



Alignment Health Plan®



2024 SUMMARY OF BENEFITS

My Choice CalPlus (HMO)

Alignment Health CalPlus Heroes (HMO)

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 Counties

www.AlignmentHealthPlan.com

	ALIGNMENT HEALTH MY CHOICE CALPLUS (HMO) 007 Alameda, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus & Yolo Counties	ALIGNMENT HEALTH CALPLUS HEROES (HMO) 036 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 Counties
MONTHLY PLAN PREMIUM · Part C & Part D	\$0	\$0
DEDUCTIBLE	\$0	\$0
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)	\$3,000	\$5,900
INPATIENT HOSPITAL^{1,2}	\$0 per day, days 1-4 \$100 per day, days 5-10 \$0 per day, days 11-90 (unlimited days per admission)	\$1,600 deductible for each benefit period Days 1–60 \$0 coinsurance for each benefit period Days 61–90 \$400 coinsurance per day of each benefit period Days 91 and beyond \$800 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs. These costs are for 2023 and may change in 2024.
OUTPATIENT HOSPITAL¹ · Hospital Services	\$200	\$0
· Observation Services	\$0	\$0
AMBULATORY SURGICAL CENTER	\$100	\$0
DOCTOR VISITS · Primary	\$0	\$0
· Specialists ^{1,2}	\$0	\$0
PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings)	\$0	\$0
EMERGENCY CARE	\$85 (waived if admitted within 48 hours)	20% coinsurance (waived if admitted within 3 days) For those with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.

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URGENTLY NEEDED SERVICES	\$0	20% coinsurance (not waived if admitted) For those with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.
OUTPATIENT DIAGNOSTIC^{1,2}		
· Procedures, tests, lab services	\$0	\$0
· X-Ray	\$0	\$0
· Diagnostic	\$0	\$0
· Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance	20% coinsurance
HEARING SERVICES^{1,2}		
· Routine hearing exam	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year	\$0 Medicare covered benefits and \$0 for 1 exam/fitting/evaluation per year with FLEX Allowance See FLEX Allowance below.
· Hearing aid allowance	Standard Benefits \$1,000 limit both ears combined every 2 years Value-Based Benefits for LIS* Standard benefit plus additional \$1,000 limit both ears combined, total coverage up to \$2,000 per year	\$0 with FLEX Allowance See FLEX Allowance below.
DENTAL SERVICES^{1,2}		
Preventive		
· Exam & Cleaning 1 every 6 months	\$0	\$0
· Fluoride treatment 1 every 6 months	\$0	\$0
· X-Ray 1 every 3 years	\$0	\$0
		Additional coverage available with FLEX Allowance. See Flex Allowance below.

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<p>Comprehensive</p> <ul style="list-style-type: none"> · Restorative · Endodontics · Periodontics · Extractions · Prosthodontics 	<p>Standard Benefits \$20-\$350 \$15-\$295 \$15-\$375 \$25-\$140 \$20-\$425</p> <p>Value-Based Benefits for LIS* \$0 copay for all services \$300 coverage limit per quarter</p>	<p>\$0 copay for: Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics</p> <p>Coverage available with the FLEX Allowance. See FLEX Allowance below.</p>
<p>VISION SERVICES</p> <ul style="list-style-type: none"> · Routine exam 	<p>\$0 Medicare covered eye exams/1 routine eye exam per year</p>	<p>\$0 Medicare covered eye exams/1 routine eye exam per year</p> <p>Additional coverage available with FLEX Allowance. See Flex Allowance below.</p>
<ul style="list-style-type: none"> · Eyewear 	<p>Standard Benefits \$100 coverage limit for glasses/contacts per year</p> <p>Value-Based Benefits for LIS* Standard benefit plus \$300 coverage limit for glasses/contact, total \$400 per year</p>	<p>Coverage available with FLEX Allowance. See FLEX Allowance below.</p>
<p>MENTAL HEALTH SERVICES^{1,2}</p> <ul style="list-style-type: none"> · Inpatient Hospital 	<p>\$120 per day, days 1-10 \$0 per day, days 11-90 \$0 for 40 additional day limit (91-130) \$0 for 60 days Lifetime Reserve</p>	<p>\$1,600 deductible Days 1-60: \$0 per day Days 61-90: \$400 per day Days 91 and beyond: \$800 per each “lifetime reserve day” after day 90 (up to a maximum of 60 reserve days over your lifetime) Each day after the lifetime reserve days: All costs 20% of the Medicare-approved for mental health services you get from doctors and other health care providers while you’re a hospital inpatient. These costs are for 2023 and may change in 2024.</p>

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· Mental Health Specialty	\$0	20% coinsurance For those with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.
· Psychiatric Services (Individual and Group)	\$40	20% coinsurance For those with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.
SKILLED NURSING FACILITY^{1,2}	\$0 per day, days 1-20 \$50 per day, days 21-100 (no prior hospital stay required)	Days 1-20: \$0 for each benefit period Days 21-100: \$194.50 coinsurance per day of each benefit period Days 101 and beyond: all costs. These costs are for 2023 and may change in 2024.
PHYSICAL & SPEECH THERAPY	\$0	20% coinsurance For those with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.
GROUND AND AIR AMBULANCE SERVICES¹	\$175 (waived if admitted)	20% coinsurance For those with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party. (not waived if admitted)
TRANSPORTATION	Standard Benefits \$0 12 one-way trips per year to plan approved locations (within a 20-mile radius) Value-Based Benefits for LIS* Unlimited trips to plan approved locations (within a 50-mile radius)	\$0 20 one-way trips per year to plan approved locations (within a 50-mile radius)
MEDICARE PART B DRUGS	20% coinsurance	20% coinsurance For those with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.

OUTPATIENT PRESCRIPTION DRUGS

ALIGNMENT HEALTH MY CHOICE CALPLUS (HMO) 007

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

PART D DEDUCTIBLE	\$0
INITIAL COVERAGE LIMIT	\$5,030
PART D OUT OF POCKET THRESHOLD	\$8,000

INITIAL COVERAGE	Retail Standard 30-day supply	Mail Order 100-day supply
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$3	\$9
Tier 3: Preferred Brand	\$40	\$120
Tier 4: Non-Preferred	\$100	\$300
Tier 5: Specialty Tier	33% coinsurance	not covered
Tier 6: Select Care	\$5	\$0

GAP COVERAGE Tier 6: All Drugs

Members qualify for a \$0 copay based on **Extra Help***

ALIGNMENT HEALTH CALPLUS HEROES (HMO) 036

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PART D DEDUCTIBLE	\$545
INITIAL COVERAGE LIMIT	\$5,030
PART D OUT OF POCKET THRESHOLD	\$8,000

INITIAL COVERAGE	Retail Standard 30-day supply	Mail Order 100-day supply
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$20	\$60
Tier 3: Preferred Brand	25% coinsurance	25% coinsurance
Tier 4: Non-Preferred	25% coinsurance	25% coinsurance
Tier 5: Specialty Tier	25% coinsurance	not covered
Tier 6: Select Care	\$5	\$0

GAP COVERAGE not covered

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COST-SHARING

May change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit. If you reside in a long-term care facility, you pay the same as Retail Standard for a 31-day supply.

CATASTROPHIC COVERAGE

During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

For excluded drugs covered under our enhanced benefit, you pay the same copayment as you did in the Initial Coverage Stage.

BONUS DRUGS

Generic Viagra, Finasteride, Folic Acid. For a complete list and coverage details, refer to Bonus Drug List.

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.

VACCINES

Our plan covers most Part D vaccines at no cost to you.

NOTE: Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. For more information on the pharmacy-specific copays, please call Alignment Health Plan Member Services Department at the phone number in this document or access your Evidence of Coverage at www.alignmenthealthplan.com.

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

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ACCESS ON-DEMAND CONCIERGE CARD (provides access to OTC benefits and Healthy Rewards)	\$0	\$0
ENHANCED DENTAL OPTION MONTHLY PREMIUM	\$27	\$27
ENHANCED DENTAL OPTION COVERAGE <ul style="list-style-type: none"> · Diagnostic Services · Restorative · Endodontics · Periodontics · Extractions · Prosthodontics 	\$1,500 coverage limit per year 0% coinsurance 50% coinsurance 50% coinsurance 0-50% coinsurance 50% coinsurance 50% coinsurance	\$1,500 coverage limit per year 0% coinsurance 50% coinsurance 50% coinsurance 0-50% coinsurance 50% coinsurance 50% coinsurance
FITNESS (no-cost memberships at participating fitness centers)	\$0	\$0
FLEX ALLOWANCE Additional coverage for services related to Vision, Dental, Hearing, Acupuncture, Chiropractic and Routine Podiatry	not covered	\$600 maximum spending per year
PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) (personal emergency response device)	\$0	\$0
CHIROPRACTIC	Standard Benefits \$0 Medicare covered Value-Based Benefits for LIS* Standard benefit plus 12 Routine visits per year (combined with Acupuncture)	\$0 Medicare covered Routine visits with FLEX Allowance.
ACUPUNCTURE	Standard Benefits \$0 Medicare covered Value-Based Benefits for LIS* Standard benefit plus 12 Routine visits per year (combined with Chiropractic)	\$0 Medicare covered Routine visits with FLEX Allowance.
PODIATRY SERVICES	\$0 Medicare covered \$0 for 12 Routine visits per year	\$0 Medicare covered Routine visits with FLEX Allowance.

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OVER-THE-COUNTER (OTC)	Standard Benefits \$60 spending allowance per quarter (no rollover) Value-Based Benefits for LIS* Standard benefit plus \$240 per quarter, \$300 total per quarter	not covered
TELEHEALTH	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
WORLDWIDE EMERGENCY/URGENT COVERAGE	\$0 \$12,000 coverage limit per year	\$75 \$10,000 coverage limit per year (waived if admitted)
IN-HOME SUPPORT SERVICES	\$0 for 12 hours per quarter, 48 hours per year, OR Caregivers Support. (Member must choose in advance)	\$0 for 12 hours per quarter, 48 hours per year, OR Caregivers Support. (Member must choose in advance)
CAREGIVERS SUPPORT	Up to \$300 annual reimbursement, OR In-Home Support Services (Members must choose in advance)	Up to \$300 annual reimbursement, OR In-Home Support Services (Members must choose in advance)
CHRONIC & READMISSION MEALS	Standard Benefits \$0 28 meals over 14 days Value-Based Benefits for LIS* Standard benefit plus 28 meals over 14 days, total 56 meals over 28 days per year	\$0 28 days, 56 meals per year (28 meals over 14 days, twice/year)
DURABLE MEDICAL EQUIPMENT (DME)	20% coinsurance	20% coinsurance For those with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party

**ALIGNMENT HEALTH
CALPLUS HEROES
(HMO) 036**

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**ALIGNMENT HEALTH MY
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EXTRA BENEFITS FOR THOSE WITH QUALIFYING CONDITION (SSBCI)

Special supplemental benefits for the chronically ill (SSBCI)-qualifying chronic conditions include congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), dementia, diabetes, and stroke. Other chronic conditions may apply. Medical records will be used to establish qualification for the benefit.

PET SERVICES

For members who have hospital procedures or emergencies and need pet care while they are away.

\$0
7 boarding days or 14 walks per year

\$0
7 boarding days or 14 walks per year

PEST CONTROL

Annual pest eradication for covered pests to ensure the health, welfare, and safety of members.

\$0
1 service per year

\$0
1 service per year

ESSENTIALS ALLOWANCE

For qualifying members to assist with Groceries, Gas, Utilities and Home Safety.

Standard Benefits
not covered
Value-Based Benefits for LIS*
\$120 spending allowance per quarterly (no rollover)

\$400 spending allowance per quarter (no rollover)

Alignment Health Plan offers access to a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for the services.

To join Alignment Health Plan, you must be enrolled in Medicare Part A and Part B and live in one of the counties listed on the cover of this booklet.

To learn more about coverage and costs of Original Medicare, look at the **“Medicare & You”** handbook. You can view it online at medicare.gov or request a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is also available in other languages and formats.

ALIGNMENT HEALTH PLAN MEMBERS

1-866-634-2247 (TTY 711)

NON-MEMBERS

1-888-979-2247 (TTY 711)

HOURS OF OPERATION

October 1 – March 31:

Seven days a week, from 8:00 a.m. to 8:00 p.m. except for Thanksgiving and Christmas Day.

April 1 – September 30:

Monday through Friday, (except holidays) from 8:00 a.m. to 8:00 p.m.

WEBSITE

alignmenthealthplan.com

*Medicare approved Alignment Health Plan to provide these enhanced benefits and lower copayments as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. Members may be eligible for these enhanced benefits and lower copayments based on socioeconomic status.

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, Florida, Nevada and North Carolina Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-888-979-2247 (TTY: 711), 8 a.m. to 8 p.m. Monday through Friday, for more information. 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.

UNDERSTANDING THE BENEFITS & RULES

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at:

1-888-979-2247 (TTY 711)

8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8 a.m. to 8 p.m. Monday through Friday (except holidays) from April 1 through September 30.

UNDERSTANDING THE BENEFITS

The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit alignmenthealthplan.com or call **1-866-634-2247 (TTY 711)** for a copy of the EOC.

Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. Visit alignmenthealthplan.com or call **1-866-634-2247 (TTY 711)** for a list of Alignment Health Plan network providers.

Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. Visit alignmenthealthplan.com or call **1-866-634-2247 (TTY 711)** for the Alignment Health Plan list of covered medications.

UNDERSTANDING IMPORTANT RULES

In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.

Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.