2026
Benefit Platter

ALIGNMENT HEALTH SMARTSAVINGS (HMO) 047
Los Angeles, Orange, Riverside, San Bernardino, San Diego

ALIGNMENT HEALTH L.A. PREMIUM GIVEBACK (HMO) 055
Los Angeles

ALIGNMENT HEALTH S.D. PREMIUM GIVEBACK (HMO) 056
San Diego

Alignment Health Plan®

	ALIGNMENT HEALTH SMARTSAVINGS (HMO) 047	ALIGNMENT HEALTH L.A. PREMIUM GIVEBACK (HMO) 055	ALIGNMENT HEALTH S.D. PREMIUM GIVEBACK (HMO) 056
Monthly Premium	$0	$0	$0
Part B Rebate	$150	$185	$185
Annual Plan Deductible	$0	$0	$0
Maximum Out of Pocket (MOOP)	$2,899	$2,400	$2,400
PCP	$0 copay	$0 copay	$0 copay
Specialist	$5 copay	$5 copay	$5 copay
INPATIENT CARE			
Inpatient Hospital-Acute	$120 copay per day, days 1-5 $0 copay per day, days 6-90 (unlimited days per admission)	$0 copay per day, days 1-5 $200 copay per day, days 6-10 $0 copay per day, days 11-90 (unlimited days per admission)	$0 copay per day, days 1-5 $200 copay per day, days 6-10 $0 copay per day, days 11-90 (unlimited days per admission)
Inpatient Hospital Psychiatric	$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 1-5 $0 copay per day, days 6-90 $0 copay for 40 additional day limit (91-130) $0 copay for 60 days Lifetime Reserve	$120 copay per day, days 1-5 $0 copay per day, days 6-90 $0 copay for 40 additional day limit (91-130) $0 copay for 60 days Lifetime Reserve
Skilled Nursing Facility (SNF)	$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)	$20 copay per day, days 1-20 $100 copay per day, days 21-100 (no prior hospital stay required)
OUTPATIENT CARE			
Ambulatory Surgical Center	$50 copay	$100 copay	$100 copay
Annual Physical Exam and Preventive Care (Medicare Covered)	$0 copay	$0 copay	$0 copay
Emergency Services	$110 copay (waived if admitted within 48 hours)	$150 copay (waived if admitted within 48 hours)	$150 copay (waived if admitted within 48 hours)
Ground and Air Ambulance Services	$100 copay Ground $200 copay Air (waived if admitted)	$155 copay Ground $155 copay Air (not waived if admitted)	$155 copay Ground $155 copay Air (not waived if admitted)
Outpatient Hospital and Observation Services	$200 copay Hospital Services $0 copay Observation Services	$200 copay Hospital Services $0 copay Observation Services	$200 copay Hospital Services $0 copay Observation Services
Physical and Speech Therapy	$0 copay	$5 copay	$5 copay
Podiatry	$5 copay Medicare covered	$5 copay Medicare covered	$5 copay Medicare covered
Urgently Needed Services	$0 copay	$0 copay	$0 copay
Worldwide Emergency/ Urgent Coverage	$0 copay $25,000 maximum coverage per year	$90 copay Emergency $0 copay Urgent $100,000 maximum coverage per year	$90 copay Emergency $0 copay Urgent $100,000 maximum coverage per year
OUTPATIENT MEDICAL SERVICES & SUPPLIES			
Durable Medical Equipment (DME)	20% coinsurance 20% coinsurance for Continuous Glucose Monitors (CGM)	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 $350 or less 20% coinsurance for items $350.01 or more 20% coinsurance for Continuous Glucose Monitors (CGM)
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	0% coinsurance for Diabetic Supplies 20% 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)	$10 copay	$20 copay	$20 copay
Psychiatric Services (Individual/Group)	$20 copay	$20 copay	$20 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 frame & lenses/$100 coverage limit for contacts per year	$150 coverage limit for glasses/contacts every 2 years	$150 coverage limit for glasses/contacts every 2 years
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	not covered	not covered

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Optional Complete Package	Premium: $64.90 Diagnostic: 0% coinsurance Restorative: 50% coinsurance Endodontics: 50% coinsurance Periodontics: 0-50% coinsurance Prosthodontics: 0% coinsurance Oral and Maxillofacial Surgery: 50% coinsurance $1,500 maximum coverage per year Additional $75,000 per year for Worldwide Emergency Coverage Care Anywhere for qualified members 24 One-Way trips (within a 30-mile radius) $195-$1,750 copay per hearing aid, 2 hearing aids per year $0 copay Personal Emergency Response System	Premium: $64.90 Diagnostic: 0% coinsurance Restorative:50% coinsurance Endodontics: 50% coinsurance Periodontics: 0-50% coinsurance Prosthodontics 0% coinsurance Oral and Maxillofacial Surgery: 50% coinsurance $1,500 maximum coverage per year Additional $75,000 per year for Worldwide Emergency Coverage Care Anywhere for qualified members 24 One-Way trips (within a 30-mile radius) $195-$1,750 copay per hearing aid, 2 hearing aids per year $0 copay Personal Emergency Response System	Premium: $64.90 Diagnostic: 0% coinsurance Restorative:50% coinsurance Endodontics: 50% coinsurance Periodontics: 0-50% coinsurance Prosthodontics 0% coinsurance Oral and Maxillofacial Surgery: 50% coinsurance $1,500 maximum coverage per year Additional $75,000 per year for Worldwide Emergency Coverage Care Anywhere for qualified members 24 One-Way trips (within a 30-mile radius) $195-$1,750 copay per hearing aid, 2 hearing aids per year $0 copay Personal Emergency Response System
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
Acupuncture & Chiropractic Services	$0 copay for Medicare covered Acupuncture $10 copay for Medicare covered Chiropractic	$0 copay for Medicare covered $0 copay for 24 routine visits combined	$0 copay for Medicare covered $0 copay for 24 routine visits combined
Dialysis Services	20% coinsurance	20% coinsurance	$30 copay
Fitness membership(s) at participating fitness centers	$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
SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI)†			
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 a year
Pest Control	$0 copay for 1 service per year	$0 copay for 1 service per year	$0 copay for 1 service yearly
PRESCRIPTION DRUG COVERAGE			
Part D Deductible	$0	$0	$615 Tiers 4 & 5
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** $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 3: Preferred Brand Drugs	**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** $42 copay 30-day supply $84 copay 60-day supply $126 copay 100-day supply	**Retail & Mail Order Standard** $47 copay 30-day supply $94 copay 60-day supply $141 copay 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** 45% coinsurance 30-day/60-day/100-day supply	**Retail & Mail Order Standard** 45% 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** 25% 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, 2 & 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.		
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.