

2026

Benefit Platter

ALIGNMENT HEALTH MY CHOICE CALCARE (HMO) 050
 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



ALIGNMENT HEALTH MY CHOICE CALCARE (HMO) 050

Monthly Premium	\$0
Annual Plan Deductible	\$0
Maximum Out of Pocket (MOOP)	\$3,499
PCP	\$0 copay
Specialist	\$0 copay

INPATIENT CARE

Inpatient Hospital-Acute	\$100 copay per day, days 1-5 \$0 copay per day, days 6-90 (unlimited days per admission)
Inpatient Hospital Psychiatric	\$120 copay per day, days 1-10 \$0 copay per day, days 11-90 \$0 copay for 40 additional day limit (91-130) \$0 copay for 60 days Lifetime Reserve
Skilled Nursing Facility (SNF)	\$20 copay per day, days 1-20 \$100 copay per day, days 21-100 (no prior hospital stay required)

OUTPATIENT CARE

Ambulatory Surgical Center	\$100 copay
Annual Physical Exam and Preventive Care (Medicare Covered)	\$0 copay
Emergency Services	\$85 copay (waived if admitted within 48 hours)
Ground and Air Ambulance Services	\$175 copay (waived if admitted)
Outpatient Hospital and Observation Services	\$200 copay Hospital Services \$0 copay Observation Services
Physical and Speech Therapy	\$0 copay
Podiatry	\$0 copay Medicare covered
Urgently Needed Services	\$0 copay
Worldwide Emergency/Urgent Coverage	\$0 copay \$12,000 maximum coverage per year

OUTPATIENT MEDICAL SERVICES & SUPPLIES

Durable Medical Equipment (DME)	20% coinsurance 20% coinsurance for Continuous Glucose Monitors (CGM)
Diabetes Supplies	0% coinsurance for Diabetic Supplies 20% coinsurance for Diabetic Therapeutic Shoes or Insert
Outpatient Diagnostic (Procedures/Tests/Lab Services)	\$0 copay
Outpatient Radiology (X-Ray/Diagnostic/Therapeutic)	\$0 copay (X/D) 20% coinsurance (T)
Mental Health Specialty Services (Individual/Group)	\$0 copay
Psychiatric Services (Individual/Group)	\$40 copay
Prosthetic/Medical Supplies	20% coinsurance

VISION, HEARING & DENTAL BENEFITS

Eye Exams	\$0 copay for Medicare covered exams and 1 routine eye exam per year
Eyewear	\$400 coverage limit for glasses/contacts every 2 years
Diagnostic and Preventive Dental	\$0 copay for: 1 Oral Exam every 6 months 1 Cleaning every 6 months 1 X-ray every 3 years 1 Fluoride treatment every 6 months
Comprehensive Dental	\$0 copay for: Restorative Services Endodontics Periodontics Prosthodontics Oral & Maxillofacial Surgery Quarterly Allowance: \$300

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Hearing Exams/Fitting and Evaluation for Hearing Aid	\$0 copay for Medicare covered benefits and 1 exam/fitting/evaluation per year
Hearing Aids	\$195-\$1,750 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
Over-the-Counter (OTC)	\$100 spending allowance per month (no rollover), mail order only
Acupuncture & Chiropractic Services	\$0 copay for 12 routine visits every year combined
Dialysis Services	20% coinsurance
Fitness membership(s) at participating fitness centers	\$0 copay
Personal Emergency Response System (PERS)	\$0 copay
Telehealth	\$0 copay for Primary Care/Mental Health Specialty/Psychiatric Services
Transportation	50 one-way trips to plan approved locations per year (within a 20 mile radius)
In-Home Support	\$0 copay for 12 hours per quarter, 48 hours per year, OR Caregivers Support (Member must choose in advance)
Caregivers Support for Enrollees	Up to \$300 reimbursement per year, OR In-Home Support Services (Members must choose in advance)
SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI)†	
Essentials allowance for qualifying members to assist with groceries, general support (excluding tobacco and alcohol) for living, and home safety.	\$40 spending allowance per month (no rollover)
Pet Services	\$0 copay for 7 boarding days or 14 walks per year
Pest Control	\$0 copay for 1 service per year
PRESCRIPTION DRUG COVERAGE	
Part D Deductible	\$0
Part D Out of Pocket Threshold	\$2,100
Tier 1: Preferred Generic Drugs	Retail & Mail Order Standard \$0 copay 30-day supply \$0 copay 60-day supply \$0 copay 100-day supply
Tier 2: Generic Drugs	Retail & Mail Order Standard \$3 copay 30-day supply \$6 copay 60-day supply \$9 copay 100-day supply
Tier 3: Preferred Brand Drugs	Retail & Mail Order Standard \$40 copay 30-day supply \$80 copay 60-day supply \$120 copay 100-day supply
Tier 4: Non-Preferred Drugs	Retail & Mail Order Standard \$100 copay 30-day supply \$200 copay 60-day supply \$300 copay 100-day supply
Tier 5: Specialty Tier Drugs	Retail & Mail Order Standard 33% coinsurance for 30-day supply
Tier 6: Select Care Drugs	Retail & Mail Order Standard \$5 copay 30-day supply \$10 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
Bonus Drug Coverage	Some prescription drugs, for cough and cold, hair loss, vitamins, sexual dysfunction, just to name a few. The amount you will pay will be determined by the drug tier. The amount you pay does not count toward your deductible or "total drug costs" that help you qualify for catastrophic coverage). Generic Viagra, cough and cold medications, prescription vitamins, and hair loss drugs. For a complete list and coverage details, refer to the Bonus Drug List. Please refer to the Alignment Drug Formulary for full details.
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, 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.

†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.

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