



Alignment Health Plan®

2025 SUMMARY OF BENEFITS

Alignment Health smartHMO (HMO)

Alignment Health Platinum (HMO-POS)

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

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2025 - December 31, 2025.

PREMIUMS AND BENEFITS

	ALIGNMENT HEALTH SMARTHMO (HMO) 006 Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties	ALIGNMENT HEALTH PLATINUM (HMO-POS) 003 Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties
MONTHLY PLAN PREMIUM		
<ul style="list-style-type: none"> Part C & Part D 	\$0.00	\$0.00
PART B PREMIUM REBATE	\$142.00	\$0.00
DEDUCTIBLE	\$0.00	\$0.00
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)	\$3,400.00	\$2,999.00
INPATIENT HOSPITAL ^{1, 2}		
<u>In-Network</u>	\$275.00 per day, days 1-6 \$0.00 per day, days 7-90 (unlimited days per admission)	\$0.00 per day, day 1 \$295.00 per day, days 2-7 \$0.00 per day, days 8-90 (unlimited days per admission)
<u>Out-of-Network</u>	Not covered	\$100.00 per day, days 1-2 \$295.00 per day, days 3-7 \$0.00 per day, days 8-90
OUTPATIENT HOSPITAL ^{1, 2}		
<ul style="list-style-type: none"> Hospital Services 	\$200.00	\$200.00
<ul style="list-style-type: none"> Observation Services 	\$0.00	\$0.00
AMBULATORY SURGICAL CENTER ^{1, 2}	\$50.00	\$180.00
DOCTOR VISITS		
<u>In-Network</u>		
<ul style="list-style-type: none"> Primary 	\$0.00	\$0.00
<ul style="list-style-type: none"> Specialists ^{1, 2} 	\$15.00	\$3.00
<u>Out-of-Network</u>		
<ul style="list-style-type: none"> Primary 	Not covered	Not covered
<ul style="list-style-type: none"> Specialists ^{1, 2} 	Not covered	\$10.00
PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings)	\$0.00	\$0.00

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EMERGENCY CARE	\$120.00 (waived if admitted within 48 hours)	\$120.00 (waived if admitted within 24 hours)
URGENTLY NEEDED SERVICES	\$15.00	\$0.00
OUTPATIENT DIAGNOSTIC ^{1, 2}		
• Procedures, tests, lab services	\$0.00	\$0.00
• X-Ray	\$0.00	\$0.00
• Diagnostic	\$0.00	\$0.00
• Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance	20% coinsurance
HEARING SERVICES		
• Routine hearing exam	\$0.00 Medicare-covered benefits and 1 exam/fitting/evaluation every year	\$0.00 Medicare-covered benefits Coverage available with the FLEX Allowance, see FLEX Allowance below
• Hearing aids	Not covered	Coverage available with the FLEX Allowance, see FLEX Allowance below
DENTAL SERVICES ^{1, 2}		
Diagnostic and preventive:		
• Exam & Cleaning	\$0.00 for 1 every six months	Coverage available with the FLEX Allowance, see FLEX Allowance below
• Fluoride treatment	\$0.00 for 1 every six months	
• X-Ray	\$0.00 for 1 every three years	
Comprehensive:		
• Restorative	Not covered	Coverage available with the FLEX Allowance, see FLEX Allowance below
• Endodontics		
• Periodontics		
• Removable Prosthodontics		
• Fixed Prosthodontics		
• Oral and Maxillofacial Surgery		

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VISION SERVICES		
<ul style="list-style-type: none"> Routine exam 	\$0.00 Medicare-covered eye exams/1 routine eye exam every year	\$0.00 Medicare-covered eye exams/1 routine eye exam every year Coverage available with the FLEX Allowance, see FLEX Allowance below
<ul style="list-style-type: none"> Eyewear 	\$100.00 allowance for glasses/contacts every two years	Coverage available with the FLEX Allowance, see FLEX Allowance below
MENTAL HEALTH SERVICES ^{1, 2}		
<ul style="list-style-type: none"> Inpatient hospital 	\$120.00 per day, days 1-10 \$0.00 per day, days 11-90 \$0.00 for 40 additional day limit (days 91-130) \$0.00 copay for 60 “lifetime reserve days”	\$295.00 per day, days 1-6 \$0.00 per day, days 7-90 \$0.00 for 40 additional day limit (days 91-130) \$0.00 copay for 60 “lifetime reserve days”
<ul style="list-style-type: none"> Mental health specialty (individual and group) 	\$10.00	\$35.00
<ul style="list-style-type: none"> Psychiatric services (individual and group) 	\$20.00	\$35.00
SKILLED NURSING FACILITY ^{1, 2}	\$20.00 per day, days 1-20 \$100.00 per day, days 21-100 (no prior hospital stay required)	\$20.00 per day, days 1-20 \$178.00 per day, days 21-100
PHYSICAL AND SPEECH THERAPY ^{1, 2}	\$0.00	\$10.00
GROUND AND AIR AMBULANCE SERVICES ¹	\$200.00 (waived if admitted)	\$200.00 (not waived if admitted)
TRANSPORTATION ¹	Not covered	\$0.00 28 one-way trips to plan approved locations every year (within a 30-mile radius)

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MEDICARE PART B DRUGS ¹	0% - 20% coinsurance	0% - 20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

ALIGNMENT HEALTH SMARTHMO (HMO) 006

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

PART D DEDUCTIBLE	\$590.00, Tiers 4 and 5	
PART D OUT OF POCKET THRESHOLD	\$2,000.00	
INITIAL COVERAGE	Retail Standard 30-day supply	Mail-order 100-day supply
Tier 1: (Preferred Generic)	\$0.00	\$0.00
Tier 2: (Generic)	\$3.00	\$9.00
Tier 3: (Preferred Brand)	\$45.00	\$135.00
Tier 4: (Non-Preferred Drug)	\$100.00	\$300.00
Tier 5: (Specialty Tier)	25% coinsurance	Not covered
Tier 6: (Select Care Drugs)	\$5.00	\$0.00

ALIGNMENT HEALTH PLATINUM (HMO-POS) 003

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

PART D DEDUCTIBLE	\$0.00	
PART D OUT OF POCKET THRESHOLD	\$2,000.00	
INITIAL COVERAGE	Retail Standard 30-day supply	Mail-order 100-day supply
Tier 1: (Preferred Generic)	\$0.00	\$0.00
Tier 2: (Generic)	\$0.00	\$0.00
Tier 3: (Preferred Brand)	\$45.00	\$135.00
Tier 4: (Non-Preferred Drug)	\$100.00	\$300.00
Tier 5: (Specialty Tier)	33% coinsurance	Not covered
Tier 6: (Select Care Drugs)	\$5.00	\$0.00

ALIGNMENT HEALTH SMARTHMO (HMO) 006

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

ALIGNMENT HEALTH PLATINUM (HMO-POS) 003

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COST-SHARING

May change depending on the pharmacy you choose and when you enter another of the three phases of the Part D benefit. If you reside in a long-term care facility, you pay the same copayment as at an in-network retail pharmacy for a 31-day supply.

CATASTROPHIC COVERAGE

During this payment stage, you pay nothing for covered Part D drugs. 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, cough and cold medications, prescription vitamins, and hair loss drugs. For a complete list and coverage details, refer to the Bonus Drug List.

INSULIN

Important Message About What You Pay for Insulins (Part B and Part D): You won't pay more than \$35.00 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

VACCINES

Important Message About What You Pay for Vaccines: Our plan covers most adult Part D vaccines at no cost to you even if you haven't paid your deductible.

NOTE: Services notated with a "1" may require prior authorization. Services notated 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 BLACK CARD Provides access to OTC benefits and Healthy Rewards	Included	Included
COMPLETE PACKAGE		
Monthly Premium	\$64.90	Not covered
Dental Coverage		Not covered
<ul style="list-style-type: none"> • Diagnostic • Restorative • Endodontics • Periodontics • Removable Prosthodontics • Fixed Prosthodontics • Oral and Maxillofacial Surgery 	0% coinsurance 50% coinsurance 50% coinsurance 0%-50% coinsurance 50% coinsurance 50% coinsurance 50% coinsurance \$1,500.00 coverage limit per year	
Additional Coverage		
<ul style="list-style-type: none"> • Care Anywhere for Qualified Members • Hearing aid Coverage • In-Patient Hospital Copay Reimbursement • Personalized Emergency Response (PERS) • Transportation • Worldwide Emergency Coverage 	\$0.00 copay \$195.00 - \$1,750.00 copay for 2 hearing aids every year \$5,000.00 coverage limit per year \$0.00 copay 24 one-way trips per year to approved plan locations (within 30-mile radius) Additional \$75,000.00 coverage limit per year	
FITNESS (membership(s) at participating fitness centers)	\$0.00	\$0.00

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FLEX ALLOWANCE Additional coverage for services related to vision, dental, hearing, acupuncture, chiropractic and routine podiatry	Not covered	\$750.00 every six months (up to \$1,500.00 maximum spending every year)
PERSONALIZED HEALTH RISK SCREENING	Not covered	\$75.00 1 screening every two years
CHIROPRACTIC SERVICES ^{1, 2}	\$0.00 Medicare-covered	\$0.00 Medicare-covered Routine visits with FLEX Allowance
ACUPUNCTURE	\$0.00 Medicare-covered	\$0.00 Medicare-covered Routine visits with FLEX Allowance
PODIATRY SERVICES	\$5.00 Medicare-covered	\$0.00 Medicare-covered Routine visits with FLEX Allowance
OVER-THE-COUNTER (OTC)	Not covered	\$40.00 spending allowance every month (no rollover)
TELEHEALTH	\$0.00 for primary care provider, mental health specialty, and psychiatric services	\$0.00 for primary care provider, mental health specialty, and psychiatric services
WORLDWIDE EMERGENCY/ URGENT CARE	\$0.00 \$25,000.00 coverage limit per year	\$0.00 \$25,000.00 coverage limit per year
DURABLE MEDICAL EQUIPMENT (DME) ¹	20% coinsurance	20% coinsurance
RE-ADMISSION AND CHRONIC MEALS ^{1, 2}	Not covered	\$0.00 copay for 28 meals over 14 days, twice a year

**ALIGNMENT HEALTH
SMARTHMO (HMO) 006**

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

**ALIGNMENT HEALTH
PLATINUM (HMO-POS) 003**

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

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 lung disorders, dementia, diabetes, and stroke. Other chronic conditions may apply. Medical records will be used to establish the member qualification. The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify because other eligibility and coverage criteria also apply.

PET SERVICES

For members who have hospital procedures or emergencies and need pet care while they are away.

\$0.00
7 boarding days or 14 walks
every year

\$0.00
7 boarding days or 14 walks
every year

PEST CONTROL

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

\$0.00
1 service every year

\$0.00
1 service every 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
Thanksgiving and Christmas Day

April 1 – September 30:
Monday through Friday (except holidays) from 8:00 a.m.
to 8:00 p.m.

WEBSITE www.alignmenthealthplan.com

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.

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, Nevada, North Carolina, and Texas Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-866-634-2247 (TTY 711), 8 a.m. to 8 p.m. Monday through Friday, for more information.

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)

8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to 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 www.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 www.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 www.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, non-contracted 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.