



Alignment Health Plan®



# 2024 SUMMARY OF BENEFITS

**Alignment Health PPO Powered By Hoag**

**Alignment Health AVA (PPO)**

Fresno, Los Angeles, Madera, Orange, San Diego  
& Ventura Counties

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

**ALIGNMENT HEALTH AVA  
(PPO) 007**Fresno, Los Angeles,  
Madera, Orange, San Diego  
& Ventura Counties**ALIGNMENT HEALTH PPO  
POWERED BY HOAG 008**

Orange County

<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)		
In-Network	\$3,900	\$3,900
Out-of-Network	\$8,950 combined	\$8,950 combined
<b>INPATIENT HOSPITAL<sup>1,2</sup></b>		
In-Network	\$150 per day, days 1-3 \$0 per day, days 4-90 \$0 per day, days 91-999 (additional days) (unlimited days per admission)	\$150 per day, days 1-3 \$0 per day, days 4-90 \$0 per day, days 91-999 (additional days) (unlimited days per admission)
Out-of-Network	20% coinsurance	20% coinsurance
<b>OUTPATIENT HOSPITAL<sup>1</sup></b>		
In-Network		
· Hospital Services	\$165	\$165
· Observation Services	\$0	\$0
Out-of-Network	25% coinsurance	25% coinsurance
<b>AMBULATORY SURGICAL CENTER</b>		
In-Network	\$100	\$100
Out-of-Network	30% coinsurance	30% coinsurance
<b>DOCTOR VISITS</b>		
In-Network		
· Primary	\$0	\$0
· Specialists <sup>1,2</sup>	\$20	\$20
Out-of-Network		
· Primary	\$0	\$0
· Specialists <sup>1,2</sup>	\$50	\$50
<b>PREVENTIVE CARE</b> (e.g., flu vaccine, diabetic screenings)		
In-Network	\$0	\$0
Out-of-Network	30% coinsurance	30% coinsurance
<b>EMERGENCY CARE</b>		
In-Network and Out-of-Network costs	\$85 (not waived if admitted)	\$85 (not waived if admitted)
<b>URGENTLY NEEDED SERVICES</b>		
In-Network and Out-of-Network costs	\$20 (waived if admitted within 24 hours)	\$20 (waived if admitted within 24 hours)

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

## In-Network

· Procedures, tests, lab services

\$0

\$0

· X-Ray

\$15

\$15

· Diagnostic

\$150

\$150

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

20% coinsurance

20% coinsurance

## Out-of-Network

30% coinsurance

30% coinsurance

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

· Routine hearing exam

## In-Network

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

## Out-of-Network

30% coinsurance

30% coinsurance

· Hearing aid allowance

not covered

not covered

**DENTAL SERVICES<sup>1,2</sup>****Preventive**

## In-Network

· Exam &amp; Cleaning 1 every 6 months

\$0

\$0

· Fluoride treatment 1 every 6 months

\$0

\$0

· X-Ray 1 every 3 years

\$0

\$0

**Comprehensive**

## In-Network

· Restorative

\$0

\$0

· Endodontics

\$0

\$0

· Periodontics

\$0

\$0

· Extractions

\$0

\$0

· Prosthodontics

\$0

\$0

## Out-of-Network

· Restorative

\$0

\$0

· Endodontics

\$0

\$0

· Periodontics

\$0

\$0

· Extractions

\$0

\$0

· Prosthodontics

\$0

\$0

## In-Network &amp; Out-of-Network

\$1,000 maximum coverage for  
Preventive & Comprehensive\$1,000 maximum coverage for  
Preventive & Comprehensive

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**VISION SERVICES**

· Routine exam

In-Network

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

Out-of-Network

30% coinsurance

30% coinsurance

· Eyewear

In-Network

\$150 coverage limit for  
glasses/contacts every  
2 years\$150 coverage limit for  
glasses/contacts every  
2 years

Out-of-Network

50% coinsurance

50% coinsurance

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

· Inpatient Hospital

In-Network

\$120 per day, days 1-10  
\$0 per day, days 11-90  
\$0 per day, days 91-130  
(40 additional day limit)  
\$0 for 60 days Lifetime  
Reserve\$120 per day, days 1-10  
\$0 per day, days 11-90  
\$0 per day, days 91-130  
(40 additional day limit)  
\$0 for 60 days Lifetime  
Reserve

Out-of-Network

30% coinsurance

30% coinsurance

· Mental Health Specialty

In-Network

\$0

\$0

Out-of-Network

30% coinsurance

30% coinsurance

· Psychiatric Services (Individual and Group)

In-Network

\$40

\$40

Out-of-Network

30% coinsurance

30% coinsurance

**SKILLED NURSING FACILITY<sup>1,2</sup>**

In-Network

\$0 per day, days 1-20  
\$100 per day, days 21-51  
\$0 per day, days 52-100  
(no prior hospital stay  
required)\$0 per day, days 1-20  
\$100 per day, days 21-51  
\$0 per day, days 52-100  
(no prior hospital stay  
required)

Out-of-Network

30% coinsurance

30% coinsurance

**PHYSICAL & SPEECH THERAPY**

In-Network

\$0

\$0

Out-of-Network

30% coinsurance

30% coinsurance

**GROUND AND AIR AMBULANCE SERVICES<sup>1</sup>**

In-Network

\$250 (waived if admitted)

\$250 (waived if admitted)

Out-of-Network

30% coinsurance

30% coinsurance

**TRANSPORTATION**

not covered

not covered

**MEDICARE PART B DRUGS**

In-Network

20% coinsurance

20% coinsurance

Out-of-Network

40% coinsurance

40% coinsurance

## OUTPATIENT PRESCRIPTION DRUGS

### ALIGNMENT HEALTH AVA (PPO) 007

Fresno, Los Angeles, Madera, Orange, San Diego & Ventura Counties

### ALIGNMENT HEALTH PPO POWERED BY HOAG 008

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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	\$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

**GAP COVERAGE** Tier 6: All Drugs

**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** 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.

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

**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).

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**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.

**PEST CONTROL**

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

**PET SERVICES**

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

**EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN**

**ACCESS ON-DEMAND CONCIERGE CARD**

(provides access to OTC benefits and Healthy Rewards)

\$0

\$0

**OPTIONAL OPTIONS+ MONTHLY PREMIUM**

\$48

\$48

**OPTIONS+ COVERAGE**

\$2,000 coverage limit per year

\$2,000 coverage limit per year

**DENTAL OPTION**

**In-Network**

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

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

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

**Out-of-Network**

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

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

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



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**ADDITIONAL OPTIONS+ COVERAGE**

This is additional coverage to standard benefit

· Worldwide emergency coverage	\$0 \$15,000 coverage limit per year	\$0 \$15,000 coverage limit per year
· Transportation	\$0 12 One-way trips per year to approved plan locations (within 30-mile radius)	\$0 12 One-way trips per year to approved plan locations (within 30-mile radius)
· Hearing aid	\$2,000 coverage both ears combined every 2 years	\$2,000 coverage both ears combined every 2 years
· Over the counter (OTC)	\$45 spending allowance per quarter (no rollover)	\$45 spending allowance per quarter (no rollover)
· Personalize emergency response (PERS) (personal emergency response device)	\$0	\$0

**END OF OPTIONS+ COVERAGE****FITNESS**

(no-cost memberships at participating fitness centers)

\$0

\$0

**CHIROPRACTIC**

In-Network

\$0 Medicare covered

\$0 Medicare covered

Out-of-Network

30% coinsurance Medicare  
covered30% coinsurance Medicare  
covered**ACUPUNCTURE**

\$0 Medicare covered

\$0 Medicare covered

**PODIATRY SERVICES**

In-Network

\$0 Medicare covered

\$0 Medicare covered

Out-of-Network

30% coinsurance

30% coinsurance

**TELEHEALTH**

In-Network

\$0 for PCP/Mental Health  
Specialty/Psych Services\$0 for PCP/Mental Health  
Specialty/Psych Services**OVER-THE-COUNTER (OTC)**\$15 spending allowance per  
quarter (no rollover)\$15 spending allowance per  
quarter (no rollover)**WORLDWIDE EMERGENCY/URGENT COVERAGE**\$0  
\$10,000 coverage limit per year\$0  
\$10,000 coverage limit per year**DURABLE MEDICAL EQUIPMENT (DME)**

In-Network

0% coinsurance for items  
\$350 or less  
20% coinsurance for items  
\$350.01 or more0% coinsurance for items  
\$350 or less  
20% coinsurance for items  
\$350.01 or more

Out-of-Network

30% coinsurance

30% coinsurance

**PERSONALIZED HEALTH RISK SCREENING**

In-Network

\$75 every 2 years

\$75 every 2 years

Out-of-Network

30% coinsurance

30% coinsurance

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)**

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. 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. 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.



## 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.



**This plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.**



**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.