Alignment Health Plan

Sutter Advantage HMO

2023

Summary of Benefits

ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO)

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

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2023 - December 31, 2023.

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 by calling our Member Services Department at the phone number listed in this document or online at www.alignmenthealthplan.com.

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	ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO) 019 Placer, Sacramento & Yolo Counties	ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO) 020 Santa Clara County	ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO) 021 Santa Cruz County	ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO) 023 San Francisco, San Mateo & Sonoma Counties
MONTHLY PLAN PREMIUM				
• Part C & Part D	$19	$49	$59	$48
DEDUCTIBLE	$0	$0	$0	$0
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)	$4,900	$4,900	$4,900	$3,900
INPATIENT HOSPITAL[1,2]	$150 per day, days 1-5, $0 per day, days 6-90 (unlimited days per admission)	$225 per day, days 1-5, $0 per day, days 6-90 (unlimited days per admission)	$225 per day, days 1-5, $0 per day, days 6-90 (unlimited days per admission)	$225 per day, days 1-5, $0 per day, days 6-90 (unlimited days per admission)
OUTPATIENT HOSPITAL[1]				
• Hospital Services	$195	$325	$325	$250
• Observation Services	$0	$0	$0	$0
AMBULATORY SURGICAL CENTER	$0	$0	$0	$0
DOCTOR VISITS				
• Primary	$5	$5	$5	$5
• Specialists[1,2]	$25	$20	$20	$25
PREVENTIVE CARE				
(e.g., flu vaccine, diabetic screenings)	$0	$0	$0	$0

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EMERGENCY CARE	$90 (not waived if admitted)	$90 (not waived if admitted)	$90 (not waived if admitted)	$90 (not waived if admitted)
URGENTLY NEEDED SERVICES	$0	$0	$0	$0
OUTPATIENT DIAGNOSTIC[1,2]				
• 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
HEARING SERVICES[1,2]				
• 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
DENTAL SERVICES[1,2]				
Preventive:				
• 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
Comprehensive:				
• 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

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VISION SERVICES				
• 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
MENTAL HEALTH SERVICES[1,2]	$0	$0	$0	$0
SKILLED NURSING FACILITY[1,2]	$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)
PHYSICAL & SPEECH THERAPY	$0	$0	$0	$0
GROUND AND AIR AMBULANCE SERVICES[1]	$250 (waived if admitted)	$250 (waived if admitted)	$250 (waived if admitted)	$250 (waived if admitted)
TRANSPORTATION	not covered	not covered	not covered	not covered
MEDICARE PART B DRUGS	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

	ALIGNMENT HEALTH SUTTER ADVANTAGE (HMO) 019, 020, 021 & 023 Placer, Sacramento, Santa Clara, Santa Cruz & Yolo Counties	
PART D DEDUCTIBLE	$0	
INITIAL COVERAGE LIMIT	$4,660	
PART D OUT OF POCKET THRESHOLD	$7,400	
INITIAL COVERAGE	**Retail Standard 30-day supply**	**Mail Order 100-day supply**
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
GAP COVERAGE	Tier 6: All Drugs	

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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.
CATASTROPHIC COVERAGE	After your yearly out-of-pocket drug costs reach $7,400 you pay the greater of: • 5% of the cost, or • $4.15 copay for generic (including drugs that are treated like a generic) and $10.35 copay for all other drugs.
BONUS DRUGS	Generic Viagra, Finasteride, Folic Acid. For complete list and coverage details, refer to Bonus Drug List.

INSULIN	**Important Message About What You Pay for Insulin:** 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.
VACCINES	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.

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

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ACCESS ON-DEMAND BLACK CARD	$0	$0	$0	$0
ENHANCED DENTAL OPTION MONTHLY PREMIUM	$27	$27	$27	$27
ENHANCED DENTAL OPTION COVERAGE		**ALL PLANS**		
		$1,500 coverage limit per year		
• Diagnostic Services		0% coinsurance		
• Restorative		50-70% coinsurance		
• Endodontics		70% coinsurance		
• Periodontics		0-70% coinsurance		
• Extractions		50-70% coinsurance		
• Prosthodontics		70% coinsurance		
FITNESS	$0	$0	$0	$0
CHIROPRACTIC	$0 Medicare covered	$0 Medicare covered	$0 Medicare covered	$0 Medicare covered
ACUPUNCTURE	$0 Medicare covered	$0 Medicare covered	$0 Medicare covered	$0 Medicare covered
PODIATRY SERVICES	$0 Medicare covered	$0 Medicare covered	$0 Medicare covered	$0 Medicare covered
OVER-THE-COUNTER (OTC)	$60 spending allowance every 3 months (no rollover)	$60 spending allowance every 3 months (no rollover)	$60 spending allowance every 3 months (no rollover)	$60 spending allowance every 3 months (no rollover)

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TELEHEALTH	$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
WORLDWIDE EMERGENCY/ URGENT COVERAGE	$0 $7,500 coverage limit	$0 $7,500 coverage limit	$0 $7,500 coverage limit	$0 $7,500 coverage limit
DURABLE MEDICAL EQUIPMENT (DME)	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

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 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

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** 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** 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** 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, 2024.
- ☐ 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.

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.