

2022 SUMMARY OF BENEFITS



CalPlus (HMO) the ONE + Rite Aid (HMO)

Los Angeles, Orange, Riverside,
San Bernardino, San Joaquin, Santa Clara,
Stanislaus, San Diego, Marin, Ventura,
San Luis Obispo & San Francisco Counties

This is a summary of drug and health services
benefits covered by Alignment Health Plan
for January 1, 2022 - December 31, 2022.

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.

CalPlus (HMO) 009

Los Angeles, Orange,
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**the ONE + Rite Aid
(HMO) 034**

Los Angeles, Orange,
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Premiums and Benefits

Monthly Plan Premium		
• Part C	\$0	\$0
• Part D	\$0	\$0
Deductible	\$0	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$4,900	\$3,400
Inpatient Hospital ^{1,2}	\$1,484 deductible for each benefit period Days 1-60: \$0 coinsurance for each benefit period Days 61-90: \$371 coinsurance per day of each benefit period Days 91 and beyond: \$742 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs These costs are for 2021 and may change for 2022	\$0 copay (unlimited days per admission)
Outpatient Hospital ¹	20% coinsurance For people with full Medi-Cal, this coinsurance may be paid in part or in full by Medi-Cal or a third party.	\$0 \$0
Ambulatory Surgical Center	20% coinsurance For people with full Medi-Cal, this coinsurance may be paid in part or in full by Medi-Cal or a third party.	\$0

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Doctor Visits <ul style="list-style-type: none"> • Primary • Specialists^{1,2} 	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
Preventive Care (e.g., flu vaccine, diabetic screenings)	<p>\$0</p>	<p>\$0</p>
Emergency Care/ Post-Stabilization Care	<p>20% coinsurance (waived if admitted within 3 days) For people with full Medi-Cal, this coinsurance may be paid in part or in full by Medi-Cal or a third party.</p>	<p>\$0</p>
Urgently Needed Services	<p>20% coinsurance (NOT waived if admitted) For people with full Medi- Cal, this coinsurance may be paid in part or in full by Medi-Cal or a third party.</p>	<p>\$0</p>
Outpatient Diagnostic^{1,2} <ul style="list-style-type: none"> • Procedures, tests, lab services • X-Ray/Diagnostic • Therapeutic radiology services (such as radiation treatment for cancer) 	<p>20% coinsurance</p> <p>\$0</p> <p>20% coinsurance</p>	<p>\$0</p> <p>\$0</p> <p>20% coinsurance</p>
Hearing Services^{1,2} <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid allowance 	<p>\$0</p> <p>Medicare covered benefits and 1 exam/fitting/ evaluation per year</p> <p>\$2,000 limit both ears combined every 2 years</p>	<p>\$0</p> <p>Medicare covered benefits and 1 exam/fitting/ evaluation per year</p> <p>\$2,000 limit both ears combined every 2 years</p>

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Dental Services^{1,2}**Preventive:**

- Exam & Cleaning
1 every 6 months \$0
- Fluoride treatment
1 every 6 months \$0
- X-Ray
1 every year \$0

Comprehensive:

- 20% coinsurance
Medicare covered
- Restorative \$0
- Endodontics \$0
- Periodontics \$0
- Extractions \$0
- Prosthodontics \$0

\$0 Medicare covered
dental benefits

\$0 Medicare covered
dental benefits

Vision Services

- Routine exam \$0
Medicare covered eye
exam/1 routine eye exam
per year
- Eyewear \$500 coverage limit for
glasses/contacts
every 2 years

\$0
Medicare covered eye
exam/1 routine eye exam
per year
\$350 coverage limit for
glasses/contacts
every 2 years

Mental Health Services^{1,2}

20% coinsurance
For people with full Medi-
Cal, this coinsurance may
be paid in part or in full by
Medi-Cal or a third party.

\$0

Skilled Nursing Facility^{1,2}

Days 1-20: \$0 for each
benefit period
Days 21-100: \$185.50
coinsurance per day of
each benefit period
Days 101 and beyond:
all costs
These costs are for 2021
and may change for 2022.

\$0

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Physical & Speech Therapy	20% coinsurance For people with full Medi-Cal, this coinsurance may be paid in part or in full by Medi-Cal or a third party.	\$0			
Ground and Air Ambulance Services¹	20% coinsurance (NOT waived if admitted) For people with full Medi-Cal, this coinsurance may be paid in part or in full by Medi-Cal or a third party.	\$75 (NOT waived if admitted)			
Transportation	\$0 Unlimited trips per year to plan approved locations (within a 50-mile radius)	\$0 20 one-way trips per year to plan approved locations (within a 50-mile radius)			
Medicare Part B Drugs	20% coinsurance	20% coinsurance			

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Outpatient Prescription Drugs		
Part D Deductible	\$480	
Initial Coverage Limit	\$4,430	
Part D Out of Pocket Threshold	\$7,050	
	Retail Standard 30-day supply	Mail Order 100-day supply
Initial Coverage		
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$20	\$60
Tier 3: Preferred Brand	25% coinsurance	25% coinsurance
Tier 4: Non-Preferred	25% coinsurance	25% coinsurance
Tier 5: Specialty Tier	25% coinsurance	not covered
Tier 6: Select Care	\$5	\$0
Gap Coverage	not covered	

the ONE + Rite Aid (HMO) 034Los Angeles, Orange, Riverside, San Bernardino,
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Part D Deductible	\$0	
Initial Coverage Limit	\$4,430	
Part D Out of Pocket Threshold	\$7,050	
	Retail Standard 30-day supply	Mail Order 100-day supply
Initial Coverage		
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$1	\$3
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 \$7,050, you pay the greater of: <ul style="list-style-type: none"> • 5% of the cost, or • \$3.95 copay for generic (including drugs that are treated like a generic) and \$9.85 copay for all other drugs.
Bonus Drugs	Generic Viagra, Finasteride, Folic Acid. For complete list and coverage details, refer to Bonus Drug List.

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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Extra Benefits		
ACCESS On-Demand Black Card	\$0	\$0
Enhanced Dental Option Monthly Premium	not covered	\$29
Enhanced Dental Option Coverage <ul style="list-style-type: none"> • Exam & Cleaning 1 every 6 months • Fluoride treatment 1 every 6 months • X-Ray 1 every 3 years • Diagnostic Services • Restorative • Endodontics • Periodontics • Extractions • Prosthodontics 	not covered	\$1,500 coverage limit per year \$0 \$0 \$0 0% coinsurance 50-70% coinsurance 70% coinsurance 0-70% coinsurance 50-70% coinsurance 70% coinsurance
Fitness	\$0	\$0
Personal Emergency Response System (PERS)	\$0	\$0
Chiropractic	\$0 Medicare covered \$0 12 Routine visits per year (can be combined with Acupuncture)	\$0 Medicare covered \$0 12 Routine visits per year (can be combined with Acupuncture)

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Acupuncture	\$0 Medicare covered \$0 12 Routine visits per year (can be combined with Chiropractic)	\$0 Medicare covered \$0 12 Routine visits per year (can be combined with Chiropractic)
Podiatry Services	\$0 Medicare covered	\$0 Medicare covered
Over-The-Counter (OTC)	\$100 spending allowance per month (no rollover)	\$75 spending allowance per month (no rollover) from Nations OTC and RiteAid
Telehealth	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
Worldwide Emergency/ Urgent Coverage	\$75 \$25,000 coverage limit per year (waived if admitted)	\$75 \$25,000 coverage limit per year (waived if admitted)

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.

Companion Care In-home or virtual assistance with non-medical services such as light house chores, technology lessons and general companionship.	\$0 12 hours per quarter, 48 hours per year	\$0 12 hours per quarter, 48 hours per year
Groceries To assist members with nutritional needs. Members can use their grocery allowance to purchase eligible grocery items at participating retailers.	\$20 spending allowance per month (no rollover)	\$20 spending allowance per month (no rollover)

Alignment Health Plan offers 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 counties listed on the cover of this booklet.
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

- 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 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, 2023.

- 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).

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, 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.