Alignment Health Plan®

2024 SUMMARY OF BENEFITS

Alignment Health My Choice (HMO)
Alignment Health the ONE + Walgreens (HMO)

Fresno, Los Angeles, Madera, Merced, Orange, Riverside, San Bernardino, San Luis Obispo & Ventura Counties

www.AlignmentHealthPlan.com

	ALIGNMENT HEALTH MY CHOICE (HMO) 001 Los Angeles, Orange, Riverside & San Bernardino Counties	ALIGNMENT HEALTH MY CHOICE (HMO) 028 San Luis Obispo & Ventura Counties	ALIGNMENT HEALTH THE ONE + WALGREENS (HMO) 035 Fresno, Madera & Merced Counties
MONTHLY PLAN PREMIUM · Part C & Part D	$0	$0	$0
DEDUCTIBLE	$0	$0	$0
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)	$498	$698	$999
INPATIENT HOSPITAL[1,2]	$0 (unlimited days per admission)	$0 (unlimited days per admission)	$0 per day, days 1-3 $50 per day, days 4-7 $0 per day, days 8-90 (unlimited days per admission)
OUTPATIENT HOSPITAL[1] · Hospital Services	$0	$0	$85
· Observation Services	$0	$0	$0
AMBULATORY SURGICAL CENTER	$0	$0	$0
DOCTOR VISITS · Primary	$0	$0	$0
· Specialists[1,2]	$0	$0	$0
PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings)	$0	$0	$0
EMERGENCY CARE	$70 (waived if admitted within 48 hours)	$70 (waived if admitted within 48 hours)	$50 (waived if admitted within 48 hours)
URGENTLY NEEDED SERVICES	$0	$0 (waived if admitted within 24 hours)	$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

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HEARING SERVICES[1,2]			
· Routine hearing exam	$0 Medicare covered benefits and 1 exam/ fitting/evaluation per year Additional coverage with the FLEX Allowance. See FLEX Allowance below.	$0 Medicare covered benefits and 1 exam/fitting/ evaluation per year	$0 Medicare covered benefits and 1 exam/fitting/ evaluation per year Additional coverage with the FLEX Allowance. See FLEX Allowance below.
· Hearing aid allowance	$1,000 limit both ears combined every 2 years Additional coverage with the FLEX Allowance. See FLEX Allowance below.	$1,000 limit both ears combined every 2 years	$1,000 limit both ears combined every 2 years Additional coverage with the FLEX Allowance. See FLEX Allowance below.
DENTAL SERVICES[1,2]			
Preventive			
· Exam & Cleaning 1 every 6 months	$0	$0	$0
· Fluoride treatment 1 every 6 months	$0	$0	$0
· X-Ray 1 every 3 years	$0 Additional coverage with the FLEX Allowance. See FLEX Allowance below.	$0	$0 Additional coverage with the FLEX Allowance. See FLEX Allowance below.
Comprehensive			
· Restorative	$0	$20-$350	$20-$350
· Endodontics	$0	$15-$295	$15-$295
· Periodontics	$0	$15-$375	$15-$375
· Extractions	$0	$25-$140	$25-$140
· Prosthodontics	$0 Additional coverage with the FLEX Allowance. See FLEX Allowance below. $1,500 Coverage limit per year Preventive and Comprehensive combined	$20-$425	$20-$425 Additional coverage with the FLEX Allowance. See FLEX Allowance below.

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VISION SERVICES · Routine exam	$0 Medicare covered eye exams/1 routine eye exam per year Additional coverage with the FLEX Allowance. See FLEX Allowance below.	$0 Medicare covered eye exams/1 routine eye exam per year	$0 Medicare covered eye exams/1 routine eye exam per year Additional coverage with the FLEX Allowance. See FLEX Allowance below.
· Eyewear	$200 coverage limit for glasses/contacts per year Additional coverage with the FLEX Allowance. See FLEX Allowance below.	$200 coverage limit for glasses/contacts per year	$300 coverage limit for glasses/contacts per year Additional coverage with the FLEX Allowance. See FLEX Allowance below.
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	$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	$0	$0
· Psychiatric Services (Individual and Group)	$20	$20	$20
SKILLED NURSING FACILITY[1,2]	$0 per day, days 1-20 $30 per day, days 21-100 (no prior hospital stay required)	$0 per day, days 1-20 $30 per day, days 21-100 (no prior hospital stay required)	$0 per day, days 1-20 $50 per day, days 21-100 (no prior hospital stay required)
PHYSICAL & SPEECH THERAPY	$0	$0	$0
GROUND AND AIR AMBULANCE SERVICES[1]	$75 (waived if admitted)	$75 ground $200 air (waived if admitted)	$75 (waived if admitted)
TRANSPORTATION	$0 22 one-way trips per year to plan approved locations (within a 50-mile radius)	$0 22 one-way trips per year to plan approved locations (within a 50-mile radius)	$0 24 one-way trips per year to plan approved locations (within a 50-mile radius)
MEDICARE PART B DRUGS	20% coinsurance	20% coinsurance	20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

	ALIGNMENT HEALTH MY CHOICE (HMO) 001 Los Angeles, Orange, Riverside & San Bernardino 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	$5	$12.50
Tier 3: Preferred Brand	$30	$75
Tier 4: Non-Preferred	$100	$300
Tier 5: Specialty Tier	33% coinsurance	not covered
Tier 6: Select Care	$3	$0
GAP COVERAGE	Tier 1: All Drugs Tier 6: All Drugs	

	ALIGNMENT HEALTH MY CHOICE (HMO) 028 San Luis Obispo & Ventura 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	$3	$9
Tier 3: Preferred Brand	$40	$120
Tier 4: Non-Preferred	$93	$279
Tier 5: Specialty Tier	33% coinsurance	not covered
Tier 6: Select Care	$3	$0
GAP COVERAGE	Tier 6: All Drugs	

	ALIGNMENT HEALTH THE ONE + WALGREENS (HMO) 035 Fresno, Madera & Merced 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.
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
ENHANCED DENTAL OPTION MONTHLY PREMIUM	not covered	$27	$27
ENHANCED DENTAL OPTION COVERAGE	not covered	$1,500 coverage limit per year	$1,500 coverage limit per year
· Diagnostic Services		0% coinsurance	0% coinsurance
· Restorative		50% coinsurance	50% coinsurance
· Endodontics		50% coinsurance	50% coinsurance
· Periodontics		0-50% coinsurance	0-50% coinsurance
· Extractions		50% coinsurance	50% coinsurance
· Prosthodontics		50% coinsurance	50% coinsurance
FITNESS (no-cost memberships at participating fitness centers)	$0	$0	$0
FLEX ALLOWANCE Additional coverage for services related to Vision, Dental, Hearing, Acupuncture, Chiropractic and Routine Podiatry	$200 coverage limit per year	not covered	$500 coverage limit per year
PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) (personal emergency response device)	$0	$0	$0
CHIROPRACTIC	$0 Medicare covered. Routine visits with FLEX Allowance.	$0 Medicare covered	$0 Medicare covered. Routine visits with FLEX Allowance.
ACUPUNCTURE	$0 Medicare covered. Routine visits with FLEX Allowance.	$0 Medicare covered	$0 Medicare covered. Routine visits with FLEX Allowance.
PODIATRY SERVICES	$0 Medicare covered. Routine visits with FLEX Allowance.	$0 Medicare covered	$0 Medicare covered. Routine visits with FLEX Allowance.
OVER-THE-COUNTER (OTC)	$60 spending allowance per quarter (no rollover)	$90 spending allowance per quarter (no rollover)	$135 spending allowance per quarter (no rollover)
TELEHEALTH	$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
WORLDWIDE EMERGENCY/URGENT COVERAGE	$0 $25,000 coverage limit per year	$0 $50,000 coverage limit per year	$0 $50,000 coverage limit per year

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CAREGIVERS SUPPORT	Up to $300 reimbursement per year, **OR** In-Home Support Services (member must choose in advance)	not covered	Up to $300 reimbursement per year, **OR** In-Home Support Services (member must choose in advance)
IN-HOME SERVICES	$0 12 hours per quarter, 48 hours per year, **OR** Caregivers Support (member must choose in advance)	not covered	$0 12 hours per quarter, 48 hours per year, **OR** Caregivers Support (member must choose in advance)
DURABLE MEDICAL EQUIPMENT (DME)	0% coinsurance for items $350 or less 20% coinsurance for items $350.01 or more	0% coinsurance for items $450 or less 20% coinsurance for items $450.01 or more	0% coinsurance for items $350 or less 20% coinsurance for items $350.01 or more
CHRONIC & READMISSION MEALS	$0 28 days, 56 meals per year (28 meals over 14 days, twice/year)	$0 28 days, 56 meals per year (28 meals over 14 days, twice/year)	$0 28 days, 56 meals per year (28 meals over 14 days, twice/year)

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.	not covered	not covered	$30 spending allowance per quarter (no rollover)
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	$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	$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	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**

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.

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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.