



Alignment Health Plan



2023

Summary of Benefits

ALIGNMENT HEALTH CALPLUS + VETERANS (HMO)

Alameda, Fresno, Los Angeles, Madera, Marin, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura & 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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PREMIUMS AND BENEFITS

ALIGNMENT HEALTH CALPLUS + VETERANS (HMO) 036

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MONTHLY PLAN PREMIUM

• Part C	\$0
• Part D	\$0

DEDUCTIBLE

\$0

MAXIMUM OUT-OF-POCKET RESPONSIBILITY

(does not include prescription drugs)

\$5,900

\$1,556 deductible for each benefit period
Days 1–60: \$0 coinsurance for each benefit period
Days 61–90: \$389 coinsurance per day of each benefit period
Days 91 and beyond: \$778 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 may change in 2024.

INPATIENT HOSPITAL^{1,2}

OUTPATIENT HOSPITAL¹

• Hospital Services	\$0
• Observation Services	\$0

AMBULATORY SURGICAL CENTER

\$0

DOCTOR VISITS

• Primary	\$0
• Specialists ^{1,2}	\$0

PREVENTIVE CARE

(e.g., flu vaccine, diabetic screenings)

\$0

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EMERGENCY CARE

20% coinsurance
(waived if admitted within 3 days)

URGENTLY NEEDED SERVICES

20% coinsurance
(not waived if admitted)

OUTPATIENT DIAGNOSTIC^{1,2}

• Procedures, tests, lab services	\$0
• X-Ray/Diagnostic	\$0
• Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance

HEARING SERVICES^{1,2}

• Routine hearing exam	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year
• Hearing aid allowance	\$0 with Flex Allowance

DENTAL SERVICES^{1,2}

Preventive covered with FLEX Allowance

• Exam & Cleaning 1 every 6 months	\$0
• Fluoride treatment 1 every 6 months	\$0
• X-Ray 1 every 3 per years	\$0

Comprehensive covered with FLEX Allowance

• Restorative	\$20-\$350
• Endodontics	\$15-\$295
• Periodontics	\$15-\$375
• Extractions	\$25-\$140
• Prosthodontics	\$20-\$425

VISION SERVICES

• Routine exam	\$0 Medicare covered eye exam/ 1 routine eye exam per year
• Eyewear	\$0 for glasses/contacts with FLEX Allowance

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MENTAL HEALTH SERVICES^{1,2}

20% coinsurance

SKILLED NURSING FACILITY^{1,2}

Days 1–20: \$0 for each benefit period
Days 21–100: \$194.50 coinsurance per day of each benefit period
Days 101 and beyond: all costs. These costs may change in 2024.

PHYSICAL & SPEECH THERAPY

20% coinsurance

GROUND AND AIR AMBULANCE SERVICES¹

20% coinsurance
(not waived if admitted)

TRANSPORTATION

\$0
20 one-way trips per year to plan approved locations (within a 50-mile radius)

MEDICARE PART B DRUGS

20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

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PART D DEDUCTIBLE	\$505	
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	\$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	

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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.

COST-SHARING

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.

CATASTROPHIC COVERAGE

Generic Viagra, Finasteride, Folic Acid. For complete list and coverage details, refer to Bonus Drug List.

BONUS DRUGS

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
ENHANCED DENTAL OPTION MONTHLY PREMIUM	\$27
ENHANCED DENTAL OPTION COVERAGE	\$1,500 coverage limit per year
<ul style="list-style-type: none"> • Diagnostic: 0% coinsurance • Restorative: 50-70% coinsurance • Endodontics: 70% coinsurance • Periodontics: 0-70% coinsurance • Extractions: 50-70% coinsurance • Prosthodontics: 70% coinsurance 	
FITNESS	\$0
FLEX ALLOWANCE Additional coverage is available with FLEX Allowance for Dental, Vision and Hearing benefits	Up to \$600 maximum spending per year (\$150 per quarter) for services related to Vision, Dental, Hearing, Acupuncture and Chiropractic
PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)	\$0
CHIROPRACTIC	\$0 Medicare covered \$0 Routine visits with FLEX Allowance
ACUPUNCTURE	\$0 Medicare covered \$0 Routine visits with FLEX Allowance
PODIATRY SERVICES	\$0 Medicare covered
TELEHEALTH	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
WORLDWIDE EMERGENCY/URGENT COVERAGE	\$75 \$10,000 coverage limit per year (waived if admitted)
DURABLE MEDICAL EQUIPMENT (DME)	20% coinsurance

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](https://www.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 \(TTY 711\)](tel:1-866-634-2247)

NON-MEMBERS [1-888-979-2247 \(TTY 711\)](tel:1-888-979-2247)

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).

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.