



# 2021

## Product Guide

STILL HAVE QUESTIONS?  
**CONTACT PARTNER EXPERIENCE**

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

**PHONE:** 888.793.5700

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## COUNTY ABBREVIATIONS

<b>CH</b> - Chatham, North Carolina	<b>RV</b> - Riverside	<b>SJ</b> - San Joaquin
<b>JH</b> - Johnston, North Carolina	<b>SB</b> - San Bernardino	<b>SLO</b> - San Luis Obispo
<b>LA</b> - Los Angeles	<b>SC</b> - Santa Clara	<b>ST</b> - Stanislaus
<b>MA</b> - Marin	<b>SD</b> - San Diego	<b>VEN</b> - Ventura
<b>OC</b> - Orange	<b>SF</b> - San Francisco	<b>WA</b> - Wake, North Carolina



# A MESSAGE FROM THE PRESIDENT

Dear Valued Partner,

At Alignment Healthcare, the needs of our country's seniors matter most. When the COVID-19 crisis broke, the Alignment community swiftly came together to support those in need, safely delivering thousands of meals and face masks to seniors isolating at home due to the pandemic. We serve the frailest and most vulnerable people in our community, because it is our calling. We do this by designing products and services that help to improve quality of life, mobility, and connection. We believe this, in turn, empowers the people we serve with independence and agency, knowing that we are there for them.

OUR 2021 PRODUCT GUIDE OUTLINES BENEFITS, ELIGIBILITY, AND SIGNIFICANT FEATURES.

Our products have always focused on senior-first design and physician support, but our vision for the future goes further. We've been listening to you and refining our products. Your feedback has been invaluable — and this is what we have put into effect:

**Expanded Territory** – California, Nevada, and North Carolina

**Expanded Number of Products** – D-SNP and POS option in select markets

**Expanded Provider Delivery Systems In All Three States**

A FEW KEY POINTS:

- **Grocery allowances in select plans addressing needs like diabetes, asthma, or depression**
- **Lowered MOOP options in many of our markets**
- **Zero premium PPO plan with \$3,400 MOOP in select counties**
- **New virtual health plan option with greater member access to a dedicated virtual concierge and medical assistant team**
- **Dental allowance (\$300 per quarter) with CalPlusDuals 030 and CalPlus 009**

One of our most exciting new products is **AVA™ (HMO)**, an on-demand personalized plan package that provides a one-of-a-kind, white-glove concierge service for seniors, enabling them to access virtual primary care, specialist and on-demand doctors for urgent needs or after-hours. That's 24/7 access to a board-certified doctor by phone or video call. Alignment's on-demand, personalized care package doesn't stop there. Alignment's concierge team will make good health easier. Representatives will book virtual appointments, schedule transportation, arrange in-home meal delivery after a hospital stay and answer any questions about benefits.

Alignment Health Plan members can relax knowing that their ACCESS On-Demand Concierge "black card" works like a debit card and can be used in 50,000+ locations nationwide. The black card can pay for covered items, including over-the-counter, grocery, and healthy rewards program items (some limitations may apply).

**We are changing health care one person at a time, and I am excited to have you at our side.**



**Dawn Maroney**  
 President – Markets & Consumer

# ACCESS ON-DEMAND CONCIERGE

## 24/7 Access To A Real Doctor By Phone Or Video Call

Members have access to a board-certified doctor  
24 hours a day, 7 days a week

## Access To A Concierge Team That Will Make Good Health Easier

A team of concierge representatives that members can call  
24/7 for help with:

- Making appointments
- Scheduling transportation
- Questions about benefits
- Arranging in-home meal delivery after a hospital stay
- And MORE\*

## Debit Card-Style Payment

The ACCESS On-Demand Concierge “black card” is accepted at 50,000+ locations nationwide and works like a debit card to pay for covered items, including over-the-counter, grocery and healthy rewards program items offered by Alignment Health Plan. Some limitations may apply.

## Redeemable At Multiple Retailers



CVS



DOLLAR  
GENERAL



WALMART



FAMILY  
DOLLAR



WALGREENS



RITE AID

\*Benefits vary by plan





# AVA™ VIRTUAL PRODUCT

Technology and circumstances are changing the way people access healthcare. Alignment Health Plan is working to make virtual doctor visits more convenient and affordable

Members will be able to take advantage of the following benefits:



## VIRTUAL CONCIERGE PCP

Members can choose a virtual concierge Primary Care Provider (PCP) focused on their health. All virtual PCP and virtual specialist visits are at \$0 copay.



## 24/7 VIRTUAL CARE TEAM

Members can message or call their virtual care team anytime about their care needs, including talking to a doctor, scheduling an appointment, or getting their prescriptions refilled



## \$100 PER MONTH OTC CREDIT

Redeem eligible over-the-counter (OTC) and healthcare items at CVS, Walgreens, Walmart and other retailers



## \$50 PART B PREMIUM GIVE BACK

Depending on how members pay their Part B premium, members can receive \$50 as an increase in their Social Security check or a credit on their Part B premium statement



**HOME. YOUR HAPPY PLACE,**  
 NOW YOUR HEALTHY PLACE

For 2021, Alignment's AVA plan will be available in the following counties:

### CALIFORNIA

Los Angeles  
 Orange  
 Santa Clara  
 San Diego  
 San Luis Obispo  
 Ventura

### NEVADA

Clark

# DENTAL WHAT'S NEW FOR 2021



## OPTIONAL ENHANCED DENTAL PLAN\*

### California

Premium: \$22.72  
Dental Maximum \$1,500

### Nevada

Premium: \$31.35  
Dental Allowance \$1,500

### North Carolina

Premium: \$19.87  
Dental Maximum \$2,000

## FULL DUAL EMBEDDED DENTAL PLAN (CA ONLY)

### CalPlus (HMO) 009

Premium: \$0.00  
Quarterly Allowance \$300

### CalPlusDuals (DSNP) 030

Premium: \$0.00  
Quarterly Allowance \$300

\*Not available on all plans; please refer to benefit grids.



# SUPPLEMENTAL BENEFITS<sup>†</sup>



## **PET CARE (NEW FOR 2021)**

New for 2021, this benefit will provide pet boarding for members who have hospital procedures or emergencies and need pet care while they are away. The standard benefit is for 7 Boarding Days or 14 Walks per year.

\*SSBCI – Must have chronic condition(s)



## **PEST CONTROL (NEW FOR 2021)**

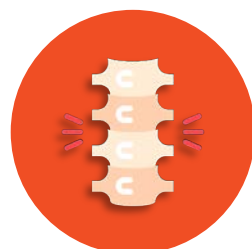
New for 2021, this benefit assists members once per year with pest eradication to ensure the health, welfare, and safety of the member.

\*SSBCI – Must have chronic condition(s)



## **PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) (NEW FOR 2021)**

New for 2021, this PERS device allows members who live alone or are at risk of a fall to call for assistance with the push of a button.



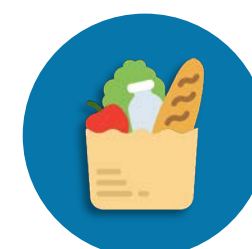
## **ACUPUNCTURE & CHIROPRACTIC SERVICES (NEW FOR 2021)**

We have added acupuncture and chiropractic services as a supplemental benefit for select 2021 plans. The benefit allows members to visit network chiropractors for pain relief, neuromusculoskeletal disorders and nausea. The benefit does not require authorization or referral.



## **OVER-THE-COUNTER**

We continue to provide an over-the-counter benefit to members. Most members will redeem their benefit using their ACCESS On-Demand Concierge “black card.” Amounts vary by plan; please refer to benefit grids and evidence of coverage documents.



## **GROCERY BENEFIT**

We continue to provide a grocery benefit to help members with chronic illnesses meet their nutritional needs. Members can redeem their grocery benefit using their ACCESS On-Demand Concierge “black card” at participating retailers. Not available on all plans; please refer to benefit grids and evidence of coverage documents.

\*SSBCI – Must have chronic condition(s)



## **COMPANION CARE**

We continue to provide the companion care benefit to eligible members. Feelings of loneliness and isolation can be detrimental to one’s health, so we are connecting college students to members who need assistance with non-medical services such as light house chores, technology lessons and general companionship. Benefit covers 12 hours per quarter, 48 hours per year.

\*SSBCI – Must have chronic condition(s)

<sup>†</sup> Not available on all plans; please refer to benefit grids.

\* 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; once qualified, the member will qualify for the remainder of the plan year – we encourage members to visit their primary care provider every year to ensure their medical records are kept up to date.

# AGENT RESOURCES

## NEED TO FAX/MAIL YOUR APPLICATIONS?

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

**Mail:** Alignment Health Plan  
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](https://agents.alignmenthealthcare.com)  
2. Click on Agent Portal Login

## HAVE COMMISSION QUESTIONS?

**Email:** [Commissions@ahcusa.com](mailto:Commissions@ahcusa.com)

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

**Send ENCRYPTED Email To:**

[PartnerExperience@ahcusa.com](mailto:PartnerExperience@ahcusa.com)

## WHAT IS A PREFERRED PHARMACY? HOW MUCH DO MEMBERS SAVE?

**Preferred Pharmacies:** Walgreens, Rite Aid, Walmart, Costco, Good Neighbor Pharmacy and many independent pharmacies

**Member Savings:** Members save up to \$7 per prescription by getting drugs from a preferred retail pharmacy

## DOES YOUR CLIENT NEED THEIR MEMBER ID NUMBER?

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

**Send ENCRYPTED Email To:**

[PartnerExperience@ahcusa.com](mailto:PartnerExperience@ahcusa.com)

**Access your BOB online:**

[agents.alignmenthealthcare.com](https://agents.alignmenthealthcare.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](mailto:PartnerExperience@ahcusa.com)

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

**Provider Search:**

[www.AlignmentHealthPlan.com](https://www.AlignmentHealthPlan.com)  
Click on "PROVIDER SEARCH"

**Medication Search:**

[www.AlignmentHealthPlan.com](https://www.AlignmentHealthPlan.com)  
Click on "FIND A DRUG"

**Pharmacy Search:**

[www.AlignmentHealthPlan.com](https://www.AlignmentHealthPlan.com)  
Click on "FIND A PHARMACY"

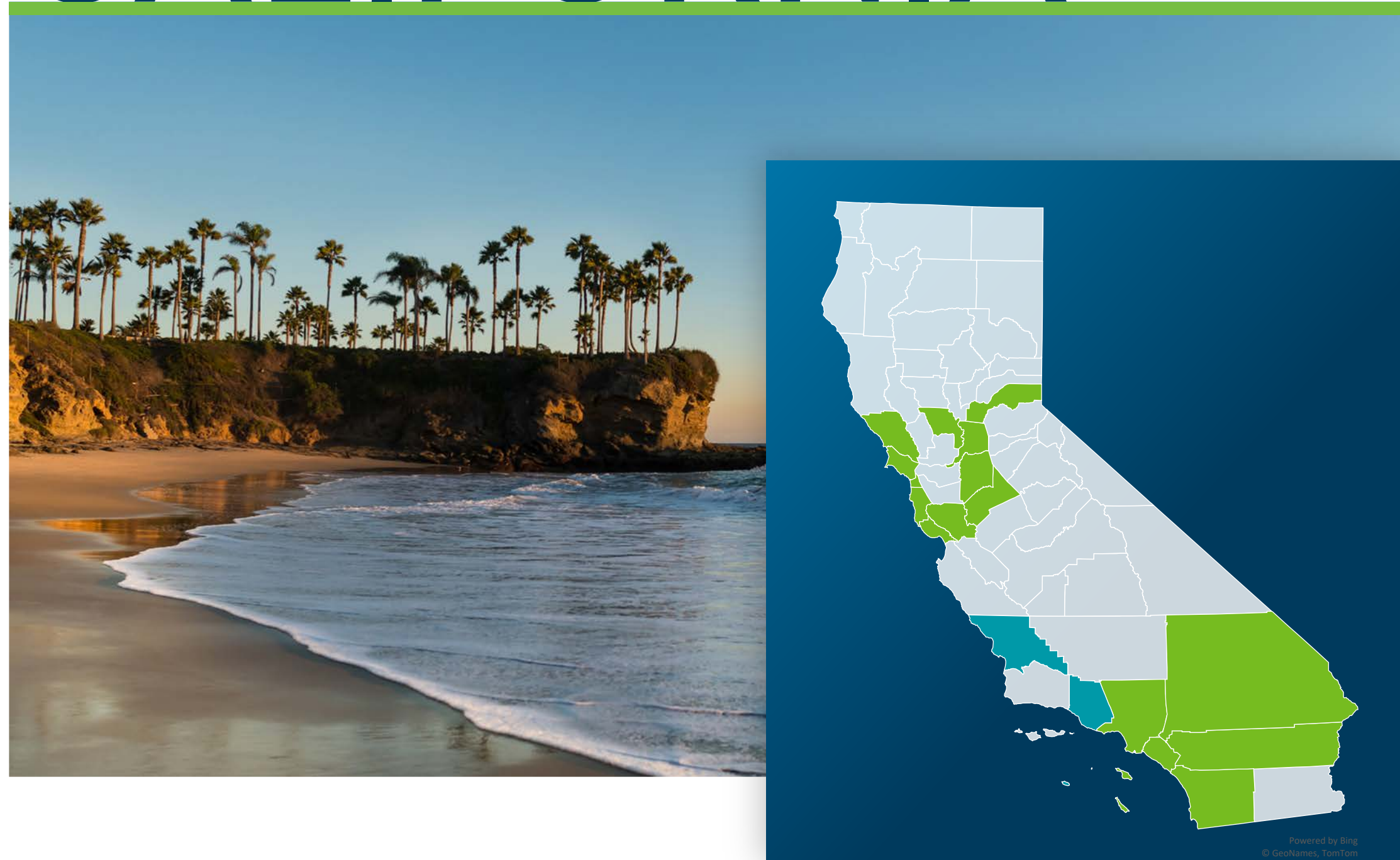
HAVE SOME MORE  
QUESTIONS, OR  
NEED SOME HELP?  
CALL US

**888-793-5700**





# CALIFORNIA



## 4,508,549

Medicare Eligibles Across  
Alignment's CA Markets

EXPANDING TO 2 **NEW**  
**COUNTIES** IN CALIFORNIA

**VENTURA • SAN LUIS OBISPO**

LOS ANGELES • ORANGE •  
RIVERSIDE • SAN BERNARDINO •  
SAN DIEGO • SAN JOAQUIN •  
SANTA CLARA • STANISLAUS •  
SAN MATEO • SANTA CRUZ •  
SONOMA • YOLO •  
SACRAMENTO • PLACER •  
SAN FRANCISCO • MARIN

2021  
BENEFIT OVERVIEW



Plan Benefits	NEW FOR 2021 Alignment Health Plan AVA (HMO) 026	NEW FOR 2021 Alignment Health Plan AVA (HMO) 027
Counties	Santa Clara Provider Network: Virtual Concierge & Multi Plan	Los Angeles, Orange, San Diego, San Luis Obispo & Ventura Provider Network: Virtual Concierge & Multi Plan
Premium (Part C Part D)	\$0	\$0
Part B Rebate	\$50	\$50
Maximum Out of Pocket (MOOP)	\$1,999	\$999
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	\$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	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100
PCP Office Visits	\$0 (virtual) / \$35 (in person)	\$0 (virtual) / \$35 (in person)
Specialist Office Visits	\$0 (virtual) / \$35 (in person)	\$0 (virtual) / \$35 (in person)
Ambulance	\$115 (waived if admitted)	\$115 (waived if admitted)
Emergency Room	\$120 (waived if admitted w/in 48 hrs)	\$120 (waived if admitted w/in 48 hrs)
Urgent Care	\$0 - \$65 (waived if admitted w/in 24 hrs)	\$0 - \$65 (waived if admitted w/in 24 hrs)
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$100 (H) / \$0 (O)	\$100 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$50 or less 20% - \$50.01 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
Radiology Services	\$0 - Diagnostic / 20% - Therapeutic	\$0 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0	\$0
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$22.72 (P) / \$1,500 (CYM)	\$22.72 (P) / \$1,500 (CYM)
Vision Benefits	\$0 Exam / \$200 Eyewear/1 yr	\$0 Exam / \$200 Eyewear/1 yr
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs <sup>1</sup>	\$0 Exam / \$1,000 Hearing Aids/2 yrs <sup>1</sup>

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Plan Benefits	NEW FOR 2021 Alignment Health Plan AVA (HMO) 026	NEW FOR 2021 Alignment Health Plan AVA (HMO) 027		
Fitness Membership	Included	Included		
Transportation (Trips/Radius)	N/A	N/A		
Over-the-Counter Items (no rollover)	\$100 every month	\$100 every month		
Telehealth Services	\$0	\$0		
Black Card	Included	Included		
Companion Care	\$0 for 12 hrs/qtr (48 hrs/yr)	\$0 for 12 hrs/qtr (48 hrs/yr)		
Groceries (no rollover)	\$20 every month	\$20 every month		
Pet Care	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr		
Part B Drugs	20%	20%		
Initial Coverage	\$4,130	\$4,130		
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550		
Gap Coverage	T6	T6		
Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 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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2021  
BENEFIT OVERVIEW



Plan Benefits	NEW FOR 2021 Alignment Health Plan My Choice (HMO) 028	NEW FOR 2021 Alignment Health Plan My Choice (HMO) 029
Counties	San Luis Obispo	Ventura
Premium (Part C Part D)	\$0	\$0
Maximum Out of Pocket (MOOP)	\$1,400	\$2,900
Inpatient Hospital - Acute	\$0	\$0 copay per day for Days 1-4 \$50 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 \$30 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$5
Ambulance	\$75 ground/ \$200 air (waived if admitted)	\$75 ground/ \$200 air (waived if admitted)
Emergency Room	\$70 (waived if admitted w/in 48 hrs)	\$70 (waived if admitted w/in 48 hrs)
Urgent Care	\$0 - \$10 (waived if admitted w/in 24 hrs)	\$0 - \$10 (waived if admitted w/in 24 hrs)
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$0	\$0
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$450 or less 20% - \$450.01 or more	0% - \$450 or less 20% - \$450.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Radiology Services	\$0 - Diagnostic / 20% - Therapeutic	\$0 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0	\$0
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$22.72 (P) / \$1,500 (CYM)	\$22.72 (P) / \$1,500 (CYM)
Vision Benefits	\$0 Exam / \$200 Eyewear/2 yrs	\$0 Exam / \$200 Eyewear/2 yrs
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs <sup>1</sup>	\$0 Exam / \$1,000 Hearing Aids/2 yrs <sup>1</sup>
Fitness Membership	Included	Included

<sup>1</sup>Hearing Aid allowance is for both ears combined.

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Plan Benefits	NEW FOR 2021 Alignment Health Plan My Choice (HMO) 028	NEW FOR 2021 Alignment Health Plan My Choice (HMO) 029
Transportation (Trips/Radius)	\$0 - 22 one-way trips / 50-mile radius	\$0 - 22 one-way trips / 50-mile radius
Over-the-Counter Items (no rollover)	\$15 every month	\$15 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Post-Discharge Meals	\$0 for 28 Days/56 Meals	\$0 for 28 Days/56 Meals
Pet Care	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr

Part B Drugs	20%	20%
Initial Coverage	\$4,130	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550
Gap Coverage	T6	T6

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 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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2021  
BENEFIT OVERVIEW



Plan Benefits	NEW FOR 2021 Alignment Health Plan Harmony (HMO) 031	NEW FOR 2021 Alignment Health Plan Select (HMO) 032
Counties	Santa Clara Specific Network Providers: PMGSJ, Imperial & NCPN	San Diego Specific Network Providers: Scripps Coastal Medical Center Scripps Clinic Medical Group Scripps Hospitals
Premium (Part C Part D)	\$0	\$0
Maximum Out of Pocket (MOOP)	\$2,900	\$3,400
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	\$295 copay per day for Days 1-7 \$0 copay per day for Days 8-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$100 copay per day for Days 21-100	\$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
Ambulance	\$175 (waived if admitted)	\$240 (waived if admitted)
Emergency Room	\$85 (NOT waived if admitted)	\$90 (waived if admitted w/in 48 hrs)
Urgent Care	\$0 - \$10 (waived if admitted w/in 24 hrs)	\$30 (waived if admitted w/in 24 hrs)
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$200 (H) / \$0 (O)	\$200 (H) / \$0 (O)
Ambulatory Surgical Center	\$100	\$35
Durable Medical Equipment	20%	20%
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Radiology Services	\$0 - Diagnostic / 20% - Therapeutic	\$0 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0	\$0
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$22.72 (P) / \$1,500 (CYM)	\$22.72 (P) / \$1,500 (CYM)
Vision Benefits	\$0 Exam / \$150 Eyewear/1 yr	\$0 Exam / \$300 Eyewear/2 yrs
Hearing Benefits	\$0 Exam	\$0 Exam / \$1,000 Hearing Aids/2 yrs <sup>1</sup>
Fitness Membership	Included	Included

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Plan Benefits	NEW FOR 2021 Alignment Health Plan Harmony (HMO) 031	NEW FOR 2021 Alignment Health Plan Select (HMO) 032
Transportation (Trips/Radius)	\$0 - 8 one-way trips / 20-mile radius	\$0 - 24 one-way trips / 30-mile radius
Over-the-Counter Items (no rollover)	\$30 every month	\$20 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Post-Discharge Meals	N/A	\$0 for 28 Days/56 Meals
Companion Care	N/A	N/A
Groceries (no rollover)	N/A	N/A
Pet Care	\$0 for 7 Days or 14 Walks/yr	N/A

Part B Drugs	20%	20%
Initial Coverage	\$4,130	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550
Gap Coverage	T6	T6

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 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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2021  
BENEFIT OVERVIEW



NEW FOR 2021  
Alignment Health Plan  
CalPlusDuals (DSNP) 030 – FULL DUALS ONLY

Plan Benefits	
Counties	Stanislaus, San Joaquin & Marin
Premium (Part C Part D)	\$0 Part C / \$20.80 Part D
Maximum Out of Pocket (MOOP)	\$6,700
Inpatient Hospital - Acute	\$0
Skilled Nursing Facility	\$0
PCP Office Visits	\$0
Specialist Office Visits	\$0
Ambulance	\$0
Emergency Room	\$0
Urgent Care	\$0
Worldwide Emergency	\$50,000/year
Outpatient Hospital / Observation Svcs	\$0
Ambulatory Surgical Center	\$0
Durable Medical Equipment	\$0
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts
Radiology Services	\$0
Lab / X-Ray Services	\$0
Fitness Membership	Included
Dental Benefits	Included / \$300 Quarterly Allowance
Vision Benefits	\$0 Exam / \$500 Eyewear/2 yrs
Hearing Benefits	\$0 Exam / \$2,500 Hearing Aids/2 yrs <sup>1</sup>

<sup>1</sup>Hearing Aid allowance is for both ears combined.

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NEW FOR 2021  
Alignment Health Plan  
CalPlusDuals (DSNP) 030 – FULL DUALS ONLY

Transportation (Trips/Radius)	\$0 – Unlimited trips / 50-mile radius
Over-the-Counter (no rollover)	\$100 every month
Groceries (no rollover)	\$50 every month
Telehealth Services	\$0
Black Card	Included
Post-Discharge Meals	\$0 for 28 Days/56 Meals
Chronic Meals	\$0 for 14 Days/28 Meals
Companion Care	\$0 for 12 hrs/qtr (48 hrs/yr)
Pet Care	\$0 for 7 Days or 14 Walks/yr
Air Purifier / Humidifier	\$0 either item/yr

Part B Drugs	20%
Initial Coverage	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550
Gap Coverage	N/A

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	Drug Copay Based on Level of Low Income Subsidy (LIS)  Generic drugs: \$0 or \$1.30 or \$3.60  All other drugs: \$0 or \$3.90 or \$8.95	
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Tier 6: Select Care Tier		
Bonus Drugs	Included	

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2021  
BENEFIT OVERVIEW



Plan Benefits	Alignment Health Plan Platinum (HMO) 008	Alignment Health Plan Platinum (HMO) 015
Counties	Los Angeles & Orange	San Bernardino & Riverside Select Network Providers
Premium (Part C Part D)	\$0	\$0
Maximum Out of Pocket (MOOP)	\$800	\$2,400
Inpatient Hospital - Acute	\$0	\$0
Skilled Nursing Facility	\$0	\$0 copay per day for Days 1-20 \$30 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic / Acupuncture Services	\$0 - 24 Routine visits/yr	\$0 (Medicare cvg only) / No Acu
Ambulance	\$50 (waived if admitted)	\$75 (waived if admitted)
Emergency Room	\$50 (waived if admitted w/in 48 hrs)	\$70 (waived if admitted w/in 48 hrs)
Urgent Care	\$0 - \$10 (waived if admitted w/in 24 hrs)	\$0 - \$10 (waived if admitted w/in 24 hrs)
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$50 (H) / \$0 (O)	\$0
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$50 or less 20% - \$50.01 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
Radiology Services	\$0 - Diagnostic / 20% - Therapeutic	\$0 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0	\$0
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$22.72 (P) / \$1,500 (CYM)	\$22.72 (P) / \$1,500 (CYM)
Vision Benefits	\$0 Exam / \$300 Eyewear/yr	\$0 Exam / \$200 Eyewear/yr
Hearing Benefits	\$0 Exam / \$1,000 Hearing Aids/2 yrs <sup>1</sup>	\$0 Exam / \$1,000 Hearing Aids/2 yrs <sup>1</sup>
Fitness Membership	Included	Included

<sup>1</sup>Hearing Aid allowance is for both ears combined.

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Plan Benefits	Alignment Health Plan Platinum (HMO) 008		Alignment Health Plan Platinum (HMO) 015	
Transportation (Trips/Radius)	42 one-way trips / 50-mile radius		22 one-way trips / 50-mile radius	
Over-the-Counter Items (no rollover)	\$40 every month		\$20 every month	
Telehealth Services	\$0		\$0	
Black Card	Included		Included	
Post-Discharge Meals	\$0 for 28 Days/56 Meals		\$0 for 28 Days/56 Meals	
Companion Care	\$0 for 12 hrs/qtr (48 hrs/yr)		N/A	
Groceries (no rollover)	\$20 every month		N/A	
Pest Control	\$0 for one service/yr		\$0 for one service/yr	
Pet Care	\$0 for 7 Days or 14 Walks/yr		N/A	
Part B Drugs	20%		20%	
Initial Coverage	\$4,130		\$4,130	
Part D OOP Threshold (Catastrophic)	\$6,550		\$6,550	
Gap Coverage	T1, T2, T6		T1, T6	
Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$3	\$7.50	\$5	\$15
Tier 3: Preferred Brand	\$30	\$75	\$30	\$90
Tier 4: Non-Preferred Drug	\$75	\$187.50	\$100	\$300
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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2021  
BENEFIT OVERVIEW



Plan Benefits	Alignment Health Plan CalPlus (HMO) 009 BEST FOR FULL DUALS	Alignment Health Plan Heart & Diabetes (HMO SNP) 010
Counties	Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, Santa Clara, Stanislaus, San Diego, Marin, Ventura, San Luis Obispo & San Francisco	Los Angeles & Orange
Premium (Part C Part D)	\$0 Part C / \$20.10 Part D	\$0
Maximum Out of Pocket (MOOP)	\$4,900	\$1,000
Inpatient Hospital - Acute	\$0 for Full Duals	\$0
Skilled Nursing Facility	\$0 for Full Duals	\$0 copay per day for Days 1-31 \$50 copay per day for Days 32-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic / Acupuncture Services	\$0 - 12 Routine visits/yr	\$0 (Medicare cvg only)
Ambulance	\$0 for Full Duals	\$100 (waived if admitted)
Emergency Room	\$0 for Full Duals	\$70 (waived if admitted w/in 48 hrs)
Urgent Care	\$0 for Full Duals	\$0
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$0 for Full Duals	\$0
Ambulatory Surgical Center	\$0 for Full Duals	\$0
Durable Medical Equipment	\$0 for Full Duals	0% - \$499 or less 20% - \$500 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 0% - Shoes or Inserts
Radiology Services	\$0 for Full Duals	\$0 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0 for Full Duals	\$0
Dental Benefits	Included / \$300 Quarterly Allowance	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	N/A	\$22.72 (P) / \$1,500 (CYM)
Vision Benefits	\$0 Exam / \$500 Eyewear/2 yrs	\$0 Exam / \$200 Eyewear/yr
Hearing Benefits	\$0 Exam / \$2,000 Hearing Aids/2 yrs <sup>1</sup>	\$0 Exam
Fitness Membership	Included	Included

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Plan Benefits	Alignment Health Plan CalPlus (HMO) 009 BEST FOR FULL DUALS	Alignment Health Plan Heart & Diabetes (HMO SNP) 010
Transportation (Trips/Radius)	Unlimited trips / 50-mile radius	32 one-way trips / 50-mile radius
Over-the-Counter Items (no rollover)	\$100 every month	\$40 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Post-Discharge Meals	\$0 for 28 Days/56 Meals	N/A
Chronic Meals	\$0 for 14 Days/28 Meals	\$0 for 14 Days/28 Meals
Companion Care	\$0 for 12 hrs/qtr (48 hrs/yr)	\$0 for 12 hrs/qtr (48 hrs/yr)
Groceries (no rollover)	\$20 every month	N/A
Pet Care	N/A	\$0 for 7 Days or 14 Walks/yr
PERS - Personal Emergency Response	\$0 for 1 device /yr	\$0 for 1 device /yr

Part B Drugs	20%	20%
Initial Coverage	\$4,130	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550
Gap Coverage	N/A	T1, T6

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 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 \$1.30 or \$3.60  All other drugs: \$0 or \$3.90 or \$8.95		\$5	\$12.50
Tier 3: Preferred Brand			\$30	\$75
Tier 4: Non-Preferred Drug			\$75	\$187.50
Tier 5: Specialty Tier			33%	N/A
Tier 6: Select Care Tier			\$5	\$0
Bonus Drugs	Included		Included	

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2021  
BENEFIT OVERVIEW



Plan Benefits	Alignment Health Plan My Choice (HMO) 001	Alignment Health Plan smartHMO (HMO) 013
Counties	Los Angeles, Orange, Riverside & San Bernardino	Los Angeles
Part B Rebate	N/A	\$109
Premium (Part C Part D)	\$0	\$0
Maximum Out of Pocket (MOOP)	\$2,400	\$3,400
Inpatient Hospital - Acute	\$50 copay per day for Days 1-3 \$0 copay per day for Days 4-90	\$120 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 \$30 copay per day for Days 21-100	\$20 copay per day for Days 1-20 \$100 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$10
Chiropractic Services	\$0 (Medicare cvg only)	\$10 (Medicare cvg only)
Ambulance	\$125 (waived if admitted)	\$100 (waived if admitted)
Emergency Room	\$75 (waived if admitted w/in 48 hrs)	\$120 (waived if admitted w/in 48 hrs)
Urgent Care	\$0 - \$10 (waived if admitted w/in 24 hrs)	\$0 - \$10 (waived if admitted w/in 24 hrs)
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$100 (H) / \$0 (O)	\$150 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$50
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	20%
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Radiology Services	\$0 - Diagnostic / 20% - Therapeutic	\$0 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0	\$0
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$22.72 (P) / \$1,500 (CYM)	\$22.72 (P) / \$1,500 (CYM)
Vision Benefits	\$0 Exam / \$100 Eyewear/yr	\$0 Exam \$200 Frames & Lenses /yr \$100 Contacts /yr
Hearing Benefits	\$0 Exam	\$0 Exam

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Plan Benefits	Alignment Health Plan My Choice (HMO) 001		Alignment Health Plan smarHMO (HMO) 013	
Fitness Membership	Included		Included	
Transportation (Trips/Radius)	22 one-way trips / 50-mile radius		N/A	
Over-the-Counter Items (no rollover)	\$10 every month		\$40 every month	
Telehealth Services	\$0		\$0	
Black Card	Included		Included	
Companion Care	\$0 for 12 hrs/qtr (48 hrs/yr)		N/A	
Pet Care	\$0 for 7 Days or 14 Walks/yr		N/A	
Part B Drugs	20%		20%	
Initial Coverage	\$4,130		\$4,130	
Part D OOP Threshold (Catastrophic)	\$6,550		\$6,550	
Gap Coverage	T1, T6		T1, T6	
Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$12.50	\$10	\$25
Tier 3: Preferred Brand	\$30	\$75	\$30	\$75
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
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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2021  
BENEFIT OVERVIEW



Plan Benefits	Alignment Health Plan Platinum Plan (HMO) 016	Alignment Health Plan AllCare Preferred (HMO) 011
Counties	San Diego	Stanislaus
Premium (Part C Part D)	\$0	\$0
Maximum Out of Pocket (MOOP)	\$2,900	\$2,900
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	\$0
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	\$0
Specialist Office Visits	\$0	\$0
Ambulance	\$75 (waived if admitted)	\$100 (waived if admitted)
Emergency Room	\$65 (waived if admitted w/in 48 hrs)	\$75 (NOT waived if admitted)
Urgent Care	\$0 - \$10 (waived if admitted w/in 24 hrs)	\$0 - \$10 (waived if admitted w/in 24 hrs)
Worldwide Emergency	\$25,000/year	\$7,500/year
Outpatient Hospital / Observation Svcs	\$85 (H) / \$0 (O)	\$50 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$0
Durable Medical Equipment	0% - \$50 or less 20% - \$50.01 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
Radiology Services	\$0 - Diagnostic / 20% - Therapeutic	\$0 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0	\$0
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$22.72 (P) / \$1,500 (CYM)	\$22.72 (P) / \$1,500 (CYM)
Vision Benefits	\$0 Exam / \$300 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

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Plan Benefits	Alignment Health Plan Platinum Plan (HMO) 016	Alignment Health Plan AllCare Preferred (HMO) 011
Transportation (Trips/Radius)	\$0 - 24 one-way trips / 25-mile radius	\$0 - 26 one-way trips / 50-mile radius
Over-the-Counter Items (no rollover)	\$50 every month	\$40 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Post-Discharge Meals	\$0 for 28 Days/56 Meals	\$0 for 28 Days/56 Meals
Companion Care	\$0 for 12 hrs/qtr (48 hrs/yr)	\$0 for 12 hrs/qtr (48 hrs/yr)
Groceries (no rollover)	\$10 every month	\$10 every month
Pet Care	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr
Pest Control	\$0 for one service/yr	N/A

Part B Drugs	20%	20%
Initial Coverage	\$4,130	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550
Gap Coverage	T1, T6	T6

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$5	\$12.50
Tier 2: Generic	\$3	\$9	\$10	\$25
Tier 3: Preferred Brand	\$30	\$90	\$40	\$100
Tier 4: Non-Preferred Drug	\$75	\$225	\$93	\$232.50
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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2021  
BENEFIT OVERVIEW



Plan Benefits	Alignment Health Plan My Choice (HMO) 006	Alignment Health Plan My Choice (HMO) 007
Counties	San Joaquin & Stanislaus	Santa Clara & San Francisco (NEW – B&T)
Premium (Part C Part D)	\$0	\$0
Maximum Out of Pocket (MOOP)	\$4,900	\$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	\$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 \$100 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Chiropractic Services	\$0 (Medicare cvg only)	\$0 (Medicare cvg only)
Ambulance	\$100 (waived if admitted)	\$175 (waived if admitted)
Emergency Room	\$85 (NOT waived if admitted)	\$85 (NOT waived if admitted)
Urgent Care	\$0 - \$10 (waived if admitted w/in 24 hrs)	\$0 - \$10 (waived if admitted w/in 24 hrs)
Worldwide Emergency	\$7,500/year	\$7,500/year
Outpatient Hospital / Observation Svcs	\$150 (H) / \$0 (O)	\$200 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$100
Durable Medical Equipment	20%	20%
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Radiology Services	\$0 - Diagnostic / 20% - Therapeutic	\$0 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0	\$0
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$22.72 (P) / \$1,500 (CYM)	\$22.72 (P) / \$1,500 (CYM)
Vision Benefits	\$0 Exam / \$100 Eyewear/2 yrs	\$0 Exam / \$75 Eyewear/yr
Hearing Benefits	\$0 Exam	\$0 Exam
Fitness Membership	Included	Included

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Plan Benefits	Alignment Health Plan My Choice (HMO) 006	Alignment Health Plan My Choice (HMO) 007
Transportation (Trips/Radius)	12 one-way trips / 20-mile radius Care Center ONLY	8 one-way trips / 20-mile radius
Over-the-Counter Items (no rollover)	\$15 every month	\$20 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Post-Discharge Meals	\$0 for 28 Days/56 Meals	N/A
Companion Care	N/A	N/A
Groceries (no rollover)	N/A	N/A
Pet Care	\$0 for 14 Days or 28 Walks/yr	\$0 for 7 Days or 14 Walks/yr

Part B Drugs	20%	20%
Initial Coverage	\$4,130	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550
Gap Coverage	T6	T6

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$5	\$12.50	\$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	\$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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2021  
BENEFIT OVERVIEW



Plan Benefits	Alignment Health Plan Platinum (HMO) 018	Alignment Health Plan Platinum (HMO) 025
Counties	Marin	San Joaquin Specific Network Providers: St. Joseph & AllCare
Premium (Part C Part D)	\$25	\$14.99
Maximum Out of Pocket (MOOP)	\$3,000	\$2,850
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	\$0 copay per day for Days 1-2 \$150 copay per day for Days 3-8 \$0 copay per day for Days 9-90
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 \$100 copay per day for Days 21-100
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Ambulance	\$75 (waived if admitted)	\$250 (waived if admitted)
Emergency Room	\$65 (waived if admitted w/in 48 hrs)	\$90 (NOT waived if admitted)
Urgent Care	\$0 - \$10 (waived if admitted w/in 24 hrs)	\$0
Worldwide Emergency	\$25,000/year	\$10,000/year
Outpatient Hospital / Observation Svcs	\$100 (H) / \$0 (O)	\$175 (H) / \$0 (O)
Ambulatory Surgical Center	\$0	\$100
Durable Medical Equipment	0% - \$50 or less 20% - \$50.01 or more	20%
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts
Radiology Services	\$0 - Diagnostic / 20% - Therapeutic	\$0 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0	\$0
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$22.72 (P) / \$1,500 (CYM)	\$22.72 (P) / \$1,500 (CYM)
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

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Plan Benefits	Alignment Health Plan Platinum (HMO) 018	Alignment Health Plan Platinum (HMO) 025
Transportation (Trips/Radius)	24 one-way trips / 25-mile radius	N/A
Over-the-Counter Items (no rollover)	\$40 every month	\$20 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Post-Discharge Meals	\$0 for 28 Days/56 Meals	N/A
Companion Care	\$0 for 12 hrs/qtr (48 hrs/yr)	N/A
Pest Control	\$0 for one service/yr	\$0 for one service/yr
Pet Care	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr

Part B Drugs	20%	20%
Initial Coverage	\$4,130	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550
Gap Coverage	T1, T6	T6

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$5	\$12.50
Tier 2: Generic	\$3	\$9	\$10	\$25
Tier 3: Preferred Brand	\$30	\$90	\$40	\$100
Tier 4: Non-Preferred Drug	\$75	\$225	\$93	\$232.50
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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2021  
BENEFIT OVERVIEW



Plan Benefits	Alignment Health Plan Sutter Advantage (HMO) 019	Alignment Health Plan Sutter Advantage (HMO) 020
Counties	Sacramento, Placer and Yolo	Santa Clara
Premium (Part C Part D)	\$19	\$49
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
Ambulance	\$250 (waived if admitted)	\$250 (waived if admitted)
Emergency Room	\$90 (NOT waived if admitted)	\$90 (NOT waived if admitted)
Urgent Care	\$0 - \$10 (waived if admitted w/in 24 hrs)	\$0 - \$10 (waived if admitted w/in 24 hrs)
Worldwide Emergency	\$7,500/year	\$7,500/year
Outpatient Hospital / Observation Svcs	\$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
Radiology Services	\$150 - Diagnostic / 20% - Therapeutic	\$150 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0 (L) / \$15 (X)	\$0 (L) / \$15 (X)
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$22.72 (P) / \$1,500 (CYM)	\$22.72 (P) / \$1,500 (CYM)
Vision Benefits	\$0 Exam / \$150 Eyewear/2 yrs	\$0 Exam / \$150 Eyewear/2 yrs
Hearing Benefits	\$0 Exam	\$0 Exam
Fitness Membership	Included	Included

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Plan Benefits	Alignment Health Plan Sutter Advantage (HMO) 019	Alignment Health Plan Sutter Advantage (HMO) 020
Transportation (Trips/Radius)	N/A	N/A
Over-the-Counter Items (no rollover)	\$15 every month	\$15 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Part B Drugs	20%	20%
Initial Coverage	\$4,130	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550
Gap Coverage	T6	T6
Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$5	\$15
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	Included

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2021  
BENEFIT OVERVIEW



Plan Benefits	Alignment Health Plan Sutter Advantage (HMO) 021	Alignment Health Plan Sutter Advantage (HMO) 022
Counties	Santa Cruz	San Mateo
Premium (Part C Part D)	\$59	\$46
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 21-62 \$0 copay per day for Days 63-100
PCP Office Visits	\$5	\$5
Specialist Office Visits	\$20	\$25
Ambulance	\$250 (waived if admitted)	\$250 (waived if admitted)
Emergency Room	\$90 (NOT waived if admitted)	\$90 (NOT waived if admitted)
Urgent Care	\$0 - \$10 (waived if admitted w/in 24 hrs)	\$0 - \$10 (waived if admitted w/in 24 hrs)
Worldwide Emergency	\$7,500/year	\$7,500/year
Outpatient Hospital / Observation Svcs	\$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
Radiology Services	\$150 - Diagnostic / 20% - Therapeutic	\$150 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0 (L) / \$15 (X)	\$0 (L) / \$15 (X)
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$22.72 (P) / \$1,500 (CYM)	\$22.72 (P) / \$1,500 (CYM)
Vision Benefits	\$0 Exam / \$150 Eyewear/2 yrs	\$0 Exam / \$150 Eyewear/2 yrs
Hearing Benefits	\$0 Exam	\$0 Exam
Fitness Membership	Included	Included

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Plan Benefits	Alignment Health Plan Sutter Advantage (HMO) 021	Alignment Health Plan Sutter Advantage (HMO) 022
Transportation (Trips/Radius)	N/A	N/A
Over-the-Counter Items (no rollover)	\$15 every month	\$15 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Part B Drugs	20%	20%
Initial Coverage	\$4,130	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550
Gap Coverage	T6	T6

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 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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2021  
BENEFIT OVERVIEW



Plan Benefits	Alignment Health Plan Sutter Advantage (HMO) 023	Alignment Health Plan Sutter Advantage (HMO) 024
Counties	Sonoma	San Francisco
Premium (Part C Part D)	\$48	\$44
Maximum Out of Pocket (MOOP)	\$3,900	\$3,900
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 21-51 \$0 copay per day for Days 52-100
PCP Office Visits	\$5	\$5
Specialist Office Visits	\$25	\$20
Ambulance	\$250 (waived if admitted)	\$250 (waived if admitted)
Emergency Room	\$90 (NOT waived if admitted)	\$90 (NOT waived if admitted)
Urgent Care	\$0 - \$10 (waived if admitted w/in 24 hrs)	\$0 - \$10 (waived if admitted w/in 24 hrs)
Worldwide Emergency	\$7,500/year	\$7,500/year
Outpatient Hospital / Observation Svcs	\$195 (H) / \$0 (O)	\$195 (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
Radiology Services	\$150 - Diagnostic / 20% - Therapeutic	\$150 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0 (L) / \$15 (X)	\$0 (L) / \$15 (X)
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$22.72 (P) / \$1,500 (CYM)	\$22.72 (P) / \$1,500 (CYM)
Vision Benefits	\$0 Exam / \$150 Eyewear/2 yrs	\$0 Exam / \$150 Eyewear/2 yrs
Hearing Benefits	\$0 Exam	\$0 Exam
Fitness Membership	Included	Included

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Plan Benefits	Alignment Health Plan Sutter Advantage (HMO) 023	Alignment Health Plan Sutter Advantage (HMO) 024
Transportation (Trips/Radius)	N/A	N/A
Over-the-Counter Items (no rollover)	\$15 every month	\$15 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Part B Drugs	20%	20%
Initial Coverage	\$4,130	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550
Gap Coverage	T6	T6
Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$5	\$15
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	Included

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2021  
BENEFIT OVERVIEW



NEW FOR 2021  
Alignment Health Plan  
Balance (PPO) 006

Plan Benefits	NEW FOR 2021 Alignment Health Plan Balance (PPO) 006	
Counties	San Joaquin & Stanislaus Specific Network PPO Providers	
	In-Network	Out-of-Network
Premium (Part C Part D)	\$0	
Maximum Out of Pocket (MOOP)	\$2,850	\$5,150 (comb)
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%
Ambulance	\$100 (waived if admitted)	30%
Emergency Room	\$75 (NOT waived if admitted)	
Urgent Care	\$0 - \$10 (waived if admitted w/in 24 hrs)	
Worldwide Emergency	\$25,000/year	
Outpatient Hospital / Observation Svcs	\$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%
Radiology Services	\$0 - Diagnostic / 20% - Therapeutic	30%
Lab / X-Ray Services	\$0	30%
Dental Benefits (Medicare Covered)	\$0	30%
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	In Network ONLY \$22.72 (P) / \$1,500 (CYM)	
Vision Benefits	In-Network \$0 Exam / \$200 Eyewear/yr	30%
Hearing Benefits	\$0 Exam	30%
Fitness Membership	Included	

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Plan Benefits

NEW FOR 2021  
Alignment Health Plan  
Balance (PPO) 006

	In-Network	Out-of-Network
Over-the-Counter Items (no rollover)	\$15 every month	
Black Card	Included	

Part B Drugs	20%	30%
Initial Coverage	\$4,130	
Part D OOP Threshold (Catastrophic)	\$6,550	
Gap Coverage	T6	

Part D Drugs	Preferred 30 Day	Preferred 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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2021  
BENEFIT OVERVIEW



Plan Benefits	Alignment Health Plan My Choice (PPO) 001		Alignment Health Plan My Choice (PPO) 002	
Counties	Sacramento, Placer and Yolo		San Mateo	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Premium (Part C Part D)	\$75		\$95	
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%
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 - \$10 (waived if admitted w/in 24 hrs)		\$0 - \$10 (waived if admitted w/in 24 hrs)	
Worldwide Emergency	\$25,000/year		\$25,000/year	
Outpatient Hospital / Observation Svcs	\$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%
Radiology Services	\$150 - Diagnostic 20% - Therapeutic	30%	\$150 - Diagnostic 20% - Therapeutic	30%
Lab / X-Ray Services	\$0 (L) / \$15 (X)	30%	\$0 (L) / \$15 (X)	30%
Dental Benefits (Medicare Covered)	\$0	30%	\$0	30%
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	In Network ONLY \$22.72 (P) / \$1,500 (CYM)		In Network ONLY \$22.72 (P) / \$1,500 (CYM)	
Vision Benefits	\$0 Exam / \$150 Eyewear/2 yrs	30%	\$0 Exam / \$150 Eyewear/2 yrs	30%
Hearing Benefits	\$0 Exam	30%	\$0 Exam	30%
Fitness Membership	Included		Included	

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Plan Benefits	Alignment Health Plan My Choice (PPO) 001		Alignment Health Plan My Choice (PPO) 002	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Over-the-Counter Items (no rollover)	\$15 every month		\$15 every month	
Telehealth Services	N/A		N/A	
Black Card	Included		Included	
Part B Drugs	20%	30%	20%	30%
Initial Coverage	\$4,130		\$4,130	
Part D OOP Threshold (Catastrophic)	\$6,550		\$6,550	
Gap Coverage	T6		T6	
Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 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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2021  
BENEFIT OVERVIEW



Plan Benefits	Alignment Health Plan My Choice (PPO) 003		Alignment Health Plan My Choice (PPO) 004	
Counties	Sonoma Specific Network PPO Providers: Sutter Health & Meritage		San Joaquin, Stanislaus & Santa Cruz	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Premium (Part C Part D)	\$97		\$79	
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%	\$150 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%
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 - \$10 (waived if admitted w/in 24 hrs)		\$0 - \$10 (waived if admitted w/in 24 hrs)	
Worldwide Emergency	\$25,000/year		\$25,000/year	
Outpatient Hospital / Observation Svcs	\$195 (H) / \$0 (O)	25%	\$195 (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%
Radiology Services	\$150 - Diagnostic 20% - Therapeutic	30%	\$150 - Diagnostic 20% - Therapeutic	30%
Lab / X-Ray Services	\$0 (L) / \$15 (X)	30%	\$0 (L) / \$15 (X)	30%
Dental Benefits (Medicare Covered)	\$0	30%	\$0	30%
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	In Network ONLY \$22.72 (P) / \$1,500 (CYM)		In Network ONLY \$22.72 (P) / \$1,500 (CYM)	
Vision Benefits	\$0 Exam / \$150 Eyewear/2 yrs	30%	\$0 Exam / \$150 Eyewear/2 yrs	30%
Hearing Benefits	\$0 Exam	30%	\$0 Exam	30%
Fitness Membership	Included		Included	

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Plan Benefits	Alignment Health Plan My Choice (PPO) 003		Alignment Health Plan My Choice (PPO) 004	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Over-the-Counter Items (no rollover)	\$15 every month		\$15 every month	
Telehealth Services	N/A		N/A	
Black Card	Included		Included	
Part B Drugs	20%	30%	20%	30%
Initial Coverage	\$4,130		\$4,130	
Part D OOP Threshold (Catastrophic)	\$6,550		\$6,550	
Gap Coverage	T6		T6	
Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 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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# NEVADA



**368,179**

Medicare Eligibles Across  
Alignment's NV Markets

CLARK COUNTY





2021  
BENEFIT OVERVIEW



Plan Benefits	NEW FOR 2021 Alignment Health Plan Platinum (HMO) 001	NEW FOR 2021 Alignment Health Plan AVA (HMO) 003
Counties	Clark	Clark Provider Network: Virtual Concierge & Multi Plan
Premium (Part C Part D)	\$0	\$0
Part B Rebate	N/A	\$50
Maximum Out of Pocket (MOOP)	\$2,900	\$999
Inpatient Hospital - Acute	\$0	\$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	\$0 copay per day for Days 1-20 \$50 copay per day for Days 21-100
PCP Office Visits	\$0	\$0 (virtual) / \$35 (in person)
Specialist Office Visits	\$0	\$0 (virtual) / \$35 (in person)
Ambulance	\$100 (waived if admitted)	\$115
Emergency Room	\$50 (waived if admitted w/in 48 hrs)	\$120 (waived if admitted w/in 48 hrs)
Urgent Care	\$0	\$0
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hospital / Observation Svcs	\$0	\$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	20%	0% - Supplies 20% - Shoes or Inserts
Radiology Services	\$0 - Diagnostic / 20% - Therapeutic	\$0 - Diagnostic / 20% - Therapeutic
Lab / X-Ray Services	\$0	\$0
Dental Benefits	Included	Included
Comprehensive Dental Buy Up (premium/allowance)	\$31.35 (P) / \$1,500 (A)	\$31.35 (P) / \$1,500 (A)
Vision Benefits	\$0 Exam / \$75 Eyewear/yr	\$0 Exam / \$200 Eyewear/yr
Hearing Benefits	\$0 Exam	\$0 Exam
Fitness Membership	Included	Included

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Plan Benefits	NEW FOR 2021 Alignment Health Plan Platinum (HMO) 001	NEW FOR 2021 Alignment Health Plan AVA (HMO) 003
Transportation (Trips/Radius)	\$0 - 36 one-way trips / 20-mile radius	N/A
Over-the-Counter Items (no rollover)	\$50 every month	\$100 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Chronic Meals	N/A	\$0 for 14 Days/28 Meals
Companion Care	N/A	\$0 for 12 hrs/qtr (48 hrs/yr)
Groceries (no rollover)	\$20 every month	\$20 every month
Pest Control	\$0 for one service/yr	N/A
Pet Care	N/A	\$0 for 7 Days or 14 Walks/yr
Air Purifier / Humidifier	\$0 either item/yr	N/A

Part B Drugs	20%	20%
Initial Coverage	\$4,130	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550
Gap Coverage	T6	T6

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$0	\$0
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	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

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2021  
BENEFIT OVERVIEW



NEW FOR 2021  
Alignment Health Plan  
NVPlus (HMO) 002 – FULL DUALS ONLY

Plan Benefits	Counties	Clark
Premium (Part C Part D)		\$0 Part C / \$13.90 Part D
Maximum Out of Pocket (MOOP)		\$2,900
Inpatient Hospital - Acute		\$0 for Full Duals
Skilled Nursing Facility		\$0 for Full Duals
PCP Office Visits		\$0
Specialist Office Visits		\$0
Ambulance		\$0
Emergency Room		\$0 for Full Duals
Urgent Care		\$0 for Full Duals
Worldwide Emergency		\$25,000/year
Outpatient Hospital / Observation Svcs		\$0
Ambulatory Surgical Center		\$0 for Full Duals
Durable Medical Equipment		\$0 for Full Duals
Diabetic Supplies		\$0 for Full Duals
Radiology Services		\$0 for Full Duals
Lab / X-Ray Services		\$0 for Full Duals
Fitness Membership		Included
Dental Benefits		Included
Vision Benefits		\$0 Exam / \$500 Eyewear/2 yrs
Hearing Benefits		\$0 Exam / \$2,000 Hearing Aids/2 yrs

NEW FOR 2021  
Alignment Health Plan  
NVPlus (HMO) 002 – FULL DUALS ONLY

Transportation (Trips/Radius)	\$0 – Unlimited trips / 20-mile radius
Over-the-Counter (no rollover)	\$100 every month
Telehealth Services	\$0
Black Card	Included
Chronic Meals	\$0 for 14 Days/28 Meals
Companion Care	\$0 for 12 hrs/qtr (48 hrs/yr)
Groceries (no rollover)	\$20 every month
Air Purifier / Humidifier	\$0 either item/yr

Part B Drugs	20%
Initial Coverage	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550
Gap Coverage	N/A

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	Drug Copay Based on Level of Low Income Subsidy (LIS)  Generic drugs: \$0 or \$1.30 or \$3.60  All other drugs: \$0 or \$3.90 or \$8.95	
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Tier 6: Select Care Tier		
Bonus Drugs	N/A	

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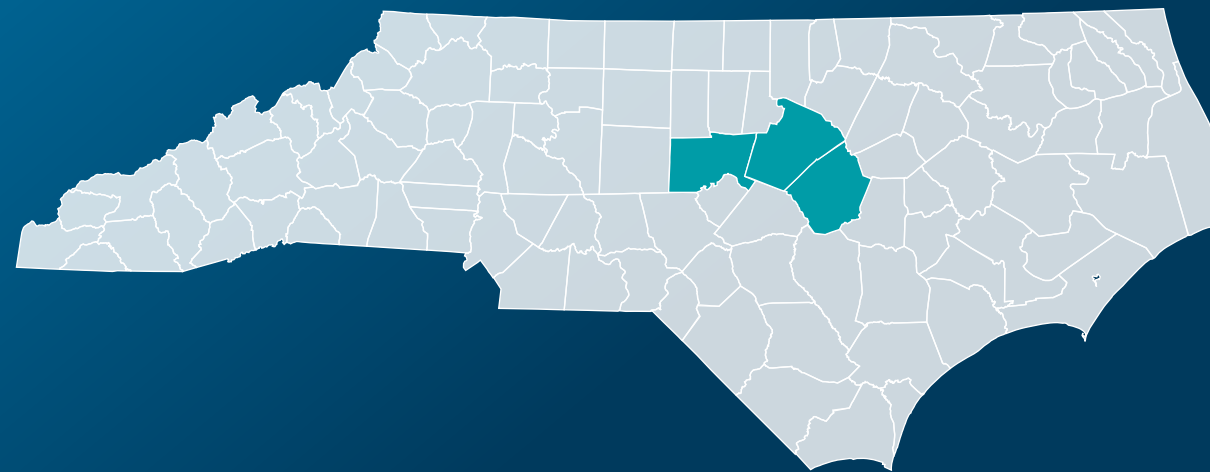
# NORTH CAROLINA



**203,024**

Medicare Eligibles Across  
Alignment's NC Markets

WAKE • CHATHAM • JOHNSTON



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2021  
BENEFIT OVERVIEW



Plan Benefits	NEW FOR 2021 Alignment Health Plan NC Premier (HMO) 001	NEW FOR 2021 Alignment Health Plan Platinum (HMO POS) 003	
Counties	Wake, Chatham & Johnston	Wake, Chatham & Johnston	
Premium (Part C Part D)	\$0	\$0	
Maximum Out of Pocket (MOOP)	\$3,400	\$3,400	
Inpatient Hospital - Acute	\$200 copay per day for Days 1-6 \$0 copay per day for Days 7-90	IN NETWORK \$200 Per Day 1-6 \$0 Per Day 7-90	OON \$295 Per Day 1-6 \$0 Per Day 7-90
Skilled Nursing Facility	\$0 copay per day for Days 1-20 \$178 copay per day for Days 21-100	\$0 copay per day for Days 1-20 \$178 copay per day for Days 21-100	
PCP Office Visits	\$0	\$35	
Specialist Office Visits	\$35	\$35	
Chiropractic Services	\$20 (Medicare cvg only)	\$0 – 12 Routine visits/yr	
Ambulance	20%	20%	
Emergency Room	\$80 (waived if admitted w/in 24 hrs)	\$80 (waived if admitted w/in 24 hrs)	
Urgent Care	\$0	\$0	
Worldwide Emergency	\$25,000/year	\$25,000/year	
Outpatient Hospital / Observation Svcs	\$35-\$200 (H) / \$0 (O)	\$35-\$200 (H) / \$0 (O)	
Ambulatory Surgical Center	\$145	\$145	
Durable Medical Equipment	20%	20%	
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts	0% - Supplies 20% - Shoes or Inserts	
Radiology Services	\$5-\$275 - Diagnostic \$35 - Therapeutic	\$5-\$275 - Diagnostic \$35 - Therapeutic	
Lab / X-Ray Services	\$0-\$50 - Lab \$0-\$85 - X-Ray	\$0-\$50 - Lab \$0-\$85 - X-Ray	
Dental Benefits	Included	Included	
Comprehensive Dental Buy Up (Premium/Calendar Year Max)	\$19.87 (P) / \$2,000 (CYM)	\$19.87 (P) / \$2,000 (CYM)	
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	

Plan Benefits	NEW FOR 2021 Alignment Health Plan NC Premier (HMO) 001	NEW FOR 2021 Alignment Health Plan Platinum (HMO POS) 003
Fitness Membership	Included	Included
Transportation (Trips/Radius)	\$0 - 28 one-way trips / 30-mile radius	\$0 - 28 one-way trips / 30-mile radius
Over-the-Counter Items (no rollover)	\$40 every month	\$40 every month
Telehealth Services	\$0	\$0
Black Card	Included	Included
Post-Discharge Meals	\$0 for 20 Days/40 Meals	\$0 for 20 Days/40 Meals
Pet Care	\$0 for 7 Days or 14 Walks/yr	\$0 for 7 Days or 14 Walks/yr
PERS - Personal Emergency Response	\$0 for 1 device /yr	\$0 for 1 device /yr

Part B Drugs	20%	20%
Initial Coverage	\$4,130	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550	\$6,550
Gap Coverage	T6	T6

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$0	\$0
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	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

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2021  
BENEFIT OVERVIEW



NEW FOR 2021  
Alignment Health Plan  
NCPlus (HMO) 002 - FULL DUALS ONLY

Plan Benefits	
Counties	Wake, Chatham & Johnston
Premium (Part C Part D)	\$0 Part C / \$15.20 Part D
Maximum Out of Pocket (MOOP)	\$6,700
Inpatient Hospital - Acute	\$0 for Full Duals
Skilled Nursing Facility	\$0 for Full Duals
PCP Office Visits	\$0
Specialist Office Visits	\$0
Ambulance	\$0 for Full Duals
Emergency Room	\$0 for Full Duals
Urgent Care	\$0
Worldwide Emergency	\$25,000/year
Outpatient Hospital / Observation Svcs	\$0 for Full Duals
Ambulatory Surgical Center	\$0 for Full Duals
Durable Medical Equipment	\$0 for Full Duals
Diabetic Supplies	\$0 for Full Duals
Radiology Services	\$0 for Full Duals
Lab / X-Ray Services	\$0 for Full Duals
Fitness Membership	Included
Dental Benefits	Included
Vision Benefits	\$0 Exam / \$500 Eyewear/2 yrs
Hearing Benefits	\$0 Exam / \$2,000 Hearing Aids/2 yrs

NEW FOR 2021  
Alignment Health Plan  
NCPlus (HMO) 002 - FULL DUALS ONLY

Transportation (Trips/Radius)	\$0 - Unlimited trips / 50-mile radius
Over-the-Counter (no rollover)	\$100 every month
Telehealth Services	\$0
Black Card	Included
Post-Discharge Meals	\$0 for 28 Days/56 Meals
Chronic Meals	\$0 for 14 Days/28 Meals
Companion Care	\$0 for 12 hrs/qtr (48 hrs/yr)
Groceries (no rollover)	\$20 every month

Part B Drugs	20%
Initial Coverage	\$4,130
Part D OOP Threshold (Catastrophic)	\$6,550
Gap Coverage	N/A

Part D Drugs	Preferred 30 Day	Preferred 90 - 100 Day
Tier 1: Preferred Generic	Drug Copay Based on Level of Low Income Subsidy (LIS)  Generic drugs: \$0 or \$1.30 or \$3.60  All other drugs: \$0 or \$3.90 or \$8.95	
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Tier 6: Select Care Tier		
Bonus Drugs	N/A	

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# ALIGNMENT

— HEALTH PLAN —