Alignment Health Plan®

2027 SUMMARY OF BENEFITS

Alignment Health Duals+ 004 (HMO-POS D-SNP)
Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)
Alignment Health Heart & Diabetes 011 (HMO C-SNP)

Avery	Davidson	Guilford	McDowell	Rowan
Buncombe	Davie	Henderson	Mecklenburg	Transylvania
Cabarrus	Forsyth	Johnston	Mitchell	Wake
Chatham	Gaston	Madison	Orange	Wilkes

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 Duals+ 004 (HMO-POS D-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes 011 (HMO C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
Monthly Plan Premium • Part C & Part D	**$13.30** or **$0.00** if you receive "Extra Help"*	**$4.80**	**$0.00**
Deductible	**$0.00**	**$0.00**	**$0.00**
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	**$9,850.00**	**$9,850.00**	**$3,400.00**
Inpatient Hospital [1]	In and Out-of-Network **$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	In and Out-of-Network **$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	In-Network **$375.00** per day, days 1-6 **$0.00** per day, days 7-90 (unlimited days per admission) Out-of-Network Not covered

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	costs These costs are for 2026 and may change for 2027.* **$0.00** for Full Duals	costs These costs are for 2026 and may change for 2027.*	
Outpatient Hospital [1] In-Network			
• Hospital Services	**20%** coinsurance* **$0.00** for Full Duals	**20%** coinsurance*	**$350.00**
• Observation Services	**20%** coinsurance* **$0.00** for Full Duals	**20%** coinsurance*	**$0.00**
Out-of-Network	Not covered	Not covered	Not covered
Ambulatory Surgical Center [1] In-Network	**20%** coinsurance* **$0.00** for Full Duals	**20%** coinsurance*	**$250.00**
Out-of-Network	Not covered	Not covered	Not covered
Doctor Visits In-Network			
• Primary	**$0.00**	**$0.00**	**$0.00**
• Specialists	**30%** coinsurance* **$0.00** for Full Duals	**30%** coinsurance*	**$15.00**

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Out-of-Network • Primary	Not covered	Not covered	Not covered
• Specialists	Not covered	Not covered	Not covered
Preventive Care (e.g., flu vaccine, diabetic screenings) In-Network	**$0.00**	**$0.00**	**$0.00**
Out-of-Network	Not covered	Not covered	Not covered
Emergency Care In and Out-of-Network	**20%** coinsurance* **$0.00** for Full Duals (waived if admitted within 3 days)	**20%** coinsurance* (waived if admitted within 3 days)	**$120.00** (waived if admitted within 48 hours)
Urgently Needed Services **In and Out-of-Network**	**$0.00**	**$0.00**	**$0.00**
Outpatient Diagnostic [1] In-Network • Procedures, tests, lab services	**20%** coinsurance* **$0.00** for Full Duals	**20%** coinsurance*	**$0.00**
• X-Ray	**$0.00**	**$0.00**	**$0.00**

PREMIUMS AND BENEFITS	**Alignment Health Duals+ 004 (HMO-POS D-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes 011 (HMO C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
• Diagnostic	**$0.00**	**$0.00**	**$0.00**
• Therapeutic radiology services (such as radiation treatment for cancer)	**20%** coinsurance* **$0.00** for Full Duals	**20%** coinsurance*	**20%** coinsurance
Out-of-Network	Not covered	Not covered	Not covered
Hearing Services In-Network • 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	**$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	**$195.00** - **$1,750.00** copay per hearing aid, 2 hearing aids every year
Out-of-Network • Routine hearing exam	Not covered	Not covered	Not covered
• Hearing aids	Not covered	Not covered	Not covered
Dental Services [1] Diagnostic and preventive:	**$0.00** for Medicare-covered services	**$0.00** for Medicare-covered services	**$0.00** for Medicare-covered services
• Exam & Cleaning	**$0.00** for 1 every six months	**$0.00** for 1 every six months	**$0.00** for 1 every six months

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• Fluoride treatment	**$0.00** for 1 every six months	**$0.00** for 1 every six months	**$0.00** for 1 every six months
• X-Ray	**$0.00** for 1 every three years	**$0.00** for 1 every three years	**$0.00** for 1 every three years
Comprehensive:			
• Restorative	**$0.00**	**$0.00**	**$0.00**
• Endodontics	**$0.00**	**$0.00**	**$0.00**
• Periodontics	**$0.00**	**$0.00**	**$0.00**
• Removable Prosthodontics	**$0.00**	**$0.00**	**$0.00**
• Fixed Prosthodontics	**$0.00**	**$0.00**	**$0.00**
• Oral and Maxillofacial Surgery	**$0.00** **$2,400.00** coverage limit every year for preventive and comprehensive combined	**$0.00** **$2,400.00** coverage limit every year for preventive and comprehensive combined	**$0.00** **$2,000.00** coverage limit every year for preventive and comprehensive combined
Out-of-Network Diagnostic and preventive:	Not covered	Not covered	Not covered
Comprehensive:	Not covered	Not covered	Not covered
Vision Services In-Network			
• Routine exam	**$0.00** Medicare-covered eye	**$0.00** Medicare-covered eye	**$0.00** Medicare-covered eye exams/1

PREMIUMS AND BENEFITS	Alignment Health Duals+ 004 (HMO-POS D-SNP) Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP) Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	Alignment Health Heart & Diabetes 011 (HMO C-SNP) Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
	exams/1 routine eye exam every year	exams/1 routine eye exam every year	routine eye exam every year
• Eyewear	**$400.00** coverage limit for glasses/ contacts every year	**$500.00** coverage limit for glasses/ contacts every two years	**$300.00** coverage limit for glasses/ contacts every year
Out-of-Network • Routine exam	Not covered	Not covered	Not covered
• Eyewear	Not covered	Not covered	Not covered
Mental Health Services [1] • 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)	**$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)	**$250.00** per Medicare-covered stay **$0.00** for 40 additional days

PREMIUMS AND BENEFITS	**Alignment Health Duals+ 004 (HMO-POS D-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes 011 (HMO C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
	Beyond lifetime reserve days: all costs These costs are for 2026 and may change for 2027.* **$0.00** for Full Duals	Beyond lifetime reserve days: all costs These costs are for 2026 and may change for 2027.*	
• Mental health specialty (individual and group)	**20%** coinsurance* **$0.00** for Full Duals	**20%** coinsurance*	**$0.00**
• Psychiatric services (individual and group)	**20%** coinsurance* **$0.00** for Full Duals	**20%** coinsurance*	**$0.00**
Out-of-Network • Inpatient hospital	Not covered	Not covered	Not covered
• Mental health specialty (individual and group)	Not covered	Not covered	Not covered
• Psychiatric services (individual and group)	Not covered	Not covered	Not covered
Skilled Nursing Facility In-Network	**$0.00** per day, days 1-20 **$217.00** per day, days 21-100 Days 101 and beyond: All costs	**$0.00** per day, days 1-20 **$217.00** per day, days 21-100 Days 101 and beyond: All costs	**$0.00** per day, days 1-4 **$20.00** per day, days 5-20 **$178.00** per day, days 21-100

PREMIUMS AND BENEFITS	**Alignment Health Duals+ 004 (HMO-POS D-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes 011 (HMO C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
	These costs are for 2026 and may change for 2027.* **$0.00** for Full Duals	These costs are for 2026 and may change for 2027.*	
Out-of-Network	Not covered	Not covered	Not covered
Physical and Speech Therapy [1]			
In-Network	**20%** coinsurance* **$0.00** for Full Duals	**20%** coinsurance*	**$0.00**
Out-of-Network	Not covered	Not covered	Not covered
Ground and Air Ambulance Services [1]			
In-Network	**20%** coinsurance* **$0.00** for Full Duals (not waived if admitted)	**20%** coinsurance* (not waived if admitted)	**$150.00** (waived if admitted)
Out-of-Network	Not covered	Not covered	Not covered
Transportation [1]			
In-Network	**$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)	**$0.00** 50 one-way trips to plan approved locations every year (within a 35-mile radius)

PREMIUMS AND BENEFITS	**Alignment Health Duals+ 004 (HMO-POS D-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes 011 (HMO C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
Out-of-Network	Not covered	Not covered	Not covered
Medicare Part B Drugs [1] In-Network	**0%** - **20%** coinsurance* **$0.00** for Full Duals	**0%** - **20%** coinsurance*	**0%** - **20%** coinsurance
Out-of-Network	Not covered	Not covered	Not covered

Outpatient Prescription Drugs		
ALIGNMENT HEALTH DUALS+ 004 (HMO-POS D-SNP) Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties		
Part D Deductible	**$700.00** for Tier 2, 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):	**25%** coinsurance	**25%** coinsurance
Tier 5 (Specialty Tier):	**25%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$3.00**	**$0.00**

ALIGNMENT HEALTH HEART & DIABETES PLUS 009 (HMO-POS C-SNP) Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes 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**

ALIGNMENT HEALTH HEART & DIABETES 011 (HMO C-SNP)

Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties

Part D Deductible	**$250.00** for Tier 3, Tier 4, and Tier 5	
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):	**$0.00**	**$0.00**
Tier 3 (Preferred Brand Drugs):	**$30.00**	**$75.00**
Tier 4 (Non-Preferred Drugs):	**40%** coinsurance	**40%** coinsurance
Tier 5 (Specialty Tier):	**30%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$5.00**	**$0.00**

UNDERSTANDING YOUR DRUG COVERAGE	**Alignment Health Duals+ 004 (HMO-POS D-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes 011 (HMO C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes 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.		

UNDERSTANDING YOUR DRUG COVERAGE	**Alignment Health Duals+ 004 (HMO-POS D-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes 011 (HMO C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
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.		
Bonus Drugs	Bonus Drugs coverage not available.	Bonus Drugs coverage not available.	Additional coverage of certain drugs that are not typically covered under Part D such as generic Viagra, and select drugs within the categories of prescription vitamins, hair loss, and cough and cold products. For a complete list of covered drugs and coverage details, please refer to the Drug List (Formulary).
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 Duals+ 004 (HMO-POS D-SNP) Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP) Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	Alignment Health Heart & Diabetes 011 (HMO C-SNP) Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
ACCESS On-Demand Concierge Card Provides access to OTC benefits and Healthy Rewards	Included	Included	Included
Fitness (membership(s) at participating fitness centers)	**$0.00**	**$0.00**	**$0.00**
Personal Emergency Response System (PERS) [1]	**$0.00**	**$0.00**	**$0.00**
Chiropractic Services [1]			
In-Network	**$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)	**$15.00** Medicare-covered **$0.00** for 24 routine visits every year (combined with Acupuncture)
Out-of-Network	Not covered	Not covered	Not covered
Acupuncture [1]			
In-Network	**$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)	**$0.00** Medicare-covered **$0.00** for 24 routine visits every year (combined with Chiropractic)

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	**Alignment Health Duals+ 004 (HMO-POS D-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes 011 (HMO C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
Out-of-Network	Not covered	Not covered	Not covered
Podiatry Services [1] In-Network	**$0.00** Medicare-covered	**$0.00** Medicare-covered **$0.00** for 12 routine visits every year	**$15.00** Medicare-covered **$0.00** for 12 routine visits every year
Out-of-Network	Not covered	Not covered	Not covered
Over-the-Counter (OTC)	**$265.00** spending allowance every month (no rollover) Combined with Essentials Allowance benefit for a total of **$265.00** spending allowance every month. See Essentials Allowance below.	**$344.00** spending allowance every month (no rollover) Combined with Essentials Allowance benefit for a total of **$344.00** spending allowance every month. See Essentials Allowance below.	**$25.00** spending allowance every month (no rollover)
Telehealth In and Out-of-Network	**$0.00** for primary care provider services	**$0.00** for primary care provider services	**$0.00** for primary care provider services

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	**Alignment Health Duals+ 004 (HMO-POS D-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes 011 (HMO C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
	$20.00* for mental health specialty and psychiatric services * **$0.00** for Full Duals	**$20.00*** for mental health specialty and psychiatric services	**$20.00** for mental health specialty and psychiatric services
Worldwide Emergency/ Urgent Care	**$0.00** **$25,000.00** coverage limit every year	**$0.00** **$25,000.00** coverage limit every year	**$0.00** **$25,000.00** coverage limit every year
Durable Medical Equipment (DME) [1] In-Network	**20%** coinsurance* **$0.00** for Full Duals	**20%** coinsurance*	**0%** coinsurance for items **$500.00** or less **20%** coinsurance for items **$500.01** or more
Out-of-Network	Not covered	Not covered	Not covered
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)	**$0.00** 48 hours every year **OR** Support for Caregivers (member must choose in advance)

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	**Alignment Health Duals+ 004 (HMO-POS D-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	**Alignment Health Heart & Diabetes 011 (HMO C-SNP)** Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
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)	**$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, twice per year	**$0.00** for 28 meals over 14 days, twice per year	**$0.00** for 28 meals over 14 days, twice 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 obstructive pulmonary disease (COPD), dementia, diabetes, and stroke. Other chronic conditions may apply. Medical records will be used to establish qualification for the benefit. Other eligibility and coverage requirements also apply.			
Air Purifier/Humidifier For members with a qualified chronic condition.	Not covered	Not covered	**$0.00** 1 air purifier or humidifier every year
Essentials Allowance For qualifying members to	**$265.00** spending allowance every	**$344.00** spending allowance every	**$60.00** spending

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	Alignment Health Duals+ 004 (HMO-POS D-SNP) Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP) Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties	Alignment Health Heart & Diabetes 011 (HMO C-SNP) Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, and Wilkes counties
assist with groceries, utilities, and home safety.	month (no rollover) Combined with Over-the-Counter (OTC) items for a total of **$265.00** spending allowance every month	month (no rollover) Combined with Over-the-Counter (OTC) items for a total of **$344.00** spending allowance every month	allowance every month (no rollover)
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	**$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	**$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

This plan(s) allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

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 Medicaid, the copay for services may be paid in part or in full by Medicaid, 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 Heart & Diabetes Plus 009 (HMO-POS C-SNP) and Alignment Health Heart & Diabetes 011 (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. Alignment Health Duals+ 004 (HMO-POS D-SNP) is a dual eligible special needs plan. Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.