

















BENEFITS CHART 2019

2019 BENEFITS	Alignment Health Plan My Choice (HMO) - 006 San Joaquin & Stanislaus Counties	Alignment Health Plan My Choice (HMO) - 007 Santa Clara County	Alignment Health Plan AllCare Preferred Plan (HMO) - 011 Stanislaus County
 Premium	\$0 copay	\$0 copay	\$0 copay
 Doctor/ Specialist	PCP: \$0 copay Specialist: \$0 copay	PCP: \$0 copay Specialist: \$0 copay	PCP: \$0 copay Specialist: \$0 copay
 Inpatient Hospitalization	Days 1-3: \$0 copay Days 4-10: \$100 copay Days 11-90: \$0 copay unlimited days	Days 1-5: \$100 copay Days 6-90: \$0 copay unlimited days per admission	Days 1-4: \$0 copay Days 5-10: \$50 copay Days 11-90 \$ copay unlimited days per admission
 Emergency Care/Post Stabilization Care	\$85 copay NOT waived if admitted	\$85 NOT waived if admitted	\$75 NOT waived if admitted
 Urgent Care	\$0-\$10 copay waived if admitted within 24 hours	\$0-\$10 copay waived if admitted within 24 hours	\$0-\$10 copay waived if admitted within 24 hours
 Worldwide Coverage	\$0 copay up to \$7,500 per year	\$0 copay up to \$7,500 per year	\$0 copay up to \$7,500 per year
 24-Hour Nurse Hotline	\$0 copay	\$0 copay	\$0 copay
 Ambulance Ground and Air Ambulance Services	\$100 copay Waived if admitted	\$175 copay waived if admitted	\$100 copay
 Transportation	\$0 copay 12 one-way trips per year (within a 20 mile radius) to Alignment Care Centers only.	Not covered	\$0 copay 26 one-way trips per year (within a 20 mile radius) to plan approved locations. Unlimited trips to Alignment Care Centers.
 Durable Medical Equipment	20% coinsurance	0% coinsurance for items \$350 or less; 20% coinsurance for items \$350.01 or more	0% coinsurance for items \$350 or less; 20% coinsurance for items \$350.01 or more
 Health Club/ Fitness Class Membership	\$0 copay	\$0 copay	\$0 copay

BENEFITS CHART 2019

BENEFITS CHART

2019 BENEFITS	Alignment Health Plan My Choice (HMO) - 006 San Joaquin & Stanislaus Counties	Alignment Health Plan My Choice (HMO) - 007 Santa Clara County	Alignment Health Plan AllCare Preferred Plan (HMO) - 011 Stanislaus County
 Vision Services	\$0 copay for routine eye exams (1 per year) \$100 coverage limit for contacts/glasses every 2 years.	\$0 copay for routine eye exams (1 per year) \$75 coverage limit for contacts/glasses every 2 years.	\$0 copay for routine eye exams (1 per year) \$75 coverage limit for contacts/glasses every 2 years.
 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	\$0 copay for Medicare covered benefits; \$0 copay for exam/fitting/evaluation 1 per year
 Dental Services	Covered Refer to your Summary of Benefits for details	Covered Refer to your Summary of Benefits for details	Covered Refer to your Summary of Benefits for details
 Re-admission Prevention Meals	\$0 copay 28 days/56 meals	Not covered	\$0 copay 28 days/56 meals
 On Demand Personalized Care	\$10 copay 24/7 Telehealth	\$10 copay 24/7 Telehealth	\$10 copay 24/7 Telehealth
Prescription Drug Benefits (30 day preferred retail supply)			
T1 - Preferred Generic Drugs	\$5 copay	\$0 copay	\$5 copay
T2 - Generic Drugs	\$10 copay	\$5 copay	\$10 copay
T3 - Preferred Brand Drugs	\$40 copay	\$40 copay	\$40 copay
T4 - Non Preferred Brand Drugs	\$93 copay	\$100 copay	\$93 copay
T5 - Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance
T6 - Select Care Drugs Coverage through the Gap	\$5 copay	\$5 copay	\$5 copay

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 co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. 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_19013EN1_M