



Alignment Health Plan®



2024 SUMMARY OF BENEFITS

**Alignment Health NC Duals (HMO-POS D-SNP)
Alignment Health Heart & Diabetes (HMO-POS C-SNP)**

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

www.AlignmentHealthPlan.com

If you are enrolled in the Medicaid program, you may pay nothing for services or will get help with your share of costs (such as copay, coinsurance, or deductibles). You must remain enrolled in Medicaid for reduced cost-sharing.

	ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004 Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties	ALIGNMENT HEALTH HEART & DIABETES (HMO-POS C-SNP) 005 Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake & Wilkes Counties
MONTHLY PLAN PREMIUM	\$27.70 (Part C \$0 & Part D \$27.70)	\$0
DEDUCTIBLE	\$0	\$0
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)	\$8,850	\$3,400
INPATIENT HOSPITAL^{1,2}	\$1,600 deductible for each benefit period \$0 per day, days 1-60 \$400 per day, days 61-90 \$800 per day, in Lifetime reserve Beyond lifetime reserve days: All costs. These costs are for 2023 and may change in 2024.	In-Network & Out-of-Network: \$100 per day, days 1-6 \$0 per day, days 7-90 (unlimited days per admission)
OUTPATIENT HOSPITAL¹ · Hospital Services	20% coinsurance \$0 for full Dual	\$200
· Observation Services	20% coinsurance \$0 for full Dual	\$0
AMBULATORY SURGICAL CENTER	20% coinsurance \$0 for full Dual	\$0
DOCTOR VISITS · Primary	\$0	\$0
· Specialists ^{1,2}	In-Network & Out-of-Network: \$0	In-Network & Out-of-Network: \$0
PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings)	\$0	\$0
EMERGENCY CARE	20% coinsurance \$0 for full Dual (waived if admitted within 3 days)	\$70 (waived if admitted within 48 hours)
URGENTLY NEEDED SERVICES	\$0	\$0

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**ALIGNMENT HEALTH
HEART & DIABETES
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OUTPATIENT DIAGNOSTIC^{1,2}

· Procedures, tests, lab services	20% coinsurance \$0 for full Dual	\$0
· X-Ray	\$0	\$0
· Diagnostic	\$0	\$0
· Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance \$0 for full Dual	20% coinsurance

HEARING SERVICES^{1,2}

· Routine hearing exam	\$0 Medicare covered benefits \$0 for 1 exam/fitting/ evaluation per year with FLEX Allowance. See FLEX Allowance below.	\$0 Medicare covered benefits \$0 for 1 exam/fitting/ evaluation per year with FLEX Allowance. See FLEX Allowance below.
· Hearing aid allowance	\$0 with FLEX Allowance See FLEX Allowance below.	\$0 with FLEX Allowance See FLEX Allowance below.

DENTAL SERVICES^{1,2}

Preventive covered with FLEX Allowance
See FLEX Allowance below.

· Exam & Cleaning	\$0	\$0
· Fluoride treatment	\$0	\$0
· X-Ray	\$0	\$0

Comprehensive covered with FLEX Allowance
See FLEX Allowance below.

· Diagnostic	\$0	\$0
· Restorative	\$0	\$0
· Endodontics	\$0	\$0
· Periodontics	\$0	\$0
· Extractions	\$0	\$0
· Prosthodontics	\$0	\$0

VISION SERVICES

· Routine exam	\$0 Medicare covered eye exams \$0 for 1 routine eye exam per year with FLEX Allowance. See FLEX Allowance below.	\$0 Medicare covered eye exams \$0 for 1 routine eye exam per year with FLEX Allowance. See FLEX Allowance below.
· Eyewear	\$0 with FLEX Allowance See FLEX Allowance below.	\$0 with FLEX Allowance See FLEX Allowance below.

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MENTAL HEALTH SERVICES^{1,2}

· Inpatient Hospital

\$1,600 deductible
Days 1-60: \$0 per day
Days 61-90: A \$400
copayment per day
Days 91 and beyond: An \$800
copayment per each “lifetime
reserve day” after day 90 (up to
a maximum of 60 reserve days
over your lifetime)
Each day after the lifetime
reserve days: All costs 20%
of the Medicare-Approved
Amount for mental health
services you get from doctors
and other health care providers
while you’re a hospital inpatient.
These costs are for 2023 and
may change in 2024.

\$250 copay per Medicare
covered stay

· Mental Health Specialty

20% coinsurance
\$0 for Full Duals

\$0

· Psychiatric Services (Individual and Group)

20% coinsurance
\$0 for Full Duals

\$0

SKILLED NURSING FACILITY^{1,2}

\$0 per day, days 1-20
\$194.50 per day, days 21-100
Days 101 and beyond,
all costs.
These costs are for 2023 and
may change in 2024.

\$0 per day, days 1-20
\$100 per day, days 21-51
\$0 per day, days 52-100
(no prior hospital stay
required)

PHYSICAL & SPEECH THERAPY

20% coinsurance
\$0 for Full Duals

\$0

GROUND AND AIR AMBULANCE SERVICES¹

20% coinsurance
\$0 for Full Duals
(not waived if admitted)

\$100
(waived if admitted)

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TRANSPORTATION

Standard Benefits

\$0
50 one-way trips per year to plan approved locations (within a 50-mile radius)

Value-Based Benefits for LIS*

\$0
50 one-way trips per year to plan approved routine and non-routine locations (within 50-mile radius) combined

\$0
50 one-way trips to approved locations per year (within a 35-mile radius)

MEDICARE PART B DRUGS

20% coinsurance
\$0 for Full Duals

20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

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PART D DEDUCTIBLE

\$545

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

Drugs Tier 1:

You pay 25% of the total cost
Members qualify for a \$0 copay based on **Extra Help***

GAP COVERAGE

not covered

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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	\$0	\$0
Tier 3: Preferred Brand	\$30	\$75
Tier 4: Non-Preferred	\$75	\$187.50
Tier 5: Specialty Tier	33% coinsurance	not covered
Tier 6: Select Care	\$5 (\$0 for 90-100 day supply)	\$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	ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004 During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. ALIGNMENT HEALTH HEART & DIABETES (HMO-POS C-SNP) 005 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. Not available on the ALIGNMENT HEALTH NC Duals (HMO D-SNP) 004
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 even if you haven't paid your deductible.

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
FITNESS (no-cost memberships at participating fitness centers)	\$0	\$0
FLEX ALLOWANCE Additional coverage for services related to Vision, Dental, Hearing, Acupuncture, Chiropractic and Routine Podiatry	Up to \$3,000 maximum spending per year (\$1,500 every 6 months)	Up to \$2,000 maximum spending per year (\$1,000 every 6 months)
PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) (personal emergency response device)	\$0	\$0
CHIROPRACTIC	\$0 Medicare covered Routine visits with FLEX Allowance.	\$0 Medicare covered Routine visits with FLEX Allowance.
ACUPUNCTURE	\$0 Medicare covered Routine visits with FLEX Allowance.	\$0 Medicare covered Routine visits with FLEX Allowance.
PODIATRY SERVICES	\$0 Medicare covered Routine visits with FLEX Allowance.	\$0 Medicare covered Routine visits with FLEX Allowance.
OVER-THE-COUNTER (OTC)	Standard Benefits \$1,000 spending allowance per quarter (no rollover) Value-Based Benefits for LIS* \$1,000 spending allowance per quarter. Combined with SSBCI Essentials Allowance benefit. See SSBCI Essentials Allowance benefit below.	\$150 spending allowance per quarter (no rollover). Combined with SSBCI Essentials Allowance benefit. See SSBCI Essentials Allowance benefit below.
TELEHEALTH	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
IN-HOME SUPPORT SERVICES	12 hours per quarter, 48 hours per year, OR Caregivers Support (member must choose in advance)	12 hours per quarter, 48 hours per year, OR Caregivers Support (member must choose in advance)

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CAREGIVERS SUPPORT	Up to \$300 annual reimbursement, OR In-Home Support Services (member must choose in advance)	Up to \$300 annual reimbursement, OR In-Home Support Services (member must choose in advance)
WORLDWIDE EMERGENCY/URGENT COVERAGE	\$0 \$25,000 coverage limit per year	\$0 \$25,000 coverage limit per year
DURABLE MEDICAL EQUIPMENT (DME)	20% coinsurance \$0 for Full Duals	0% coinsurance for items \$500 or less; 20% coinsurance for items \$500.01 or more

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.

ESSENTIALS ALLOWANCE For qualifying members to assist with Groceries, Gas, Utilities and Home Safety.	Standard Benefits not covered Value-Based Benefits for LIS* \$1,000 spending allowance per quarter. Combined with OTC benefit. See OTC benefit above.	\$150 spending allowance per quarter (no rollover) combined with OTC. See OTC benefit above.
PET SERVICES For members who have hospital procedures or emergencies and need pet.	\$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 month	\$0 1 service per month
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.	not covered	\$0 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 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).

NC Duals (HMO-POS D-SNP) is a dual eligible special needs plan. Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. Heart & Diabetes (HMO-POS C-SNP) is a chronic special needs plan. Your ability to enroll will be based on verification of a qualifying chronic condition.

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.