



Alignment Health Plan®



# 2024 SUMMARY OF BENEFITS

- Alignment Health Heart & Diabetes (HMO C-SNP)**
- Alignment Health Heart & Diabetes CalPlus (HMO C-SNP)**
- Alignment Health ESRD Balance (HMO C-SNP)**
- Alignment Health CalPlusDuals (HMO D-SNP)**

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

[www.AlignmentHealthPlan.com](http://www.AlignmentHealthPlan.com)

If you are enrolled in the Medi-Cal program, you may pay nothing for services or will get help with your share of costs (such as copay, coinsurance, or deductibles). You must remain enrolled in Med-Cal for reduced cost-sharing.

	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO C-SNP) 010</b> Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura & Yolo Counties	<b>ALIGNMENT HEALTH CALPLUSDUALS (HMO D-SNP) 030</b> Marin, San Francisco, San Joaquin, San Luis Obispo, Stanislaus & Ventura Counties	<b>ALIGNMENT HEALTH ESRD BALANCE (HMO C-SNP) 033</b> Los Angeles & Orange Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES CALPLUS (HMO C-SNP) 039</b> Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura & Yolo Counties
<b>MONTHLY PLAN PREMIUM</b> · Part C & Part D	\$0	\$19.10 (Part C \$0 & Part D \$19.10)	\$0	\$26.00
<b>DEDUCTIBLE</b>	\$0	\$0	\$0	\$0
<b>MAXIMUM OUT-OF-POCKET RESPONSIBILITY</b> (does not include prescription drugs)	\$790	\$8,850	\$1,499	\$8,850
<b>INPATIENT HOSPITAL<sup>1,2</sup></b>	\$0 (unlimited days per admission)	\$1,600 deductible for each benefit period \$0 per day, days 1-60 \$400 per day, days 61-90 \$800 per day, in Lifetime reserve. Beyond lifetime reserve days: All costs. These costs are for 2023 and may change in 2024.	\$0 (unlimited days per admission)	\$1,600 deductible for each benefit period \$0 per day, days 1-60 \$400 per day, days 61-90 \$800 per day, in Lifetime reserve. Beyond lifetime reserve days: All costs. These costs are for 2023 and may change in 2024.
<b>OUTPATIENT HOSPITAL<sup>1</sup></b> · Hospital Services	\$0	\$0	\$50	20% coinsurance For people with full Medi-Cal, the copay for services may be paid in part or in full by MediCal, or a third party.

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· Observation Services	\$0	\$0	\$0	20% coinsurance For people with full Medi-Cal, the copay for services may be paid in part or in full by MediCal, or a third party.
<b>AMBULATORY SURGICAL CENTER</b>	\$0	\$0	\$0	20% coinsurance For people with full Medi-Cal, the copay for services may be paid in part or in full by MediCal, or a third party.
<b>DOCTOR VISITS</b>				
· Primary	\$0	\$0	\$0	\$0
· Specialists <sup>1,2</sup>	\$0	\$0 for Full Duals	\$0	\$0
<b>PREVENTIVE CARE</b> (e.g., flu vaccine, diabetic screenings)	\$0	\$0	\$0	\$0
<b>EMERGENCY CARE</b>	\$70 (waived if admitted within 48 hours)	20% coinsurance \$0 for Full Duals (waived if admitted within 3 days)	\$75 (not waived if admitted)	20% coinsurance (waived if admitted within 3 days) For people with full Medi-Cal, the copay for services may be paid in part or in full by MediCal, or a third party.
<b>URGENTLY NEEDED SERVICES</b>	\$0	\$0 for Full Duals	\$0	\$0

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<b>OUTPATIENT DIAGNOSTIC<sup>1,2</sup></b>				
· Procedures, tests, lab services	\$0	\$0 for Full Duals	\$0	20% coinsurance For people with full Medi-Cal, the copay for services may be paid in part or in full by MediCal, or a third party.
· X-Ray	\$0	\$0	\$0	\$0
· Diagnostic	\$0	\$0	\$0	\$0
· Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance	\$0 for Full Duals	20% coinsurance	20% coinsurance For people with full Medi-Cal, the copay for services may be paid in part or in full by MediCal, or a third party.
<b>HEARING SERVICES<sup>1,2</sup></b>				
· Routine hearing exam	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year
· Hearing aid allowance	not covered	\$2,500 coverage limit every 2 years both ears combined	not covered	\$2,000 coverage limit every 2 years both ears combined
<b>DENTAL SERVICES<sup>1,2</sup></b>				
<b>Preventive</b>				
· Exam & Cleaning	\$0 for 1 every 6 months	\$0 for 1 every 6 months	\$0 for 1 every 6 months	\$0 for 1 every 6 months
· Fluoride treatment	\$0 for 1 every 6 months	\$0 for 1 every year	\$0 for 1 every 6 months	\$0 for 1 every year
· X-Ray	\$0 for 1 every 3 years	\$0 for 1 every year	\$0 for 1 every 3 years	\$0 for 1 every year

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HEALTH HEART  
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**Comprehensive**

\$300 coverage limit  
per quarter

20% coinsurance  
Medicare covered  
For people with full  
Medi-Cal, the copay  
for services may be  
paid in part or in full  
by MediCal, or a  
third party.  
\$500 coverage limit  
per quarter

- Restorative
- Endodontics
- Periodontics
- Extractions
- Prosthodontics

\$20-\$350  
\$15-\$295  
\$15-\$375  
\$25-\$140  
\$20-\$425

\$0  
\$0  
\$0  
\$0  
\$0

\$20-\$350  
\$15-\$295  
\$15-\$375  
\$25-\$140  
\$20-\$425

\$0  
\$0  
\$0  
\$0  
\$0

**VISION SERVICES**

- Routine exam

\$0 Medicare covered  
eye exams/1 routine  
eye exam per year

\$0 Medicare covered  
eye exams/1 routine  
eye exam per year

\$0 Medicare covered  
eye exams/1 routine  
eye exam per year

\$0 Medicare covered  
eye exams/1 routine  
eye exam per year

- Eyewear

\$200 coverage limit  
for glasses/contacts  
per year

\$500 coverage limit  
for glasses/contacts  
every 2 years

\$200 coverage limit  
for glasses/contacts  
per year

\$500 coverage limit  
for glasses/contacts  
every 2 years

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**MENTAL HEALTH SERVICES<sup>1,2</sup>**

· Inpatient Hospital

\$250 per Medicare  
covered stay

\$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 cost  
are for 2023 and  
may change in 2024.

\$120 per day,  
days 1-10  
\$0 per day,  
days 11-90  
\$0 per day,  
days 91-130  
(40 additional  
day limit)  
\$0 for 60 days  
Lifetime Reserve

\$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 cost  
are for 2023 and  
may change in 2024.

· Mental Health Specialty

\$0

\$0 for Full Duals

\$0

20% coinsurance  
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Medi-Cal, the copay  
for services may be  
paid in part or in full  
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· Psychiatric Services (Individual and Group)	\$0	\$0 for Full Duals	\$40	20% coinsurance For people with full Medi-Cal, the copay for services may be paid in part or in full by MediCal, or a third party.
SKILLED NURSING FACILITY <sup>1,2</sup>	\$0 per day, days 1-31 \$50 per day, days 32-100 (no prior hospital stay required)	\$0 per day, days 1-20 \$194.50 per day, days 21-100, Days 101 and beyond: All costs. These costs are for 2023 and may change in 2024	\$0 per day, days 1-20 \$50 per day, days 21-100 (no prior hospital stay required)	\$0 per day, days 1-20 \$194.50 per day, days 21-100, Days 101 and beyond: All costs. These costs are for 2023 and may change in 2024
PHYSICAL & SPEECH THERAPY	\$0	\$0 for Full Duals	\$0	20% coinsurance For people with full Medi-Cal, the copay for services may be paid in part or in full by MediCal, or a third party.
GROUND AND AIR AMBULANCE SERVICES <sup>1</sup>	\$100 (waived if admitted)	\$0 for Full Duals (not waived if admitted)	\$100 (waived if admitted)	20% coinsurance (not waived if admitted) For people with full Medi-Cal, the copay for services may be paid in part or in full by MediCal, or a third party.



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<b>TRANSPORTATION</b>	\$0 50 one-way trips per year to plan approved locations (within a 35-mile radius)	\$0 50 one-way trips per year to plan approved locations (within a 50-mile radius) <b>Value-Based Benefits for LIS*</b> \$0 50 one-way trips per year to plan approved routine and non- routine locations (within a 50-mile radius) combined.	\$0 42 one-way trips per year to plan approved locations (within a 50-mile radius)	\$0 unlimited one-way trips per year to plan approved locations (within a 50-mile radius)
<b>MEDICARE PART B DRUGS</b>	20% coinsurance	\$0 for Full Duals	20% coinsurance	20% coinsurance For people with full Medi-Cal, the copay for services may be paid in part or in full by MediCal, or a third party.

## OUTPATIENT PRESCRIPTION DRUGS

### ALIGNMENT HEALTH HEART & DIABETES (HMO C-SNP) 010

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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	\$5	\$12.50
Tier 3: Preferred Brand	\$30	\$75
Tier 4: Non-Preferred	\$75	\$187.50
Tier 5: Specialty Tier	33% coinsurance	not covered
Tier 6: Select Care	\$5 (\$0 for 90-100 day supply)	\$0
GAP COVERAGE	Tier 1: All Drugs Tier 6: All Drugs	

### ALIGNMENT HEALTH CALPLUSDUALS (HMO D-SNP) 030

Marin, San Francisco, San Joaquin, San Luis Obispo, Stanislaus & Ventura Counties

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
Drugs Tier 1:	You pay 25% of the total cost Members qualify for a \$0 copay based on <b>Extra Help</b> *
GAP COVERAGE	not covered

**ALIGNMENT HEALTH ESRD BALANCE (HMO C-SNP) 033**

Los Angeles &amp; Orange 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	\$0	\$0
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 for 90-100 day supply)	\$0
GAP COVERAGE	Tier 6: All Drugs	

**ALIGNMENT HEALTH HEART & DIABETES CALPLUS (HMO C-SNP) 039**

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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
Drugs Tier 1:	You pay 25% of the total cost Members qualify for a \$0 copay based on <b>Extra Help</b> *
GAP COVERAGE	not covered

**ALIGNMENT HEALTH HEART & DIABETES (HMO-C-SNP) 010**  
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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**

**Alignment Health Heart & Diabetes (HMO C-SNP) 010 & Alignment Health ESRD Balance (HMO C-SNP) 033**

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.

**Alignment Health CalPlusDuals (HMO D-SNP) 030 & Alignment Health Heart & Diabetes CalPlus (HMO C-SNP) 039**

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

**BONUS DRUGS**

Generic Viagra, Finasteride, Folic Acid. For a complete list and coverage details, refer to Bonus Drug List. Coverage not available for the ALIGNMENT HEALTH CALPLUSDUALS (HMO D-SNP) 030 or the ALIGNMENT HEALTH HEART & DIABETES CALPLUS (HMO C-SNP) 039.

**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 even if you haven't paid your deductible.

**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](http://www.alignmenthealthplan.com).

## EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

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<b>ACCESS ON-DEMAND CONCIERGE CARD</b> (provides access to OTC benefits and Healthy Rewards)	\$0	\$0	\$0	\$0
<b>ENHANCED DENTAL OPTION MONTHLY PREMIUM</b>	\$27	not covered	\$27	not covered
<b>ENHANCED DENTAL OPTION COVERAGE</b> · 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	not covered not covered not covered not covered not covered not covered	\$1,500 coverage limit per year 0% coinsurance 50% coinsurance 50% coinsurance 0-50% coinsurance 50% coinsurance 50% coinsurance	not covered not covered not covered not covered not covered not covered
<b>FITNESS</b> (no-cost memberships at participating fitness centers)	\$0	\$0	\$0	\$0
<b>PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)</b> (personal emergency response device)	\$0	\$0	\$0	\$0
<b>PERSONALIZED HEALTH RISK ASSESSMENT</b>	not covered	not covered	\$75 for 1 screening every 2 years	not covered
<b>CHIROPRACTIC</b>	\$0 Medicare covered	\$0 Medicare covered \$0 for 24 Routine visits per year (combined with Acupuncture)	\$0 Medicare covered	\$0 Medicare covered \$0 for 12 Routine visits per year (combined with Acupuncture)
<b>ACUPUNCTURE</b>	\$0 Medicare covered	\$0 Medicare covered \$0 for 24 Routine visits per year (combined with Chiropractic)	\$0 Medicare covered	\$0 Medicare covered \$0 for 12 Routine visits per year (combined with Chiropractic)

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<b>PODIATRY SERVICES</b>	\$0 Medicare covered \$0 for 12 Routine visits per year	\$0 Medicare covered	\$0 Medicare covered	\$0 Medicare covered
<b>OVER-THE-COUNTER (OTC)</b>	\$200 spending allowance every 3 months (no rollover) Combined with SSBCI Essentials Allowance benefit. See SSBCI Essentials Allowance benefit below.	\$240 spending allowance every 3 months (no rollover, mail order)	\$300 spending allowance every 3 months (no rollover) Combined with SSBCI Essentials Allowance benefit. See SSBCI Essentials Allowance benefit below.	\$500 spending allowance every 3 months (no rollover) Combined with SSBCI Essentials Allowance benefit. See SSBCI Essentials Allowance benefit below.
<b>TELEHEALTH</b>	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services	\$0 Primary Care Provider, Mental Health Specialty, Psychiatric Services
<b>WORLDWIDE EMERGENCY/ URGENT COVERAGE</b>	\$0 \$25,000 coverage limit per year	\$0 \$50,000 coverage limit per year	\$0 \$7,500 coverage limit per year	\$75 \$25,000 coverage limit per year (waived if admitted)
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>	0% coinsurance for items \$500 or less 20% coinsurance for items \$500.01 or more	20% coinsurance \$0 for Full Duals	0% coinsurance for items \$350 or less 20% coinsurance for items \$350.01 or more	20% coinsurance For people with full Medi-Cal, the copay for services may be paid in part or in full by MediCal, or a third party.
<b>CAREGIVER SUPPORT</b>	Up to \$300 reimbursement per year, <b>OR</b> In-Home Support Services (member must choose in advance)	Up to \$300 reimbursement per year, <b>OR</b> In-Home Support Services (member must choose in advance)	Up to \$300 reimbursement per year, <b>OR</b> In-Home Support Services (member must choose in advance)	Up to \$300 reimbursement per year, <b>OR</b> In-Home Support Services (member must choose in advance)

	<b>ALIGNMENT HEALTH HEART &amp; DIABETES (HMO C-SNP) 010</b> Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura & Yolo Counties	<b>ALIGNMENT HEALTH CALPLUSDUALS (HMO D-SNP) 030</b> Marin, San Francisco, San Joaquin, San Luis Obispo, Stanislaus & Ventura Counties	<b>ALIGNMENT HEALTH ESRD BALANCE (HMO C-SNP) 033</b> Los Angeles & Orange Counties	<b>ALIGNMENT HEALTH HEART &amp; DIABETES CALPLUS (HMO C-SNP) 039</b> Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura & Yolo Counties
<b>IN-HOME SUPPORT SERVICES</b>	\$0 12 hours per quarter, 48 hours per year, <b>OR</b> Caregiver Support (member must choose in advance)	\$0 12 hours per quarter, 48 hours per year, <b>OR</b> Caregiver Support (member must choose in advance)	\$0 12 hours per quarter, 48 hours per year, <b>OR</b> Caregiver Support (member must choose in advance)	\$0 12 hours per quarter, 48 hours per year, <b>OR</b> Caregiver Support (member must choose in advance)

### 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.

<b>GAS UTILITIES</b>	not covered	\$20 spending allowance per month (no rollover)	not covered	not covered
<b>PET SERVICES</b> 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	\$0 7 boarding days or 14 walks per year	\$0 7 boarding days or 14 walks per year
<b>PEST CONTROL</b> Annual pest eradication for covered pests to ensure the health, welfare, and safety of members.	\$0 for 1 service per year	\$0 for 1 service per year	\$0 for 1 service per year	\$0 for 1 service per year
<b>AIR PURIFIER/HUMIDIFIER</b> For members with a qualified chronic condition, have breathing conditions or who live in an area impacted by fire and/or smoke.	\$0 1 air purifier or humidifier per year	\$0 1 air purifier or humidifier per year	not covered	\$0 1 air purifier or humidifier per year
<b>ESSENTIALS ALLOWANCE</b> For qualifying members to assist with Groceries, Gas, Utilities and Home Safety.	\$200 spending allowance per quarter (no rollover) combined with OTC	not covered	\$300 spending allowance per quarter (no rollover) combined with OTC	\$500 spending allowance per quarter (no rollover) combined with OTC



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](http://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](http://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](http://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](http://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](http://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).

Alignment Health Heart & Diabetes (HMO C-SNP) 010, Alignment Health Heart & Diabetes Plus (HMO C-SNP) 039, and Alignment Health ESRD Balance (HMO C-SNP) 033 are chronic condition special needs plans. Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition. CalPlusDuals (HMO D-SNP) 030 is a dual eligible special needs plan. Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

**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.