Alignment Health Plan®

2027 SUMMARY OF BENEFITS

Alignment Health Advantage 001 (PPO)
Alignment Health Advantage 002 (PPO)
Alignment Health Advantage 005 (PPO)

Fresno	San Joaquin
Los Angeles	Santa Clara
Madera	Stanislaus
San Diego	Ventura

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

AlignmentHealthPlan.com

Y0141_27286EN_M

PREMIUMS AND BENEFITS	Alignment Health Advantage 001 (PPO) Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	Alignment Health Advantage 002 (PPO) Santa Clara County	Alignment Health Advantage 005 (PPO) Los Angeles and San Diego counties
Monthly Plan Premium • Part C	**$70.00**	**$101.50**	**$160.00**
Deductible	**$0.00**	**$0.00**	**$0.00**
Maximum Out-of-Pocket Responsibility (does not include prescription drugs) In-Network	**$4,451.00**	**$2,850.00**	**$4,451.00**
Out-of-Network	**$8,950.00** combined	**$5,150.00** combined	**$8,950.00** combined
Inpatient Hospital [1, 2] In-Network	**$250.00** per day, days 1-3 **$0.00** per day, days 4-90 **$0.00** per day, days 91-999 (unlimited days per admission)	**$75.00** per day, days 1-5 **$0.00** per day, days 6-90 **$0.00** per day, days 91-999 (unlimited days per admission)	**$500.00** per stay
Out-of-Network	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
Outpatient Hospital [1, 2] In-Network • Hospital Services	**$200.00**	**$200.00**	**$300.00**
• Observation Services	**$0.00**	**$0.00**	**$0.00**
Out-of-Network	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
Ambulatory Surgical Center [1, 2] In-Network	**$100.00**	**$100.00**	**$200.00**
Out-of-Network	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
Doctor Visits In-Network • Primary	**$0.00**	**$0.00**	**$0.00**

PREMIUMS AND BENEFITS	Alignment Health Advantage 001 (PPO) Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	Alignment Health Advantage 002 (PPO) Santa Clara County	Alignment Health Advantage 005 (PPO) Los Angeles and San Diego counties
• Specialists [1, 2]	**$20.00**	**$0.00**	**$35.00**
Out-of-Network • Primary	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
• Specialists [1, 2]	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
Preventive Care (e.g., flu vaccine, diabetic screenings) In-Network	**$0.00**	**$0.00**	**$0.00**
Out-of-Network	40% coinsurance	40% coinsurance	**40%** coinsurance
Emergency Care In and Out-of-Network	**$120.00** (not waived if admitted)	**$100.00** (not waived if admitted)	**$130.00** (not waived if admitted)
Urgently Needed Services **In and Out-of-Network**	**$20.00** (waived if admitted within 24 hours)	**$0.00**	**$20.00** (waived if admitted within 24 hours)
Outpatient Diagnostic [1, 2] In-Network • Procedures, tests, lab services	**$0.00**	**$0.00**	**$0.00**
• X-Ray	**$15.00**	**$0.00**	**$15.00**
• Diagnostic	**$150.00**	**$0.00**	**$150.00**
• Therapeutic radiology services (such as radiation treatment for cancer)	**20%** coinsurance	**20%** coinsurance	**20%** coinsurance
Out-of-Network	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance

PREMIUMS AND BENEFITS	Alignment Health Advantage 001 (PPO) Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	Alignment Health Advantage 002 (PPO) Santa Clara County	Alignment Health Advantage 005 (PPO) Los Angeles and San Diego counties
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	Not covered	Not covered	Not covered
Out-of-Network			
• Routine hearing exam	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
• 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		
• Fluoride treatment	**$0.00** for 1 every six months		
• X-Ray	**$0.00** for 1 every three years		
Comprehensive:			
• Restorative	**$0.00**	**$0.00** for Medicare-covered services	**$0.00** for Medicare-covered services
• Endodontics	**$0.00**		
• Periodontics	**$0.00**		
• Removable Prosthodontics	**$0.00**		
• Fixed Prosthodontics	**$0.00**		
• Oral and Maxillofacial Surgery	**$0.00** **$1,000.00** coverage limit every year for preventive and comprehensive combined		

PREMIUMS AND BENEFITS	**Alignment Health Advantage 001 (PPO)** Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	**Alignment Health Advantage 002 (PPO)** Santa Clara County	**Alignment Health Advantage 005 (PPO)** Los Angeles and San Diego counties
<u>Out-of-Network</u> Diagnostic and preventive: • Exam & Cleaning • Fluoride treatment • X-Ray	 **$0.00** for 1 every six months **$0.00** for 1 every six months **$0.00** for 1 every three years	**40%** coinsurance for Medicare-covered services	**40%** coinsurance for Medicare-covered services
Comprehensive: • Restorative • Endodontics • Periodontics • Removable Prosthodontics • Fixed Prosthodontics • Oral and Maxillofacial Surgery	 **$0.00** **$0.00** **$0.00** **$0.00** **$0.00** **$0.00** **$1,000.00** coverage limit every year for preventive and comprehensive combined	**40%** coinsurance for Medicare-covered services	**40%** coinsurance for Medicare-covered services
Vision Services <u>In-Network</u> • 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	**$150.00** coverage limit for glasses/ contacts every two years	**$200.00** coverage limit for glasses/ contacts every year	**$150.00** coverage limit for glasses/ contacts every two years
<u>Out-of-Network</u> • Routine exam	 **40%** coinsurance	 **40%** coinsurance	 **40%** coinsurance

PREMIUMS AND BENEFITS	Alignment Health Advantage 001 (PPO) Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	Alignment Health Advantage 002 (PPO) Santa Clara County	Alignment Health Advantage 005 (PPO) Los Angeles and San Diego counties
• Eyewear	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
Mental Health Services [1, 2] • 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 60 "lifetime reserve days"
• Mental health specialty (individual and group)	**$20.00**	**$20.00**	**$20.00**
• Psychiatric services (individual and group)	**$40.00**	**$40.00**	**$40.00**
Out-of-Network • Inpatient hospital	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
• Mental health specialty (individual and group)	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
• Psychiatric services (individual and group)	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
Skilled Nursing Facility [1, 2] In-Network	**$0.00** per day, days 1-20 **$100.00** per day, days 21-51 **$0.00** per day, days 52-100 (no prior hospital stay required)	**$0.00** per day, days 1-20 **$50.00** per day, days 21-100 (no prior hospital stay required)	**$0.00** per day, days 1-20 **$100.00** per day, days 21-51 **$0.00** per day, days 52-100 (no prior hospital stay required)
Out-of-Network	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance

PREMIUMS AND BENEFITS	Alignment Health Advantage 001 (PPO) Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	Alignment Health Advantage 002 (PPO) Santa Clara County	Alignment Health Advantage 005 (PPO) Los Angeles and San Diego counties
Physical and Speech Therapy [1, 2]			
In-Network	**$0.00**	**$0.00**	**$0.00**
Out-of-Network	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
Ground and Air Ambulance Services [1]			
In-Network	**$250.00** (waived if admitted)	**$100.00** (waived if admitted)	**$250.00** (waived if admitted)
Out-of-Network	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
Transportation [1]			
In-Network	Not covered	**$0.00** 26 one-way trips to plan approved locations every year (within a 50-mile radius)	Not covered
Medicare Part B Drugs [1]			
In-Network	**0% - 20%** coinsurance	**0% - 20%** coinsurance	**0% - 20%** coinsurance
Out-of-Network	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance

Outpatient Prescription Drugs		
ALIGNMENT HEALTH ADVANTAGE 001 (PPO) Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties		
Part D Deductible	**$0.00**	
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):	**$5.00**	**$15.00**
Tier 3 (Preferred Brand Drugs):	**$40.00**	**$120.00**
Tier 4 (Non-Preferred Drugs):	**32%** coinsurance	32% coinsurance
Tier 5 (Specialty Tier):	**33%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$5.00**	**$0.00**

ALIGNMENT HEALTH ADVANTAGE 002 (PPO) Santa Clara County		
Part D Deductible	**$0.00**	
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):	**$3.00**	**$9.00**
Tier 3 (Preferred Brand Drugs):	**$40.00**	**$120.00**
Tier 4 (Non-Preferred Drugs):	**32%** coinsurance	**32%** coinsurance
Tier 5 (Specialty Tier):	**33%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$3.00**	**$0.00**

ALIGNMENT HEALTH ADVANTAGE 005 (PPO)
Los Angeles and San Diego 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):	**$5.00**	**$15.00**
Tier 3 (Preferred Brand Drugs):	**$40.00**	**$120.00**
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 Advantage 001 (PPO)** Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	**Alignment Health Advantage 002 (PPO)** Santa Clara County	**Alignment Health Advantage 005 (PPO)** Los Angeles and San Diego 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. 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 Advantage 001 (PPO)** Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	**Alignment Health Advantage 002 (PPO)** Santa Clara County	**Alignment Health Advantage 005 (PPO)** Los Angeles and San Diego counties
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.		
Vaccines	Our plan covers most Part D vaccines at no cost to you.		

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	**Alignment Health Advantage 001 (PPO)** Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	**Alignment Health Advantage 002 (PPO)** Santa Clara County	**Alignment Health Advantage 005 (PPO)** Los Angeles and San Diego counties
ACCESS On-Demand Concierge Card Provides access to OTC benefits and Healthy Rewards	Included	Included	Included
Additional Options:	**Options+**	**Enhanced Dental Option**	**Enhanced Dental Option**
Monthly Premium	**$48.00**	**$40.00**	**$40.00**
Enhanced Dental Option			
In-Network			
• Diagnostic	**$0.00**	**0%** coinsurance	**0%** coinsurance
• Restorative	**$0.00**	**50%** coinsurance	**50%** coinsurance
• Endodontics	**$0.00**	**50%** coinsurance	**50%** coinsurance
• Periodontics	**$0.00**	**0%-50%** coinsurance	**0%-50%** coinsurance
• Removable Prosthodontics	**$0.00**	**50%** coinsurance	**50%** coinsurance
• Fixed Prosthodontics	**$0.00**	**50%** coinsurance	**50%** coinsurance
• Oral and Maxillofacial Surgery	**$0.00**	**50%** coinsurance	**50%** coinsurance
Out-of-Network			
• Diagnostic	**$0.00**	**50%** coinsurance	**50%** coinsurance
• Restorative	**$0.00**	**50%** coinsurance	**50%** coinsurance
• Endodontics	**$0.00**	**50%** coinsurance	**50%** coinsurance
• Periodontics	**$0.00**	**50%** coinsurance	**50%** coinsurance
• Removable Prosthodontics	**$0.00**	**50%** coinsurance	**50%** coinsurance
• Fixed Prosthodontics	**$0.00**	**50%** coinsurance	**50%** coinsurance
• Oral and Maxillofacial Surgery	**$0.00**	**50%** coinsurance	**50%** coinsurance
	Additional **$1,000.00** allowance for a total of **$2,000.00** annual in-network & out-of-network every year	**$1,500.00** coverage limit in-network and out-of-network every year	**$1,500.00** coverage limit in-network and out-of-network every year

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	Alignment Health Advantage 001 (PPO) Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	Alignment Health Advantage 002 (PPO) Santa Clara County	Alignment Health Advantage 005 (PPO) Los Angeles and San Diego counties
Additional Coverage			
• Hearing Aid Coverage	**$195.00** - **$1,750.00** copay per hearing aid, 2 hearing aids every year	Not covered	Not covered
• Personalized Emergency Response System (PERS)	**$0.00**	Not covered	Not covered
• Transportation	12 one-way trips every year to plan approved locations (within 30-mile radius)	Not covered	Not covered
• Worldwide Emergency Coverage	Additional **$15,000.00** coverage limit every year	Not covered	Not covered
Fitness (membership(s) at participating fitness centers)	**$0.00**	**$0.00**	**$0.00**
Personalized Health Risk Screening [1]			
In-Network	**$75.00** 1 screening every year	**$75.00** 1 screening every year	**$75.00** 1 screening every year
Out-of-Network	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
Chiropractic Services [1, 2]			
In-Network	**$0.00** Medicare-covered	**$0.00** Medicare-covered	**$0.00** Medicare-covered
Out-of-Network	**40%** coinsurance Medicare-covered	**40%** coinsurance Medicare-covered	**40%** coinsurance Medicare-covered
Acupuncture			
In-Network	**$0.00** Medicare-covered	**$0.00** Medicare-covered	**$0.00** Medicare-covered

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	**Alignment Health Advantage 001 (PPO)** Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	**Alignment Health Advantage 002 (PPO)** Santa Clara County	**Alignment Health Advantage 005 (PPO)** Los Angeles and San Diego counties
Out-of-Network	**40%** coinsurance Medicare-covered	**40%** coinsurance Medicare-covered	**40%** coinsurance Medicare-covered
Podiatry Services [1, 2]			
In-Network	**$0.00** Medicare-covered	**$0.00** Medicare-covered	**$0.00** Medicare-covered
Out-of-Network	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
Telehealth			
In and Out-of-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** **$10,000.00** coverage limit every year	**$0.00** **$25,000.00** coverage limit every year	**$0.00** **$10,000.00** coverage limit every year
Durable Medical Equipment (DME) [1]			
In-Network	**0%** coinsurance for items **$350.00** or less **20%** coinsurance for items **$350.01** or more	**0%** coinsurance for items **$350.00** or less **20%** coinsurance for items **$350.01** or more	**0%** coinsurance for items **$350.00** or less **20%** coinsurance for items **$350.01** or more
Out-of-Network	**40%** coinsurance	**40%** coinsurance	**40%** coinsurance
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.			
Pet Services For members who have	**$0.00**	**$0.00**	**$0.00**

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	**Alignment Health Advantage 001 (PPO)** Fresno, Los Angeles, Madera, San Joaquin, Stanislaus, and Ventura counties	**Alignment Health Advantage 002 (PPO)** Santa Clara County	**Alignment Health Advantage 005 (PPO)** Los Angeles and San Diego counties
hospital procedures or emergencies and need pet care while they are away.	7 boarding days or 14 walks every year	7 boarding days or 14 walks every year	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.

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.