

2019 SUMMARY OF BENEFITS

This is a summary of drug and health services covered by Alignment Health Plan My Choice (HMO) - 001 January 1, 2019 - December 31, 2019.

Alignment Health Plan My Choice (HMO) - 001 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 My Choice (HMO) - 001**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Los Angeles, Orange, Riverside and San Bernardino.

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 My Choice (HMO) - 001

Monthly Plan Premium	You pay nothing 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 \$3,400 annually Includes copays and other costs for medical services for the year.
Inpatient Hospital ^{1,2}	You pay \$50 per day for days 1 through 3 You pay nothing per day for days 4 through 90 Unlimited days per admission
Outpatient Hospital Services	You pay \$100 for Hospital services You pay nothing for Observation services
Doctor Visits • Primary • Specialists ^{1,2}	You pay nothing You pay nothing Prior authorization is required for specialist visits.
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing Other preventive services are available. There are some covered services that have a cost.
Emergency Care/Post-Stabilization Care	\$75 copay waived if admitted within 48 hours
Urgently Needed Services	You pay \$0-\$10 If you are admitted to the hospital within 24 hours, you do not have to pay \$0-\$10. \$10 copay for each visit to an urgent facility not affiliated with assigned Medical Group/IPA or outside of the service area.
Diagnostic Services/Labs/Imaging ^{1,2} • Procedures and tests • Lab services • X-Ray/Diagnostic • Therapeutic radiology services (such as radiation treatment for cancer)	You pay nothing You pay nothing You pay nothing You pay 20% co-insurance Prior authorization is required for some services
Hearing Services ^{1,2} • Routine hearing exam • Hearing aid	You pay nothing, one routine hearing exam allowed annually Not covered
Dental Services ^{1,2} • Oral exam & cleaning every six months • Fluoride treatment, one every six months • X-ray, one every three years	You pay nothing You pay \$0-\$20 You pay \$0-\$30
Vision Services • Routing exam (1 per year) • Eyewear coverage limit	You pay nothing \$75 coverage limit for glasses/contacts, every two years

Mental Health Services ^{1,2} • Outpatient group therapy/individual therapy visit	You pay nothing
Skilled Nursing Facility ^{1,2}	You pay nothing for days 1 through 20 You pay \$30 per day for days 21 through 100
Physical Therapy ¹	You pay nothing
Ambulance Services ¹	You pay \$125 waived if admitted Ground and Air
Transportation	You pay nothing 22 one-way trips to plan approved locations within 25 miles.
Medicare Part B Drugs	20% of the cost for chemotherapy drugs 20% of the cost for other Part B drugs

OUTPATIENT PRESCRIPTION DRUGS

Deductible	You pay nothing		
	Preferred Retail Rx 30-day supply	Non-Preferred Retail Rx 30-day supply	Mail Order 100-day supply
Initial Coverage • Tier 1: Preferred Generic • Tier 2: Generic • Tier 3: Preferred Brand • Tier 4: Non-Preferred Brand • Tier 5: Specialty Tier • Tier 6: Select Care	You pay \$1 You pay \$5 You pay \$30 You pay \$75 You pay 33% You pay \$3	You pay \$8 You pay \$12 You pay \$37 You pay \$82 You pay 33% You pay \$3	You pay \$2.50 You pay \$12.50 You pay \$75 You pay \$187.50 Not covered You pay nothing
<p>Gap Coverage: T1 & T6 - All Drugs 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.</p>			

NOTE:

- Services with a 1 may require prior authorization.
- Services with a 2 may require a referral from your doctor

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 copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. 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). H3815_19019EN_M ACCEPTED

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

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **alignment healthplan.com** or call **1-866-634-2247** to view a copy of the EOC.
- 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

- 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.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- 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).