



Alignment Health Plan®



# 2024 SUMMARY OF BENEFITS

**Alignment Health Heart & Diabetes (HMO C-SNP)**

**Alignment Health Heart & Diabetes Plus (HMO C-SNP)**

Maricopa, Pima & Santa Cruz Counties

[www.AlignmentHealthPlan.com](http://www.AlignmentHealthPlan.com)

\*If you are enrolled in the Medicaid program, you may pay nothing for services or will get help with your share of costs (such as copay, coinsurance, or deductibles). You must remain enrolled in Medicaid for reduced cost-sharing.

	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO C-SNP) 003</b> Maricopa, Pima & Santa Cruz Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES PLUS (HMO C-SNP) 006</b> Maricopa, Pima & Santa Cruz Counties
<b>MONTHLY PLAN PREMIUM</b> · Part C & Part D	\$0	\$0
<b>DEDUCTIBLE</b>	\$0	\$0
<b>MAXIMUM OUT-OF-POCKET RESPONSIBILITY</b> (does not include prescription drugs)	\$2,499	\$8,850
<b>INPATIENT HOSPITAL<sup>1,2</sup></b>	\$125 per day, days 1-5 \$0 per day, days 6-90 (unlimited days per admission)	\$1,600 deductible Days 1-60: \$0 per day Days 61-90: \$400 per day Days 91 and beyond: \$800 per each “lifetime reserve day” after day 90 (up to a maximum of 60 reserve days over your lifetime) Each day after the lifetime reserve days. These costs are for 2023 and may change in 2024.
<b>OUTPATIENT HOSPITAL<sup>1</sup></b> · Hospital Services	\$85	20% coinsurance For people with full AHCCCS*, the copay for services may be paid in part or in full by AHCCCS*, or a third party.
· Observation Services	\$0	20% coinsurance For people with full AHCCCS*, the copay for services may be paid in part or in full by AHCCCS*, or a third party.
<b>AMBULATORY SURGICAL CENTER</b>	\$0	20% coinsurance For people with full AHCCCS*, the copay for services may be paid in part or in full by AHCCCS*, or a third party.
<b>DOCTOR VISITS</b>		
· Primary	\$0	\$0
· Specialists <sup>1,2</sup>	\$0	\$0
<b>PREVENTIVE CARE</b> (e.g., flu vaccine, diabetic screenings)	\$0	\$0

\*Arizona Healthcare Cost Containment System

**ALIGNMENT HEALTH HEART  
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Maricopa, Pima & Santa Cruz  
Counties

**ALIGNMENT HEALTH HEART  
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Maricopa, Pima & Santa Cruz  
Counties

**EMERGENCY CARE**

\$75  
(waived if admitted  
within 48 hours)

20% coinsurance  
For people with full AHCCCS\*,  
the copay for services may  
be paid in part or in full by  
AHCCCS\*, or a third party.

**URGENTLY NEEDED SERVICES**

\$0

\$0

**OUTPATIENT DIAGNOSTIC<sup>1,2</sup>**

· Procedures, tests, lab services

\$0

20% coinsurance  
For people with full AHCCCS\*,  
the copay for services may  
be paid in part or in full by  
AHCCCS\*, or a third party.

· X-Ray

\$0

\$0

· Diagnostic

\$0

\$0

· Therapeutic radiology services  
(such as radiation treatment for cancer)

20% coinsurance

20% coinsurance  
For people with full AHCCCS\*,  
the copay for services may  
be paid in part or in full by  
AHCCCS\*, or a third party.

**HEARING SERVICES<sup>1,2</sup>**

· Routine hearing exam

\$0 Medicare covered benefits  
and 1 exam/fitting/evaluation  
per year with FLEX Allowance.  
See FLEX Allowance below.

\$0 Medicare covered benefits  
and 1 exam/fitting/evaluation  
per year

· Hearing aid allowance

\$1,000 coverage limit every  
2 years both ears combined.  
Additional coverage available  
with the FLEX Allowance. See  
FLEX Allowance below.

\$2,000 coverage limit every  
2 years both ears combined.

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Maricopa, Pima & Santa Cruz  
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**DENTAL SERVICES<sup>1,2</sup>**

**Preventive**

- Exam & Cleaning 1 every 6 months
- Fluoride treatment 1 every 6 months
- X-Ray 1 every 3 years

\$0  
\$0  
\$0

\$0  
\$0  
\$0

Additional coverage available with the FLEX Allowance. See FLEX Allowance below.

**Comprehensive**

- Diagnostic
- Restorative
- Endodontics
- Periodontics
- Extractions
- Prosthodontics

\$2,000 coverage limit per year (Preventive and Comprehensive combined)

\$0  
\$0  
\$0  
\$0  
\$0  
\$0

20% coinsurance for Medicare Covered  
For people with full AHCCCS\*, the copay for services may be paid in part or in full by AHCCCS\*, or a third party.

\$0  
\$0  
\$0  
\$0  
\$0  
\$0

Additional coverage available with FLEX Allowance. See FLEX Allowance below.

\$4,000 coverage limit per year (Preventive and Comprehensive combined)

**VISION SERVICES**

- Routine exam

\$0 Medicare covered eye exams/1 routine eye exam per year.

Additional coverage available with the FLEX Allowance. See FLEX Allowance below.

\$0 Medicare covered eye exams/1 routine eye exam per year

- Eyewear

\$200 for glasses/contacts per year.

Additional coverage available with the FLEX Allowance. See FLEX Allowance below.

\$500 for glasses/contacts every 2 years.

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**MENTAL HEALTH SERVICES<sup>1,2</sup>**

<p>· Inpatient Hospital</p>	<p>\$250 per Medicare covered stay</p>	<p>\$1,600 deductible Days 1-60: \$0 per day Days 61-90: \$400 per day Days 91 and beyond: \$800 per each “lifetime reserve day” after day 90 (up to a maximum of 60 reserve days over your lifetime) Each day after the lifetime reserve days: All costs 20% of the Medicare-approved for mental health services you get from doctors and other health care providers while you’re a hospital inpatient. These costs are for 2023 and may change in 2024.</p>
<p>· Mental Health Specialty</p>	<p>\$0</p>	<p>20% coinsurance For people with full AHCCCS*, the copay for services may be paid in part or in full by AHCCCS*, or a third party.</p>
<p>· Psychiatric Services (Individual and Group)</p>	<p>\$0</p>	<p>20% coinsurance For people with full AHCCCS*, the copay for services may be paid in part or in full by AHCCCS*, or a third party.</p>
<p><b>SKILLED NURSING FACILITY<sup>1,2</sup></b></p>	<p>\$0 per day, days 1-20 \$100 per day, days 21-100 (no prior hospital stay required)</p>	<p>\$0 per day, days 1-20 up to \$200 per day, days 21-100 Days 101 and beyond: All costs. These costs are for 2023 and may change in 2024.</p>
<p><b>PHYSICAL &amp; SPEECH THERAPY</b></p>	<p>\$0</p>	<p>20% coinsurance For people with full AHCCCS*, the copay for services may be paid in part or in full by AHCCCS*, or a third party.</p>
<p><b>GROUND AND AIR AMBULANCE SERVICES<sup>1</sup></b></p>	<p>\$100 (waived if admitted)</p>	<p>20% coinsurance (not waived if admitted) For people with full AHCCCS*, the copay for services may be paid in part or in full by AHCCCS*, or a third party.</p>

**ALIGNMENT HEALTH HEART  
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(HMO C-SNP) 003**Maricopa, Pima & Santa Cruz  
Counties**ALIGNMENT HEALTH HEART  
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(HMO C-SNP) 006**Maricopa, Pima & Santa Cruz  
Counties**TRANSPORTATION**\$0  
32 one-way trips per year  
to plan approved locations  
(within a 50-mile radius)\$0  
Unlimited trips per year  
to plan approved locations  
(within a 50-mile radius)**MEDICARE PART B DRUGS**

20% coinsurance

20% coinsurance  
For people with full AHCCCS\*,  
the copay for services may  
be paid in part or in full by  
AHCCCS\*, or a third party.**OUTPATIENT PRESCRIPTION DRUGS****ALIGNMENT HEALTH HEART & DIABETES (HMO C-SNP) 003**

Maricopa, Pima &amp; Santa Cruz Counties

**PART D DEDUCTIBLE**

\$0

**INITIAL COVERAGE LIMIT**

\$5,030

**PART D OUT OF POCKET THRESHOLD**

\$8,000

**INITIAL COVERAGE****Retail Standard 30-day supply****Mail Order 100-day supply**

Tier 1: Preferred Generic

\$0

\$0

Tier 2: Generic

\$0

\$0

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 for 90-100 day supply)

\$0

**GAP COVERAGE**Tier 1: All Drugs  
Tier 6: All Drugs

**ALIGNMENT HEALTH HEART & DIABETES PLUS (HMO C-SNP) 006**

Maricopa, Pima &amp; Santa Cruz Counties

PART D DEDUCTIBLE \$545

INITIAL COVERAGE LIMIT \$5,030

PART D OUT OF POCKET THRESHOLD \$8,000

INITIAL COVERAGE Retail Standard 30-day supply / Mail Order 100-day supply

Drugs Tier 1: You pay 25% of the total cost  
Members qualify for a \$0 copay based on **Extra Help\*\***

GAP COVERAGE not covered

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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 Retail Standard for a 31-day supply.

CATASTROPHIC COVERAGE **Alignment Health Heart & Diabetes (HMO C-SNP) 003**  
During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.  
For excluded drugs covered under our enhanced benefit, you pay the same copayment as you did in the Initial Coverage Stage.**Alignment Health Heart & Diabetes Plus (HMO C-SNP) 006**

During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

BONUS DRUGS Generic Viagra, Finasteride, Folic Acid. For a complete list and coverage details, refer to Bonus Drug List. Coverage not available for the Alignment Health Heart &amp; Diabetes Plus (HMO C-SNP) 006 plan.

INSULIN **Important Message About What You Pay for Insulin:** You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

VACCINES Our plan covers most Part D vaccines at no cost to you.

**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>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO C-SNP) 003</b> Maricopa, Pima & Santa Cruz Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES PLUS (HMO C-SNP) 006</b> Maricopa, Pima & Santa Cruz Counties
<b>ACCESS ON-DEMAND CONCIERGE CARD</b> (provides access to OTC benefits and Healthy Rewards)	\$0	\$0
<b>FITNESS</b> (no-cost memberships at participating fitness centers)	\$0	\$0
<b>FLEX ALLOWANCE</b> Additional coverage for services related to Vision, Dental, Hearing, Acupuncture, Chiropractic and Routine Podiatry	\$500 spending allowance per year	not covered
<b>CHIROPRACTIC</b>	\$0 Medicare covered Routine visits with FLEX Allowance.	\$0 Medicare covered \$0 for 12 Routine visits per year (combined with Acupuncture services)
<b>ACUPUNCTURE</b>	\$0 Medicare covered Routine visits with FLEX Allowance.	\$0 Medicare covered \$0 for 12 Routine visits per year (combined with Chiropractic services)
<b>PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)</b> (personal emergency response device)	\$0	\$0
<b>PODIATRY SERVICES</b>	\$0 Medicare covered Routine visits with FLEX Allowance.	\$0 Medicare covered
<b>OVER-THE-COUNTER (OTC)</b>	\$200 spending allowance per quarter at Walgreens (no rollover). Additional coverage with SSBCI benefits. See SSBCI benefits below.	\$600 spending allowance per quarter at Walgreens (no rollover). Additional coverage with SSBCI benefits. See SSBCI benefits below.
<b>TELEHEALTH</b>	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
<b>WORLDWIDE EMERGENCY/URGENT COVERAGE</b>	\$0 \$25,000 coverage limit per year	\$75 \$25,000 coverage limit per year (waived if admitted)
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>	0% coinsurance for items \$500 or less 20% coinsurance for items \$500.01 or more	20% coinsurance For people with full AHCCCS*, the copay for services may be paid in part or in full by AHCCCS*, or a third party.

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<b>IN-HOME SUPPORT SERVICES</b>	12 hours per quarter, 48 hours per year, <b>OR</b> Caregivers Support (member must choose in advance).	not covered
<b>CAREGIVERS SUPPORT</b>	Up to \$300 yearly reimbursement (Combined package with In-Home Support Services)	not covered

### **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.

<b>PET SERVICES</b> For members who have hospital procedures or emergencies and need pet care while they are away.	\$0 7 boarding days or 14 walks per year	\$0 7 boarding days or 14 walks per year
<b>PEST CONTROL</b> Annual pest eradication for covered pests to ensure the health, welfare, and safety of members.	\$0 1 service per year	\$0 1 service per year
<b>AIR PURIFIER/HUMIDIFIER</b> For members with a qualified chronic condition, have breathing conditions or who live in an area impacted by fire and/or smoke.	\$0 1 air purifier or humidifier per year	\$0 1 air purifier or humidifier per year
<b>ESSENTIALS ALLOWANCE</b> For qualifying members to assist with Groceries, Gas, Utilities and Home Safety.	\$200 spending allowance per quarter (no rollover)	\$600 spending allowance per quarter (no rollover) combined with OTC

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](http://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)**

**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](http://alignmenthealthplan.com)**

\*\*Medicare approved Alignment Health Plan to provide these enhanced benefits and lower copayments as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. Members may be eligible for these enhanced benefits and lower copayments based on socioeconomic status.

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. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

## 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](http://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](http://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](http://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, 2025.

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).

Heart & Diabetes (HMO C-SNP) and Heart & Diabetes Plus (HMO C-SNP) is a chronic condition special needs plans. Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

**Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.