



Alignment Health Plan®

# 2025 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, 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

	<b>ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO-POS C-SNP) 005</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties
<b>MONTHLY PLAN PREMIUM</b>		
<ul style="list-style-type: none"> <li>Part C &amp; Part D</li> </ul>	\$24.60 or \$0.00 if you receive "Extra Help"	\$0.00
<b>DEDUCTIBLE</b>	\$0.00	\$0.00
<b>MAXIMUM OUT-OF-POCKET RESPONSIBILITY</b> (does not include prescription drugs)	\$8,350.00	\$2,900.00
<b>INPATIENT HOSPITAL</b> <sup>1, 2</sup> <u>In and Out-of-Network</u>	\$1,632.00 deductible for each benefit period \$0.00 per day, days 1-60 \$408.00 per day, days 61-90 \$816.00 per day, in lifetime reserve Beyond lifetime reserve days: All costs. These costs are for 2024 and may change for 2025	\$100.00 per day, days 1-6 \$0.00 per day, days 7-90 (unlimited days per admission)
<b>OUTPATIENT HOSPITAL</b> <sup>1, 2</sup> <u>In-Network</u>		
<ul style="list-style-type: none"> <li>Hospital Services</li> </ul>	20% coinsurance* \$0.00 for Full Duals	\$200.00
<ul style="list-style-type: none"> <li>Observation Services</li> </ul>	20% coinsurance* \$0.00 for Full Duals	\$0.00
<u>Out-of-Network</u>	Not covered	Not covered
<b>AMBULATORY SURGICAL CENTER</b> <sup>1, 2</sup> <u>In-Network</u>	20% coinsurance* \$0.00 for Full Duals	\$0.00
<u>Out-of-Network</u>	Not covered	Not covered

	<b>ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO-POS C-SNP) 005</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties
<b>DOCTOR VISITS</b>		
<u>In-Network</u>		
• Primary	\$0.00	\$0.00
• Specialists	\$0.00	\$0.00
<u>Out-of-Network</u>		
• Primary	Not covered	Not covered
• Specialists	\$0.00	\$0.00
<b>PREVENTIVE CARE</b> (e.g., flu vaccine, diabetic screenings)		
<u>In-Network</u>	\$0.00	\$0.00
<u>Out-of-Network</u>	Not covered	Not covered
<b>EMERGENCY CARE</b>		
<u>In and Out-of-Network</u>	20% coinsurance* \$0.00 for Full Duals (waived if admitted within 3 days)	\$70.00 (waived if admitted within 48 hours)
<b>URGENTLY NEEDED SERVICES</b>		
<u>In and Out-of-Network</u>	\$0.00	\$0.00
<b>OUTPATIENT DIAGNOSTIC <sup>1, 2</sup></b>		
<u>In-Network</u>		
• Procedures, tests, lab services	20% coinsurance* \$0.00 for Full Duals	\$0.00
• X-Ray	\$0.00	\$0.00
• Diagnostic	\$0.00	\$0.00
• Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance* \$0.00 for Full Duals	20% coinsurance
<u>Out-of-Network</u>	Not covered	Not covered

	<b>ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO-POS C-SNP) 005</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties
<b>HEARING SERVICES</b>		
<u>In-Network</u>		
• Routine hearing exam	\$0.00 Medicare-covered benefits Coverage available with the FLEX Allowance, see FLEX Allowance below	\$0.00 Medicare-covered benefits Coverage available with the FLEX Allowance, see FLEX Allowance below
• Hearing aids	Coverage available with the FLEX Allowance, see FLEX Allowance below	Coverage available with the FLEX Allowance, see FLEX Allowance below
<u>Out-of-Network</u>		
• Routine hearing exam	Not covered	Not covered
• Hearing aids	Not covered	Not covered
<b>DENTAL SERVICES</b>		
<u>In-Network</u>		
Diagnostic and preventive:		
• Exam & Cleaning	Coverage available with the FLEX Allowance, see FLEX Allowance below	Coverage available with the FLEX Allowance, see FLEX Allowance below
• Fluoride treatment		
• X-Ray		
Comprehensive:		
• Restorative	Coverage available with the FLEX Allowance, see FLEX Allowance below	Coverage available with the FLEX Allowance, see FLEX Allowance below
• Endodontics		
• Periodontics		
• Removable Prosthodontics		
• Fixed Prosthodontics		
• Oral and Maxillofacial Surgery		
<u>Out-of-Network</u>		
Diagnostic and preventive:	Not covered	Not covered
Comprehensive:	Not covered	Not covered

	<b>ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO-POS C-SNP) 005</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties
<b>VISION SERVICES</b>		
<u>In-Network</u>		
• Routine exam	\$0.00 Medicare-covered exams Coverage available with the FLEX Allowance, see FLEX Allowance below	\$0.00 Medicare-covered exams Coverage available with the FLEX Allowance, see FLEX Allowance below
• Eyewear	Coverage available with the FLEX Allowance, see FLEX Allowance below	Coverage available with the FLEX Allowance, see FLEX Allowance below
<u>Out-of-Network</u>		
• Routine exam	Not covered	Not covered
• Eyewear	Not covered	Not covered
<b>MENTAL HEALTH SERVICES <sup>1, 2</sup></b>		
• Inpatient hospital	\$1,632.00 deductible for each benefit period \$0.00 per day, days 1-60 \$408.00 per day, days 61-90 \$0.00 for 40 additional day limit (days 91-130) \$816.00 copay for 60 “lifetime reserve days” These costs are for 2024 and may change for 2025	\$250.00 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”
• Mental health specialty (individual and group)	20% coinsurance* \$0.00 for Full Duals	\$0.00
• Psychiatric services (individual and group)	20% coinsurance* \$0.00 for Full Duals	\$0.00
<u>Out-of-Network</u>		
• Inpatient hospital	Not covered	Not covered
• Mental health specialty (individual and group)	Not covered	Not covered

	<b>ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO-POS C-SNP) 005</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties
<ul style="list-style-type: none"> <li>Psychiatric services (individual and group)</li> </ul>	Not covered	Not covered
<b>SKILLED NURSING FACILITY <sup>1, 2</sup></b>		
<u>In-Network</u>	\$0.00 per day, days 1-20 \$204.00 per day, days 21-100 Days 101 and beyond: All costs.  These costs are for 2024 and may change for 2025	\$0.00 per day, days 1-20 \$100.00 per day, days 21-51 \$0.00 per day, days 52-100 (no prior hospital stay required)
<u>Out-of-Network</u>	Not covered	Not covered
<b>PHYSICAL AND SPEECH THERAPY <sup>1, 2</sup></b>		
<u>In-Network</u>	20% coinsurance* \$0.00 for Full Duals	\$0.00
<u>Out-of-Network</u>	Not covered	Not covered
<b>GROUND AND AIR AMBULANCE SERVICES <sup>1</sup></b>		
<u>In-Network</u>	20% coinsurance* \$0.00 for Full Duals (not waived if admitted)	\$100.00 (waived if admitted)
<u>Out-of-Network</u>	Not covered	Not covered
<b>TRANSPORTATION <sup>1</sup></b>		
<u>In-Network</u>	<b>Standard Benefits</b> \$0.00 50 one-way medical trips to plan approved locations every year (within a 50-mile radius)  <b>Value-Based Benefits for LIS**</b> Combined with Standard Benefit for a total of 50	\$0.00 50 one-way trips to plan approved locations per year (within a 35-mile radius)

	<b>ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO-POS C-SNP) 005</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties
	one-way medical and non-medical trips to plan approved locations (within a 50-mile radius)	
<u>Out-of-Network</u>	Not covered	Not covered
<b>MEDICARE PART B DRUGS <sup>1</sup></b>		
<u>In-Network</u>	0% - 20% coinsurance	0% - 20% coinsurance
<u>Out-of-Network</u>	Not covered	Not covered

## OUTPATIENT PRESCRIPTION DRUGS

### ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004

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

PART D DEDUCTIBLE	\$590.00 or \$0.00 if you receive “Extra Help”	
PART D OUT OF POCKET THRESHOLD	\$2,000.00	
INITIAL COVERAGE	Retail Standard 30-day supply	Mail-order 100-day supply
Tier 1: Covered Drugs	25% coinsurance	25% coinsurance

You will pay \$0.00 for all plan covered Part D drugs if you receive “Extra Help” \*\*

### ALIGNMENT HEALTH HEART & DIABETES (HMO-POS C-SNP) 005

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)	\$30.00	\$75.00
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 NC DUALS (HMO-POS D-SNP) 004**

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

**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**

**ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004**

During this payment stage, you pay nothing for covered Part D drugs.

**ALIGNMENT HEALTH HEART & DIABETES (HMO-POS C-SNP) 005**

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**

**ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004**

Bonus Drugs coverage not available.

**ALIGNMENT HEALTH HEART & DIABETES (HMO-POS C-SNP) 005**

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):**

**ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004**

You won't pay more than \$35.00 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible.

**ALIGNMENT HEALTH HEART & DIABETES (HMO-POS C-SNP) 005**

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](http://www.alignmenthealthplan.com).

## EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

	<b>ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO-POS C-SNP) 005</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties
<b>ACCESS ON-DEMAND BLACK CARD</b> Provides access to OTC benefits and Healthy Rewards	Included	Included
<b>FITNESS</b> (membership(s) at participating fitness centers)	\$0.00	\$0.00
<b>FLEX ALLOWANCE</b> Additional coverage for services related to vision, dental, hearing, acupuncture, chiropractic and routine podiatry	\$1,500.00 every six months (up to \$3,000.00 maximum spending every year)	\$750.00 every six months (up to \$1,500.00 maximum spending every year)
<b>PERSONAL EMERGENCY RESPONSE SYSTEM</b> <sup>1</sup>	\$0.00	\$0.00
<b>CHIROPRACTIC SERVICES</b> <sup>1, 2</sup> <u>In-Network</u>	\$0.00 Medicare-covered Routine visits with FLEX Allowance	\$0.00 Medicare-covered Routine visits with FLEX Allowance
<u>Out-of-Network</u>	Not covered	Not covered
<b>ACUPUNCTURE</b> <sup>1</sup> <u>In-Network</u>	\$0.00 Medicare-covered Routine visits with FLEX Allowance	\$0.00 Medicare-covered Routine visits with FLEX Allowance
<u>Out-of-Network</u>	Not covered	Not covered
<b>PODIATRY SERVICES</b> <u>In-Network</u>	\$0.00 Medicare-covered Routine visits with FLEX Allowance	\$0.00 Medicare-covered Routine visits with FLEX Allowance
<u>Out-of-Network</u>	Not covered	Not covered

	<b>ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO-POS C-SNP) 005</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties
<b>OVER-THE-COUNTER (OTC)</b>	\$330.00 spending allowance every month (no rollover)  Combined with Value-Based Benefits for LIS** Essentials Allowance for a total of \$330.00 spending allowance every month	\$25.00 spending allowance every month (no rollover)
<b>TELEHEALTH</b> <u>In-Network</u>	\$0.00 for primary care provider, mental health specialty, and psychiatric services	\$0.00 for primary care provider, mental health specialty, and psychiatric services
<b>WORLDWIDE EMERGENCY/ URGENT CARE</b>	\$0.00 \$25,000.00 coverage limit per year	\$0.00 \$25,000.00 coverage limit per year
<b>DURABLE MEDICAL EQUIPMENT (DME) <sup>1</sup></b> <u>In-Network</u>	20% coinsurance* \$0.00 for Full Duals	0% coinsurance for items \$500.00 or less 20% coinsurance for items \$500.01 or more 20% coinsurance applies to continuous glucose monitors
<u>Out-of-Network</u>	Not covered	Not covered
<b>IN-HOME SUPPORT SERVICES <sup>1,2</sup></b>	\$0.00 12 hours every quarter, 48 hours every year  <b>OR</b> Support for Caregivers (member must choose in advance)	\$0.00 12 hours every three months, 48 hours every year  <b>OR</b> Support for Caregivers (member must choose in advance)

	<b>ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO-POS C-SNP) 005</b> Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties
<b>SUPPORT FOR CAREGIVERS OF ENROLLEE</b> <sup>1, 2</sup>	\$0.00 Up to \$300.00 reimbursement every year  <b>OR</b> In-home support services (member must choose in advance)	\$0.00 Up to \$300.00 reimbursement every year  <b>OR</b> In-home support services (member must choose in advance)
<b>RE-ADMISSION AND CHRONIC MEALS</b> <sup>1, 2</sup>	\$0.00 copay for 28 meals over 14 days, twice a year	\$0.00 copay for 28 meals over 14 days, twice a year
<b>VALUE-BASED BENEFITS FOR LIS** “EXTRA HELP” Essentials Allowance</b> For qualifying members to assist with groceries, utilities, and home safety.	\$330.00 spending allowance every month (no rollover)  Combined with over-the- counter (OTC) items for a total of \$330.00 spending allowance every month	Not covered
<b>EXTRA BENEFITS FOR THOSE WITH QUALIFYING CONDITION (SSBCI)</b> 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.		
<b>AIR PURIFIER/HUMIDIFIER</b> For members with a qualified chronic condition, have breathing conditions or who live in an area impacted by fire and/or smoke.	Not covered	\$0.00 1 air purifier or humidifier every year
<b>ESSENTIALS ALLOWANCE</b> For qualifying members to assist with groceries, utilities, and home safety.	Not covered	\$25.00 spending allowance every month (no rollover)

	<b>ALIGNMENT HEALTH NC DUALS (HMO-POS D-SNP) 004</b>	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO-POS C-SNP) 005</b>
	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes Counties	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, and Wilkes counties
<b>PET SERVICES</b> 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
<b>PEST CONTROL</b> 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

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 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](http://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.

\*For those with full Medicaid, the copay for services may be paid in part or in full by Medicaid, or a third party.

\*\*Medicare approved Alignment Health to provide these 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. Eligibility for Additional benefits under the VBID Model is not assured and will be determined by the MAO after enrollment, based on Low Income Subsidy (LIS) Levels 1, 2, or 3.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-634-2247 (TTY 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-634-2247 (TTY 711)。

## 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](http://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](http://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](http://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.**



Alignment Health Heart & Diabetes (HMO-POS C-SNP) 005 is chronic condition special needs plans. Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition. Alignment Health NC Duals (HMO-POS D-SNP) 004 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. This plan may enroll QMB, QMB+, SLMB, SLMB+, QDWI, QI, and FBDE.



**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.