



Alignment Health Plan®



2024 SUMMARY OF BENEFITS

Alignment Health AVA (PPO)

Arizona—Maricopa, Pima and Santa Cruz Counties

Texas—El Paso & Hudspeth Counties

www.AlignmentHealthPlan.com

ALIGNMENT HEALTH AVA (PPO) 001El Paso, Hudspeth, Maricopa
Pima & Santa Cruz Counties**MONTHLY PLAN PREMIUM**

· Part C & Part D

\$0

DEDUCTIBLE

\$0

MAXIMUM OUT-OF-POCKET RESPONSIBILITY

(does not include prescription drugs)

In-Network

\$3,900

Out-of-Network

\$6,500 combined

INPATIENT HOSPITAL^{1,2}

In-Network

\$150 per day, days 1-3
\$0 per day, days 4-90
(unlimited days per admission)

Out-of-Network

30% coinsurance

OUTPATIENT HOSPITAL¹

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^{1,2}

\$20

Out-of-Network

· Primary

\$40

· Specialists^{1,2}

\$50

PREVENTIVE CARE

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

In-Network

\$0

Out-of-Network

30% coinsurance

EMERGENCY CARE

In-Network and Out-of-Network

\$85
(not waived if admitted)**URGENTLY NEEDED SERVICES**

In-Network and Out-of-Network

\$20
(waived if admitted within 24 hours)

ALIGNMENT HEALTH AVA (PPO) 001El Paso, Hudspeth, Maricopa
Pima & Santa Cruz Counties**OUTPATIENT DIAGNOSTIC^{1,2}****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^{1,2}

· Routine hearing exam

In-Network\$0 Medicare covered benefits and 1 exam per year
\$0 fitting/evaluation every 6 months**Out-of-Network**

30% coinsurance

· Hearing aid allowance

not covered

DENTAL SERVICES^{1,2}**Preventive****In-Network**

· Exam & Cleaning 1 every 6 months

\$0

· Fluoride treatment 1 every 6 months

\$0

· X-Ray 1 every 3 years

\$0

Comprehensive**In-Network**

· Restorative

\$500 coverage limit per year

· Periodontics

\$20

\$20

Out-of-Network

(Preventive & Comprehensive)

30% coinsurance

VISION SERVICES**In-Network**

· Routine exam

\$0 Medicare covered eye exams/1 routine eye exam per year

Out-of-Network

30% coinsurance

In-Network

· Eyewear

\$150 coverage limit for glasses/contacts every 2 years

Out-of-Network

50% coinsurance

ALIGNMENT HEALTH AVA (PPO) 001El Paso, Hudspeth, Maricopa
Pima & Santa Cruz Counties**MENTAL HEALTH SERVICES^{1,2}**

· Inpatient Hospital In-Network	\$120 per day, days 1-10 \$0 per day, days 11-90 \$0 per day, days 91-130 (40 additional day limit) \$0 for 60 days Lifetime Reserve
Out-of-Network	30% coinsurance
· Mental Health Specialty In-Network	\$0
Out-of-Network	30% coinsurance
· Psychiatric Services (Individual and Group) In-Network	\$40
Out-of-Network	30% coinsurance
SKILLED NURSING FACILITY^{1,2} 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
GROUND AND AIR AMBULANCE SERVICES¹ In-Network	\$250 (waived if admitted)
Out-of-Network	30% coinsurance
TRANSPORTATION	not covered
MEDICARE PART B DRUGS In-Network	20% coinsurance
Out-of-Network	30% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

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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	\$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 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.
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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.
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BONUS DRUGS	Generic Viagra, Finasteride, Folic Acid. For a complete list and coverage details, refer to Bonus Drug List.
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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.
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VACCINES	Our plan covers most Part D vaccines at no cost to you.
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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.

EXTRA BENEFITS YOU GET WITH AVA (PPO)

ALIGNMENT HEALTH AVA (PPO) 001

El Paso, Hudspeth, Maricopa
Pima & Santa Cruz Counties

ACCESS ON-DEMAND CONCIERGE CARD (provides access to OTC benefits and Healthy Rewards)	\$0
OPTIONAL OPTIONS+ MONTHLY PREMIUM	\$51
OPTIONS+ COVERAGE	\$2,000 coverage limit per year
DENTAL	
In-Network	
· Diagnostic Services	0% coinsurance
· Restorative	50-70% coinsurance
· Endodontics	70% coinsurance
· Periodontics	0-70% coinsurance
· Extractions	50-70% coinsurance
· Prosthodontics	70% coinsurance
Out-of-Network	
· Diagnostic Services	50% coinsurance
· Restorative	55-75% coinsurance
· Endodontics	75% coinsurance
· Periodontics	50-75% coinsurance
· Extractions	55-75% coinsurance
· Prosthodontics	75% coinsurance
ADDITIONAL OPTIONS+ COVERAGE	
This is additional coverage to standard benefit	
· Worldwide emergency coverage	\$15,000
· Transportation	12 one-way trips to plan approved locations (within a 30-mile radius)
· Hearing aid	\$2,000 coverage limit every 2 years
· Over the counter (OTC)	\$45 spending allowance per quarter (no rollover)
· Personalize emergency response system	\$0
END OF OPTIONS+ COVERAGE	
FITNESS (no-cost memberships at participating fitness centers)	\$0
CHIROPRACTIC	
In-Network	\$0 Medicare covered
Out-of-Network	30% coinsurance Medicare covered
ACUPUNCTURE	
In-Network	\$0 Medicare covered

ALIGNMENT HEALTH AVA (PPO) 001El Paso, Hudspeth, Maricopa
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In-Network

\$0

Out-of-Network

30% coinsurance

OVER-THE-COUNTER (OTC)\$60 spending allowance per quarter
(no rollover)**TELEHEALTH**

In-Network

\$0
All benefit services**WORLDWIDE EMERGENCY/URGENT COVERAGE**\$0
\$10,000 coverage limit per year**DURABLE MEDICAL EQUIPMENT (DME)**

In-Network

0% coinsurance for items \$350 or less
20% coinsurance for items \$350.01 or more

Out-of-Network

30% coinsurance

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**PEST CONTROL**

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

\$0
1 service per year

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

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.



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, noncontracted providers may deny care.



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.