



2023 Summary of Benefits

Align Freedom (HMO-POS)

H1277, Plan 005

This is a summary of drug and health services covered by Align Freedom (HMO-POS) January 1, 2023 - December 31, 2023.

Align Freedom (HMO-POS) is a Medicare Advantage HMO-POS Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Call 1-855-855-0489, TTY should call 711, for more information.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at AlignSeniorCare.com, or call Member Services and request the *Evidence of Coverage*.

To Reach Our Member Services Representatives:

- Toll Free 1-855-855-0489, TTY/TDD should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

To join Align Freedom (HMO-POS), you must:

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area

Our service area includes Henrico county in Virginia.

Align Freedom (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers that

can be found on our website at [AlignSeniorCare.com](https://www.alignseniorcare.com). If you use providers that are not in our network, the plan may not pay for these services.

This document is also available in braille and in large print.

Out-of-Network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You 2023”** handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

	Align Freedom (HMO-POS)
Monthly Plan Premium (<i>includes both medical and drugs</i>)	\$0 You must continue to pay your Medicare Part B premium.
Deductible	No deductible for medical. See prescription drug coverage for Part D deductible. The Part A deductible is \$0.
Maximum out-of-pocket amount (does not include Part D Prescription drugs)	From network providers: \$4,700
Inpatient Hospital coverage	In-Network \$250 copayment each day for days 1 to 6 and \$0 copayment each day for days 7 to 90 for Medicare-covered hospital care. \$0 copayment for additional Medicare-covered days. Per stay benefit period. <i>Prior authorization is required.</i>
Outpatient Hospital coverage Outpatient hospital services Outpatient hospital observation services	In-Network \$250 copayment - outpatient office surgery 20% coinsurance for all other outpatient hospital services <i>Prior authorization is required.</i> In-Network \$0 copayment per stay <i>Prior authorization is required.</i>
Ambulatory Surgical Center (ASC)	In-Network \$200 copayment <i>Prior authorization is required.</i>

	Align Freedom (HMO-POS)
Doctor Visits Primary Care Providers Specialists	In-Network \$0 copayment In-Network \$20 copayment Members have a Point-of-Service option for Physician Specialist services. "Point-of-Service" means you can use providers outside the plan's network. <i>Prior authorization is only required for some surgeries and radiology procedures.</i> Out-of-Network \$20 copayment <i>Prior authorization is required.</i>
Preventive Care (e.g., flu vaccine, diabetic screenings)	In-Network You pay nothing.
Emergency care	\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.
Urgently needed services	\$0 - \$20 copayment \$0 copayment: PCP office \$10 copayment: Urgent Care Center \$20 copayment: Specialists office
Diagnostic Services/Labs/Imaging Diagnostic tests and procedures Diagnostic radiology services (e.g. MRI, CAT Scan)	In-Network \$0 - \$70 copayment \$0 copayment: PCP's office \$20 copayment: Specialist's office \$10 copayment: Urgent Care Center \$70 copayment: Outpatient hospital <i>Prior authorization is required.</i> In-Network \$0 - \$275 copayment or a 20% coinsurance Advanced Imaging: \$180 copay: PCP's office, Specialist's office, Freestanding radiological facility \$275 copay: Outpatient hospital

	Align Freedom (HMO-POS)
	<p>Basic Radiological Services: \$0 copay: PCP's office \$20 copay: Specialist's office, Freestanding Radiological Facility \$10 copay: Urgent Care center \$85 copay: Outpatient Hospital</p> <p>Diagnostic Mammography: \$20 copay: Specialists's Office, Freestanding Radiological Facility \$75 copay: Outpatient Hospital</p> <p>Nuclear Medicine Services: \$180 copay: Freestanding Radiological Facility \$275 copay: Outpatient Hospital</p> <p>Facility Based Sleep Study: \$20 copay: Specialist's office \$70 copay: Outpatient Hospital</p> <p>Home Based Sleep Study - Member Home: \$0 copay</p> <p>Medical Supplies: 20% coinsurance</p> <p>Diagnostic Colonoscopy: \$200 copay: Ambulatory Surgical Center \$250 copay: Outpatient Hospital <i>Authorization required for diagnostic radiological services.</i></p>
Lab services	<p>In-Network \$0 - \$50 copayment \$0 copayment: PCP's office, Specialist's office, freestanding laboratory \$10 copayment: Urgent Care Center \$50 copayment: Outpatient Hospital <i>Prior authorization is required.</i></p>
Outpatient X-rays	<p>In-Network \$0 - \$20 copayment \$0 copayment: PCP's office, Nursing Facility \$20 copayment: Specialist's Office <i>Authorization exception: X-rays do not require authorization when service rendered in nursing facility, hospital, or physician office.</i></p>

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Therapeutic Radiology	In-Network \$20 copayment or a 20% coinsurance \$20 copayment: Specialist's office 20% coinsurance: Outpatient Hospital, Freestanding Radiological Facility Medical Supplies 20% coinsurance <i>Authorization required for therapeutic radiological services.</i>

	Align Freedom (HMO-POS)
Hearing services Hearing exam <i>Supplemental benefits</i> Routine hearing exam Fitting-evaluation(s) for hearing aids Hearing aids	In-Network 20% coinsurance for each Medicare-covered service. In-Network \$0 copayment Limited to 1 visit every year In-Network \$0 copayment Limited to 1 visit every year In-Network \$100 - \$1,475 copayment Hearing Aid Benefit offered through Nations Benefits. Contact the Plan for Additional Details. \$100 copayment for an Entry Hearing Aid \$250 copayment for a Basic Hearing Aid \$500 copayment for a Prime Hearing Aid \$775 copayment for a Preferred Hearing Aid \$1,075 copayment for an Advanced Hearing Aid \$1,475 copayment for a Premium Hearing Aid (limit to one per ear annually) Three follow-up visits (within one year of hearing aid purchase) included Three-year manufacturer's repair warranty included 3 years of batteries included Limited to 2 hearing aids every year
Dental services Medicare-covered dental <i>Supplemental benefits</i> Preventive and comprehensive services	In-Network 20% coinsurance for each Medicare-covered service. <i>Prior authorization is only required for Medicare-covered comprehensive dental services.</i> \$0 copayment 2 Oral Exams every year; 2 Prophylaxis (Cleanings) every year; 1 Dental X-Ray every year Up to a \$1,200 credit for all in-network covered comprehensive dental services every year.

	Align Freedom (HMO-POS)
Vision care Exam to diagnose and treat diseases and conditions of the eye For people with diabetes, screening for diabetic retinopathy is covered once per year. Eyewear after cataract surgery Glaucoma screening <i>Supplemental benefits</i> Routine eye exam Additional routine eyewear <ul style="list-style-type: none"> ○ Contact lenses ○ Eyeglass lenses ○ Eyeglass frames ○ Eyeglasses (lenses and frames) ○ Upgrades 	In-Network 20% coinsurance for each Medicare-covered service. In-Network 20% coinsurance for each Medicare-covered service. In-Network 20% coinsurance for each Medicare-covered service. In-Network \$0 copayment for each Medicare-covered service. In-Network \$0 copayment Limited to 1 visit every year Up to a \$225 combined credit every year.
Mental Health Services Inpatient visit Outpatient group therapy visit	In-Network \$195 copayment each day for days 1 to 8 and \$0 copayment each day for days 9 to 90 for Medicare-covered hospital care. \$658 copayment each day for days 1 to 60 for additional lifetime reserve days. <i>Prior authorization is required.</i> In-Network \$10 copayment <i>Prior authorization is required.</i>

	Align Freedom (HMO-POS)
Outpatient individual therapy visit	In-Network \$20 copayment <i>Prior authorization is required.</i>
Skilled nursing facility (SNF) care	In-Network You pay the 2023 Original Medicare cost-sharing amounts. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$200 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. <i>Prior authorization is required.</i>
Physical Therapy	In-Network \$10 - \$40 copayment \$10 copayment: Specialist's office, Comprehensive Outpatient rehabilitation Facility \$40 copayment: Outpatient Hospital <i>Prior authorization is required.</i>
Ambulance services	
Ground Ambulance	In-Network 20% coinsurance <i>Prior authorization is required for non-emergency Medicare services.</i>
Air Ambulance	In-Network 20% coinsurance <i>Prior authorization is required for non-emergency Medicare-services.</i>
Transportation (Non-Emergency)	In-Network <u>Not</u> covered
Medicare Part B prescription drugs	
Chemotherapy/Radiation drugs	In-Network 20% coinsurance <i>For chemotherapy, authorization is required for the initial drug approval only.</i>
Other Part B drugs	In-Network 20% coinsurance <i>Prior authorization is required for some medications.</i>

	Align Freedom (HMO-POS)		
Outpatient Prescription Drugs			
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Standard mail-order cost-sharing (up to a 90-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)
Deductible	\$505 for Tier 2, Tier 3, Tier 4, and Tier 5 Part D prescription drugs. For all other drugs, you will not have to pay any deductible and will start receiving coverage immediately. There is no deductible for Align Freedom (HMO-POS) for select insulins. You pay a \$35 copayment for a one-month supply of Select Insulins.		
Tier 1 (Preferred Generic)	\$2 copayment	\$6 copayment	\$2 copayment
Tier 2 (Generic)	\$15 copayment	\$45 copayment	\$15 copayment
Tier 3 (Preferred Brand)	\$45 copayment \$35 copayment for a one-month supply of Select Insulins.	\$135 copayment \$105 copayment for a three-month supply of Select Insulins.	\$45 copayment \$35 copayment for a one-month supply of Select Insulins.
Tier 4 (Non-Preferred Brand)	\$95 copayment	\$285 copayment	\$95 copayment
Tier 5 (Specialty Tier)	25% coinsurance	Not Available	25% coinsurance
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,660, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.		
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of: <ul style="list-style-type: none">• 5% coinsurance, or• \$4.15 copayment for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs.		

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Additional Benefits

	Align Freedom (HMO-POS)
Diabetic monitoring supplies	In-Network \$0 copayment <i>Prior authorization is only applicable to glucometers and supplies.</i>
Fitness program	In-Network \$0 copayment Coverage includes: The plan provides members with a subscription to an application-based fitness and wellness online platform. Please contact the plan for additional details.
Occupational therapy	In-Network \$10 - \$40 copayment \$10 copayment: Specialist's office, Comprehensive Outpatient rehabilitation Facility \$40 copayment: Outpatient Hospital <i>Prior authorization is required.</i>
Over-the-counter benefit	In-Network \$0 copayment You are eligible for a \$125 credit per quarter to be used toward the purchase of over-the-counter (OTC) health and wellness products. Please contact the plan for additional details. Credits carry forward to the next period if unused.
Podiatry services (Foot care) Foot exams and treatment	In-Network \$20 copayment for each Medicare-covered service.
Special Supplemental Benefits for the Chronically Ill	Members who have certain specified conditions have access to a Social Needs Companion benefit that provides assistance with general tasks such as errands, light housekeeping, accompaniment to appointments, reading to the member, and more. The benefit is limited to 30 hours annually. Contact the plan for more information.

Pre-Enrollment Checklist

- Align Thrive (HMO I-SNP)
- Align Premier (HMO I-SNP)
- Align Connect (HMO C-SNP)
- Align Kidney Care (HMO C-SNP)
- Align Freedom (HMO-POS)

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-855-855-0489 (TTY 711).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit AlignSeniorCare.com or call 1-855-855-0489 (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ **For I-SNP enrollees only:** This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC skilled nursing facility (SNF, a LTC nursing facility (NF, a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD, or an inpatient psychiatric facility).
- ☐ **For C-SNP enrollees only:** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- ☐ **For HMO-POS enrollees only:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services the provider must agree to treat you. Except in an emergency or urgent situation, non- contracted providers may deny care.

Pre-Enrollment Checklist

Align Thrive (HMO I-SNP)
Align Premier (HMO I-SNP)
Align Connect (HMO C-SNP)
Align Kidney Care (HMO C-SNP)
Align Freedom (HMO-POS)

Align Senior Care is an HMO I-SNP, HMO POS, and HMO C-SNP with a Medicare contract. Enrollment in Align Senior Care plans depend on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Align Senior Care members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Align Senior Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-855-0489 (TTY 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-855-0489 (TTY 711).

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-855-0489. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-855-0489. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-855-0489。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-855-0489。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-855-0489. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-855-0489. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-855-0489 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-855-0489. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-855-0489 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-855-0489. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول
سيقوم شخص ما يتحدث العربية 1-855-855-0489 على مترجم فوري، ليس عليك سوى الاتصال بنا على
بمساعتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-855-0489 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-855-0489. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-855-0489. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-855-0489. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-855-0489. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-855-0489 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。