2026
Benefit Platter

ALIGNMENT HEALTH FREEDOM (PPO) 003
San Diego, San Joaquin, Stanislaus

Alignment Health Plan®

	ALIGNMENT HEALTH FREEDOM (PPO) 003
Monthly Premium	$12 $0 with “Extra Help”
Maximum Out of Pocket (MOOP)	In-Network: $8,500 Out-of-Network: $11,950 combined
PCP	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals*
Specialist	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
INPATIENT CARE	
Inpatient Hospital-Acute	In-Network: $1,676 deductible for each benefit period $0 copay per day, days 1-60 $419 copay per day, days 61-90 $838 copay per day, in lifetime reserve Beyond lifetime reserve days: All costs These costs are for 2025 and may change for 2026 Out-of-Network: 20% coinsurance $0 copay for Full Duals
Inpatient Hospital Psychiatric	In-Network: $1,676 deductible for each benefit period $0 copay per day, days 1-60 $419 copay per day, days 61-90 $838 copay per day, in lifetime reserve Beyond lifetime reserve days: All costs These costs are for 2025 and may change for 2026 Out-of-Network: 20% coinsurance $0 copay for Full Duals
Skilled Nursing Facility (SNF)	$0 copay days 1-20 $209.50 copay per day, days 21-100 Days 101 and beyond: All costs These costs are for 2025 and may change for 2026 $0 copay for Full Duals
OUTPATIENT CARE	
Ambulatory Surgical Center	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
Annual Physical Exam and Preventive Care (Medicare Covered)	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
Emergency Services	In-Network & Out-of-Network: 20% coinsurance (waived if admitted within 3 days) $0 copay for Full Duals
Ground and Air Ambulance Services	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
Outpatient Hospital and Observation Services	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
Physical and Speech Therapy	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
Podiatry	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
Urgently Needed Services	In-Network & Out-of-Network: $0 copay
Worldwide Emergency/ Urgent Coverage	$0 copay $25,000 maximum coverage per year
OUTPATIENT MEDICAL SERVICES & SUPPLIES	
Durable Medical Equipment (DME)	In-Network: 20% coinsurance 20% coinsurance for Continuous Glucose Monitors (CGM) Out-of-Network: 20% coisnurance $0 copay for Full Duals
Diabetes Supplies	In-Network: 0% coinsurance for Diabetic supplies 20% coinsurance for Diabetic Therapeutic Shoes or Inserts Out-of-Network: 20% coinsurance for Diabetic supplies $0 copay for Full Duals
Outpatient Diagnostic (Procedures/Tests/Lab Services)	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
Outpatient Radiology (X-Ray/Diagnostic/Therapeutic)	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
Mental Health Specialty Services (Individual/Group)	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
Psychiatric Services (Individual/Group)	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
Prosthetic/Medical Supplies	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
VISION, HEARING & DENTAL BENEFITS	
Eye Exams	In-Network: $0 copay for Medicare covered exams and 1 routine eye exam per year Out-of-Network: 20% coinsurance $0 copay for Full Duals
Eyewear	In-Network: $500 coverage limit for glasses/contacts every 2 years Out-of-Network: 20% coinsurance $0 copay for Full Duals

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Diagnostic and Preventive Dental	In-Network: $0 copay for: 1 Oral Exam every 6 months 1 Cleaning every 6 months 1 X-ray per year 1 Fluoride treatment per year Out-of-Network: 20% coinsurance $0 copay for Full Duals
Comprehensive Dental	In-Network: $0 copay for: Restorative Services Endodontics Periodontics Prosthodontics Oral & Maxillofacial Surgery Maximum coverage every 3 months: $300 Out-of-Network: 20% coinsurance Maximum coverage every 3 months: $300 $0 copay for Full Duals
Hearing Exams/Fitting and Evaluation for Hearing Aid	In-Network: $0 copay for Medicare covered benefits and 1 exam/fitting/evaluation per year Out-of-Network: 20% coinsurance $0 copay for Full Duals
Hearing Aids	In-Network: $0 copay per hearing aid, 2 hearing aids per year Out-of-Network: 20% coinsurance $0 copay for Full Duals
ADDITIONAL BENEFITS - MORE THAN ORIGINAL MEDICARE WITH YOUR ACCESS ON-DEMAND CARD BENEFITS!	
24/7 Concierge Service	$0
Acupuncture	In-Network & Out-of-Network: $0 copay for Medicare covered $0 copay for 12 routine visits per year combined with Chiropractice Services
Chiropractic Services	In-Network: 20% coinsurance for Medicare covered $0 copay for 12 routine visits per year combined with Acupuncture Out-of-Network: 20% coinsurance $0 copay for Full Duals
Dialysis Services	In-Network & Out-of-Network: 20% coinsurance $0 copay for Full Duals
Fitness membership(s) at participating fitness centers	$0 copay
Telehealth	In-Network & Out-of-Network: $0 copay for Primary Care/Mental Health Specialty/Psychiatric Services
Transportation	50 One-Way trips to plan approved locations every year (within a 50-mile radius)
SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI)†	
Essentials allowance for qualifying members to assist with groceries, general support (excluding tobacco and alcohol) for living, and home safety.	$200 spending allowance per month (no rollover)
Pet Services	$0 copay for 7 boarding days or 14 walks per year (ESRD condition only)
Pest Control	$0 copay for 1 service per year (ESRD condition only)
PRESCRIPTION DRUG COVERAGE	
Part D Deductible	$615 Tiers 3, 4 & 5
Part D Out of Pocket Threshold	$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 $0 with “Extra Help”
Tier 2: Generic Drugs	**Retail & Mail Order Standard** 25% coinsurance 30-day/60-day/100-day supply $0 with “Extra Help”
Tier 3: Preferred Brand Drugs	**Retail & Mail Order Standard** 25% coinsurance 30-day/60-day/100-day supply $0 with “Extra Help”
Tier 4: Non-Preferred Drugs	**Retail & Mail Order Standard** 30% coinsurance 30-day/60-day/100-day supply $0 with “Extra Help”
Tier 5: Specialty Tier Drugs	**Retail & Mail Order Standard** 25% coinsurance for 30-day supply $0 with “Extra Help”
Tier 6: Select Care Drugs	**Retail & Mail Order Standard** $0 copay 30-day supply $0 copay 60-day supply $0 copay 100-day supply $0 with “Extra Help”
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.

*Partial Duals may have cost-sharing.

†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.