

2022 Summary of Benefits

Align Connect (HMO C-SNP)

H3274, Plan 003

This is a summary of drug and health services covered by Align Connect (HMO C-SNP) January 1, 2022 - December 31, 2022.

Align Connect (HMO C-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 1-844-305-3879, 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://www.AlignSeniorCare.com), or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-844-305-3879, 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 Connect (HMO C-SNP), you must:

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,
- -- *and* -- meet our special eligibility requirement: Our plan is designed to meet the specialized needs of people who have certain medical conditions. To be eligible for our plan, you must have diagnosis of dementia.

Our service area includes these counties in California: Alameda, El Dorado, Fresno, Kern, Los Angeles, Marin, Monterey, Orange, Riverside, San Bernardino, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Shasta, and Stanislaus.

Align Connect (HMO C-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.

This document is available for free in Spanish.

Este documento está disponible gratis en español.

If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You 2022”** 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.

	Align Connect (HMO C-SNP)
Monthly plan premium	\$0 You must continue to pay your Medicare Part B premium.
Deductible	The Part B deductible was \$203. This is the 2021 cost sharing amount and may change in 2022. Align Connect (HMO C-SNP) will provide updated rates as soon as they are released. The Part A deductible is \$0.
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	\$3,500
Inpatient Hospital coverage	\$150 copayment each day for days 1 to 10 and \$0 copayment each day for days 11 to 90 for Medicare-covered hospital care. \$0 copayment for additional Medicare-covered days. \$0 copayment each day for days 1 to 60 for additional lifetime reserve days. Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital. <i>Prior authorization is required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	 \$75 copayment or a 20% coinsurance \$75 copayment - outpatient office surgery 20% coinsurance - all other outpatient hospital services <i>Prior authorization is required.</i> \$100 copayment <i>Prior authorization is required.</i>
Doctor Visits Primary Care Providers Specialists	 \$0 copayment \$0 copayment <i>Referral is required.</i> <i>Prior authorization is only required for some surgeries and radiology procedures.</i>
Preventive Care	You pay nothing.
Emergency care	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.

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Urgently needed services	\$40 copayment Copayment is waived if you are admitted to a hospital within 3 days.
Diagnostic Services/Labs/Imaging	
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>
Hearing services	
Hearing exam	20% coinsurance of the cost for Medicare-covered hearing services.
<i>Supplemental benefits</i>	
Routine hearing exam, fitting and evaluation for hearing aids	\$0 copayment for 1 routine hearing exam, fitting and evaluation for hearing aids every year.
Hearing aids	Up to a \$1,500 credit for both ears combined every year for hearing aids.
Dental services	
Medicare-covered dental	20% coinsurance for each Medicare-covered service. <i>Prior authorization is for the Medicare-covered comprehensive dental benefit only, not for supplemental.</i>
<i>Supplemental benefits</i>	
Preventive	\$0 copayment: 2 Oral Exams; 2 Prophylaxis (Cleanings); 2 Dental X-rays every year

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Vision care Yearly eye exam for diabetic retinopathy <i>Supplemental benefits</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 \$130 combined credit every year.
Mental Health Services Inpatient visit Outpatient group therapy visit Outpatient individual therapy visit	\$195 copayment each day for days 1 to 8 and \$0 copayment each day for days 9 to 90 for Medicare-covered hospital care. \$658 copayment each day for days 1 to 60 for additional lifetime reserve days. Medicare hospital benefit periods do not apply. For inpatient mental health care, the cost-sharing described above applies each time you are admitted to the hospital. <i>Prior authorization is required.</i> \$10 copayment <i>Prior authorization is required.</i> \$20 copayment <i>Prior authorization is required.</i>
Skilled nursing facility (SNF) care	\$0 copayment each day for days 1 to 20 and \$100 copayment each day for days 21 to 100 for Medicare-covered skilled nursing facility care. Per stay benefit period <i>Prior authorization is only required for services provided by non-capitated providers.</i>
Physical Therapy	\$0 copayment <i>Prior authorization is only required for services provided by non-capitated providers.</i>
Ambulance services Ground Ambulance Air Ambulance	\$125 copayment <i>Prior authorization is required for non-emergency Medicare covered services.</i> 20% coinsurance <i>Prior authorization is required for non-emergency Medicare covered services.</i>
Non-Emergency Transportation	Not Covered

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Medicare Part B prescription drugs Chemotherapy drugs Other Part B drugs	20% coinsurance <i>Prior authorization is required for some medications. For chemotherapy authorization is required for the initial drug approval only.</i> 20% coinsurance <i>Prior authorization is required for some medications.</i>
Ambulatory Surgical Center	20% coinsurance <i>Prior authorization is required.</i>
Chiropractic services Manual manipulation of the spine to correct subluxation <i>Supplemental benefits</i> Routine chiropractic care	20% coinsurance for Medicare-covered services. <i>Prior authorization is only required for Medicare-covered chiropractic services.</i> \$30 copayment Limited to 12 visit(s) every year
Diabetic supplies	\$0 copayment <i>Prior authorization is only applicable to glucometers and supplies.</i>
Foot Care (podiatry services) Foot exams and treatment <i>Supplemental benefits</i> Routine foot care	20% coinsurance for Medicare-covered services. \$0 copayment for 4 routine foot care visits per year.
Occupational or Speech Therapy	\$0 copayment <i>Prior authorization is only required for services provided by non-capitated providers.</i>
Over-the-Counter Drugs (OTC) <i>Supplemental benefit</i> Over-the-counter benefit	Up to \$75 per quarter to be used toward the purchase of over-the-counter (OTC) health and wellness products selected from a plan provided health catalog. Unused credits do not roll over to the next period.

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Acupuncture services Acupuncture for chronic low back pain <i>Supplemental benefits</i> Additional acupuncture services	20% coinsurance for each Medicare-covered service. \$30 copayment Limited to 12 visit(s) every year.
In-Home Support Services Benefit	\$0 copayment Upon enrollment, members receive up to 6 private duty personal care visits from a participating provider following an inpatient hospital stay. Each visit will last 2 hours. Services offered during the private duty personal care visits would include: <ul style="list-style-type: none"> • Personal hygiene needs including bathing, dressing and grooming • Light housekeeping including linen changes, taking out trash, tidying, and more • Laundry tasks such as washing, drying and folding • Meal preparation needs including planning, preparing and/or helping to prepare meals • Transportation for picking up prescriptions, shopping, social visits and more Please contact the plan for more details

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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	\$480 for Tier 2, Tier 3, Tier 4, and Tier 5 Part D prescription drugs. For all other drugs in Tier 1, you will not have to pay any deductible and will start receiving coverage immediately.	
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 \$4,430, 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 \$7,050, you pay the greater of: <ul style="list-style-type: none">• 5% coinsurance, or• \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.	

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.

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 \$480 for your drugs (\$480 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 \$4,430.
- 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 \$7,050.
- 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-- \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs.

Cost-sharing may differ based on point-of-service (mail-order, 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 Premier (HMO I-SNP)

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 1-844-305-3879 (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 or call 1-844-305-3879 (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, 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).
- ☐ **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. Out-of-network/non-contracted providers are under no obligation to treat Align Senior Care members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.