



Alignment Health Plan®



# 2024 SUMMARY OF BENEFITS

## **Alignment Health Sutter Advantage (HMO)**

Placer, Sacramento, San Francisco, San Mateo, Santa Clara,  
Santa Cruz, Sonoma & Yolo Counties

[www.AlignmentHealthPlan.com](http://www.AlignmentHealthPlan.com)

	<b>ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO) 019</b> Placer, Sacramento & Yolo Counties	<b>ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO) 020</b> Santa Clara County	<b>ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO) 021</b> Santa Cruz County	<b>ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO) 023</b> San Francisco, San Mateo & Sonoma Counties
<b>MONTHLY PLAN PREMIUM</b> · Part C & Part D	\$19	\$49	\$59	\$48
<b>DEDUCTIBLE</b>	\$0	\$0	\$0	\$0
<b>MAXIMUM OUT-OF-POCKET RESPONSIBILITY</b> (does not include prescription drugs)	\$4,900	\$4,900	\$4,900	\$3,900
<b>INPATIENT HOSPITAL</b> <sup>1,2</sup>	\$150 per day, days 1-5 \$0 per day, adays 6-90 (unlimited days per admission)	\$225 per day, days 1-5 \$0 per day, adays 6-90 (unlimited days per admission)	\$225 per day, days 1-5 \$0 per day, adays 6-90 (unlimited days per admission)	\$225 per day, days 1-5 \$0 per day, adays 6-90 (unlimited days per admission)
<b>OUTPATIENT HOSPITAL</b> <sup>1</sup> · Hospital Services	\$195	\$325	\$325	\$250
· Observation Services	\$0	\$0	\$0	\$0
<b>AMBULATORY SURGICAL CENTER</b>	\$0	\$0	\$0	\$0
<b>DOCTOR VISITS</b> · Primary	\$5	\$5	\$5	\$5
· Specialists <sup>1,2</sup>	\$25	\$20	\$20	\$25
<b>PREVENTIVE CARE</b> (e.g., flu vaccine, diabetic screenings)	\$0	\$0	\$0	\$0
<b>EMERGENCY CARE</b>	\$90 (not waived if admitted)	\$90 (not waived if admitted)	\$90 (not waived if admitted)	\$90 (not waived if admitted)
<b>URGENTLY NEEDED SERVICES</b>	\$0	\$0	\$0	\$0
<b>OUTPATIENT DIAGNOSTIC</b> <sup>1,2</sup> · Procedures, tests, lab services	\$0	\$0	\$0	\$0
· X-Ray	\$15	\$15	\$15	\$15
· Diagnostic	\$150	\$150	\$150	\$150
· Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

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<b>HEARING SERVICES<sup>1,2</sup></b>				
· Routine hearing exam	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year
· Hearing aid allowance	not covered	not covered	not covered	not covered
<b>DENTAL SERVICES<sup>1,2</sup></b>				
<b>Preventive:</b>				
· Exam & Cleaning 1 every 6 months	\$0	\$0	\$0	\$0
· Fluoride treatment 1 every 6 months	\$0	\$0	\$0	\$0
· X-Ray 1 every 3 years	\$0	\$0	\$0	\$0
<b>Comprehensive:</b>				
· Restorative	\$20-\$350	\$20-\$350	\$20-\$350	\$20-\$350
· Endodontics	\$15-\$295	\$15-\$295	\$15-\$295	\$15-\$295
· Periodontics	\$15-\$375	\$15-\$375	\$15-\$375	\$15-\$375
· Extractions	\$25-\$140	\$25-\$140	\$25-\$140	\$25-\$140
· Prosthodontics	\$20-\$425	\$20-\$425	\$20-\$425	\$20-\$425
<b>VISION SERVICES</b>				
· Routine exam	\$0 Medicare covered eye exams/1 routine eye exam per year	\$0 Medicare covered eye exams/1 routine eye exam per year	\$0 Medicare covered eye exams/1 routine eye exam per year	\$0 Medicare covered eye exams/1 routine eye exam per year
· Eyewear	\$150 coverage limit for glasses/contacts every 2 years	\$150 coverage limit for glasses/contacts every 2 years	\$150 coverage limit for glasses/contacts every 2 years	\$150 coverage limit for glasses/contacts every 2 years
<b>MENTAL HEALTH SERVICES<sup>1,2</sup></b>				
· Inpatient Hospital	\$120 per day, days 1-10 \$0 per day, days 11-90 \$0 for 40 additional day limit (91-130) \$0 for 60 days Lifetime Reserve	\$120 per day, days 1-10 \$0 per day, days 11-90 \$0 for 40 additional day limit (91-130) \$0 for 60 days Lifetime Reserve	\$120 per day, days 1-10 \$0 per day, days 11-90 \$0 for 40 additional day limit (91-130) \$0 for 60 days Lifetime Reserve	\$120 per day, days 1-10 \$0 per day, days 11-90 \$0 for 40 additional day limit (91-130) \$0 for 60 days Lifetime Reserve
· Mental Health Specialty	\$0	\$0	\$0	\$0
· Psychiatric Services (Individual and Group)	\$40	\$40	\$40	\$40

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<b>SKILLED NURSING FACILITY<sup>1,2</sup></b>	\$0 per day, days 1-20 \$160 per day, days 21-51 \$0 per day, days 52-100 (no prior hospital stay required)	\$0 per day, days 1-20 \$160 per day, days 21-57 \$0 per day, days 58-100 (no prior hospital stay required)	\$0 per day, days 1-20 \$160 per day, days 21-62 \$0 per day, days 63-100 (no prior hospital stay required)	\$0 per day, days 1-20 \$160 per day, days 21-51 \$0 per day, days 52-100 (no prior hospital stay required)
<b>PHYSICAL &amp; SPEECH THERAPY</b>	\$0	\$0	\$0	\$0
<b>GROUND AND AIR AMBULANCE SERVICES<sup>1</sup></b>	\$250 (waived if admitted)	\$250 (waived if admitted)	\$250 (waived if admitted)	\$250 (waived if admitted)
<b>TRANSPORTATION</b>	not covered	not covered	not covered	not covered
<b>MEDICARE PART B DRUGS</b>	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

## OUTPATIENT PRESCRIPTION DRUGS

<b>ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO) 019, 020, 021 &amp; 023</b> Placer, Sacramento, Santa Clara, Santa Cruz, San Francisco, San Mateo, Sonoma & Yolo Counties		
<b>PART D DEDUCTIBLE</b>	\$0	
<b>INITIAL COVERAGE LIMIT</b>	\$5,030	
<b>PART D OUT OF POCKET THRESHOLD</b>	\$8,000	
<b>INITIAL COVERAGE</b>	<b>Retail Standard 30-day supply</b>	<b>Mail Order 100-day supply</b>
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$5	\$15
Tier 3: Preferred Brand	\$40	\$120
Tier 4: Non-Preferred	\$100	\$300
Tier 5: Specialty Tier	33% coinsurance	not covered
Tier 6: Select Care	\$5	\$0
<b>GAP COVERAGE</b>	Tier 6: All Drugs	

**ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO) 019, 020, 021 & 023**

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<b>COST-SHARING</b>	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 Retail Standard for a 31-day supply.
<b>CATASTROPHIC COVERAGE</b>	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. For excluded drugs covered under our enhanced benefit, you pay the same copayment as you did in the Initial Coverage Stage.
<b>BONUS DRUGS</b>	Generic Viagra, Finasteride, Folic Acid. For a complete list and coverage details, refer to Bonus Drug List.
<b>INSULIN</b>	<b>Important Message About What You Pay for Insulin:</b> You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.
<b>VACCINES</b>	Our plan covers most Part D vaccines at no cost to you.

**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. For more information on the pharmacy-specific copays, please call Alignment Health Plan Member Services Department at the phone number in this document or access your Evidence of Coverage at [www.alignmenthealthplan.com](http://www.alignmenthealthplan.com).

**EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN**

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<b>ACCESS ON-DEMAND CONCIERGE CARD</b> (provides access to OTC benefits and Healthy Rewards)	\$0	\$0	\$0	\$0
<b>ENHANCED DENTAL OPTION MONTHLY PREMIUM</b>	\$27	\$27	\$27	\$27
<b>ENHANCED DENTAL OPTION COVERAGE</b> · Diagnostic Services · Restorative · Endodontics · Periodontics · Extractions · Prosthodontics	<b>ALL PLANS</b> \$1,500 coverage limit per year 0% coinsurance 50% coinsurance 50% coinsurance 0-50% coinsurance 50% coinsurance 50% coinsurance			
<b>FITNESS</b> (no-cost memberships at participating fitness centers)	\$0	\$0	\$0	\$0

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<b>CHIROPRACTIC</b>	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered
<b>ACUPUNCTURE</b>	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered
<b>PODIATRY SERVICES</b>	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered
<b>OVER-THE-COUNTER (OTC)</b>	\$60 spending allowance per quarter (no rollover)	\$60 spending allowance per quarter (no rollover)	\$60 spending allowance per quarter (no rollover)	\$60 spending allowance per quarter (no rollover)
<b>TELEHEALTH</b>	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
<b>WORLDWIDE EMERGENCY/ URGENT COVERAGE</b>	\$0 \$7,500 coverage limit per year	\$0 \$7,500 coverage limit per year	\$0 \$7,500 coverage limit per year	\$0 \$7,500 coverage limit per year
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>	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	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

### **EXTRA BENEFITS FOR THOSE WITH QUALIFYING CONDITION (SSBCI)**

Special supplemental benefits for the chronically ill (SSBCI)-qualifying chronic conditions include congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), dementia, diabetes, and stroke. Other chronic conditions may apply. Medical records will be used to establish qualification for the benefit.

<b>PET SERVICES</b> For members who have hospital procedures or emergencies and need pet care while they are away.	\$0 for 7 boarding days or 14 walks per year	\$0 for 7 boarding days or 14 walks per year	\$0 for 7 boarding days or 14 walks per year	\$0 for 7 boarding days or 14 walks per year
<b>PEST CONTROL</b> Annual pest eradication for covered pests to ensure the health, welfare, and safety of members.	\$0 for 1 service per year	\$0 for 1 service per year	\$0 for 1 service per year	\$0 for 1 service per year

Alignment Health Plan offers access to a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for the services.

To join Alignment Health Plan, you must be enrolled in Medicare Part A and Part B and live in one of the counties listed on the cover of this booklet.

To learn more about coverage and costs of Original Medicare, look at the **“Medicare & You”** handbook. You can view it online at [medicare.gov](http://medicare.gov) or request a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is also available in other languages and formats.

**ALIGNMENT HEALTH PLAN MEMBERS**

1-866-634-2247 (TTY 711)

**NON-MEMBERS**

1-888-979-2247 (TTY 711)

**HOURS OF OPERATION**

**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.

**WEBSITE**

[alignmenthealthplan.com](http://alignmenthealthplan.com)

Alignment Health Plan is an HMO, HMO POS, HMO C-SNP, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California, Florida, Nevada and North Carolina Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-888-979-2247 (TTY: 711), 8 a.m. to 8 p.m. Monday through Friday, for more information. 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.

## 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 711)**

8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8 a.m. to 8 p.m. Monday through Friday (except holidays) from April 1 through September 30.

### UNDERSTANDING THE BENEFITS



The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [alignmenthealthplan.com](http://alignmenthealthplan.com) or call **1-866-634-2247 (TTY 711)** for 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. Visit [alignmenthealthplan.com](http://alignmenthealthplan.com) or call **1-866-634-2247 (TTY 711)** for a list of Alignment Health Plan network providers.



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. Visit [alignmenthealthplan.com](http://alignmenthealthplan.com) or call **1-866-634-2247 (TTY 711)** for the Alignment Health Plan list of covered medications.

### 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, 2025.



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) for all Sutter Advantage (HMO) plans.



**Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.