

2022 SUMMARY OF BENEFITS



ALIGNMENT
HEALTH PLAN

AVA (PPO)

Arizona: Maricopa & Pima Counties

California: Los Angeles, Orange & San Diego Counties

North Carolina: 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.

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Maricopa & Pima

AVA (PPO) 007
Los Angeles,
Orange &
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Wake, Chatham,
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Premiums and Benefits

Monthly Plan Premium • Part C & Part D	\$0	\$22.50	\$0
Deductible	\$0	\$0	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)			
In-Network	\$3,900	\$3,900	\$3,900
Out-of-Network	\$6,500 combined	\$9,500 combined	\$7,900 combined
Inpatient Hospital^{1,2}			
In-Network	\$150 per days 1-3, \$0 per days 4-90 (unlimited days per admission)	\$150 per days 1-3, \$0 per days 4-90 (unlimited days per admission)	\$200 per days 1-6, \$0 per days 7-90 (unlimited days per admission)
Out-of-Network	30% coinsurance	20% coinsurance	10% coinsurance
Outpatient Hospital¹			
In-Network			
• Hospital Services	\$165	\$165	\$165
• Observation Services	\$0	\$0	\$0
Out-of-Network	25% coinsurance	25% coinsurance	25% coinsurance
Ambulatory Surgical Center			
In-Network	\$100	\$100	\$100
Out-of-Network	30% coinsurance	30% coinsurance	30% coinsurance
Doctor Visits			
In-Network			
• Primary	\$5	\$5	\$5
• Specialists ^{1,2}	\$20	\$20	\$20
Out-of-Network			
• Primary	\$40	\$40	\$40
• Specialists ^{1,2}	\$50	\$50	\$50

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Preventive Care (e.g., flu vaccine, diabetic screenings) In-Network	\$0	\$0	\$0
Out-of-Network	30% coinsurance	30% coinsurance	30% coinsurance
Emergency Care/ Post-Stabilization Care	\$85 (NOT waived if admitted)	\$85 (NOT waived if admitted)	\$85 (NOT waived if admitted)
Urgently Needed Services	\$20 (waived if admitted within 24 hours)	\$20 (waived if admitted within 24 hours)	\$20 (waived if admitted within 24 hours)
Outpatient Diagnostic^{1,2} In-Network	\$0	\$0	\$0
• Procedures, tests, lab services	\$15	\$15	\$15
• X-Ray	\$150	\$150	\$150
• Diagnostic	20% coinsurance	20% coinsurance	20% coinsurance
• Therapeutic radiology services (such as radiation treatment for cancer)			
Out-of-Network	30% coinsurance	30% coinsurance	30% coinsurance

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Hearing Services^{1,2}

• Routine hearing exam
In-Network

\$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

Out-of-Network
• Hearing aid allowance

30% coinsurance not covered

30% coinsurance not covered

30% coinsurance not covered

Dental Services^{1,2}

Preventive:
In-Network

\$0
Medicare covered only

\$0
Medicare covered only

• Exam & Cleaning
1 every 6 months

\$0

• Fluoride treatment
1 every 6 months

\$0

• X-Ray
1 every 3 years

\$0

Comprehensive:
In-Network

\$500 coverage limit per year
\$20

\$0
Medicare covered only

\$0
Medicare covered only

• Restorative

• Periodontics

\$20

Out-of-Network

30% coinsurance
Medicare covered only

30% coinsurance
Medicare covered only

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<p>Vision Services In-Network</p> <ul style="list-style-type: none"> • Routine exam • Eyewear <p>Out-of-Network</p>	<p>\$0 Medicare covered eye exams/1 routine eye exam per year</p> <p>\$150 coverage limit for glasses/contacts every 2 years</p> <p>30% coinsurance</p>	<p>\$0 Medicare covered eye exams/1 routine eye exam per year</p> <p>\$150 coverage limit for glasses/contacts every 2 years</p> <p>50% coinsurance</p>	<p>\$0 Medicare covered eye exams/1 routine eye exam per year</p> <p>\$150 coverage limit for glasses/contacts every 2 years</p> <p>50% coinsurance</p>
<p>Mental Health Services^{1,2} In-Network Out-of-Network</p>	<p>\$0 30% coinsurance</p>	<p>\$0 30% coinsurance</p>	<p>\$0 30% coinsurance</p>
<p>Skilled Nursing Facility^{1,2} In-Network</p> <p>Out-of-Network</p>	<p>\$0 per days 1-20 \$100 per days 21-51 \$0 per days 52-100 (no prior hospital stay required)</p> <p>30% coinsurance</p>	<p>\$0 per days 1-20 \$100 per days 21-51 \$0 per days 52-100 (no prior hospital stay required)</p> <p>30% coinsurance</p>	<p>\$0 per days 1-20 \$100 per days 21-51 \$0 per days 52-100 (no prior hospital stay required)</p> <p>30% coinsurance</p>
<p>Physical & Speech Therapy In-Network Out-of-Network</p>	<p>\$0 30% coinsurance</p>	<p>\$0 30% coinsurance</p>	<p>\$0 30% coinsurance</p>

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Ground and Air Ambulance Services¹			
In-Network	\$250 (waived if admitted)	\$250 (waived if admitted)	\$250 (waived if admitted)
Out-of-Network	30% coinsurance	30% coinsurance	30% coinsurance
Transportation	not covered	not covered	not covered
Medicare Part B Drugs	20% coinsurance	20% coinsurance	20% coinsurance

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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	\$5	\$15
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 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, whichever is greater.
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 AVA (PPO)

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Extra Benefits			
ACCESS On-Demand Black Card	\$0	\$0	\$0
Options + Monthly Premium	\$42	\$62	\$52
Options + Coverage	\$2,000 coverage limit a year	\$1,500 coverage limit a year	\$2,000 coverage limit a year
Dental			
In-Network			
• Diagnostic Services	0% coinsurance	0% coinsurance	0% coinsurance
• Restorative	50-70% coinsurance	50-70% coinsurance	50-70% coinsurance
• Endodontics	70% coinsurance	70% coinsurance	70% coinsurance
• Periodontics	0-70% coinsurance	0-70% coinsurance	0-70% coinsurance
• Extractions	50-70% coinsurance	50-70% coinsurance	50-70% coinsurance
• Prosthodontics	70% coinsurance	70% coinsurance	70% coinsurance

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Out-of-Network			
• Diagnostic Services	50% coinsurance	50% coinsurance	50% coinsurance
• Restorative	55-75% coinsurance	55-75% coinsurance	55-75% coinsurance
• Endodontics	75% coinsurance	75% coinsurance	75% coinsurance
• Periodontics	50-75% coinsurance	50-75% coinsurance	50-75% coinsurance
• Extractions	55-75% coinsurance	55-75% coinsurance	55-75% coinsurance
• Prosthodontics	75% coinsurance	75% coinsurance	75% coinsurance
Additional Worldwide Emergency/Urgent Coverage	\$15,000 coverage limit per year	\$15,000 coverage limit per year	\$25,000 coverage limit per year
Transportation	12 one-way trips per year to plan approved locations (within 30-mile radius)	12 one-way trips per year to plan approved locations (within 30-mile radius)	not covered
Hearing Aid	\$2,000 limit both ears combined every 2 years	\$2,000 limit both ears combined every 2 years	not covered
Over-the-Counter (OTC)	Additional \$15 coverage limit per month (no roll over)	\$15 coverage limit per month (no roll over)	Additional \$15 coverage limit per month (no roll over)

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Personal Emergency Response System (PERS)	\$0	\$0	\$0
end of Options+ benefits			
Fitness	\$0	\$0	\$0
Chiropractic			
In-Network	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered
Out-of-Network	30% coinsurance Medicare covered	30% coinsurance Medicare covered	30% coinsurance Medicare covered
Acupuncture	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered
Podiatry Services			
In-Network	\$0	\$0	\$0
Out-of-Network	30% coinsurance	30% coinsurance	30% coinsurance
Over-The-Counter (OTC)	\$15 spending allowance per month (no rollover)	not covered	\$15 spending allowance per month (no rollover)
Telehealth			
In-Network	\$0	\$0	\$0
Out-of-Network	All benefit services 30% coinsurance	All benefit services 30% coinsurance	All benefit services 30% coinsurance
Worldwide Emergency/Urgent Coverage	\$0 \$10,000 coverage limit per year	\$0 \$10,000 coverage limit per year	\$0 \$10,000 coverage limit per year

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.

- These plans allow 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.