



Alignment Health Plan®



2024 SUMMARY OF BENEFITS

Alignment Health the ONE + Walgreens (HMO)

Alignment Health smartHMO (HMO)

Maricopa, Pima & Santa Cruz Counties

www.AlignmentHealthPlan.com

**ALIGNMENT HEALTH
THE ONE + WALGREENS
(HMO) 001**

Maricopa County

**ALIGNMENT HEALTH
THE ONE + WALGREENS
(HMO) 002**

Pima & Santa Cruz Counties

**ALIGNMENT HEALTH
SMARTHMO (HMO) 005**

Maricopa, Pima
& Santa Cruz Counties

| | ALIGNMENT HEALTH THE ONE + WALGREENS (HMO) 001 Maricopa County | ALIGNMENT HEALTH THE ONE + WALGREENS (HMO) 002 Pima & Santa Cruz Counties | ALIGNMENT HEALTH SMARTHMO (HMO) 005 Maricopa, Pima & Santa Cruz Counties |
|--|---|---|---|
| MONTHLY PLAN PREMIUM · Part C & Part D | \$0 | \$0 | \$0 |
| PART B PREMIUM REBATE | not covered | \$155/month | \$155/month |
| DEDUCTIBLE | \$0 | \$0 | \$0 |
| MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs) | \$2,499 | \$3,900 | \$3,900 |
| INPATIENT HOSPITAL^{1,2} | \$125 per day, days 1-5 \$0 per day, days 6-90 (unlimited days per admission) | \$250 per day, days 1-7 \$0 per day, days 8-90 (unlimited days per admission) | \$250 per day, days 1-7 \$0 per day, days 8-90 (unlimited days per admission) |
| OUTPATIENT HOSPITAL¹ · Hospital Services | \$85 | \$200 | \$200 |
| · Observation Services | \$0 | \$0 | \$0 |
| AMBULATORY SURGICAL CENTER | \$40 | \$50 | \$50 |
| DOCTOR VISITS · Primary | \$0 | \$0 | \$0 |
| · Specialists ^{1,2} | \$0 | \$20 | \$20 |
| PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings) | \$0 | \$0 | \$0 |
| EMERGENCY CARE | \$75 (waived if admitted within 48 hours) | \$120 (waived if admitted within 48 hours) | \$120 (waived if admitted within 48 hours) |
| URGENTLY NEEDED SERVICES | \$0 | \$0 | \$0 |
| OUTPATIENT DIAGNOSTIC^{1,2} · Procedures, tests, lab services | \$0 | \$0 | \$0 |
| · X-Ray | \$0 | \$0 | \$0 |
| · 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 |

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· Hearing aid allowance

Standard Benefits

\$1,000 limit both ears
combined every 2 years

Value-Based Benefits for LIS*

Standard benefit plus
additional \$1,000 limit both
ears combined, total coverage
up to \$2,000 per year

not covered

DENTAL SERVICES^{1,2}

Preventive

- Exam & Cleaning 1 every 6 months
- Fluoride treatment 1 every 6 months
- X-Ray 1 every 3 years

\$0

\$0

\$0

\$0

\$0

\$0

Comprehensive

- Diagnostic Services
- Restorative Services
- Endodontics
- Periodontics
- Extractions
- Prosthodontics

\$2,000 coverage limit per year
(Preventive and Comprehensive
combined)

Medicare covered only

\$0

\$0

\$0

\$0

\$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

Standard Benefits

\$300 coverage limit for
glasses/contacts per year

Value-Based Benefits for LIS*

Standard benefit plus \$200
coverage limit for glasses/
contact, total \$500 per year

\$100 coverage limit
for glasses/contacts
every 2 years

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MENTAL HEALTH SERVICES^{1,2}

· Inpatient Hospital

\$120 per day, days 1-10
\$0 per day, days 11-90
\$0 for 40 additional day
limit (91-130)
\$0 for 60 days Lifetime
Reserve

\$120 per day, days 1-10
\$0 per day, days 11-90
\$0 for 40 additional day
limit (91-130)
\$0 for 60 days Lifetime
Reserve

· Mental Health Specialty

\$0

\$10

· Psychiatric Services (Individual and Group)

\$20

\$20

SKILLED NURSING FACILITY^{1,2}

\$0 per day, days 1-20
\$100 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

\$100
(waived if admitted)

\$100 Ground
\$200 Air
(waived if admitted)

TRANSPORTATION

Standard Benefits

\$0
12 one-way trips per year
to plan approved locations
(within a 20-mile radius)

Value-Based Benefits for LIS*

Unlimited trips to plan
approved locations
(within a 50-mile radius)

not covered

MEDICARE PART B DRUGS

20% coinsurance

20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

ALIGNMENT HEALTH THE ONE + WALGREENS (HMO) 001

Maricopa County

ALIGNMENT HEALTH THE ONE + WALGREENS (HMO) 002

Pima & Santa Cruz Counties

| | |
|--------------------------------|---------|
| PART D DEDUCTIBLE | \$0 |
| INITIAL COVERAGE LIMIT | \$5,030 |
| PART D OUT OF POCKET THRESHOLD | \$8,000 |

| 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 | |

Members may qualify for a \$0 copay based on **Extra Help***

ALIGNMENT HEALTH SMARTHMO (HMO) 005

Maricopa, Pima & Santa Cruz Counties

| | |
|--------------------------------|------------------------|
| PART D DEDUCTIBLE | \$545 (Tiers 4 and 5) |
| INITIAL COVERAGE LIMIT | \$5,030 |
| PART D OUT OF POCKET THRESHOLD | \$8,000 |

| 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 | \$45 | \$135 |
| Tier 4: Non-Preferred | \$100 | \$300 |
| Tier 5: Specialty Tier | 25% coinsurance | not covered |
| Tier 6: Select Care | \$5 | \$0 |
| GAP COVERAGE | Tier 1: All Drugs Tier 6: All Drugs | |

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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 Retail Standard for a 31-day supply.

CATASTROPHIC COVERAGE

During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

For excluded drugs covered under our enhanced benefit, you pay the same copayment as you did in the Initial Coverage Stage.

BONUS DRUGS

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

INSULIN

Important Message About What You Pay for Insulin: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

VACCINES

Our plan covers most Part D vaccines at no cost to you.

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

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|---|--|---|---|
| ACCESS ON-DEMAND CONCIERGE CARD (provides access to OTC benefits and Healthy Rewards) | \$0 | \$0 | \$0 |
| OPTIONAL COMPLETE PACKAGE BUY UP MONTHLY PREMIUM | not covered | not covered | \$64.90 |
| OPTIONAL COMPLETE PACKAGE DENTAL COVERAGE | not covered | not covered | \$1,500 coverage limit per year |
| · Diagnostic Services | not covered | not covered | 0% coinsurance |
| · Restorative | not covered | not covered | 50% coinsurance |
| · Endodontics | not covered | not covered | 50% coinsurance |
| · Periodontics | not covered | not covered | 0-50% coinsurance |
| · Extractions | not covered | not covered | 50% coinsurance |
| · Prosthodontics | not covered | not covered | 50% coinsurance |

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**OPTIONAL COMPLETE PACKAGE
OTHER COVERAGE**

- In-Patient Hospital Copay Reimbursement
- Worldwide Emergency Coverage
- Transportation

- Hearing Aid

- Personal Emergency Response System (PERS)
(personal emergency response device)

not covered
not covered
not covered

not covered

not covered

\$5,000 maximum per year
Additional \$75,000 per year
24 one-way trips to plan approved locations (within 30-mile radius)
\$2,000 limit both ears combined every 2 years
\$0

**END OF OPTIONAL COMPLETE PACKAGE
BUY UP COVERAGE**

FITNESS
(no-cost memberships at participating fitness centers)

\$0

\$0

CHIROPRACTIC

\$0 Medicare covered
\$0 for 24 Routine visits per year (combined with Acupuncture)

\$10 Medicare covered

ACUPUNCTURE

\$0 Medicare covered
\$0 for 24 Routine visits per year (combined with Chiropractic)

\$0 Medicare covered

PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)
(personal emergency response device)

\$0

not covered
(only available with the Optional Complete Package Buy Up. See Optional Complete Package Buy Up above).

PODIATRY SERVICES

\$0 Medicare covered

\$5 Medicare covered

OVER-THE-COUNTER (OTC)

Standard Benefits
\$70 spending allowance per quarter (no rollover)
Value-Based Benefits for LIS*
Standard benefit plus \$230 per quarter, \$300 total per quarter

not covered

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IN-HOME SUPPORT SERVICES

\$0
12 hours per quarter,
48 hours per year, **OR**
Caregivers Support.
(Member must choose
in advance)

not covered

CAREGIVERS SUPPORT

Up to \$300 reimbursement
per year, **OR** In-Home Support
Services (members must
choose in advance)

not covered

TELEHEALTH

\$0
Primary Care Provider, Mental
Health Specialty, Psychiatric
Services

\$0
Primary Care Provider, Mental
Health Specialty, Psychiatric
Services

WORLDWIDE EMERGENCY/URGENT COVERAGE

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

\$0
\$25,000 coverage limit
per year

DURABLE MEDICAL EQUIPMENT (DME)
(Plan 002 In-Network only)

0% coinsurance for items
\$350 or less

20% coinsurance for items
\$350.01 or more

20% coinsurance

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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

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

PEST CONTROL

Annual pest eradication for covered pests to ensure the health, welfare, and safety of members.

\$0
1 service per year

\$0
1 service per year

AIR PURIFIER/HUMIDIFIER

For members with a qualified chronic condition, have breathing conditions or who live in an area impacted by fire and/or smoke.

\$0
1 air purifier or humidifier
per year

not covered

ESSENTIALS ALLOWANCE

For qualifying members to assist with Groceries, Gas, Utilities and Home Safety.

\$100 spending allowance
per quarter (no rollover.
\$100 maximum per member,
per year)

not covered

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)

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

*Medicare approved Alignment Health Plan to provide these enhanced benefits and lower copayments as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. Members may be eligible for these enhanced benefits and lower copayments based on socioeconomic status.

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. 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.

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, 2025.

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).

Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.