



Alignment Health Plan



2023

Summary of Benefits

ALIGNMENT HEALTH MY CHOICE (HMO) | ALIGNMENT HEALTH THE ONE (HMO)

Fresno, Madera, San Luis Obispo and Ventura 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_23171EN_M

PREMIUMS AND BENEFITS

	ALIGNMENT HEALTH MY CHOICE (HMO) 028 San Luis Obispo County	ALIGNMENT HEALTH MY CHOICE (HMO) 029 Ventura County	ALIGNMENT HEALTH THE ONE (HMO) 035 Fresno & Madera Counties
MONTHLY PLAN PREMIUM			
• Part C & Part D	\$0	\$0	\$0
DEDUCTIBLE			
	\$0	\$0	\$0
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)			
	\$1,000	\$1,400	\$999
INPATIENT HOSPITAL^{1,2}			
	\$0 (unlimited days per admission)	\$0 per day, days 1-4 \$50 per day, days 5-10 \$0 per day, days 11-90 (unlimited days per admission)	\$0 per day, days 1-3 \$50 per day, days 4-7 \$0 per day, days 8-90 (unlimited days per admission)
OUTPATIENT HOSPITAL¹			
• Hospital Services	\$0	\$0	\$85
• Observation Services	\$0	\$0	\$0
AMBULATORY SURGICAL CENTER			
	\$0	\$0	\$0
DOCTOR VISITS			
• Primary	\$0	\$0	\$0
• Specialists ^{1,2}	\$0	\$5	\$0
PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings)			
	\$0	\$0	\$0
EMERGENCY CARE			
	\$70 (waived if admitted within 48 hours)	\$70 (waived if admitted within 48 hours)	\$50 (waived if admitted within 48 hours)

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URGENTLY NEEDED SERVICES	\$0 (waived if admitted within 24 hours)	\$0 (waived if admitted within 24 hours)	\$0
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OUTPATIENT DIAGNOSTIC^{1,2}			
• Procedures, tests, lab services	\$0	\$0	\$0
• X-Ray/Diagnostic	\$0	\$0	\$0
• Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance	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	\$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	\$1,000 limit both ears combined every 2 years

DENTAL SERVICES^{1,2}			
Preventive:			
• Exam & Cleaning 1 every 6 months	\$0	\$0	\$0
• Fluoride treatment 1 every 6 months	\$0	\$0	\$0
• X-Ray 1 every 3 years	\$0	\$0	\$0
Comprehensive:			
• Restorative	\$20-\$350	\$20-\$350	\$20-\$350
• Endodontics	\$15-\$295	\$15-\$295	\$15-\$295
• Periodontics	\$15-\$375	\$15-\$375	\$15-\$375
• Extractions	\$25-\$140	\$25-\$140	\$25-\$140
• Prosthodontics	\$20-\$425	\$20-\$425	\$20-\$425

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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	\$0 Medicare covered eye exams/1 routine eye exam per year
• Eyewear	\$200 coverage limit for glasses/contacts every year	\$200 coverage limit for glasses/contacts every year	\$300 coverage limit for glasses/contacts every year

MENTAL HEALTH SERVICES^{1,2}

	\$0	\$5	\$0
SKILLED NURSING FACILITY^{1,2}	\$0 per day, days 1-20 \$30 per day, days 21-100 (no prior hospital stay required)	\$0 per day, days 1-20 \$30 per day, days 21-100 (no prior hospital stay required)	\$0 per day, days 1-20 \$50 per day, days 21-100 (no prior hospital stay required)

PHYSICAL AND SPEECH THERAPY

	\$0	\$0	\$0
GROUND AND AIR AMBULANCE SERVICES¹	\$75 ground \$200 air (waived if admitted)	\$75 ground \$200 air (waived if admitted)	\$75 (waived if admitted)

TRANSPORTATION

	\$0 22 one-way trips per year to plan approved locations (within a 50-mile radius)	\$0 22 one-way trips per year to plan approved location (within a 50-mile radius)	\$0 24 one-way trips per year to plan approved location (within a 25-mile radius)
MEDICARE PART B DRUGS	20% coinsurance	20% coinsurance	20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

ALIGNMENT HEALTH MY CHOICE (HMO) 028, 029 San Luis Obispo and Ventura 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	\$3	\$9
Tier 3: Preferred Brand	\$40	\$120
Tier 4: Non-Preferred	\$93	\$279
Tier 5: Specialty Tier	33% coinsurance	not covered
Tier 6: Select Care	\$3	\$0
GAP COVERAGE	Tier 6: All Drugs	

ALIGNMENT HEALTH THE ONE (HMO) 035 Fresno and Madera Counties

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	

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 ALIGNMENT HEALTH PLAN

	ALIGNMENT HEALTH MY CHOICE (HMO) 028 San Luis Obispo County	ALIGNMENT HEALTH MY CHOICE (HMO) 029 Ventura County	ALIGNMENT HEALTH THE ONE (HMO) 035 Fresno & Madera Counties
ACCESS ON-DEMAND BLACK CARD	\$0	\$0	\$0
ENHANCED DENTAL OPTION MONTHLY PREMIUM	\$27	\$27	\$27
ENHANCED DENTAL OPTION COVERAGE	\$1,500 coverage limit per year	\$1,500 coverage limit per year	\$1,500 coverage limit per year
• Diagnostic Services	0% coinsurance	0% coinsurance	0% coinsurance
• Restorative	50-70% coinsurance	50-70% coinsurance	50-70% coinsurance
• Endodontics	70% coinsurance	70% coinsurance	70% coinsurance
• Periodontics	0-70% coinsurance	0-70% coinsurance	0-70% coinsurance
• Extractions	50-70% coinsurance	50-70% coinsurance	50-70% coinsurance
• Prosthodontics	70% coinsurance	70% coinsurance	70% coinsurance
FITNESS	\$0	\$0	\$0
	not covered	not covered	Up to \$500 maximum spending per year (\$250 every 6 months) for services related to Vision, Dental, Hearing, Acupuncture and Chiropractic
FLEX ALLOWANCE			
	\$0 Medicare covered	\$0 Medicare covered	\$0 copay for Medicare covered \$0 Routine visits with FLEX Allowance
CHIROPRACTIC SERVICES			
	\$0 Medicare covered	\$0 Medicare covered	\$0 copay for Medicare covered \$0 Routine visits with FLEX Allowance
ACUPUNCTURE			

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PODIATRY SERVICES	\$0 Medicare covered	\$5 Medicare covered	\$0 copay Medicare covered \$0 for 12 Routine visits per year
OVER-THE-COUNTER (OTC)	\$90 spending allowance every 3 months (no rollover)	\$95 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	\$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	\$0 \$50,000 coverage limit per year
DURABLE MEDICAL EQUIPMENT (DME)	0% coinsurance for items \$450 or less 20% coinsurance for items \$450.01 or more.	0% coinsurance for items \$450 or less 20% coinsurance for items \$450.01 or more.	0% coinsurance for items \$350 or less 20% coinsurance for items \$350.01 or more.
IN-HOME SUPPORT	not covered	not covered	\$0 12 hours per quarter, 48 hours per year. OR Support for Caregivers (member must choose in advance)
SUPPORT CAREGIVERS	not covered	not covered	Up to \$300 reimbursement per year OR In-Home Support Services (member must choose in advance)
PERSONAL EMERGENCY RESPONSE SYSTEM	not covered	not covered	\$0

**ALIGNMENT HEALTH
MY CHOICE (HMO)
028**
San Luis Obispo
County

**ALIGNMENT HEALTH
MY CHOICE (HMO)
029**
Ventura County

**ALIGNMENT HEALTH
THE ONE (HMO) 035**
Fresno & Madera
Counties

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	not covered	not covered	\$10 spending allowance per month (no rollover)
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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	\$0 7 boarding days or 14 walks per year
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PEST CONTROL

Annual pest eradication for covered pests to ensure the health, welfare, and safety of members.	not covered	not covered	\$0 1 service 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 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.