

2024

Benefit Platter

SOUTHERN CALIFORNIA

Los Angeles, Orange, San Diego Counties

NORTHERN CALIFORNIA

Marin, San Francisco Counties



ALIGNMENT HEALTH PLATINUM + INSTACART (HMO) 008 Los Angeles, Orange		ALIGNMENT HEALTH PLATINUM + INSTACART (HMO POS) 016 Marin, San Diego, San Francisco	
Monthly Premium	\$0	\$0	
Annual Plan Deductible	\$0	\$0	
Maximum Out of Pocket (MOOP)	\$198	\$998	
PCP	\$0 copay	\$0 copay	
Specialist	\$0 copay	\$0 copay	
INPATIENT CARE			
Hospital	\$0 copay (unlimited days per admission)	In-Network: \$0 per day, days 1-3 \$50 per day, days 4-7 \$0 per day, days 8-90 (unlimited days per admission) Out-of-Network: \$0 per day, days 1-3 \$50 per day, days 4-7 \$0 per day, days 8-90 (unlimited days per admission)	
Inpatient Mental Health	\$120 copay per day, days 1-10 \$0 copay per day, days 11-90 \$0 copay for 40 additional day limit (91-130) \$0 copay for 60-days Lifetime reserve	\$120 copay per day, days 1-10 \$0 copay per day, days 11-90 \$0 copay for 40 additional day limit (91-130) \$0 copay for 60-days Lifetime reserve	
Skilled Nursing (SNF)	\$0 copay	\$0 copay per day, days 1-20 \$50 copay per day, days 21-100 (no prior hospital stay required)	
OUTPATIENT CARE			
Ambulatory Surgical Center	\$0 copay	\$0 copay	
Annual Physical Exam	\$0 copay	\$0 copay	
Emergency	\$50 copay (waived if admitted within 48 hours)	\$65 copay (waived if admitted within 48 hours)	
Ground and Air Ambulance Services	\$50 copay (waived if admitted)	\$75 copay (waived if admitted)	
Home Health	\$0 copay	\$0 copay	
Hospital and Observation Services	\$50 copay Hospital Services \$0 copay Observation Services	\$85 copay Hospital Services \$0 copay Observation Services	
Outpatient Blood Services	\$0 copay (3 pt. deductible waived)	\$0 copay (3 pt. deductible waived)	
Physical and Speech Therapy	\$0 copay	\$0 copay	
Outpatient Substance Abuse (Individual/Group)	\$25 copay	\$50 copay	
Podiatry	\$0 copay Medicare covered Routine visits covered with FLEX Allowance. See FLEX allowance below.	\$0 copay Medicare covered Routine covered with FLEX Allowance. See FLEX Allowance below.	
Urgently Needed Care	\$0 copay	\$0 copay	
Worldwide Emergency/Urgent Coverage	\$20 copay \$100,000 maximum coverage per year	\$50 copay \$100,000 maximum coverage per year	
OUTPATIENT MEDICAL SERVICES & SUPPLIES			
Durable Medical Equipment (DME)	0% coinsurance for items \$350 or less 20% coinsurance for items \$350.01 or more	0% coinsurance for items \$350 or less 20% coinsurance for items \$350.01 or more	
Diabetes Supplies	0% coinsurance for Diabetic supplies 20% coinsurance for Diabetic Therapeutic Shoes or Inserts	0% coinsurance for Diabetic Supplies 20% coinsurance for Diabetic Therapeutic Shoes or Inserts	
Outpatient Diagnostic (Procedures/Tests/Lab Services)	\$0 copay	\$0 copay	
Outpatient Radiology (X-Ray/Diagnostic/Therapeutic)	\$0 copay (X/D) 20% coinsurance (T)	\$0 copay (X/D) 20% coinsurance (T)	
Outpatient Mental Health Specialty	\$0 copay	\$0 copay	
Psychiatric Services (Individual/Group)	\$5 copay	\$20 copay	
Preventive Care (Medicare Covered)	\$0 copay	\$0 copay	
Prosthetic/Medical Supplies	20% coinsurance	20% coinsurance	
VISION, HEARING & DENTAL BENEFITS			
Eye Exams	\$0 copay for Medicare covered eye exams and 1 routine eye exam per year (Additional coverage with FLEX Allowance)	\$0 copay for Medicare covered eye exams and 1 routine eye exam per year (Additional coverage with FLEX Allowance)	
Eyewear	\$300 coverage limit for glasses/contacts per year (Additional coverage with FLEX Allowance)	\$300 coverage limit for glasses/contacts per year (Additional coverage with FLEX Allowance)	
Dental Services (Preventive)	\$0 copay for: 1 Oral Exam every 6 months 1 Cleaning every 6 months 1 X-ray every 3 years 1 Fluoride treatment every 6 months (Additional coverage with FLEX Allowance. See FLEX Allowance below.)	\$0 copay for: 1 Oral Exam every 6 months 1 Cleaning every 6 months 1 X-ray every 3 years 1 Fluoride treatment every 6 months	
Dental Services (Comprehensive)	Restorative Services: \$20-\$350 copay Endodontics: \$15-\$295 copay Periodontics: \$15-\$375 copay Extractions: \$25-\$140 copay Prosthodontics: \$20-\$425 copay (Additional coverage with FLEX Allowance. See FLEX Allowance below.)	Restorative Services: \$0 copay Endodontics: \$0 copay Periodontics: \$0 copay Extractions: \$0 copay Prosthodontics: \$0 copay \$1,500 coverage limit per year. (Preventive and Comprehensive combined.)	
Hearing Aids	\$1000 allowance for both ears combined every 2 years (Additional coverage through FLEX Allowance)	\$1000 limit both ears combined every 2 years (Additional coverage through FLEX Allowance)	
Hearing Exams/Fitting and Evaluation for Hearing Aid	\$0 copay for Medicare covered benefits and 1 exam/fitting/evaluation per year (Additional coverage through FLEX Allowance)	\$0 copay for Medicare covered benefits and 1 exam/fitting/evaluation per year (Additional coverage through FLEX Allowance)	

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ADDITIONAL BENEFITS - MORE THAN ORIGINAL MEDICARE!		
ACCESS On-Demand Black Card Benefits		
24/7 Concierge Service	\$0	\$0
FLEX Allowance	Up to \$1,000 maximum spending per year (\$500 every 6 months) for services related to Vision, Dental, Hearing, Routine Chiropractic, Acupuncture and Podiatry visits.	Up to \$200 maximum spending per year for services related to Vision, Dental, Hearing, Acupuncture, Chiropractic and Routine Podiatry.
Over-the-Counter (OTC)	\$100 spending allowance per quarter (no rollover)	\$100 spending allowance per quarter (no rollover)
Acupuncture	\$0 copay for Medicare covered \$0 for Routine visits covered with FLEX Allowance	\$0 copay for Medicare Covered \$0 for Routine with FLEX Allowance
Chiropractic Services	\$0 copay for Medicare covered \$0 for Routine visits covered with FLEX Allowance	\$10 copay for Medicare Covered \$0 for Routine with FLEX Allowance
Dialysis Services	20% coinsurance	\$30 copay
Fitness	\$0 copay	\$0 copay
Chronic & Re-admission Meals	\$0 copay for 28 days, 56 meals per year (28 meals over 14 days, twice per year)	\$0 copay for 28 days, 56 meals per year (28 meals over 14 days, twice per year)
Personal Emergency Response System (PERS)	\$0 copay	\$0 copay
Personalized Health Risk Screening	\$75 copay for every 2 years	\$75 copay for every 2 years
Healthy Rewards	Rewards Program	Rewards Program
Telehealth	\$0 copay for Primary Care/Mental Health Specialty/Psychiatric Services	\$0 copay for Primary Care/Mental Health Specialty/Psychiatric Services
Transportation	42 one-way trips to approved locations per year (within a 50-mile radius)	24 one-way trips to approved locations per year (within a 25-mile radius)
In-Home Support	\$0 for 12 hours per quarter, 48 hours per year, OR Caregivers Support. (Member must choose in advance)	\$0 for 12 hours per quarter, 48 hours per year, OR Caregivers Support. (Member must choose in advance)
Caregiver Support	Up to \$300 annual reimbursement, OR In-Home Support Services. (Members must choose in advance)	Up to \$300 annual reimbursement, OR In-Home Support Services. (Members must choose in advance)
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.		
Grocery (use your ACCESS On-Demand Black Card to pay for eligible items)	\$100 spending allowance per quarter (no roll over) Available through Instacart	\$100 spending allowance per quarter (no roll over) Available through Instacart
Pet Services	\$0 copay for 7 boarding days or 14 walks per year	\$0 copay for 7 boarding days or 14 walks a year
Pest Control	\$0 copay for 1 service per year	\$0 copay for 1 service yearly
PRESCRIPTION DRUG COVERAGE		
Part D Deductible	\$0	NA
Part D Out of Pocket Threshold	\$8,000	\$8,000
Initial Coverage Limit	\$5,030	\$5,030
Tier 1: Preferred Generic Drugs	Retail Standard \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply Mail Order Standard \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply Out-of-Network \$0 copay 30-day supply Long Term Care \$0 copay 31-day supply	Retail Standard \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply Mail Order Standard \$0 copay 30-day supply / \$0 copay 60-day supply \$0 copay 100-day supply Out-of-Network \$0 copay 30-day supply Long Term Care \$0 copay 31-day supply
Tier 2: Generic Drugs	Retail Standard \$0 copay 30 day supply / \$0 copay 60 day supply \$0 copay 100 day supply Mail Order Standard \$0 copay 30 day supply / \$0 copay 60 day supply \$0 copay 100 day supply Out-of-Network \$0 copay 30 day supply Long Term Care \$0 copay 31 day supply	Retail Standard \$3 copay 30-day supply / \$6 copay 60-day supply \$9 copay 100-day supply Mail Order Standard \$3 copay 30-day supply / \$6 copay 60-day supply \$9 copay 100-day supply Out-of-Network \$3 copay 30-day supply Long Term Care \$3 copay 31-day supply
Tier 3: Preferred Brand Drugs	Retail Standard \$30 copay 30-day supply / \$60 copay 60-day supply \$90 copay 100-day supply Mail Order Standard \$30 copay 30-day supply / \$60 copay 60-day supply \$75 copay 100-day supply Out-of-Network \$30 copay 30-day supply Long Term Care \$30 copay 31-day supply	Retail Standard \$30 copay 30-day supply / \$60 copay 60-day supply \$90 copay 100-day supply Mail Order Standard \$30 copay 30-day supply / \$60 copay 60-day supply \$90 copay 100-day supply Out-of-Network \$30 copay 30-day supply Long Term Care \$30 copay 31-day supply
Tier 4: Non-Preferred Drugs	Retail Standard \$75 copay 30-day supply / \$150 copay 60-day supply \$225 copay 100-day supply Mail Order Standard \$75 copay 30-day supply / \$150 copay 60-day supply \$187.5 copay 100-day supply Out-of-Network \$75 copay 30-day supply Long Term Care \$75 copay 31-day supply	Retail Standard \$75 copay 30-day supply / \$150 copay 60-day supply \$225 copay 100-day supply Mail Order Standard \$75 copay 30-day supply / \$150 copay 60-day supply \$225 copay 100-day supply Out-of-Network \$75 copay 30-day supply Long Term Care \$75 copay 31-day supply
Tier 5: Specialty Tier Drugs	Retail Standard 33% coinsurance 30-day supply Mail Order Standard 33% coinsurance 30-day supply Out-of-Network 33% coinsurance 30-day supply Long Term Care 33% coinsurance 31-day supply	Retail Standard 33% coinsurance 30-day supply Mail Order Standard 33% coinsurance 30-day supply Out-of-Network 33% coinsurance 30-day supply Long Term Care 33% coinsurance 31-day supply
Tier 6: Select Care Drugs	Retail Standard \$5 copay 30-day supply / \$10 copay 60-day supply \$0 copay 100-day supply Mail Order Standard \$5 copay 30-day supply / \$10 copay 60-day supply \$0 copay 100-day supply Out-of-Network \$5 copay 30-day supply Long Term Care \$5 copay 31-day supply	Retail Standard \$5 copay 30-day supply / \$10 copay 60-day supply \$0 copay 100-day supply Mail Order Standard \$5 copay 30-day supply / \$10 copay 60-day supply \$0 copay 100-day supply Out-of-Network \$5 copay 30-day supply Long Term Care \$5 copay 31-day supply
Gap Coverage	Tier 1: All Drugs Tier 2: All Drugs Tier 6: All Drugs	Tier 1: All Drugs Tier 6: All Drugs
Ways To Save on Prescriptions	Pay \$0 for a 100-day supply for Tier 1 and Tier 6 drugs	Pay \$0 for a 100-day supply for Tier 1 and Tier 6 drugs
Bonus Drug Coverage	Some prescription drugs, for cough and cold, hair loss, vitamins, sexual dysfunction, just to name a few. The amount you will pay will be determined by the drug tier. The amount you pay does not count toward your deductible or “total drug costs” that help you qualify for catastrophic coverage). Please refer to the Alignment Drug Formulary for full details.	
Insulin	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.	
Vaccines	Our plan covers most Part D vaccines at no cost to you.	

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, Florida, Nevada and North Carolina 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. This information is not a complete description of benefits. Call 1-888-979-2247 (TTY: 711), 8 a.m. - 8 p.m. Monday through Friday, for more information.