2020 Summary of Benefits

This is a summary of drug and health services covered by **Sutter Advantage (HMO) 022** and **Sutter Advantage (HMO) 024** for January 1, 2020 - December 31, 2020.

Sutter Advantage (HMO) plans are Medicare Advantage HMO plans with a Medicare contract. Enrollment in the plans depend 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 **Sutter Advantage (HMO) 022** or **Sutter Advantage (HMO) 024**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in the plans service area. The service area for **Sutter Advantage (HMO) 022** is San Mateo County. The service area for **Sutter Advantage (HMO) 024** is San Francisco County.

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	**Sutter Advantage (HMO) 022** San Mateo County	**Sutter Advantage (HMO) 024** San Francisco County
Monthly Plan Premium • Part C & Part D	$46	$44
Deductible	$0	$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$3,900	$3,900
Inpatient Hospital[1,2]	$225 copay per day, days 1-5 $0 copay per day, days 6-90 (unlimited days per admission)	$225 copay per day, days 1-5 $0 copay per day, days 6-90 (unlimited days per admission)
Outpatient • Hospital Services • Observation Services	$250 copay $0 copay	$195 copay $0 copay
Ambulatory Surgical Center	$0 copay	$0 copay
Doctor Visits • Primary • Specialists[1,2]	$5 copay $25 copay	$5 copay $20 copay
Preventive Care	$0 copay	$0 copay
Emergency Care/ Post-Stabilization Care	$90 copay (NOT waived if admitted)	$90 copay (NOT waived if admitted)
Urgently Needed Services	$0-10 copay (waived if admitted within 24hrs)	$0-10 copay (waived if admitted within 24hrs)
Outpatient Diagnostic[1,2] • Procedures, tests, lab services • X-Ray/Diagnostic • Therapeutic radiology services (such as radiation treatment for cancer)	$0 copay $15 copay (X) / $150 copay (D) 20% coinsurance (T)	$0 copay $15 copay (X) / $150 copay (D) 20% coinsurance (T)
Hearing Services[1,2] • Routine hearing exam • Hearing aid	$0 copay for exam/fitting/ evaluation (1 per year) Not covered	$0 copay for exam/fitting/ evaluation (1 per year) Not covered
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)	$0 copay (1 every six months) $0-20 copay (1 every six months) $0-30 copay (1 every three years)
Vision Services • Routine exam • Eyewear coverage limit	$0 copay (1 per year) $0 copay for glasses/contacts (every two years) $150 plan coverage limit (every two years)	$0 copay (1 per year) $0 copay for glasses/contacts (every two years) $150 plan coverage limit (every two years)

Premiums and Benefits	**Sutter Advantage (HMO) 022** San Mateo County	**Sutter Advantage (HMO) 024** San Francisco County
Mental Health Services[1,2] • Outpatient group therapy/ individual therapy visit	$0 copay	$0 copay
Skilled Nursing Facility[1,2]	$0 copay per day, days 1-20 $160 copay per day, days 21-62 $0 copay per day, days 63-100 (no prior hospital stay required)	$0 copay per day, days 1-20 $160 copay per day, days 21-51 $0 copay per day, days 52-100 (no prior hospital stay required)
Physical Therapy[1]	$0 copay	$0 copay
Ground and Air Ambulance Services[1]	$250 copay (waived if admitted)	$250 copay (waived if admitted)
Transportation	Not covered	Not covered
Medicare Part B Drugs	20% coinsurance	20% coinsurance

Outpatient Prescription Drugs	Copays apply to both **Sutter Advantage (HMO) 022** and **Sutter Advantage (HMO) 024** San Mateo & San Francisco Counties		
Part D Deductible	$0		
Initial Coverage Limit	$4,020		
Part D Out of Pocket Threshold	$6,350		
	Preferred Retail 30-day supply	**Non-Preferred Retail 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	 $0 copay $5 copay $40 copay $100 copay 33% coinsurance $5 copay	 $7 copay $12 copay $47 copay $100 copay 33% coinsurance $5 copay	 $0 copay $15 copay $120 copay $300 copay N/A $0 copay
Gap Coverage • Tier 6: 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.		

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_20096EN_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).