



# Alignment Health Plan



# 2023

## Summary of Benefits

**ALIGNMENT HEALTH PPO POWERED BY HOAG | AVA (PPO)**

**Los Angeles, Orange, San Diego & 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](http://www.alignmenthealthplan.com).

Y0141\_23170EN\_M

## PREMIUMS AND BENEFITS

	ALIGNMENT HEALTH AVA (PPO) 007 Los Angeles, Orange, San Diego & Ventura Counties	ALIGNMENT HEALTH PPO POWERED BY HOAG 008 Orange County
<b>MONTHLY PLAN PREMIUM</b>		
• Part C & Part D	\$0	\$0
<b>DEDUCTIBLE</b>		
	\$0	\$0
<b>MAXIMUM OUT-OF-POCKET RESPONSIBILITY</b> (does not include prescription drugs)		
In-Network	\$3,900	\$3,900
Out-of-Network	\$8,950 combined	\$8,950 combined
<b>INPATIENT HOSPITAL<sup>1,2</sup></b>		
	\$150 per day, days 1-3 \$0 per day, days 4-90 \$0 per day, days 91-999 (additional days) (unlimited days per admission)	\$150 per day, days 1-3 \$0 per day, days 4-90 \$0 per day, days 91-999 (additional days) (unlimited days per admission)
In-Network		
Out-of-Network	20% coinsurance	20% coinsurance
<b>OUTPATIENT HOSPITAL<sup>1</sup></b>		
In-Network		
• Hospital Services	\$165	\$165
• Observation Services	\$0	\$0
Out-of-Network	25% coinsurance	25% coinsurance
<b>AMBULATORY SURGICAL CENTER</b>		
In-Network	\$100	\$100
Out-of-Network	30% coinsurance	30% coinsurance
<b>DOCTOR VISITS</b>		
In-Network		
• Primary	\$5	\$5
• Specialists <sup>1,2</sup>	\$20	\$20

**ALIGNMENT HEALTH  
AVA (PPO) 007**  
Los Angeles, Orange, San  
Diego & Ventura Counties

**ALIGNMENT HEALTH PPO  
POWERED BY HOAG 008**  
Orange County

Out-of-Network		
• Primary	\$40	\$40
• Specialists <sup>1,2</sup>	\$50	\$50

**PREVENTIVE CARE**

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

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

**EMERGENCY CARE**

	\$85 (not waived if admitted)	\$85 (not waived if admitted)
<b>URGENTLY NEEDED SERVICES</b>	\$20 (waived if admitted within 24 hours)	\$20 (waived if admitted within 24 hours)

**OUTPATIENT DIAGNOSTIC<sup>1,2</sup>**

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

**HEARING SERVICES<sup>1,2</sup>**

In-Network		
• 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
Out-of-Network	30% coinsurance	30% coinsurance
• Hearing aid allowance	not covered	not covered

### DENTAL SERVICES<sup>1,2</sup>

<b>Preventive:</b>		
In-Network	\$0 Medicare covered only	\$0 Medicare covered only
<b>Comprehensive:</b>		
In-Network	\$0 Medicare covered only	\$0 Medicare covered only
Out-of-Network	30% coinsurance Medicare covered only	30% coinsurance Medicare covered only

### VISION SERVICES

In-Network		
• Routine exam	\$0 Medicare covered eye exams/1 routine eye exam per year	\$0 Medicare covered eye exams/1 routine eye exam per year
Out-of-Network	30% coinsurance	30% coinsurance
• Eyewear	\$150 coverage limit for glasses/contacts every 2 years	\$150 coverage limit for glasses/contacts every 2 years
Out-of-Network	50% coinsurance	50% coinsurance

### MENTAL HEALTH SERVICES<sup>1,2</sup>

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

### SKILLED NURSING FACILITY<sup>1,2</sup>

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)	\$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	30% coinsurance

### PHYSICAL & SPEECH THERAPY

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

### GROUND AND AIR AMBULANCE SERVICES<sup>1</sup>

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

### TRANSPORTATION

	not covered	not covered
--	-------------	-------------

### MEDICARE PART B DRUGS

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

# OUTPATIENT PRESCRIPTION DRUGS

## ALIGNMENT HEALTH AVA (PPO) 007

Los Angeles, Orange, San Diego & Ventura Counties

## ALIGNMENT HEALTH PPO POWERED BY HOAG 008

Orange County

**PART D DEDUCTIBLE** \$0

**INITIAL COVERAGE LIMIT** \$4,660

**PART D OUT OF POCKET THRESHOLD** \$7,400

<b>INITIAL COVERAGE</b>	<b>Retail Standard 30-day supply</b>	<b>Mail Order 100-day supply</b>
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 6: All Drugs

**ALIGNMENT HEALTH AVA (PPO) 007**

Los Angeles, Orange, San Diego & Ventura Counties

**ALIGNMENT HEALTH PPO POWERED BY HOAG 008**

Orange County

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**

---

**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](http://www.alignmenthealthplan.com).

## EXTRA BENEFITS YOU GET WITH AVA (PPO)

	ALIGNMENT HEALTH AVA (PPO) 007 Los Angeles, Orange, San Diego & Ventura Counties	ALIGNMENT HEALTH PPO POWERED BY HOAG 008 Orange County
<b>ACCESS ON-DEMAND BLACK CARD</b>	\$0	\$0
<b>OPTIONS + MONTHLY PREMIUM</b>	\$63	\$63
<b>OPTIONS + DENTAL COVERAGE</b>	\$1,500 coverage limit per year	\$1,500 coverage limit per year
In-Network		
• 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
Out-of-Network		
• Diagnostic Services	50% coinsurance	50% coinsurance
• Restorative	55-75% coinsurance	55-75% coinsurance
• Endodontics	75% coinsurance	75% coinsurance
• Periodontics	50-75% coinsurance	50-75% coinsurance
• Extractions	55-75% coinsurance	55-75% coinsurance
• Prosthodontics	75% coinsurance	75% coinsurance
<b>OPTIONS + ADDITIONAL COVERAGE WORLDWIDE EMERGENCY/URGENT COVERAGE</b>	\$0 \$15,000 coverage limit per year	\$0 \$15,000 coverage limit per year
<b>TRANSPORTATION</b>	\$0 12 One-way trips per year to approved plan locations (within 30-mile radius)	\$0 12 One-way trips per year to approved plan locations (within 30-mile radius)
<b>HEARING AID</b>	\$2,000 limit both ears combined every 2 years	\$2,000 limit both ears combined every 2 years
<b>OVER-THE-COUNTER (OTC)</b>	\$45 spending allowance per quarter (no rollover)	\$45 spending allowance per quarter (no rollover)

**ALIGNMENT HEALTH  
AVA (PPO) 007**  
Los Angeles, Orange, San  
Diego & Ventura Counties

**ALIGNMENT HEALTH PPO  
POWERED BY HOAG 008**  
Orange County

**PERSONAL EMERGENCY  
RESPONSE SYSTEM (PERS)**  
*end of Options+ benefits*

\$0 \$0

**FITNESS**

\$0 \$0

**CHIROPRACTIC**

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

**ACUPUNCTURE**

\$0 Medicare covered \$0 Medicare covered

**PODIATRY SERVICES**

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

**TELEHEALTH**

In-Network	\$0 for PCP/Mental Health Specialty/Psych Services	\$0 for PCP/Mental Health Specialty/Psych Services
------------	--	--

**OVER-THE-COUNTER (OTC)**

\$15 spending allowance every 3 months (no rollover) \$15 spending allowance every 3 months (no rollover)

**WORLDWIDE EMERGENCY/  
URGENT COVERAGE**

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

**DURABLE MEDICAL EQUIPMENT (DME)**

	0% coinsurance for items \$350 or less	0% coinsurance for items \$350 or less
In-Network	20% coinsurance for items \$350.01 or more	20% coinsurance for items \$350.01 or more
Out-of-Network	30% coinsurance	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 \(TTY 711\)](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](https://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](https://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](https://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](https://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, Florida, Nevada and North Carolina Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 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.