2020 SUMMARY OF BENEFITS

This is a summary of drug and health services covered by **Alignment Health Plan CalPlus (HMO) 009** for January 1, 2020 - December 31, 2020.

Alignment Health Plan CalPlus (HMO) 009

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 CalPlus (HMO) 009, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, Stanislaus, Santa Clara, San Diego, or Marin Counties. 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.

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PREMIUMS AND	Alignment Health Plan CalPlus (HMO) 009			
BENEFITS	Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, Stanislaus, Santa Clara, San Diego, and Marin Counties			
Monthly Plan Premium	Stanislaus, Santa Clara, San Diego, and Marin Counties			
• Part C	\$0			
Part D	50 You pay \$27.30			
	You must continue to pay your Medicare Part B premium			
Deductible	No deductible			
Maximum Out-of-Pocket	You pay no more than \$6,700 annually			
Responsibility	Includes copays and other costs for medical services for the year			
(does not include				
prescription drugs)				
Inpatient Hospital ^{1,2}	\$1,364 deductible for each benefit period			
	Days 1-60: \$0 coinsurance for each benefit period			
	Days 61-90: \$341 coinsurance per day of each benefit period			
	Days 91 and beyond: \$682 coinsurance per each "lifetime reserve day"			
	after day 90 for each benefit period (up to 60 days over your lifetime)			
	Beyond lifetime reserve days: all costs			
	These costs are for 2019 and may change in 2020			
Outpatient ¹				
Hospital Services	20% coinsurance			
Observation Services	20% coinsurance			
Ambulatory Surgical Center	20% coinsurance			
Doctor Visits				
Primary	\$0 сорау			
Specialists ^{1,2}	\$0 copay			
	Prior authorization is required for specialist visits			
Preventive Care	\$0 copay			
(e.g., flu vaccine, diabetic	Other preventive services are available			
screenings)	There are some covered services that have a cost			
Emergency Care/	20% coinsurance			
Post-Stabilization Care	(waived if admitted within 3 days)			
Urgently Needed Services	20% coinsurance			
	(NOT waived if admitted)			
Outpatient Diagnostic ^{1,2}				
Procedures, tests,	20% coinsurance			
lab services				
X-Ray/Diagnostic	You pay nothing			
Therapeutic radiology	20% coinsurance			
services (such as radiation				
treatment for cancer)	Prior authorization is required for some services			
Hearing Services ^{1,2}				
Routine hearing exam	\$0 copay for exam/fitting/evaluation (1 per year)			
Hearing aid	\$2,000 limit (every two years)			
-	Maximum benefit applies to both ears combined			

PREMIUMS AND BENEFITS	Alignment Health Plan CalPlus (HMO) 009 Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, Stanislaus, Santa Clara, San Diego, and Marin Counties		
 Dental Services^{1,2} Oral exam & cleaning Fluoride treatment X-ray 	\$0 copay (1 every six months) \$0-20 copay (1 every six months) \$0-30 copay (1 every three years)		
Vision ServicesRoutine examEyewear coverage limit	\$0 copay (1 per year) \$0 copay \$300 plan coverage limit for eyeglasses/contacts (every two years)		
 Mental Health Services^{1,2} Outpatient group therapy/ individual therapy visit 	20% coinsurance		
Skilled Nursing Facility ^{1,2}	Days 1-20: \$0 for each benefit period Days 21-100: \$170.50 coinsurance per day of each benefit period Days 101 and beyond: all costs These costs are for 2019 and may change in 2020		
Physical Therapy ¹	20% coinsurance		
Ground and Air Ambulance Services ¹	20% coinsurance (NOT waived if admitted)		
Transportation	\$0 copay Unlimited trips to plan approved locations within 50 miles		
Medicare Part B Drugs	20% of the cost for chemotherapy drugs 20% of the cost for other Part B drugs		

OUTPATIENT PRESCRIPTION DRUGS	Alignment Health Plan CalPlus (HMO) 009 Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, Stanislaus, Santa Clara, San Diego, and Marin Counties			
Deductible	\$435			
Initial Coverage Limit	\$4,020			
Part D Out of Pocket Threshold	\$6,350			
	Preferred Retail Rx	Non-Preferred Retail	Mail Order	
	30-day supply	Rx 30-day supply	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 	\$0 copay \$14 copay 25% copay 25% copay 25% copay \$5 copay	\$0 copay \$20 copay 25% coinsurance 25% coinsurance 25% coinsurance \$5 copay	\$0 copay \$42 copay 25% coinsurance 25% coinsurance Not covered \$0 copay	
Gap Coverage	No extra gap coverage 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.			

NOTE: Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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_20061EN_M

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 **alignmenthealthplan.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, 2021.

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).