












BENEFITS CHART 2019

2019 BENEFITS

Alignment Health Plan
CalPlus (HMO) - 009

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

 Part C Part D Premium	\$0 copay \$30.50
 Doctor/Specialist	PCP: \$0 copay Specialist: \$0 copay
 Inpatient Hospitalization	Days 1-60: \$0 Days 61-90: \$335 coinsurance per day Days 91 and beyond: \$670 coinsurance per each lifetime reserve day after 90 days Beyond lifetime reserve days: all costs \$1,340 deductible each benefit period. These costs are for 2018 and may change for 2019.
 Emergency Care/Post Stabilization Care	20% coinsurance waived if admitted within 3 days
 Urgent Care	20% coinsurance not waived if admitted
 Worldwide Coverage	\$75 copay up to \$25,000 per year waived if admitted
 24-Hour Nurse Hotline	\$0 copay
 Ambulance Ground and Air Ambulance Services	20% coinsurance not waived if admitted
 Transportation	\$0 copay unlimited trips to plan approved locations (within a 20 mile radius).
 Durable Medical Equipment	20% coinsurance
 Health Club/Fitness Class Membership	\$0 copay






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 Vision Services	\$0 copay for routine eye exams (1 every year) \$300 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. \$2000 limit every 2 years for hearing aids. Maximum benefit applies to both ears combined.
 Dental Services	Covered Refer to your Summary of Benefits for details
 Over-the-Counter Allowance	\$0 copay \$75 per month spending limit
 Meal Benefit & Re-admission Prevention Meals	Meal Benefit 14 days/28 meals Re-admission Prevention Meals 28 days/56 meals
Prescription Drug Benefits (30 day preferred retail supply)	
Deductible	\$415
T1 - Preferred Generic Drugs	\$5 copay
T2 - Generic Drugs	\$10 copay
T3 - Preferred Brand Drugs	25% coinsurance
T4 - Non Preferred Brand Drugs	25% coinsurance
T5 - Specialty Drugs	25% coinsurance
T6 - Select Care Drugs	\$5 copay

Alignment Health Plan is an HMO plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. This plan is available to anyone who has Medicare or both Medical Assistance from the State and Medicare. Premiums, copays, co-insurance and deductibles may vary based on the level of "Extra Help" you receive. Please contact the plan for further details. 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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