

2027

Benefit Platter

ALIGNMENT HEALTH SMART 006 (HMO)
Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes

ALIGNMENT HEALTH PLATINUM 010 (HMO)
Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes



	SMART 006 (HMO)	PLATINUM 010 (HMO)
Monthly Premium	\$0	\$0
Part B Rebate	\$119	—
Plan Deductible	\$0	\$0
Maximum Out of Pocket (MOOP)	\$3,400	\$4,300
CORE MEDICAL AND OUTPATIENT SERVICES		
PCP	\$0 copay	\$0 copay
Specialist	\$30 copay	\$20 copay
Annual Physical Exam (Medicare Covered)	\$0 copay	\$0 copay
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)
Physical and Speech Therapy	\$0 copay	\$10 copay
Ambulatory Surgical Center	\$50 copay	\$100 copay
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance
Continuous Glucose Monitors (CGM)	20% coinsurance	20% coinsurance
Dialysis Services	20% coinsurance	20% coinsurance
Podiatry	\$5 copay for Medicare covered	\$0 copay for Medicare covered \$0 copay for 12 routine visits per year covered through FLEX Allowance See FLEX Allowance below
Mental Health Specialty Services (Individual/Group)	\$20 copay	\$35 copay
URGENT AND EMERGENCY SERVICES		
Urgently Needed Services	\$15 copay (not waived if admitted)	\$0 copay
Ground and Air Ambulance Services	\$200 copay (waived if admitted)	\$200 copay (not waived if admitted)
Emergency Services	\$120 copay (waived if admitted within 48 hours)	\$120 copay (waived if admitted within 24 hours)
Worldwide Emergency/Urgent Coverage	\$0 copay \$25,000 maximum coverage per year	\$0 copay \$25,000 maximum coverage per year
HOSPITAL SERVICES		
Outpatient Hospital and Observation Services	\$200 copay for Hospital Services \$0 copay for Observation Services	\$275 copay for Hospital Services \$0 copay for Observation Services
Inpatient Hospital-Acute	\$275 copay per day, days 1-6 \$0 copay per day, days 7-90 (unlimited days per admission)	\$200 copay per day, days 1-2 \$350 copay per day, days 3-7 \$0 copay per day, days 8-90 (unlimited days per admission)
Skilled Nursing Facility (SNF)	\$20 copay per day, days 1-20 \$100 copay per day, days 21-100 (no prior hospital stay required)	\$10 copay per day, days 1-20 \$178 copay per day, days 21-100
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 Additional coverage available through FLEX Allowance See FLEX Allowance below
Eyewear	\$100 coverage limit for glasses/contacts every 2 years	\$300 coverage limit for glasses/contacts per year Additional coverage available through FLEX Allowance See FLEX Allowance below
Diagnostic and Preventive Dental	\$0 copay Medicare covered Oral Exam: \$10 copay Cleaning: \$20 copay Fluoride treatment: \$10 copay X-ray: \$30 copay	\$0 copay Medicare covered Oral Exam: \$10 copay Cleaning: \$20 copay Fluoride treatment: \$10 copay X-ray: \$30 copay Additional coverage available through FLEX Allowance See FLEX Allowance below
Comprehensive Dental	not covered	\$0 copay for Restorative Services/Endodontics/Periodontics/Prosthodontics/Oral & Maxillofacial Surgery \$2,000 coverage limit per year (Routine Comprehensive only) Additional coverage available through FLEX Allowance See FLEX Allowance below

SMART 006 (HMO)		PLATINUM 010 (HMO)
Optional Supplemental Benefits	Complete Package Premium: \$64.90 Diagnostic: 0% coinsurance Restorative: 50% coinsurance Endodontics: 50% coinsurance Periodontics: 0-50% coinsurance Prosthodontics: 50% 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 eligible members Transporation: 24 one-way trips to plan approved locations (within a 30-mile radius) \$195-\$1,750 copay per hearing aid, 2 hearing aids per year \$0 copay for Personal Emergency Response System	not covered
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 Additional coverage available through FLEX Allowance See FLEX Allowance below
Hearing Aids	not covered	\$195-\$1,750 copay per hearing aid, 2 hearing aids per year Additional coverage available through FLEX Allowance See FLEX Allowance below
ADDITIONAL BENEFITS - MORE THAN ORIGINAL MEDICARE WITH YOUR ACCESS ON-DEMAND CARD BENEFITS!		
24/7 Concierge Service	Included	Included
FLEX Allowance	not covered	\$200 spending allowance per year for Dental, Vision, Hearing Services, Routine Acupuncture, Chiropractic and Podiatry visits
Over-the-Counter (OTC)	not covered	\$40 spending allowance per month (no rollover)
Acupuncture & Chiropractic Services	\$0 copay for Medicare covered	\$0 copay for Medicare covered \$0 copay for 24 routine visits per year combined Additional coverage available through FLEX Allowance See FLEX Allowance above
Fitness membership(s) at participating fitness centers	\$0 copay	\$0 copay
Alignment Virtual Care Center	\$0 copay for Primary Care \$20 copay for Mental Health Specialty \$20 copay for Psychiatric Services	\$0 copay for Primary Care \$20 copay for Mental Health Specialty \$20 copay for Psychiatric Services
Transportation	not covered	\$0 copay for 28 one-way trips per year to plan approved locations (within a 30-mile radius)
Re-admission & Chronic Meals	not covered	\$0 copay for 28 meals over 14 days, twice per year
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
Pest Control	\$0 copay for 1 service per year (\$500 coverage limit per year)	\$0 copay for 1 service per year (\$500 coverage limit per year)
PRESCRIPTION DRUG COVERAGE		
Part D Deductible	\$700 on Tiers 4 & 5	\$225 on Tiers 3, 4 & 5
Part D Out of Pocket Threshold	\$2,400	\$2,400
Tier 1: Preferred Generic Drugs	Retail & Mail Order \$0 copay for 30-day/100-day supply	Retail & Mail Order \$0 copay for 30-day/100-day supply
Tier 2: Generic Drugs	Retail & Mail Order \$3 copay for 30-day supply \$9 copay for 100-day supply	Retail & Mail Order \$0 copay for 30-day/100-day supply
Tier 3: Preferred Brand Drugs	Retail & Mail Order \$45 copay for 30-day supply \$135 copay for 100-day supply	Retail & Mail Order \$45 copay for 30-day supply \$135 copay for 100-day supply
Tier 4: Non-Preferred Drugs	Retail & Mail Order 40% coinsurance for 30-day/100-day supply	Retail & Mail Order 40% coinsurance for 30-day/100-day supply
Tier 5: Specialty Tier Drugs	Retail & Mail Order 25% coinsurance for 30-day supply	Retail & Mail Order 30% coinsurance for 30-day supply
Tier 6: Select Care Drugs	Retail & Mail Order \$5 copay for 30-day supply \$0 copay for 100-day supply	Retail & Mail Order \$5 copay for 30-day supply \$0 copay for 100-day supply
Ways To Save on Prescriptions	Pay \$0 for a 100-day supply for Tiers 1 & 6 drugs	Pay \$0 for a 100-day supply for Tiers 1, 2 & 6 drugs
Bonus Drug Coverage	Additional coverage of certain drugs that are not typically covered under Part D such as generic Viagra, and select drugs within the categories of prescription vitamins, hair loss, and cough and cold products. For a complete list of covered drugs and coverage details, please refer to the Drug List (Formulary).	
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), 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.