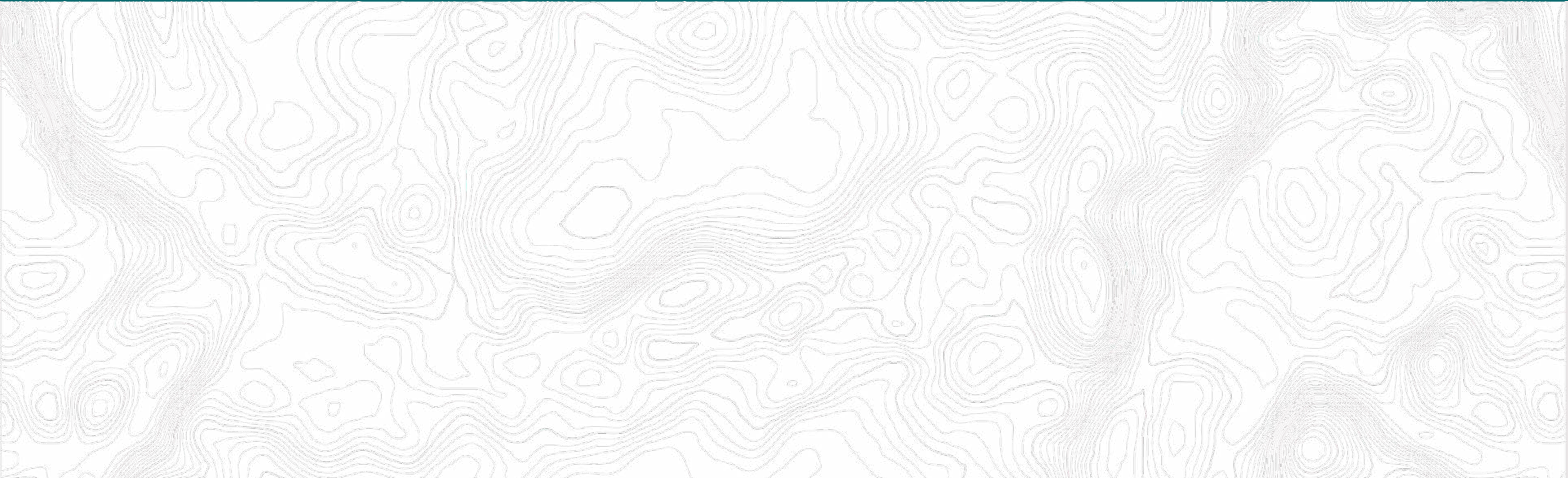


2022 *Producer Selling Guide*





ALIGNMENT
HEALTH PLAN

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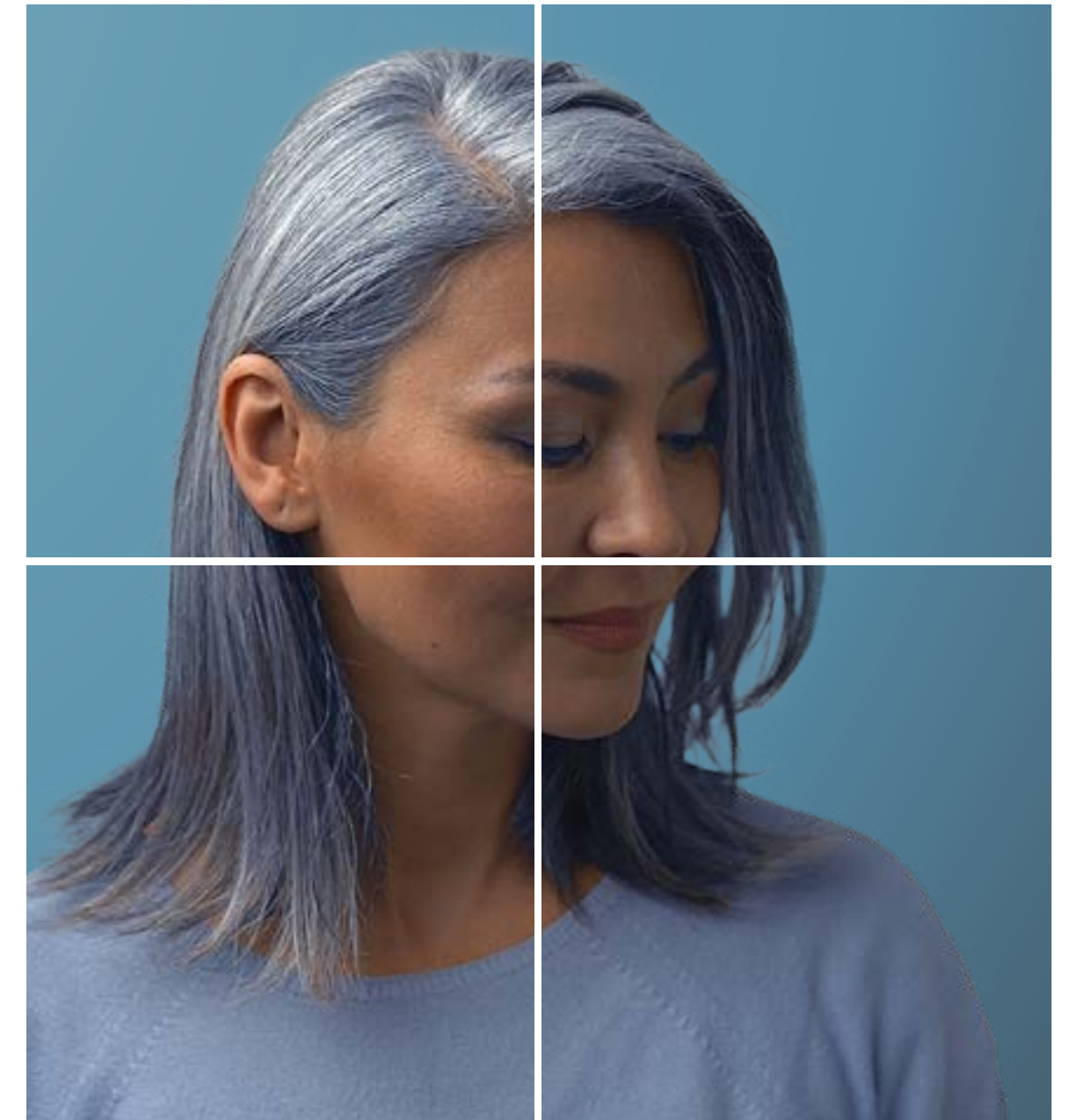
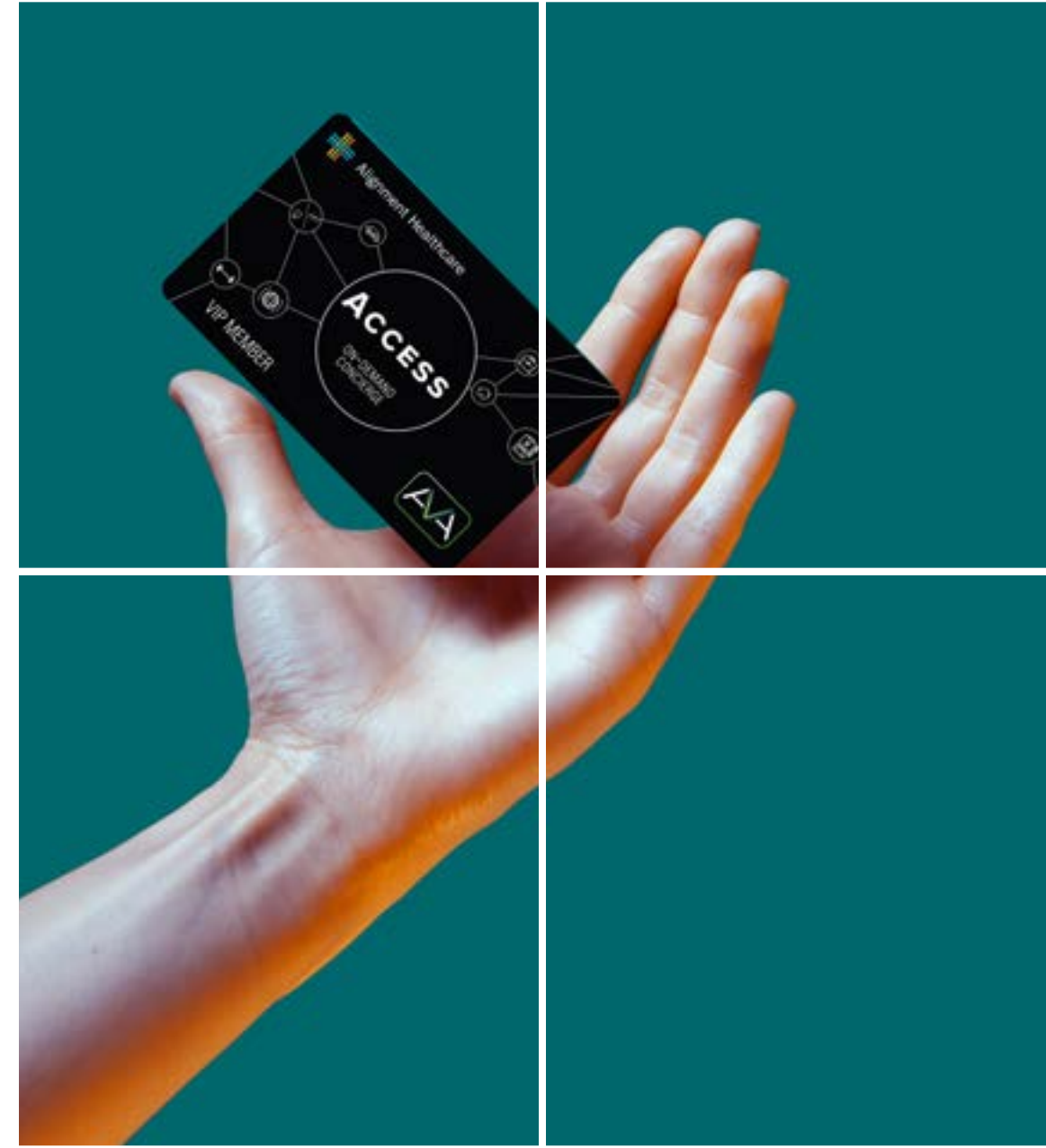


ALIGNMENT
HEALTH PLAN

CALIFORNIA

2022

Producer Selling Guide



04

MESSAGE FROM THE PRESIDENT

Dear Valued Partner,

Alignment Health Plan takes pride in the products and services we design specifically to improve our members health. From quality of care to quality of life, we provide what they need, when they need it. [When COVID-19 hit the United States, we immediately thought of our members and how we could provide quick and impactful support to those who needed it.](#) As the virus developed and built momentum, we communicated with our entire membership on a regular basis, we delivered thousands of meals to members so that they could remain safely at home and we provided tens of thousands of face masks and hand sanitizers to members and continue to do so today.

It is our mission to serve the frail and most vulnerable and it's our mission to manage the health and well-being of those less vulnerable in order to keep them healthy. It is what Alignment was built on. It is our calling. It's what we do.

We are excited to share with you the plans and services we have available for 2022.
And we are grateful for your continued partnership.

Dawn Maroney
PRESIDENT - MARKETS & CONSUMER



CHANGING HEALTH CARE ONE PERSON
AT A TIME, WITH YOU ON OUR SIDE.

CALIFORNIA 2022 PRODUCER SELLING GUIDE

COUNTY ABBREVIATIONS

- » **LA** - Los Angeles
- » **MA** - Marin
- » **OC** - Orange
- » **PL** - Placer
- » **RV** - Riverside
- » **SC** - Sacramento
- » **SB** - San Bernardino
- » **SD** - San Diego
- » **SF** - San Francisco
- » **SJ** - San Joaquin
- » **SLO** - San Luis Obispo
- » **SM** - San Mateo
- » **SC** - Santa Clara
- » **SCZ** - Santa Cruz
- » **SON** - Sonoma
- » **ST** - Stanislaus
- » **VEN** - Ventura
- » **YO** - Yolo

This Producer Selling Guide outlines benefits, eligibility and significant features.

Our products have always focused on senior-first design and physician support, but our vision for the future goes further. We've been listening to you and refining our products. Your feedback has been invaluable — and this is what we have put into effect:

Expanded Products:

- » New AVA® PPO plan in Los Angeles, Orange, and San Diego
- » New ESRD C-SNP plan in Los Angeles and Orange
- » New plan in partnership with Rite Aid
- » Expanding D-SNP to San Luis Obispo, Ventura, and San Francisco
- » Expanding C-SNP to San Diego, San Bernardino, San Francisco, and Stanislaus
- » **Expanded Provider Delivery Systems** - For AVA® PPO, network includes Cedars-Sinai, PIH, and Scripps

2022 PRODUCT HIGHLIGHTS:

- » **Lowered MOOP** across numerous plans in the markets

- » **AVA® PPO plan** with \$22.50 monthly premium including freedom of seeing a doctor outside the plan network and access to specialists without a referral
- » **New \$30 Debit Card** as new benefit for smartHMO in Los Angeles on top of the existing \$109 Part B rebate, bringing the total monthly savings to \$139
- » **Multi-culture product lines** - New “el ÚNICO + Rite Aid” product in 6 counties. Ethnic-focused product line servicing the growing Latinx community with a monthly \$75 OTC allowance that members can use at Rite Aid or online
- » **Delta Dental** - Enhanced Dental Option now offered through Delta Dental PPO
- » **Pharmacy access** - consolidation of “Preferred” and “Standard” pharmacy tiers gives members access to the lowest cost at any in-network pharmacy

Alignment Health Plan members can relax knowing that their ACCESS On-Demand Concierge “black card” works like a debit card and can be used in 50,000+ locations nationwide. The black card can pay for covered items, including over-the-counter, grocery, and healthy rewards program items (some limitations may apply).

We are changing health care one person at a time, and I am excited to have you at our side.

ACCESS ON-DEMAND CONCIERGE



GETTING THE CARE YOUR CLIENTS DESERVE IS ALL ABOUT ACCESS.

ACCESS On-Demand Concierge is available to Alignment Health Plan Medicare Advantage members at no additional cost.

AN EXCLUSIVE ALIGNMENT HEALTH PLAN PROGRAM

ACCESS On-Demand Concierge provides Alignment Health Plan members access to:

- » 24/7 ACCESS On-Demand Concierge team, dedicated to helping members navigate the services and benefits available to them with speed, ease and efficiency. It's all to help you get well-connected to the 5-star experience you deserve.
- » 24/7 access to a board-certified doctor any time of day or night. Services available include general medicine, dermatology, and behavioral health consultations.
- » Complimentary ACCESS On-Demand Concierge "black card" that works as a debit card, accepted at more than 50,000 locations nationwide.
- » Many Alignment Health Plan products include a monthly over-the-counter (OTC) benefit that allows members to use their ACCESS card to purchase eligible items.
- » And MORE*

REDEEMABLE AT MULTIPLE RETAILERS



*Benefits vary by plan



AVA[®] VIRTUAL PRODUCT

A large, semi-transparent graphic of the numbers '09' is centered behind the main text. The '0' is a simple ring, and the '9' has a curved tail that loops back towards the '0'.

[Back to CA Navigation Page](#)

C A L I F O R N I A



AVA® VIRTUAL PRODUCT

Alignment Health Plan is working to make virtual doctor visits more convenient and affordable. Members will be able to take advantage of the following benefits:



VIRTUAL CONCIERGE PCP

Members can schedule video or phone visits with a virtual concierge Primary Care Provider (PCP) focused on their health. Virtual concierge PCPs can place online orders for prescriptions, labs, and imaging tests for members.



24/7 VIRTUAL CARE TEAM

Members can message or call their virtual care team anytime about their care needs, including talking to a doctor, scheduling an appointment, or getting their prescriptions refilled.



\$100 PER MONTH OTC CREDIT (HMO ONLY)

Redeem eligible over-the-counter (OTC) and healthcare items at CVS, Walgreens, Walmart and other retailers.



\$50 PART B PREMIUM GIVE-BACK (HMO ONLY)

Depending on how members pay their Part B premium, members can receive \$50 as an increase in their Social Security check or a credit on their Part B premium statement when enrolled into an AVA (HMO) product.



HEALTH TECH SUPPORT

Members can call Alignment Health Tech Support with their technology and medical equipment questions and get expert assistance they need. The Health Tech Support team is dedicated to assisting, training, and educating members on how to effectively use their digital healthcare tools.

Product available in:

CALIFORNIA - Santa Clara, Stanislaus, Ventura, San Luis Obispo, Orange, Los Angeles, San Diego Counties

NEVADA - Clark, Nye and Washoe Counties

ARIZONA - Maricopa and Pima. AVA PPO Only

NORTH CAROLINA - All Service Areas. AVA PPO Only

GET TO KNOW AVA® PPO

Introducing AVA® PPO, a product that offers members the flexibility they need at an affordable price.

AVA® PPO plans were designed with seniors in mind. All plans include 24/7 on-demand access via phone, online, or mobile app. Plus:

	AVA® PPO	AVA® HMO
PCP SELECTION REQUIRED	X	✓
REFERRALS REQUIRED	X	✓
OUT-OF-NETWORK PROVIDER COVERAGE	✓	X
ACCESS TO VIRTUAL VISITS	✓	✓
24/7 VIRTUAL CARE TEAM	✓	✓
ALIGNMENT HEALTH TECH	✓	✓
VISION	✓	✓
DENTAL	*	✓
HEARING	X	✓
FITNESS	✓	✓
OTC	*	✓
PART D COVERAGE	✓	✓

- ✓ Freedom of seeing a doctor outside your plan network or a specialist without a referral
- ✓ Lower monthly cost than most Medicare Supplement Insurance plans
- ✓ Worldwide emergency coverage, vision, fitness, and more.
- ✓ Part D prescription drug coverage included!

Product available in:

CALIFORNIA - Los Angeles, Orange and San Diego

ARIZONA - Maricopa and Pima

NORTH CAROLINA - All Alignment service areas

*Benefits and network vary by plan and county.

MORE OPTIONS WITH AVA® PPO

OPTIONS+ bundles give your clients the choice to add additional benefit coverage to their AVA® PPO plan for an affordable cost. These bundles offer your clients the flexibility and ease of adding additional services based on their individual needs.

OPTIONS+ is available with AVA® PPO products in California, Arizona and North Carolina.

Standard plan premiums may apply.

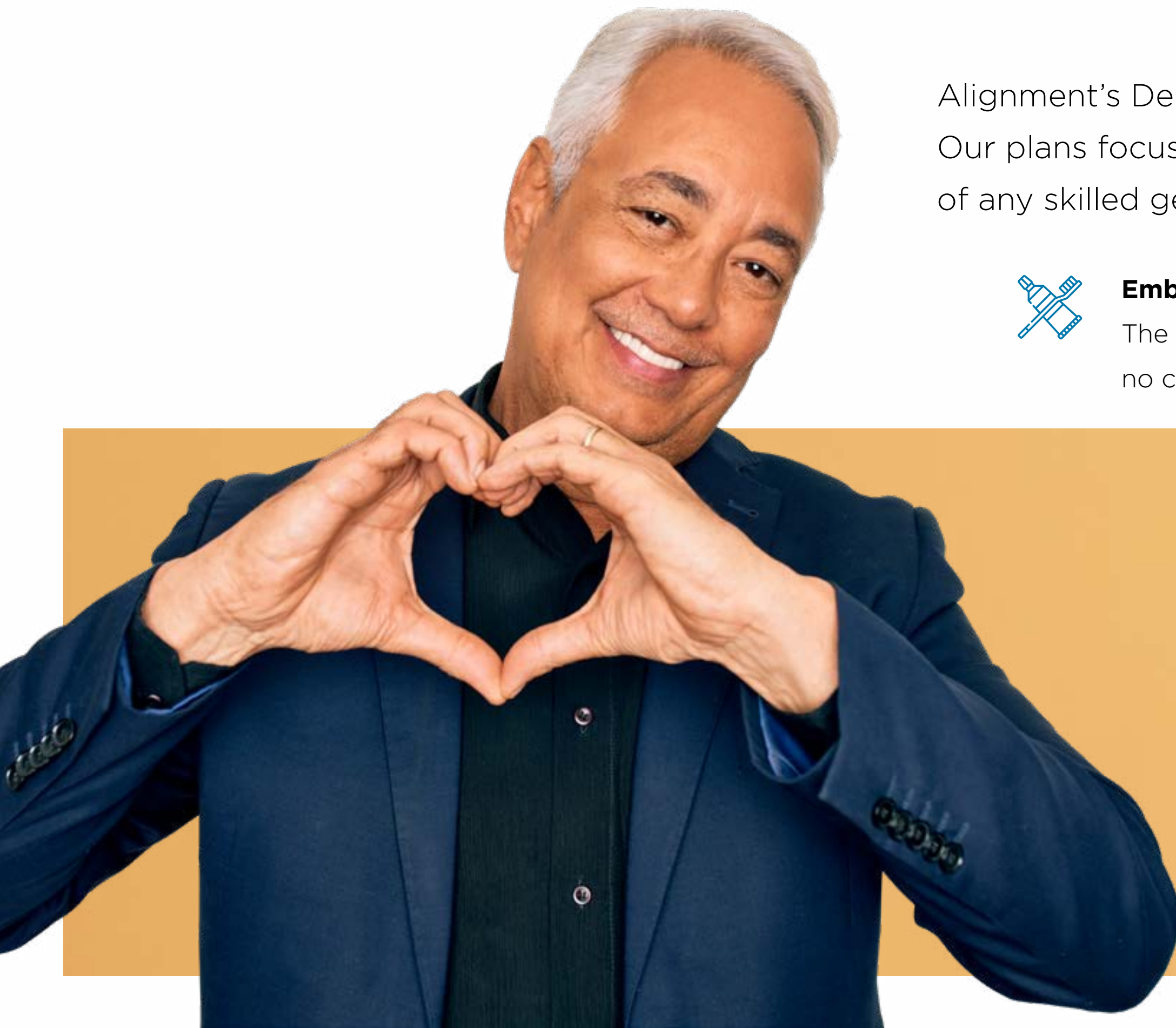
OPTIONS+ CALIFORNIA

Available for:

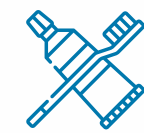
AVA® (PPO) 007 • AVA® (PPO) 008

OPTIONS+ PREMIUM BUY UP	\$62 Additional Premium
Worldwide Emergency	→ \$15,000 max
Hearing Benefits	→ \$2,000 Hearing Aids/2 years
Transportation (Trips/Radius)	→ 12 one-way trips/30-mile radius
Over-the-Counter Items (no rollover)	→ \$15 every month
Personalized Emergency Response System (PERS)	→ \$0
Comprehensive Dental	→ Yearly Max Coverage: \$1,500

GIVING THEM A REASON TO SMILE! HERE'S WHAT'S NEW IN DENTAL FOR 2022.



Alignment's Dental Plans are designed to protect and care for the member's oral and overall health. Our plans focus on providing affordable coverage, comprehensive treatment, and the member's choice of any skilled general or specialist dentists within our network.



Embedded Dental Plan: HMO members are automatically enrolled within Alignment's Embedded Dental Plan**. The embedded dental plan prioritize preventive care with full coverage on routine dental services and minimal to no co-payment on covered dental services such as fillings and periodontal maintenance.

Preventive: Full coverage for routine cleanings, exams, and x-rays.

Basic: 50% for fillings, crowns, and simple extractions*

Major: 70% for root canals and dentures*



Enhanced Dental Option: Election of the Enhanced Dental Option offers expanded coverage to over 250 dental procedures up to the \$1,500 - \$2,000 plan annual maximum. Coverage is complimented by Delta Dental (CA) and DentaQuest (NV/AZ/NC) network of dental providers.

* Percentages reflect member cost sharing portion are determined based upon the selection of an in-network dental provider.

** Embedded dental plan is included with no additional premium. Benefits vary by plan benefit package.

MY CHOICE (HMO) 001

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

MY CHOICE (HMO) 006

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

MY CHOICE (HMO) 007

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

PLATINUM (HMO) 008

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

CALPLUS (HMO) 009

Allowance:
\$300 Quarterly Allowance
Monthly Premium: N/A
Buy up Calendar Year Max: N/A

MY CHOICE (PPO) 001

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

HEART AND DIABETES (C-SNP) 010

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

ALLCARE PREFERRED PLAN (HMO) 011

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

SMARTHMO (HMO) 013

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

PLATINUM (HMO) 015

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

PLATINUM (HMO) 016

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

MY CHOICE (PPO) 003

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

PLATINUM (HMO) 018

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

SUTTER ADVANTAGE (HMO) 019

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

SUTTER ADVANTAGE (HMO) 020

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

SUTTER ADVANTAGE (HMO) 021

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

SUTTER ADVANTAGE (HMO) 023

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

BALANCE (PPO) 006

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

PLATINUM (HMO) 025

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

AVA® (HMO) 026

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

AVA® (HMO) 027

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

MY CHOICE (HMO) 028

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

MY CHOICE (HMO) 029

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

AVA® (PPO) 007

Coverage:
Enhanced Dental Option (Buy Up)
included in Options+
Monthly Premium: \$62.00
Buy up Calendar Year Max: \$1,500

CALPLUSDUALS (D-SNP HMO) 030

Allowance:
\$300 Quarterly Allowance
Monthly Premium: N/A
Buy up Calendar Year Max: N/A

HARMONY (HMO) 031

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

SELECT (HMO) 032

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

ESRD BALANCE (C-SNP) 033

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

EL ÚNICO + RITE AID (HMO) 034

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$29.00
Buy up Calendar Year Max: \$1,500

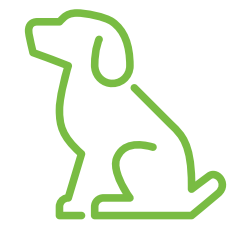
AVA® (PPO) 008

Coverage:
Enhanced Dental Option (Buy Up)
included in Options+
Monthly Premium: \$62.00
Buy up Calendar Year Max: \$1,500

16

SUPPLEMENTAL BENEFITS

SUPPLEMENTAL BENEFITS



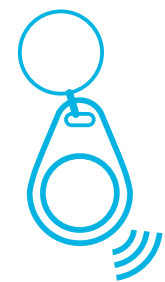
PET CARE[†]

Dog walking and sitting are available for qualifying members enrolled in eligible plans who are hospitalized, have a medical procedure, or need help with activities of daily living.



PEST CONTROL*[†]

Pest control services are available for qualifying members enrolled in eligible plans. Qualified members get an annual treatment for covered pests.



PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)[†]

The personal emergency response system (PERS) is available to members in eligible plans who feel they need the extra support. The PERS device operates over a 4G network and allows members to call for help with the push of a button.



ACUPUNCTURE & CHIROPRACTIC SERVICES[†]

Several Alignment Health Plans offer acupuncture and chiropractic care to complement the routine medical care of our members.



OVER-THE-COUNTER[†]

Select plans include a monthly OTC benefit that allows members to use their ACCESS card to buy eligible items at participating retailers. The benefit reloads onto the card every month and any amount that is not spent each month is forfeited.

[†]Not available on all plans; please refer to benefit overview grids and Evidence of Coverage. ^{*}Special supplemental benefits for the chronically

^{*}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.

Alignment Health Plan members can call their 24/7 Concierge team to determine if they are eligible for special supplemental benefits. The Concierge team will determine if they qualify and assist with granting them the benefit.

All designed to improve your clients' quality-of-life.



SUPPLEMENTAL BENEFITS



GROCERY BENEFIT**

Select plans include a monthly grocery benefit for qualifying members to purchase eligible groceries at participating retailers with their ACCESS card.



COMPANION CARE**

A companion care benefit is available for qualifying members enrolled in eligible plans who need assistance with light house chores, technology lessons and/or general companionship.

*Not available on all plans; please refer to benefit overview grids and Evidence of Coverage.

**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.

Alignment Health Plan members can call their 24/7 Concierge team to determine if they are eligible for special supplemental benefits. The Concierge team will determine if they qualify and assist with granting them the benefit.



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IMPORTANT RESOURCES + INFORMATION

IMPORTANT CONTACT INFORMATION AND RESOURCES FOR YOU AND YOUR CLIENTS' NEEDS

NEED TO FAX/MAIL YOUR APPLICATIONS?

Fax: (562) 207-4623

Mail: Alignment Health Plan
Attn: Membership Department
1100 W Town and Country Rd, Ste. 1600
Orange, CA 92868

ACCESSING YOUR AGENT PORTAL?

Register: Look for email instructions sent to you after certification

Weblink: 1. agents.alignmenthealthcare.com
2. Enter Email & Password

DOES YOUR CLIENT NEED AN ID CARD/ ADDRESS CHANGE?

Send ENCRYPTED Email to:
PartnerExperience@ahcusa.com

DOES YOUR CLIENT NEED THEIR MEMBER ID NUMBER?

Call Member Services: (866) 646-2247

Send ENCRYPTED Email to:
PartnerExperience@ahcusa.com

Access your BOB online:
agents.alignmenthealthcare.com

DO YOU NEED SUPPLIES/ PROMOTIONAL ITEMS?

Affiliated With an Agency:
Contact your agency for supplies/ promo items

Direct/Independent Agent:
Email: PartnerExperience@ahcusa.com

NEED TO LOOK UP A DOCTOR OR A MEDICATION?

Provider Search:
www.AlignmentHealthPlan.com
Click on "PROVIDER SEARCH"

Medication Search:
www.AlignmentHealthPlan.com
Click on "FIND A DRUG"

Pharmacy Search:
www.AlignmentHealthPlan.com
Click on "FIND A PHARMACY"

HAVE COMMISSION QUESTIONS?

Email:
Commissions@ahcusa.com

NEED ADDITIONAL ASSISTANCE OR HAVE QUESTIONS? **CALL US 888-793-5700**



PLAN BENEFITS OVERVIEW

PLAN BENEFITS	NEW FOR 2022	NEW FOR 2022
	Alignment Health Plan ESRD Balance (CSNP) 033	Alignment Health Plan el ÚNICO + Rite Aid (HMO) 034
Counties	Los Angeles & Orange	Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$1,499	\$3,400
Inpatient Hospital - Acute	\$0	\$0
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100	\$0
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic (C) / Acupuncture (A) Svcs	(C) \$10 Medicare covered	(C) \$0 Medicare covered (C/A) \$0 -12 visits combined
Ambulance	\$100 (waived if admitted)	\$75 (NOT waived if admitted)
Emergency Room	\$75 (NOT waived if admitted)	\$0
Urgent Care	\$0	\$0
Worldwide Emergency	\$7,500/year	\$75 copay \$25,000/year
Outpatient Hospital / Observation Svcs	\$50 (H) / \$0 (O)	\$0 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	0% - \$350 or less 20% - \$350.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	\$0	20%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam / \$200 Eyewear/yr	\$0 Exam / \$350 Eyewear/2 yrs
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	\$0 Exam / \$2,000 Hearing Aids/2 yrs
Fitness Membership	Included	Included

PLAN BENEFITS	NEW FOR 2022	NEW FOR 2022
	Alignment Health Plan ESRD Balance (CSNP) 033	Alignment Health Plan el ÚNICO + Rite Aid (HMO) 034
Transportation (Trips/Radius)	42 one-way trips / 50 radius	20 one-way trips / 50 radius
Over-the-Counter Items (no rollover)	\$40 every month	\$75 every month Nations OTC & Rite Aid
Telehealth Services	\$0	\$0
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	(C) \$0 for 14 Days/28 Meals	(C) \$0 for 14 Days/28 Meals (PD) \$0 for 28 Days/56 Meals
Companion Care	\$0 for 12 hrs/qtr (48 hrs/yr)	\$0 for 12 hrs/qtr(48 hrs/yr)
Groceries (no rollover)	\$50 every month	\$20 every month
Pet Care	\$0 for 7 Days or 14 Walks/yr	N/A
Personal Emergency Response (PERS)	\$0	\$0
Pest Control	N/A	N/A

Part B Drugs	20%	20%
Initial Coverage Limit	\$4,430	\$4,430
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050
Gap Coverage	T6	T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$1	\$3
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS	NEW FOR 2022 Alignment Health Plan AVA® (PPO) 007		NEW FOR 2022 Alignment Health Plan AVA® (PPO) 008	
	Los Angeles, Orange, San Diego		Orange	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Premium (Part C Part D)	\$22.50		\$22	
Part B Rebate	\$0		\$0	
Maximum Out of Pocket (MOOP)	\$3,900	\$9,500 (comb)	\$4,200	\$6,000 (comb)
Inpatient Hospital - Acute	\$150 Per Day 1-3 \$0 Per Day 4-90	20%	\$150 Per Day 1-3 \$0 Per Day 4-90	30%
Skilled Nursing Facility	\$0 Per Day 1-20 \$100 Per Day 21-51 \$0 Per Day 52-100	30%	\$0 Per Day 1-20 \$100 Per Day 21-51 \$0 Per Day 52-100	30%
PCP Office Visits	\$5	\$40	\$5	\$40
Specialist Office Visits	\$20	\$50	\$20	\$50
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 Medicare covered	(C) 30%	(C/A) \$0 Medicare covered	(C) 30%
Ambulance	\$250 (waived if admitted)	30%	\$250 (waived if admitted)	30%
Emergency Room	\$85 (NOT waived if admitted)		\$85 (NOT waived if admitted)	
Urgent Care	\$20 (waived if admitted w/in 24 hrs)		\$20 (waived if admitted w/in 24 hrs)	
Worldwide Emergency	\$10,000/year		\$10,000/year	
Outpatient Hospital / Observation Svcs	\$165 (H) / \$0 (O)	25%	\$165 (H) / \$0 (O)	25%
Ambulatory Surgical Center	\$100	30%	\$100	30%
Durable Medical Equipment	0% -\$350 or less 20% -\$350.01 +	30%	0% -\$350 or less 20% -\$350.01 +	30%
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	30%	0% -Supplies 20% -Shoes/Inserts	30%
Dialysis Services	20%	30%	20%	30%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$15 (X) / \$150 (D) 20% (T)	30%	\$15 (X) / \$150 (D) 20% (T)	30%
Lab Services	\$0	30%	\$0	30%
Dental Benefits	Included w/ Options+ (see pages 12)		Included w/ Options+ (see pages 12)	
Vision Benefits	\$0 Exam \$150 Eyewear/2 yrs	30%	\$0 Exam \$150 Eyewear/2yrs	30%
Hearing Benefits	\$0 Exam Hearing Aid (pg. 12)	30%	\$0 Exam Hearing Aid (pg. 12)	30%
Fitness Membership	Included		Included	

PLAN BENEFITS	NEW FOR 2022 Alignment Health Plan AVA® (PPO) 007		NEW FOR 2022 Alignment Health Plan AVA® (PPO) 008	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Transportation (Trips/Radius)	Included w/ Options+ (see page 12)		Included w/ Options+ (see page 12)	
Over-the-Counter Items (no rollover)	Included w/ Options+ (see page 12)		Included w/ Options+ (see page 12)	
Telehealth Services	\$0	30%	\$0	30%
Black Card	Included		Included	
Meals (Chronic / Post-Discharge)	N/A		N/A	
Companion Care	N/A		N/A	
Groceries (no rollover)	N/A		N/A	
Pet Care	N/A		N/A	
Personal Emergency Response (PERS)	\$0 - Included w/ Options+		\$0 - Included w/ Options+	
Pest Control	N/A		N/A	
Part B Drugs	20%	30%	20%	30%
Initial Coverage Limit	\$4,430		\$4,430	
Part D OOP Threshold (Catastrophic)	\$7,050		\$7,050	
Gap Coverage	T6		T6	
Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$15	\$5	\$15
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS

Alignment Health Plan
CalPlusDuals (HMO) 030*

Counties	San Joaquin, Stanislaus, Marin, San Francisco, Ventura and San Luis Obispo
Premium (Part C Part D)	\$0 for Full Duals
Part B Rebate	\$0
Maximum Out of Pocket (MOOP)	\$6,700
Inpatient Hospital - Acute	\$0 for Full Duals
Skilled Nursing Facility	\$0 for Full Duals
PCP Office Visits	\$0
Specialist Office Visits	\$0
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 -24 visits combined
Ambulance	\$0 for Full Duals
Emergency Room	\$0 for Full Duals
Urgent Care	\$0 for Full Duals
Worldwide Emergency	\$50,000/year
Outpatient Hospital / Observation Svcs	\$0 for Full Duals
Ambulatory Surgical Center	\$0 for Full Duals
Durable Medical Equipment	\$0 for Full Duals
Diabetic Supplies	0% - Supplies / 20% - Shoes or Inserts
Dialysis Services	\$0 for Full Duals
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)
Lab Services	\$0 for Full Duals
Dental Benefits	See page 13-15
Vision Benefits	\$0 Exam / \$500 Eyewear/2 yrs
Hearing Benefits	\$0 Exam / \$2,500 Hearing Aids/2 yrs
Fitness Membership	Included

PLAN BENEFITS

Alignment Health Plan
CalPlusDuals (HMO) 030*

Transportation (Trips/Radius)	Unlimited / 50-mile radius
Over-the-Counter Items (no rollover)	\$100 every month
Telehealth Services	\$0
Black Card	Included
Meals (Chronic / Post-Discharge)	(C) \$0 for 14 Days/28 Meals (PD) \$0 for 28 Days/56 Meals
Companion Care	\$0 for 12 hrs/qtr(48 hrs/yr)
Groceries (no rollover)	\$50 every month
Pet Care	\$0 for 7 Days or 14 Walks/yr
Personal Emergency Response (PERS)	\$0
Pest Control	N/A

Part B Drugs	20%
Initial Coverage Limit	\$4,430
Part D OOP Threshold (Catastrophic)	\$7,050
Gap Coverage	N/A

Part D Drugs	Retail 30 Day	Mail Order 90 -100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	Drug Copay Based on Level of Low-Income Subsidy (LIS) Generic drugs: \$0 or \$1.35 or \$3.95 All other drugs: \$0 or \$4 or \$9.85	
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Tier 6: Select Care Tier		
Bonus Drugs	Included	

PLAN BENEFITS	Alignment Health Plan My Choice (HMO) 001	Alignment Health Plan Platinum (HMO) 008
Counties	Los Angeles, Orange, San Bernardino, Riverside	Los Angeles & Orange
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$998	\$698
Inpatient Hospital - Acute	\$0	\$0
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$30 copay per day for Days 21-100	\$0
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic (C) / Acupuncture (A) Svcs	(C) \$0 Medicare covered (A) \$0 -40 visits/\$10 coverage per visit	(C/A) \$0 -24 visits combined
Ambulance	\$75 (waived if admitted)	\$50 (waived if admitted)
Emergency Room	\$70 (waived if admitted w/in 48 hrs)	\$50 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$0	\$50 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	0% - \$350 or less 20% - \$350.01 or more
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	\$30	20%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam / \$200 Eyewear/yr	\$0 Exam / \$300 Eyewear/yr
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs	\$0 Exam / \$1,000 Hearing Aids/2 yrs
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan My Choice (HMO) 001	Alignment Health Plan Platinum (HMO) 008
Transportation (Trips/Radius)	22 one-way trips / 50-mile radius	42 one-way trips / 50-mile radius
Over-the-Counter Items (no rollover)	\$20 every month	\$40 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	(PD) \$0 for 28 Days/56 Meals	(PD) \$0 for 28 Days/56 Meals
Companion Care	\$0 for 12 hrs/qtr(48 hrs/yr)	\$0 for 12 hrs/qtr(48 hrs/yr)
Groceries (no rollover)	N/A	\$20 every month
Pet Care	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr
Personal Emergency Response (PERS)	\$0	N/A
Pest Control	\$0 for one service/yr	\$0 for one service/yr

Part B Drugs	20%	20%
Initial Coverage Limit	\$4,430	\$4,430
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050
Gap Coverage	T1, T6	T1, T2, T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$12.50	\$1	\$3
Tier 3: Preferred Brand	\$30	\$75	\$30	\$75
Tier 4: Non-Preferred Drug	\$100	\$300	\$75	\$187.50
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$3	\$0	\$5	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS	Alignment Health Plan CalPlus (HMO) 009*	Alignment Health Plan Heart & Diabetes (CSNP) 010
Counties	Los Angeles, Marin, Orange, Riverside, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura	Los Angeles, Orange San Diego, San Bernardino San Francisco, Stanislaus
Premium (Part C Part D)	\$0 for Full Duals	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$4,900	\$1,000
Inpatient Hospital - Acute	\$0 for Full Duals	\$0
Skilled Nursing Facility	\$0 for Full Duals	\$0 copay per day for Days 1-31 \$50 copay per day for Days 32-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 - 12 visits combined	(C) \$0 Medicare covered (A) \$0 -40 visits/\$10 coverage per visit
Ambulance	\$0 for Full Duals	\$100 (waived if admitted)
Emergency Room	\$0 for Full Duals	\$70 (waived if admitted w/in 48 hrs)
Urgent Care	\$0 for Full Duals	\$0
Worldwide Emergency	\$0 for Full Duals \$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$0 for Full Duals	\$0
Ambulatory Surgical Center	\$0 for Full Duals	\$0
Durable Medical Equipment	\$0 for Full Duals	0% -\$499 or less 20% -\$500 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% -Supplies 0% -Shoes or Inserts
Dialysis Services	20%	20%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0 for Full Duals	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam / \$500 Eyewear/2 yrs	\$0 Exam / \$200 Eyewear/yr
Hearing Benefits	\$0 Exam / \$2,000 Hearing Aids/2 yrs	\$0 Exam / No Hearing Aid Benefit
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan CalPlus (HMO) 009*	Alignment Health Plan Heart & Diabetes (CSNP) 010		
Transportation (Trips/Radius)	Unlimited / 50-mile radius	50 one-way trips / 35-mile radius		
Over-the-Counter Items (no rollover)	\$100 every month	\$40 every month		
Telehealth Services	\$0	\$0		
Black Card	Included	Included		
Meals (Chronic / Post-Discharge)	(C) \$0 for 14 Days/28 Meals (PD) \$0 for 28 Days/56 Meals	(C) \$0 for 14 Days/28 Meals (PD) \$0 for 28 Days/56 Meals		
Companion Care	\$0 for 12 hrs/qtr(48 hrs/yr)	\$0 for 12 hrs/qtr(48 hrs/yr)		
Groceries (no rollover)	\$20 every month	\$20 every month		
Pet Care	N/A	\$0 for 7 Days or 14 Walks/yr		
Personal Emergency Response (PERS)	\$0	\$0		
Pest Control	N/A	N/A		
Part B Drugs	20%	20%		
Initial Coverage Limit	\$4,430	\$4,430		
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050		
Gap Coverage	N/A	T1, T6		
Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	Drug Copay Based on Level of Low-Income Subsidy (LIS) Generic drugs: \$0 or \$1.35 or \$3.95 All other drugs: \$0 or \$4 or \$9.85		\$5	\$12.50
Tier 3: Preferred Brand			\$30	\$75
Tier 4: Non-Preferred Drug			\$75	\$187.50
Tier 5: Specialty Tier			33%	N/A
Tier 6: Select Care Tier			\$5	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS	Alignment Health Plan smartHMO (HMO) 013	Alignment Health Plan Platinum (HMO) 015
Counties	Los Angeles	San Bernardino & Riverside
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$109 + (\$30 Monthly Cash ¹)	\$0
Maximum Out of Pocket (MOOP)	\$3,400	\$998
Inpatient Hospital - Acute	\$120 copay per day for Days 1-5 \$0 copay per day for Days 6-90	\$0
Skilled Nursing Facility	\$20 copay per day for Days 1-20 \$100 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$30 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$10	\$0
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$10 Medicare covered	(C) \$0 Medicare covered (A) \$0 -40 visits/\$10 coverage per visit
Ambulance	\$100 (waived if admitted)	\$75 (waived if admitted)
Emergency Room	\$120 (waived if admitted w/in 48 hrs)	\$70 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$150 (H) / \$0 (O)	\$0
Ambulatory Surgical Center	\$50	\$0
Durable Medical Equipment	20%	0% - \$350 or less 20% - \$350.01 or more
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	\$30
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam/\$200 Eyewear/\$100 Contacts/yr	\$0 Exam / \$200 Eyewear/yr
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	\$0 Exam / \$1,000 Hearing Aids/2 yrs
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan smartHMO (HMO) 013	Alignment Health Plan Platinum (HMO) 015
Transportation (Trips/Radius)	N/A	22 one-way trips / 50-mile radius
Over-the-Counter Items (no rollover)	N/A	\$20 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	N/A	(PD) \$0 for 28 Days/56 Meals
Companion Care	N/A	\$0 for 12 hrs/qtr(48 hrs/yr)
Groceries (no rollover)	N/A	N/A
Pet Care	N/A	\$0 for 7 Days or 14 Walks/yr
Personal Emergency Response (PERS)	N/A	\$0
Pest Control	N/A	\$0 for one service/yr
Part B Drugs	20%	20%
Initial Coverage Limit	\$4,430	\$4,430
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050
Gap Coverage	T1, T6	T1, T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$5	\$15
Tier 3: Preferred Brand	\$30	\$75	\$30	\$90
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$3	\$0
Bonus Drugs	Included		Included	

¹\$30 monthly cash via an Alignment Debit card. The funds will continue to roll-over for the plan benefit year and will expire 180 days post plan benefit year. The Monetary rebate Alignment debit card may be used at locations that accept debit card payment and beneficiaries may access cash withdrawals. There may be tax implications for beneficiaries enrolled in the VBID plan in 2022. This is an alternative benefit that is not furnished under Original/FFS Medicare.

Beneficiaries may decline the plans Flexibility to Share Beneficiary Rebates Savings More Directly with Beneficiaries by completing the Notice of Acknowledgment of an Opt-out from Model Benefits, which can be found at AlignmentHealthPlan.com or requested by calling Member Services.

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PLAN BENEFITS	Alignment Health Plan Platinum (HMO) 016	Alignment Health Plan AVA® (HMO) 027
Counties	San Diego	San Diego, Los Angeles, Orange, San Luis Obispo, Ventura
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$50
Maximum Out of Pocket (MOOP)	\$998	\$999
Inpatient Hospital - Acute	\$0 copay per day for Days 1-3 \$50 copay per day for Days 4-7 \$0 copay per day for Days 8-90	\$0 copay per day for Days 1-3 \$50 copay per day for Days 4-7 \$0 copay per day for Days 8-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100
PCP Office Visits	\$0	\$0 Virtual / \$35 In Person
Specialist Office Visits	\$0	\$0 Virtual / \$35 In Person
Chiropractic (C) / Acupuncture (A) Svcs	(C) \$10 Medicare covered (C/A) \$0 -24 visits combined	(C) \$0 Medicare covered (C/A) \$0 -24 visits combined
Ambulance	\$75 (waived if admitted)	\$115 (waived if admitted)
Emergency Room	\$65 (waived if admitted w/in 48 hours)	\$120 (waived if admitted w/in 48 hours)
Urgent Care	\$0	\$0
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$85 (H) / \$0 (O)	\$100 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% -\$350 or less 20% -\$350.01 or more	0% -\$350 or less 20% -\$350.01 or more
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	\$30	20%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam / \$300 Eyewear/yr	\$0 Exam / \$200 Eyewear/yr
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs	\$0 Exam / \$1,000 Hearing Aids/2 yrs
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan Platinum (HMO) 016	Alignment Health Plan AVA® (HMO) 027		
Transportation (Trips/Radius)	24 one-way trips / 25-mile radius	N/A		
Over-the-Counter Items (no rollover)	\$50 every month	\$100 every month		
Telehealth Services	\$0	\$0		
Black Card	Included	Included		
Meals (Chronic / Post-Discharge)	(PD) \$0 for 28 Days/56 Meals	N/A		
Companion Care	\$0 for 12 hrs/qtr(48 hrs/yr)	\$0 for 12 hrs/qtr(48 hrs/yr)		
Groceries (no rollover)	\$10 every month	\$20 every month		
Pet Care	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr		
Personal Emergency Response (PERS)	\$0	N/A		
Pest Control	\$0 for one service/yr	N/A		
Part B Drugs	20%	20%		
Initial Coverage Limit	\$4,430	\$4,430		
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050		
Gap Coverage	T1, T6	T6		
Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$3	\$9	\$3	\$9
Tier 3: Preferred Brand	\$30	\$90	\$40	\$120
Tier 4: Non-Preferred Drug	\$75	\$225	\$93	\$279
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$3	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS	Alignment Health Plan Harmony (HMO) 031	Alignment Health Plan Select (HMO) 032
Counties	San Diego & Santa Clara	San Diego
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$2,900	\$3,400
Inpatient Hospital - Acute	\$0 copay per day for Days 1-4 \$100 copay per day for Days 5-10 \$0 copay per day for Days 11-90	\$295 copay per day for Days 1-7 \$0 copay per day for Days 8-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$100 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$140 copay per day for Days 21-100
PCP Office Visits	\$0	\$10
Specialist Office Visits	\$0	\$35
Chiropractic (C) / Acupuncture (A) Svcs	(C) \$0 Medicare covered (A) \$0 -19 visits/yr	(C) \$0 Medicare covered (A) \$0 -40 visits/\$10 coverage per visit
Ambulance	\$175 (waived if admitted)	\$240 (waived if admitted)
Emergency Room	\$85 (NOT waived if admitted)	\$90 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$200 (H) / \$0 (O)	\$200 (H) / \$0 (O)
Ambulatory Surgical Center	\$100	\$35
Durable Medical Equipment	20%	20%
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	\$30	\$30
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam / \$150 Eyewear/yr	\$0 Exam / \$300 Eyewear/2 yrs
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	\$0 Exam / \$1,000 Hearing Aids/2 yrs
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan Harmony (HMO) 031	Alignment Health Plan Select (HMO) 032
Transportation (Trips/Radius)	8 one-way trips / 20-mile radius	24 one-way trips / 75-mile radius
Over-the-Counter Items (no rollover)	\$30 every month	\$20 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	N/A	(PD) \$0 for 28 Days / 56 Meals
Companion Care	N/A	N/A
Groceries (no rollover)	N/A	N/A
Pet Care	\$0 for 7 Days or 14 Walks / yr	N/A
Personal Emergency Response (PERS)	N/A	N/A
Pest Control	N/A	N/A

Part B Drugs	20%	20%
Initial Coverage Limit	\$4,430	\$4,430
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050
Gap Coverage	T6	T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$3	\$9	\$3	\$9
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$93	\$279	\$93	\$279
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$3	\$0	\$3	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS	Alignment Health Plan My Choice (HMO) 028	Alignment Health Plan My Choice (HMO) 029
	San Luis Obispo	Ventura
Counties	San Luis Obispo	Ventura
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$1,000	\$1,400
Inpatient Hospital - Acute	\$0	\$0 copay per day for Days 1-4 \$50 copay per day for Days 5-10 \$0 copay per day for Days 11-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$30 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$30 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$5
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 Medicare covered	(C/A) \$0 Medicare covered
Ambulance	\$75 ground/ \$200 air (waived if admitted)	\$75 ground/ \$200 air (waived if admitted)
Emergency Room	\$70 (waived if admitted w/in 48 hrs)	\$70 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$0 (H) / \$0 (O)	\$0 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% -\$450 or less 20% -\$450.01 or more	0% -\$450 or less 20% -\$450.01 or more
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	20%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam / \$200 Eyewear/yr	\$0 Exam / \$200 Eyewear/yr
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs	\$0 Exam / \$1,000 Hearing Aids/2 yrs
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan My Choice (HMO) 028		Alignment Health Plan My Choice (HMO) 029	
	Transportation (Trips/Radius)	22 one-way trips / 50-mile radius		22 one-way trips / 50-mile radius
Over-the-Counter Items (no rollover)	\$25 every month		\$25 every month	
Telehealth Services	\$0		\$0	
Black Card	Included		Included	
Meals (Chronic / Post-Discharge)	(PD) \$0 for 28 Days/56 Meals		(PD) \$0 for 28 Days/56 Meals	
Companion Care	N/A		N/A	
Groceries (no rollover)	N/A		N/A	
Pet Care	\$0 for 7 Days or 14 Walks/yr		\$0 for 7 Days or 14 Walks/yr	
Personal Emergency Response (PERS)	N/A		N/A	
Pest Control	N/A		N/A	
Part B Drugs	20%		20%	
Initial Coverage Limit	\$4,430		\$4,430	
Part D OOP Threshold (Catastrophic)	\$7,050		\$7,050	
Gap Coverage	T6		T6	
Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$3	\$9	\$3	\$9
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$93	\$279	\$93	\$279
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$3	\$0	\$3	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS	Alignment Health Plan My Choice (HMO) 006	Alignment Health Plan My Choice (HMO) 007
Counties	San Joaquin & Stanislaus	Santa Clara & San Francisco
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$2,900	\$3,000
Inpatient Hospital - Acute	\$0 copay per day for Days 1-4 \$100 copay per day for Days 5-10 \$0 copay per day for Days 11-90	\$0 copay per day for Days 1-4 \$100 copay per day for Days 5-10 \$0 copay per day for Days 11-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic (C) / Acupuncture (A) Svcs	(C) \$0 Medicare covered (A) \$0 -40 visits/\$10 coverage per visit	(C) \$0 Medicare covered (A) \$0 -40 visits/\$10 coverage per visit
Ambulance	\$100 (waived if admitted)	\$175 (waived if admitted)
Emergency Room	\$85 (NOT waived if admitted)	\$85 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$7,500/year	\$12,000/year
Outpatient Hospital / Observation Svcs	\$150 (H) / \$0 (O)	\$200 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$100
Durable Medical Equipment	20%	20%
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	\$30
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam / \$100 Eyewear/2 yrs	\$0 Exam / \$100 Eyewear/2 yrs
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	\$0 Exam / \$1,000 Hearing Aids/2 yrs
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan My Choice (HMO) 006	Alignment Health Plan My Choice (HMO) 007
Transportation (Trips/Radius)	12 one-way trips / 20-mile radius	12 one-way trips / 20-mile radius
Over-the-Counter Items (no rollover)	\$15 every month	\$20 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	(PD) \$0 for 28 Days/56 Meals	N/A
Companion Care	N/A	N/A
Groceries (no rollover)	N/A	N/A
Pet Care	\$0 for 7 Days or 28 Walks/yr	\$0 for 7 Days or 14 Walks/yr
Personal Emergency Response (PERS)	N/A	\$0
Pest Control	N/A	N/A

Part B Drugs	20%	20%
Initial Coverage Limit	\$4,430	\$4,430
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050
Gap Coverage	T6	T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$5	\$12.50	\$0	\$0
Tier 2: Generic	\$10	\$25	\$3	\$9
Tier 3: Preferred Brand	\$40	\$100	\$40	\$120
Tier 4: Non-Preferred Drug	\$93	\$232.50	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS	Alignment Health Plan AllCare Preferred (HMO) 011	Alignment Health Plan Platinum (HMO) 018
	Stanislaus	Marin
Counties		
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$999	\$2,499
Inpatient Hospital - Acute	\$0	\$0 copay per day for Days 1-3 \$50 copay per day for Days 4-7 \$0 copay per day for Days 8-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic (C) / Acupuncture (A) Svcs	(C) \$0 Medicare covered (A) \$0 -40 visits/\$10 coverage per visit	(C) \$0 Medicare covered (A) \$0 - 40 visits/\$10 coverage per visit
Ambulance	\$50 (waived if admitted)	\$75 (waived if admitted)
Emergency Room	\$75 (NOT waived if admitted)	\$65 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$7,500/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$50 (H) / \$0 (O)	\$100 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% -\$350 or less 20% -\$350.01 or more	0% -\$50 or less 20% -\$50.01 or more
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	20%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam / \$200 Eyewear/yr	\$0 Exam / \$200 Eyewear/yr
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs	\$0 Exam / \$1,000 Hearing Aids/2 yrs
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan AllCare Preferred (HMO) 011	Alignment Health Plan Platinum (HMO) 018
	Transportation (Trips/Radius)	26 one-way trips / 50-mile radius
Over-the-Counter Items (no rollover)	\$50 every month	\$40 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	(PD) \$0 for 28 Days/56 Meals	(PD) \$0 for 28 Days/56 Meals
Companion Care	\$0 for 12 hrs/qtr(48 hrs/yr)	\$0 for 12 hrs/qtr (48 hrs/yr)
Groceries (no rollover)	\$10 every month	N/A
Pet Care	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr
Personal Emergency Response (PERS)	N/A	N/A
Pest Control	\$0 for one service/yr	\$0 for one service/yr

Part B Drugs	20%	20%
Initial Coverage Limit	\$4,430	\$4,430
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050
Gap Coverage	T6	T1, T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$3	\$9	\$0	\$0
Tier 2: Generic	\$10	\$25	\$3	\$9
Tier 3: Preferred Brand	\$40	\$100	\$30	\$90
Tier 4: Non-Preferred Drug	\$93	\$232.50	\$75	\$225
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS	Alignment Health Plan Platinum (HMO) 025	Alignment Health Plan AVA® (HMO) 026
Counties	San Joaquin	Santa Clara & Stanislaus
Premium (Part C Part D)	\$14.99	\$0
Part B Rebate	\$0	\$50
Maximum Out of Pocket (MOOP)	\$2,850	\$1,999
Inpatient Hospital - Acute	\$0 copay per day for Days 1-2 \$150 copay per day for Days 3-8 \$0 copay per day for Days 9-90	\$0 copay per day for Days 1-4 \$100 copay per day for Days 5-10 \$0 copay per day for Days 11-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$100 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100
PCP Office Visits	\$0	\$0 Virtual / \$35 In Person
Specialist Office Visits	\$0	\$0 Virtual / \$35 In Person
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 Medicare covered	(C) \$0 Medicare covered (C/A) \$0 -12 visits/yr
Ambulance	\$250 (waived if admitted)	\$115 (waived if admitted)
Emergency Room	\$90 (NOT waived if admitted)	\$120 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$10,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$175 (H) / \$0 (O)	\$100 (H) / \$0 (O)
Ambulatory Surgical Center	\$100	\$0
Durable Medical Equipment	20%	0% - \$50 or less 20% - \$50.01 or more
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	20%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam / \$200 Eyewear/yr	\$0 Exam / \$200 Eyewear/yr
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs	\$0 Exam / \$1,000 Hearing Aids/2 yrs
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan Platinum (HMO) 025	Alignment Health Plan AVA® (HMO) 026
Transportation (Trips/Radius)	N/A	N/A
Over-the-Counter Items (no rollover)	\$20 every month	\$100 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	N/A	N/A
Companion Care	N/A	\$0 for 12 hrs/qtr(48 hrs/yr)
Groceries (no rollover)	N/A	\$20 every month
Pet Care	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr
Personal Emergency Response (PERS)	N/A	\$0
Pest Control	\$0 for one service/yr	N/A

Part B Drugs	20%	20%
Initial Coverage Limit	\$4,430	\$4,430
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050
Gap Coverage	T6	T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$10	\$25	\$3	\$9
Tier 3: Preferred Brand	\$40	\$100	\$40	\$120
Tier 4: Non-Preferred Drug	\$93	\$232.50	\$93	\$279
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$3	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS	Alignment Health Plan Sutter Advantage (HMO) 019	Alignment Health Plan Sutter Advantage (HMO) 020
	Counties Sacramento, Placer & Yolo	Santa Clara
Premium (Part C Part D)	\$19	\$49
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$4,900	\$4,900
Inpatient Hospital - Acute	\$150 copay per day for Days 1-5 \$0 copay per day for Days 6-90	\$225 copay per day for Days 1-5 \$0 copay per day for Days 6-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$160 copay per day for Days 21-51 \$0 copay per day for Days 52-100	\$0 copay per day for Days 1-20 \$160 copay per day for Days 21-57 \$0 copay per day for Days 58-100
PCP Office Visits	\$5	\$5
Specialist Office Visits	\$25	\$20
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 Medicare covered	(C/A) \$0 Medicare covered
Ambulance	\$250 (waived if admitted)	\$250 (waived if admitted)
Emergency Room	\$90 (NOT waived if admitted)	\$90 (NOT waived if admitted)
Urgent Care	\$0	\$0
Worldwide Emergency	\$7,500/year	\$7,500/year
Outpatient Hospital / Observation Svcs	\$195 (H) / \$0 (O)	\$325 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% -\$350 or less 20% -\$350.01 or more	0% -\$350 or less 20% -\$350.01 or more
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	20%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$15 (X) / \$150 (D) / 20% (T)	\$15 (X) / \$150 (D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam / \$150 Eyewear/2 yrs	\$0 Exam / \$150 Eyewear/2 yrs
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	\$0 Exam / No Hearing Aid Benefit
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan Sutter Advantage (HMO) 019		Alignment Health Plan Sutter Advantage (HMO) 020	
	Transportation (Trips/Radius)	N/A		N/A
Over-the-Counter Items (no rollover)	\$15 every month		\$15 every month	
Telehealth Services	\$0		\$0	
Black Card	Included		Included	
Meals (Chronic / Post-Discharge)	N/A		N/A	
Companion Care	N/A		N/A	
Groceries (no rollover)	N/A		N/A	
Pet Care	N/A		N/A	
Personal Emergency Response (PERS)	N/A		N/A	
Pest Control	N/A		N/A	
Part B Drugs	20%		20%	
Initial Coverage Limit	\$4,430		\$4,430	
Part D OOP Threshold (Catastrophic)	\$7,050		\$7,050	
Gap Coverage	T6		T6	
Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$15	\$5	\$15
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS	Alignment Health Plan Sutter Advantage (HMO) 021	Alignment Health Plan Sutter Advantage (HMO) 023
Counties	Santa Cruz	Sonoma, San Mateo, San Francisco
Premium (Part C Part D)	\$59	\$48
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$4,900	\$3,900
Inpatient Hospital - Acute	\$225 copay per day for Days 1-5 \$0 copay per day for Days 6-90	\$225 copay per day for Days 1-5 \$0 copay per day for Days 6-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$160 copay per day for Days 21-62 \$0 copay per day for Days 63-100	\$0 copay per day for Days 1-20 \$160 copay per day for Days 21-51 \$0 copay per day for Days 52-100
PCP Office Visits	\$5	\$5
Specialist Office Visits	\$20	\$25
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 Medicare covered	(C/A) \$0 Medicare covered
Ambulance	\$250 (waived if admitted)	\$250 (waived if admitted)
Emergency Room	\$90 (NOT waived if admitted)	\$90 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$7,500/year	\$7,500/year
Outpatient Hospital / Observation Svcs	\$325 (H) / \$0 (O)	\$250 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% -\$350 or less 20% -\$350.01 or more	0% -\$350 or less 20% -\$350.01 or more
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	20%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$15 (X) / \$150 (D) / 20% (T)	\$15 (X) / \$150 (D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 13-15	See page 13-15
Vision Benefits	\$0 Exam / \$150 Eyewear/2 yrs	\$0 Exam / \$150 Eyewear/2 yrs
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	\$0 Exam / No Hearing Aid Benefit
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan Sutter Advantage (HMO) 021	Alignment Health Plan Sutter Advantage (HMO) 023		
Transportation (Trips/Radius)	N/A	N/A		
Over-the-Counter Items (no rollover)	\$15 every month	\$15 every month		
Telehealth Services	\$0	\$0		
Black Card	Included	Included		
Meals (Chronic / Post-Discharge)	N/A	N/A		
Companion Care	N/A	N/A		
Groceries (no rollover)	N/A	N/A		
Pet Care	N/A	N/A		
Personal Emergency Response (PERS)	N/A	N/A		
Pest Control	N/A	N/A		
Part B Drugs	20%	20%		
Initial Coverage Limit	\$4,430	\$4,430		
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050		
Gap Coverage	T6	T6		
Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$15	\$5	\$15
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included	Included	Included	Included

PLAN BENEFITS	Alignment Health Plan My Choice (PPO) 001		Alignment Health Plan My Choice (PPO) 003	
	Sacramento, Placer, Yolo, San Joaquin, Stanislaus, Santa Cruz		Sonoma, San Mateo	
Counties	In-Network	Out-of-Network	In-Network	Out-of Network
Premium (Part C Part D)	\$79		\$97	
Part B Rebate	\$0		\$0	
Maximum Out of Pocket (MOOP)	\$4,200	\$6,000 (comb)	\$4,200	\$6,000 (comb)
Inpatient Hospital - Acute	\$150 Per Day 1-5 \$0 Per Day 6-90	30%	\$225 Per Day 1-5 \$0 Per Day 6-90	30%
Skilled Nursing Facility	\$0 Per Day 1-20 \$160 Per Day 21-51 \$0 Per Day 52-100	30%	\$0 Per Day 1-20 \$160 Per Day 21-51 \$0 Per Day 52-100	30%
PCP Office Visits	\$5	25%	\$5	25%
Specialist Office Visits	\$35	25%	\$35	25%
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 Medicare covered	(C) 30%	(C/A) \$0 Medicare covered	(C) 30%
Ambulance	\$250 (waived if admitted)	30%	\$250 (waived if admitted)	30%
Emergency Room	\$85 (NOT waived if admitted)		\$85 (NOT waived if admitted)	
Urgent Care	\$0		\$0	
Worldwide Emergency	\$25,000/year		\$25,000/year	
Outpatient Hospital / Observation Svcs	\$195 (H) / \$0 (O)	25%	\$250 (H) / \$0 (O)	25%
Ambulatory Surgical Center	\$0	30%	\$0	30%
Durable Medical Equipment	0% -\$350 or less 20% -\$350.01 +	30%	0% -\$350 or less 20% -\$350.01 +	30%
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	30%	0% -Supplies 20% -Shoes/Inserts	30%
Dialysis Services	20%	30%	20%	30%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$15 (X) / \$150 (D) 20% (T)	30%	\$15 (X) / \$150 (D) 20% (T)	30%
Lab Services	\$0	30%	\$0	30%
Dental Benefits	See page 13-15		See page 13-15	
Vision Benefits	\$0 Exam \$150 Eyewear/2 yrs	30%	\$0 Exam \$150 Eyewear/2yrs	30%
Hearing Benefits	\$0 Exam No Hearing Aid Cvg	30%	\$0 Exam No Hearing Aid Cvg	30%
Fitness Membership	Included		Included	

PLAN BENEFITS	Alignment Health Plan My Choice (PPO) 001		Alignment Health Plan My Choice (PPO) 003	
	In-Network	Out-of-Network	In-Network	Out-of Network
Transportation (Trips/Radius)	N/A		N/A	
Over-the-Counter Items (no rollover)	\$15 every month		\$15 every month	
Telehealth Services	\$0	30%	\$0	30%
Black Card	Included		Included	
Meals (Chronic / Post-Discharge)	N/A		N/A	
Companion Care	N/A		N/A	
Groceries (no rollover)	N/A		N/A	
Pet Care	N/A		N/A	
Personal Emergency Response (PERS)	N/A		N/A	
Pest Control	N/A		N/A	
Part B Drugs	20%	30%	20%	30%
Initial Coverage Limit	\$4,430		\$4,430	
Part D OOP Threshold (Catastrophic)	\$7,050		\$7,050	
Gap Coverage	T6		T6	
Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$15	\$5	\$15
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS

Alignment Health Plan
Balance (PPO) 006

Counties	San Joaquin & Stanislaus	
	In-Network	Out-of-Network
Premium (Part C Part D)	\$0	
Part B Rebate	\$0	
Maximum Out of Pocket (MOOP)	\$2,850	\$5,150 (Combined)
Inpatient Hospital - Acute	\$0	30%
Skilled Nursing Facility	\$0 Per Day 1-20 \$50 Per Day 21-100	30%
PCP Office Visits	\$0	\$25
Specialist Office Visits	\$0	\$25
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 Medicare covered	(C) 30%
Ambulance	\$100 (waived if admitted)	30%
Emergency Room	\$75 (NOT waived if admitted)	
Urgent Care	\$0	
Worldwide Emergency	\$25,000/year	
Outpatient Hospital / Observation Svcs	\$50 (H) / \$0 (O)	25%
Ambulatory Surgical Center	\$0	30%
Durable Medical Equipment	0% -\$350 or less 20% -\$350.01 or more	30%
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	30%
Dialysis Services	\$20	30%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	30%
Lab Services	\$0	30%
Dental Benefits	See page 13-15	
Vision Benefits	\$0 Exam \$200 Eyewear/yr	30%
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	30%
Fitness Membership	Included	

PLAN BENEFITS

Alignment Health Plan
Balance (PPO) 006

	In-Network	Out-of-Network
Transportation (Trips/Radius)	26 one-way trips / 50-mile radius	30%
Over-the-Counter Items (no rollover)	\$15 every month	
Telehealth Services	\$0	30%
Black Card	Included	
Meals (Chronic / Post-Discharge)	N/A	
Companion Care	N/A	
Groceries (no rollover)	N/A	
Pet Care	N/A	
Personal Emergency Response (PERS)	N/A	
Pest Control	N/A	

Part B Drugs	20%	30%
Initial Coverage Limit	\$4,430	
Part D OOP Threshold (Catastrophic)	\$7,050	
Gap Coverage	T6	

Part D Drugs	Retail 30 Day	Mail Order 90 - 100
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$3	\$9
Tier 3: Preferred Brand	\$40	\$120
Tier 4: Non-Preferred Drug	\$93	\$279
Tier 5: Specialty Tier	33%	N/A
Tier 6: Select Care Tier	\$3	\$0
Bonus Drugs	Included	

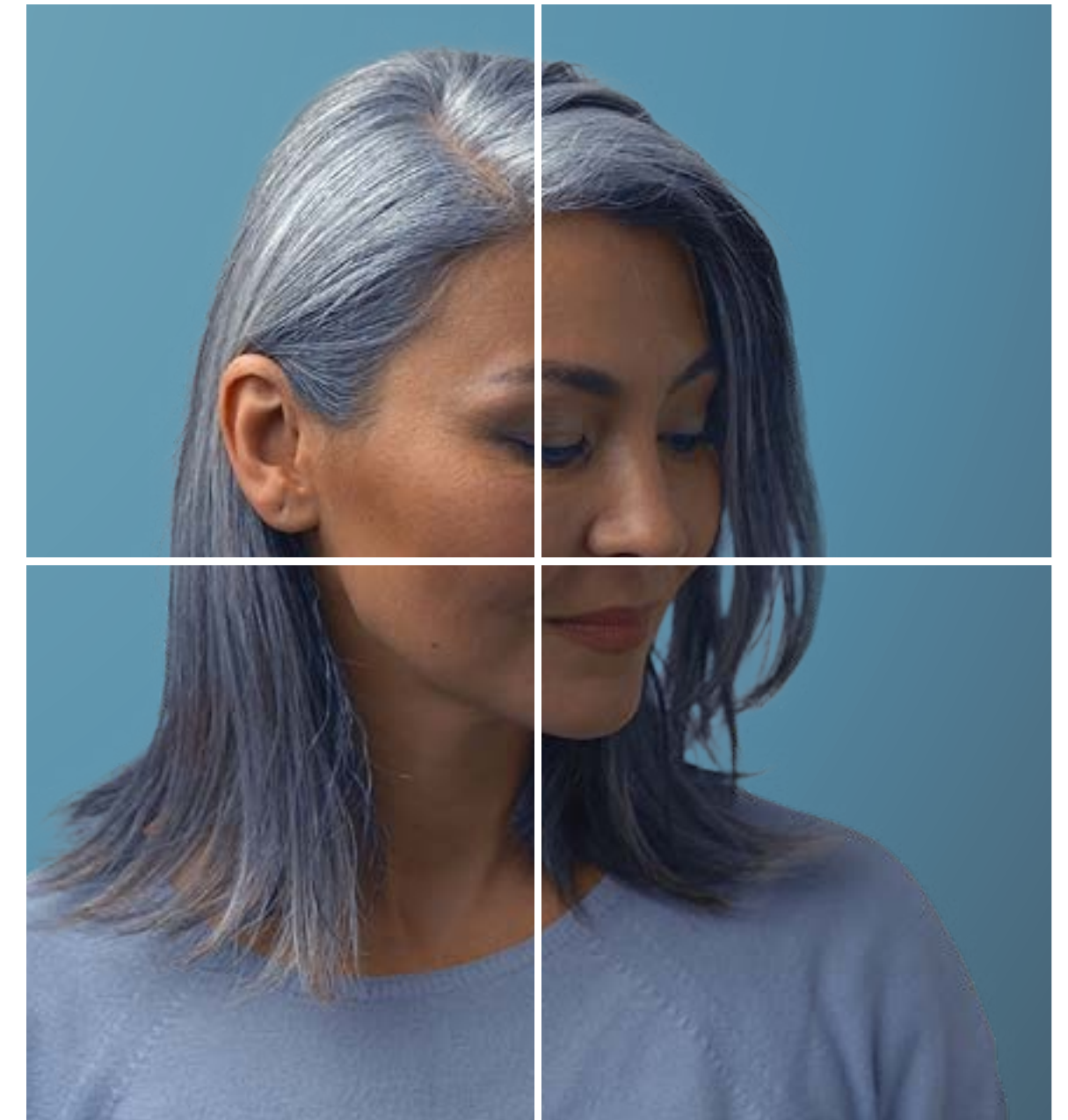
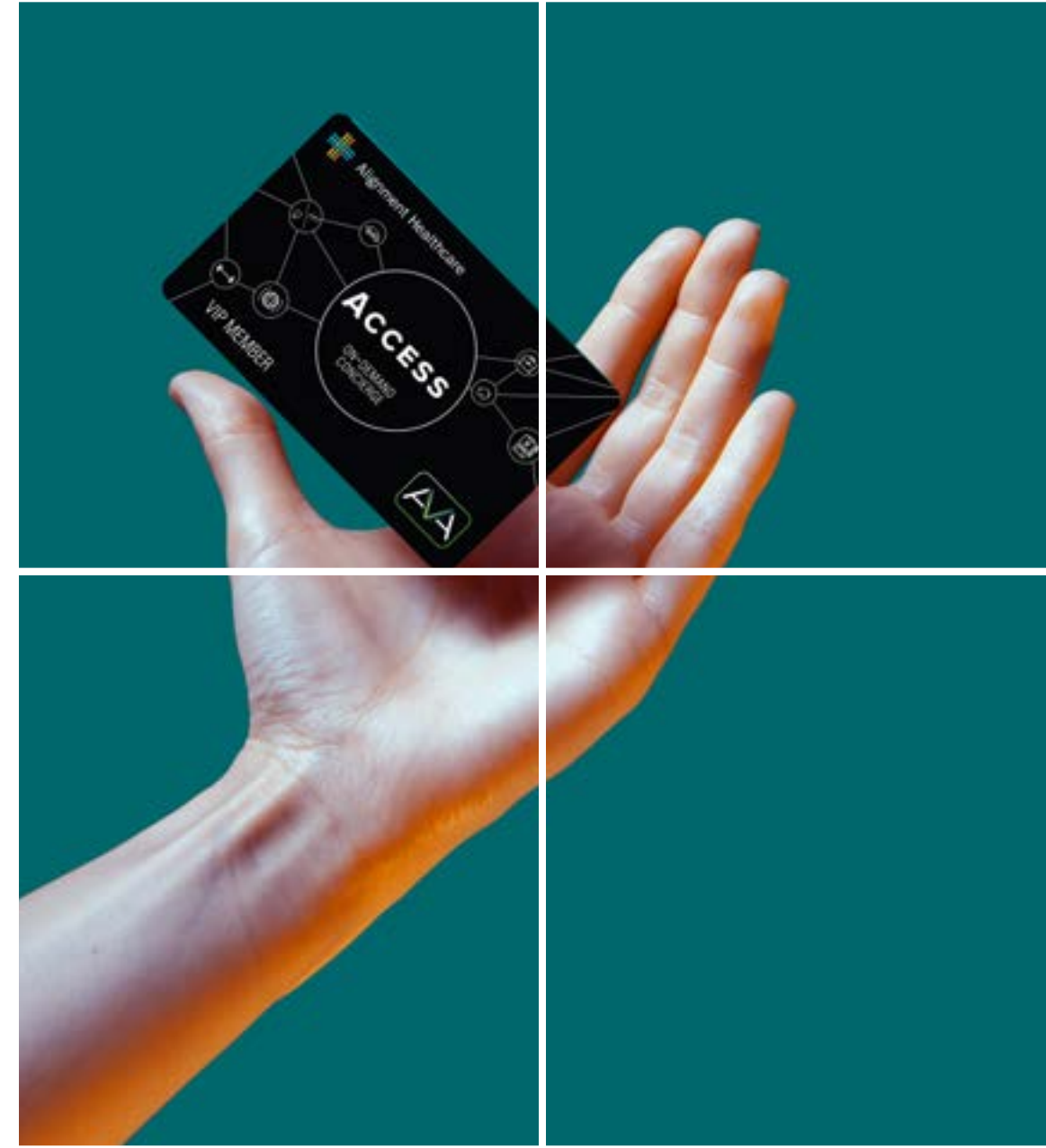


ALIGNMENT

HEALTH PLAN

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ALIGNMENT
HEALTH PLAN
ARIZONA
2022
Producer
Selling
Guide





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MESSAGE FROM THE PRESIDENT



Dear Valued Partner,

Alignment Health Plan takes pride in the products and services we design specifically to improve our members health. From quality of care to quality of life, we provide what they need, when they need it. [When COVID-19 hit the United States, we immediately thought of our members and how we could provide quick and impactful support to those who needed it.](#) As the virus developed and built momentum, we communicated with our entire membership on a regular basis, we delivered thousands of meals to members so that they could remain safely at home and we provided tens of thousands of face masks and hand sanitizers to members and continue to do so today.

It is our mission to serve the frail and most vulnerable and it's our mission to manage the health and well-being of those less vulnerable in order to keep them healthy. It is what Alignment was built on. It is our calling. It's what we do.

We are excited to share with you the plans and services we have available for 2022.
And we are grateful for your continued partnership.

Dawn Maroney
PRESIDENT - MARKETS & CONSUMER

CHANGING HEALTH CARE ONE PERSON
AT A TIME, WITH YOU ON OUR SIDE.



ARIZONA 2022 PRODUCER SELLING GUIDE

COUNTY ABBREVIATIONS

- » **MA** - Maricopa
- » **PI** - Pima

This Producer Selling Guide outlines benefits, eligibility and significant features.

Our products have always focused on senior-first design and physician support, but our vision for the future goes further. We’ve been listening to you and refining our products. Your feedback has been invaluable — and this is what we have put into effect:

- » **New market introduction** - Maricopa and Pima counties.
- » **Products** - HMO, C-SNP, and PPO

Provider Delivery Systems

- » **HMO Products** - Abrazo Health, Arizona Care Network, Arizona Priority Care (Heritage), CareMore, Carondelet Health Network, Dignity Health, and Iora Health
- » **PPO Product** - Abrazo Health, Arizona Care Network, Carondelet Health Network, Dignity Health, and Iora Health

2022 PRODUCT HIGHLIGHTS:

- » **HMO plans** include low MOOP and copays with comprehensive supplemental packages

- » **AVA PPO plan** with \$0 monthly premium including freedom of seeing a doctor outside the plan network and access to specialists without a referral
- » **C-SNP** plan for eligible Heart and Diabetes members that can be sold year-round.
- » **Pharmacy access** - One “standard” pharmacy tier gives members access to the lowest cost at any in-network pharmacy

Alignment Health Plan members can relax knowing that their ACCESS On-Demand Concierge “black card” works like a debit card and can be used in 50,000+ locations nationwide. The black card can pay for covered items, including over-the-counter, grocery, and healthy rewards program items (some limitations may apply).

We are changing health care one person at a time, and I am excited to have you at our side.

ACCESS ON-DEMAND CONCIERGE



GETTING THE CARE YOUR CLIENTS DESERVE IS ALL ABOUT ACCESS.

ACCESS On-Demand Concierge is available to Alignment Health Plan Medicare Advantage members at no additional cost.

AN EXCLUSIVE ALIGNMENT HEALTH PLAN PROGRAM

ACCESS On-Demand Concierge provides Alignment Health Plan members access to:

- » 24/7 ACCESS On-Demand Concierge team, dedicated to helping members navigate the services and benefits available to them with speed, ease and efficiency. It's all to help you get well-connected to the 5-star experience you deserve.
- » 24/7 access to a board-certified doctor any time of day or night. Services available include general medicine, dermatology, and behavioral health consultations.
- » Complimentary ACCESS On-Demand Concierge "black card" that works as a debit card, accepted at more than 50,000 locations nationwide.
- » Many Alignment Health Plan products include a monthly over-the-counter (OTC) benefit that allows members to use their ACCESS card to purchase eligible items.
- » And MORE*

REDEEMABLE AT MULTIPLE RETAILERS



*Benefits vary by plan



AVA[®] PPO PRODUCT



[Back to AZ Navigation Page](#)

A R I Z O N A



AVA® VIRTUAL PRODUCT

Alignment Health Plan is working to make virtual doctor visits more convenient and affordable. Members will be able to take advantage of the following benefits:



VIRTUAL CONCIERGE PCP

Members can schedule video or phone visits with a virtual concierge Primary Care Provider (PCP) focused on their health. Virtual concierge PCPs can place online orders for prescriptions, labs, and imaging tests for members.



24/7 VIRTUAL CARE TEAM

Members can message or call their virtual care team anytime about their care needs, including talking to a doctor, scheduling an appointment, or getting their prescriptions refilled.



HEALTH TECH SUPPORT

Members can call Alignment Health Tech Support with their technology and medical equipment questions and get expert assistance they need. The Health Tech Support team is dedicated to assisting, training, and educating members on how to effectively use their digital healthcare tools.

Product available in:

CALIFORNIA - Santa Clara, Stanislaus, Ventura, San Luis Obispo, Orange, Los Angeles, San Diego Counties

NEVADA - Clark, Nye and Washoe Counties

ARIZONA - Maricopa and Pima. AVA PPO Only

NORTH CAROLINA - All Service Areas. AVA PPO Only

GET TO KNOW AVA® PPO

Introducing AVA® PPO, a product that offers members the flexibility they need at an affordable price.

AVA® PPO plans were designed with seniors in mind. All plans include 24/7 on-demand access via phone, online, or mobile app. Plus:

	AVA® PPO	AVA® HMO
PCP SELECTION REQUIRED	X	✓
REFERRALS REQUIRED	X	✓
OUT-OF-NETWORK PROVIDER COVERAGE	✓	X
ACCESS TO VIRTUAL VISITS	✓	✓
24/7 VIRTUAL CARE TEAM	✓	✓
ALIGNMENT HEALTH TECH	✓	✓
VISION	✓	✓
DENTAL	*	✓
HEARING	X	✓
FITNESS	✓	✓
OTC	*	✓
PART D COVERAGE	✓	✓

- ✓ Freedom of seeing a doctor outside your plan network or a specialist without a referral
- ✓ Lower monthly cost than most Medicare Supplement Insurance plans
- ✓ Worldwide emergency coverage, vision, fitness, and more.
- ✓ Part D prescription drug coverage included!

Product available in:

CALIFORNIA - Los Angeles, Orange and San Diego

ARIZONA - Maricopa and Pima

NORTH CAROLINA - All Alignment service areas

*Benefits and network vary by plan and county.

MORE OPTIONS WITH AVA® PPO

OPTIONS+ bundles give your clients the choice to add additional benefit coverage to their AVA® PPO plan for an affordable cost. These bundles offer your clients the flexibility and ease of adding additional services based on their individual needs.

OPTIONS+ is available with AVA® PPO products in California, Arizona and North Carolina.

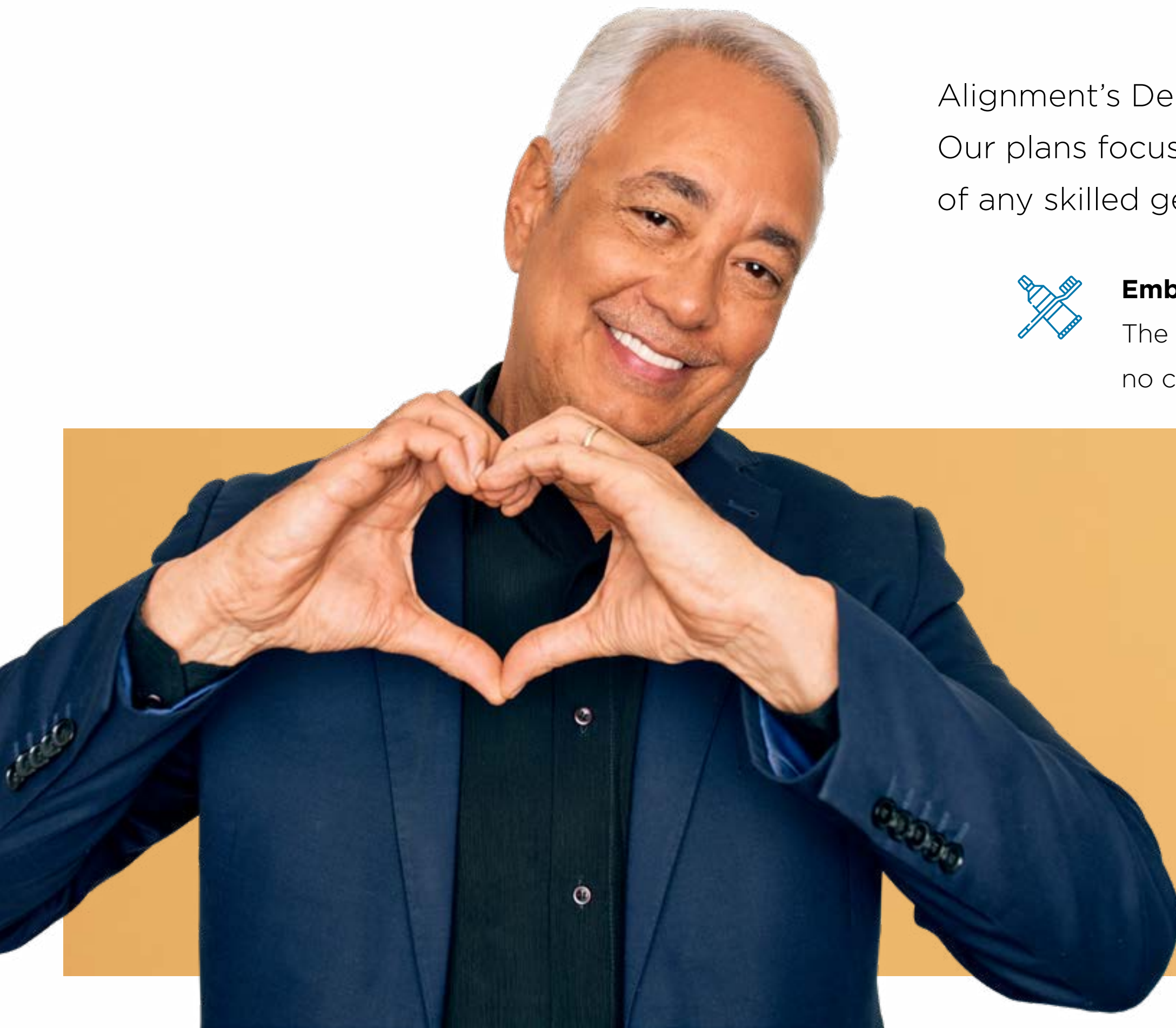
Standard plan premiums may apply.

OPTIONS+ ARIZONA

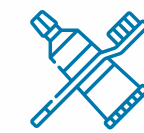
Available for:
AVA® (PPO) 001

OPTIONS+ PREMIUM BUY UP	\$42 Additional Premium
Worldwide Emergency	→ \$15,000 max
Hearing Benefits	→ \$2,000 Hearing Aids/2 years
Transportation (Trips/Radius)	→ 12 one-way trips/30-mile radius
Over-the-Counter Items (no rollover)	→ \$15 every month
Personalized Emergency Response System (PERS)	→ \$0
Comprehensive Dental	→ Yearly Max Coverage: \$2,000

GIVING THEM A REASON TO SMILE! HERE'S WHAT'S NEW IN DENTAL FOR 2022.



Alignment's Dental Plans are designed to protect and care for the member's oral and overall health. Our plans focus on providing affordable coverage, comprehensive treatment, and the member's choice of any skilled general or specialist dentists within our network.



Embedded Dental Plan: HMO members are automatically enrolled within Alignment's Embedded Dental Plan**. The embedded dental plan prioritize preventive care with full coverage on routine dental services and minimal to no co-payment on covered dental services such as fillings and periodontal maintenance.

Preventive: Full coverage for routine cleanings, exams, and x-rays.

Basic: 50% for fillings, crowns, and simple extractions*

Major: 70% for root canals and dentures*



Enhanced Dental Option: Election of the Enhanced Dental Option offers expanded coverage to over 250 dental procedures up to the \$1,500 - \$2,000 plan annual maximum. Coverage is complimented by Delta Dental (CA) and DentaQuest (NV/AZ/NC) network of dental providers.

* Percentages reflect member cost sharing portion are determined based upon the selection of an in-network dental provider.

** Embedded dental plan is included with no additional premium. Benefits vary by plan benefit package.

The Optional Enhanced Dental Plan gives your clients the choice to add additional dental coverage to their Medicare Advantage plan for an affordable cost.

THE ONE (HMO) 001

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$24.00
Buy up Calendar Year Max: \$2,000

HEART & DIABETES (C-SNP) 003

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$24.00
Buy up Calendar Year Max: \$2,000

THE ONE (HMO) 002

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$24.00
Buy up Calendar Year Max: \$2,000

AVA® (PPO) 001

Coverage:
Enhanced Dental Option (Buy Up) included in Options+
Monthly Premium: \$42.00
Buy Up Calendar Year Max: \$2,000

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SUPPLEMENTAL BENEFITS

SUPPLEMENTAL BENEFITS



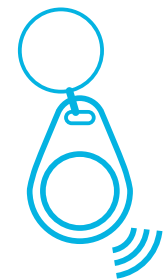
PET CARE[†]

Dog walking and sitting are available for qualifying members enrolled in eligible plans who are hospitalized, have a medical procedure, or need help with activities of daily living.



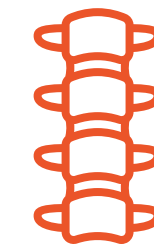
PEST CONTROL^{*†}

Pest control services are available for qualifying members enrolled in eligible plans. Qualified members get an annual treatment for covered pests.



PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)[†]

The personal emergency response system (PERS) is available to members in eligible plans who feel they need the extra support. The PERS device operates over a 4G network and allows members to call for help with the push of a button.



ACUPUNCTURE & CHIROPRACTIC SERVICES[†]

Several Alignment Health Plans offer acupuncture and chiropractic care to complement the routine medical care of our members.



OVER-THE-COUNTER[†]

Select plans include a monthly OTC benefit that allows members to use their ACCESS card to buy eligible items at participating retailers. The benefit reloads onto the card every month and any amount that is not spent each month is forfeited.

[†]Not available on all plans; please refer to benefit overview grids and Evidence of Coverage. ^{*}Special supplemental benefits for the chronically

^{*}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.

Alignment Health Plan members can call their 24/7 Concierge team to determine if they are eligible for special supplemental benefits. The Concierge team will determine if they qualify and assist with granting them the benefit.

All designed to improve your clients' quality-of-life.



SUPPLEMENTAL BENEFITS



GROCERY BENEFIT**

Select plans include a monthly grocery benefit for qualifying members to purchase eligible groceries at participating retailers with their ACCESS card.



COMPANION CARE**

A companion care benefit is available for qualifying members enrolled in eligible plans who need assistance with light house chores, technology lessons and/or general companionship.

*Not available on all plans; please refer to benefit overview grids and Evidence of Coverage.

**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.

Alignment Health Plan members can call their 24/7 Concierge team to determine if they are eligible for special supplemental benefits. The Concierge team will determine if they qualify and assist with granting them the benefit.



IMPORTANT RESOURCES + INFORMATION

[Back to AZ Navigation Page](#)

A R I Z O N A

IMPORTANT CONTACT INFORMATION AND RESOURCES FOR YOU AND YOUR CLIENTS' NEEDS

NEED TO FAX/MAIL YOUR APPLICATIONS?

Fax: (562) 207-4623

Mail: Alignment Health Plan
Attn: Membership Department
1100 W Town and Country Rd, Ste. 1600
Orange, CA 92868

ACCESSING YOUR AGENT PORTAL?

Register: Look for email instructions sent to you after certification

Weblink: 1. agents.alignmenthealthcare.com
2. Enter Email & Password

DOES YOUR CLIENT NEED AN ID CARD/ ADDRESS CHANGE?

Send ENCRYPTED Email to:
PartnerExperience@ahcusa.com

DOES YOUR CLIENT NEED THEIR MEMBER ID NUMBER?

Call Member Services: (866) 646-2247

Send ENCRYPTED Email to:
PartnerExperience@ahcusa.com

Access your BOB online:
agents.alignmenthealthcare.com

DO YOU NEED SUPPLIES/ PROMOTIONAL ITEMS?

Affiliated With an Agency:
Contact your agency for supplies/ promo items

Direct/Independent Agent:
Email: PartnerExperience@ahcusa.com

NEED TO LOOK UP A DOCTOR OR A MEDICATION?

Provider Search:
www.AlignmentHealthPlan.com
Click on "PROVIDER SEARCH"

Medication Search:
www.AlignmentHealthPlan.com
Click on "FIND A DRUG"

Pharmacy Search:
www.AlignmentHealthPlan.com
Click on "FIND A PHARMACY"

HAVE COMMISSION QUESTIONS?

Email:
Commissions@ahcusa.com

NEED ADDITIONAL ASSISTANCE OR HAVE QUESTIONS? **CALL US 888-793-5700**



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PLAN BENEFITS OVERVIEW

PLAN BENEFITS	NEW FOR 2022 Alignment Health Plan the ONE (HMO) 001	NEW FOR 2022 Alignment Health Plan the ONE (HMO) 002
	Maricopa	Pima
Counties	Maricopa	Pima
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$2,499	\$2,499
Inpatient Hospital - Acute	\$100 copay per day for Days 1-3 \$0 copay per day for Days 4-90	\$100 copay per day for Days 1-3 \$0 copay per day for Days 4-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$75 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$75 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 -24 visits combined	(C/A) \$0 -24 visits combined
Ambulance	\$100 (waived if admitted)	\$100 (waived if admitted)
Emergency Room	\$65 (waived if admitted w/in 48 hours)	\$65 (waived if admitted w/in 48 hours)
Urgent Care	\$0	\$0
Worldwide Emergency	\$10,000/yr	\$10,000/yr
Outpatient Hospital / Observation Svcs	\$85(H) / \$0 (O)	\$85(H) / \$0 (O)
Ambulatory Surgical Center	\$40	\$40
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	0% - \$350 or less 20% - \$350.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	\$30	20%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 49-51	See page 49-51
Vision Benefits	\$0 Exam / \$300 Eyewear/yr	\$0 Exam / \$300 Eyewear/yr
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs	\$0 Exam / \$1,000 Hearing Aids/2 yrs
Fitness Membership	Included	Included

PLAN BENEFITS	NEW FOR 2022 Alignment Health Plan the ONE (HMO) 001	NEW FOR 2022 Alignment Health Plan the ONE (HMO) 002
	Transportation (Trips/Radius)	\$0 - 24 one-way trips / 25-mile radius
Over-the-Counter Items (no rollover)	\$25 every month	\$25 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	(PD) \$0 for 28 Days/56 Meals	N/A
Companion Care	\$0 for 12 hrs/qtr(48 hrs/yr)	\$0 for 12 hrs/qtr(48 hrs/yr)
Groceries (no rollover)	\$10 every month	\$20 every month
Pet Care	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr
Personal Emergency Response (PERS)	N/A	N/A
Pest Control	\$0 for one service/yr	\$0 for one service/yr

Part B Drugs	20%	20%
Initial Coverage Limit	\$4,430	\$4,430
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050
Gap Coverage	T6	T6

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$0	\$0
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

PLAN BENEFITS

NEW FOR 2022
Alignment Health Plan
Heart & Diabetes (CSNP) 003

Counties	Maricopa & Pima
Premium (Part C Part D)	\$0
Part B Rebate	\$0
Maximum Out of Pocket (MOOP)	\$2,499
Inpatient Hospital - Acute	\$0
Skilled Nursing Facility	\$0 copay per day for Days 1-31 \$50 copay per day for Days 32-100
PCP Office Visits	\$0
Specialist Office Visits	\$0
Chiropractic (C) / Acupuncture (A) Svcs	(C) \$0 Medicare covered (A) \$0 - 40 visits/\$10 coverage per visit
Ambulance	\$100 (waived if admitted)
Emergency Room	\$70 (waived if admitted w/in 48 hours)
Urgent Care	\$0
Worldwide Emergency	\$25,000/year
Outpatient Hospital / Observation Svcs	\$0 (H) / \$0 (O)
Ambulatory Surgical Center	\$0
Durable Medical Equipment	0% -\$499 or less 20% -\$500 or more
Diabetic Supplies	0% -Supplies / Shoes or Inserts
Dialysis Services	\$0
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)
Lab Services	\$0
Dental Benefits	See page 49-51
Vision Benefits	\$0 Exam / \$200 Eyewear/yr
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit
Fitness Membership	N/A

PLAN BENEFITS

NEW FOR 2022
Alignment Health Plan
Heart & Diabetes (CSNP) 003

Transportation (Trips/Radius)	32 one-way trips / 50-mile radius
Over-the-Counter Items (no rollover)	\$40 every month
Telehealth Services	\$0
Black Card	Included
Meals (Chronic / Post-Discharge)	(C) \$0 for 14 Days/28 Meals
Companion Care	\$0 for 12 hrs/qtr(48 hrs/yr)
Groceries (no rollover)	N/A
Pet Care	\$0 for 7 Days or 14 Walks/yr
Personal Emergency Response (PERS)	\$0
Pest Control	N/A

Part B Drugs	20%
Initial Coverage Limit	\$4,430
Part D OOP Threshold (Catastrophic)	\$7,050
Gap Coverage	T6

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$0	\$0
Tier 3: Preferred Brand	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300
Tier 5: Specialty Tier	33%	N/A
Tier 6: Select Care Tier	\$3	\$0
Bonus Drugs	Included	

PLAN BENEFITS

NEW FOR 2022
Alignment Health Plan
AVA® (PPO) 001

Counties	Maricopa & Pima	
	In-Network	Out-of-Network
Premium (Part C Part D)	\$0	
Part B Rebate	\$0	
Maximum Out of Pocket (MOOP)	\$3,900	\$6,500 (Combined)
Inpatient Hospital - Acute	\$150 Per Day 1-3 \$0 Per Day 4-90	30%
Skilled Nursing Facility	\$0 Per Day 1-20 \$100 Per Day 21-51 \$0 Per Day 52-100	30%
PCP Office Visits	\$5	\$40
Specialist Office Visits	\$20	\$50
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 Medicare covered	(C) 30%
Ambulance	\$250 (waived if admitted)	30%
Emergency Room	\$85 (NOT waived if admitted)	
Urgent Care	\$20 (waived if admitted w/in 24 hrs)	
Worldwide Emergency	\$10,000/year	
Outpatient Hospital / Observation Svcs	\$165 (H) / \$0 (O)	25%
Ambulatory Surgical Center	\$100	30%
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	30%
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	30%
Dialysis Services	20%	30%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$15 (X) / \$150 (D) / 20% (T)	30%
Lab Services	\$0	30%
Dental Benefits	Included w/ Options+ (see pages 48-51)	
Vision Benefits	\$0 Exam \$150 Eyewear/ 2 yrs	30%
Hearing Benefits	\$0 Exam Hearing Aid Allowance Included w/ Options+ (see page 48)	30%

PLAN BENEFITS

NEW FOR 2022
Alignment Health Plan
AVA® (PPO) 001

	In-Network	Out-of-Network
Fitness Membership	Included	
Transportation (Trips/Radius)	Included w/ Options+ (see page 48)	
Over-the-Counter Items (no rollover)	\$15 every month + (\$15 additional Included w/ Options+ (see page 48))	
Telehealth Services	\$0	\$30
Black Card	Included	
Meals (Chronic / Post-Discharge)	N/A	
Companion Care	N/A	
Groceries (no rollover)	N/A	
Pet Care	N/A	
Personal Emergency Response (PERS)	\$0 - Included w/ Options+	
Pest Control	N/A	
Part B Drugs	20%	30%
Initial Coverage Limit	\$4,430	
Part D OOP Threshold (Catastrophic)	\$7,050	
Gap Coverage	T6	
Part D Drugs	Retail 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$5	\$15
Tier 3: Preferred Brand	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300
Tier 5: Specialty Tier	33%	N/A
Tier 6: Select Care Tier	\$5	\$0
Bonus Drugs	Included	



ALIGNMENT
HEALTH PLAN

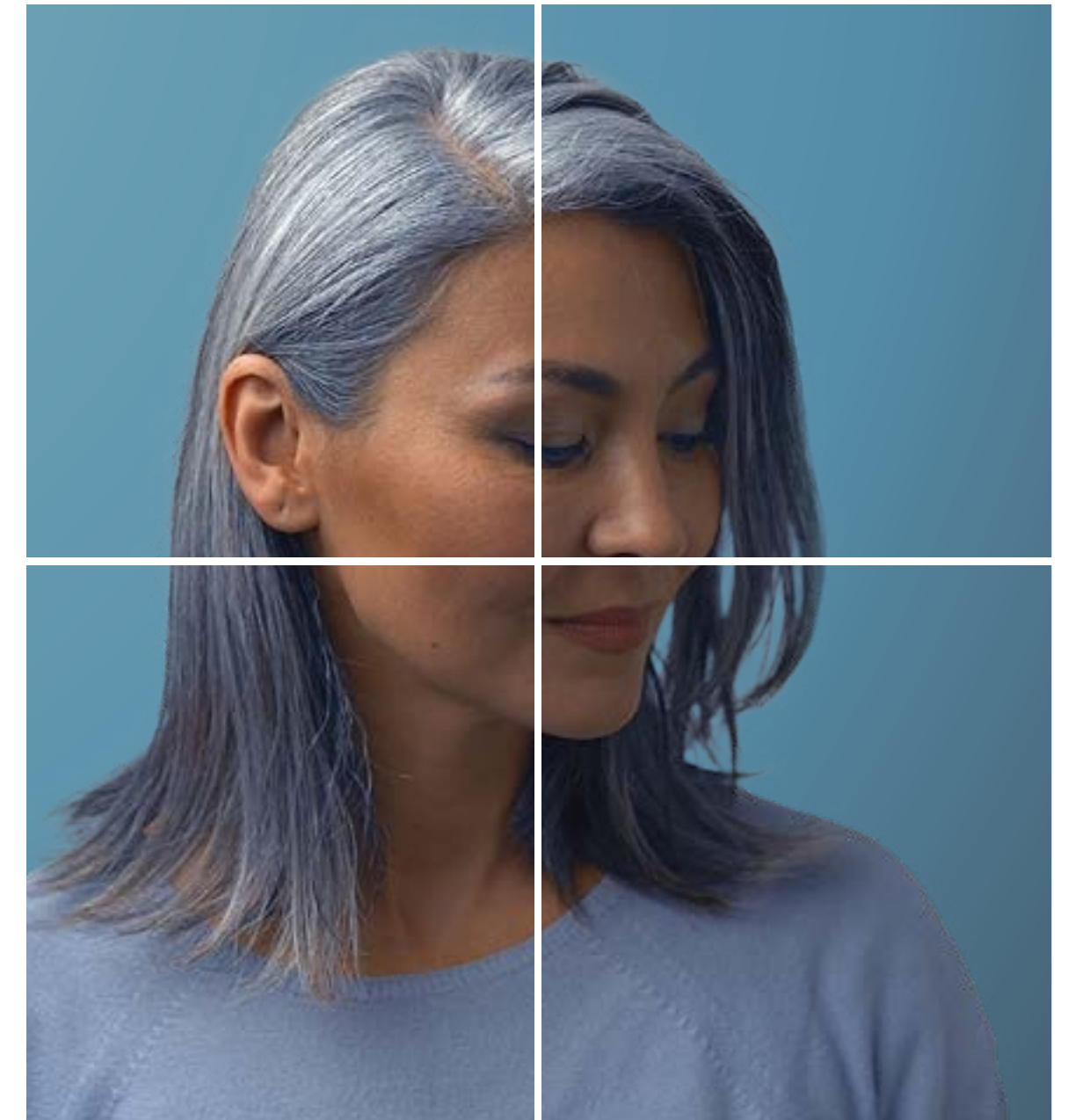
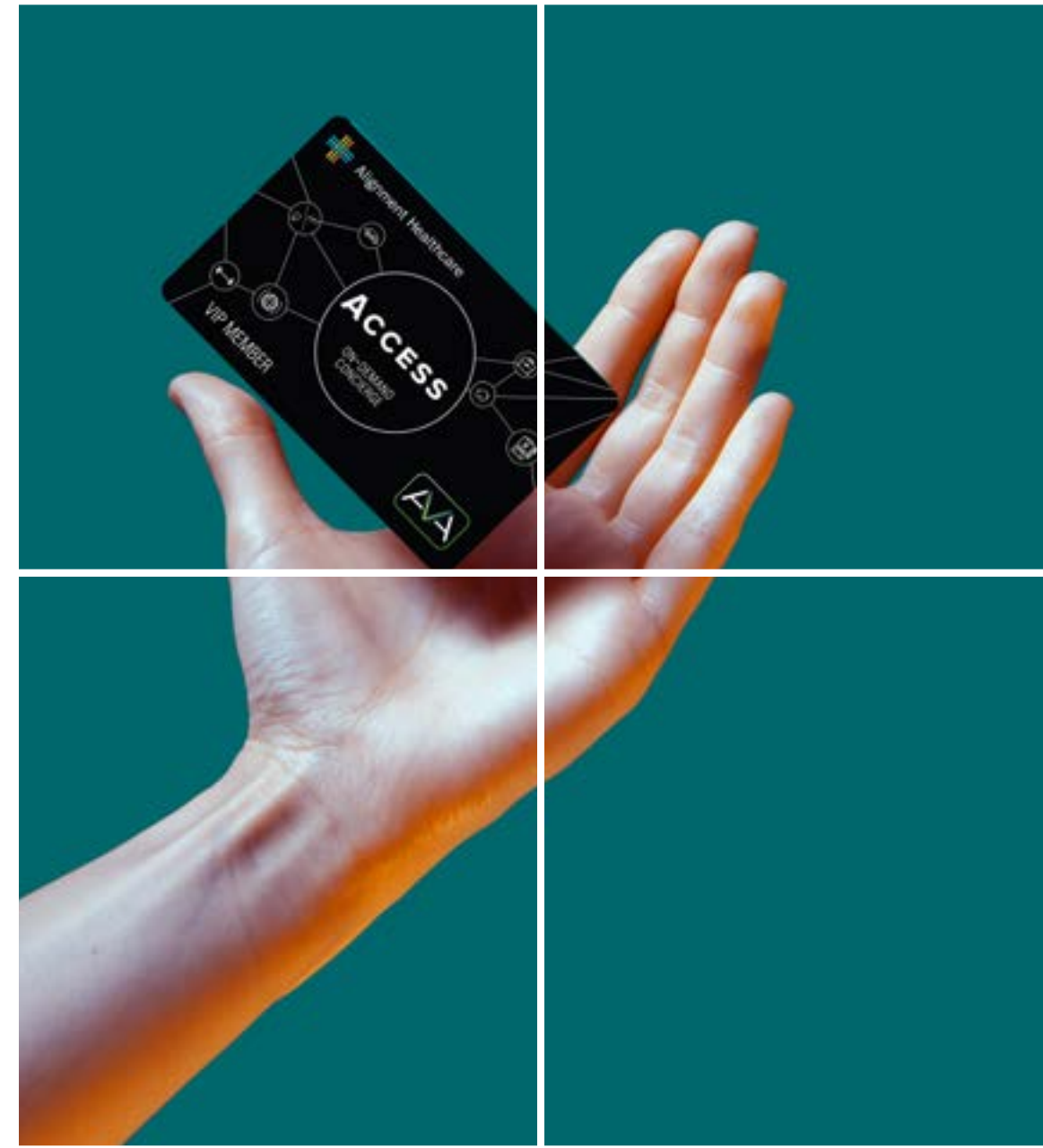
NORTH CAROLINA



N O R T H C A R O L I N A

2022

Producer Selling Guide





MESSAGE FROM THE PRESIDENT



Dear Valued Partner,

Alignment Health Plan takes pride in the products and services we design specifically to improve our members health. From quality of care to quality of life, we provide what they need, when they need it. [When COVID-19 hit the United States, we immediately thought of our members and how we could provide quick and impactful support to those who needed it.](#) As the virus developed and built momentum, we communicated with our entire membership on a regular basis, we delivered thousands of meals to members so that they could remain safely at home and we provided tens of thousands of face masks and hand sanitizers to members and continue to do so today.

It is our mission to serve the frail and most vulnerable and it's our mission to manage the health and well-being of those less vulnerable in order to keep them healthy. It is what Alignment was built on. It is our calling. It's what we do.

We are excited to share with you the plans and services we have available for 2022.
And we are grateful for your continued partnership.

Dawn Maroney
PRESIDENT - MARKETS & CONSUMER



CHANGING HEALTH CARE ONE PERSON
AT A TIME, WITH YOU ON OUR SIDE.

NORTH CAROLINA 2022 PRODUCER SELLING GUIDE

COUNTY ABBREVIATIONS

- » **AV** - Avery
- » **BUN** - Buncombe
- » **CH** - Chatham
- » **DSN** - Davidson
- » **DAV** - Davie
- » **FOR** - Forsyth
- » **GUI** - Guilford
- » **HE** - Henderson
- » **JH** - Johnston
- » **MAD** - Madison
- » **MCD** - McDowell
- » **MTC** - Mitchell
- » **TRN** - Transylvania
- » **WA** - Wake
- » **WIK** - Wilkes

This Producer Selling Guide outlines benefits, eligibility and significant features.

Our products have always focused on senior-first design and physician support, but our vision for the future goes further. We’ve been listening to you and refining our products. Your feedback has been invaluable — and this is what we have put into effect:

- » **Expanded Territories in North Carolina** - 12 new county offerings!
- » **Expanded Products** - D-SNP and PPO
- » **Expanded Provider Delivery Systems** - Duke Health, Mission Health, Iora Health, Wake Forest Baptist Health, UNC Health, and WakeMed Health

2022 PRODUCT HIGHLIGHTS:

- » **Lowered MOOP** across all existing plans
- » **AVA 003 (HMO POS)** now includes a \$2,000 dental allowance
- » **New AVA PPO** plan with \$0 monthly premium including freedom of seeing a doctor outside the plan network and access to specialists without a referral
- » **New D-SNP** - offering a benefits rich Dual Special Needs Plan across all counties.

- » **New D-SNP** - offering a benefits rich Dual Special Needs Plan across all counties.
- » **Pharmacy access** - consolidation of “Preferred” and “Standard” pharmacy tiers gives members access to the lowest cost at any in-network pharmacy.

One of our most exciting new products is **AVA® (HMO)**, an on-demand personalized plan package that provides a one-of-a-kind, white-glove concierge service for seniors, enabling them to access virtual primary care, specialist and on-demand doctors for urgent needs or after-hours. That’s 24/7 access to a board-certified doctor by phone or video call. Alignment’s on-demand, personalized care package doesn’t stop there. Alignment’s concierge team will make good health easier. Representatives will book virtual appointments, schedule transportation, arrange in-home meal delivery after a hospital stay and answer any questions about benefits.

Alignment Health Plan members can relax knowing that their ACCESS On-Demand Concierge “black card” works like a debit card and can be used in 50,000+ locations nationwide. The black card can pay for covered items, including over-the-counter, grocery, and healthy rewards program items (some limitations may apply).

We are changing health care one person at a time, and I am excited to have you at our side.

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GETTING THE CARE YOUR CLIENTS DESERVE IS ALL ABOUT ACCESS.

ACCESS On-Demand Concierge is available to Alignment Health Plan Medicare Advantage members at no additional cost.

AN EXCLUSIVE ALIGNMENT HEALTH PLAN PROGRAM

ACCESS On-Demand Concierge provides Alignment Health Plan members access to:

- » 24/7 ACCESS On-Demand Concierge team, dedicated to helping members navigate the services and benefits available to them with speed, ease and efficiency. It's all to help you get well-connected to the 5-star experience you deserve.
- » 24/7 access to a board-certified doctor any time of day or night. Services available include general medicine, dermatology, and behavioral health consultations.
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- » Many Alignment Health Plan products include a monthly over-the-counter (OTC) benefit that allows members to use their ACCESS card to purchase eligible items.
- » And MORE*

REDEEMABLE AT MULTIPLE RETAILERS



*Benefits vary by plan



AVA[®] PPO PRODUCT



[Back to NC Navigation Page](#)

N O R T H C A R O L I N A



AVA® VIRTUAL PRODUCT

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VIRTUAL CONCIERGE PCP

Members can schedule video or phone visits with a virtual concierge Primary Care Provider (PCP) focused on their health. Virtual concierge PCPs can place online orders for prescriptions, labs, and imaging tests for members.



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Members can message or call their virtual care team anytime about their care needs, including talking to a doctor, scheduling an appointment, or getting their prescriptions refilled.



HEALTH TECH SUPPORT

Members can call Alignment Health Tech Support with their technology and medical equipment questions and get expert assistance they need. The Health Tech Support team is dedicated to assisting, training, and educating members on how to effectively use their digital healthcare tools.

Product available in:

CALIFORNIA - Santa Clara, Stanislaus, Ventura, San Luis Obispo, Orange, Los Angeles, San Diego Counties

NEVADA - Clark, Nye and Washoe Counties

ARIZONA - Maricopa and Pima. AVA PPO Only

NORTH CAROLINA - All Service Areas. AVA PPO Only

GET TO KNOW AVA® PPO

Introducing AVA® PPO, a product that offers members the flexibility they need at an affordable price.

AVA® PPO plans were designed with seniors in mind. All plans include 24/7 on-demand access via phone, online, or mobile app. Plus:

	AVA® PPO	AVA® HMO
PCP SELECTION REQUIRED	X	✓
REFERRALS REQUIRED	X	✓
OUT-OF-NETWORK PROVIDER COVERAGE	✓	X
ACCESS TO VIRTUAL VISITS	✓	✓
24/7 VIRTUAL CARE TEAM	✓	✓
ALIGNMENT HEALTH TECH	✓	✓
VISION	✓	✓
DENTAL	*	✓
HEARING	X	✓
FITNESS	✓	✓
OTC	*	✓
PART D COVERAGE	✓	✓

- ✓ Freedom of seeing a doctor outside your plan network or a specialist without a referral
- ✓ Lower monthly cost than most Medicare Supplement Insurance plans
- ✓ Worldwide emergency coverage, vision, fitness, and more.
- ✓ Part D prescription drug coverage included!

Product available in:

CALIFORNIA - Los Angeles, Orange and San Diego

ARIZONA - Maricopa and Pima

NORTH CAROLINA - All Alignment service areas

*Benefits and network vary by plan and county.

MORE OPTIONS WITH AVA® PPO





OPTIONS+ bundles give your clients the choice to add additional benefit coverage to their AVA® PPO plan for an affordable cost. These bundles offer your clients the flexibility and ease of adding additional services based on their individual needs.

OPTIONS+ is available with AVA® PPO products in California, Arizona and North Carolina.

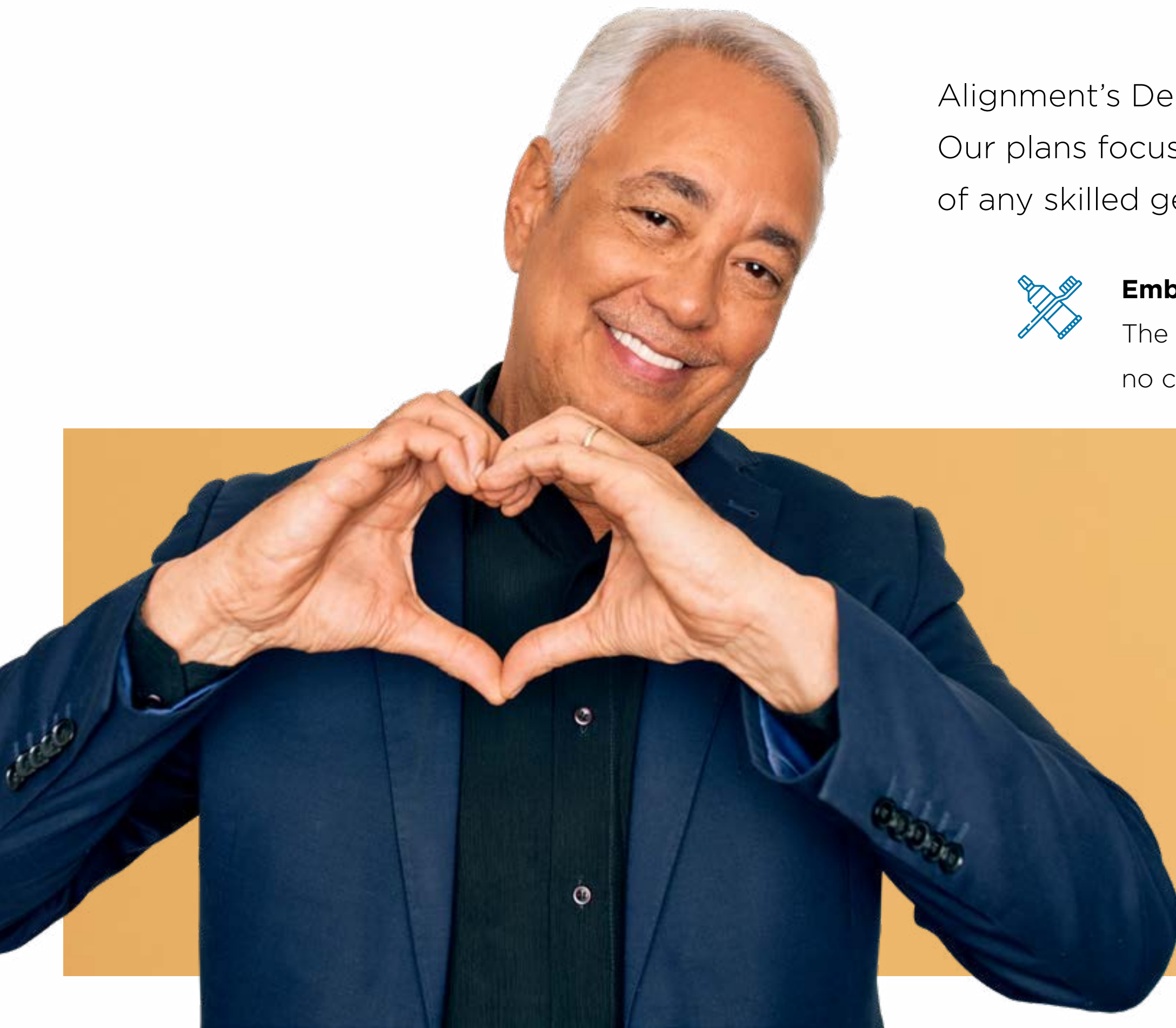
Standard plan premiums may apply.

OPTIONS+ NORTH CAROLINA

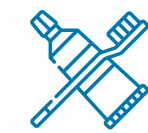
Available for:
AVA® (PPO) 001

OPTIONS+ PREMIUM BUY UP		\$52 Additional Premium
Worldwide Emergency		\$25,000 max
Over-the-Counter Items (no rollover)		\$15 additional every month
Personalized Emergency Response System (PERS)		\$0
Comprehensive Dental		Yearly Max Coverage: \$2,000

GIVING THEM A REASON TO SMILE! HERE'S WHAT'S NEW IN DENTAL FOR 2022.



Alignment's Dental Plans are designed to protect and care for the member's oral and overall health. Our plans focus on providing affordable coverage, comprehensive treatment, and the member's choice of any skilled general or specialist dentists within our network.



Embedded Dental Plan: HMO members are automatically enrolled within Alignment's Embedded Dental Plan**. The embedded dental plan prioritize preventive care with full coverage on routine dental services and minimal to no co-payment on covered dental services such as fillings and periodontal maintenance.

Preventive: Full coverage for routine cleanings, exams, and x-rays.

Basic: 50% for fillings, crowns, and simple extractions*

Major: 70% for root canals and dentures*



Enhanced Dental Option: Election of the Enhanced Dental Option offers expanded coverage to over 250 dental procedures up to the \$1,500 - \$2,000 plan annual maximum. Coverage is complimented by Delta Dental (CA) and DentaQuest (NV/AZ/NC) network of dental providers.

* Percentages reflect member cost sharing portion are determined based upon the selection of an in-network dental provider.

** Embedded dental plan is included with no additional premium. Benefits vary by plan benefit package.

The Optional Enhanced Dental Plan gives your clients the choice to add additional dental coverage to their Medicare Advantage plan for an affordable cost.

NC Premier (HMO) 001

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$22.00
Buy up Calendar Year Max: \$2,000

NC DUALS (D-SNP) 004

Allowance:
\$300 Quarterly Allowance
Monthly Premium: N/A
Buy up Calendar Year Max: N/A

AVA® (HMO POS) 003

Allowance:
\$2,000 Annual Allowance
Monthly Premium: N/A
Buy up Calendar Year Max: N/A

AVA® (PPO) 001

Coverage:
Enhanced Dental Option (Buy Up) included in Options+
Monthly Premium: \$52.00
Buy up Calendar Year Max: \$2,000

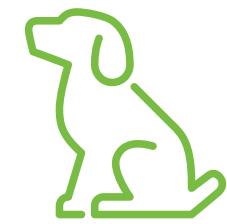


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SUPPLEMENTAL BENEFITS



SUPPLEMENTAL BENEFITS



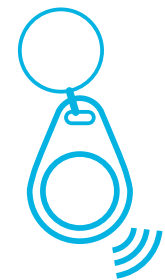
PET CARE[†]

Dog walking and sitting are available for qualifying members enrolled in eligible plans who are hospitalized, have a medical procedure, or need help with activities of daily living.



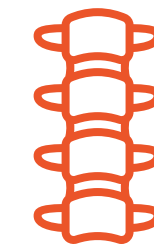
PEST CONTROL*[†]

Pest control services are available for qualifying members enrolled in eligible plans. Qualified members get an annual treatment for covered pests.



PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)[†]

The personal emergency response system (PERS) is available to members in eligible plans who feel they need the extra support. The PERS device operates over a 4G network and allows members to call for help with the push of a button.



ACUPUNCTURE & CHIROPRACTIC SERVICES[†]

Several Alignment Health Plans offer acupuncture and chiropractic care to complement the routine medical care of our members.



OVER-THE-COUNTER[†]

Select plans include a monthly OTC benefit that allows members to use their ACCESS card to buy eligible items at participating retailers. The benefit reloads onto the card every month and any amount that is not spent each month is forfeited.

[†]Not available on all plans; please refer to benefit overview grids and Evidence of Coverage. ^{*}Special supplemental benefits for the chronically

^{*}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.

Alignment Health Plan members can call their 24/7 Concierge team to determine if they are eligible for special supplemental benefits. The Concierge team will determine if they qualify and assist with granting them the benefit.

All designed to improve your clients' quality-of-life.



SUPPLEMENTAL BENEFITS



GROCERY BENEFIT**

Select plans include a monthly grocery benefit for qualifying members to purchase eligible groceries at participating retailers with their ACCESS card.



COMPANION CARE**

A companion care benefit is available for qualifying members enrolled in eligible plans who need assistance with light house chores, technology lessons and/or general companionship.

*Not available on all plans; please refer to benefit overview grids and Evidence of Coverage.

**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.

Alignment Health Plan members can call their 24/7 Concierge team to determine if they are eligible for special supplemental benefits. The Concierge team will determine if they qualify and assist with granting them the benefit.



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IMPORTANT RESOURCES + INFORMATION

IMPORTANT CONTACT INFORMATION AND RESOURCES FOR YOU AND YOUR CLIENTS' NEEDS

NEED TO FAX/MAIL YOUR APPLICATIONS?

Fax: (562) 207-4623

Mail: Alignment Health Plan
Attn: Membership Department
1100 W Town and Country Rd, Ste. 1600
Orange, CA 92868

ACCESSING YOUR AGENT PORTAL?

Register: Look for email instructions sent to you after certification

Weblink: 1. agents.alignmenthealthcare.com
2. Enter Email & Password

DOES YOUR CLIENT NEED AN ID CARD/ ADDRESS CHANGE?

Send ENCRYPTED Email to:
PartnerExperience@ahcusa.com

DOES YOUR CLIENT NEED THEIR MEMBER ID NUMBER?

Call Member Services: (866) 646-2247

Send ENCRYPTED Email to:
PartnerExperience@ahcusa.com

Access your BOB online:
agents.alignmenthealthcare.com

DO YOU NEED SUPPLIES/ PROMOTIONAL ITEMS?

Affiliated With an Agency:
Contact your agency for supplies/
promo items

Direct/Independent Agent:
Email: PartnerExperience@ahcusa.com

NEED TO LOOK UP A DOCTOR OR A MEDICATION?

Provider Search:
www.AlignmentHealthPlan.com
Click on "PROVIDER SEARCH"

Medication Search:
www.AlignmentHealthPlan.com
Click on "FIND A DRUG"

Pharmacy Search:
www.AlignmentHealthPlan.com
Click on "FIND A PHARMACY"

HAVE COMMISSION QUESTIONS?

Email:
Commissions@ahcusa.com

NEED ADDITIONAL ASSISTANCE OR HAVE QUESTIONS? **CALL US 888-793-5700**



PLAN BENEFITS OVERVIEW

PLAN BENEFITS

NEW FOR 2022
Alignment Health Plan
NC Duals (DSNP) 004*

Counties	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Transylvania, Wake, Wilkes
Premium (Part C Part D)	\$0 for Full Duals
Part B Rebate	\$0
Maximum Out of Pocket (MOOP)	\$6,700
Inpatient Hospital - Acute	\$0 for Full Duals
Skilled Nursing Facility	\$0 for Full Duals
PCP Office Visits	\$0
Specialist Office Visits	\$0
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 Medicare covered
Ambulance	\$0 for Full Duals
Emergency Room	\$0 for Full Duals
Urgent Care	\$0
Worldwide Emergency	\$25,000/year
Outpatient Hospital / Observation Svcs	\$0 for Full Duals
Ambulatory Surgical Center	\$0 for Full Duals
Durable Medical Equipment	\$0 for Full Duals
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts
Dialysis Services	\$0 for Full Duals
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)
Lab Services	\$0 for Full Duals
Dental Benefits	See page 72-74
Vision Benefits	\$0 Exam / \$500 Eyewear/2 yrs
Hearing Benefits	\$0 Exam / \$2,000 Hearing Aids/2 yrs
Fitness Membership	Included

PLAN BENEFITS

NEW FOR 2022
Alignment Health Plan
NC Duals (DSNP) 004*

Transportation (Trips/Radius)	Unlimited / 50-mile radius
Over-the-Counter Items (no rollover)	\$100 every month
Telehealth Services	\$0
Black Card	Included
Meals (Chronic / Post-Discharge)	(C) \$0 for 14 Days/28 Meals (PD) \$0 for 28 Days/56 Meals
Companion Care	\$0 for 12 hrs/qtr(48 hrs/yr)
Groceries (no rollover)	\$20 every month
Pet Care	N/A
Personal Emergency Response (PERS)	N/A
Pest Control	N/A

Part B Drugs	20%
Initial Coverage Limit	\$4,430
Part D OOP Threshold (Catastrophic)	\$7,050
Gap Coverage	N/A

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	Drug Copay Based on Level of Low-Income Subsidy (LIS) Generic drugs: \$0 or \$1.35 or \$3.95 All other drugs: \$0 or \$4 or \$9.85	
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Tier 6: Select Care Tier		
Bonus Drugs	Included	

PLAN BENEFITS

NEW FOR 2022
Alignment Health Plan
AVA® (PPO) 001

Counties	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Transylvania, Wake, Wilkes	
	In-Network	Out-of-Network
Premium (Part C Part D)	\$0	
Part B Rebate	\$0	
Maximum Out of Pocket (MOOP)	\$3,900	\$7,900 (Combined)
Inpatient Hospital - Acute	\$200 Per Day 1-6 \$0 Per Day 7-90	10%
Skilled Nursing Facility	\$0 Per Day 1-20 \$100 Per Day 21-51 \$50 Per Day 52-100	30%
PCP Office Visits	\$5	\$40
Specialist Office Visits	\$20	\$50
Chiropractic (C) / Acupuncture (A) Svcs	(C/A) \$0 Medicare covered	(C) 30%
Ambulance	\$250 (waived if admitted)	30%
Emergency Room	\$85 (NOT waived if admitted)	
Urgent Care	\$20 (waived if admitted w/in 24 hrs)	
Worldwide Emergency	\$10,000/year	
Outpatient Hospital / Observation Svcs	\$165 (H) / \$0 (O)	25%
Ambulatory Surgical Center	\$100	30%
Durable Medical Equipment	0% -\$350 or less 20% -\$350.01 +	30%
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	30%
Dialysis Services	20%	30%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$15 (X) / \$150 (D) / 20% (T)	30%
Lab Services	\$0	30%
Dental Benefits	Included w/ Options+ (see pages 71-74)	
Vision Benefits	\$0 Exam \$150 Eyewear/ 2 yrs	30% (Exam) 50% (Eyewear)
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	30%
Fitness Membership	Included	

PLAN BENEFITS

NEW FOR 2022
Alignment Health Plan
AVA® (PPO) 001

	In-Network	Out-of-Network
Transportation (Trips/Radius)	Included w/ Options+ (see page 71)	
Over-the-Counter Items (no rollover)	\$15 every month + (\$15 additional Included w/ Options+ (see page 71))	
Telehealth Services	\$0	30%
Black Card	Included	
Meals (Chronic / Post-Discharge)	N/A	
Companion Care	N/A	
Groceries (no rollover)	N/A	
Pet Care	N/A	
Personal Emergency Response (PERS)	\$0 - Included w/ Options+	
Pest Control	N/A	
Part B Drugs	20%	30%
Initial Coverage Limit	\$4,430	
Part D OOP Threshold (Catastrophic)	\$7,050	
Gap Coverage	T6	
Part D Drugs	Retail 30 Day	Mail Order 90 - 100
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$5	\$15
Tier 3: Preferred Brand	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300
Tier 5: Specialty Tier	33%	N/A
Tier 6: Select Care Tier	\$5	\$0
Bonus Drugs	Included	

PLAN BENEFITS	Alignment Health Plan NC Premier (HMO) 001	Alignment Health Plan AVA® (HMO POS) 003	
Counties	Wake, Chatham, Johnston, Henderson	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Transylvania, Wake, Wilkes	
Premium (Part C Part D)	\$0	\$0	
Part B Rebate	\$0	\$0	
Maximum Out of Pocket (MOOP)	\$2,499	\$2,499	
Inpatient Hospital - Acute	\$175 copay per day for Days 1-6 \$0 copay per day for Days 7-90	In-Network \$200 Per Day 1-6 \$0 Per Day 7-90	Out-of-Network \$295 Per Day 1-6 \$0 Per Day 7-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$178 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$178 copay per day for Days 21-100	
PCP Office Visits	\$0	\$35	
Specialist Office Visits	\$35	\$35	
Chiropractic (C) / Acupuncture (A) Svcs	(C) \$20 Medicare covered (A) \$0 Medicare covered	(C/A) \$0 - 12 visits combined	
Ambulance	20% (NOT waived if admitted)	20% (NOT waived if admitted)	
Emergency Room	\$80 (waived if admitted w/in 24 hrs)	\$80 (waived if admitted w/in 24 hrs)	
Urgent Care	\$0	\$0	
Worldwide Emergency	\$25,000/year	\$25,000/year	
Outpatient Hospital / Observation Svcs	\$35-\$200 (H) / \$0 (O)	\$35-\$200 (H) / \$0 (O)	
Ambulatory Surgical Center	\$100	\$145	
Durable Medical Equipment	20%	20%	
Diabetic Supplies	0% -Supplies 20% -Shoes or Inserts	0% -Supplies 20% -Shoes or Inserts	
Dialysis Services	20%	20%	
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0-85 (X) / \$5-275 (D) / \$35 (T)	\$0-85 (X) / \$5-275 (D) / \$35 (T)	
Lab Services	\$0-50 (L) / \$0-95 (P/T)	\$0-50 (L) / \$0-95 (P/T)	
Dental Benefits	See page 72-74	See page 72-74	
Vision Benefits	\$0 Exam / \$200 Eyewear/yr	\$0 Exam / \$200 Eyewear/yr	
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs	\$0 Exam / \$1,000 Hearing Aids/2 yrs	
Fitness Membership	Included	Included	

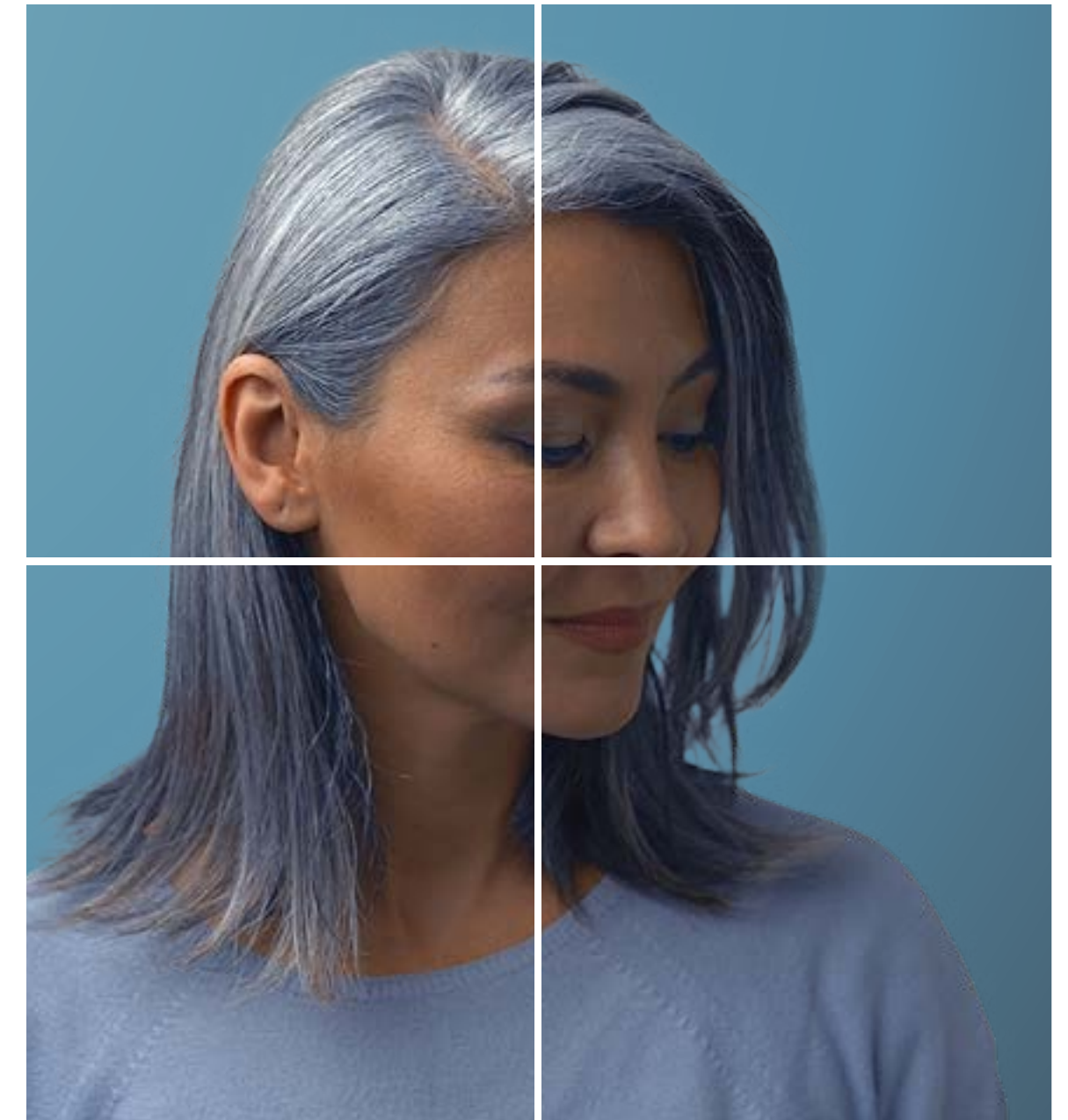
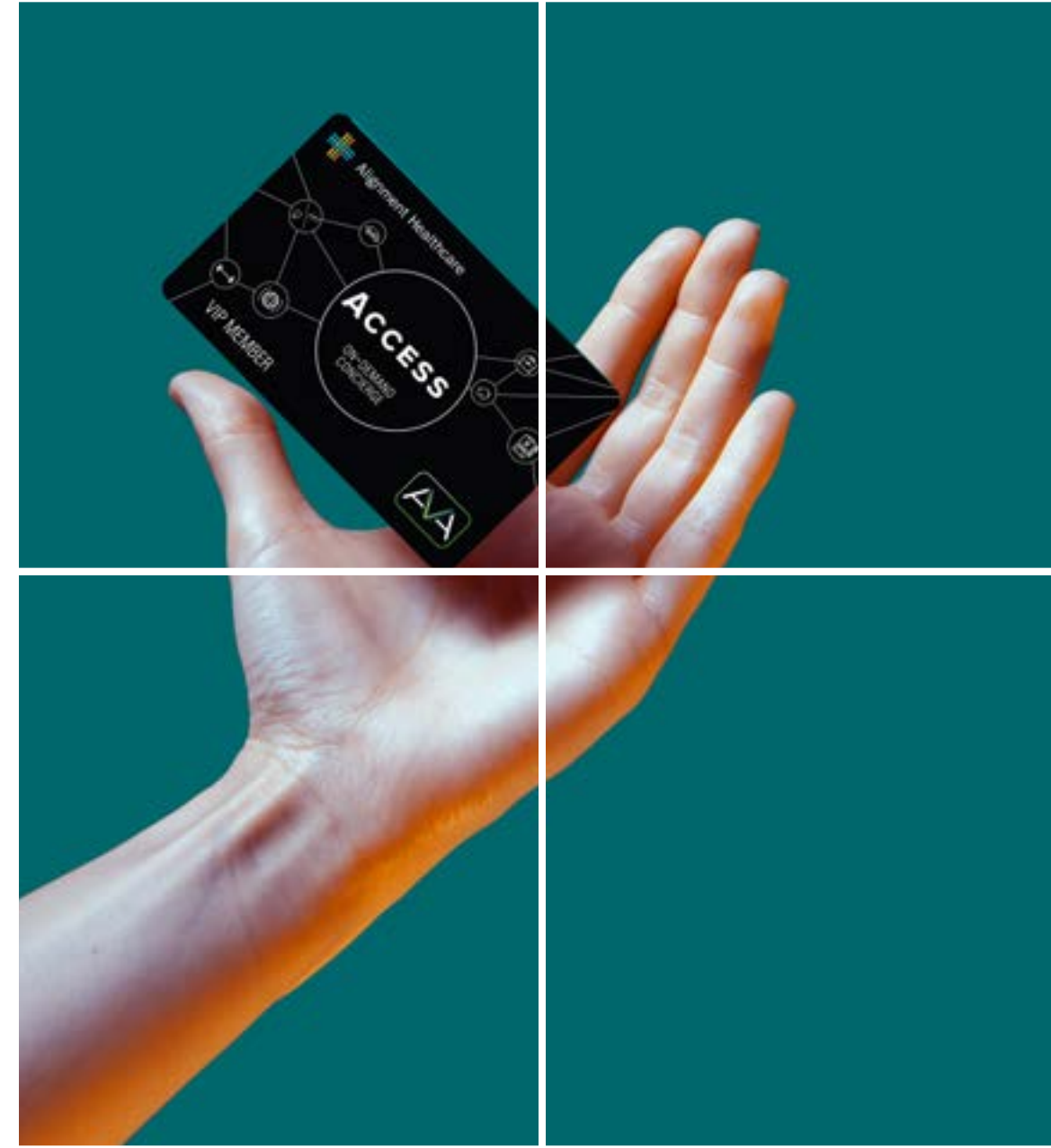
PLAN BENEFITS	Alignment Health Plan NC Premier (HMO) 001	Alignment Health Plan AVA® (HMO POS) 003		
Transportation (Trips/Radius)	28 one-way trips / 30-mile radius	28 one-way trips / 30-mile radius		
Over-the-Counter Items (no rollover)	\$40 every month	\$40 every month		
Telehealth Services	\$0	\$0		
Black Card	Included	Included		
Meals (Chronic / Post-Discharge)	(PD) \$0 for 20 Days/40 Meals	(PD) \$0 for 20 Days/40 Meals		
Companion Care	N/A	N/A		
Groceries (no rollover)	N/A	N/A		
Pet Care	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr		
Personal Emergency Response (PERS)	N/A	N/A		
Pest Control	N/A	N/A		
Part B Drugs	20%	20%		
Initial Coverage Limit	\$4,430	\$4,430		
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050		
Gap Coverage	T6	T6		
Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$0	\$0
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$93	\$279	\$93	\$279
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	



ALIGNMENT
HEALTH PLAN

N
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N E V A D A
2022
**Producer
Selling
Guide**





MESSAGE FROM THE PRESIDENT



Dear Valued Partner,

Alignment Health Plan takes pride in the products and services we design specifically to improve our members health. From quality of care to quality of life, we provide what they need, when they need it. [When COVID-19 hit the United States, we immediately thought of our members and how we could provide quick and impactful support to those who needed it.](#) As the virus developed and built momentum, we communicated with our entire membership on a regular basis, we delivered thousands of meals to members so that they could remain safely at home and we provided tens of thousands of face masks and hand sanitizers to members and continue to do so today.

It is our mission to serve the frail and most vulnerable and it's our mission to manage the health and well-being of those less vulnerable in order to keep them healthy. It is what Alignment was built on. It is our calling. It's what we do.

We are excited to share with you the plans and services we have available for 2022.
And we are grateful for your continued partnership.

Dawn Maroney
PRESIDENT - MARKETS & CONSUMER



CHANGING HEALTH CARE ONE PERSON
AT A TIME, WITH YOU ON OUR SIDE.

NEVADA 2022 PRODUCER SELLING GUIDE

COUNTY ABBREVIATIONS

- » **CLK** - Clark
- » **NYE** - Nye
- » **WAS** - Washoe

This Producer Selling Guide outlines benefits, eligibility and significant features.

Our products have always focused on senior-first design and physician support, but our vision for the future goes further. We've been listening to you and refining our products. Your feedback has been invaluable — and this is what we have put into effect:

- » **Expanded Territories in Nevada** - Washoe and Nye Counties
- » **Expanded Products** - D-SNP and C-SNP
- » **Expanded Provider Delivery Systems** - P3 Health Partners, CareMore, HCA, Universal Health Services, Valley Health System, Saint Mary's Health Network

2022 PRODUCT HIGHLIGHTS:

- » **Lowered MOOP** on Platinum plan from \$2,900 to \$1,900
- » **D-SNP** - a benefits rich Dual Special Needs Plan across all counties. The ONE - el ÚNICO in Spanish - will also service the growing Latinx community with dedicated customer experience

- » **C-SNP** plan offered for eligible Heart and Diabetes members can be sold year-round
- » **Pharmacy access** - consolidation of "Preferred" and "Standard" pharmacy tiers gives members access to the lowest cost at any in-network pharmacy
- » **AVA (HMO)** - now includes an enhanced mobile experience where members can schedule and join visits with their Virtual PCP

Alignment Health Plan members can relax knowing that their ACCESS On-Demand Concierge "black card" works like a debit card and can be used in 50,000+ locations nationwide. The black card can pay for covered items, including over-the-counter, grocery, and healthy rewards program items (some limitations may apply).

We are changing health care one person at a time, and I am excited to have you at our side.

ACCESS ON-DEMAND CONCIERGE

GETTING THE CARE YOUR CLIENTS DESERVE IS ALL ABOUT ACCESS.

ACCESS On-Demand Concierge is available to Alignment Health Plan Medicare Advantage members at no additional cost.

AN EXCLUSIVE ALIGNMENT HEALTH PLAN PROGRAM

ACCESS On-Demand Concierge provides Alignment Health Plan members access to:

- » 24/7 ACCESS On-Demand Concierge team, dedicated to helping members navigate the services and benefits available to them with speed, ease and efficiency. It's all to help you get well-connected to the 5-star experience you deserve.
- » 24/7 access to a board-certified doctor any time of day or night. Services available include general medicine, dermatology, and behavioral health consultations.
- » Complimentary ACCESS On-Demand Concierge "black card" that works as a debit card, accepted at more than 50,000 locations nationwide.
- » Many Alignment Health Plan products include a monthly over-the-counter (OTC) benefit that allows members to use their ACCESS card to purchase eligible items.
- » And MORE*

REDEEMABLE AT MULTIPLE RETAILERS



*Benefits vary by plan



AVA[®] VIRTUAL PRODUCT



[Back to NV Navigation Page](#)

N E V A D A



AVA® VIRTUAL PRODUCT

Alignment Health Plan is working to make virtual doctor visits more convenient and affordable. Members will be able to take advantage of the following benefits:



VIRTUAL CONCIERGE PROVIDER

Members can schedule video or phone visits with a virtual concierge Primary Care Provider (PCP) focused on their health. Virtual concierge PCPs can place online orders for prescriptions, labs, and imaging tests for members.



24/7 VIRTUAL CARE TEAM

Members can message or call their virtual care team anytime about their care needs, including talking to a doctor, scheduling an appointment, or getting their prescriptions refilled.



\$100 PER MONTH OTC CREDIT (HMO ONLY)

Redeem eligible over-the-counter (OTC) and healthcare items at CVS, Walgreens, Walmart and other retailers.



\$50 PART B PREMIUM GIVE-BACK (HMO ONLY)

Depending on how members pay their Part B premium, members can receive \$50 as an increase in their Social Security check or a credit on their Part B premium statement when enrolled into an AVA (HMO) product.



HEALTH TECH SUPPORT

Members can call Alignment Health Tech Support with their technology and medical equipment questions and get expert assistance they need. The Health Tech Support team is dedicated to assisting, training, and educating members on how to effectively use their digital healthcare tools.

Product available in:

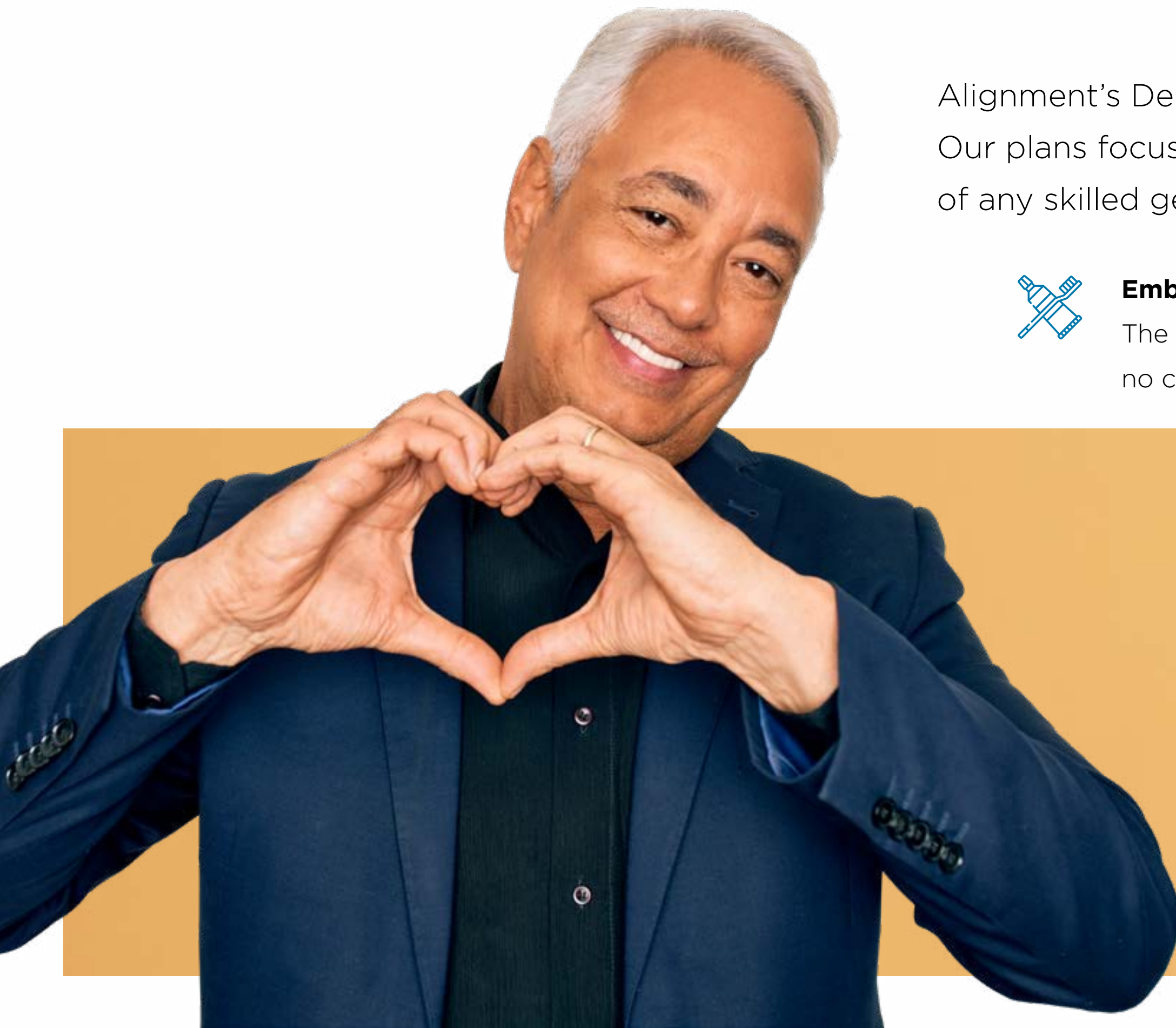
CALIFORNIA - Santa Clara, Stanislaus, Ventura, San Luis Obispo, Orange, Los Angeles, San Diego Counties

NEVADA - Clark, Nye and Washoe Counties

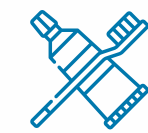
ARIZONA - Maricopa and Pima. AVA PPO Only

NORTH CAROLINA - All Service Areas. AVA PPO Only

GIVING THEM A REASON TO SMILE! HERE'S WHAT'S NEW IN DENTAL FOR 2022.



Alignment's Dental Plans are designed to protect and care for the member's oral and overall health. Our plans focus on providing affordable coverage, comprehensive treatment, and the member's choice of any skilled general or specialist dentists within our network.



Embedded Dental Plan: HMO members are automatically enrolled within Alignment's Embedded Dental Plan**. The embedded dental plan prioritize preventive care with full coverage on routine dental services and minimal to no co-payment on covered dental services such as fillings and periodontal maintenance.

Preventive: Full coverage for routine cleanings, exams, and x-rays.

Basic: 50% for fillings, crowns, and simple extractions*

Major: 70% for root canals and dentures*



Enhanced Dental Option: Election of the Enhanced Dental Option offers expanded coverage to over 250 dental procedures up to the \$1,500 - \$2,000 plan annual maximum. Coverage is complimented by Delta Dental (CA) and DentaQuest (NV/AZ/NC) network of dental providers.

* Percentages reflect member cost sharing portion are determined based upon the selection of an in-network dental provider.

** Embedded dental plan is included with no additional premium. Benefits vary by plan benefit package.

The Optional Enhanced Dental Plan gives your clients the choice to add additional dental coverage to their Medicare Advantage plan for an affordable cost.

PLATINUM (HMO) 001

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$31.00
Buy up Calendar Year Max: \$2,000

HEART & DIABETES (C-SNP) 004

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$31.00
Buy up Calendar Year Max: \$2,000

AVA® (HMO) 003

Coverage:
Enhanced Dental Option (Buy Up)
Monthly Premium: \$31.00
Buy up Calendar Year Max: \$2,000

EL ÚNICO (D-SNP) 005

Allowance:
\$300 Quarterly Allowance
Monthly Premium: N/A
Buy Up Calendar Year Max: N/A

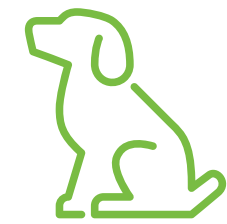


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SUPPLEMENTAL BENEFITS



SUPPLEMENTAL BENEFITS



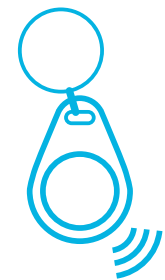
PET CARE[†]

Dog walking and sitting are available for qualifying members enrolled in eligible plans who are hospitalized, have a medical procedure, or need help with activities of daily living.



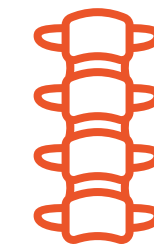
PEST CONTROL*[†]

Pest control services are available for qualifying members enrolled in eligible plans. Qualified members get an annual treatment for covered pests.



PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)[†]

The personal emergency response system (PERS) is available to members in eligible plans who feel they need the extra support. The PERS device operates over a 4G network and allows members to call for help with the push of a button.



ACUPUNCTURE & CHIROPRACTIC SERVICES[†]

Several Alignment Health Plans offer acupuncture and chiropractic care to complement the routine medical care of our members.



OVER-THE-COUNTER[†]

Select plans include a monthly OTC benefit that allows members to use their ACCESS card to buy eligible items at participating retailers. The benefit reloads onto the card every month and any amount that is not spent each month is forfeited.

[†]Not available on all plans; please refer to benefit overview grids and Evidence of Coverage. ^{*}Special supplemental benefits for the chronically

^{*}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.

Alignment Health Plan members can call their 24/7 Concierge team to determine if they are eligible for special supplemental benefits. The Concierge team will determine if they qualify and assist with granting them the benefit.

All designed to improve your clients' quality-of-life.



SUPPLEMENTAL BENEFITS



GROCERY BENEFIT**

Select plans include a monthly grocery benefit for qualifying members to purchase eligible groceries at participating retailers with their ACCESS card.



COMPANION CARE**

A companion care benefit is available for qualifying members enrolled in eligible plans who need assistance with light house chores, technology lessons and/or general companionship.

*Not available on all plans; please refer to benefit overview grids and Evidence of Coverage.

**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.

Alignment Health Plan members can call their 24/7 Concierge team to determine if they are eligible for special supplemental benefits. The Concierge team will determine if they qualify and assist with granting them the benefit.



IMPORTANT RESOURCES + INFORMATION

[Back to NV Navigation Page](#)

N E V A D A

IMPORTANT CONTACT INFORMATION AND RESOURCES FOR YOU AND YOUR CLIENTS' NEEDS

NEED TO FAX/MAIL YOUR APPLICATIONS?

Fax: (562) 207-4623

Mail: Alignment Health Plan
Attn: Membership Department
1100 W Town and Country Rd, Ste. 1600
Orange, CA 92868

ACCESSING YOUR AGENT PORTAL?

Register: Look for email instructions sent to you after certification

Weblink: 1. agents.alignmenthealthcare.com
2. Enter Email & Password

DOES YOUR CLIENT NEED AN ID CARD/ ADDRESS CHANGE?

Send ENCRYPTED Email to:
PartnerExperience@ahcusa.com

DOES YOUR CLIENT NEED THEIR MEMBER ID NUMBER?

Call Member Services: (866) 646-2247

Send ENCRYPTED Email to:
PartnerExperience@ahcusa.com

Access your BOB online:
agents.alignmenthealthcare.com

DO YOU NEED SUPPLIES/ PROMOTIONAL ITEMS?

Affiliated With an Agency:
Contact your agency for supplies/
promo items

Direct/Independent Agent:
Email: PartnerExperience@ahcusa.com

NEED TO LOOK UP A DOCTOR OR A MEDICATION?

Provider Search:
www.AlignmentHealthPlan.com
Click on "PROVIDER SEARCH"

Medication Search:
www.AlignmentHealthPlan.com
Click on "FIND A DRUG"

Pharmacy Search:
www.AlignmentHealthPlan.com
Click on "FIND A PHARMACY"

HAVE COMMISSION QUESTIONS?

Email:
Commissions@ahcusa.com

NEED ADDITIONAL ASSISTANCE OR HAVE QUESTIONS? **CALL US 888-793-5700**



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PLAN BENEFITS OVERVIEW

PLAN BENEFITS	NEW FOR 2022	NEW FOR 2022
	Alignment Health Plan Heart & Diabetes (CSNP) 004	Alignment Health Plan el ÚNICO (DSNP) 005*
Counties	Clark, Washoe & Nye	Clark, Washoe & Nye
Premium (Part C Part D)	\$0	\$0 for Full Duals
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$1,000	\$2,900
Inpatient Hospital - Acute	\$0	\$0 for Full Duals
Skilled Nursing Facility	\$0 copay per day for Days 1-31 \$50 copay per day for Days 32-100	\$0 for Full Duals
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic (C) / Acupuncture (A) Svcs	(C) \$0 Medicare covered (A) \$0 -40 visits/\$10 coverage per visit	(C) \$0 Medicare covered
Ambulance	\$100 (waived if admitted)	\$0
Emergency Room	\$70 (waived if admitted w/in 48 hrs)	\$0 for Full Duals
Urgent Care	\$0	\$0
Worldwide Emergency	\$25,000/yr	\$25,000/yr
Outpatient Hospital / Observation Svcs	\$0	\$0
Ambulatory Surgical Center	\$0	\$0 for Full Duals
Durable Medical Equipment	0% - \$499 or less 20% - \$500 or more	\$0 for Full Duals
Diabetic Supplies	0% -Supplies / Shoes or Inserts	0% -Supplies / Shoes or Inserts
Dialysis Services	\$0	\$0 for Full Duals
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0 for Full Duals
Dental Benefits	See page 93-95	See page 93-95
Vision Benefits	\$0 Exam / \$200 Eyewear/yr	\$0 Exam / \$500 Eyewear/2 yrs
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	\$0 Exam / \$2,000 Hearing Aids/2 yrs
Fitness Membership	Included	Included

PLAN BENEFITS	NEW FOR 2022	NEW FOR 2022		
	Alignment Health Plan Heart & Diabetes (CSNP) 004	Alignment Health Plan el ÚNICO (DSNP) 005*		
Transportation (Trips/Radius)	50 one-way trips / 35-mile radius	Unlimited / 20-mile radius		
Over-the-Counter Items (no rollover)	\$40 every month	\$100 every month		
Telehealth Services	\$0	\$0		
Black Card	Included	Included		
Meals (Chronic / Post-Discharge)	(C) \$0 for 14 Days/28 Meals (PD) \$0 for 28 Days/56 Meals	(C) \$0 for 14 Days/28 Meals		
Companion Care	\$0 for 12 hrs/qtr(48 hrs/yr)	\$0 for 12 hrs/qtr(48 hrs/yr)		
Groceries (no rollover)	N/A	\$20 every month		
Pet Care	\$0 for 7 Days or 14 Walks/yr	N/A		
Personal Emergency Response (PERS)	\$0	N/A		
Pest Control	N/A	N/A		
Part B Drugs	20%	20%		
Initial Coverage Limit	\$4,430	\$4,430		
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050		
Gap Coverage	T6	N/A		
Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	Drug Copay Based on Level of Low-Income Subsidy (LIS) Generic drugs: \$0 or \$1.35 or \$3.95 All other drugs: \$0 or \$4 or \$9.85	
Tier 2: Generic	\$0	\$0		
Tier 3: Preferred Brand	\$40	\$120		
Tier 4: Non-Preferred Drug	\$100	\$300		
Tier 5: Specialty Tier	33%	N/A		
Tier 6: Select Care Tier	\$5	\$0		
Bonus Drugs	Included		Included	

PLAN BENEFITS	Alignment Health Plan Platinum (HMO) 001	Alignment Health Plan AVA® (HMO) 003
Counties	Clark, Washoe & Nye	Clark, Washoe & Nye
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$50
Maximum Out of Pocket (MOOP)	\$1,900	\$999
Inpatient Hospital - Acute	\$0	\$0 copay per day for Days 1-3 \$50 copay per day for Days 4-7 \$0 copay per day for Days 8-90
Skilled Nursing Facility	\$0	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100
PCP Office Visits	\$0	\$0 Virtual / \$35 In Person
Specialist Office Visits	\$0	\$0 Virtual / \$35 In Person
Chiropractic (C) / Acupuncture (A) Svcs	(C) \$0 Medicare covered	(C/A) \$0 -24 visits combined
Ambulance	\$100 (waived if admitted)	\$115 (waived if admitted)
Emergency Room	\$50 (waived if admitted w/in 48 hrs)	\$120 (waived if admitted w/in 24 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$0	\$100 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	0% - \$350 or less 20% - \$350.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	20%
Diag(X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See page 93-95	See page 93-95
Vision Benefits	\$0 Exam / \$150 Eyewear/yr	\$0 Exam / \$200 Eyewear/yr
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	\$0 Exam / No Hearing Aid Benefit
Fitness Membership	Included	Included

PLAN BENEFITS	Alignment Health Plan Platinum (HMO) 001	Alignment Health Plan AVA® (HMO) 003		
Transportation (Trips/Radius)	36 one-way trips / 20-mile radius	N/A		
Over-the-Counter Items (no rollover)	\$50 every month	\$100 every month		
Telehealth Services	\$0	\$0		
Black Card	Included	Included		
Meals (Chronic / Post-Discharge)	N/A	(C) \$0 for 14 Days/28 Meals		
Companion Care	N/A	\$0 for 12hrs/qtr(48hrs/yr)		
Groceries (no rollover)	\$20 every month	\$20 every month		
Pet Care	N/A	\$0 for 7 Days or 14 Walks/yr		
Personal Emergency Response (PERS)	N/A	N/A		
Pest Control	\$0 for one service/yr	N/A		
Part B Drugs	20%	20%		
Initial Coverage Limit	\$4,430	\$4,430		
Part D OOP Threshold (Catastrophic)	\$7,050	\$7,050		
Gap Coverage	T1, T6	T6		
Part D Drugs	Retail 30 Day	Mail Order 90 - 100	Retail 30 Day	Mail Order 90-100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$0	\$0
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$93	\$279	\$93	\$279
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	



ALIGNMENT

HEALTH PLAN

