Alignment Health Plan®

2027 SUMMARY OF BENEFITS

Alignment Health BreathEasy Plus 041 (HMO C-SNP)
Alignment Health Clarity Plus 042 (HMO C-SNP)

Alameda	Marin	Riverside	San Francisco	Ventura
Fresno	Merced	Sacramento	San Joaquin	Yolo
Los Angeles	Orange	San Bernardino	Santa Clara	
Madera	Placer	San Diego	Stanislaus	

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2027 - December 31, 2027.

AlignmentHealthPlan.com

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PREMIUMS AND BENEFITS	Alignment Health BreathEasy Plus 041 (HMO C-SNP) Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Ventura, and Yolo counties	Alignment Health Clarity Plus 042 (HMO C-SNP) Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Ventura, and Yolo counties
Monthly Plan Premium • Part C & Part D	**$0.00**	**$7.30** or **$0.00** if you receive "Extra Help"*
Part B Premium Rebate	**$1.00**	**$1.00**
Deductible	**$0.00**	**$0.00**
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	**$9,850.00**	**$9,850.00**
Inpatient Hospital [1, 2]	**$1,736.00** deductible for each benefit period Days 1-60: **$0.00** per day of each benefit period Days 61-90: **$434.00** per day of each benefit period Days 91 and beyond: **$868.00** per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs These costs are for 2026 and may change for 2027.*	**$1,736.00** deductible for each benefit period Days 1-60: **$0.00** per day of each benefit period Days 61-90: **$434.00** per day of each benefit period Days 91 and beyond: **$868.00** per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs These costs are for 2026 and may change for 2027.*
Outpatient Hospital [1, 2] • Hospital Services	**20%** coinsurance*	**20%** coinsurance*
• Observation Services	**20%** coinsurance*	**20%** coinsurance*
Ambulatory Surgical Center [1, 2]	**20%** coinsurance*	**20%** coinsurance*
Doctor Visits • Primary	**$0.00**	**$0.00**
• Specialists [1, 2]	**$0.00**	**$0.00**

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Preventive Care (e.g., flu vaccine, diabetic screenings)	**$0.00**	**$0.00**
Emergency Care	**20%** coinsurance* (waived if admitted within 48 hours)	**20%** coinsurance* (waived if admitted within 48 hours)
Urgently Needed Services	**$0.00**	**$0.00**
Outpatient Diagnostic [1, 2]		
• Procedures, tests, lab services	**20%** coinsurance*	**20%** coinsurance*
• X-Ray	**$0.00**	**$0.00**
• Diagnostic	**$0.00**	**$0.00**
• Therapeutic radiology services (such as radiation treatment for cancer)	**20%** coinsurance*	**20%** coinsurance*
Hearing Services		
• Routine hearing exam	**$0.00** Medicare-covered benefits and 1 exam/fitting/ evaluation every year	**$0.00** Medicare-covered benefits and 1 exam/fitting/ evaluation every year
• Hearing aids	**$0.00** per hearing aid, 2 hearing aids every year	**$0.00** per hearing aid, 2 hearing aids every year
Dental Services [1]	**20%** coinsurance* for Medicare-covered services	**20%** coinsurance* for Medicare-covered services
Diagnostic and preventive:		
• Exam & Cleaning	**$0.00** for 1 every six months	**$0.00** for 1 every six months
• Fluoride treatment	**$0.00** for 1 every year	**$0.00** for 1 every year
• X-Ray	**$0.00** for 1 every year	**$0.00** for 1 every year
Comprehensive:		
• Restorative	**$0.00**	**$0.00**
• Endodontics	**$0.00**	**$0.00**

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• Periodontics	**$0.00**	**$0.00**
• Removable Prosthodontics	**$0.00**	**$0.00**
• Fixed Prosthodontics	**$0.00**	**$0.00**
• Oral and Maxillofacial Surgery	**$0.00** **$500.00** coverage limit every three months	**$0.00** **$500.00** coverage limit every three months
Vision Services • Routine exam	**$0.00** Medicare-covered eye exams/1 routine eye exam every year	**$0.00** Medicare-covered eye exams/1 routine eye exam every year
• Eyewear	**$500.00** coverage limit for glasses/contacts every two years	**$500.00** coverage limit for glasses/contacts every two years
Mental Health Services [1, 2] • Inpatient hospital	**$1,736.00** deductible for each benefit period Days 1-60: **$0.00** per day of each benefit period Days 61-90: **$434.00** per day of each benefit period Days 91 and beyond: **$868.00** per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs These costs are for 2026 and may change for 2027.*	**$1,736.00** deductible for each benefit period Days 1-60: **$0.00** per day of each benefit period Days 61-90: **$434.00** per day of each benefit period Days 91 and beyond: **$868.00** per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs These costs are for 2026 and may change for 2027.*

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• Mental health specialty (individual and group)	**20%** coinsurance*	**20%** coinsurance*
• Psychiatric services (individual and group)	**20%** coinsurance*	**20%** coinsurance*
Skilled Nursing Facility [1, 2]	**$0.00** per day, days 1-20 **$217.00** per day, days 21-100 Days 101 and beyond: All costs These costs are for 2026 and may change for 2027.*	**$0.00** per day, days 1-20 **$217.00** per day, days 21-100 Days 101 and beyond: All costs These costs are for 2026 and may change for 2027.*
Physical and Speech Therapy [1, 2]	**20%** coinsurance*	**20%** coinsurance*
Ground and Air Ambulance Services [1]	**20%** coinsurance* (not waived if admitted)	**20%** coinsurance* (not waived if admitted)
Transportation [1]	**$0.00** 50 one-way trips to plan approved locations every year (within a 50-mile radius)	**$0.00** 50 one-way trips to plan approved locations every year (within a 50-mile radius)
Medicare Part B Drugs [1]	**0%** - **20%** coinsurance*	**0%** - **20%** coinsurance*

Outpatient Prescription Drugs		
ALIGNMENT HEALTH BREATHEASY PLUS 041 (HMO C-SNP) Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Ventura, and Yolo counties		
Part D Deductible	**$700.00** for Tier 3, Tier 4, and Tier 5 or **$0.00** if you receive "Extra Help"*	
Part D Out of Pocket Threshold	**$2,400.00**	
Initial Coverage	Retail 30-day supply	Mail-order 100-day supply
Tier 1 (Preferred Generic Drugs):	**$0.00**	**$0.00**
Tier 2 (Generic Drugs):	**25%** coinsurance	**25%** coinsurance
Tier 3 (Preferred Brand Drugs):	**25%** coinsurance	**25%** coinsurance
Tier 4 (Non-Preferred Drugs):	**28%** coinsurance	**28%** coinsurance
Tier 5 (Specialty Tier):	**25%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$5.00**	**$0.00**

ALIGNMENT HEALTH CLARITY PLUS 042 (HMO C-SNP) Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Ventura, and Yolo counties		
Part D Deductible	**$700.00** for Tier 3, Tier 4, and Tier 5 or **$0.00** if you receive "Extra Help"*	
Part D Out of Pocket Threshold	**$2,400.00**	
Initial Coverage	Retail 30-day supply	Mail-order 100-day supply
Tier 1 (Preferred Generic Drugs):	**$0.00**	**$0.00**
Tier 2 (Generic Drugs):	**25%** coinsurance	**25%** coinsurance
Tier 3 (Preferred Brand Drugs):	**25%** coinsurance	**25%** coinsurance
Tier 4 (Non-Preferred Drugs):	**29%** coinsurance	**29%** coinsurance
Tier 5 (Specialty Tier):	**25%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$5.00**	**$0.00**

UNDERSTANDING YOUR DRUG COVERAGE	**Alignment Health BreathEasy Plus 041 (HMO C-SNP)** Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Ventura, and Yolo counties	**Alignment Health Clarity Plus 042 (HMO C-SNP)** Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Ventura, and Yolo counties
Cost-Sharing	May vary depending on the pharmacy you choose and the payment stage of the Part D benefit you are in. If you reside in a long-term care facility, you will pay the same cost-sharing amount for a 31-day supply as you would for a 30-day supply at an in-network retail pharmacy.	
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach **$2,400.00**, you pay **$0.00** for plan-covered Part D drugs for the remainder of the year.	
Insulin	You won't pay more than **$35.00** 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.	
Vaccines	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.	

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	**Alignment Health BreathEasy Plus 041 (HMO C-SNP)** Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Ventura, and Yolo counties	**Alignment Health Clarity Plus 042 (HMO C-SNP)** Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Ventura, and Yolo counties
ACCESS On-Demand Concierge Card Provides access to OTC benefits and Healthy Rewards	Included	Included
Fitness (membership(s) at participating fitness centers)	**$0.00**	**$0.00**
Personal Emergency Response System (PERS) [1]	**$0.00**	**$0.00**
Chiropractic Services [1, 2]	**$0.00** Medicare-covered **$0.00** for 24 routine visits every year (combined with Acupuncture)	**$0.00** Medicare-covered **$0.00** for 24 routine visits every year (combined with Acupuncture)
Acupuncture [1, 2]	**$0.00** Medicare-covered **$0.00** for 24 routine visits every year (combined with Chiropractic)	**$0.00** Medicare-covered **$0.00** for 24 routine visits every year (combined with Chiropractic)
Podiatry Services [1, 2]	**$0.00** Medicare-covered	**$0.00** Medicare-covered
Over-the-Counter (OTC)	**$99.00** spending allowance every month (no rollover) Combined with Essentials Allowance benefit for a total of **$99.00** spending allowance every month. See Essentials Allowance below.	**$103.00** spending allowance every month (no rollover) Combined with Essentials Allowance benefit for a total of **$103.00** spending allowance every month. See Essentials Allowance below.
Telehealth	**$0.00** for primary care provider services **$20.00*** for mental health specialty and psychiatric services	**$0.00** for primary care provider services **$20.00*** for mental health specialty and psychiatric services
Worldwide Emergency/ Urgent Care	**$75.00*** (waived if admitted)	**$75.00*** (waived if admitted)

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	$25,000.00 coverage limit every year	**$25,000.00** coverage limit every year
Durable Medical Equipment (DME) [1]	**20%** coinsurance*	**20%** coinsurance*
In-Home Support Services [1]	**$0.00** 48 hours every year **OR** Support for Caregivers (member must choose in advance)	**$0.00** 48 hours every year **OR** Support for Caregivers (member must choose in advance)
Support for Caregivers of Enrollee [1]	**$0.00** Up to **$300.00** reimbursement every year **OR** In-Home Support Services (member must choose in advance)	**$0.00** Up to **$300.00** reimbursement every year **OR** In-Home Support Services (member must choose in advance)
Re-admission and Chronic Meals	**$0.00** for 28 meals over 14 days, three times per year	**$0.00** for 28 meals over 14 days, three times per year
Extra Benefits for those with Qualifying Condition (SSBCI) Special supplemental benefits for the chronically ill (SSBCI)-qualifying chronic conditions include congestive heart failure (CHF), chronic lung disorders, dementia, diabetes, and stroke. Other chronic conditions may apply. Medical records will be used to establish the member qualification. The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify because other eligibility and coverage criteria also apply.		
Air Purifier/Humidifier For members with a qualified chronic condition.	**$0.00** 1 air purifier or humidifier every year	**$0.00** 1 air purifier or humidifier every year

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Essentials Allowance For qualifying members to assist with groceries, utilities, and home safety.	**$99.00** spending allowance every month (no rollover) Combined with Over-the-Counter (OTC) items for a total of **$99.00** spending allowance every month	**$103.00** spending allowance every month (no rollover) Combined with Over-the-Counter (OTC) items for a total of **$103.00** spending allowance every month
Pet Services For members who have hospital procedures or emergencies and need pet care while they are away.	**$0.00** 7 boarding days or 14 walks every year	**$0.00** 7 boarding days or 14 walks every year
Pest Control Annual pest eradication for covered pests to ensure the health, welfare, and safety of members.	**$0.00** **$500.00** coverage limit for 1 service every year	**$0.00** **$500.00** coverage limit for 1 service every year

Understanding Your Plan	
Who Can Join?	**You must be enrolled in Medicare Part A and Part B and live in one of the counties listed on the cover of this booklet.**
Alignment Health Plan Members	**1-866-634-2247 (TTY 711)**
Prospective Members	**1-888-979-2247 (TTY 711)**
Hours of Operation	**October 1 – March 31:** Seven days a week from 8:00 a.m. to 8:00 p.m. except Thanksgiving and Christmas Day **April 1 – September 30:** Monday through Friday (except holidays) from 8:00 a.m. to 8:00 p.m.
Website	alignmenthealthplan.com

Alignment Health Plan offers access to a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for the services. 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).

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. To learn more about coverage and costs of Original Medicare, look at the "Medicare & You" handbook. You can view it online at medicare.gov or request a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. This information is not a complete description of benefits. For complete details, including limitations and exclusions, please refer to the Evidence of Coverage (EOC) or call 1-866-634-2247 (TTY 711) 24 hours a day, 7 days a week.

*For those with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.

Services notated with a "1" may require prior authorization. Services notated with a "2" may require a referral from your doctor. For more information on the pharmacy-specific copays, please call Alignment Health Plan Member Services Department at the phone number in this document or access your Evidence of Coverage at alignmenthealthplan.com.

This document is also available in other languages and formats.

Alignment Health Plan is an HMO, HMO POS, HMO C-SNP, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California, Nevada, North Carolina, and Texas Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alignment Health BreathEasy Plus 041 (HMO C-SNP) and Alignment Health Clarity Plus 042 (HMO C-SNP) are chronic condition special needs plans. Your ability to enroll

will be based on verification that you have a qualifying specific severe or disabling chronic condition.