

2021 SUMMARY OF BENEFITS



Sutter
Advantage HMO

Sutter Advantage (HMO)

San Francisco, San Mateo & Sonoma Counties

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2021 - December 31, 2021.

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.

	Sutter Advantage (HMO) 022 San Mateo County	Sutter Advantage (HMO) 023 Sonoma County	Sutter Advantage (HMO) 024 San Francisco County
Premiums and Benefits			
Monthly Plan Premium • Part C & Part D	\$46	\$48	\$44
Deductible	\$0	\$0	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$3,900	\$3,900	\$3,900
Inpatient Hospital^{1,2}	\$225 per days 1-5, \$0 per days 6-90 (unlimited days)	\$150 per days 1-5, \$0 per days 6-90 (unlimited days)	\$225 per days 1-5, \$0 per days 6-90 (unlimited days)
Outpatient¹ • Hospital Services • Observation Services	\$250 \$0	\$195 \$0	\$195 \$0
Ambulatory Surgical Center	\$0	\$0	\$0
Doctor Visits • Primary • Specialists ^{1,2}	\$5 \$25	\$5 \$25	\$5 \$20
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0	\$0	\$0
Emergency Care/ Post-Stabilization Care	\$90 (NOT waived if admitted)	\$90 (NOT waived if admitted)	\$90 (NOT waived if admitted)
Urgently Needed Services	\$0-\$10 (waived if admitted within 24 hours)	\$0-\$10 (waived if admitted within 24 hours)	\$0-\$10 (waived if admitted within 24 hours)
Outpatient Diagnostic^{1,2} • Procedures, tests, lab services • X-Ray/Diagnostic • Therapeutic radiology services (such as radiation treatment for cancer)	\$0 \$15 \$150 20%	\$0 \$15 \$150 20%	\$0 \$15 \$150 20%

	Sutter Advantage (HMO) 022 San Mateo County	Sutter Advantage (HMO) 023 Sonoma County	Sutter Advantage (HMO) 024 San Francisco County
Hearing Services^{1,2} • Routine hearing exam • Hearing aid allowance	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year not covered	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year not covered	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year not covered
Dental Services^{1,2} Preventive: Exam & Cleaning 1 every 6 months Fluoride treatment 1 every 6 months X-Ray 1 every 3 years Comprehensive: Restorative Endodontics Periodontics Extractions Prosthodontics	\$0 \$20-\$350 \$15-\$295 \$15-\$375 \$25-\$140 \$20-\$425	\$0 \$20-\$350 \$15-\$295 \$15-\$375 \$25-\$140 \$20-\$425	\$0 \$20-\$350 \$15-\$295 \$15-\$375 \$25-\$140 \$20-\$425
Vision Services • Routine exam • Eyewear coverage limit	\$0 Medicare covered eye exams/1 routine eye exam per year \$150 coverage limit for glasses/contacts every 2 years	\$0 Medicare covered eye exams/1 routine eye exam per year \$150 coverage limit for glasses/contacts every 2 years	\$0 Medicare covered eye exams/1 routine eye exam per year \$150 coverage limit for glasses/contacts every 2 years
Mental Health Services^{1,2}	\$0	\$0	\$0

	Sutter Advantage (HMO) 022 San Mateo County	Sutter Advantage (HMO) 023 Sonoma County	Sutter Advantage (HMO) 024 San Francisco County
Skilled Nursing Facility^{1,2}	\$0 per days 1-20 \$160 per days 21-62 \$0 per days 63-100	\$0 per days 1-20 \$160 per days 21-51 \$0 per days 52-100	\$0 per days 1-20 \$160 per days 21-51 \$0 per days 52-100
Physical & Speech Therapy¹	\$0	\$0	\$0
Ground and Air Ambulance Services¹	\$250 (waived if admitted)	\$250 (waived if admitted)	\$250 (waived if admitted)
Transportation	not covered	not covered	not covered
Medicare Part B Drugs	20%	20%	20%

Sutter Advantage (HMO) Plans 022, 023, 024
San Mateo, Sonoma & San Francisco Counties

Outpatient Prescription Drugs

Part D Deductible	\$0
Initial Coverage Limit	\$4,130
Part D Out of Pocket Threshold	\$6,550

	Preferred Retail Rx 30-day supply	Non-Preferred Retail 30-day supply	Mail Order 100-day supply
Initial Coverage			
• Tier 1: Preferred Generic	\$0	\$7	\$0
• Tier 2: Generic	\$5	\$12	\$15
• Tier 3: Preferred Brand	\$40	\$47	\$120
• Tier 4: Non-Preferred Drugs	\$100	\$100	\$300
• Tier 5: Specialty Tier	33%	33%	not covered
• Tier 6: Select Care	\$5	\$5	\$0
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.		
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of: <ul style="list-style-type: none"> • 5% of the cost, or • \$3.60 copay for generic (including drugs that are treated like a generic) and \$8.95 copay for all other drugs. 		

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

	Sutter Advantage (HMO) 022 San Mateo County	Sutter Advantage (HMO) 023 Sonoma County	Sutter Advantage (HMO) 024 San Francisco County
Extra Benefits			
Enhanced Dental Option Premium	\$22.72/month	\$22.72/month	\$22.72/month
Enhanced Dental Option Comprehensive Coverage	\$1,500 coverage limit a year	\$1,500 coverage limit a year	\$1,500 coverage limit a year
Restorative	\$0-\$325	\$0-\$325	\$0-\$325
Endodontics	\$15-\$295	\$15-\$295	\$15-\$295
Periodontics	\$0-\$375	\$0-\$375	\$0-\$375
Extractions	\$25-\$140	\$25-\$140	\$25-\$140
Prosthodontics	\$0-\$425	\$0-\$425	\$0-\$425
Fitness	\$0	\$0	\$0
Chiropractic	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered
Podiatry Services (Routine)	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered
Over-The-Counter (OTC)	\$15 spending limit every month (no rollover)	\$15 spending limit every month (no rollover)	\$15 spending limit every month (no rollover)
ACCESS On-Demand Black Card	\$0	\$0	\$0
Telehealth	\$0	\$0	\$0

Alignment Health Plan Sutter Advantage (HMO) Plans, 022, 023 and 024 have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan 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 languages and formats.

For more information, please call Alignment Health Plan Member Services Department at the phone number in this document.

To Join Alignment, you must:	Be enrolled in Medicare Part A and Part B Live in one of the following counties: San Mateo, Sonoma or San Francisco
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

Alignment Health Plan is an HMO, HMO C-SNP, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California Medicaid (Medi-Cal) program. 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.

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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

- 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 (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 (HMO) 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, 2022.

- 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).