



Alignment Health Plan



2023

Summary of Benefits

ALIGNMENT HEALTH PLATINUM HMO (POS)

Clay, Duval, Manatee & Sarasota 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_23107EN_M

PREMIUMS AND BENEFITS

	ALIGNMENT HEALTH PLATINUM (HMO POS) 001 Clay & Duval Counties	ALIGNMENT HEALTH PLATINUM (HMO POS) 002 Manatee & Sarasota Counties
MONTHLY PLAN PREMIUM		
• Part C & Part D	\$0	\$0
DEDUCTIBLE		
	\$0	\$0
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)		
	\$2,100	\$2,100
INPATIENT HOSPITAL^{1,2}		
In-Network:	\$40 per day, days 1-5 \$0 per day, days 6-90 (unlimited per days)	\$40 per day, days 1-5 \$0 per day, days 6-90 (unlimited per days)
Out-of-Network:	\$60 per day, days 1-5 \$0 per day, days 6-90 (unlimited per days)	\$60 per day, days 1-5 \$0 per day, days 6-90 (unlimited per days)
OUTPATIENT HOSPITAL¹		
• Hospital Services	\$100	\$100
• Observation Services	\$0	\$0
AMBULATORY SURGICAL CENTER		
	\$0	\$0
DOCTOR VISITS		
• Primary	\$0	\$0
• Specialists ^{1,2}	\$5	\$5
PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings)		
	\$0	\$0
EMERGENCY CARE		
	\$85 (not waived if admitted)	\$85 (not waived if admitted)

	ALIGNMENT HEALTH PLATINUM (HMO POS) 001 Clay & Duval Counties	ALIGNMENT HEALTH PLATINUM (HMO POS) 002 Manatee & Sarasota Counties
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	\$100 coverage limit every 2 years	\$100 coverage limit every 2 years
MENTAL HEALTH SERVICES^{1,2}	\$5 individual \$40 group	\$5 individual \$40 group

	ALIGNMENT HEALTH PLATINUM (HMO POS) 001 Clay & Duval Counties	ALIGNMENT HEALTH PLATINUM (HMO POS) 002 Manatee & Sarasota Counties
SKILLED NURSING FACILITY^{1,2}	\$0 per day, days 1-20 \$50 per day, days 21-100 (no prior hospital stay required)	\$0 per day, days 1-20 \$100 per day, days 21-100 (no prior hospital stay required)
PHYSICAL & SPEECH THERAPY	\$0	\$0
GROUND AND AIR AMBULANCE SERVICES¹	\$150 (waived if admitted)	\$150 (waived if admitted)
TRANSPORTATION	\$0 50 one-way trips per year to plan approved locations (within a 35-mile radius)	\$0 50 one-way trips per year to plan approved locations (within a 35-mile radius)
MEDICARE PART B DRUGS	20% coinsurance	20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

ALIGNMENT HEALTH PLATINUM (HMO POS) 001, 002 Clay, Duval, Manatee & Sarasota 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 PLATINUM (HMO POS) 001, 002 Clay, Duval, Manatee & Sarasota 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 PLATINUM (HMO POS) 001 Clay & Duval Counties	ALIGNMENT HEALTH PLATINUM (HMO POS) 002 Manatee & Sarasota Counties
ACCESS ON-DEMAND BLACK CARD	\$0	\$0
ENHANCED DENTAL OPTION MONTHLY PREMIUM	\$27	\$27
ENHANCED DENTAL OPTION COVERAGE	\$2,000 coverage limit per year	\$2,000 coverage limit per year
• Diagnostic Services	0% coinsurance	0% coinsurance
• Restorative	0-70% coinsurance	0-70% 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
FLEX ALLOWANCE Additional coverage is available with FLEX Allowance for Dental, Vision and Hearing benefits	Up to \$500 maximum coverage per year (\$250 every 6 months) for services related to Dental, Vision, Hearing, Acupuncture and Chiropractic	Up to \$500 maximum coverage per year (\$250 every 6 months) for services related to Dental, Vision, Hearing, Acupuncture and Chiropractic
CHIROPRACTIC SERVICES	\$0 Medicare covered \$0 Routine visits with FLEX Allowance	\$0 Medicare covered \$0 Routine visits with FLEX Allowance

	ALIGNMENT HEALTH PLATINUM (HMO POS) 001 Clay & Duval Counties	ALIGNMENT HEALTH PLATINUM (HMO POS) 002 Manatee & Sarasota Counties
ACUPUNCTURE	\$0 Medicare covered \$0 Routine visits with FLEX Allowance	\$0 Medicare covered \$0 Routine visits with FLEX Allowance
PODIATRY SERVICES	\$0 Medicare covered	\$0 Medicare covered
OVER-THE-COUNTER (OTC)	\$75 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
WORLDWIDE EMERGENCY/URGENT COVERAGE	\$0 \$7,500 coverage limit per year	\$0 \$7,500 coverage limit per year
DURABLE MEDICAL EQUIPMENT (DME)	20% coinsurance	20% coinsurance
HOLISTIC SERVICES	Up to \$300 reimbursement per year	not covered

**ALIGNMENT
HEALTH
PLATINUM (HMO
POS) 001**

Clay & Duval
Counties

**ALIGNMENT
HEALTH
PLATINUM (HMO
POS) 002**

Manatee & Sarasota
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.

PET SERVICES

	ALIGNMENT HEALTH PLATINUM (HMO POS) 001	ALIGNMENT HEALTH PLATINUM (HMO POS) 002
	\$0	\$0
For members who have hospital procedures or emergencies and need pet care while they are away.	14 boarding days or 28 walks a year	14 boarding days or 28 walks a year

AIR PURIFIER/HUMIDIFIER

	ALIGNMENT HEALTH PLATINUM (HMO POS) 001	ALIGNMENT HEALTH PLATINUM (HMO POS) 002
	\$0	\$0
For members with a qualified chronic condition, have breathing conditions or who live in an area impacted by fire and/or smoke.	1 air purifier or humidifier per year	1 air purifier or humidifier 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.