2021 BENEFIT HIGHLIGHTS



Alignment Health Plan NC Premier (HMO) NCPlus (HMO) Platinum (HMO-POS)

Wake, Chatham & Johnston Counties

	NC Premier NCPlus (HMO) 001 (HMO) 002		Platinum (HMO-POS) 003	
	Plans 001, 002 & 003 available in Wake, Chatham & Johnston Counties			
Plan Details	<u> </u>			
Monthly Plan Premium • Part C & Part D	\$0 \$0 Part C Plan Premium \$13.90 Part D Plan Premium		\$0	
Deductible	\$ O	\$ O	\$O	
Comprehensive Care				
Primary Care Office Visits	\$ O	\$0	\$35	
Specialist Office Visits	\$35	\$0	\$35	
Annual Physical Exam	\$0	\$0	\$O	
Preventive Services (Medicare-covered screenings)	\$ O	\$ O	\$0	
Home Health Services	\$ O	\$0	\$O	
Diabetic Supplies	0% Diabetic Supplies 20% Diabetic Therapeutic Shoes or Inserts	0% Diabetic Supplies 20% Diabetic Therapeutic Shoes or Inserts	0% Diabetic Supplies 20% Diabetic Therapeutic Shoes or Inserts	
Outpatient Blood Services	\$0 (3 pt. deductible waived)	\$0 (3 pt. deductible waived)	\$0 (3 pt. deductible waived)	
Diagnostic Tests & Procedures • Procedures, tests • Lab services Outpatient Rehabilitation (Physical & Speech Therapy) Diagnostic Radiology	\$0-\$95 \$0-\$50 \$10	20% 20% 20%	\$0-\$95 \$0-\$50 \$35	
 (MRI, CT, Ultrasound) X-Ray Diagnostic Therapeutic radiology services 	\$0-\$85 \$5-\$275 \$35	\$0 \$0 20%	\$0-\$85 \$5-\$275 \$35	
Prosthetic/Medical Supplies	20%	20%	20%	
Durable Medical Equipment	20%	20%	20%	

NC	Pre	mier
(HN	10)	001

NCPlus (HMO) 002

Platinum (HMO-POS) 003

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Hosp	ital	& F	mer	gency	y Care
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Hospital & Emergency Ca	Hospital & Emergency Care					
Inpatient Hospital Care	\$200 per days 1-6, \$0 per days 7-90 (unlimited days)	\$1,408 deductible for each benefit period Days 1-60: \$0 coinsurance for each benefit period Days 61-90: \$352 coinsurance per day of each benefit period Days 91 and beyond: \$704 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs These costs are for 2020 and may change for 2021	INN: \$200 per days 1-6, \$0 per days 7-90 (unlimited days) OON: \$295 per days 1-6, \$0 per days 7-90			
Skilled Nursing Facility	\$0 per days 1-20 \$178 per days 21-100	Days 1-20: \$0 for each benefit period Days 21-100: \$176 coinsurance per day of each benefit period Days 101 and beyond: all costs These costs are for 2020 and may change for 2021	\$0 per days 1-20 \$178 per days 21-100			

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Outpatient Hospital Services	\$35-\$200 Hospital Services \$0 Observation Services	20% Hospital Services 20% Observation Services	\$35-\$200 Hospital Services \$0 Observation Services	
Ambulatory Surgical Center Services	\$145	20%	\$145	
Emergency Care	\$80 (waived if admitted within 24 hours)	20% (waived if admitted within 3 days)	\$80 (waived if admitted within 24 hours)	
Urgent Care Services	\$0	\$0	\$0	
Ground and Air Ambulance Services	20%	20% (NOT waived if admitted)	20%	

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Maximum Out-of-Pocket						
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$3,400		\$6,700		\$3,400	
Prescription Drug Covera	age					
Part D Deductible	No	ne	\$4	45	No	ne
Medicare Part B Drugs	20%		20)%	20%	
Initial Coverage Stage	\$4,130		\$4,130		\$4,130	
Alignment Health Plan R	etail Pha	rmacy (1	month/3	0-day su	apply)	
Pharmacy Network	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1: Preferred Generic	\$0	\$7	\$0	\$0	\$0	\$7
Tier 2: Generic	\$0	\$7	\$14	\$20	\$0	\$7
Tier 3: Preferred Brand	\$40	\$47	23%	25%	\$40	\$47
Tier 4: Non-Preferred Brand	\$93	\$100	23%	25%	\$93	\$100
Tier 5: Specialty Tier	33%	33%	25%	25%	33%	33%
Tier 6: Select Care	\$5	\$5	\$5	\$5	\$5	\$5
Gap Coverage	Tier 6		not covered		Tier 6	
Ways to Save on Prescriptions (Mail Order)	Pay \$0 for a 100-day supply for Tier 1 and Tier 6 drugs.			drugs.		

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

	NC Premier (HMO) 001	NCPlus (HMO) 002	Platinum (HMO-POS) 003	
	Plans 001, 002 & 003 available in Wake, Chatham & Johnston Counties			
Extra Benefits				
Vision				
Eye Exams	\$0 Medicare covered eye exams/ 1 routine eye exam per year	\$0 Medicare covered eye exams/ 1 routine eye exam per year	\$0 Medicare covered eye exams/ 1 routine eye exam per year	
Glasses/Contact Lenses Allowance	\$200 coverage limit for glasses/contacts every year	\$500 coverage limit for glasses/contacts every 2 years	\$200 coverage limit for glasses/contacts every year	
Dental Services ^{1,2}				
Preventive:				
Exam & Cleaning 1 every 6 months	\$ O	\$ O	\$0	
Fluoride treatment 1 every 6 months	\$0	\$0	\$0	
X-Ray 1 every 3 years	\$0	\$0	\$0	
Comprehensive:				
Restorative	\$20-\$350	\$20-\$350	\$20-\$350	
Endodontics	\$15-\$295	\$15-\$295	\$15-\$295	
Periodontics	\$15-\$375	\$15-\$375	\$15-\$375	
Extractions	\$25-\$140	\$25-\$140	\$25-\$140	
Prosthodontics	\$20-\$425	\$20-\$425	\$20-\$425	
Transportation	\$0 28 one-way trips to plan approved location every year (within a 30-mile radius)	\$0 unlimited trips yearly to approved locations (within a 50-mile radius)	\$0 28 one-way trips to plan approved location every year (within a 30-mile radius)	
Fitness	\$0	\$0	\$0	

	NC Premier NCPlus (HMO) 001 (HMO) 002		Platinum (HMO-POS) 003	
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Acupuncture & Chiropractic	\$20 Acupuncture not covered	\$0 Medicare covered Acupuncture not covered	\$0 12 Routine visits every year (combined with Acupuncture)	
Podiatry Services (Medicare and Routine)	\$35 copay Medicare covered podiatry \$10 copay routine podiatry 6 every year routine podiatry	\$0 Medicare covered	\$35	
Hearing Services Exam	\$0 Medicare covered benefits and 1 exam/fitting/ evaluation per year	\$0 Medicare covered benefits and 1 exam/fitting/ evaluation per year	\$0 Medicare covered benefits and 1 exam/fitting/ evaluation per year	
Hearing Aid Allowance	\$1,000 limit both ears combined every two years	\$2,000 limit both ears combined every two years	\$1,000 limit both ears combined every two years	
Over-The-Counter (OTC)	\$40 spending allowance per month (no rollover)	\$100 spending allowance per month (no rollover)	\$40 spending allowance per month (no rollover)	
ACCESS On-Demand Black Card	\$0	\$0	\$0	
Telehealth	\$ O	\$0	\$0	
Enhanced Dental Option Premium	\$19.87/month	not covered	\$19.87/month	
Enhanced Dental Option Comprehensive Coverage	\$2,000 coverage limit a year	not covered	\$2,000 coverage limit a year	
Restorative	50%- 70%		50%- 70%	
Endodontics	70%		70%	
Periodontics	0%-70%		0%-70%	
Extractions	50%-70%		50%-70%	
Prosthodontics	50%-70%		50%-70%	

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Companion Care*	not covered	\$0 12 hours per quarter, 48 hours per year	not covered	
Groceries*	not covered	\$20 spending allowance per month (no rollover)	not covered	
Pet Services*	\$0 7 boarding days or 14 walks per year	not covered	\$0 7 boarding days or 14 walks per year	

^{*}Certain qualifying conditions are required for members to receive Companion Care, Groceries and Pet Services coverage. Speak with an Alignment Health Plan representative to determine if you meet the requirements.

24/7 CONCIERGE SERVICE

An industry-first program, Alignment Healthcare's ACCESS On-Demand Concierge is available to Alignment Health Plan Medicare Advantage members at no additional cost. ACCESS On-Demand Concierge gives you 24/7 access to a doctor by phone or video, your own concierge team, assistance with transportation, making appointments, and more! Your concierge can also help you access any of the benefits and services listed below depending on the Alignment Health Plan that you enroll in. For more information about any of these benefits, please call 1-888-979-2247 (TTY: 711) 8 a.m. -8 p.m. Monday through Friday.

ACCESS ON-DEMAND CONCIERGE BLACK CARD

The ACCESS On-Demand Concierge "black card" is accepted at 50,000+ locations nationwide and works like a debit card to pay for covered items, including over-the-counter (OTC), grocery and healthy rewards program items offered by Alignment Health Plan. Some limitations may apply.

24/7 ACCESS TO CARE

Alignment Health Plan members have access 24 hours a day, 7 days a week to board-certified doctors and/or clinicians. Services include general medical, dermatology, behavioral health consultations, and even prescriptions, if needed.

ONLINE MEMBER ACCOUNT

Activate your online member account to review benefits, view claims, message your concierge team, check your black card balance and more.

COMPANION CARE

Members of NCPlus (HMO) 002 with certain qualifying chronic conditions are offered companion care to help with light housekeeping, computer or smart phone use, or lessen feelings of loneliness and/or isolation if they just need someone to talk to. Not available with NC Premier (HMO) 001 or Platinum (HMO-POS) 003.

GROCERY ALLOWANCE

Members of NCPlus (HMO) 002 with certain qualifying chronic conditions are offered a monthly spending allowance for covered grocery items. Not available with NC Premier (HMO) 001 and Platinum (HMO-POS) 003.

PET SERVICES

Members of NC Premier (HMO) 001 and Platinum (HMO-POS) 003 with certain qualifying chronic conditions may receive assistance in caring for their pets! For more information, please check the plan, copay and limitations listed in this book. Not available with NCPlus (HMO) 002.



1100 W. Town and Country Rd. Suite 1600 Orange, CA 92868

Contact an Alignment Health Plan representative at

888-979-2247 TTY: 711

8 a.m - 8 p.m. Monday through Friday

ALIGNMENTHEALTHPLAN.COM

Alignment Health Plan is an HMO, HMO POS plan with a Medicare contract and a contract with the California Medicaid (Medi-Cal) program. Enrollment in Alignment Health Plan depends on contract renewal.

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