 2 years.
Hearing Services	$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.	$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
Dental Services	Covered Refer to your Summary of Benefits for details	Covered Refer to your Summary of Benefits for details	Preventive Dental Services Covered Refer to your Summary of Benefits for details
Meal Benefit & Re-admission Prevention Meals	$0 copay 28 days/56 meals	Meal Benefit 14 days/28 meals Re-admission Prevention Meals 28 days/56 meals	Not covered

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On Demand Personalized Care	$0 copay 24/7 Telehealth	$0 copay 24/7 Telehealth	$15 copay 24/7 Telehealth
Prescription Drug Benefits (30 day preferred retail supply)			
T1 - Preferred Generic Drugs Coverage through the Gap	$0 copay	$0 copay	$5 copay
T2 - Generic Drugs Coverage through the Gap (only available on Plan 008)	$3 copay	$5 copay	$10 copay
T3 - Preferred Brand Drugs	$30 copay	$30 copay	$30 copay
T4 - Non Preferred Brand Drugs	$75 copay	$75 copay	$75 copay
T5 - Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance
T6 - Select Care Drugs Coverage through the Gap	$5 copay	$5 copay	$5 copay

Alignment Health Plan is an HMO and HMO SNP 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)