

2022 SUMMARY OF BENEFITS



CalPlusDuals (HMO D-SNP)
Alignment Health Plan NC Duals (D-SNP)
the ONE (HMO D-SNP)

California: San Joaquin, Stanislaus, Marin, San Francisco, Ventura & San Luis Obispo Counties

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

Nevada: Clark, Washoe & Nye

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.

CalPlusDuals (HMO D-SNP) 030	Alignment Health Plan NC Duals (D-SNP) 004	the ONE (HMO D-SNP) 005
San Joaquin, Stanislaus, Marin, San Francisco, Ventura & San Luis Obispo	Wake, Chatham, Johnston, Guilford, Forsyth, Davidson, Wilkes, Davie, Buncombe, Henderson, McDowell, Transylvania, Madison, Mitchell & Avery	Clark, Washoe & Nye

Premiums and Benefits

Monthly Plan Premium <ul style="list-style-type: none"> Part C Part D 	\$0 \$0	\$0 \$1.80	\$0 \$1.80
Deductible	\$0	\$0	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6,700	\$6,700	\$2,900
Inpatient Hospital^{1,2}	\$1,484 deductible for each benefit period Days 1-60: \$0 coinsurance for each benefit period Days 61-90: \$371 coinsurance per day of each benefit period Days 91 and beyond: \$742 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 2021 and may change for 2022.		
Outpatient Hospital¹ <ul style="list-style-type: none"> Hospital Services Observation Services 	20% coinsurance 20% coinsurance For people with full Medicaid this coinsurance may be paid in part or in full by Medicaid or a third party.		\$0 \$0
Ambulatory Surgical Center	20% coinsurance For people with full Medicaid this coinsurance may be paid in part or in full by Medicaid or a third party.		
Doctor Visits <ul style="list-style-type: none"> Primary Specialists^{1,2} 	\$0 \$0	\$0 \$0	\$0 \$0
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0	\$0	\$0

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Emergency Care/ Post-Stabilization Care		20% coinsurance (waived if admitted within 3 days) For people with full Medicaid this coinsurance may be paid in part or in full by Medicaid or a third party.		
Urgently Needed Services		20% coinsurance (NOT waived if admitted within 3 days) For people with full Medicaid this coinsurance may be paid in part or in full by Medicaid or a third party.	\$0	\$0
Outpatient Diagnostic^{1,2} <ul style="list-style-type: none"> Procedures, tests, lab services X-Ray/Diagnostic Therapeutic radiology services (such as radiation treatment for cancer) 		20% coinsurance \$0 20% coinsurance	20% coinsurance \$0 20% coinsurance	20% coinsurance \$0 20% coinsurance
Hearing Services^{1,2} <ul style="list-style-type: none"> Routine hearing exam Hearing aid allowance 		\$0 Medicare covered benefits and 1 exam/ fitting/evaluation per year \$2,500 limit both ears combined every 2 years	\$0 Medicare covered benefits and 1 exam/ fitting/evaluation per year \$2,000 limit both ears combined every 2 years	\$0 Medicare covered benefits and 1 exam/ fitting/evaluation per year \$2,000 limit both ears combined every 2 years

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Dental Services^{1,2} Preventive: <ul style="list-style-type: none"> Exam & Cleaning 1 every 6 months Fluoride treatment 1 every 6 months X-Ray Comprehensive: <ul style="list-style-type: none"> Restorative Endodontics Periodontics Extractions Prosthodontics 	\$0 \$0 \$0 1 every year Medicare covered 20% coinsurance \$300 coverage limit per quarter \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 1 every year Medicare covered 20% coinsurance \$300 coverage limit per quarter \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 1 every 3 years Medicare covered 20% coinsurance \$300 coverage limit per quarter \$0 \$0 \$0 \$0 \$0
Vision Services <ul style="list-style-type: none"> Routine exam Eyewear 	\$0 Medicare covered eye exams/1 routine eye exam per year \$500 coverage limit for glasses/contacts every 2 years	\$0 Medicare covered eye exams/1 routine eye exam per year \$500 coverage limit for glasses/contacts every 2 years	\$0 Medicare covered eye exams/1 routine eye exam per year \$500 coverage limit for glasses/contacts every 2 years

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Mental Health Services^{1,2}	20% coinsurance For people with full Medicaid this coinsurance may be paid in part or in full by Medicaid or a third party.		
Skilled Nursing Facility^{1,2}	Days 1-20: \$0 for each benefit period Days 21-100: \$185.50 coinsurance per day of each benefit period Days 101 and beyond: All costs. These costs are for 2021 and may change for 2022.		
Physical and Speech Therapy	20% coinsurance For people with full Medicaid this coinsurance may be paid in part or in full by Medicaid or a third party.		
Ground and Air Ambulance Services¹	20% coinsurance (NOT waived if admitted) For people with full Medicaid this coinsurance may be paid in part or in full by Medicaid or a third party.		\$0
Transportation	\$0 Unlimited trips per year to plan approved locations (within a 50-mile radius)	\$0 Unlimited trips per year to plan approved locations (within a 50-mile radius)	\$0 Unlimited trips per year to plan approved locations (within a 20-mile radius)
Medicare Part B Drugs	20% coinsurance	20% coinsurance	20% coinsurance

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Outpatient Prescription Drugs

Part D Deductible	\$480
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Initial Coverage Limit	\$4,430
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Part D Out of Pocket Threshold	\$7,050
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	Retail Standard 30-day supply	Mail Order 100-day supply
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Initial Coverage		
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Tier 1: Preferred Generic	\$0	\$0
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Tier 2: Generic	\$20	\$60
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Tier 3: Preferred Brand	25% coinsurance	25% coinsurance
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Tier 4: Non-Preferred	25% coinsurance	25% coinsurance
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Tier 5: Specialty Tier	25% coinsurance	not covered
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Tier 6: Select Care	\$5	\$0
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Gap Coverage	not covered
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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

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Extra Benefits			
ACCESS On-Demand Black Card	\$0	\$0	\$0
Fitness	\$0	\$0	\$0
Personal Emergency Response System	\$0	not covered	not covered
Chiropractic Services	\$0 Medicare covered \$0 24 Routine visits per year (can be combined with Acupuncture)	\$0 Medicare covered	\$0 Medicare covered
Acupuncture	\$0 Medicare covered \$0 24 Routine visits per year (can be combined with Chiropractic)	\$0 Medicare covered	not covered
Podiatry Services	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered
Over-The-Counter (OTC)	\$100 spending allowance per month (no rollover)	\$100 spending allowance per month (no rollover)	\$100 spending allowance per month (no rollover)

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Telehealth	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
Worldwide Emergency/ Urgent Coverage	\$0 \$50,000 coverage limit per year	\$0 \$25,000 coverage limit per year	\$0 \$25,000 coverage limit per year
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.			
Companion Care In-home or virtual assistance with non-medical services such as light house chores, technology lessons and general companionship.	\$0 12 hours per quarter, 48 hours per year	\$0 12 hours per quarter, 48 hours per year	\$0 12 hours per quarter, 48 hours per year
Groceries To assist members with nutritional needs. Members can use their grocery allowance to purchase eligible grocery items at participating retailers.	\$50 spending allowance per month (no rollover)	\$20 spending allowance per month (no rollover)	\$20 spending allowance per month (no rollover)

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Pet Services For members who have hospital procedures or emergencies and need pet care while they are away.	\$0 7 boarding days or 14 walks a year	not covered	not covered
Air Purifier/Humidifier For members with a qualified chronic condition, have breathing conditions or who live in an area impacted by fire and/or smoke.	\$0 1 air purifier or humidifier per year	not covered	\$0 1 air purifier or humidifier 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.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ The plans listed above are dual eligible special needs plans (D-SNP). 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.

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.