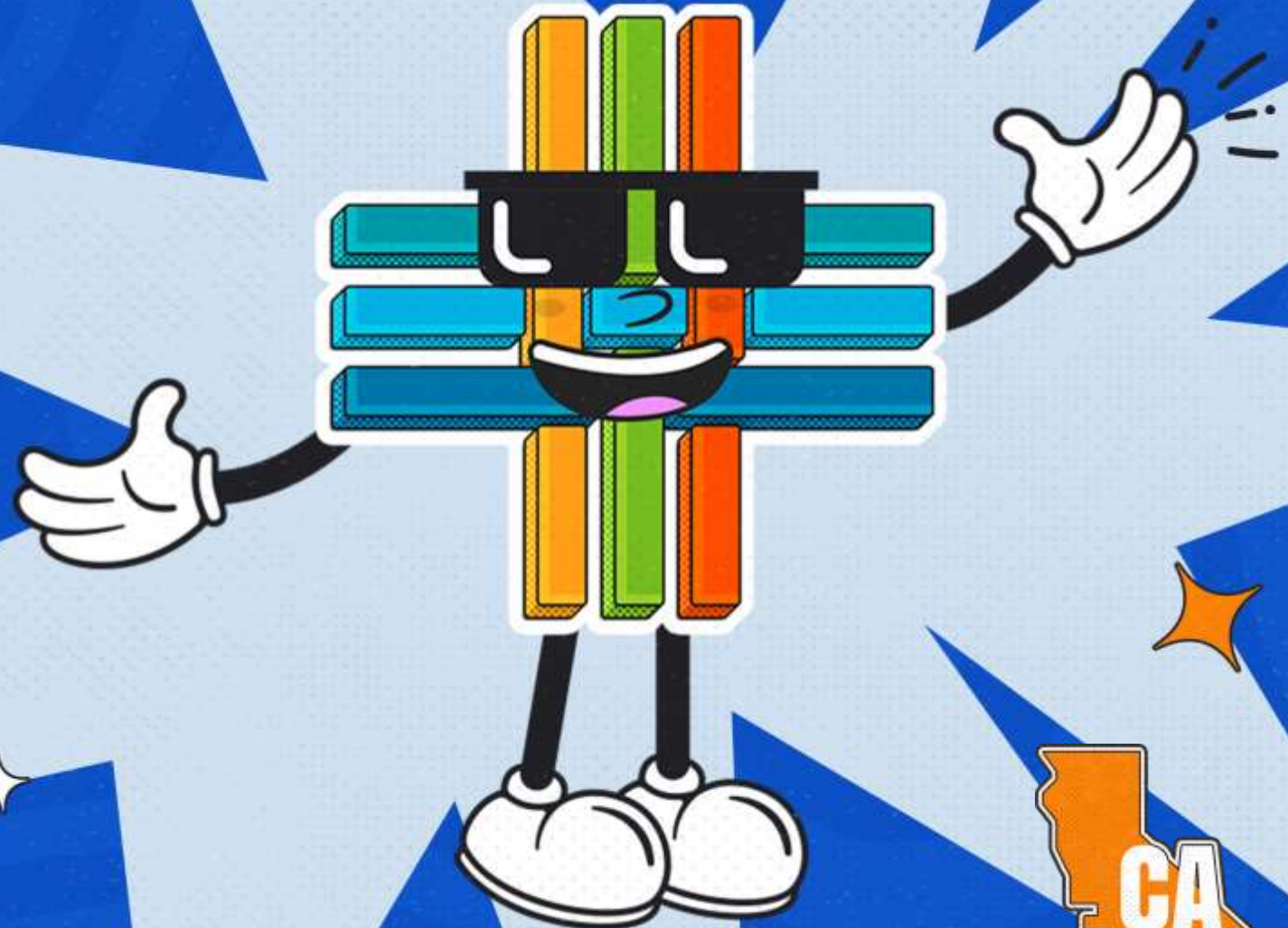


# WELCOME TO A NEW ERA OF AGING



## PRODUCER SELLING GUIDE



### QUESTIONS?

Contact Partner Experience

EMAIL: [partnerexperience@ahcusa.com](mailto:partnerexperience@ahcusa.com)

PHONE: 888.793.5700





Thank you for considering Alignment Health for your clients' healthcare needs. Our HMO, PPO, and Special Needs Plans offer numerous benefits and advantages for seniors.

Our plans provide 24/7 access to doctors, an innovative ACCESS On-Demand Concierge Card, and comprehensive coverage for dental, vision, hearing services, and transportation to medical appointments, ensuring convenience and top-notch care.

In addition to our services, our dedicated concierge team is ready to promptly assist your clients with any questions they may have.

Our goal is to simplify the complex Medicare system, providing peace of mind for your clients and their families.

Let's work together to help your clients live their most vibrant lives with Alignment Health's tailored Medicare Advantage Plans.

Thank you for partnering with us and ensuring your clients receive exceptional care.

**DAWN  
MARONEY**





# ACCESS

## On-Demand Concierge



## AN EXCLUSIVE ALIGNMENT HEALTH PROGRAM

ACCESS On-Demand Concierge Program is available to Alignment Health Medicare Advantage members at no additional cost and provides:

### 24/7 ACCESS

- On-Demand Concierge team, dedicated to helping members navigate the services and benefits available to them with speed, ease, and efficiency.
- Board-certified doctors any time of day or night. Services available include general medicine, dermatology, and behavioral health consultations.
- Allowances loaded to your debit card for medical supplies and services, along with common household expenses.

Wallet	Eligible Items	Funding Cadence	Balance Rollover	2024 Enhancements
<b>Over-the-Counter (OTC)</b>	Over-The-Counter Supplies	Quarterly	No	Over 65,000 retail access points
<b>Essentials Allowance</b>	Groceries, Internet, Utilities, Gas, and Home Safety.	Quarterly	No	Move to quarterly; Expanded wallet that now includes new spend categories
<b>FLEX Allowance</b>	Dental, vision, hearing, chiropractic, acupuncture, and podiatry services.	Semi-Annually or Annually	Yes	Podiatry added as new category; Walmart-owned vision centers now included
<b>Rewards</b>	All the above!	Ongoing	No	Continued access to rewards for wellness activities

View your ACCESS On-Demand Concierge Card wallet balance and purchase history at [mybenefitscenter.com](https://mybenefitscenter.com) or by downloading the upgraded MyBenefits app to your mobile device.



# GET THE POWER OF CHOICE WITH ALIGNMENT HEALTH PPO

Alignment's \$0 PPO plans offers members the flexibility they need at an affordable price. Our PPO plans were designed with seniors in mind. All plans include 24/7 on-demand access via phone, online, or mobile app. Plus:

- **\$0 Premium** – No premium, no deductibles, no copays for labs, and low copays for primary or specialist doctors' visits with almost all plans in specific markets.
- **No referrals needed** – Our PPO Medicare Advantage plan gives you the freedom to see any specialist without a referral
- **Part D Coverage** - We offer over 30,000 prescription drugs with a \$0 copay on over 10,000 drugs, plus a Bonus Drug List not ordinarily covered through Part D
- **See any provider** - With our PPO Plans, you have the flexibility to see any willing Medicare-accepting provider.
- **Gym Membership** - Stay fit with a free gym membership to a fitness club near you.

## PRODUCT AVAILABLE IN:

**California** – Los Angeles, Orange, San Diego, San Joaquin, Stanislaus, Ventura, Fresno, Madera

\*PPO plan with premium in partnership with Sutter Health available in Sonoma, San Mateo, Sacramento, Placer, Yolo, Santa Cruz



## Alignment Health AVA® (PPO)

Los Angeles, Orange, San Diego, Ventura

- Scripps Health
- PIH Health
- MemorialCare
- Cedars-Sinai
- UCI Health

## Alignment Health PPO powered by Hoag

Orange

- Hoag Health

## Alignment Health Balance (PPO)

Stanislaus, San Joaquin, Santa Clara

- Lodi Memorial Hospital
- Doctors Medical Center
- Good Samaritan
- Regional Medical Center
- O'Connor Hospital
- St. Joseph's Medical Center
- El Camino
- Dameron Hospital

# FOCUS ON DUALS

At Alignment, we are uniquely experienced in identifying and serving members based on low-income and chronic conditions. We're commitment to meeting the needs of the dual-eligible population and promoting health equity. In fact, Alignment Exceeds National Average in Key Quality Metrics for Low Income and Dual Eligible Medicare Beneficiaries. We are excited to offer different plan options for Dual Eligible Medicare Beneficiaries in 2024.

## OUR 2024 DUALS FOCUSED PLANS INCLUDE:

### HMO D-SNP

- Coordinated \$0 HMO D-SNP plans that have coordinated state filings
- Essentials Allowance on select plans

### Heart & Diabetes Plus

- C-SNP plan ideal for Full Duals with qualifying chronic conditions
- Essentials Allowance

### LIS/Duals Benefit Enhancement for Supplementals

- Members with LIS level 1, 2, 3, & 4 will have benefit enhancements with additional supplemental benefits

## CALIFORNIA

### Alignment Health CalPlusDuals (HMO D-SNP) 030

San Joaquin, Stanislaus, Marin, San Francisco, Ventura, San Luis Obispo  
**(Preferred Duals Plan for New Enrollment)**

### Alignment Health My Choice CalPlus (HMO) 007

*incl. LIS/Duals Benefit Enhancement*

Alameda, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Yolo

### Alignment Health CalPlus + Veterans (HMO) 036

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

### Alignment Health Heart & Diabetes CalPlus (HMO C-SNP) 039

**Los Angeles, Orange, San Diego, San Bernardino, Alameda, Fresno, Madera, Riverside, Santa Clara, Sacramento, Placer, Yolo, Merced, San Francisco, Marin, San Luis Obispo, Ventura, Stanislaus, San Joaquin**  
**(Preferred Duals Plan for New Enrollment for Bold Counties)**



# LIS/DUALS BENEFIT ENHANCEMENT

Alignment participates in a special Centers for Medicare & Medicaid Services (CMS) program that provides special services for members who qualify for a low-income subsidy (LIS). There is **no extra cost** for the benefit enhancement, which is designed to better support a member's overall health.

If a member is on Medicaid or Low-Income Subsidy (LIS), they will **automatically qualify** for these benefits.

Benefit enhancements examples include (but not limited to):

- **LIS/Duals Enhancement for Part D: \$0 copays on all formulary medications**

Full Benefit Enhancement detail can be found in the plan benefit package

## PARTICIPATING PLANS

State	Contract	Plan Name	Benefits
CA	H3815-007	Alignment Health My Choice CalPlus (HMO)	\$0 copay for Part D
	H3815-030	Alignment Health CalPlusDuals (HMO D-SNP)	
	H3815-039	Alignment Health Heart & Diabetes CalPlus (HMO C-SNP)	



# HELPING SENIORS LIVE LIFE TO THE FULLEST



## VIRTUAL CARE CENTER

### THE VIRTUAL CARE CENTER CAN PROVIDE

- Medication refills and prescriptions
- Discharge planning and transition of care activities
- Assessment and treatment of acute symptoms
- Psychosocial support and assessments

If your clients need care when they're away from home or in the middle of the night, they can use Alignment's Virtual Care Center—24 hours a day, 7 days a week by phone or video. Alignment's Virtual Care Center has a clinical team standing by with access to members' current health information and can help with urgent medical needs, care coordination, medication assistance and health education needs.

Members can call 1-833-402-5803 (TTY: 711) 24/7 to connect with the Virtual Care Center team.

## CARE ANYWHERE

At Alignment Health, we want to make it easy for our members to get the help they need when and where they need it. With our Care Anywhere program, they have access to a team of professionals that includes specially trained physicians, advanced practice nurses, social workers, and more—24/7.

### CARE ANYWHERE OFFERS MEMBERS:

- In-home, virtual, and phone visits
- Comprehensive in-home assessment
- Ongoing home-based care
- Symptom management
- Help navigating benefits
- A personalized care plan
- Social services and emotional support
- Answers to medical questions or concerns after hours or on weekends

Members must be eligible to qualify. If you have clients that may qualify, you may refer members by calling 1-833-902-1665 M-F 8-5PM PST



# FIRST MEDICARE ADVANTAGE PARTNERSHIP WITH INSTACART



Members will get \$50-\$100 quarterly grocery allowance to use exclusively on Instacart and a complimentary membership to Instacart+, which includes free shipping for orders over \$35 and more!

Plan	Service Areas	Plan Name
H3815-008	Los Angeles, Orange	Alignment Health + Instacart Platinum (HMO)
H3815-016	San Diego, Marin, San Francisco	Alignment Health + Instacart Platinum (HMO-POS)
H3815-026	Santa Clara, Stanislaus, San Diego, Los Angeles, Orange	Alignment Health + Instacart AVA (HMO-POS)

## INTRODUCING A CO-BRAND PRODUCT WITH WALGREENS

Members of this plan in select markets in 2024 will be able to access OTC funds to be used exclusively at Walgreens or online through a mail order provider.

Plan	Service Areas	Plan Name
H3815-035	Fresno, Madera, Merced	Alignment Health the ONE + Walgreens (HMO) / Alignment Health el ÚNICO + Walgreens (HMO)



# INTRODUCING NEW PART B REBATE PRODUCTS AND THE NEW “COMPLETE” PACKAGE

In 2024, Alignment will be introducing a new full or \$100+ Part B Rebate in counties in CA.

- In 2022, food prices skyrocketed by 9.9%, with food-at-home costs surging 11.4%. Food prices are projected increase by 7% in 2023!
- Have clients who are worried about their savings and want more money back on their social security check? Alignment is introducing smartHMO across many service areas for your client who wants a no-frills product with decent coverage, and money back in their pocket.
- Clients will have flexibility to customize their smartHMO plan but selecting the “Complete” Package to buy-up for great supplemental benefit coverage.

## PART B REBATE PRODUCTS FOR 2024

	Counties	Part B	Copay	OSB – Complete Package
CA	Los Angeles, Orange, San Diego, Riverside, San Bernardino	\$164.90	Coverage through the GAP: T1 & T6 All Drugs  Part D Copays (T1-T6): T1 - \$0      T4 - \$100 T2 - \$0      T5 - 33% T3 - \$30     T6 - \$5	<p>A new Optional Supplemental Benefit that is exclusively on our smartHMO rebate plans:</p> <ul style="list-style-type: none"> <li>• <b>Premium: \$64.90</b></li> <li>• IP Copay reimbursement (\$5,000 max)</li> <li>• WWC Additional \$75,000 every year</li> <li>• Care Anywhere for qualified members</li> <li>• 24 one-way trips (30-mi radius)</li> <li>• \$2,000 Hearing Aid Allowance every 2 years</li> <li>• \$0 copay PERS</li> <li>• Concierge for Physician Appointments</li> </ul> <ul style="list-style-type: none"> <li>• <b>Dental</b> Diagnostic: 0% coinsurance Restorative: 50% coinsurance Endodontics: 50% coinsurance Periodontics: 0-50% coinsurance Extractions: 50% coinsurance Prosthodontics: 50% coinsurance Annual Max Coverage: \$1,500</li> </ul>
	Sacramento, Placer, Yolo	\$150	Part D: <b>\$545 deductible</b> tiers 4 & 5	
	Ventura, Stanislaus, Santa Clara, Merced	\$125	Coverage through the GAP: T1 & T6 All Drugs  Part D Copays (T1-T6): T1 - \$0 T2 - \$0 T3 - \$45 T4 - \$100 T5 - 25% T6 - \$5 (30-day)/ \$0 (100-day)	



# LET'S TALK DENTAL



## New for 2024:

- \$0 copay up to the calendar year maximum for preventive & comprehensive dental services.
- Select plans include FLEX Allowance dollars that may be used to further reduce the member's cost share or applied to non-covered dental services at any dentist.

PLAN	BASIC SUPPLEMENTAL	OPTIONAL SUPPLEMENTAL
AVA (PPO) 007	\$0 copay Preventive   Basic   Major Calendar Year Max: \$1,000	<b>OPTIONS+</b> Monthly Premium: \$48.00 Additional \$1,000 up to Calendar Year Max: \$2,000
PPO powered by Hoag (PPO) 008		

The following plans include only basic supplemental:

PLAN	FLEX ALLOWANCE	BASIC SUPPLEMENTAL
MyChoice (HMO) 001	\$200 annually	\$0 copay Preventive   Basic   Major Calendar Year Max: \$1,500
Platinum + Instacart (HMO-POS) 016		
CalPlus Duals (HMO D-SNP) 030	---	\$300 Quarterly Allowance
Heart & Diabetes CalPlus (HMO C-SNP) 039		\$500 Quarterly Allowance

Following plans do not include Basic Supplemental. Dental coverage is included as an Optional Supplemental:

PLAN	OPTIONAL SUPPLEMENTAL
the ONE + Rite Aid / el ÚNICO + Rite Aid (HMO) 034	<b>Optional Supplemental</b> Monthly Premium: \$27.00 Calendar Year Max: \$1,500
My Choice (PPO) 001	
My Choice (PPO) 003	
Balance (PPO) 006	

PLAN	FLEX ALLOWANCE	BASIC SUPPLEMENTAL	OPTIONAL SUPPLEMENTAL
CalPlus + Veterans (HMO) 036 <i>Diagnostic &amp; Preventive Only</i>	\$600 annually		<b>Diagnostic &amp; Preventive</b> (Cleanings   Exams   X-Rays)
My Choice CalPlus (HMO) 007 <i>- LIS / Duals Enhancement includes \$300 quarterly allowance</i>	---	\$0 copay	 \$0 copay
Platinum + Instacart (HMO) 008	\$500 every 6 months, up to \$1,000 annually		<b>Restorative</b> (Fillings   Crowns)
Heart & Diabetes (HMO C-SNP) 010	---	\$20-350 copay	 50% coinsurance
AllCare Preferred (HMO) 011	\$500 annually		<b>Endodontics</b> (Root Canal Therapy)
Sutter Advantage (HMO) 019	---		 50% coinsurance
Sutter Advantage (HMO) 020	---	\$15-\$295 copay	 50% coinsurance
Sutter Advantage (HMO) 021	---		<b>Periodontics</b> (Deep Cleanings   Gum Care)
Sutter Advantage (HMO) 023	---		 0-50% coinsurance
AVA + Instacart (HMO-POS) 026	---		<b>Extractions</b>
My Choice (HMO) 028	---		 50% coinsurance
Harmony (HMO) 031	\$500 annually	\$25-\$140 copay	 50% coinsurance
ESRD Balance (HMO C-SNP) 033	---		<b>Prosthodontics</b>
the ONE + Walgreens / el ÚNICO + Walgreens (HMO) 035	\$500 annually	(Dentures) \$20-\$425 copay	 (Dentures   Implants) 50% co-insurance
Select (HMO) 037	---		Provider Networks: LIBERTY Dental Plan Dental Guard Preferred Select >10,000 access points
smarHMO (HMO) 013*	---		Provider Network: LIBERTY Dental Plan >3,000 access points
smarHMO (HMO) 038*	---		Calendar Year Max: \$1,500 Monthly Premium: \$27.00 *Complete Package Premium: \$64.90
smarHMO (HMO) 040*	---		

Figures reflect member cost sharing portion are determined based upon the receipt of plan covered service at an in-network dental provider and up to the calendar year maximum.



# SUPPLEMENTAL BENEFITS

## VISION COVERAGE\* | 1-800-877-7195



Alignment Health Plan members enjoy vision benefits such as eye exams, glasses, and contact lenses. Coverage varies by plan and is offered through VSP Advantage and/or through the FLEX Allowance. To find a network eye doctor, go to [providersearch.alignmenthealthplan.com](http://providersearch.alignmenthealthplan.com).

## HEARING COVERAGE\* | 1-844-667-3713



Alignment Health Plan members are eligible for hearing exams and hearing aid fittings through NationsHearing. Some plans even cover hearing aids. To find a network provider, go to [providersearch.alignmenthealthplan.com](http://providersearch.alignmenthealthplan.com)

## ACUPUNCTURE & CHIROPRACTIC SERVICES\*



Some plans cover acupuncture and chiropractic routine visits through the FLEX Allowance. You can use chiropractic and acupuncture offices of your choice that accept VISA. There is no network restriction or impact on your standalone benefits.

Routine visits are offered through American Specialty Health. To find a participating provider, go to [www.ashlink.com/ash/AHC](http://www.ashlink.com/ash/AHC).

## GYM MEMBERSHIPS\* | 1-844-499-5632



Alignment Health Plan members receive no-cost memberships at participating fitness centers. They can also participate in FitOn Health's at-home workouts. For more information, go to [peerfitmove.com](http://peerfitmove.com)

## TRANSPORTATION\* | 1-866-327-2247



To make it easier to see a doctor, Alignment Health Plan offers free transportation to and from medical appointments. Rides are available through SafeRide. Call at least 2 business days before an appointment to schedule a ride.

## PERSONAL EMERGENCY RESPONSE SYSTEM\* | 1-833-242-2223



With the personal emergency response system, members receive a device that allows them to call for help in the event of falls, medical emergencies, or clinical interventions. To request the benefit, contact your ACCESS On-Demand Concierge.

## IN-HOME SUPPORT SERVICES\* | 1-833-242-2223

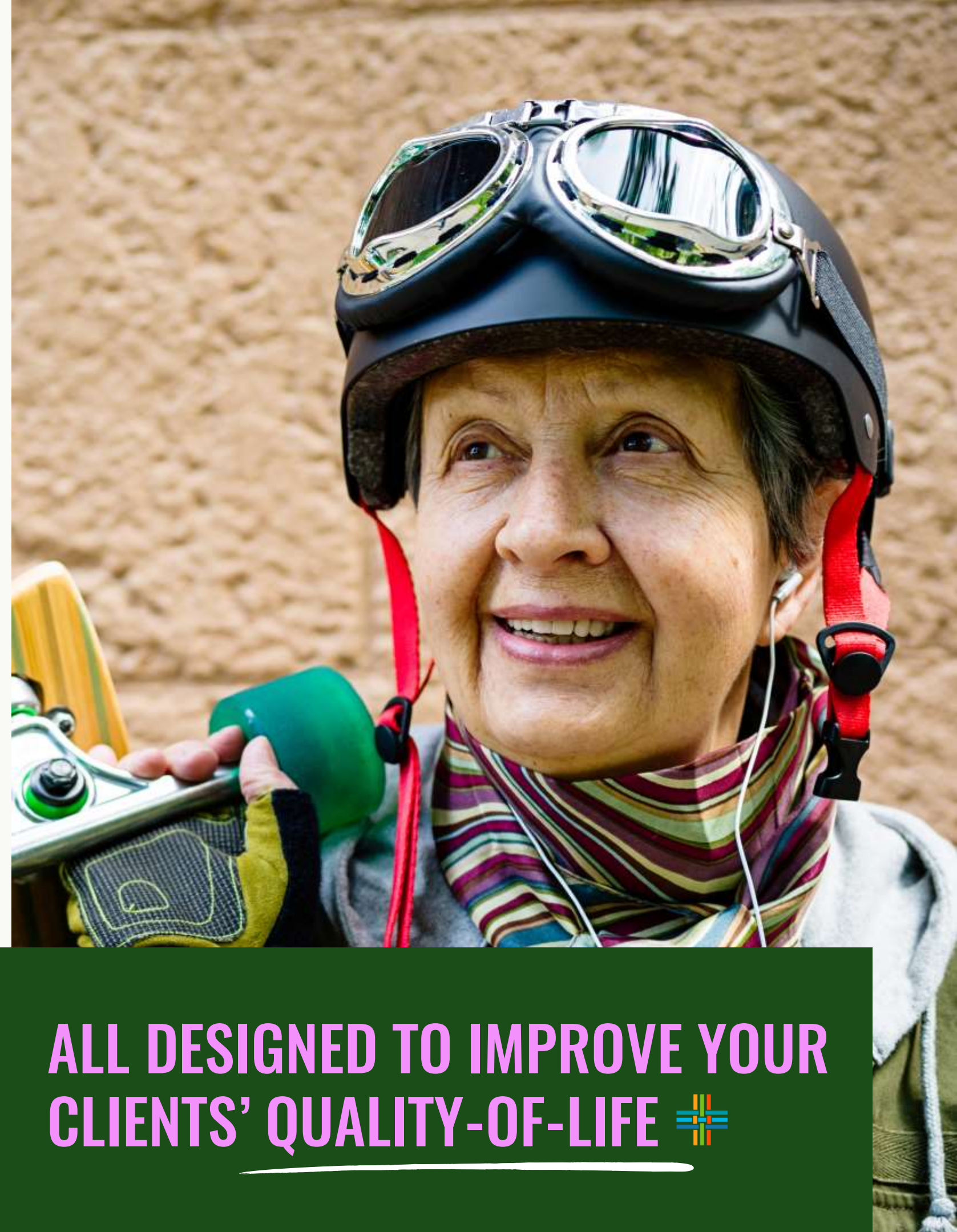


Qualifying members in eligible plans can receive assistance with light house chores, and technology lessons. Support visits can last up to 2 hours. **Member must choose in advance between In-Home Support Services and Caregiver Reimbursement.**

## CAREGIVER REIMBURSEMENT\* | 1-833-242-2223



Eligible members can receive an annual reimbursement for caregivers who provide support for Activities of Daily Living (ADLs), including, but not limited to, bathing assistance, light housework, light meal prep, transportation and/or accompaniment to medical appointments. **Member must choose in advance between In-Home Support Services and Caregiver Reimbursement.**



ALL DESIGNED TO IMPROVE YOUR CLIENTS' QUALITY-OF-LIFE 



# SPECIAL SUPPLEMENTAL BENEFITS

## BENEFITS FOR THE CHRONICALLY ILL

### SSBCI

In addition to our standard benefits, Alignment Health Plan also offers Special Supplemental Benefits for the Chronically Ill (SSBCI) that provide more extensive coverage than Original Medicare. SSBCI are available for members who have a qualifying condition such as congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), dementia, diabetes, or stroke. Other qualifying conditions or criteria may apply.

#### ALIGNMENT HEALTH PLAN MAKES IT EASY TO FIND OUT IF MEMBERS ARE ELIGIBLE FOR SSBCI AND TO REQUEST SSBCI SERVICES:

1. Call the ACCESS On-Demand Concierge team at 1-833-242-2223 (TTY 711) to determine eligibility. Team members are available 24/7.
2. Provide verbal attestation to meeting the requirement for the benefit requested. Additional information may be required for certain benefits.
3. Enjoy the extra care the benefit provides! If any issues arise, Concierge team members are always available to help.

#### ESSENTIALS ALLOWANCE

Select plans provide a new purse on the ACCESS On-Demand Concierge Black Card which allows members the flexibility to use their allowance towards Groceries at participating retailers, Gasoline, Utilities, and Home Safety Modification items. The Essentials Allowance will automatically load onto the ACCESS On-Demand card each quarter and any unused funds will not rollover for the following quarter. To check card balances and find out which items are eligible, members can go to [members.alignmenthealthplan.com](https://members.alignmenthealthplan.com)

#### PEST CONTROL SERVICES

Pest control services are **available on ALL plans** for qualifying members. Qualified members receive an annual treatment for covered pests including roaches, rodents, and bed bugs.

#### PET CARE SERVICES

Qualifying members can have someone help take care of their pets. Members receive an annual allotment of days that can be used for dog walking or pet sitting. **Available on ALL plans.** To get started, go to [wagwalking.com/p/alignment](https://wagwalking.com/p/alignment).

#### FREE AIR PURIFIER/HUMIDIFIER

Members who qualify can receive one air purifier humidifier per year at no cost. This benefit is available to members who have qualifying conditions, live in an area impacted by fire or smoke, or have issues with their breathing.





# BONUS DRUGS



## SEXUAL DYSFUNCTION

sildenafil citrate tab 25 mg (generic Viagra)	Tier 3 (6 tablets/30 days)
sildenafil citrate tab 50 mg (generic Viagra)	Tier 3 (6 tablets/30 days)
sildenafil citrate tab 100 mg (generic Viagra)	Tier 3 (6 tablets/30 days)

## COUGH AND COLD

benzonatate cap 100 mg	Tier 4
benzonatate cap 150 mg	Tier 4
benzonatate cap 200 mg	Tier 4
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 4
promethazine-dm syrup 6.25-15 mg/5ml	Tier 4
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Tier 4

## PRESCRIPTION VITAMINS

cyanocobalamin inj 1000 mcg/ml	Tier 4
ergocalciferol cap 1.25 mg (50,000 unit)	Tier 3
folic acid tab 1 mg	Tier 3

## WEIGHT LOSS

phentermine hcl cap 15 mg	Tier 4
phentermine hcl cap 30 mg	Tier 4
phentermine hcl cap 37.5 mg	Tier 4
phentermine hcl tab 37.5 mg	Tier 4

## HAIR LOSS

finasteride tab 1 mg	Tier 4
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For **2024**, Alignment Health will continue to offer additional coverage of certain prescription drugs that are not normally covered in a Medicare Prescription Drug Plan.

This supplemental drug list, also known as a “**Bonus Drug List**,” will be included in the member’s drug formulary at the cost-sharing tier indicated.

## IMPORTANT INFORMATION ABOUT BONUS DRUGS:

- Extra Help or Low-Income Subsidies (LIS) **CANNOT** be used to pay for these bonus drugs
- Amounts the member and plan pay for these bonus drugs will **NOT** count towards year-to-date “total drug costs” to qualify for catastrophic coverage
- Tier exceptions do **NOT** apply
- Members pay the Alignment tier cost or contracted pharmacy rate, whichever is **LOWER**
- Drugs that do not require a prescription and are available over-the-counter are **NOT** covered
- Rules are subject to change at any time



# AGENT RESOURCES

(888) 793-5700 | PartnerExperience@ahcusa.com

## NEED TO FAX/MAIL YOUR APPLICATIONS?

**Fax:** (562) 207-4623

**Mail:** Alignment Health  
Attn: Membership Department  
1100 W Town and Country Rd, Ste. 1600  
Orange, CA 92868

## ACCESSING YOUR AGENT PORTAL?

**Register:** Look for email instructions sent to you after certification

**Weblink:** 1. agents.alignmenthealthcare.com  
2. Enter Email & Password

## DOES YOUR CLIENT NEED AN ID CARD/ADDRESS CHANGE?

**Send ENCRYPTED Email To:**  
PartnerExperience@ahcusa.com

## DO YOU NEED SUPPLIES / PROMOTIONAL ITEMS?

**Affiliated with an Agency:**  
Contact your agency for supplies / promo items

**Direct/Independent Agent:**  
**Email:** PartnerExperience@ahcusa.com

## DOES YOUR CLIENT NEED THEIR MEMBER ID NUMBER?

**Call Member Services:**  
(866) 646-2247

**Send ENCRYPTED Email To:**  
PartnerExperience@ahcusa.com

**Access your BOB online:**  
agents.alignmenthealthcare.com

## NEED TO LOOK UP A DOCTOR OR A MEDICATION?

**Provider Search:**  
www.AlignmentHealthPlan.com  
Click on "PROVIDER SEARCH"

**Medication Search:**  
www.AlignmentHealthPlan.com  
Click on "FIND A DRUG"

**Pharmacy Search:**  
www.AlignmentHealthPlan.com  
Click on "FIND A PHARMACY"

## HAVE COMMISSION QUESTIONS?

**Email:** Commissions@ahcusa.com



**YOU'VE GOT QUESTIONS?  
WE'VE GOT ANSWERS!**





# PLAN 2024 BENEFITS OVERVIEW





# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health My Choice (HMO) 001	Alignment Health Platinum + Instacart (HMO) 008
Counties	Los Angeles, Orange, San Bernardino, Riverside	Los Angeles & Orange
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$498	\$198
Inpatient Hospital - Acute	\$0	\$0
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$30 copay per day for Days 21-100	\$0
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered (C/A) Routine cvg. w/ FLEX Allowance	(C/A) \$0 Medicare covered (C/A) Routine cvg. w/ FLEX Allowance
Ambulance	\$75 (waived if admitted)	\$50 (waived if admitted)
Emergency Room	\$70 (waived if admitted w/in 48 hrs)	\$50 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$25,000/year	\$20 \$100,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$0	\$50 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	0% - \$350 or less 20% - \$350.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	\$30	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See Pages 17-18	See Pages 17-18
Vision Benefits	\$0 Exam / \$200 Eyewear/yr.	\$0 Exam / \$300 Eyewear/yr.
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs.	\$0 Exam / \$1,000 Hearing Aids/2 yrs.
Fitness Membership	Included	Included
Transportation (Trips/Radius)	22 one-way trips / 50-mile radius	42 one-way trips / 50-mile radius

Plan Benefits	Alignment Health My Choice (HMO) 001	Alignment Health Platinum + Instacart (HMO) 008
Over-the-Counter Items (no rollover)	\$60 every quarter	\$100 every quarter
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	\$200 every year	\$500 every 6 months
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 Days/56 Meals	\$0 for 28 Days/56 Meals
Caregiver Support or IHSS	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.
Groceries (no rollover)	N/A	\$100 every quarter through Instacart
Pet Services	\$0 for 7 Days or 14 Walks/yr.	\$0 for 7 Days or 14 Walks/yr.
Personal Emergency Response (PERS)	\$0	\$0
Pest Control	\$0 for one service/yr.	\$0 for one service/yr.
Air Purifier / Humidifier	\$0 for one item /yr.	N/A

Part B Drugs	0% - 20%	0% - 20%
Initial Coverage	\$5,030	\$5,030
Part D OOP Threshold (Catastrophic)	\$8,000	\$8,000
Gap Coverage	T1, T6	T1, T2, T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$12.50	\$0	\$0
Tier 3: Preferred Brand	\$30	\$75	\$30	\$75
Tier 4: Non-Preferred Drug	\$100	\$300	\$75	\$187.50
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$3	\$0	\$5	\$0
Bonus Drugs	Included		Included	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health smartHMO (HMO) 013	Alignment Health Platinum + Instacart (HMO-POS) 016
Counties	Los Angeles, Orange, San Bernardino, Riverside, San Diego	San Diego, Marin, San Francisco
Premium (Part C Part D)	\$0 + (\$64.90 <b>COMPLETE</b> buy-up p. 15-16)	\$0
Part B Rebate	\$164.90	\$0
Maximum Out of Pocket (MOOP)	\$2,499	\$998
Inpatient Hospital - Acute	\$0 (unlimited days)	<b>INN &amp; OON:</b> \$0 copay per day for Days 1-3 \$50 copay per day for Days 4-7 \$0 copay per day for Days 8-90
Skilled Nursing Facility	\$20 copay per day for Days 1-20 \$100 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$5	\$0
Chiropractic (C) / Acupuncture (A) Svcs.	(C) \$10 Medicare covered (A) \$0 Medicare covered	(C/A) \$0 Medicare covered (C/A) Routine cvg. w/ FLEX Allowance
Ambulance	\$100 Ground/ \$200 Air (waived if admitted)	\$75 (waived if admitted)
Emergency Room	\$70 (waived if admitted w/in 48 hours)	\$65 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$25,000/year	\$50 \$100,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$100 (H) / \$0 (O)	\$85 (H) / \$0 (O)
Ambulatory Surgical Center	\$50	\$0
Durable Medical Equipment	20%	0% - \$350 or less 20% - \$350.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	\$30
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See Pages 17-18	See Pages 17-18
Vision Benefits	\$0 Exam / \$200 frame & lenses and \$100 contacts/yr	\$0 Exam / \$300 Eyewear/yr.
Hearing Benefits	\$0 Exam	\$0 Exam / \$1,000 Hearing Aids/2 yrs.
Fitness Membership	Included	Included
Transportation (Trips/Radius)	N/A	24 one-way trips / 25-mile radius

Plan Benefits	Alignment Health smartHMO (HMO) 013	Alignment Health Platinum + Instacart (HMO-POS) 016
Over-the-Counter Items (no rollover)	\$15 every quarter	\$100 every quarter
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A	\$200 every year
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	N/A	\$0 for 28 Days/56 Meals
Caregiver Support or IHSS	N/A	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.
Groceries (no rollover)	N/A	\$100 every quarter
Pet Services	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr.
Personal Emergency Response (PERS)	N/A	\$0
Pest Control	\$0 for one service/yr.	\$0 for one service/yr.

Part B Drugs	0% - 20%	0% - 20%
Initial Coverage	\$5,030	\$5,030
Part D OOP Threshold (Catastrophic)	\$8,000	\$8,000
Gap Coverage	T1, T6	T1, T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$3	\$9
Tier 3: Preferred Brand	\$30	\$75	\$30	\$90
Tier 4: Non-Preferred Drug	\$100	\$300	\$75	\$225
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health Heart & Diabetes (C-SNP) 010
Counties	Alameda, Fresno, Los Angeles, Madera, Marin, Orange, Riverside, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura, Sacramento, Placer, Yolo, Merced
Premium (Part C Part D)	\$0
Part B Rebate	\$0
Maximum Out of Pocket (MOOP)	\$790
Inpatient Hospital - Acute	\$0
Skilled Nursing Facility	\$0 copay per day for Days 1-31 \$50 copay per day for Days 32-100
PCP Office Visits	\$0
Specialist Office Visits	\$0
Chiropractic (C) / Acupuncture (A) Svcs.	(C) \$0 Medicare covered (A) \$0 Medicare covered
Ambulance	\$100 (waived if admitted)
Emergency Room	\$70 (waived if admitted w/in 48 hrs)
Urgent Care	\$0
Worldwide Emergency	\$25,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$0
Ambulatory Surgical Center	\$0
Durable Medical Equipment	0% - \$500 or less 20% - \$500.01 or more
Diabetic Supplies	0% - Supplies 0% - Shoes or Inserts
Dialysis Services	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)
Lab Services	\$0
Dental Benefits	See Pages 17-18
Vision Benefits	\$0 Exam / \$200 Eyewear/yr.
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit
Fitness Membership	Included
Transportation (Trips/Radius)	50 one-way trips / 35-mile radius

Plan Benefits	Alignment Health Heart & Diabetes (C-SNP) 010
Over-the-Counter Items (no rollover)	\$200 every quarter (combined w/ESSENTIALS)
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A
Black Card	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 Days/56 Meals
Caregiver Support or IHSS	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.
ESSENTIALS (no rollover) Groceries, Gas & Utilities, Home & Bathroom Safety Modification	\$200 every quarter combined w/ OTC
Pet Services	\$0 for 7 Days or 14 Walks/yr.
Personal Emergency Response (PERS)	\$0
Pest Control	\$0 for one service/yr.
Air Purifier / Humidifier	\$0 for one item /yr.

Part B Drugs	0% - 20%
Initial Coverage	\$5,030
Part D OOP Threshold (Catastrophic)	\$8,000
Gap Coverage	T1, T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$5	\$9
Tier 3: Preferred Brand	\$30	\$90
Tier 4: Non-Preferred Drug	\$75	\$225
Tier 5: Specialty Tier	33%	N/A
Tier 6: Select Care Tier	\$5	\$0
Bonus Drugs	Included	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health ESRD Balance (C-SNP) 033	Alignment Health el ÚNICO + Rite Aid (HMO) 034
Counties	Los Angeles, Orange	Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$1,499	\$3,400
Inpatient Hospital - Acute	\$0	\$0
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100	\$0
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered	(C) \$0 Medicare covered (C/A) \$0 - 12 visits combined
Ambulance	\$100 (waived if admitted)	\$75 (NOT waived if admitted)
Emergency Room	\$75 (NOT waived if admitted)	\$0
Urgent Care	\$0	\$0
Worldwide Emergency	\$7,500/year	\$75 copay \$25,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$50 (H) / \$0 (O)	\$0 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	0% - \$350 or less 20% - \$350.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	\$0	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See Pages 17-18	See Pages 17-18
Vision Benefits	\$0 Exam / \$200 Eyewear/yr.	\$0 Exam / \$350 Eyewear/2 yrs.
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	\$0 Exam / \$2,000 Hearing Aids/2 yrs.
Fitness Membership	Included	Included
Transportation (Trips/Radius)	42 one-way trips / 50 radius	20 one-way trips / 50 radius

Plan Benefits	Alignment Health ESRD Balance (C-SNP) 033	Alignment Health el ÚNICO + Rite Aid (HMO) 034
Over-the-Counter Items (no rollover)	\$300 every quarter (combined w/ESSENTIALS)	\$185 every quarter
FLEX Allowance: Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A	N/A
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	\$0 for 14 Days/28 Meals	\$0 for 28 Days/56 Meals
Caregiver Support or IHSS	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.	N/A
ESSENTIALS (no rollover) Groceries, Gas & Utilities, Home & Bathroom Safety Modification	\$300 every quarter	N/A
Pet Services	\$0 for 7 Days or 14 Walks/yr.	\$0 for 7 Days or 14 Walks/yr
Personal Emergency Response (PERS)	\$0	\$0
Pest Control	\$0 for one service/yr.	\$0 for one service/yr.
Air Purifier / Humidifier	N/A	N/A

Part B Drugs	0% - 20%	0% - 20%
Initial Coverage	\$5,030	\$5,030
Part D OOP Threshold (Catastrophic)	\$8,000	\$8,000
Gap Coverage	T6	T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$1	\$3
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health CalPlus + Veterans (HMO) 036	Alignment Health Select (HMO) 037
Counties	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, Yolo	Alameda, San Diego
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$5,900	\$3,400
Inpatient Hospital - Acute	\$0 for Full Duals	\$295 copay per day for Days 1-7 \$0 copay per day for Days 8-90
Skilled Nursing Facility	\$0 for Full Duals	\$0 copay per day for Days 1-20 \$140 copay per day for Days 21-100
PCP Office Visits	\$0	\$10
Specialist Office Visits	\$0	\$35
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered (C/A) Routine cvg. w/ FLEX Allowance	(C/A) \$0 Medicare covered
Ambulance	\$0 for Full Duals	\$240 (waived if admitted)
Emergency Room	\$0 for Full Duals	\$90 (waived if admitted w/in 48 hrs)
Urgent Care	\$0 for Full Duals	\$0
Worldwide Emergency	\$75 copay \$10,000/year	\$25,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$0	\$200 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$35
Durable Medical Equipment	\$0 for Full Duals	20%
Diabetic Supplies	\$0 for Full Duals	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	\$0 for Full Duals	\$30
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 for Full Duals	\$0 (X/D) / 20% (T)
Lab Services	\$0 for Full Duals	\$0
Dental Benefits	See Pages 17-18	See Pages 17-18
Vision Benefits	\$0 Exam Glasses/Contacts cvg. via FLEX Allowance	\$0 Exam / \$300 Eyewear/2 yrs.
Hearing Benefits	\$0 Exam Hearing Aid cvg. via FLEX Allowance	\$10 Medicare covered \$0 Exam / \$1,000 Hearing Aids/2 yrs.
Fitness Membership	Included	Included
Transportation (Trips/Radius)	20 one-way trips / 50-mile radius	24 one-way trips / 75-mile radius

Plan Benefits	Alignment Health CalPlus + Veterans (HMO) 036	Alignment Health Select (HMO) 037
Over-the-Counter Items (no rollover)	\$10 every quarter	\$75 every quarter
FLEX Allowance: Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	\$600 every year	N/A
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 Days/56 Meals	\$0 for 28 Days/56 Meals
Caregiver Support or IHSS	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.	N/A
ESSENTIALS (no rollover) Groceries, Gas & Utilities, Home & Bathroom Safety Modification	\$400 every quarter	N/A
Pet Services	\$0 for 7 Days or 14 Walks/yr.	\$0 for 7 Days or 14 Walks/yr.
Personal Emergency Response (PERS)	\$0	N/A
Pest Control	\$0 for one service/yr.	\$0 for one service/yr.
Air Purifier / Humidifier	N/A	N/A

Part B Drugs	0% - 20%	0% - 20%
Initial Coverage	\$5,030	\$5,030
Part D OOP Threshold (Catastrophic)	\$8,000	\$8,000
Gap Coverage	N/A	T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	Drug Copay Based on Level of Low-Income Subsidy (LIS)  Generic drugs: \$0 or \$1.45 or \$4.15  All other drugs: \$0 or \$4.30 or \$10.35		\$3	\$9
Tier 3: Preferred Brand			\$40	\$120
Tier 4: Non-Preferred Drug			\$93	\$279
Tier 5: Specialty Tier			33%	N/A
Tier 6: Select Care Tier			\$3	\$0
Bonus Drugs	Included		Included	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health My Choice CalPlus (HMO) 007*
Counties	Alameda, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Yolo
Premium (Part C Part D)	\$0
Part B Rebate	\$0
Maximum Out of Pocket (MOOP)	\$3,000
Inpatient Hospital - Acute	\$0 copay per day for Days 1-4 \$100 copay per day for Days 5-10 \$0 copay per day for Days 11-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100
PCP Office Visits	\$0
Specialist Office Visits	\$0
Ambulance	\$175 (waived if admitted)
Emergency Room	\$85 (waived if admitted w/in 48 hrs)
Urgent Care	\$0
Worldwide Emergency	\$12,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$200 (H) / \$0 (O)
Ambulatory Surgical Center	\$100
Durable Medical Equipment	20%
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)
Lab Services	\$0
Fitness Membership	Included
Black Card	Included
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A
Pet Services	\$0 for 7 Days or 14 Walks/yr.
Personal Emergency Response (PERS)	\$0
Caregiver Support or IHSS	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.

\*Please keep in mind that if a member qualifies for Medicaid, which in California is called Medi-Cal, Medicaid will pay for up to 20% of select Medicare-covered benefits, including inpatient hospital services, skilled nursing facilities, ambulance services and much more..

Plan Benefits	Alignment Health My Choice CalPlus (HMO) 007*	
	Standard	LIS / Duals Enhancement
Transportation (Trips/Radius)	12 one-way trips / 20-mile radius	Unlimited trips / 50-mile radius
Over-the-Counter Items (no rollover)	\$60 every quarter	\$300 every quarter
Meals	\$0 for 14 Days/28 Meals	\$0 for 28 Days/56 Meals
ESSENTIALS (no rollover) Groceries, Gas & Utilities, Home & Bathroom Safety Modification	N/A	\$120 every quarter
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered	(C/A) \$0 for 12 routine visits
Dental Benefits	Restorative: \$20-\$350 Endodontics: \$15-\$295 Periodontics: \$15-\$375 Extractions: \$25-\$140 Prosthodontics: \$20-\$425	Restorative: \$0 Endodontics: \$0 Periodontics: \$0 Extractions: \$0 Prosthodontics: \$0  (\$300 allowance/qtr)
Vision Benefits	\$0 Exam \$100 Eyewear/yr.	\$0 Exam \$400 Eyewear/yr.
Hearing Benefits	\$0 Exam \$1,000 every 2/yr.	Up to \$2,000 every/yr.

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$3	\$9	\$0	\$0
Tier 3: Preferred Brand	\$40	\$120	\$0	\$0
Tier 4: Non-Preferred Drug	\$100	\$300	\$0	\$0
Tier 5: Specialty Tier	33%	33%	\$0	\$0
Tier 6: Select Care Tier	\$5	\$0	\$0	\$0
Bonus Drugs	Included			

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health AllCare Preferred (HMO) 011	Alignment Health AVA + Instacart (HMO-POS) 026
Counties	Stanislaus	Los Angeles, Orange, San Diego, Santa Clara, Stanislaus
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$50
Maximum Out of Pocket (MOOP)	\$999	\$1,999
Inpatient Hospital - Acute	\$0	\$0 copay per day for Days 1-4 \$100 copay per day for Days 5-10 \$0 copay per day for Days 11-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100
PCP Office Visits	\$0	\$35 In & Out-of-Network
Specialist Office Visits	\$0	\$35 In & Out-of-Network
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered (C/A) Routine cvg. w/ FLEX Allowance	(C) \$0 Medicare covered (C/A) \$0 - 12 Routine visits/yr.
Ambulance	\$50 (waived if admitted)	\$115 (waived if admitted)
Emergency Room	\$75 (NOT waived if admitted)	\$120 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$7,500/year	\$25,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$0 (H) / \$0 (O)	\$100 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	0% - \$50 or less 20% - \$50.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See Pages 17-18	See Pages 17-18
Vision Benefits	\$0 Exam / \$200 Eyewear/yr.	\$0 Exam / \$200 Eyewear/yr.
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs.	\$0 Exam / \$1,000 Hearing Aids/2 yrs.
Fitness Membership	Included	Included
Transportation (Trips/Radius)	26 one-way trips / 50-mile radius	N/A

Plan Benefits	Alignment Health AllCare Preferred (HMO) 011	Alignment Health AVA + Instacart (HMO-POS) 026
Over-the-Counter Items (no rollover)	\$165 every quarter	\$215 every quarter
FLEX Allowance: Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	\$500 every year	N/A
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 Days/56 Meals	N/A
Caregiver Support or IHSS	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.
ESSENTIALS (E) (no rollover) Groceries, Gas & Utilities, Home & Bathroom Safety Modification / Groceries Only (G) (no rollover)	(E) \$30 every quarter	(G) \$50 every quarter Through instacart
Pet Services	\$0 for 7 Days or 14 Walks/yr.	\$0 for 7 Days or 14 Walks/yr.
Personal Emergency Response (PERS)	\$0	\$0
Pest Control	\$0 for one service/yr.	N/A
Air Purifier / Humidifier	N/A	N/A

Part B Drugs	0% - 20%	0% - 20%
Initial Coverage	\$5,030	\$5,030
Part D OOP Threshold (Catastrophic)	\$8,000	\$8,000
Gap Coverage	T6	T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$10	\$25	\$3	\$9
Tier 3: Preferred Brand	\$40	\$100	\$40	\$120
Tier 4: Non-Preferred Drug	\$93	\$232.50	\$93	\$279
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$3	\$0
Bonus Drugs	Included		Included	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health My Choice (HMO) 028	Alignment Health Harmony (HMO) 031
Counties	San Luis Obispo, Ventura	Santa Clara, San Francisco, Alameda
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$698	\$2,900
Inpatient Hospital - Acute	\$0	\$0 copay per day for Days 1-4 \$100 copay per day for Days 5-10 \$0 copay per day for Days 11-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$30 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$100 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered	(C) Routine cvg. w/ FLEX Allowance (A) Routine unlimited cvg. w/additional FLEX Allowance
Ambulance	\$75 ground/\$200 air (waived if admitted)	\$175 (waived if admitted)
Emergency Room	\$70 (waived if admitted w/in 48 hrs)	\$85 (NOT waived if admitted)
Urgent Care	\$0	\$0
Worldwide Emergency	\$0 \$50,000/year	\$20 \$100,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$0 (H) / \$0 (O)	\$200 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$100
Durable Medical Equipment	0% - \$450 or less 20% - \$450.01 or more	20%
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	\$30
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See Pages 17-18	See Pages 17-18
Vision Benefits	\$0 Exam / \$200 Eyewear/yr.	\$0 Exam / \$150 Eyewear/yr.
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs.	\$0 Exam Hearing Aid cvg. via FLEX Allowance
Fitness Membership	Included	Included
Transportation (Trips/Radius)	22 one-way trips / 50-mile radius	28 one-way trips / 20-mile radius

Plan Benefits	Alignment Health My Choice (HMO) 028	Alignment Health Harmony (HMO) 031
Over-the-Counter Items (no rollover)	\$90 every quarter	\$100 every quarter
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A	\$500 every year
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 Days/56 Meals	N/A
Caregiver Support or IHSS	N/A	N/A
Groceries (no rollover)	N/A	\$100 every quarter
Pet Services	\$0 for 7 Days or 14 Walks/yr.	\$0 for 7 Days or 14 Walks/yr.
Personal Emergency Response (PERS)	\$0	N/A
Pest Control	\$0 for one service/yr	\$0 for one service/yr.
Air Purifier / Humidifier	N/A	N/A

Part B Drugs	0% - 20%	0% - 20%
Initial Coverage	\$5,030	\$5,030
Part D OOP Threshold (Catastrophic)	\$8,000	\$8,000
Gap Coverage	T6	T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$3	\$9	\$3	\$9
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$93	\$279	\$93	\$279
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$3	\$0	\$3	\$0
Bonus Drugs	Included		Included	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health CalPlusDuals (D-SNP) 030*
Counties	Marin, San Francisco, San Luis Obispo, San Joaquin, Stanislaus, Ventura
Premium (Part C Part D)	\$0
Part B Rebate	\$0
Maximum Out of Pocket (MOOP)	\$0
Inpatient Hospital - Acute	\$0
Skilled Nursing Facility	\$0
PCP Office Visits	\$0
Specialist Office Visits	\$0
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 - 24 Routine visits combined
Ambulance	\$0
Emergency Room	\$0
Urgent Care	\$0
Worldwide Emergency	\$50,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$0
Ambulatory Surgical Center	\$0
Durable Medical Equipment	\$0
Diabetic Supplies	\$0
Dialysis Services	\$0
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0
Lab Services	\$0
Dental Benefits	See Pages 17-18
Vision Benefits	\$0 Exam / \$500 Eyewear/2 yrs.
Hearing Benefits	\$0 Exam / \$2,500 Hearing Aids/2 yrs.
Fitness Membership	Included
Over-the-Counter Items (no rollover)	\$240 every quarter

\* Member of this product must have both Medicare and Full Medicaid eligibility.

Plan Benefits	Alignment Health CalPlusDuals (D-SNP) 030*
Black Card	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 Days/56 Meals
Caregiver Support or IHSS	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.
Pet Services	\$0 for 7 Days or 14 Walks/yr.
Personal Emergency Response (PERS)	\$0
Pest Control	\$0 for one service/yr
Air Purifier / Humidifier	\$0 for one item /yr.

	Standard	LIS / Duals Enhancement
Transportation (Trips/Radius)	50 one-way trips / 50-mile radius	50 one-way trips / 50-mile radius to Non-Medical and Medical locations
ESSENTIALS (no rollover) Groceries, Gas & Utilities, Home & Bathroom Safety Modification	N/A	\$500 every quarter

Part B Drugs	0%
Initial Coverage	\$5,030
Part D OOP Threshold (Catastrophic)	\$8,000
Gap Coverage	N/A

	Standard		LIS / Duals Enhancement	
Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	Medicare Defined 25% of the total cost		\$0	
Tier 2: Generic			\$0	
Tier 3: Preferred Brand			\$0	
Tier 4: Non-Preferred Drug			\$0	
Tier 5: Specialty Tier			\$0	
Tier 6: Select Care Tier			\$0	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health the ONE + Walgreens /el ÚNICO + Walgreens (HMO) O35
Counties	Fresno, Madera, Merced
Premium (Part C Part D)	\$0
Part B Rebate	\$0
Maximum Out of Pocket (MOOP)	\$999
Inpatient Hospital - Acute	\$0 copay per day for Days 1-3 \$50 copay per day for Days 4-7 \$0 copay per day for Days 8-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100
PCP Office Visits	\$0
Specialist Office Visits	\$0
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$10 Medicare covered (C/A) Routine cvg. w/ FLEX Allowance
Ambulance	\$75 (waived if admitted)
Emergency Room	\$50 (waived if admitted w/in 48 hrs)
Urgent Care	\$0
Worldwide Emergency	\$50,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$85 (H) / \$0 (O)
Ambulatory Surgical Center	\$0
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)
Lab Services	\$0
Dental Benefits	See Pages 17-18
Vision Benefits	\$0 Exam / \$300 Eyewear/yr.
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs.
Fitness Membership	Included
Transportation (Trips/Radius)	24 one-way trips / 50-mile radius

Plan Benefits	Alignment Health the ONE + Walgreens /el ÚNICO + Walgreens (HMO) O35
Over-the-Counter Items (no rollover)	\$135 every quarter
FLEX Allowance: Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	\$500 every year
Black Card	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 Days/56 Meals
Caregiver Support or IHSS	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.
ESSENTIALS (no rollover) Groceries, Gas & Utilities, Home & Bathroom Safety Modification	\$30 every quarter
Pet Services	\$0 for 7 Days or 14 Walks/yr.
Personal Emergency Response (PERS)	\$0
Pest Control	\$0 for one service/yr.
Air Purifier / Humidifier	N/A

Part B Drugs	0% - 20%
Initial Coverage	\$5,030
Part D OOP Threshold (Catastrophic)	\$8,000
Gap Coverage	T1, T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$0	\$0
Tier 3: Preferred Brand	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300
Tier 5: Specialty Tier	33%	N/A
Tier 6: Select Care Tier	\$5	\$0
Bonus Drugs	Included	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	NEW FOR 2024 Alignment Health Heart & Diabetes CalPlus (C-SNP) 039
Counties	Los Angeles, Orange, San Diego, San Bernardino, Alameda, Fresno, Madera, Riverside, Santa Clara, Sacramento, Placer, Yolo, Merced, San Francisco, Marin, San Luis Obispo, Ventura, Stanislaus, San Joaquin
Premium (Part C Part D)	\$0 for Full Duals
Part B Rebate	\$0
Maximum Out of Pocket (MOOP)	\$8,850
Inpatient Hospital - Acute	\$0 for Full Duals
Skilled Nursing Facility	\$0 for Full Duals
PCP Office Visits	\$0
Specialist Office Visits	\$0
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) 12 routine visits every year (combined)
Ambulance	\$0 for Full Dual
Emergency Room	\$0 for Full Duals
Urgent Care	\$0
Worldwide Emergency	\$0 \$25,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$0 for Full Duals
Ambulatory Surgical Center	\$0 for Full Duals
Durable Medical Equipment	\$0 for Full Duals
Diabetic Supplies	\$0 for Full Duals
Dialysis Services	\$0 for Full Duals
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 for Full Duals
Lab Services	\$0 for Full Duals
Dental Benefits	See Pages 17-18
Vision Benefits	\$0 Exam / \$500 Eyewear/2yrs.
Hearing Benefits	\$0 Exam / \$2,000 Hearing Aids/2 yrs.
Fitness Membership	Included
Transportation (Trips/Radius)	Unlimited trips / 50-mile radius

\*Please keep in mind that if a member qualifies for Medicaid, which in California is called Medi-Cal, Medicaid will pay for up to 20% of select Medicare-covered benefits, including inpatient hospital services, skilled nursing facilities, ambulance services and much more..

Plan Benefits	NEW FOR 2024 Alignment Health Heart & Diabetes CalPlus (C-SNP) 039
Over-the-Counter Items (no rollover)	\$500 every quarter (combined w/ ESSENTIALS)
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A
Black Card	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 Days/56 Meals
Caregiver Support or IHSS	\$0 for 12 hrs/qtr (48 hrs/yr.) or \$300 Caregiver reimbursement/yr.
ESSENTIALS (no rollover) Groceries, Gas & Utilities, Home & Bathroom Safety Modification	\$500 every quarter (combined w/ OTC)
Pet Services	\$0 for 7 Days or 14 Walks/yr.
Personal Emergency Response (PERS)	\$0
Pest Control	\$0 for one service/yr
Air Purifier / Humidifier	\$0 for one item /yr.

Part B Drugs	\$0 for Full Duals
Initial Coverage	\$5,030
Part D OOP Threshold (Catastrophic)	\$8,000
Part D Deductible	\$545 on T4, T5
Gap Coverage	N/A

Part D Drugs	Standard		LIS / Duals Enhancement	
	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	Medicare Defined 25% of the total cost		\$0	
Tier 2: Generic			\$0	
Tier 3: Preferred Brand			\$0	
Tier 4: Non-Preferred Drug			\$0	
Tier 5: Specialty Tier			\$0	
Tier 6: Select Care Tier			\$0	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	NEW FOR 2024 Alignment Health smarHMO (HMO) 038	NEW FOR 2024 Alignment Health smarHMO (HMO) 040
Counties	Sacramento, Placer, Yolo	Ventura, Stanislaus, Santa Clara, Merced
Premium (Part C Part D)	\$0 + (\$64.90 <b>COMPLETE</b> buy-up p. 15-16)	\$0 + (\$64.90 <b>COMPLETE</b> buy-up p. 15-16)
Part B Rebate	\$150	\$125
Maximum Out of Pocket (MOOP)	\$1,999	\$1,999
Inpatient Hospital - Acute	\$200 copay per day for Days 1-5 \$0 copay per day for Days 6-90	\$200 copay per day for Days 1-5 \$0 copay per day for Days 6-90
Skilled Nursing Facility	\$20 copay per Day for Days 1-20 \$100 copay Day for Days 21-100	\$20 copay per Day for Days 1-20 \$100 copay Day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$5	\$5
Chiropractic (C) / Acupuncture (A) Svcs.	(C) \$10 Medicare covered (A) \$0 Medicare covered	(C) \$10 Medicare covered (A) \$0 Medicare covered
Ambulance	\$100 ground/ \$200 air (waived if admitted)	\$100 ground/ \$200 air (waived if admitted)
Emergency Room	\$120 (waived if admitted w/in 48 hrs)	\$120 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$50 \$100,000/year	\$50 \$100,000/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$200 (H) / \$0 (O)	\$200 (H) / \$0 (O)
Ambulatory Surgical Center	\$50	\$50
Durable Medical Equipment	20%	20%
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See Pages 17-18	See Pages 17-18
Vision Benefits	\$0 Exam / \$100 Eyewear/2 yrs.	\$0 Exam / \$100 Eyewear/2 yrs.
Hearing Benefits	\$0 Exam	\$0 Exam
Fitness Membership	Included	Included
Transportation (Trips/Radius)	N/A	N/A

Plan Benefits	NEW FOR 2024 Alignment Health smarHMO (HMO) 038	NEW FOR 2024 Alignment Health smarHMO (HMO) 040
Over-the-Counter Items (no rollover)	N/A	N/A
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A	N/A
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	N/A	N/A
ESSENTIALS (no rollover) Groceries, Gas & Utilities, Home & Bathroom Safety Modification	N/A	N/A
Pet Services	\$0 for 7 Days or 14 Walks/yr.	\$0 for 7 Days or 14 Walks/yr.
Personal Emergency Response (PERS)	N/A	N/A
Pest Control	\$0 for one service/yr	\$0 for one service/yr

Part B Drugs	0% - 20%	0% - 20%
Initial Coverage	\$5,030	\$5,030
Part D OOP Threshold (Catastrophic)	\$8,000	\$8,000
Part D Deductible	\$545 on T4, T5	\$545 on T4, T5
Gap Coverage	T1, T6	T1, T6

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$0	\$0
Tier 3: Preferred Brand	\$45	\$135	\$45	\$135
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

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# 2024 BENEFIT OVERVIEW

Plan Benefits	Alignment Health Sutter Advantage (HMO) 019	Alignment Health Sutter Advantage (HMO) 020
Counties	Sacramento, Placer, Yolo	Santa Clara
Premium (Part C Part D)	\$19	\$49
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$4,900	\$4,900
Inpatient Hospital - Acute	\$150 copay per day for Days 1-5 \$0 copay per day for Days 6-90	\$225 copay per day for Days 1-5 \$0 copay per day for Days 6-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$160 copay per day for Days 21-51 \$0 copay per day for Days 52-100	\$0 copay per day for Days 1-20 \$160 copay per day for Days 21-57 \$0 copay per day for Days 58-100
PCP Office Visits	\$5	\$5
Specialist Office Visits	\$25	\$20
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered	(C/A) \$0 Medicare covered
Ambulance	\$250 (waived if admitted)	\$250 (waived if admitted)
Emergency Room	\$90 (NOT waived if admitted)	\$90 (NOT waived if admitted)
Urgent Care	\$0	\$0
Worldwide Emergency	\$7,500/year	\$7,500/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$195 (H) / \$0 (O)	\$325 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	0% - \$350 or less 20% - \$350.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$15 (X) / \$150 (D) / 20% (T)	\$15 (X) / \$150 (D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See Pages 17-18	See Pages 17-18
Vision Benefits	\$0 Exam / \$150 Eyewear/2 yrs.	\$0 Exam / \$150 Eyewear/2 yrs.
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	\$0 Exam / No Hearing Aid Benefit
Fitness Membership	Included	Included
Transportation (Trips/Radius)	N/A	N/A

Plan Benefits	Alignment Health Sutter Advantage (HMO) 019	Alignment Health Sutter Advantage (HMO) 020		
Over-the-Counter Items (no rollover)	\$60 every quarter	\$60 every quarter		
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A	N/A		
Black Card	Included	Included		
Meals (Chronic / Post-Discharge)	N/A	N/A		
Caregiver Support or IHSS	N/A	N/A		
Groceries (no rollover)	N/A	N/A		
Pet Services	\$0 for 7 Days or 14 Walks/yr.	\$0 for 7 Days or 14 Walks/yr.		
Personal Emergency Response (PERS)	N/A	N/A		
Pest Control	\$0 for one service/yr	\$0 for one service/yr		
Air Purifier / Humidifier	N/A	N/A		
Part B Drugs	0% - 20%	0% - 20%		
Initial Coverage	\$5,030	\$5,030		
Part D OOP Threshold (Catastrophic)	\$8,000	\$8,000		
Gap Coverage	T6	T6		
Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$15	\$5	\$15
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included	Included	Included	Included

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# 2024 BENEFIT OVERVIEW

Plan Benefits	Alignment Health Sutter Advantage (HMO) 021	Alignment Health Sutter Advantage (HMO) 023
Counties	Santa Cruz	Sonoma, San Mateo, San Francisco
Premium (Part C Part D)	\$59	\$48
Part B Rebate	\$0	\$0
Maximum Out of Pocket (MOOP)	\$4,900	\$3,900
Inpatient Hospital - Acute	\$225 copay per day for Days 1-5 \$0 copay per day for Days 6-90	\$225 copay per day for Days 1-5 \$0 copay per day for Days 6-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$160 copay per day for Days 21-62 \$0 copay per day for Days 63-100	\$0 copay per day for Days 1-20 \$160 copay per day for Days 21-51 \$0 copay per day for Days 52-100
PCP Office Visits	\$5	\$5
Specialist Office Visits	\$20	\$25
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered	(C/A) \$0 Medicare covered
Ambulance	\$250 (waived if admitted)	\$250 (waived if admitted)
Emergency Room	\$90 (NOT waived if admitted)	\$90 (NOT waived if admitted)
Urgent Care	\$0	\$0
Worldwide Emergency	\$7,500/year	\$7,500/year
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$325 (H) / \$0 (O)	\$250 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	0% - \$350 or less 20% - \$350.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Dialysis Services	20%	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$15 (X) / \$150 (D) / 20% (T)	\$15 (X) / \$150 (D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	See Pages 17-18	See Pages 17-18
Vision Benefits	\$0 Exam / \$150 Eyewear/2 yrs.	\$0 Exam / \$150 Eyewear/2 yrs.
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	\$0 Exam / No Hearing Aid Benefit
Fitness Membership	Included	Included
Transportation (Trips/Radius)	N/A	N/A

Plan Benefits	Alignment Health Sutter Advantage (HMO) 021	Alignment Health Sutter Advantage (HMO) 023		
Over-the-Counter Items (no rollover)	\$60 every quarter	\$60 every quarter		
FLEX Allowance: Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A	N/A		
Black Card	Included	Included		
Meals (Chronic / Post-Discharge)	N/A	N/A		
Caregiver Support or IHSS	N/A	N/A		
Groceries (no rollover)	N/A	N/A		
Pet Services	\$0 for 7 Days or 14 Walks/yr.	\$0 for 7 Days or 14 Walks/yr.		
Personal Emergency Response (PERS)	N/A	N/A		
Pest Control	\$0 for one service/yr	\$0 for one service/yr		
Air Purifier / Humidifier	N/A	N/A		
Part B Drugs	0% - 20%	0% - 20%		
Initial Coverage	\$5,030	\$5,030		
Part D OOP Threshold (Catastrophic)	\$8,000	\$8,000		
Gap Coverage	T6	T6		
Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$15	\$5	\$15
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included	Included	Included	Included

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health My Choice (PPO) 001		Alignment Health My Choice (PPO) 003	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Counties	Sacramento, Placer, Yolo, San Joaquin, Stanislaus, Santa Cruz		Sonoma, San Mateo	
Premium (Part C Part D)	\$79		\$97	
Part B Rebate	\$0		\$0	
Maximum Out of Pocket (MOOP)	\$4,200	\$6,000 (comb)	\$4,200	\$6,000 (comb)
Inpatient Hospital - Acute	\$150 Per Day 1-5 \$0 Per Day 6-90	30%	\$225 Per Day 1-5 \$0 Per Day 6-90	30%
Skilled Nursing Facility	\$0 Per Day 1-20 \$160 Per Day 21-51 \$0 Per Day 52-100	30%	\$0 Per Day 1-20 \$160 Per Day 21-51 \$0 Per Day 52-100	30%
PCP Office Visits	\$5	25%	\$5	25%
Specialist Office Visits	\$35	25%	\$35	25%
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered	(C) 30%	(C/A) \$0 Medicare covered	(C) 30%
Ambulance	\$250 (waived if admitted)	30%	\$250 (waived if admitted)	30%
Emergency Room	\$85 (NOT waived if admitted)		\$85 (NOT waived if admitted)	
Urgent Care	\$0		\$0	
Worldwide Emergency	\$25,000/year		\$25,000/year	
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$195 (H) / \$0 (O)	25%	\$250 (H) / \$0 (O)	25%
Ambulatory Surgical Center	\$0	30%	\$0	30%
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01+	30%	0% - \$350 or less 20% - \$350.01+	30%
Diabetic Supplies	0% - Supplies 20% - Shoes/Inserts	30%	0% - Supplies 20% - Shoes/Inserts	30%
Dialysis Services	20%	30%	20%	30%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$15 <sup>(X)</sup> / \$150 <sup>(D)</sup> 20% <sup>(T)</sup>	30%	\$15 <sup>(X)</sup> / \$150 <sup>(D)</sup> 20% <sup>(T)</sup>	30%
Lab Services	\$0	30%	\$0	30%
Dental Benefits	See Pages 17-18		See Pages 17-18	
Vision Benefits	\$0 Exam \$150 Eyewear/2yrs.	30%	\$0 Exam \$150 Eyewear/yr.	30%
Hearing Benefits	\$0 Exam No Hearing Aid Cvg	30%	\$0 Exam No Hearing Aid Cvg	30%
Fitness Membership	Included		Included	
Transportation (Trips/Radius)	N/A		N/A	

Plan Benefits	Alignment Health My Choice (PPO) 001		Alignment Health My Choice (PPO) 003	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Over-the-Counter Items (no rollover)	\$60 every quarter		\$60 every quarter	
FLEX Allowance: Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A		N/A	
Black Card	Included		Included	
Meals (Chronic / Post-Discharge)	N/A		N/A	
Caregiver Support or IHSS	N/A		N/A	
Groceries (no rollover)	N/A		N/A	
Pet Services	\$0 for 7 Days or 14 Walks/yr.		\$0 for 7 Days or 14 Walks/yr.	
Personal Emergency Response (PERS)	N/A		N/A	
Pest Control	\$0 for one service/yr.		\$0 for one service/yr.	
Air Purifier / Humidifier	N/A		N/A	
Part B Drugs	0% - 20%	30%	0% - 20%	30%
Initial Coverage	\$5,030		\$5,030	
Part D OOP Threshold (Catastrophic)	\$8,000		\$8,000	
Gap Coverage	T6		T6	

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$15	\$5	\$15
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health Balance (PPO) 006	
	San Joaquin, Stanislaus, Santa Clara	
Counties	San Joaquin, Stanislaus, Santa Clara	
	In-Network	Out-of-Network
Premium (Part C Part D)	\$0	
Part B Rebate	\$0	
Maximum Out of Pocket (MOOP)	\$2,850	\$5,150 (Combined)
Inpatient Hospital - Acute	\$0	30%
Skilled Nursing Facility	\$0 Per Day 1-20 \$50 Per Day 21-100	30%
PCP Office Visits	\$0	\$25
Specialist Office Visits	\$0	\$25
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered	(C) 30%
Ambulance	\$100 (waived if admitted)	30%
Emergency Room	\$75 (NOT waived if admitted)	
Urgent Care	\$0	
Worldwide Emergency	\$25,000/year	
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$50 (H) / \$0 (O)	25%
Ambulatory Surgical Center	\$0	30%
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	30%
Diabetic Supplies	0% - Supplies 20% - Shoes/Inserts	30%
Dialysis Services	\$0	30%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	30%
Lab Services	\$0	30%
Dental Benefits	See Pages 17-18	
Vision Benefits	\$0 Exam \$200 Eyewear/yr.	30%
Hearing Benefits	\$0 Exam / No Hearing Aid Benefit	30%
Fitness Membership	Included	
Transportation (Trips/Radius)	26 one-way trips / 50-mile radius	30%

Plan Benefits	Alignment Health Balance (PPO) 006	
	In-Network	Out-of-Network
Over-the-Counter Items (no rollover)	\$65 every quarter	
FLEX Allowance: Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A	
Black Card	Included	
Meals (Chronic / Post-Discharge)	N/A	
Caregiver Support or IHSS	N/A	
Groceries (no rollover)	N/A	
Pet Services	\$0 for 7 Days or 14 Walks/yr.	
Personal Emergency Response (PERS)	N/A	
Pest Control	\$0 for one service/yr.	
Air Purifier / Humidifier	N/A	
Part B Drugs	0% - 20%	30%
Initial Coverage	\$5,030	
Part D OOP Threshold (Catastrophic)	\$8,000	
Gap Coverage	T6	
Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$3	\$9
Tier 3: Preferred Brand	\$40	\$120
Tier 4: Non-Preferred Drug	\$93	\$279
Tier 5: Specialty Tier	33%	N/A
Tier 6: Select Care Tier	\$3	\$0
Bonus Drugs	Included	

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# 2024 BENEFIT OVERVIEW



Plan Benefits	Alignment Health AVA® (PPO) 007		Alignment Health PPO powered by Hoag (008)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Counties	Los Angeles, Orange, San Diego, Ventura, Fresno, Madera		Orange	
Premium (Part C Part D)	\$0 + (\$48 <b>OPTIONS+</b> optional buy up)		\$0 + (\$48 <b>OPTIONS+</b> optional buy up)	
Maximum Out of Pocket (MOOP)	\$3,900	\$8,950 (comb)	\$3,900	\$8,950 (comb)
Inpatient Hospital - Acute	\$150 Per Day 1-3 \$0 Per Day 4-90	20%	\$150 Per Day 1-3 \$0 Per Day 4-90	20%
Skilled Nursing Facility	\$0 Per Day 1-20 \$100 Per Day 21-51 \$0 Per Day 52-100	30%	\$0 Per Day 1-20 \$100 Per Day 21-51 \$0 Per Day 52-100	30%
PCP Office Visits	\$0		\$0	
Specialist Office Visits	\$20	\$50	\$20	\$50
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered	(C) 30%	(C/A) \$0 Medicare covered	(C) 30%
Ambulance	\$250 (waived if admitted)	30%	\$250 (waived if admitted)	30%
Emergency Room	\$85 (NOT waived if admitted)		\$85 (NOT waived if admitted)	
Urgent Care	\$20 (waived if admitted w/in 24 hrs)		\$20 (waived if admitted w/in 24 hrs)	
Worldwide Emergency	\$10,000/year + \$15,000/year w/ <b>OPTIONS+</b>		\$10,000/year + \$15,000/year w/ <b>OPTIONS+</b>	
Outpatient Hosp. <sup>(H)</sup> / Observation Svcs <sup>(O)</sup>	\$165 (H) / \$0 (O)	25%	\$165 (H) / \$0 (O)	25%
Ambulatory Surgical Center	\$100	30%	\$100	30%
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 +	30%	0% - \$350 or less 20% - \$350.01 +	30%
Diabetic Supplies	0% - Supplies 20% - Shoes/Inserts	30%	0% - Supplies 20% - Shoes/Inserts	30%
Dialysis Services	20%	30%	20%	30%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$15 <sup>(X)</sup> / \$150 <sup>(D)</sup> 20% <sup>(T)</sup>	30%	\$15 <sup>(X)</sup> / \$150 <sup>(D)</sup> 20% <sup>(T)</sup>	30%
Lab Services	\$0	30%	\$0	30%
Dental Benefits	See Pages 17-18, addtl. w/ <b>OPTIONS+</b>		See Pages 17-18, addtl. w/ <b>OPTIONS+</b>	
Vision Benefits	\$0 Exam \$150 Eyewear/2 yrs.	30%	\$0 Exam \$150 Eyewear/2 yrs.	30%
Hearing Benefits	\$0 Exam \$2,000/yr. for Hearing Aid w/ <b>OPTIONS+</b>	30%	\$0 Exam \$2,000/yr. for Hearing Aid w/ <b>OPTIONS+</b>	30%
Fitness Membership	Included		Included	
Transportation (Trips/Radius)	Available w/ <b>OPTIONS+</b> 12 one-way trips / 30-mile radius		Available w/ <b>OPTIONS+</b> 12 one-way trips / 30-mile radius	

Plan Benefits	Alignment Health AVA® (PPO) 007		Alignment Health PPO powered by Hoag (008)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Over-the-Counter Items (no rollover)	\$15 every quarter + \$45 every quarter w/ <b>OPTIONS+</b>		\$15 every quarter + \$45 every quarter w/ <b>OPTIONS+</b>	
FLEX Allowance: Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A		N/A	
Black Card	Included		Included	
Meals (Chronic / Post-Discharge)	N/A		N/A	
Caregiver Support or IHSS	N/A		N/A	
Groceries (no rollover)	N/A		N/A	
Pet Services	\$0 for 7 Days or 14 Walks/yr.		\$0 for 7 Days or 14 Walks/yr.	
Personal Emergency Response (PERS)	\$0 w/ <b>OPTIONS+</b>		\$0 w/ <b>OPTIONS+</b>	
Pest Control	\$0 for one service/yr.		\$0 for one service/yr.	
Air Purifier / Humidifier	N/A		N/A	
Part B Drugs	0% - 20%	40%	0% - 20%	40%
Initial Coverage	\$5,030		\$5,030	
Part D OOP Threshold (Catastrophic)	\$8,000		\$8,000	
Gap Coverage	T6		T6	
Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$15	\$5	\$15
Tier 3: Preferred Brand	\$40	\$120	\$40	\$120
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

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