












2020

BENEFIT CHART

Santa Clara &
Marin Counties



<div></div>		<div>MY CHOICE (HMO) 007</div> <div>Santa Clara County</div>	<div>PLATINUM (HMO) 018</div> <div>Marin County</div>
<div></div> <div>Plan Premium</div>	\$0	\$25	
<div></div> <div>Max. Out of Pocket</div>	\$3,400		
MEDICARE COVERED BENEFITS			
<div></div> <div>Inpatient Hospital</div>	\$100 copay days 1-5 \$0 copay days 6-90 (unlimited days per admission)	\$0 copay days 1-3 \$50 copay days 4-7 \$0 copay days 8-90 (unlimited days per admission)	
<div></div> <div>Skilled Nursing Facility</div>	\$0 copay days 1-20 \$100 copay days 21-100 (no prior hospital stay required)	\$0 copay days 1-20 \$50 copay days 21-100 (no prior hospital stay required)	
<div></div> <div>Doctor Visits</div>	PCP \$0 copay Specialist \$0 copay		
<div></div> <div>Ground and Air Ambulance Services</div>	\$175 copay (waived if admitted)	\$75 copay (waived if admitted)	
<div></div> <div>Emergency/Post-Stabilization Care</div>	\$85 copay (NOT waived if admitted)	\$65 copay (waived if admitted within 48hrs)	
<div></div> <div>Urgently Needed Services</div>	\$0-10 copay (waived if admitted within 24hrs)		
<div></div> <div>Durable Medical Equipment</div>	20% coinsurance	0% coinsurance for items \$50 or less 20% coinsurance for items \$50.01 or more	
<div></div> <div>Outpatient Diagnostic (Tests/Lab Services)</div>	\$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 6: All Drugs

 Tier 1: All Drugs
 Tier 6: All Drugs

**Preferred Generic
 Drugs**

\$0 copay


Generic Drugs

\$5 copay

\$3 copay


Preferred Brand Drugs

\$40 copay

\$30 copay


**Non-Preferred Brand
 Drugs**

\$100 copay

\$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/evaluation
 1 per year

 \$0 copay for Medicare covered benefits
 \$0 copay for exam/fitting/evaluation
 1 per year

Hearing Aid

Not covered

 \$0 copay for 2 hearing aids
 for both ears combined with a \$1,000 limit
 every two years

Dental Services

 \$0 copay for 1 exam and 1 cleaning every 6 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
 \$75 coverage limit every two years

 \$0 copay for glasses/contacts every
 two years
 \$200 coverage limit every two years









MY CHOICE (HMO) 007

Santa Clara County

PLATINUM (HMO) 018

Marin County

 Transportation	\$0 copay/8 one-way trips to plan approved locations per year (within a 20 mile radius)	\$0 copay/24 one-way trips to plan approved locations per year (within a 25-mile radius)
 Fitness	\$0 copay	
 AHC Black Card (24/7 Concierge Care; Telehealth; OTC)	\$0 copay	
 Over-The-Counter (OTC)	\$0 copay for \$10 monthly allowance (no rollover)	\$0 copay for \$40 monthly allowance (no rollover)
 Readmission Prevention/Post-Discharge Meals	Not covered	\$0 copay for Post-Discharge Meals 28 days, 56 meals
 Social Needs	Not covered	\$0 copay 12 hours per quarter, 48 hours per year



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_20038EN_M