

# 2023 Benefit Platter

## NORTH CAROLINA

All plans available in:  
Avery, Buncombe, Chatham, Davidson, Davie,  
Forsyth, Guilford, Henderson, Johnston, Madison,  
McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes



Alignment Health Plan

	ALIGNMENT HEALTH NC DUALS (HMO D-SNP) 004	ALIGNMENT HEALTH HEART & DIABETES (HMO C-SNP) 005
<b>Monthly Premium</b>	\$19	\$0
<b>Annual Plan Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$8,300	\$3,400
<b>PCP</b>	\$0 copay	\$0 copay
<b>Specialist</b>	\$0 copay	\$0 copay
<b>INPATIENT CARE</b>		
<b>Hospital</b>	\$1,556 deductible for each benefit period \$0 copay per day, days 1-60 \$389 copay per day, days 61-90 \$778 copay per day, in Lifetime Reserve Beyond Lifetime Reserve days: All costs. These costs may change in 2023.	\$100 copay per day, days 1-6 \$0 copay per day, days 7-90 (unlimited days per admission)
<b>Inpatient Mental Health</b>	\$1,556 deductible for each benefit period \$0 copay per day, days 1-60 \$389 copay per day, days 61-90 \$778 copay per day, in Lifetime Reserve Beyond Lifetime Reserve days: All costs. These costs may change in 2023.	\$250 copay per Medicare covered stay
<b>Skilled Nursing (SNF)</b>	\$0 copay per day, days 1-20 \$194.50 copay per day, days 21-100 Days 101 and beyond: All costs.	\$0 copay per day, days 1-20 \$100 copay per day, days 21-51 \$0 copay per day, days 52-100 (no prior hospital stay required)
<b>OUTPATIENT CARE</b>		
<b>Ambulatory Surgical Center</b>	20% coinsurance	\$0 copay
<b>Annual Physical Exam</b>	\$0 copay	\$0 copay
<b>Emergency</b>	20% coinsurance (waived if admitted within 3 days)	\$70 copay (waived if admitted within 48 hours)
<b>Ground and Air Ambulance Services</b>	20% coinsurance (not waived if admitted)	\$100 copay (waived if admitted)
<b>Home Health</b>	\$0 copay	\$0 copay
<b>Hospital and Observation Services</b>	20% coinsurance	\$200 copay Hospital Services \$0 copay for Observation Services
<b>Outpatient Blood Services</b>	20% coinsurance (3 pt. deductible waived)	\$0 copay (3 pt. deductible waived)
<b>Physical and Speech Therapy</b>	20% coinsurance	\$0 copay
<b>Outpatient Substance Abuse (Individual/Group)</b>	20% coinsurance	\$15 copay
<b>Podiatry</b>	\$0 copay Medicare covered	\$0 copay Medicare covered \$0 copay for 12 Routine visits per year
<b>Urgently Needed Care</b>	\$0 copay	\$0 copay
<b>Worldwide Emergency/Urgent Coverage</b>	\$25,000 maximum coverage per year	\$25,000 maximum coverage per year
<b>OUTPATIENT MEDICAL SERVICES &amp; SUPPLIES</b>		
<b>Durable Medical Equipment (DME)</b>	20% coinsurance	0% coinsurance for items \$500 or less 20% coinsurance for items \$500.01 or more
<b>Diabetes Supplies</b>	0% coinsurance for Diabetic supplies 20% coinsurance for Diabetic Therapeutic shoes or inserts	0% coinsurance for Diabetic supplies 0% coinsurance for Diabetic Therapeutic shoes or inserts
<b>Outpatient Diagnostic (Procedures/Tests/Lab Services)</b>	20% coinsurance	\$0 copay
<b>Outpatient Radiology (X-Ray/Diagnostic/Therapeutic)</b>	\$0 copay (XD) \$20% coinsurance (T)	\$0 copay (X/D) 20% coinsurance (T)
<b>Outpatient Mental Health Specialty</b>	20% coinsurance	\$0 copay
<b>Psychiatric Services (Individual/Group)</b>	20% coinsurance	\$0 copay
<b>Preventive Care (Medicare Covered)</b>	\$0 copay	\$0 copay
<b>Prosthetic/Medical Supplies</b>	20% coinsurance	\$0 copay
<b>VISION, HEARING &amp; DENTAL BENEFITS</b>		
<b>Eye Exams</b>	\$0 copay for Medicare covered eye exams and 1 routine eye exam per year (Additional coverage through FLEX Allowance)	\$0 copay for Medicare covered eye exams and 1 routine eye exam per year (Additional coverage through FLEX Allowance)
<b>Eyewear</b>	\$0 copay for glasses/contacts with FLEX Allowance	\$0 copay for glasses/contacts with FLEX Allowance
<b>Dental Services (Preventive)</b>	\$0 copay for: Oral Exam Cleaning X-ray Fluoride treatment Dental services covered with FLEX Allowance	\$0 copay for: Oral Exam Cleaning X-ray Fluoride treatment Dental services covered with FLEX Allowance
<b>Dental Services (Comprehensive)</b>	Medicare covered: 20% coinsurance Diagnostic Services: \$0 copay Restorative Services: \$0 copay Endodontics: \$0 copay Periodontics: \$0 copay Extractions: \$0 copay Prosthodontics: \$0 copay Dental services covered with FLEX allowance	Diagnostic Services: \$0 copay Restorative Services: \$0 copay Endodontics: \$0 copay Periodontics: \$0 copay Extractions: \$0 copay Prosthodontics: \$0 copay Dental services covered with FLEX Allowance
<b>Hearing Aids</b>	\$0 copay with FLEX Allowance	\$0 copay with FLEX Allowance
<b>Hearing Exams/Fitting and Evaluation for Hearing Aid</b>	\$0 copay for Medicare covered benefits and 1 exam/fitting/evaluation per year (Additional coverage through FLEX Allowance)	\$0 copay for Medicare covered benefits and 1 exam/fitting/evaluation per year (Additional coverage through FLEX Allowance)
<b>ADDITIONAL BENEFITS - MORE THAN ORIGINAL MEDICARE!</b>		
<b>ACCESS On-Demand Black Card Benefits</b>		
24/7 Concierge Service	\$0	\$0
FLEX Allowance	Up to \$3000 maximum coverage per ear (\$750 every 3 months) towards: Dental Services Vision Services Hearing Services Acupuncture Routine visits Chiropractic Routine visits	Up to \$2000 maximum coverage per ear (\$500 every 3 months) towards: Dental Services Vision Services Hearing Services Acupuncture Routine visits Chiropractic Routine visits
Over-the-Counter (OTC)	\$200 spending allowance every 3 months (no rollover)	\$135 spending allowance every 3 months (no rollover)

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<b>Acupuncture</b>	\$0 copay for Medicare covered Routine visits covered with FLEX Allowance	\$0 copay for Medicare covered Routine visits covered with FLEX Allowance
<b>Chiropractic Services</b>	\$0 copay for Medicare covered Routine visits covered with FLEX Allowance	\$0 copay for Medicare covered Routine visits covered with FLEX Allowance
<b>Dialysis Services</b>	20% coinsurance	20% coinsurance
<b>Fitness</b>	\$0 copay	\$0 copay
<b>Meal Benefit/ Chronic Meals</b>	\$0 copay Chronic Meals 28 meals over 14 days	\$0 copay Chronic Meals 28 meals over 14 days
<b>Readmission Prevention/Post Discharge Meals</b>	\$0 copay for 28 days, 56 meals per year (28 meals over 14 days, twice per year)	\$0 copay for 28 days, 56 meals per year (28 meals over 14 days, twice per year)
<b>Personal Emergency Response System (PERS)</b>	not covered	\$0 copay
<b>Telehealth</b>	\$0 copay for Primary Care/Mental Health Specialty/Psychiatric Services	\$0 copay for Primary Care/Mental Health Specialty/Psychiatric Services
<b>Transportation</b>	50 one-way trips to approved locations per year (within a 50-mile radius)	50 one-way trips to approved locations per year (within a 35-mile radius)
<b>SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (\$SBCI)</b>		
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.		
<b>Companion Care</b>	\$0 copay for 12 hours per quarter, 48 hours per year	not covered
<b>Grocery</b> (use your ACCESS On-Demand Black Card to pay for eligible items)	\$60 spending allowance per month (no rollover)	\$20 spending allowance per month (no rollover)
<b>Pet Services</b>	not covered	\$0 copay for 7 boarding days or 14 walks a year
<b>Air Purifier/ Humidifier</b>	not covered	\$0 copay for 1 air purifier or 1 humidifier per year
<b>PRESCRIPTION DRUG COVERAGE</b>		
<b>Part D Deductible</b>	\$505	\$0
<b>Part D Out of Pocket Threshold</b>	\$7,400	\$7,400
<b>Initial Coverage Limit</b>	\$4,660	\$4,660
<b>Tier 1:</b> Preferred Generic Drugs	<b>Retail Standard</b> \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply <b>Mail Order Standard</b> \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply <b>Out-of-Network</b> \$0 copay 30-day supply <b>Long Term Care</b> \$0 copay 31-day supply	<b>Retail Standard</b> \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply <b>Mail Order Standard</b> \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply <b>Out-of-Network</b> \$0 copay 30-day supply <b>Long Term Care</b> \$0 copay 31-day supply
<b>Tier 2:</b> Generic Drugs	<b>Retail Standard</b> \$20 copay 30-day supply / \$40 copay 60-day supply \$60 copay 100-day supply <b>Mail Order Standard</b> \$20 copay 30-day supply / \$40 copay 60-day supply \$60 copay 100-day supply <b>Out-of-Network</b> \$20 copay 30-day supply <b>Long Term Care</b> \$20 copay 31-day supply	<b>Retail Standard</b> \$5 copay 30-day supply / \$10 copay 60-day supply \$15 copay 100-day supply <b>Mail Order Standard</b> \$5 copay 30-day supply / \$10 copay 60-day supply \$12.50 copay 100-day supply <b>Out-of-Network</b> \$5 copay 30-day supply <b>Long Term Care</b> \$5 copay 31-day supply
<b>Tier 3:</b> Preferred Brand Drugs	<b>Retail Standard</b> 25% coinsurance 30-day supply 25% coinsurance 60-day supply 25% coinsurance 100-day supply <b>Mail Order Standard</b> 25% coinsurance 30-day supply 25% coinsurance 60-day supply 25% coinsurance 100-day supply <b>Out-of-Network</b> 25% coinsurance 30-day supply <b>Long Term Care</b> 25% coinsurance 31-day supply	<b>Retail Standard</b> \$30 copay 30-day supply \$60 copay 60-day supply \$90 copay 100-day supply <b>Mail Order Standard</b> \$30 copay 30-day supply \$60 copay 60-day supply \$75 copay 100-day supply <b>Out-of-Network</b> \$30 copay 30-day supply <b>Long Term Care</b> \$30 copay 31-day supply
<b>Tier 4:</b> Non-Preferred Brand Drugs	<b>Retail Standard</b> 25% coinsurance 30-day supply 25% coinsurance 60-day supply 25% coinsurance 100-day supply <b>Mail Order Standard</b> 25% coinsurance 30-day supply 25% coinsurance 60-day supply 25% coinsurance 100-day supply <b>Out-of-Network</b> 25% coinsurance 30-day supply <b>Long Term Care</b> 25% coinsurance 31-day supply	<b>Retail Standard</b> \$75 copay 30-day supply \$150 copay 60-day supply \$225 copay 100-day supply <b>Mail Order Standard</b> \$75 copay 30-day supply \$150 copay 60-day supply \$187.50 copay 100-day supply <b>Out-of-Network</b> \$75 copay 30-day supply <b>Long Term Care</b> \$75 copay 31-day supply
<b>Tier 5:</b> Specialty Tier Drugs	<b>Retail Standard</b> 25% coinsurance 30-day supply <b>Mail Order Standard</b> 25% coinsurance 30-day supply <b>Out-of-Network</b> 25% coinsurance 30-day supply <b>Long Term Care</b> 25% coinsurance 31-day supply	<b>Retail Standard</b> 33% coinsurance 30-day supply <b>Mail Order Standard</b> 33% coinsurance 30-day supply <b>Out-of-Network</b> 33% coinsurance 30-day supply <b>Long Term Care</b> 33% coinsurance 31-day supply
<b>Tier 6:</b> Select Care Drugs	<b>Retail Standard</b> \$5 copay 30-day supply / \$10 copay 60-day supply \$0 copay 100-day supply <b>Mail Order Standard</b> \$5 copay 30-day supply / \$10 copay 60-day supply \$0 copay 100-day supply <b>Out-of-Network</b> \$5 copay 30-day supply <b>Long Term Care</b> \$5 copay 31-day supply	<b>Retail Standard</b> \$5 copay 30-day supply / \$10 copay 60-day supply \$0 copay 100-day supply <b>Mail Order Standard</b> \$5 copay 30-day supply / \$10 copay 60-day supply \$0 copay 100-day supply <b>Out-of-Network</b> \$5 copay 30-day supply <b>Long Term Care</b> \$5 copay 31-day supply
<b>Gap Coverage</b>	not covered	Tier 1: All Drugs Tier 6: All Drugs
<b>Ways To Save on Prescriptions</b>	Pay \$0 for a 100-day supply for Tier 1 and Tier 6 drugs	Pay \$0 for a 100-day supply for Tier 1 and Tier 6 drugs
<b>Bonus Drug Coverage</b>	Some prescription drugs, for cough and cold, hair loss, vitamins, sexual dysfunction, just to name a few. The amount you will pay will be determined by the drug tier. The amount you pay does not count toward your deductible or "total drug costs" that help you qualify for catastrophic coverage). Please refer to the Alignment Drug Formulary for full details.	
<b>Insulin</b>	<b>Important Message About What You Pay for Insulin:</b> You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.	
<b>Vaccines</b>	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.	