

# 2026

## Benefit Platter

**ALIGNMENT HEALTH BREATHEASY (HMO C-SNP) 041**  
Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Ventura, Yolo



**ALIGNMENT HEALTH CLARITY (HMO C-SNP) 042**  
Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Ventura, Yolo

	<b>ALIGNMENT HEALTH BREATHEASY (HMO C-SNP) 041</b>	<b>ALIGNMENT HEALTH CLARITY (HMO C-SNP) 042</b>
Monthly Premium	\$12 \$0 with "Extra Help"	\$12 \$0 with "Extra Help"
Part B Rebate	\$5	\$5
Maximum Out of Pocket (MOOP)	\$9,250 \$0 with Medi-Cal Cost Share Assistance	\$9,250 \$0 with Medi-Cal Cost Share Assistance
PCP	\$0 copay	\$0 copay
Specialist	\$0 copay	\$0 copay
<b>INPATIENT CARE</b>		
Inpatient Hospital-Acute	\$1,676 deductible for each benefit period \$0 copay per day, days 1-60 \$419 copay per day, days 61-90 \$838 copay per day, in lifetime reserve Beyond lifetime reserve days: All costs These costs are for 2025 and may change for 2026 \$0 copay for Full Duals*	\$1,676 deductible for each benefit period \$0 copay per day, days 1-60 \$419 copay per day, days 61-90 \$838 copay per day, in lifetime reserve Beyond lifetime reserve days: All costs These costs are for 2025 and may change for 2026 \$0 copay for Full Duals*
Inpatient Hospital Psychiatric	\$1,676 deductible for each benefit period \$0 copay per day, days 1-60 \$419 copay per day, days 61-90 \$838 copay per day, in lifetime reserve Beyond lifetime reserve days: All costs These costs are for 2025 and may change for 2026 \$0 copay for Full Duals	\$1,676 deductible for each benefit period \$0 copay per day, days 1-60 \$419 copay per day, days 61-90 \$838 copay per day, in lifetime reserve Beyond lifetime reserve days: All costs These costs are for 2025 and may change for 2026 \$0 copay for Full Duals
Skilled Nursing Facility (SNF)	\$0 copay days 1-20 \$209.50 copay per day, days 21-100 Days 101 and beyond: All costs Part A limits coverage to 100 days in each benefit period These costs are for 2025 and may change for 2026 \$0 copay for Full Duals	\$0 copay days 1-20 \$209.50 copay per day, days 21-100 Days 101 and beyond: All costs Part A limits coverage to 100 days in each benefit period These costs are for 2025 and may change for 2026 \$0 copay for Full Duals
<b>OUTPATIENT CARE</b>		
Ambulatory Surgical Center	20% coinsurance \$0 copay for Full Duals	20% coinsurance \$0 copay for Full Duals
Annual Physical Exam and Preventive Care (Medicare Covered)	\$0 copay	\$0 copay
Emergency Services	20% coinsurance (waived if admitted within 48 hours) \$0 copay for Full Duals	20% coinsurance (waived if admitted within 48 hours) \$0 copay for Full Duals
Ground and Air Ambulance Services	20% coinsurance (not waived if admitted) \$0 copay for Full Duals	20% coinsurance (not waived if admitted) \$0 copay for Full Duals
Outpatient Hospital and Observation Services	20% coinsurance \$0 copay for Full Duals	20% coinsurance \$0 copay for Full Duals
Physical and Speech Therapy	20% coinsurance \$0 copay for Full Duals	20% coinsurance \$0 copay for Full Duals
Podiatry	\$0 copay Medicare covered	\$0 copay Medicare covered
Urgently Needed Services	\$0 copay	\$0 copay
Worldwide Emergency/Urgent Coverage	\$75 copay \$25,000 maximum coverage per year (waived if admitted) \$0 copay for Full Duals	\$75 copay \$25,000 maximum coverage per year (waived if admitted) \$0 copay for Full Duals
<b>OUTPATIENT MEDICAL SERVICES &amp; SUPPLIES</b>		
Durable Medical Equipment (DME)	20% coinsurance 20% coinsurance for Continuous Glucose Monitors (CGM) \$0 copay for Full Duals	20% coinsurance 20% coinsurance for Continuous Glucose Monitors (CGM) \$0 copay for Full Duals
Diabetes Supplies	0% coinsurance for Diabetic supplies 20% coinsurance for Diabetic Therapeutic Shoes or Inserts \$0 copay for Full Duals	0% coinsurance for Diabetic supplies 20% coinsurance for Diabetic Therapeutic Shoes or Inserts \$0 copay for Full Duals
Outpatient Diagnostic (Procedures/Tests/Lab Services)	20% coinsurance \$0 copay for Full Duals	20% coinsurance \$0 copay for Full Duals
Outpatient Radiology (X-Ray/Diagnostic/Therapeutic)	\$0 copay (X/D) 20% coinsurance (T) \$0 copay for Full Duals	\$0 copay (X/D) 20% coinsurance (T) \$0 copay for Full Duals
Mental Health Specialty Services (Individual/Group)	20% coinsurance \$0 copay for Full Duals	20% coinsurance \$0 copay for Full Duals
Psychiatric Services (Individual/Group)	20% coinsurance \$0 copay for Full Duals	20% coinsurance \$0 copay for Full Duals
Prosthetic/Medical Supplies	20% coinsurance \$0 copay for Full Duals	20% coinsurance \$0 copay for Full Duals
<b>VISION, HEARING &amp; DENTAL BENEFITS</b>		
Eye Exams	\$0 copay for Medicare covered exams and 1 routine eye exam per year	\$0 copay for Medicare covered exams and 1 routine eye exam per year
Eyewear	\$500 coverage limit for glasses/contacts every 2 years	\$500 coverage limit for glasses/contacts every 2 years

**ALIGNMENT HEALTH  
BREATHEASY (HMO C-SNP) 041**

**ALIGNMENT HEALTH  
CLARITY (HMO C-SNP) 042**

Diagnostic and Preventive Dental	\$0 copay for: 1 Oral Exam every 6 months 1 Cleaning every 6 months 1 X-ray per year 1 Fluoride treatment per year	\$0 copay for: 1 Oral Exam every 6 months 1 Cleaning every 6 months 1 X-ray per year 1 Fluoride treatment per year
Comprehensive Dental	\$0 copay for: Restorative Services Endodontics Periodontics Prosthodontics Oral & Maxillofacial Surgery \$500 spending allowance per quarter	\$0 copay for: Restorative Services Endodontics Periodontics Prosthodontics Oral & Maxillofacial Surgery \$500 spending allowance per quarter
Hearing Exams/Fitting and Evaluation for Hearing Aid	\$0 copay for Medicare covered and \$0 copay for exam/fitting/evaluation 1 per year	\$0 copay for Medicare covered and \$0 copay for exam/fitting/evaluation 1 per year
Hearing Aids	\$0 copay per hearing aid, 2 hearing aids per year	\$0 copay per hearing aid, 2 hearing aids per year

**ADDITIONAL BENEFITS - MORE THAN ORIGINAL MEDICARE WITH YOUR ACCESS ON-DEMAND CARD BENEFITS!**

24/7 Concierge Service	\$0	\$0
Over-the-Counter (OTC)	\$124 spending allowance per month (no rollover) combined with Essentials Allowance See Essentials below	\$124 spending allowance per month (no rollover) combined with Essentials Allowance See Essentials below
Acupuncture & Chiropractic Services combined	\$0 copay for Medicare covered \$0 copay for 24 routine visits per year	\$0 copay for Medicare covered \$0 copay for 24 routine visits per year
Dialysis Services	20% coinsurance \$0 copay for Full Duals	20% coinsurance \$0 copay for Full Duals
Fitness membership(s) at participating fitness centers	\$0 copay	\$0 copay
Personal Emergency Response System (PERS)	\$0 copay	\$0 copay
Telehealth	\$0 copay for Primary Care/Mental Health Specialty/ Psychiatric Services	\$0 copay for Primary Care/Mental Health Specialty/ Psychiatric Services
Transportation	50 one-way trips to plan approved locations every year (within a 50-mile radius)	50 one-way trips to plan approved locations every year (within a 50-mile radius)

**SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI)†**  
Qualifying chronic conditions for Alignment Health BreathEasy (HMO C-SNP): Chronic Lung Disorders. Qualifying chronic conditions for Alignment Health Clarity (HMO C-SNP) include Chronic and Disabling Mental Health Conditions, Substance Use Disorders (SUD) and Chronic Mental Health Disorders.

Essentials allowance for qualifying members to assist with groceries, general support (excluding tobacco and alcohol) for living, and home safety.	\$124 spending allowance per month (no rollover) combined with OTC.	\$124 spending allowance per month (no rollover) combined with OTC.
Pet Services	\$0 copay for 7 boarding days or 14 walks per year	\$0 copay for 7 boarding days or 14 walks per year
Pest Control	\$0 copay for 1 service per year	\$0 copay for 1 service per year
Air Purifier/Humidifier	\$0 copay for 1 air purifier or humidifier per year	\$0 copay for 1 air purifier or humidifier per year

**PRESCRIPTION DRUG COVERAGE**

Part D Deductible	\$615 Tiers 3, 4 & 5	\$615 Tiers 3, 4 & 5
Part D Out of Pocket Threshold	\$2,100	\$2,100
Tier 1: Preferred Generic Drugs	<b>Retail &amp; Mail Order Standard</b> \$0 copay 30-day supply \$0 copay 60-day supply \$0 copay 100-day supply \$0 copay for Full Duals	<b>Retail &amp; Mail Order Standard</b> \$0 copay 30-day supply \$0 copay 60-day supply \$0 copay 100-day supply \$0 copay for Full Duals
Tier 2: Generic Drugs	<b>Retail &amp; Mail Order Standard</b> 25% coinsurance 30-day/60-day/100-day supply \$0 copay for Full Duals	<b>Retail &amp; Mail Order Standard</b> 25% coinsurance 30-day/60-day/100-day supply \$0 copay for Full Duals
Tier 3: Preferred Brand Drugs	<b>Retail &amp; Mail Order Standard</b> 25% coinsurance 30-day/60-day/100-day supply \$0 copay for Full Duals	<b>Retail &amp; Mail Order Standard</b> 25% coinsurance 30-day/60-day/100-day supply \$0 copay for Full Duals
Tier 4: Non-Preferred Drugs	<b>Retail &amp; Mail Order Standard</b> 30% coinsurance 30-day/60-day/100-day supply \$0 copay for Full Duals	<b>Retail &amp; Mail Order Standard</b> 31% coinsurance 30-day/60-day/100-day supply \$0 copay for Full Duals
Tier 5: Specialty Tier Drugs	<b>Retail &amp; Mail Order Standard</b> 25% coinsurance for 30-day supply \$0 copay for Full Duals	<b>Retail &amp; Mail Order Standard</b> 25% coinsurance for 30-day supply \$0 copay for Full Duals
Tier 6: Select Care Drugs	<b>Retail &amp; Mail Order Standard</b> \$0 copay 30-day supply \$0 copay 60-day supply \$0 copay 100-day supply	<b>Retail &amp; Mail Order Standard</b> \$0 copay 30-day supply \$0 copay 60-day supply \$0 copay 100-day supply
Ways To Save on Prescriptions	Pay \$0 for a 100-day supply for Tiers 1 & 6 drugs	Pay \$0 for a 100-day supply for Tiers 1 & 6 drugs
Insulin	<b>Important Message About What You Pay for Insulin:</b> You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.	
Vaccines	Our plan covers most Part D vaccines at no cost to you even if you haven't paid your deductible.	

Alignment Health Plan is an HMO, HMO POS, HMO C-SNP, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California, Nevada, North Carolina and Texas Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This information is not a complete description of benefits. Call 1-888-979-2247 (TTY: 711), 8 a.m. - 8 p.m. Monday through Friday, for more information.

\*Partial Duals may have cost-sharing.

†Special supplemental benefits for the chronically ill (SSBCI)-qualifying chronic conditions include congestive heart failure (CHF), chronic lung disorders, dementia, diabetes, and stroke. Other chronic conditions may apply. Medical records will be used to establish the member qualification. The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify because other eligibility and coverage criteria also apply.