

2022 SUMMARY OF BENEFITS



NC Premier (HMO) AVA (HMO-POS)

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

This is a summary of drug and health services
benefits covered by Alignment Health Plan
for January 1, 2022 - December 31, 2022.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the Evidence of Coverage by calling our Member Services Department at the phone number listed in this document or online at www.alignmenthealthplan.com.

NC Premier (HMO) 001
Wake, Chatham, Johnston &
Henderson Counties

AVA (HMO-POS) 003
Wake, Chatham, Johnston,
Guilford, Forsyth, Davidson,
Wilkes, Davie, Buncombe,
Henderson, McDowell,
Transylvania, Madison, Mitchell
& Avery Counties

Premiums and Benefits

Monthly Plan Premium • Part C & Part D	\$0	\$0
Deductible	\$0	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$2,499	\$2,499
Inpatient Hospital ^{1,2}	\$175 per days 1-6 \$0 per days 7-90 (unlimited days per admission)	In-Network: \$200 per days 1-6, \$0 per days 7-90 (unlimited days per admission) Out-of-Network: \$295 per days 1-6, \$0 per days 7-90
Outpatient Hospital ¹ • Hospital Services • Observation Services	\$35-\$200 \$0	\$35-\$200 \$0
Ambulatory Surgical Center	\$100	\$145
Doctor Visits • Primary • Specialists ^{1,2}	\$0 \$35	\$0 Virtual / \$35 In-Person \$35
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0	\$0
Emergency Care/ Post-Stabilization Care	\$80 (waived if admitted within 24 hours)	\$80 (waived if admitted within 24 hours)
Urgently Needed Services	\$0	\$0

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<p>Outpatient Diagnostic^{1,2}</p> <ul style="list-style-type: none"> • Procedures, tests • Lab services • X-Ray • Diagnostic • Therapeutic radiology services (such as radiation treatment for cancer) 	<p>\$0-\$95 \$0-\$50 \$0-\$85 \$5-\$275 \$35</p>	<p>\$0-\$95 \$0-\$50 \$0-\$85 \$5-\$275 \$35</p>
<p>Hearing Services^{1,2}</p> <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid allowance 	<p>\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year \$1,000 limit both ears combined every 2 years</p>	<p>\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year \$1,000 limit both ears combined every 2 years</p>
<p>Dental Services^{1,2}</p> <p>Preventive:</p> <ul style="list-style-type: none"> • Exam & Cleaning 1 every 6 months • Fluoride treatment 1 every 6 months • X-Ray 1 every 3 years <p>Comprehensive:</p> <ul style="list-style-type: none"> • Restorative • Endodontics • Periodontics • Extractions • Prosthodontics 	<p>\$0 \$0 \$0 \$1,500 coverage limit per year \$20 not covered \$20 not covered not covered</p>	<p>\$0 \$0 \$0 \$2,000 coverage limit per year \$0 \$0 \$0 \$0</p>

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<p>Vision Services</p> <ul style="list-style-type: none"> • Routine exam • Eyewear 	<p>\$35</p> <p>Medicare covered eye exams/1 routine eye exam per year</p> <p>\$200 coverage limit for glasses/contacts every year</p>	<p>\$35</p> <p>Medicare covered eye exams/1 routine eye exam per year</p> <p>\$200 coverage limit for glasses/contacts every year</p>
<p>Mental Health Services^{1,2}</p>	<p>\$35</p>	<p>\$35</p>
<p>Skilled Nursing Facility^{1,2}</p>	<p>Plan covers up to 100 days in a SNF. \$0 per days 1-20 \$178 per days 21-100</p>	<p>Plan covers up to 100 days in a SNF. \$0 per days 1-20 \$178 per days 21-100</p>
<p>Physical & Speech Therapy</p>	<p>\$10</p>	<p>\$35</p>
<p>Ground and Air Ambulance Services¹</p>	<p>20% coinsurance (NOT waived if admitted)</p>	<p>20% coinsurance (NOT waived if admitted)</p>
<p>Transportation</p>	<p>\$0</p> <p>28 one-way trips per year to plan approved locations (within a 30-mile radius)</p>	<p>\$0</p> <p>28 one-way trips per year to plan approved locations (within a 30-mile radius)</p>
<p>Medicare Part B Drugs</p>	<p>20% coinsurance</p>	<p>20% coinsurance</p>

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Outpatient Prescription Drugs

Part D Deductible	\$0	
Initial Coverage Limit	\$4,430	
Part D Out of Pocket Threshold	\$7,050	
	Retail Standard 30-day supply	Mail Order 100-day supply
Initial Coverage		
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$0	\$0
Tier 3: Preferred Brand	\$40	\$120
Tier 4: Non-Preferred	\$93	\$279
Tier 5: Specialty Tier	33% coinsurance	not covered
Tier 6: Select Care	\$5	\$0
Gap Coverage	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 at a preferred retail pharmacy for a 31-day supply.
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> • 5% of the cost, or • \$3.95 copay for generic (including drugs that are treated like a generic) and \$9.85 copay for all other drugs.
Bonus Drugs	Generic Viagra, Finasteride, Folic Acid. For complete list and coverage details, refer to Bonus Drug List.

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

	NC Premier (HMO) 001 Wake, Chatham, Johnston & Henderson Counties	AVA (HMO-POS) 003 Wake, Chatham, Johnston, Guilford, Forsyth, Davidson, Wilkes, Davie, Buncombe, Henderson, McDowell, Transylvania, Madison, Mitchell & Avery Counties
Extra Benefits		
ACCESS On-Demand Black Card	\$0	\$0
Enhanced Dental Option Monthly Premium	\$22	not covered
Enhanced Dental Option Coverage <ul style="list-style-type: none"> • Restorative • Endodontics • Periodontics • Extractions • Prosthodontics 	\$2,000 coverage limit per year 50%-70% coinsurance 70% coinsurance 0%-70% coinsurance 50%-70% coinsurance 50%-70% coinsurance	not covered
Fitness	\$0	\$0
Personalized Risk Health Screening	\$100 1 screening every 2 years	\$100 1 screening every 2 years
Chiropractic	\$20	\$0 12 Routine visits per year (can be combined with Acupuncture)
Acupuncture	\$0 Medicare covered	\$0 Medicare covered \$0 12 Routine visits per year (can be combined with Chiropractic)
Podiatry Services	\$35 Medicare covered \$10 Routine 6 per year	\$35
Over-The-Counter (OTC)	\$40 spending allowance per month (no rollover)	\$40 spending allowance per month (no rollover)

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<p>Telehealth</p>	<p>\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services</p>	<p>\$0 all benefit services</p>
<p>Worldwide Emergency/ Urgent Coverage</p>	<p>\$0 \$25,000 coverage limit</p>	<p>\$0 \$25,000 coverage limit</p>
<p>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.</p>		
<p>Pet Services For members who have hospital procedures or emergencies and need pet care while they are away.</p>	<p>\$0 7 boarding days or 14 walks a year</p>	<p>\$0 7 boarding days or 14 walks a year</p>

Alignment Health Plan offers a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

For coverage and costs of original Medicare, look in your current **“Medicare & You”** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other languages and formats.

For more information, please call Alignment Health Plan Member Services Department at the phone number in this document.

To Join Alignment, you must:	Be enrolled in Medicare Part A and Part B Live in one of the counties listed on the cover of this booklet.
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

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

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. 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, 2023.
- Except in emergency or urgent situations, NC Premier (HMO) does not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- The AVA (HMO POS) 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 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 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.