



Alignment Health Plan



2023

Summary of Benefits

ALIGNMENT HEALTH THE ONE

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 THE ONE (HMO) 001 Maricopa County	ALIGNMENT HEALTH THE ONE (HMO) 002 Pima & Santa Cruz Counties
MONTHLY PLAN PREMIUM		
• Part C & Part D	\$0	\$0
DEDUCTIBLE		
	\$0	\$0
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)		
	\$2,499	\$2,499
INPATIENT HOSPITAL^{1,2}		
	\$100 per day, days 1-3 \$0 per day, days 4-90 (unlimited days per admission)	\$100 per day, days 1-3 \$0 per day, days 4-90 (unlimited days per admission)
OUTPATIENT HOSPITAL¹		
• Hospital Services	\$85	\$85
• Observation Services	\$0	\$0
AMBULATORY SURGICAL CENTER		
	\$40	\$40
DOCTOR VISITS		
• Primary	\$0	\$0
• Specialists ^{1,2}	\$0	\$0
PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings)		
	\$0	\$0
EMERGENCY CARE		
	\$65 (waived if admitted within 48 hours)	\$65 (waived if admitted within 48 hours)
URGENTLY NEEDED SERVICES		
	\$0	\$0
OUTPATIENT DIAGNOSTIC^{1,2}		
• Procedures, tests, lab services	\$0	\$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	\$1,000 limit both ears combined every 2 years	\$1,000 limit both ears combined every 2 years

DENTAL SERVICES^{1,2}

Preventive:		
• Exam & Cleaning 1 every 6 months	\$0	\$0
• Fluoride treatment 1 every 6 months	\$0	\$0
• X-Ray 1 every 3 years	\$0	\$0
Comprehensive:	\$1,500 coverage limit per year	\$1,500 coverage limit per year
• Restorative	\$0	\$0
• Periodontics	\$0	\$0

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	\$300 coverage limit for glasses/contacts per year	\$300 coverage limit for glasses/contacts per year

MENTAL HEALTH SERVICES^{1,2}

	\$0	\$0
SKILLED NURSING FACILITY^{1,2}	\$0 per day, days 1-20 \$75 per day, days 21-100 (no prior hospital stay required)	\$0 per day, days 1-20 \$75 per day, days 21-100 (no prior hospital stay required)

PHYSICAL & SPEECH THERAPY

	\$0	\$0
GROUND AND AIR AMBULANCE SERVICES¹	\$100 (waived if admitted)	\$100 (waived if admitted)

**ALIGNMENT HEALTH
THE ONE
(HMO) 001**
Maricopa County

**ALIGNMENT HEALTH
THE ONE
(HMO) 002**
Pima & Santa Cruz
Counties

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

\$0
24 one-way trips per
year to plan approved
locations (within a 25-
mile radius)

TRANSPORTATION

MEDICARE PART B DRUGS

20% coinsurance

20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

ALIGNMENT HEALTH THE ONE (HMO) 001, 002 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	\$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 THE ONE (HMO) 001, 002 Maricopa, Pima & Santa Cruz 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 at a preferred retail pharmacy for a 31-day supply.
CATASTROPHIC COVERAGE	After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of: <ul style="list-style-type: none"> • 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.
BONUS DRUGS	Generic Viagra, Finasteride, Folic Acid. For complete list and coverage details, refer to Bonus Drug List.

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 THE ONE (HMO) 001 Maricopa County	ALIGNMENT HEALTH THE ONE (HMO) 002 Pima & Santa Cruz Counties
ACCESS ON-DEMAND BLACK CARD	\$0	\$0
ENHANCED DENTAL OPTION MONTHLY PREMIUM	\$32	\$32
ENHANCED DENTAL OPTION COVERAGE	\$2,000 coverage limit per year	\$2,000 coverage limit per year
• Diagnostic Services	0% coinsurance	0% coinsurance
• Restorative	50-70% coinsurance	50-70% coinsurance
• Endodontics	70% coinsurance	70% coinsurance
• Periodontics	0-70% coinsurance	0-70% coinsurance
• Extractions	50-70% coinsurance	50-70% coinsurance
• Prosthodontics	70% coinsurance	70% coinsurance
FITNESS	\$0	\$0
CHIROPRACTIC SERVICES	\$0 Medicare covered \$0 for 24 Routine visits per year (combined with Acupuncture)	\$0 Medicare covered \$0 for 24 Routine visits per year (combined with Acupuncture)
ACUPUNCTURE	\$0 Medicare covered \$0 for 24 Routine visits per year (combined with Chiropractic)	\$0 Medicare covered \$0 for 24 Routine visits per year (combined with Chiropractic)
PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)	\$0	\$0
PODIATRY SERVICES	\$0 Medicare covered	\$0 Medicare covered
OVER-THE-COUNTER (OTC)	\$85 spending allowance every 3 months (no rollover)	\$85 spending allowance every 3 months (no rollover)
CAREGIVER SUPPORT	Up to \$300 reimbursement per year	Up to \$300 reimbursement per year

**ALIGNMENT HEALTH
THE ONE
(HMO) 001**
Maricopa County

**ALIGNMENT HEALTH
THE ONE
(HMO) 002**
Pima & Santa Cruz
Counties

\$0
Primary Care Provider,
Mental Health
Specialty, Psychiatric
Services

\$0
Primary Care Provider,
Mental Health
Specialty, Psychiatric
Services

TELEHEALTH

\$0
\$10,000 coverage
limit per year

\$0
\$10,000 coverage
limit per year

WORLDWIDE EMERGENCY/URGENT COVERAGE

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

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

DURABLE MEDICAL EQUIPMENT (DME)

VALUE-BASED BENEFITS FOR LOW-INCOME SUBSIDY (LIS) INDIVIDUALS AND CHRONICALLY ILL:

LIS ELIGIBLE

- Over-the-Counter (OTC) \$225 spending allowance every 3 months
- Comprehensive Dental \$500 maximum coverage every 3 months
- Healthy Meals \$0 copay for 28 meals over 14 days
- Hearing Aids \$1,000 coverage limit per year, both ears combined
- Eyewear \$200 coverage limit per year
- Gas Utilities \$20 coverage limit per month
- Transportation Unlimited transportation to plan approved locations (within a 50-mile radius)

LIS OR CHRONICALLY ILL ELIGIBLE:

- Groceries \$20 spending allowance per month

CHRONICALLY ILL

- Companion Services 24 hours per quarter, 96 hours per year

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

	\$0	\$0
For members who have hospital procedures or emergencies and need pet care while they are away.	7 boarding days or 14 walks a year	7 boarding days or 14 walks a year

PEST CONTROL

	\$0	\$0
Annual pest eradication for covered pests to ensure the health, welfare, and safety of members.	1 service per year	1 service 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).

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.