2026
Benefit Platter

ALIGNMENT HEALTH BALANCE (HMO C-SNP) 033
Los Angeles, Orange

ALIGNMENT HEALTH HEART & DIABETES CARE (HMO C-SNP) 048
Alameda, Fresno, Madera, Marin, Merced, Placer, Sacramento, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura, Yolo

ALIGNMENT HEALTH HEART & DIABETES CARE (HMO C-SNP) 054
Los Angeles, Orange, Riverside, San Bernardino, San Diego

Alignment Health Plan®

	ALIGNMENT HEALTH BALANCE (HMO C-SNP) 033	ALIGNMENT HEALTH HEART & DIABETES CARE (HMO C-SNP) 048	ALIGNMENT HEALTH HEART & DIABETES CARE (HMO C-SNP) 054
Monthly Premium	$0	$0	$0
Annual Plan Deductible	$0	$0	$0
Maximum Out of Pocket (MOOP)	$1,499	$1,990	$990
PCP	$0 copay	$0 copay	$0 copay
Specialist	$0 copay	$0 copay	$0 copay
INPATIENT CARE			
Inpatient Hospital-Acute	$0 copay (unlimited days per admission)	$100 copay per day, days 1-5 $0 copay per day, days 6-90 (unlimited days per admission)	$0 copay (unlimited days per admission)
Inpatient Hospital Psychiatric	$120 copay per day, days 1-10 $0 copay per day, days 11-90 $0 copay per day, days 91-130 (40 additional day limit) $0 copay 60-days Lifetime Reserve	$250 copay per Medicare covered stay	$100 copay per day, days 1-5 $0 copay per day, days 6-90 $0 copay for 40 additional day limit (91-130) $0 copay 60-days Lifetime Reserve
Skilled Nursing Facility (SNF)	$0 copay per day, days 1-20 $50 copay per day, days 21-100 (no prior hospital stay required)	$20 copay per day, days 1-20 $100 copay per day, days 21-100 (no prior hospital stay required)	$20 copay per day, days 1-20 $100 copay per day, days 21-100 (no prior hospital stay required)
OUTPATIENT CARE			
Ambulatory Surgical Center	$0 copay	$100 copay	$100 copay
Annual Physical Exam and Preventive Care (Medicare Covered)	$0 copay	$0 copay	$0 copay
Emergency Services	$75 copay (not waived if admitted)	$120 copay (waived if admitted within 48 hours)	$120 copay (waived if admitted within 48 hours)
Ground and Air Ambulance Services	$100 copay (waived if admitted)	$100 copay Ground $125 copay Air (waived if admitted)	$100 copay Ground $125 copay Air (waived if admitted)
Outpatient Hospital and Observation Services	$50 copay Hospital Services $0 copay for Observation Services	$200 copay for Hospital Services $0 copay for Observation Services	$200 copay for Hospital Services $0 copay for Observation Services
Physical and Speech Therapy	$0 copay	$0 copay	$0 copay
Podiatry	$5 copay Medicare covered	$0 copay (Medicare covered) $0 copay 12 routine visits per year	$0 copay (Medicare covered) $0 copay 12 routine visits per year
Urgently Needed Services	$0 copay	$0 copay	$0 copay
Worldwide Emergency/ Urgent Coverage	$0 copay $7,500 maximum coverage per year	$0 copay $25,000 maximum coverage per year	$0 copay $25,000 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 20% coinsurance for Continuous Glucose Monitors (CGM)	0% coinsurance for items $500 or less 20% coinsurance for items $500.01 or more	0% coinsurance for items $500 or less 20% coinsurance for items $500.01 or more
Diabetes Supplies	0% coinsurance for Diabetic supplies 20% coinsurance for Diabetic Therapeutic Shoes or Inserts	0% coinsurance for Diabetic supplies 0% coinsurance for Diabetic Therapeutic Shoes or Inserts	0% coinsurance for Diabetic supplies 0% coinsurance for Diabetic Therapeutic Shoes or Inserts
Outpatient Diagnostic (Procedures/Tests/Lab Services)	$0 copay	$0 copay	$0 copay
Outpatient Radiology (X-Ray/Diagnostic/Therapeutic)	$0 copay (X/D) 20% coinsurance (T)	$0 copay (X/D) 20% coinsurance (T)	$0 copay (X/D) 20% coinsurance (T)
Mental Health Specialty Services (Individual/Group)	$0 copay	$0 copay	$0 copay
Psychiatric Services (Individual/Group)	$40 copay	$0 copay	$0 copay
Prosthetic/Medical Supplies	20% coinsurance	$0 copay	$0 copay
VISION, HEARING & DENTAL BENEFITS			
Eye Exams	$0 copay for Medicare covered exams and 1 routine eye exam per year	$0 copay for Medicare covered exams and 1 routine eye exam per year	$0 copay for Medicare covered exams and 1 routine eye exam per year
Eyewear	$200 coverage limit for glasses/contacts per year	$200 coverage limit for glasses/contacts per year	$200 coverage limit for glasses/contacts per year
Diagnostic and Preventive Dental	$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	$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	$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
Comprehensive Dental	Restorative Services: $20-$400 copay Endodontics: $25-$350 copay Periodontics: $15-$550 copay Prosthodontics (removable): $20-$570 copay Prosthodontics (fixed): $40-$400 copay Oral & Maxillofacial Surgery: $25-$250 copay	Restorative Services: $20-$400 copay Endodontics: $25-$350 copay Periodontics: $15-$550 copay Prosthodontics (removable): $20-$570 copay Prosthodontics (fixed): $40-$400 copay Oral & Maxillofacial Surgery: $25-$250 copay	Restorative Services: $20-$400 copay Endodontics: $25-$350 copay Periodontics: $15-$550 copay Prosthodontics (removable): $20-$570 copay Prosthodontics (fixed): $40-$400 copay Oral & Maxillofacial Surgery: $25-$250 copay
Optional Enhanced Dental	Premium: $36 Diagnostic: 0% coinsurance Restorative: 50% coinsurance Endodontics: 50% coinsurance Periodontics: 0-50% coinsurance Prosthodontics: 50% coinsurance Oral & Maxillofacial Surgery: 50% coinsurance $1,500 maximum coverage per year	Premium: $36 Diagnostic: 0% coinsurance Restorative: 50% coinsurance Endodontics: 50% coinsurance Periodontics: 0-50% coinsurance Prosthodontics: 50% coinsurance Oral & Maxillofacial Surgery: 50% coinsurance $1,500 maximum coverage per year	Premium: $36 Diagnostic: 0% coinsurance Restorative: 50% coinsurance Endodontics: 50% coinsurance Periodontics: 0-50% coinsurance Prosthodontics: 50% coinsurance Oral & Maxillofacial Surgery: 50% coinsurance $1,500 maximum coverage per year

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Hearing Exams/Fitting and Evaluation for Hearing Aid	$0 copay for Medicare covered benefits and 1 exam/fitting/ evaluation per year	$0 copay for Medicare covered benefits and 1 exam/fitting/ evaluation per year	$0 copay for Medicare covered benefits and 1 exam/fitting/ evaluation per year
ADDITIONAL BENEFITS - MORE THAN ORIGINAL MEDICARE WITH YOUR ACCESS ON-DEMAND CARD BENEFITS!			
24/7 Concierge Service	$0	$0	$0
Over-the-Counter (OTC)	$100 spending allowance per month (no rollover) combined with Essentials Allowance See Essentials below	$25 spending allowance per month (no rollover)	$25 spending allowance per month (no rollover)
Acupuncture & Chiropractic Services	$0 copay for Medicare covered	$0 copay for Medicare covered	$0 copay for Medicare covered
Dialysis Services	10% coinsurance	20% coinsurance	20% coinsurance
Fitness membership(s) at participating fitness centers	$0 copay	$0 copay	$0 copay
Personal Emergency Response System (PERS)	$0 copay	$0 copay	$0 copay
Telehealth	$0 copay for Primary Care/Mental Health Specialty/Psychiatric Services	$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 plan approved locations per year (within a 50-mile radius)	50 one-way trips to plan approved locations per year (within a 35-mile radius)	50 one-way trips to plan approved locations per year (within a 35-mile radius)
In-Home Support	$0 copay for 12 hours per quarter, 48 hours per year, **OR** Caregivers Support (member must choose in advance)	$0 copay for 12 hours per quarter, 48 hours per year, **OR** Caregivers Support (member must choose in advance)	$0 copay for 12 hours per quarter, 48 hours per year, **OR** Caregivers Support (member must choose in advance)
Caregivers Support for Enrollees	Up to $300 reimbursement per year, **OR** In-Home Support Services (members must choose in advance)	Up to $300 reimbursement per year, **OR** In-Home Support Services (members must choose in advance)	Up to $300 reimbursement per year, **OR** In-Home Support Services (members must choose in advance)
SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI)† Qualifying chronic condition for Alignment Health Balance (HMO C-SNP): Chronic Kidney Disease (CKD). Qualifying chronic conditions for Alignment Health Heart & Diabetes (HMO C-SNP) include Diabetes Mellitus, Chronic Heart Failure and Cardiovascular Disorders.			
Essentials allowance for qualifying members to assist with groceries, general support (excluding tobacco and alcohol) for living, and home safety.	$100 spending allowance per month (no rollover) Combined with OTC. See OTC above.	$25 spending allowance per month (no rollover)	$25 spending allowance per month (no rollover)
Pet Services	$0 copay for 7 boarding days or 14 walks per year	$0 copay for 7 boarding days or 14 walks per year	$0 copay for 7 boarding days or 14 walks per year
Pest Control	$0 copay for 1 service per year	$0 copay for 1 service per year	$0 copay for 1 service per year
Air Purifier/Humidifier	not covered	$0 copay for 1 air purifier or humidifier per year	$0 copay for 1 air purifier or humidifier per year
PRESCRIPTION DRUG COVERAGE			
Part D Deductible	$0	$0	$0
Part D Out of Pocket Threshold	$2,100	$2,100	$2,100
Tier 1: Preferred Generic Drugs	**Retail & Mail Order Standard** $0 copay 30-day supply $0 copay 60-day supply $0 copay 100-day supply	**Retail & Mail Order Standard** $0 copay 30-day supply $0 copay 60-day supply $0 copay 100-day supply	**Retail & Mail Order Standard** $0 copay 30-day supply $0 copay 60-day supply $0 copay 100-day supply
Tier 2: Generic Drugs	**Retail & Mail Order Standard** $0 copay 30-day supply $0 copay 60-day supply $0 copay 100-day supply	**Retail & Mail Order Standard** $5 copay 30-day supply $10 copay 60-day supply $15 copay Retail/$12.50 Mail Order 100-day supply	**Retail & Mail Order Standard** $5 copay 30-day supply $10 copay 60-day supply $15 copay Retail/$12.50 Mail Order 100-day supply
Tier 3: Preferred Brand Drugs	**Retail & Mail Order Standard** $40 copay 30-day supply $80 copay 60-day supply $120 copay 100-day supply	**Retail & Mail Order Standard** $30 copay 30-day supply $60 copay 60-day supply $90 copay Retail/$75 Mail Order 100-day supply	**Retail & Mail Order Standard** $30 copay 30-day supply $60 copay 60-day supply $90 copay Retail/$75 Mail Order 100-day supply
Tier 4: Non-Preferred Drugs	**Retail & Mail Order Standard** $100 copay 30-day supply $200 copay 60-day supply $300 copay 100-day supply	**Retail & Mail Order Standard** 50% coinsurance 30-day/60-day/100-day supply	**Retail & Mail Order Standard** 40% coinsurance 30-day/60-day/100-day supply
Tier 5: Specialty Tier Drugs	**Retail & Mail Order Standard** 33% coinsurance 30-day supply	**Retail & Mail Order Standard** 33% coinsurance 30-day supply	**Retail & Mail Order Standard** 33% coinsurance 30-day supply
Tier 6: Select Care Drugs	**Retail & Mail Order Standard** $5 copay 30-day supply $10 copay 60-day supply $0 copay 100 day supply	**Retail & Mail Order Standard** $5 copay 30-day supply $10 copay 60-day supply $0 copay 100 day supply	**Retail & Mail Order Standard** $5 copay 30-day supply $10 copay 60-day supply $0 copay 100-day supply
Ways To Save on Prescriptions	Pay $0 for a 100-day supply for Tiers 1, 2 & 6 drugs	Pay $0 for a 100-day supply for Tiers 1 & 6 drugs	Pay $0 for a 100-day supply for Tiers 1 & 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). Generic Viagra, cough and cold medications, prescription vitamins, and hair loss drugs. For a complete list and coverage details, refer to the Bonus Drug List. Please refer to the Alignment Drug Formulary for full details. **No Bonus Drug Coverage available Alignment Health CalPlus Duals (HMO D-SNP) 030.**		
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, 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.		

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 1-888-979-2247 (TTY: 711), 8 a.m. - 8 p.m. Monday through Friday, for more information.

†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.

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