



Alignment Health Plan®



# 2024 SUMMARY OF BENEFITS

## **Alignment Health AVA (PPO)**

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

[www.AlignmentHealthPlan.com](http://www.AlignmentHealthPlan.com)

**ALIGNMENT HEALTH AVA (PPO) 001**

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

<b>MONTHLY PLAN PREMIUM</b> · Part C & Part D	\$0
<b>DEDUCTIBLE</b>	\$0
<b>MAXIMUM OUT-OF-POCKET RESPONSIBILITY</b> (does not include prescription drugs)	
In-Network	\$2,899
Out-of-Network	\$5,750 combined
<b>INPATIENT HOSPITAL<sup>1,2</sup></b>	
In-Network	\$200 per day, days 1-6 \$0 per day, days 7-90 (unlimited days per admission)
Out-of-Network	10% coinsurance
<b>OUTPATIENT HOSPITAL<sup>1</sup></b>	
In-Network	
· Hospital Services	\$165
· Observation Services	\$0
Out-of-Network	25% coinsurance
<b>AMBULATORY SURGICAL CENTER</b>	
In-Network	\$100
Out-of-Network	30% coinsurance
<b>DOCTOR VISITS</b>	
In-Network	
· Primary	\$5
· Specialists <sup>1,2</sup>	\$20
Out-of-Network	
· Primary	\$40
· Specialists <sup>1,2</sup>	\$50
<b>PREVENTIVE CARE</b> (e.g., flu vaccine, diabetic screenings)	
In-Network	\$0
Out-of-Network	30% coinsurance
<b>EMERGENCY CARE</b>	\$85 (not waived if admitted)
In-Network & Out-of Network	
<b>URGENTLY NEEDED SERVICES</b>	\$20 (waived if admitted within 24 hours)
In-Network & Out-of Network	

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**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

In-Network

\$0 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>****Preventive**

In-Network

\$0 copay for:  
 1 Oral Exam every 6 months  
 1 Cleaning every 6 months  
 1 X-ray every 3 years  
 1 Fluoride treatment every 6 months

**Comprehensive**

In-Network

Restorative: \$0 copay  
 Endodontics: \$0 copay  
 Periodontics: \$0 copay  
 Extractions: \$0 copay  
 Prosthodontics: \$0 copay

Out-of-Network  
(Comprehensive)

Restorative: \$0 copay  
 Endodontics: \$0 copay  
 Periodontics: \$0 copay  
 Extractions: \$0 copay  
 Prosthodontics: \$0 copay  
 \$1,000 per year In-Network & Out-of-Network coverage limit. Preventive & Comprehensive combined

**VISION SERVICES**

In-Network

· Routine exam

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

· Eyewear

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

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Out-of-Network	30% coinsurance eye exam/50% coinsurance eyewear
<b>MENTAL HEALTH SERVICES<sup>1,2</sup></b> · 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	10% 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
<b>SKILLED NURSING FACILITY<sup>1,2</sup></b>	
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
<b>PHYSICAL &amp; SPEECH THERAPY</b>	
In-Network	\$0
Out-of-Network	30% coinsurance
<b>GROUND AND AIR AMBULANCE SERVICES<sup>1</sup></b>	
In-Network	\$250 (waived if admitted)
Out-of-Network	30% coinsurance
<b>TRANSPORTATION</b>	not covered
<b>MEDICARE PART B DRUGS</b>	
In-Network	20% coinsurance
Out-of-Network	30% coinsurance

## 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

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
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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	<b>Important Message About What You Pay for Insulin:</b> 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](http://www.alignmenthealthplan.com).

## EXTRA BENEFITS YOU GET WITH AVA (PPO)

<b>ALIGNMENT HEALTH AVA (PPO) 001</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties	
<b>ACCESS ON-DEMAND CONCIERGE CARD</b> (provides access to OTC benefits and Healthy Rewards)	\$0
<b>OPTIONS+ MONTHLY PREMIUM</b>	\$54 w/FLEX Allowance
<b>DENTAL OPTION</b>  In-Network <ul style="list-style-type: none"> <li>· Diagnostic Services</li> <li>· Restorative</li> <li>· Endodontics</li> <li>· Periodontics</li> <li>· Extractions</li> <li>· Prosthodontics</li> </ul>	Dental coverage with FLEX Allowance. See FLEX Allowance Below.  0% coinsurance 0% coinsurance 0% coinsurance 0% coinsurance 0% coinsurance 0% coinsurance
Out-of-Network <ul style="list-style-type: none"> <li>· Diagnostic Services</li> <li>· Restorative</li> <li>· Endodontics</li> <li>· Periodontics</li> <li>· Extractions</li> <li>· Prosthodontics</li> </ul>	0% coinsurance 0% coinsurance 0% coinsurance 0% coinsurance 0% coinsurance 0% coinsurance
<b>ADDITIONAL OPTIONS+ COVERAGE</b> This is additional coverage to standard benefit <ul style="list-style-type: none"> <li>· Worldwide emergency coverage</li> <li>· Over the counter (OTC)</li> <li>· Personalize emergency response (PERS)                              (personal emergency response device)</li> <li>· FLEX allowance                              Additional coverage for Vision, Dental, Hearing, Acupuncture,                              Chiropractic and Podiatry services</li> </ul>	\$25,000 coverage limit per year \$45 spending allowance per quarter (no rollover) \$0  Up to \$700 maximum coverage per year (\$350 every 6 months)
<b>END OF OPTIONS+ COVERAGE</b>	
<b>FITNESS</b> (no-cost memberships at participating fitness centers)	\$0
<b>CHIROPRACTIC</b> In-Network	\$0 Medicare covered
Out-of-Network	30% coinsurance Medicare covered
<b>ACUPUNCTURE</b> In-Network	\$0 Medicare covered

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**PODIATRY SERVICES**

In-Network

\$0 Medicare covered

Out-of-Network

30% coinsurance Medicare covered

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

\$50 spending allowance per quarter (no rollover)

**TELEHEALTH**

In-Network

\$0  
All benefit services

Out-of-Network

30% coinsurance

**WORLDWIDE EMERGENCY/URGENT COVERAGE**\$0  
\$10,000 coverage limit**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 for 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 for 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](http://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](http://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](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, 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.