



Alignment Health Plan



2023

Summary of Benefits

ALIGNMENT HEALTH NC DUALS | ALIGNMENT HEALTH HEART & DIABETES

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

Y0141_22281EN_M

PREMIUMS AND BENEFITS

	ALIGNMENT HEALTH NC DUALS (D-SNP) 004 Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties	ALIGNMENT HEALTH HEART & DIABETES (HMO C-SNP) 005 Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties
MONTHLY PLAN PREMIUM	\$19	\$0
DEDUCTIBLE	\$0	\$0
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)	\$8,300	\$3,400
INPATIENT HOSPITAL ^{1,2}	\$1,556 deductible for each benefit period \$0 per day, days 1-60 \$389 per day, days 61-90 \$778 per day, in Lifetime reserve Beyond lifetime reserve days: All costs. These costs are for 2022 and may change in 2023.	\$100 per day, days 1-6 \$0 per day, days 7-90 (unlimited days per admission)
OUTPATIENT HOSPITAL ¹		
• Hospital Services	20% coinsurance	\$200
• Observation Services	20% coinsurance	\$0
AMBULATORY SURGICAL CENTER	20% coinsurance	\$0
DOCTOR VISITS		
• Primary	\$0	\$0
• Specialists ^{1,2}	\$0	\$0
PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings)	\$0	\$0
EMERGENCY CARE	20% coinsurance (waived if admitted within 3 days)	\$70 (waived if admitted within 48 hours)

**ALIGNMENT
HEALTH NC DUALS
(D-SNP) 004**

Avery, Buncombe, Chatham,
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Madison, McDowell, Mitchell,
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Wilkes Counties

**ALIGNMENT HEALTH HEART &
DIABETES (HMO C-SNP) 005**

Avery, Buncombe, Chatham,
Davidson, Davie, Forsyth, Guilford,
Henderson, Johnston, Madison,
McDowell, Mitchell, Orange,
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Counties

**URGENTLY NEEDED
SERVICES**

\$0

\$0

OUTPATIENT DIAGNOSTIC^{1,2}

• Procedures, tests, lab
services

20% coinsurance

\$0

• X-Ray/Diagnostic

\$0

\$0

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

20% coinsurance

20% coinsurance

HEARING SERVICES^{1,2}

• Routine hearing exam

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

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

• Hearing aid allowance

\$0 with FLEX Allowance

\$0 with FLEX Allowance

DENTAL SERVICES^{1,2}

Preventive covered with FLEX Allowance

• Exam & Cleaning

\$0

\$0

• Fluoride treatment

\$0

\$0

• X-Ray

\$0

\$0

Comprehensive covered with FLEX Allowance

• Diagnostic

\$0

\$0

• Restorative

\$0

\$0

• Endodontics

\$0

\$0

• Periodontics

\$0

\$0

• Extractions

\$0

\$0

• Prosthodontics

\$0

\$0

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**ALIGNMENT HEALTH HEART &
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VISION SERVICES

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

MENTAL HEALTH SERVICES^{1,2}

20% coinsurance

\$0

SKILLED NURSING FACILITY^{1,2}

\$0 per day, days 1-20
\$194.50 per day, days 21-100
Days 101 and beyond:
All costs. These costs are for 2022
and may change in 2023.

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

PHYSICAL AND SPEECH THERAPY

20% coinsurance

\$0

GROUND AND AIR AMBULANCE SERVICES¹

20% coinsurance
(not waived if admitted)

\$100
(waived if admitted)

TRANSPORTATION

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

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

MEDICARE PART B DRUGS

20% coinsurance

20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

ALIGNMENT HEALTH NC DUALS (D-SNP) 004

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PART D DEDUCTIBLE \$505

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	\$0	\$0
Tier 2: Generic	\$20	\$60
Tier 3: Preferred Brand	25% coinsurance	25% coinsurance
Tier 4: Non-Preferred	25% coinsurance	25% coinsurance
Tier 5: Specialty Tier	25% coinsurance	not covered
Tier 6: Select Care	\$5	\$0

GAP COVERAGE not covered

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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	\$0	\$0
Tier 2: Generic	\$5	\$12.50
Tier 3: Preferred Brand	\$30	\$75
Tier 4: Non-Preferred	\$75	\$187.50
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 NC DUALS (HMO D-SNP) 004, ALIGNMENT HEALTH HEART & DIABETES (HMO C-SNP) 005

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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 NC DUALS (D-SNP) 004 Avery, Buncombe, Davidson, Davie, Forsyth, Henderson, Johnston, Guilford, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Chatham & Wilkes Counties	ALIGNMENT HEALTH HEART & DIABETES (HMO C-SNP) 005 Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties
ACCESS ON-DEMAND BLACK CARD	\$0	\$0
FITNESS	\$0	\$0
FLEX ALLOWANCE Additional coverage for Vision, Dental, Hearing, Acupuncture and Chiropractic benefits	Up to \$3,000 maximum spending per year (\$750 every 3 months) for services related to Dental, Vision, Hearing, Acupuncture and Chiropractic	Up to \$2,000 maximum spending per year (\$500 every 3 months) for services related to Dental, Vision, Hearing, Acupuncture and Chiropractic
PERSONAL EMERGENCY RESPONSE SYSTEM	not covered	\$0
CHIROPRACTIC SERVICES	\$0 Medicare covered Routine visits covered with FLEX Allowance	\$0 Medicare covered Routine visits covered with FLEX Allowance
ACUPUNCTURE	\$0 Medicare covered Routine visits covered with FLEX Allowance	\$0 Medicare covered Routine visits covered with FLEX Allowance
PODIATRY SERVICES	\$0 Medicare covered	\$0 Medicare covered \$0 for 12 Routine visits per year
OVER-THE-COUNTER (OTC)	\$200 spending allowance every 3 months (no rollover)	\$135 spending allowance every 3 months (no rollover)
TELEHEALTH	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
IN-HOME SUPPORT SERVICES	not covered	12 hours per quarter, 48 hours per year. OR Support for Caregivers of Enrollee (member must choose in advance)

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SUPPORT FOR CAREGIVERS	not covered	Up to \$300 annual reimbursement OR In-Home Support Services (member must choose in advance)
WORLDWIDE EMERGENCY/ URGENT COVERAGE	\$0 \$25,000 coverage limit per year	\$0 \$25,000 coverage limit per year
DURABLE MEDICAL EQUIPMENT (DME)	20% coinsurance	0% coinsurance for items \$500 or less; 20% coinsurance for items \$500.01 or more

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.

COMPANION CARE

In-home or virtual assistance with non-medical services such as light house chores, technology lessons and general companionship.	\$0 12 hours per quarter, 48 hours per year	not covered
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GROCERIES

To assist members with nutritional needs. Members can use their grocery allowance to purchase eligible grocery items at participating retailers.	\$60 spending allowance per month (no rollover)	\$20 spending allowance per month (no rollover)
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PET SERVICES

For members who have hospital procedures or emergencies and need pet.	not covered	\$0 7 boarding days or 14 walks a year
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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	\$0 1 air purifier or humidifier per year
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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).
- NC Duals (HMO D-SNP) is a dual eligible special needs plan. Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. Heart & Diabetes (HMO C-SNP) is a chronic special needs plan. Your ability to enroll will be based on verification of a qualifying 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.