



Alignment Health Plan®



2024 SUMMARY OF BENEFITS

Alignment Health Platinum (HMO POS)

Alignment Health smartHMO (HMO)

Avery, Buncombe, Chatham, Davidson, Davie, Forsyth,
Guilford, Henderson, Johnston, Madison, McDowell,
Mitchell, Orange, Transylvania, Wake & Wilkes Counties

www.AlignmentHealthPlan.com

	ALIGNMENT HEALTH PLATINUM (HMO POS) 003 Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties	ALIGNMENT HEALTH SMARTHMO (HMO) 006 Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties
MONTHLY PLAN PREMIUM · Part C & Part D	\$0	\$0
PART B REBATE	not covered	\$150
DEDUCTIBLE	\$0	\$0
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)	\$2,499	\$3,900
INPATIENT HOSPITAL^{1,2}	In-Network \$175 per day, days 1-6 \$0 per day, days 7-90 (unlimited days per admission) Out-of-Network \$295 per day, days 1-6 \$0 per day, days 7-90	\$275 per day, days 1-6 \$0 per day, days 7-90 (unlimited days per admission)
OUTPATIENT HOSPITAL¹ · Hospital Services	\$200	\$200
· Observation Services	\$0	\$0
AMBULATORY SURGICAL CENTER	\$100	\$50
DOCTOR VISITS · Primary	In-Network \$0	\$0
· Specialists ^{1,2}	\$3 Out-of-Network \$0	\$15
PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings)	\$0	\$0
EMERGENCY CARE	\$75 (waived if admitted within 24 hours)	\$120 (waived if admitted within 48 hours)
URGENTLY NEEDED SERVICES	\$0	\$15
OUTPATIENT DIAGNOSTIC^{1,2} · Procedures, tests, lab services	\$0	\$0
· X-Ray	\$0	\$0
· Diagnostic	\$0	\$0
· Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance	20% coinsurance

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HEARING SERVICES^{1,2}		
· Routine hearing exam	\$0 Medicare covered benefits \$0 for 1 routine eye exam per year with FLEX Allowance. See FLEX allowance below.	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year
· Hearing aid allowance	\$0 with FLEX Allowance. See FLEX Allowance below.	not covered
DENTAL SERVICES^{1,2}		
· Exam & Cleaning	Preventive covered with FLEX Allowance. See FLEX Allowance below. \$0	\$0 1 every 6 months
· Fluoride treatment	\$0	\$0 1 every 6 months
· X-Ray	\$0	\$0 1 every 3 years
· Diagnostic	Comprehensive covered with FLEX Allowance. See FLEX Allowance below. \$0	not covered
· Restorative	\$0	not covered
· Endodontics	\$0	not covered
· Periodontics	\$0	not covered
· Extractions	\$0	not covered
· Prosthodontics	\$0	not covered
VISION SERVICES		
· Routine exam	\$35 Medicare covered eye exams \$0 for 1 routine eye exam per year with FLEX Allowance. See FLEX Allowance below.	\$0 Medicare covered eye exams/1 routine eye exam per year
· Eyewear	\$0 with FLEX Allowance See FLEX Allowance below.	\$100 coverage limit for glasses/contacts every 2 years
MENTAL HEALTH SERVICES^{1,2}		
· Inpatient Hospital	\$295 per day, days 1-6 \$0 per day, days 7-90 limit in a Psychiatric facility	\$120 per day, days 1-10 \$0 per day, days 11-90 \$0 for 40 additional day limit (91-130) \$0 for 60 days Lifetime Reserve
· Mental Health Specialty	\$35	\$10
· Psychiatric Services (Individual and Group)	\$35	\$20

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SKILLED NURSING FACILITY ^{1,2}	\$0 per day, days 1-20 \$178 per day, days 21-100	\$20 per day, days 1-20 \$100 per day, days 21-100
PHYSICAL & SPEECH THERAPY	\$10	\$0
GROUND AND AIR AMBULANCE SERVICES ¹	\$200 (not waived if admitted)	\$200 (waived if admitted)
TRANSPORTATION	\$0 28 one-way trips per year to plan approved locations (within a 30-mile radius)	not covered
MEDICARE PART B DRUGS	20% coinsurance	20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

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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	\$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
GAP COVERAGE	Tier 1: All Drugs Tier 6: All Drugs	

ALIGNMENT HEALTH SMARTHMO (HMO) 006

Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties

PART D DEDUCTIBLE \$545 (Tier 4, Tier 5)

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
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Tier 1: Preferred Generic	\$0	\$0
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Tier 2: Generic	\$0	\$0
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Tier 3: Preferred Brand	\$45	\$135
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Tier 4: Non-Preferred	\$100	\$300
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Tier 5: Specialty Tier	25% coinsurance	not covered
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Tier 6: Select Care	\$5	\$0
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GAP COVERAGE

Tier 1: All Drugs

Tier 6: All Drugs

ALIGNMENT HEALTH PLATINUM (HMO POS) 003**ALIGNMENT HEALTH SMARTHMO (HMO) 006**

Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties

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.

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

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ACCESS ON-DEMAND CONCIERGE CARD (provides access to OTC benefits and Healthy Rewards)	\$0	\$0
OPTIONAL COMPLETE PACKAGE BUY UP	not covered	\$64.90
OPTIONAL COMPLETE PACKAGE COVERAGE		
DENTAL COVERAGE	not covered	\$1,500 coverage limit per year
· Diagnostic Services	not covered	0% coinsurance
· Restorative	not covered	50% coinsurance
· Endodontics	not covered	50% coinsurance
· Periodontics	not covered	0-50% coinsurance
· Extractions	not covered	50% coinsurance
· Prosthodontics	not covered	50% coinsurance
OTHER COVERAGE		
· In-Patient Hospital Copay Reimbursement	not covered	\$5,000 coverage limit per year
· Worldwide Emergency Coverage	not covered	Additional \$75,000 per year
· Care Anywhere for Qualified Members	not covered	\$0
· Transportation	not covered	24 one-way trips to plan approved locations within a 30-mile radius
· Hearing Aid	not covered	\$2,000 limit both ears combined every 2 years
· Personal Emergency Response System (PERS) (personal emergency response device)	not covered	\$0
· Concierge Physician Appointments	not covered	\$0
END OF OPTIONAL COMPLETE PACKAGE BUY UP COVERAGE		
FITNESS (no-cost memberships at participating fitness centers)	\$0	\$0
FLEX ALLOWANCE Additional coverage for services related to Vision, Dental, Hearing, Acupuncture, Chiropractic and Routine Podiatry	Up to \$2,000 maximum spending per year (\$1,000 every 6 months)	not covered
PERSONALIZED RISK HEALTH SCREENING	\$75 1 screening every 2 years	not covered
CHIROPRACTIC	\$0 Medicare covered. Routine with FLEX Allowance.	\$0 Medicare covered
ACUPUNCTURE	\$0 Medicare covered. Routine with FLEX Allowance.	\$0 Medicare covered

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PODIATRY SERVICES	\$0 Medicare covered. Routine with FLEX Allowance.	\$5 Medicare covered
OVER-THE-COUNTER (OTC)	\$115 spending allowance per quarter (no rollover)	not covered
TELEHEALTH	\$0 all benefit services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
WORLDWIDE EMERGENCY/URGENT COVERAGE	\$0 \$25,000 coverage limit per year	\$0 \$25,000 coverage limit per year
DURABLE MEDICAL EQUIPMENT (DME)	20% coinsurance	20% coinsurance
CAREGIVER SUPPORT	not covered	not covered
IN-HOME SUPPORT SERVICES	not covered	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.

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
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
AIR PURIFIER/HUMIDIFIER For members with a qualified chronic condition, have breathing conditions or who live in an area impacted by fire and/or smoke.	not covered	not covered

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 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

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 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 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 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.



The Alignment Health Platinum (HMO POS) 003 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.