



Alignment Health Plan



2023

Summary of Benefits

ALIGNMENT HEALTH AVA (PPO)

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 AVA (PPO) 001
Maricopa, Pima & Santa Cruz Counties

MONTHLY PLAN PREMIUM

• Part C & Part D \$0

DEDUCTIBLE

\$0

MAXIMUM OUT-OF-POCKET RESPONSIBILITY

(does not include prescription drugs)

In-Network \$3,900

Out-of-Network \$6,500 combined

INPATIENT HOSPITAL^{1,2}

In-Network \$150 per day, days 1-3
\$0 per day, days 4-90
(unlimited days per admission)

Out-of-Network 30% coinsurance

OUTPATIENT HOSPITAL¹

In-Network
• Hospital Services \$165

• Observation Services \$0

Out-of-Network 25% coinsurance

AMBULATORY SURGICAL CENTER

In-Network \$100

Out-of-Network 30% coinsurance

DOCTOR VISITS

In-Network
• Primary \$5

• Specialists^{1,2} \$20

Out-of-Network
• Primary \$40

• Specialists^{1,2} \$50

PREVENTIVE CARE

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

In-Network	\$0
Out-of-Network	30% coinsurance

EMERGENCY CARE

\$85
(not waived if admitted)

URGENTLY NEEDED SERVICES

\$20
(waived if admitted within 24 hours)

OUTPATIENT DIAGNOSTIC^{1,2}

In-Network	
• Procedures, tests, lab services	\$0
• X-Ray	\$15
• Diagnostic	\$150
• Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance
Out-of-Network	30% coinsurance

HEARING SERVICES^{1,2}

• Routine hearing exam	
In-Network	\$0 Medicare covered benefits and 1 exam/fitting evaluation every 6 months
Out-of-Network	30% coinsurance
• Hearing aid allowance	not covered

DENTAL SERVICES^{1,2}

Preventive:

In-Network	
• Exam & Cleaning 1 every 6 months	\$0
• Fluoride treatment 1 every 6 months	\$0
• X-Ray 1 every 3 years	\$0

Comprehensive:

In-Network	\$500 coverage limit per year
<ul style="list-style-type: none"> • Restorative • Periodontics 	\$20 \$20
Out-of-Network (Preventive & Comprehensive)	30% coinsurance

VISION SERVICES

In-Network	\$0
<ul style="list-style-type: none"> • Routine exam 	Medicare covered eye exams/1 routine eye exam per year
Out-of Network	30% Coinsurance
<ul style="list-style-type: none"> • Eyewear 	\$150 coverage limit for glasses/contacts every 2 years
Out-of-Network	50% coinsurance

MENTAL HEALTH SERVICES^{1,2}

In-Network	\$0
Out-of-Network	30% coinsurance

SKILLED NURSING FACILITY^{1,2}

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)
Out-of-Network	30% coinsurance

PHYSICAL & SPEECH THERAPY

In-Network	\$0
Out-of-Network	30% coinsurance

GROUND AND AIR AMBULANCE SERVICES¹

In-Network	\$250 (waived if admitted)
Out-of-Network	30% coinsurance

TRANSPORTATION

not covered

MEDICARE PART B DRUGS

In-Network	20% coinsurance
Out-of-Network	30% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

ALIGNMENT HEALTH AVA (PPO) 001 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	\$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 1 : All Drugs
Tier 6: All Drugs

ALIGNMENT HEALTH AVA (PPO) 001

Maricopa, Pima & Santa Cruz Counties

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, whichever is greater.

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 AVA (PPO)

ALIGNMENT HEALTH AVA (PPO) 001 Maricopa, Pima & Santa Cruz Counties	
ACCESS ON-DEMAND BLACK CARD	\$0
OPTIONS + MONTHLY PREMIUM	\$51
OPTIONS + COVERAGE	\$2,000 coverage limit a year
DENTAL	
In-Network	
• Diagnostic Services	0% coinsurance
• Restorative	50-70% coinsurance
• Endodontics	70% coinsurance
• Periodontics	0-70% coinsurance
• Extractions	50-70% coinsurance
• Prosthodontics	70% coinsurance
Out-of-Network	
• Diagnostic Services	50% coinsurance
• Restorative	55-75% coinsurance
• Endodontics	75% coinsurance
• Periodontics	50-75% coinsurance
• Extractions	55-75% coinsurance
• Prosthodontics	75% coinsurance
ADDITIONAL OPTIONS + COVERAGE	
This is additional coverage to standard benefit	
• Worldwide emergency coverage	\$15,000
• Transportation	12 one-way trips to plan approved locations (within a 30-mile radius)
• Hearing aid	\$2,000 coverage limit
• Over the counter (OTC)	\$45 spending allowance per quarter (no rollover)
• Personalize emergency response (PERS)	\$0
FITNESS	\$0
CHIROPRACTIC	
In-Network	Medicare covered
Out-of-Network	30% coinsurance Medicare covered

\$0
 Medicare covered

ACUPUNCTURE

PODIATRY SERVICES

In-Network \$0
 Out-of-Network 30% coinsurance

OVER-THE-COUNTER (OTC) \$60 spending allowance every 3 months (no rollover)

TELEHEALTH

In-Network \$0 All benefit services
 Out-of-Network 30% coinsurance

WORLDWIDE EMERGENCY/URGENT COVERAGE \$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 more
 Out-of-Network 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](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)

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

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.

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.

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, 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.