

# 2022 SUMMARY OF BENEFITS



Sutter  
Advantage HMO

## Sutter Advantage (HMO)

Placer, Sacramento, San Francisco, Santa Clara,  
Santa Cruz, San Mateo, Sonoma & Yolo 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](http://www.alignmenthealthplan.com).

	<b>Sutter Advantage (HMO) 019</b> Placer, Sacramento & Yolo Counties	<b>Sutter Advantage (HMO) 020</b> Santa Clara County	<b>Sutter Advantage (HMO) 021</b> Santa Cruz County	<b>Sutter Advantage (HMO) 023</b> Sonoma, San Mateo & San Francisco Counties
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### Premiums and Benefits

<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<sup>1,2</sup></b>	\$150 per days 1-5, \$0 per days 6-90 (unlimited days per admission)	\$225 per days 1-5, \$0 per days 6-90 (unlimited days per admission)	\$225 per days 1-5, \$0 per days 6-90 (unlimited days per admission)	\$225 per days 1-5, \$0 per days 6-90 (unlimited days per admission)
<b>Outpatient Hospital<sup>1</sup></b> • Hospital Services • Observation Services	\$195 \$0	\$325 \$0	\$325 \$0	\$250 \$0
<b>Ambulatory Surgical Center</b>	\$0	\$0	\$0	\$0
<b>Doctor Visits</b> • Primary • Specialists <sup>1,2</sup>	\$5 \$25	\$5 \$20	\$5 \$20	\$5 \$25
<b>Preventive Care</b> (e.g., flu vaccine, diabetic screenings)	\$0	\$0	\$0	\$0
<b>Emergency Care/Post-Stabilization 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

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<b>Outpatient Diagnostic<sup>1,2</sup></b> <ul style="list-style-type: none"> <li>Procedures, tests, lab services</li> <li>X-Ray</li> <li>Diagnostic</li> <li>Therapeutic radiology services (such as radiation treatment for cancer)</li> </ul>	\$0	\$0	\$0	\$0
	\$15 \$150 20% coinsurance	\$15 \$150 20% coinsurance	\$15 \$150 20% coinsurance	\$15 \$150 20% coinsurance
<b>Hearing Services<sup>1,2</sup></b> <ul style="list-style-type: none"> <li>Routine hearing exam</li> <li>Hearing aid allowance</li> </ul>	\$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	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year not covered
<b>Dental Services<sup>1,2</sup></b> <b>Preventive:</b> <ul style="list-style-type: none"> <li>Exam &amp; Cleaning 1 every 6 months</li> <li>Fluoride treatment 1 every 6 months</li> <li>X-Ray 1 every 3 years</li> </ul> <b>Comprehensive:</b> <ul style="list-style-type: none"> <li>Restorative</li> <li>Endodontics</li> <li>Periodontics</li> <li>Extractions</li> <li>Prosthodontics</li> </ul>	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
	\$20-\$350	\$20-\$350	\$20-\$350	\$20-\$350
	\$15-\$295	\$15-\$295	\$15-\$295	\$15-\$295
	\$15-\$375	\$15-\$375	\$15-\$375	\$15-\$375
	\$25-\$140	\$25-\$140	\$25-\$140	\$25-\$140
	\$20-\$425	\$20-\$425	\$20-\$425	\$20-\$425

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<b>Vision Services</b> • Routine exam  • Eyewear	\$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	\$0 Medicare covered eye exams/1 routine eye exam per year  \$150 coverage limit for glasses/contacts every 2 years
<b>Mental Health Services<sup>1,2</sup></b>	\$0	\$0	\$0	\$0
<b>Skilled Nursing Facility<sup>1,2</sup></b>	\$0 per days 1-20 \$160 per days 21-51 \$0 per days 52-100 (no prior hospital stay required)	\$0 per days 1-20 \$160 per days 21-57 \$0 per days 58-100 (no prior hospital stay required)	\$0 per days 1-20 \$160 per days 21-62 \$0 per days 63-100 (no prior hospital stay required)	\$0 per days 1-20 \$160 per days 21-51 \$0 per 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

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**Outpatient Prescription Drugs**

<b>Part D Deductible</b>	\$0	
<b>Initial Coverage Limit</b>	\$4,430	
<b>Part D Out of Pocket Threshold</b>	\$7,050	
	<b>Retail Standard 30-day supply</b>	<b>Mail Order 100-day supply</b>
<b>Initial Coverage</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	

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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 at a preferred retail pharmacy for a 31-day supply.
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.95 copay for generic (including drugs that are treated like a generic) and \$9.85 copay for all other drugs.</li> </ul>
<b>Bonus Drugs</b>	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](http://www.alignmenthealthplan.com).

# EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

	<b>Sutter Advantage (HMO) 019</b> Placer, Sacramento & Yolo Counties	<b>Sutter Advantage (HMO) 020</b> Santa Clara County	<b>Sutter Advantage (HMO) 021</b> Santa Cruz County	<b>Sutter Advantage (HMO) 023</b> Sonoma, San Mateo & San Francisco Counties
<b>Extra Benefits</b>				
<b>ACCESS On-Demand Black Card</b>			\$0	
<b>Enhanced Dental Option Monthly Premium</b>			\$29	
<b>Enhanced Dental Option Coverage</b>			\$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	
<b>Fitness</b>			\$0	
<b>Chiropractic</b>			\$0 Medicare covered	
<b>Acupuncture</b>			\$0 Medicare covered	
<b>Podiatry Services</b>			\$0 Medicare covered	
<b>Over-The-Counter (OTC)</b>			\$15 spending allowance per month (no rollover)	
<b>Telehealth</b>			\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	
<b>Worldwide Emergency/ Urgent Coverage</b>			\$0 \$7,500 coverage limit	

**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](http://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.

<b>To Join Alignment, you must:</b>	Be enrolled in Medicare Part A and Part B Live in one of the counties listed on the cover of this booklet.
<b>Alignment Health Plan Members</b>	1-866-634-2247 (TTY 711)
<b>Non-Members</b>	1-888-979-2247 (TTY 711)
<b>Hours of Operation</b>	<b>October 1 - March 31:</b> seven days a week, from 8:00 a.m. to 8:00 p.m. except for Thanksgiving and Christmas Day. <b>April 1 - September 30:</b> Monday through Friday, (except holidays) from 8:00 a.m. to 8:00 p.m.
<b>Website</b>	<a href="http://alignmenthealthplan.com">alignmenthealthplan.com</a>