

2020

BENEFIT CHART

Los Angeles &
Orange Counties












HEART & DIABETES (HMO SNP) 010








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Plan Premium	\$0
Max. Out of Pocket	\$3,400
MEDICARE COVERED BENEFITS	
Inpatient Hospital	\$0 copay (unlimited days per admission)
Skilled Nursing Facility	\$0 copay days 1-31 \$50 copay days 32-100 (no prior hospital stay required)
Doctor Visits	PCP \$0 copay Specialist \$0 copay
Ground and Air Ambulance Services	\$100 copay (waived if admitted)
Emergency/Post-Stabilization Care	\$70 copay (waived if admitted within 48 hours)
Urgently Needed Services	\$0 copay
Durable Medical Equipment	0% coinsurance for \$0-\$499 items 20% coinsurance for \$500+ items
Outpatient Diagnostic (Tests/Lab Services)	\$0 copay
Outpatient Radiology (X-Ray/Diagnostic/Therapeutic)	\$0 copay (X/D) 20% coinsurance (T)

PRESCRIPTION DRUG BENEFITS (30 day Preferred Retail supply)

 Initial Coverage Limit	\$4,020
 Part D Deductible	\$0
 Gap Coverage	Tier 1: All Drugs Tier 6: All Drugs
 Preferred Generic Drugs	\$0 copay
 Generic Drugs	\$5 copay
 Preferred Brand Drugs	\$30 copay
 Non-Preferred Brand Drugs	\$75 copay
 Specialty Drugs	33% coinsurance
 Select Care Drugs	\$5 copay

ADDED BENEFITS - MORE THAN ORIGINAL MEDICARE!

 Hearing Services	\$0 copay for Medicare covered benefits \$0 copay for exam/fitting 1 per year
 Hearing Aids	Not covered
 Dental Services	\$0 copay for 1 exam and 1 cleaning every six months See Summary of Benefits for Coverage Details
 Vision Services	\$0 copay for 1 routine eye exam every year
 Eyewear	\$0 copay for glasses/contacts every two years \$200 coverage limit every two years
 Transportation	\$0 copay/32 one-way trips to plan approved locations per year (within a 50-mile radius)
 Fitness	\$0 copay

 AHC Black Card (24/7 Concierge Care; Telehealth; OTC)	\$0 copay
 Over-The-Counter (OTC)	\$0 copay for \$20 monthly allowance (no rollover)
 Chronic Meals	\$0 copay for Chronic Meals 14 days, 28 meals
 Social Needs	\$0 copay 12 hours per quarter, 48 hours per year
 Groceries	\$0 copay \$20 spending limit per month



Alignment Health Plan is an HMO, PPO and an HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. 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 Spanish, language assistance services, free of charge, are available to you. Call 1-877-399-2247 (TTY 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY 711). Y0141_20041EN_M