

# 2021 Summary of Benefits

## Align Thrive (HMO I-SNP)

### H1277, Plan 001

**This is a summary of drug and health services covered by Align Thrive (HMO I-SNP) January 1, 2021 - December 31, 2021.**

Align Thrive (HMO I-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call 1-844-205-7244, TTY should call 711, for more information.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [AlignSeniorCare.com](https://AlignSeniorCare.com), or call Member Services and request the *Evidence of Coverage*.

#### **To Reach Our Member Services Representatives:**

- Toll Free 1-844-205-7244, TTY/TDD should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

#### **To join Align Thrive (HMO I-SNP), you must:**

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,
- -- *and* -- reside in one of our participating nursing facilities for greater than 90 days or reside in assisted living communities and require an institutional level of care. The plan's *Provider Directory* has a list of participating nursing facilities. You can access this list on our website [AlignSeniorCare.com](https://AlignSeniorCare.com) or call Member Services and ask us to send you a list.

Our service area includes these counties in Virginia: Albemarle, Charlottesville City, Chesapeake City, Chesterfield, Henrico, Norfolk City, Richmond City, and Virginia Beach City.

Align Thrive (HMO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at [AlignSeniorCare.com](https://www.alignseniorcare.com). If you use providers that are not in our network, the plan may not pay for these services.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year.

Limitations, copayments, and restrictions may apply.

You must continue to pay your Medicare Part B premium.

If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

	<b>Align Thrive (HMO I-SNP)</b>
<b>Monthly plan premium</b>	\$0 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	The Part B deductible was \$198. This is the 2020 cost sharing amount and may change in 2021. Align Thrive (HMO I-SNP) will provide updated rates as soon as they are released.  For the Part A deductible, you pay the 2021 Original Medicare cost-sharing amounts. These are the 2020 cost-sharing amounts and may change for 2021. \$1,408 deductible
<b>Maximum out-of-pocket amount</b> (does not include Part D Prescription drugs)	\$4,700
<b>Inpatient Hospital coverage</b>	You pay the 2021 Original Medicare cost-sharing amounts. These are the 2020 cost-sharing amounts and may change for 2021. \$1,408 deductible; \$0 copayment each day for days 1-60; \$352 copayment each day for days 61 to 90; \$704 copayment each day for days 91 to 150 (lifetime reserve days).  <i>Prior Authorization is required.</i>
<b>Outpatient Hospital coverage</b>  Outpatient hospital services  Outpatient hospital observation services	20% coinsurance <i>Prior Authorization is required.</i>  \$100 copayment <i>Prior Authorization is required.</i>
<b>Doctor Visits</b>  Primary Care Providers  Specialists	\$0 copayment  \$30 copayment or a 20% coinsurance <i>Referral is required.</i> <i>Prior authorization is only required for some surgeries and radiology procedures.</i>
<b>Preventive Care</b>	You pay nothing.

	<b>Align Thrive (HMO I-SNP)</b>
<b>Emergency care</b>	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.
<b>Urgently needed services</b>	\$55 copayment Copayment is waived if you are admitted to a hospital within 3 days.
<b>Diagnostic Services/Labs/Imaging</b>	
Diagnostic tests and procedures	20% coinsurance <i>No Authorization required when services are rendered in a Nursing Facility or Physician Office.</i>
Lab services	\$0 copayment <i>No authorization required for lab services except for genetic testing, which does require authorization.</i>
Diagnostic radiology services (e.g. MRI, CAT Scan)	20% coinsurance <i>Authorization required for diagnostic radiological services.</i>
Outpatient X-rays	\$0 copayment <i>Authorization exception: X-rays do not require authorization when service rendered in Nursing Facility, hospital, or physician office.</i>
<b>Hearing services</b>	
Hearing exam	20% coinsurance of the cost for Medicare-covered hearing services.
<b>Dental services</b>	
Medicare-covered dental	20% coinsurance for each Medicare-covered service. <i>Prior Authorization is required.</i>
<i>Supplemental benefits</i>	
Preventive	\$0 copayment: 2 Oral Exams; Prophylaxis (Cleanings); Dental X-rays every year

	<b>Align Thrive (HMO I-SNP)</b>
<b>Vision care</b> Yearly eye exam for diabetic retinopathy <i>Supplemental Benefit</i>  Routine eye exam Eyeglasses, lenses, frames, contacts	20% coinsurance for Medicare-covered services.  You pay a \$0 copayment for 1 routine eye exam visit every year. Allowance of up to \$150 combined credit every year.
<b>Mental Health Services</b>  Inpatient visit  Outpatient group therapy visit  Outpatient individual therapy visit	You pay the 2021 Original Medicare cost-sharing amounts. These are the 2020 cost-sharing amounts and may change for 2021. \$1,408 deductible; \$0 copayment each day for days 1-60; \$352 copayment each day for days 61 to 90; \$704 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization is required.</i>  20% coinsurance <i>Prior Authorization is required.</i>  20% coinsurance <i>Prior Authorization is required.</i>
<b>Skilled nursing facility (SNF) care</b>	You pay the 2021 Original Medicare cost-sharing amounts. These are the 2020 cost-sharing amounts and may change for 2021. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$176 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. Traditional Medicare benefit period <i>Authorization is only required for services provided by non-capitated providers.</i>
<b>Physical Therapy</b>	20% coinsurance <i>Prior authorization is only required for services provided by non-capitated providers.</i>
<b>Ambulance services</b> Ground Ambulance	20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i>

	<b>Align Thrive (HMO I-SNP)</b>
Air Ambulance	20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i>
<b>Non-Emergency Transportation</b>	Not Covered
<b>Medicare Part B prescription drugs</b>	
Chemotherapy drugs	20% coinsurance <i>For chemo therapy authorization is required for the initial drug approval only.</i>
Other Part B drugs	20% coinsurance <i>Prior authorization is required for some medications.</i>
<b>Ambulatory Surgical Center</b>	20% coinsurance <i>Prior Authorization is required.</i>
<b>Diabetic supplies</b>	\$0 copayment
<b>Foot Care (podiatry services)</b>	20% coinsurance for Medicare-covered services.
Foot exams and treatment <i>Supplemental Benefit</i> Routine Foot Care	\$0 copayment for 4 routine foot care visits per year.
<b>Occupational or Speech Therapy</b>	20% coinsurance <i>Prior authorization is only required for services provided by non-capitated providers.</i>

	Align Thrive (HMO I-SNP)	
Outpatient Prescription Drugs		
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)
Deductible	\$445 for all Part D prescription drugs.	
Tier 1 (Preferred Generic)	\$2 copayment	\$2 copayment
Tier 2 (Generic)	\$15 copayment	\$15 copayment
Tier 3 (Preferred Brand)	\$45 copayment	\$45 copayment
Tier 4 (Non-Preferred Brand)	\$95 copayment	\$95 copayment
Tier 5 (Specialty Tier)	25% coinsurance	25% coinsurance
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,130, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of: <ul style="list-style-type: none"><li>• 5% coinsurance, or</li><li>• \$3.70 copayment for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs.</li></ul>	

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the Pharmacy Directory and complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [AlignSeniorCare.com](http://AlignSeniorCare.com).

There are four phases to prescription drug coverage under Part D.

- **Deductible Stage:** During this stage, you pay the full cost of your drugs. You stay in this stage until you have paid \$445 for your drugs (\$445 is the amount of your deductible).

- Initial Coverage Stage: During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$4,130.
- Gap Coverage Stage: During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$6,550.
- Catastrophic Coverage Stage: During this stage, the plan will pay most of the cost for your drugs. You pay the greater of:
  - --either-- coinsurance of 5% of the cost of the drug,
  - --or-- \$3.70 for a generic drug or a drug that is treated like a generic and \$9.20 for all other drugs.

Cost-sharing may differ based on point-of-service (retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long-term (90-day supply).



# Pre-Enrollment Checklist

## Align Thrive (HMO I-SNP) Align Connect (HMO C-SNP)

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 1-844-205-7244 (TTY 711).

### Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [AlignSeniorCare.com](http://AlignSeniorCare.com) or call 1-844-205-7244 (TTY 711) to view 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.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### 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).
- ☐ **For I-SNP enrollees only:** This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- ☐ **For I-SNP enrollees only:** This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.
- ☐ **For C-SNP enrollees only:** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

Align Senior Care is an HMO I-SNP and HMO C-SNP with a Medicare contract. Enrollment in Align Senior Care plans depend on contract renewal. Align Senior Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.