



Alignment Health Plan



2023

Summary of Benefits

ALIGNMENT HEALTH HEART & DIABETES (HMO C-SNP)

Maricopa, Pima & Santa Cruz Counties

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2023 - December 31, 2023.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the Evidence of Coverage by calling our Member Services Department at the phone number listed in this document or online at www.alignmenthealthplan.com.

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PREMIUMS AND BENEFITS

ALIGNMENT HEALTH HEART & DIABETES (HMO C-SNP) 003

Maricopa, Pima & Santa Cruz Counties

MONTHLY PLAN PREMIUM

• Part C & Part D	\$0
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DEDUCTIBLE

	\$0
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MAXIMUM OUT-OF-POCKET RESPONSIBILITY

(does not include
prescription drugs)

	\$2,499
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INPATIENT HOSPITAL^{1,2}

	\$0 (unlimited days per admission)
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OUTPATIENT HOSPITAL¹

• Hospital Services	\$0
• Observation Services	\$0

AMBULATORY SURGICAL CENTER

	\$0
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DOCTOR VISITS

• Primary	\$0
• Specialists ^{1,2}	\$0

PREVENTIVE CARE

(e.g., flu vaccine, diabetic screenings)

	\$0
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EMERGENCY CARE

	\$70 (waived if admitted within 48 hours)
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URGENTLY NEEDED SERVICES

	\$0
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OUTPATIENT DIAGNOSTIC^{1,2}

• Procedures, tests, lab services	\$0
• X-Ray/Diagnostic	\$0
• Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance

HEARING SERVICES^{1,2}

• Routine hearing exam	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year
• Hearing aid allowance	\$0 with FLEX Allowance

DENTAL SERVICES^{1,2}

Preventive: covered with FLEX Allowance	
• Exam & Cleaning	\$0
• Fluoride treatment	\$0
• X-Ray	\$0
Comprehensive: covered with FLEX Allowance	
• Diagnostic	\$0
• Restorative	\$0
• Endodontics	\$0
• Periodontics	\$0
• Extractions	\$0
• Prosthodontics	\$0

VISION SERVICES

• Routine exam	\$0 Medicare covered eye exams/1 routine eye exam per year
• Eyewear	\$0 for glasses/contacts with FLEX Allowance

MENTAL HEALTH SERVICES^{1,2} \$0

SKILLED NURSING FACILITY^{1,2} \$0 per day, days 1-31
\$50 per day, days 32-100
(no prior hospital stay required)

PHYSICAL AND SPEECH THERAPY \$0

GROUND AND AIR AMBULANCE SERVICES¹ \$100
(waived if admitted)

TRANSPORTATION \$0
32 one-way trips per year to plan approved locations (within a 50-mile radius)

MEDICARE PART B DRUGS 20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

ALIGNMENT HEALTH HEART & DIABETES (HMO C-SNP) 003

Maricopa, Pima & Santa Cruz Counties

PART D DEDUCTIBLE	\$0
INITIAL COVERAGE LIMIT	\$4,660
PART D OUT OF POCKET THRESHOLD	\$7,400

INITIAL COVERAGE		Retail Standard 30-day supply	Mail Order 100-day supply
Tier 1: PREFERRED GENERIC DRUGS	Select insulins	\$0	\$0
	Other drugs	\$0	\$0
Tier 2: GENERIC DRUGS		\$0	\$0
Tier 3: PREFERRED BRAND DRUGS	Select insulins	\$35	\$105
	Other drugs	\$40	\$120
Tier 4: NON-PREFERRED DRUGS	Select insulins	\$35	\$105
	Other drugs	\$100	\$300
Tier 5: SPECIALTY TIER DRUGS		33% coinsurance	not covered
Tier 6: SELECT CARE DRUGS		\$5	\$0

Tier 1: All Drugs

Tier 6: All Drugs

Select Insulins: Heart & Diabetes (HMO-C-SNP) 003 offers additional gap coverage for Select Insulins under the Insulin Savings Program. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$0 to \$35 for a one-month supply.

GAP COVERAGE

To find out which drugs are Select Insulins, please review the Drug List included in this booklet or download a copy of the Alignment Health Plan Drug Formulary from our website <https://www.alignmenthealthplan.com/members/find-a-drug>. Select Insulins are covered on Tier 1, Tier 3, and Tier 4 and are different from our Select Care Drugs, which are drugs covered on Tier 6. The cost sharing for Select Insulins is applicable in the Initial Coverage and Coverage Gap stages and does not apply to the Catastrophic Coverage stage.

The cost sharing for Select Insulins does not apply if you qualify for a program that helps pay for your drugs (“Extra Help”).

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 at a preferred retail pharmacy for a 31-day supply.

COST-SHARING

After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:

- 5% of the cost, or
- \$4.15 copay for generic (including drugs that are treated like a generic) and \$10.35 copay for all other drugs.

CATASTROPHIC COVERAGE

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

BONUS DRUGS

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

ALIGNMENT HEALTH HEART & DIABETES (HMO C-SNP) 003

Maricopa, Pima & Santa Cruz Counties

ACCESS ON-DEMAND BLACK CARD	\$0
ENHANCED DENTAL OPTION MONTHLY PREMIUM	\$32
ENHANCED DENTAL OPTION COVERAGE	\$2,000 coverage limit per year
<ul style="list-style-type: none"> • Diagnostic Services • Restorative • Endodontics • Periodontics • Extractions • Prosthodontics 	<ul style="list-style-type: none"> 0% coinsurance 50-70% coinsurance 70% coinsurance 0-70% coinsurance 50-70% coinsurance 70% coinsurance
FLEX ALLOWANCE	
Additional coverage is available with FLEX Allowance for Dental, Vision and Hearing benefits	Up to \$1,200 maximum spending per year (\$300 every 3 months) for services related to Vision, Dental, Hearing, Acupuncture and Chiropractic
FITNESS	\$0
PERSONAL EMERGENCY RESPONSE SYSTEM	\$0
CHIROPRACTIC SERVICES	\$0 Medicare covered \$0 Routine visits with FLEX Allowance
ACUPUNCTURE	\$0 Medicare covered \$0 Routine visits with FLEX Allowance
PODIATRY SERVICES	\$0 Medicare covered \$0 for 12 Routine visits per year
OVER-THE-COUNTER (OTC)	\$130 spending allowance every 3 months (no rollover)
TELEHEALTH	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
WORLDWIDE EMERGENCY/URGENT COVERAGE	\$0 \$25,000 coverage limit per year

DURABLE MEDICAL EQUIPMENT

0% coinsurance for items \$500 or less
20% coinsurance for items \$500.01 or more

IN-HOME SUPPORT SERVICES

12 hours per quarter, 48 hours per year
OR Caregivers Support (member must choose in advance)

SUPPORT FOR CAREGIVERS OF ENROLLEE

Up to \$300 yearly reimbursement
(Combined package with In-Home Support Services)

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.

GROCERIES

To assist members with nutritional needs. Members can use their grocery allowance to purchase eligible grocery items at participating retailers.

\$40 spending allowance per month
(no rollover)

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 a year

AIR PURIFIER/HUMIDIFIER

\$0
1 air purifier or humidifier per year

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](https://www.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 \(TTY 711\)](tel:1-866-634-2247)

NON-MEMBERS

[1-888-979-2247 \(TTY 711\)](tel:1-888-979-2247)

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

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, 2024.
- 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) 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.

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.