Alignment Health Plan®

2026 SUMMARY OF BENEFITS

Alignment Health Heart & Diabetes Choice (C-SNP HMO)

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

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2026 - December 31, 2026.

www.AlignmentHealthPlan.com

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PREMIUMS AND BENEFITS

	ALIGNMENT HEALTH HEART & DIABETES CHOICE (C-SNP HMO) 051 Alameda, Fresno, Los Angeles, Madera, Marin, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura, and Yolo counties
MONTHLY PLAN PREMIUM	
• Part C & Part D	$0.70
DEDUCTIBLE	$0.00
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)	$9,250.00
INPATIENT HOSPITAL [1, 2]	$225.00 per day, days 1-6 $0.00 per day, days 7-90 (unlimited days per admission)
OUTPATIENT HOSPITAL [1, 2]	
• Hospital Services	$200.00
• Observation Services	$0.00
AMBULATORY SURGICAL CENTER [1, 2]	$100.00
DOCTOR VISITS	
• Primary	$0.00
• Specialists [1, 2]	$0.00
PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings)	$0.00
EMERGENCY CARE	$85.00 (waived if admitted within 48 hours)
URGENTLY NEEDED SERVICES	$0.00
OUTPATIENT DIAGNOSTIC [1, 2]	
• Procedures, tests, lab services	$0.00
• X-Ray	$0.00
• Diagnostic	$0.00
• Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance

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HEARING SERVICES	
• Routine hearing exam	$0.00 Medicare-covered benefits and 1 exam/fitting/ evaluation every year
• Hearing aids	$0.00 copay, 2 hearing aids every year
DENTAL SERVICES	$0 Medicare covered
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
Comprehensive: • Restorative • Endodontics • Periodontics • Removable Prosthodontics • Fixed Prosthodontics • Oral and Maxillofacial Surgery	 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $300.00 coverage limit every three months
VISION SERVICES	
• Routine exam	$0.00 Medicare covered eye exams/1 routine eye exam every year
• Eyewear	$400.00 coverage limit for glasses/contacts every two years
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 (days 91-130) $0.00 copay for 60 “lifetime reserve days”
• Mental health specialty (individual and group)	$0.00
• Psychiatric services (individual and group)	$40.00

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SKILLED NURSING FACILITY [1, 2]	$0.00 per day, days 1-20 $50.00 per day, days 21-100 (no prior hospital stay required)
PHYSICAL AND SPEECH THERAPY [1, 2]	$0.00
GROUND AND AIR AMBULANCE SERVICES [1]	$175.00 (waived if admitted)
TRANSPORTATION [1, 2]	$0.00 50 one-way trips to approved locations every year (within a 20-mile radius)
MEDICARE PART B DRUGS [1]	0% - 20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

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PART D DEDUCTIBLE	$615 Tiers 3 through 5	
PART D OUT OF POCKET THRESHOLD	$2,100.00	
INITIAL COVERAGE	Retail Standard 30-day supply	Mail-order 100-day supply
Tier 1: (Preferred Generic)	$0.00	$0.00
Tier 2: (Generic)	25% coinsurance	25% coinsurance
Tier 3: (Preferred Brand)	25% coinsurance	25% coinsurance
Tier 4: (Non-Preferred Drug)	30% coinsurance	30% coinsurance
Tier 5: (Specialty Tier)	25% coinsurance	Not covered
Tier 6: (Select Care Drugs)	$0.00	$0.00
COST-SHARING	May change depending on the pharmacy you choose and when you enter another of the three phases of the Part D benefit. If you reside in a long-term care facility, you pay the same copayment as at an in-network retail pharmacy for a 31-day supply.	
CATASTROPHIC COVERAGE	After your yearly out-of-pocket drug costs reach $2,100, you pay $0 for plan-covered Part D drugs for the remainder of the year.	
INSULIN	**Important Message About What You Pay for Insulins (Part B and Part D):** 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	**Important Message About What You Pay for Vaccines:** Our plan covers most adult Part D vaccines at no cost to you even if you haven't paid your deductible.	

NOTE: Services notated with a "1" may require prior authorization. Services notated with a "2" may require a referral from your doctor. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. 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 www.alignmenthealthplan.com.

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

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ACCESS ON-DEMAND BLACK CARD Provides access to OTC benefits and Healthy Rewards	Included
FITNESS (membership(s) at participating fitness centers)	$0.00
PERSONAL EMERGENCY RESPONSE SYSTEM [1]	$0.00
CHIROPRACTIC SERVICES [1, 2]	$0.00 12 routine visits every year (combined with Acupuncture)
ACUPUNCTURE	$0.00 12 routine visits every year (combined with Chiropractic)
PODIATRY SERVICES [1, 2]	$0.00 Medicare-covered
OVER-THE-COUNTER (OTC)	$100.00 spending allowance per month (no rollover) Mail order only
TELEHEALTH	$0.00 primary care provider, mental health specialty, and psychiatric services
WORLDWIDE EMERGENCY/ URGENT CARE	$0.00 $12,000.00 coverage limit per year
DURABLE MEDICAL EQUIPMENT (DME) [1]	20% coinsurance 20% coinsurance for Continuous Glucose Monitors (CGM)
IN-HOME SUPPORT SERVICES [1]	$0.00 12 hours every quarter, 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)

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RE-ADMISSION & CHRONIC MEALS:	$0.00 28 meals over 14 days, twice every 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.

ESSENTIALS ALLOWANCE For qualifying members to assist with groceries, utilities, and home safety.	$40 spending 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
PEST CONTROL Annual pest eradication for covered pests to ensure the health, welfare, and safety of members.	$0.00 1 service every year

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.

To join Alignment Health Plan, 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.

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 document is also available in other languages and formats.

ALIGNMENT HEALTH PLAN MEMBERS	1-866-634-2247 (TTY 711)
NON-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	www.alignmenthealthplan.com

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. This information is not a complete description of benefits. Call 1-866-634-2247 (TTY 711), 8 a.m. to 8 p.m. Monday through Friday, for more information.

English: Our Medicare Advantage Organization provides language assistance services and appropriate auxiliary aids and services free of charge. For assistance, please call 1-866-634-2247.
Spanish: Nuestra Organización Medicare Advantage ofrece servicios de asistencia lingüística y ayudas y servicios auxiliares adecuados sin costo alguno. Para obtener ayuda, llame al 1-866-634-2247.

我們的 Medicare Advantage 組織免費提供語言協助服務以及適當的輔助器材與服務。如需協助，請致電 1-866-634-2247，聽語障人士請撥 TTY 711。服務時間為每年 10 月 1 日至 3 月 31 日，每週七天上午 8:00 至晚上 8:00（感恩節及聖誕節除外）；每年 4 月 1 日至 9 月 30 日，服務時間為每週一至週五上午 8:00 至晚上 8:00（國定假日除外）。

UNDERSTANDING THE BENEFITS & RULES

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at:

1-888-979-2247 (TTY 711)

8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

UNDERSTANDING THE BENEFITS

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.alignmenthealthplan.com or call **1-866-634-2247** (**TTY 711**) for a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. Visit www.alignmenthealthplan.com or call **1-866-634-2247** (**TTY 711**) for a list of Alignment Health Plan network providers.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. Visit www.alignmenthealthplan.com or call **1-866-634-2247** (**TTY 711**) for the Alignment Health Plan list of covered medications.

UNDERSTANDING IMPORTANT RULES

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ 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).
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.