

2024 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
Monthly Premium	\$10.20 (Part C \$0 & Part D \$10.20)	\$0
Annual Plan Deductible	\$0	\$0
Maximum Out of Pocket (MOOP)	\$8,850 Varies by Medicaid services	\$3,400
PCP	\$0 copay	\$0 copay
Specialist	In-Network: \$0 copay Out-of-Network: \$0 copay	In-Network: \$0 copay Out-of-Network: \$0 copay
INPATIENT CARE		
Hospital	\$0 for Full Duals*	In/Out-of-Network: \$100 copay per day, days 1-6 \$0 copay per day, days 7-90 (unlimited days per admission)
Inpatient Mental Health	\$0 for Full Duals*	\$250 copay per Medicare covered stay
Skilled Nursing (SNF)	\$0 for Full Duals*	\$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)
OUTPATIENT CARE		
Ambulatory Surgical Center	\$0 for Full Duals*	\$0 copay
Annual Physical Exam	\$0 copay	\$0 copay
Emergency	\$0 for Full Duals*	\$70 copay (waived if admitted within 48 hours)
Ground and Air Ambulance Services	\$0 for Full Duals*	\$100 copay (waived if admitted)
Home Health	\$0 copay	\$0 copay
Hospital and Observation Services	\$0 for Full Duals*	\$200 copay Hospital Services \$0 copay for Observation Services
Outpatient Blood Services	\$0 for Full Duals*	\$0 copay (3 pt. deductible waived)
Physical and Speech Therapy	\$0 for Full Duals*	\$0 copay
Outpatient Substance Abuse (Individual/Group)	\$0 for Full Duals*	\$15 copay
Podiatry	\$0 copay Medicare covered Routine coverage available through FLEX Allowance	\$0 copay Medicare covered Routine coverage available through FLEX Allowance
Urgently Needed Care	\$0 copay	\$0 copay
Worldwide Emergency/Urgent Coverage	\$0 for \$25,000 maximum coverage per year	\$0 for \$25,000 maximum coverage per year
OUTPATIENT MEDICAL SERVICES & SUPPLIES		
Durable Medical Equipment (DME)	\$0 for Full Duals*	0% coinsurance for items \$500 or less 20% coinsurance for items \$500.01 or more
Diabetes Supplies	\$0 for Full Duals* for Diabetics Supplies/Shoes/Inserts	0% coinsurance for Diabetic supplies 0% coinsurance for Diabetic Therapeutic shoes or inserts
Outpatient Diagnostic (Procedures/Tests/Lab Services)	\$0 for Full Duals*	\$0 copay
Outpatient Radiology (X-Ray/Diagnostic/Therapeutic)	\$0 for Full Duals* (X/D/L)	\$0 copay (X/D) 20% coinsurance (T)
Outpatient Mental Health Specialty	\$0 for Full Duals*	\$0 copay
Psychiatric Services (Individual/Group)	\$0 for Full Duals*	\$0 copay
Preventive Care (Medicare Covered)	\$0 copay	\$0 copay
Prosthetic/Medical Supplies	\$0 for Full Duals*	\$0 copay
VISION, HEARING & DENTAL BENEFITS		
Eye Exams	\$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)
Eyewear	\$0 copay for glasses/contacts with FLEX Allowance	\$0 copay for glasses/contacts with FLEX Allowance
Dental Services (Preventive)	\$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
Dental Services (Comprehensive)	Medicare covered: \$0 for Full Duals* 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
Hearing Aids	\$0 copay with FLEX Allowance	\$0 copay with FLEX Allowance
Hearing Exams/Fitting and Evaluation for Hearing Aid	\$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)
ADDITIONAL BENEFITS - MORE THAN ORIGINAL MEDICARE!		
ACCESS On-Demand Black Card Benefits		
24/7 Concierge Service	\$0	\$0
FLEX Allowance	\$1,500 allowance every 6 months (up to \$3,000 annually) towards: Dental Services Vision Services Hearing Services Acupuncture Routine visits Chiropractic Routine visits Podiatry Routine services	\$1,000 allowance every 6 months (up to \$2,000 annually) towards: Dental Services Vision Services Hearing Services Acupuncture Routine visits Chiropractic Routine visits Podiatry Routine services
Over-the-Counter (OTC)	Standard Benefits \$1,000 spending allowance per quarter (no rollover) Value-Based Benefits for LIS* \$1,000 spending allowance per quarter combined with LIS Essentials Allowance benefit. See LIS Essentials Allowance benefit below.	\$150 spending allowance per quarter (no rollover) combined with SSBCI Essentials Allowance benefit.

	ALIGNMENT HEALTH NC DUALS (HMO D-SNP) 004	ALIGNMENT HEALTH HEART & DIABETES (HMO C-SNP) 005
Acupuncture	\$0 copay for Medicare covered Routine visits covered with FLEX Allowance	\$0 copay for Medicare covered Routine visits covered with FLEX Allowance
Chiropractic Services	\$0 copay for Medicare covered Routine visits covered with FLEX Allowance	\$0 copay for Medicare covered Routine visits covered with FLEX Allowance
Dialysis Services	\$0 for Full Duals*	20% coinsurance
Fitness	\$0 copay	\$0 copay
Chronic & Re-admission Meals	\$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)
Personal Emergency Response System (PERS)	\$0 copay	\$0 copay
Telehealth	\$0 copay for Primary Care/Mental Health Specialty/Psychiatric Services	\$0 copay for Primary Care/Mental Health Specialty/Psychiatric Services
Transportation	Standard Benefits \$0 copay 50 one-way trips per year to plan approved locations (within a 50-mile radius) Value-Based Benefits for LIS* \$0 copay 50 one-way trips per year to plan approved routine and non-routine locations (within 50-mile radius) combined	50 one-way trips to approved locations per year (within a 35-mile radius)
Essentials For LIS qualifying members to assist with Groceries, Gas, Utilities and Home Safety.	\$1,000 spending allowance per quarter for Groceries/Gas & Utilities/Home & Bathroom Safety Modification (no rollover) combined with OTC.	not covered
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	\$0 copay for 12 hours per quarter, 48 hours per year OR Support for Caregivers (Members must choose in advance)	\$0 copay for 12 hours per quarter, 48 hours per year OR Support for Caregivers (Members must choose in advance)
Essentials For qualifying members to assist with Groceries, Gas, Utilities and Home Safety.	not covered	\$150 spending allowance per quarter (no rollover) combined with OTC.
Pet Services	\$0 copay for 7 boarding days or 14 walks a year	\$0 copay for 7 boarding days or 14 walks a year
Air Purifier/Humidifier	not covered	\$0 copay for 1 air purifier or 1 humidifier per year
PRESCRIPTION DRUG COVERAGE		
Part D Deductible	\$545	\$0
Part D Out of Pocket Threshold	\$8,000	\$8,000
Initial Coverage Limit	\$5,030	\$5,030
Tier 1: Preferred Generic Drugs	25% of the total cost Members qualify for a \$0 copay based on Extra Help**	Retail Standard \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply Mail Order Standard \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply Out-of-Network \$0 copay 30-day supply Long Term Care \$0 copay 31-day supply
Tier 2: Generic Drugs	not covered	Retail Standard \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply Mail Order Standard \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply Out-of-Network \$0 copay 30-day supply Long Term Care \$0 copay 31-day supply
Tier 3: Preferred Brand Drugs	not covered	Retail Standard \$30 copay 30-day supply \$60 copay 60-day supply \$90 copay 100-day supply Mail Order Standard \$30 copay 30-day supply \$60 copay 60-day supply \$75 copay 100-day supply Out-of-Network \$30 copay 30-day supply Long Term Care \$30 copay 31-day supply
Tier 4: Non-Preferred Drugs	not covered	Retail Standard \$75 copay 30-day supply \$150 copay 60-day supply \$225 copay 100-day supply Mail Order Standard \$75 copay 30-day supply \$150 copay 60-day supply \$187.50 copay 100-day supply Out-of-Network \$75 copay 30-day supply Long Term Care \$75 copay 31-day supply
Tier 5: Specialty Tier Drugs	not covered	Retail Standard 33% coinsurance 30-day supply Mail Order Standard 33% coinsurance 30-day supply Out-of-Network 33% coinsurance 30-day supply Long Term Care 33% coinsurance 31-day supply
Tier 6: Select Care Drugs	not covered	Retail Standard \$5 copay 30-day supply / \$10 copay 60-day supply \$0 copay 100-day supply Mail Order Standard \$5 copay 30-day supply / \$10 copay 60-day supply \$0 copay 100-day supply Out-of-Network \$5 copay 30-day supply Long Term Care \$5 copay 31-day supply
Gap Coverage	not covered	Tier 1: All Drugs Tier 6: All Drugs
Ways To Save on Prescriptions	NA	Pay \$0 for a 100-day supply for Tier 1 and Tier 6 drugs
Bonus Drug Coverage	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. Not available on the Alignment Health NC Duals (HMO D-SNP) 004	
Insulin	Important Message About What You Pay for Insulin: 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.	
Vaccines	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.	

*Partial Duals may have a copay/coinsurance

**Medicare approved Alignment Health Plan to provide these enhanced benefits and lower copayments as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. Members may be eligible for these enhanced benefits and lower copayments based on socioeconomic status.

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, Florida, Nevada and North Carolina Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This information is not a complete description of benefits. Call 1-888-979-2247 (TTY: 711), 8 a.m. - 8 p.m. Monday through Friday, for more information.

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