Alignment Health Plan®

2027 SUMMARY OF BENEFITS

Alignment Health ONE 011 (HMO-POS)
Alignment Health Smart 012 (HMO-POS)
Alignment Health BRIDGE 013 (HMO-POS)

Bexar
Comal

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

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PREMIUMS AND BENEFITS	Alignment Health ONE 011 (HMO-POS) Bexar and Comal counties	Alignment Health Smart 012 (HMO-POS) Bexar and Comal counties	Alignment Health BRIDGE 013 (HMO-POS) Bexar county
Monthly Plan Premium • Part C & Part D	**$0.00**	**$0.00**	**$0.00**
Part B Premium Rebate	Not covered	**$140.00**	Not covered
Deductible	**$0.00**	**$0.00**	**$0.00**
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	**$2,800.00**	**$6,450.00**	**$2,800.00**
Inpatient Hospital [1] In-Network	**$75.00** per day, days 1-5 **$0.00** per day, days 6-90 (unlimited days per admission)	**$375.00** per day, days 1-6 **$0.00** per day, days 7-90 (unlimited days per admission)	**$75.00** per day, days 1-5 **$0.00** per day, days 6-90 (unlimited days per admission)
Out-of-Network	**$200.00** per day, days 1-5 **$0.00** per day, days 6-90 (unlimited days per admission)	**$450.00** per day, days 1-6 **$0.00** per day, days 7-90 (unlimited days per admission)	**$200.00** per day, days 1-5 **$0.00** per day, days 6-90 (unlimited days per admission)
Outpatient Hospital [1] In-Network • Hospital Services	**$75.00**	**$200.00**	**$75.00**
• Observation Services	**$0.00**	**$0.00**	**$0.00**
Out-of-Network	Not covered	Not covered	Not covered
Ambulatory Surgical Center [1] In-Network	**$0.00**	**$50.00**	**$0.00**
Out-of-Network	Not covered	Not covered	Not covered
Doctor Visits In-Network • Primary	**$0.00**	**$0.00**	**$0.00**

PREMIUMS AND BENEFITS	Alignment Health ONE 011 (HMO-POS) Bexar and Comal counties	Alignment Health Smart 012 (HMO-POS) Bexar and Comal counties	Alignment Health BRIDGE 013 (HMO-POS) Bexar county
• Specialists	**$15.00**	**$35.00**	**$15.00**
Out-of-Network • Primary	Not covered	Not covered	Not covered
• Specialists	**$15.00**	Not covered	**$15.00**
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	**$150.00** (waived if admitted within 24 hours)	**$130.00** (waived if admitted within 48 hours)	**$150.00** (waived if admitted within 24 hours)
Urgently Needed Services **In and Out-of-Network**	**$0.00**	**$20.00** (not waived if admitted)	**$0.00**
Outpatient Diagnostic [1] In-Network • Procedures, tests, lab services	**$0.00**	**$0.00**	**$0.00**
• X-Ray	**$0.00**	**$0.00**	**$0.00**
• Diagnostic	**$0.00**	**$0.00**	**$0.00**
• Therapeutic radiology services (such as radiation treatment for cancer)	**20%** coinsurance	**20%** coinsurance	**20%** coinsurance
Out-of-Network	Not covered	Not covered	Not covered

PREMIUMS AND BENEFITS	Alignment Health ONE 011 (HMO-POS) Bexar and Comal counties	Alignment Health Smart 012 (HMO-POS) Bexar and Comal counties	Alignment Health BRIDGE 013 (HMO-POS) Bexar county
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	**$195.00** - **$1,750.00** copay per hearing aid, 2 hearing aids every year	Not covered	**$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] In-Network 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
• 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:		Not covered	
• Restorative	**$0.00**		**$0.00**
• Endodontics	**$0.00**		**$0.00**
• Periodontics	**$0.00**		**$0.00**
• Removable Prosthodontics	**$0.00**		**$0.00**
• Fixed Prosthodontics	**$0.00**		**$0.00**
• Oral and Maxillofacial Surgery	**$0.00** **$2,200.00** coverage limit every year for preventive and		**$0.00** **$1,800.00** coverage limit every year for preventive and

PREMIUMS AND BENEFITS	Alignment Health ONE 011 (HMO-POS) Bexar and Comal counties	Alignment Health Smart 012 (HMO-POS) Bexar and Comal counties	Alignment Health BRIDGE 013 (HMO-POS) Bexar county
	comprehensive combined		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 exams/1 routine eye exam every year	**$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	**$200.00** coverage limit for glasses/ contacts every two years	**$200.00** coverage limit for glasses/ contacts every two years	**$250.00** 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] In-Network • Inpatient hospital	**$120.00** per day, days 1-10 **$0.00** per day, days 11-90 **$0.00** for 40 additional day limit **$0.00** for 60 "lifetime reserve days"	**$120.00** per day, days 1-10 **$0.00** per day, days 11-90 **$0.00** for 40 additional day limit **$0.00** for 60 "lifetime reserve days"	**$120.00** per day, days 1-10 **$0.00** per day, days 11-90 **$0.00** for 40 additional day limit **$0.00** for 60 "lifetime reserve days"
• Mental health specialty (individual and group)	**$20.00**	**$20.00**	**$20.00**

PREMIUMS AND BENEFITS	Alignment Health ONE 011 (HMO-POS) Bexar and Comal counties	Alignment Health Smart 012 (HMO-POS) Bexar and Comal counties	Alignment Health BRIDGE 013 (HMO-POS) Bexar county
• Psychiatric services (individual and group)	**$20.00**	**$20.00**	**$20.00**
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 [1] In-Network	**$20.00** per day, days 1-20 **$100.00** per day, days 21-100 (no prior hospital stay required)	**$10.00** per day, days 1-20 **$100.00** per day, days 21-100 (no prior hospital stay required)	**$20.00** per day, days 1-20 **$100.00** per day, days 21-100 (no prior hospital stay required)
Out-of-Network	Not covered	Not covered	Not covered
Physical and Speech Therapy [1] In-Network	**$0.00**	**$0.00**	**$0.00**
Out-of-Network	Not covered	Not covered	Not covered
Ground and Air Ambulance Services [1] In-Network	**$200.00** (waived if admitted)	**$200.00** (waived if admitted)	**$200.00** (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 30-mile radius)	Not covered	**$0.00** 50 one-way trips to plan approved locations every year (within a 30-mile radius)

PREMIUMS AND BENEFITS	Alignment Health ONE 011 (HMO-POS) Bexar and Comal counties	Alignment Health Smart 012 (HMO-POS) Bexar and Comal counties	Alignment Health BRIDGE 013 (HMO-POS) Bexar county
Out-of-Network	Not covered	Not covered	Not covered
Medicare Part B Drugs [1] In-Network	**0% - 20%** coinsurance	**0% - 20%** coinsurance	**0% - 20%** coinsurance
Out-of-Network	Not covered	Not covered	Not covered

Outpatient Prescription Drugs		
ALIGNMENT HEALTH ONE 011 (HMO-POS) Bexar and Comal counties		
Part D Deductible	**$700.00** for 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):	**$45.00**	**$135.00**
Tier 4 (Non-Preferred Drugs):	**32%** coinsurance	**32%** coinsurance
Tier 5 (Specialty Tier):	**25%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$5.00**	**$0.00**

ALIGNMENT HEALTH SMART 012 (HMO-POS) Bexar and Comal counties		
Part D Deductible	**$700.00** for 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):	**$45.00**	**$135.00**
Tier 4 (Non-Preferred Drugs):	**40%** coinsurance	**40%** coinsurance
Tier 5 (Specialty Tier):	**25%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$5.00**	**$0.00**

ALIGNMENT HEALTH BRIDGE 013 (HMO-POS) Bexar county		
Part D Deductible	**$700.00** for 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):	**$45.00**	**$135.00**
Tier 4 (Non-Preferred Drugs):	**32%** coinsurance	**32%** coinsurance
Tier 5 (Specialty Tier):	**25%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$5.00**	**$0.00**

UNDERSTANDING YOUR DRUG COVERAGE	**Alignment Health ONE 011 (HMO-POS)** Bexar and Comal counties	**Alignment Health Smart 012 (HMO-POS)** Bexar and Comal counties	**Alignment Health BRIDGE 013 (HMO-POS)** Bexar county
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. For plans with excluded drug coverage under our enhanced benefit, you pay the same copayment as you did in the Initial Coverage Stage.		
Bonus Drugs	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).		

UNDERSTANDING YOUR DRUG COVERAGE	**Alignment Health ONE 011 (HMO-POS)** Bexar and Comal counties	**Alignment Health Smart 012 (HMO-POS)** Bexar and Comal counties	**Alignment Health BRIDGE 013 (HMO-POS)** Bexar county
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 ONE 011 (HMO-POS) Bexar and Comal counties	Alignment Health Smart 012 (HMO-POS) Bexar and Comal counties	Alignment Health BRIDGE 013 (HMO-POS) Bexar county
ACCESS On-Demand Concierge Card Provides access to OTC benefits and Healthy Rewards	Included	Included	Included
Complete Package [1, 2]			
Monthly Premium	Not covered	**$64.90**	Not covered
Coverage			
• Diagnostic	Not covered	**0%** coinsurance	Not covered
• Restorative		**50%** coinsurance	
• Endodontics		**50%** coinsurance	
• Periodontics		**0%-50%** coinsurance	
• Removable Prosthodontics		**50%** coinsurance	
• Fixed Prosthodontics		**50%** coinsurance	
• Oral and Maxillofacial Surgery		**50%** coinsurance **$1,500.00** coverage limit per year	
Additional Coverage			
• Hearing Aid Coverage	Not covered	**$195.00** - **$1,750.00** copay per hearing aid, 2 hearing aids every year	Not covered
• Personalized Emergency Response System (PERS)	Not covered	**$0.00**	Not covered
• Transportation	Not covered	24 one-way trips every year to plan approved locations (within 30-mile radius)	Not covered
• Worldwide Emergency Coverage	Not covered	Additional **$75,000.00** coverage limit every year	Not covered

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	Alignment Health ONE 011 (HMO-POS) Bexar and Comal counties	Alignment Health Smart 012 (HMO-POS) Bexar and Comal counties	Alignment Health BRIDGE 013 (HMO-POS) Bexar county
Fitness (membership(s) at participating fitness centers)	**$0.00**	**$0.00**	**$0.00**
Personalized Health Risk Screening	**$75.00** 1 screening every two years	Not covered	**$75.00** 1 screening every two years
Chiropractic Services [1]			
In-Network	**$0.00** Medicare-covered **$0.00** for 24 routine visits every year (combined with Acupuncture)	**$10.00** Medicare-covered	**$0.00** 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** Medicare-covered **$0.00** for 24 routine visits every year (combined with Chiropractic)
Out-of-Network	Not covered	Not covered	Not covered
Podiatry Services [1]			
In-Network	**$5.00** Medicare-covered	**$5.00** Medicare-covered	**$5.00** Medicare-covered
Out-of-Network	Not covered	Not covered	Not covered
Over-the-Counter (OTC)	**$40.00** spending allowance every month (no rollover)	Not covered	**$75.00** spending allowance every month (no rollover) Combined with Weight Management Programs and Grocieries benefit for

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	Alignment Health ONE 011 (HMO-POS) Bexar and Comal counties	Alignment Health Smart 012 (HMO-POS) Bexar and Comal counties	Alignment Health BRIDGE 013 (HMO-POS) Bexar county
			a total of **$75.00** spending allowance every month.
Telehealth In-Network	**$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	**$0.00** for primary care provider services **$20.00** for mental health specialty and psychiatric services
Worldwide Emergency/ Urgent Care	**$0.00** **$50,000.00** coverage limit every year	**$0.00** **$25,000.00** coverage limit every year	**$0.00** **$50,000.00** coverage limit every year
Durable Medical Equipment (DME) [1] In-Network	**0%** coinsurance for items **$450.00** or less **20%** coinsurance for items **$450.01** or more	**20%** coinsurance	**0%** coinsurance for items **$450.00** or less **20%** coinsurance for items **$450.01** 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)	Not covered	**$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**	Not covered	**$0.00** Up to **$300.00** reimbursement every year **OR**

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	Alignment Health ONE 011 (HMO-POS) Bexar and Comal counties	Alignment Health Smart 012 (HMO-POS) Bexar and Comal counties	Alignment Health BRIDGE 013 (HMO-POS) Bexar county
	In-Home Support Services (member must choose in advance)		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	Not covered	**$0.00** for 28 meals over 14 days, twice per year
Weight Management Programs [1]	Not covered	Not covered	**$75.00** spending allowance every month (no rollover) Combined with Over-the-Counter (OTC) and Groceries benefit for a total of **$75.00** spending allowance every month.
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. For Alignment Health BRIDGE 013 (HMO-POS) chronic conditions limited to overweight, obesity, and metabolic syndrome condition. Medical records will be used to establish qualification for the benefit. Other eligibility and coverage requirements also apply.			
Essentials Allowance For qualifying members to assist with groceries, utilities, and home safety.	**$30.00** spending allowance every month (no rollover)	Not covered	Not covered
Groceries To assist members with nutritional needs.	Not covered	Not covered	**$75.00** spending allowance every month (no rollover) Combined with Over-the-Counter (OTC) items and Weight Management

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	Alignment Health ONE 011 (HMO-POS) Bexar and Comal counties	Alignment Health Smart 012 (HMO-POS) Bexar and Comal counties	Alignment Health BRIDGE 013 (HMO-POS) Bexar county
			Programs for a total of **$75.00** 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	**$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
Smart Scale Members may receive a connected smart scale and access to digital tools that support weight management through at-home monitoring.	Not covered	Not covered	**$0.00**

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.

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.