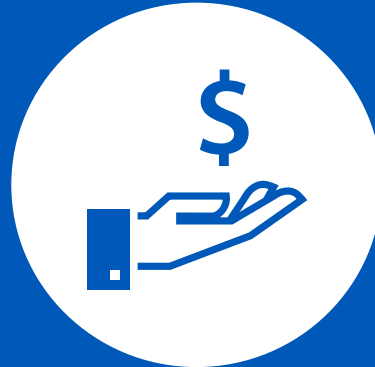




# Alignment Health Plan



# 2023

## Summary of Benefits

### **ALIGNMENT HEALTH AVA (PPO)**

**Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes 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).

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## PREMIUMS AND BENEFITS

### ALIGNMENT HEALTH AVA (PPO) 001

Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties

#### MONTHLY PLAN PREMIUM

• Part C & Part D	\$0
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#### DEDUCTIBLE

\$0

#### MAXIMUM OUT-OF-POCKET RESPONSIBILITY

(does not include prescription drugs)

In-Network	\$3,900
Out-of-Network	\$7,900 combined

#### INPATIENT HOSPITAL<sup>1,2</sup>

In-Network	\$200 per day, days 1-6 \$0 per day, days 7-90 (unlimited days per admission)
Out-of-Network	10% coinsurance

#### OUTPATIENT HOSPITAL<sup>1</sup>

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 <sup>1,2</sup>	\$20
Out-of-Network	
• Primary	\$40
• Specialists <sup>1,2</sup>	\$50

**ALIGNMENT HEALTH  
AVA (PPO) 001**

Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties

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

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

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

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

<b>Preventive:</b>	
In-Network	\$0 Medicare covered

**ALIGNMENT HEALTH  
AVA (PPO) 001**

Avery, Buncombe, Chatham, Davidson,  
Davie, Forsyth, Guilford, Henderson,  
Johnston, Madison, McDowell, Mitchell,  
Orange, Transylvania, Wake & Wilkes  
Counties

**Comprehensive:**

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

**VISION SERVICES**

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

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

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

**PHYSICAL & SPEECH THERAPY**

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

**ALIGNMENT HEALTH  
AVA (PPO) 001**

Avery, Buncombe, Chatham, Davidson,  
Davie, Forsyth, Guilford, Henderson,  
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Counties

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

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

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**TRANSPORTATION** not covered

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**MEDICARE PART B DRUGS**

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

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## OUTPATIENT PRESCRIPTION DRUGS

### ALIGNMENT HEALTH AVA (PPO) 001

Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties

<b>PART D DEDUCTIBLE</b>	\$0	
<b>INITIAL COVERAGE LIMIT</b>	\$4,660	
<b>PART D OUT OF POCKET THRESHOLD</b>	\$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
<b>GAP COVERAGE</b>	Tier 6: All Drugs	

**ALIGNMENT HEALTH  
AVA (PPO) 001**

Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes 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**

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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**

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Generic Viagra, Finasteride, Folic Acid. For complete list and coverage details, refer to Bonus Drug List.

**BONUS DRUGS**

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**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) 001

Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties

<b>ACCESS ON-DEMAND BLACK CARD</b>	\$0
<b>OPTIONS + MONTHLY PREMIUM</b>	\$54 w/FLEX Allowance
<b>OPTIONS + COVERAGE</b>	\$700 coverage limit per year
<b>DENTAL</b>	
In-Network	
• Diagnostic Services	0% coinsurance
• Restorative	0% coinsurance
• Endodontics	0% coinsurance
• Periodontics	0% coinsurance
• Extractions	0% coinsurance
• Prosthodontics	0% coinsurance
Out-of-Network	
• Diagnostic Services	0% coinsurance
• Restorative	0% coinsurance
• Endodontics	0% coinsurance
• Periodontics	0% coinsurance
• Extractions	0% coinsurance
• Prosthodontics	0% coinsurance
<b>FLEX ALLOWANCE</b>	Up to \$700 maximum coverage per year (\$350 every 6 months) towards: Dental, Vision, Hearing, Acupuncture, Chiropractic Services
<b>ADDITIONAL WORLDWIDE EMERGENCY/URGENT COVERAGE</b>	\$25,000 coverage limit per year
<b>ADDITIONAL OVER-THE-COUNTER (OTC)</b>	\$45 spending allowance per quarter (no rollover)
<b>PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)</b> <i>end of Options+ benefits</i>	\$0
<b>FITNESS</b>	\$0



**ALIGNMENT HEALTH  
AVA (PPO) 001**

Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties

**CHIROPRACTIC**

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

**ACUPUNCTURE**

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

**PODIATRY SERVICES**

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

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

\$50 spending allowance every 3 months (no rollover)

**TELEHEALTH**

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

**WORLDWIDE EMERGENCY/URGENT COVERAGE**

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

**DURABLE MEDICAL EQUIPMENT (DME)**

	0% coinsurance for items \$350 or less
In-Network	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 \(TTY 711\)](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

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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](http://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](http://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](http://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. 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.