

2027 SUMMARY OF BENEFITS

Alignment Health Retiree Options (PPO) Schools Insurance Group

The 50 United States, the District of Columbia and all U.S. territories

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2027 - December 31, 2027.

PREMIUMS AND PLAN BENEFITS

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Monthly Plan Premium <ul style="list-style-type: none"> Part C & Part D 	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Deductible	\$0.00
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	In-Network & Out-of-Network \$0.00
Inpatient Hospital ^{1, 2}	In-Network & Out-of-Network \$0.00 (unlimited days per admission)
Outpatient Hospital ¹ <ul style="list-style-type: none"> Hospital Services 	In-Network & Out-of-Network \$0.00
<ul style="list-style-type: none"> Observation Services 	\$0.00
Ambulatory Surgical Center	In-Network & Out-of-Network \$0.00
Doctor Visits <ul style="list-style-type: none"> Primary 	In-Network & Out-of-Network \$0.00
<ul style="list-style-type: none"> Specialists ^{1, 2} 	\$0.00
Preventive Care (e.g., flu vaccine, diabetic screenings)	In-Network & Out-of-Network \$0.00
Emergency Care	In-Network & Out-of-Network \$0.00
Urgently Needed Services	In-Network & Out-of-Network \$0.00
Outpatient Diagnostic ^{1, 2} <ul style="list-style-type: none"> Procedures, Tests, Lab Services 	In-Network & Out-of-Network \$0.00
<ul style="list-style-type: none"> X-Ray 	\$0.00
<ul style="list-style-type: none"> Diagnostic 	\$0.00
<ul style="list-style-type: none"> Therapeutic radiology services (such as radiation treatment for cancer) 	\$0.00

PLAN BENEFITS

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Hearing Services ^{1, 2} <ul style="list-style-type: none"> Routine Hearing Exam 	In-Network & Out-of-Network \$0.00 Medicare-covered benefits and 1 exam/fitting/evaluation per year
<ul style="list-style-type: none"> Hearing Aids 	In-Network Only \$195.00 - \$1,750.00 copay per hearing aid. 2 hearing aids every year
Dental Services ^{1, 2} <ul style="list-style-type: none"> Preventive 	In-Network & Out-of-Network Medicare-covered only
<ul style="list-style-type: none"> Comprehensive 	Medicare-covered only
Vision Services <ul style="list-style-type: none"> Routine Exam 	In-Network & Out-of-Network \$0.00 Medicare-covered eye exams/1 routine eye exam every year
<ul style="list-style-type: none"> Eyewear 	\$150.00 coverage limit for glasses/contacts per year
Mental Health Services ^{1, 2} <ul style="list-style-type: none"> Inpatient hospital 	In-Network & Out-of-Network \$0.00 (unlimited days per admission)
<ul style="list-style-type: none"> Mental health specialty 	\$0.00
<ul style="list-style-type: none"> Psychiatric services (individual and group) 	\$0.00
Skilled Nursing Facility ^{1, 2}	In-Network & Out-of-Network \$0.00 per day, days 1-100 (no prior hospital stay required)
Physical And Speech Therapy	In-Network & Out-of-Network \$0.00
Ground And Air Ambulance Services ¹	In-Network & Out-of-Network \$0.00
Transportation	In-Network & Out-of-Network Not covered
Medicare Part B Drugs	In-Network & Out-of-Network \$0.00 Injectable Drugs \$0.00 Medicare Part B Drugs

UNDERSTANDING YOUR DRUG COVERAGE

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OUTPATIENT PRESCRIPTION DRUGS

Part D Deductible	\$0.00	
Part D Out Of Pocket Threshold	\$2,400.00	
Initial Coverage	Retail 30-day supply	Mail-order 100-day supply
Tier 1 (Preferred Generic Drugs)	\$10.00	\$20.00
Tier 2 (Generic Drugs)	\$10.00	\$20.00
Tier 3 (Preferred Brand Drugs)	\$25.00	\$50.00
Tier 4 (Non-Preferred Drugs)	\$40.00	\$80.00
Tier 5 (Specialty Tier)	\$40.00	Not covered
Tier 6 (Select Care Drugs)	\$10.00	\$0.00
Cost-Sharing	May vary depending on the pharmacy you choose and the payment stage of the Part D benefit you are in. If you reside in a long-term care facility, you will pay the same cost-sharing amount for a 31-day supply as you would for a 30-day supply at an in-network retail pharmacy.	
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,400.00, you pay \$0.00 for plan-covered Part D drugs for the remainder of the year. For plans with excluded drug coverage under our enhanced benefit, you pay the same copayment as you did in the Initial Coverage Stage.	
Bonus Drugs	Additional coverage of certain drugs that are not typically covered under Part D such as generic Viagra, and select drugs within the categories of prescription vitamins, hair loss, and cough and cold products. For a complete list of covered drugs and coverage details, please refer to the Drug List (Formulary).	

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Insulin

Important Message About What You Pay for Insulins (Part B and Part D): You won't pay more than \$35.00 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

Important Message About What You Pay for Vaccines: Our plan covers most adult 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.

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

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Access On-Demand Black Card	In-Network & Out-of-Network \$0.00
Fitness	In-Network & Out-of-Network \$0.00
Chiropractic Services	In-Network & Out-of-Network \$0.00 Medicare-covered \$0.00 for 12 routine visits every year (combined with acupuncture)
Acupuncture	In-Network & Out-of-Network \$0.00 Medicare-covered \$0.00 for 12 routine visits every year (combined with chiropractic)
Podiatry Services	In-Network & Out-of-Network \$0.00 Medicare-covered \$0.00 for 12 routine visits every year
Over-the-Counter (OTC)	In-Network Only \$20.00 spending allowance per month (no rollover)
Telehealth	In-Network & Out-of-Network \$0.00 for all benefit services
Worldwide Emergency/ Urgent Care	In-Network & Out-of-Network \$0.00 \$25,000.00 coverage limit every year
Durable Medical Equipment (DME)	In-Network & Out-of-Network \$0.00 Medicare-covered

UNDERSTANDING YOUR PLAN

Who Can Join?	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.
Alignment Health Plan Members	1-866-634-2247 (TTY 711) 24 hours a day / 7 days a week
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 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

Alignment Health Plan offers 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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. To learn more about coverage and costs of Original Medicare, look at the “Medicare & You” handbook. You can view it online at medicare.gov or request a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. This information is not a complete description of benefits. For more information, call 1-866-634-2247 (TTY 711) 24 hours a day, 7 days a week.

Services notated with a “1” may require prior authorization. Services notated with a “2” may require a referral from your doctor. For more information on the pharmacy-specific copays, please call Alignment Health Plan Member Services Department at the phone number listed above or access your Evidence of Coverage at www.alignmenthealthplan.com.

This document is also available in other languages and formats.

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.

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)

8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

UNDERSTANDING THE BENEFITS

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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 www.alignmenthealthplan.com or call **1-866-634-2247 (TTY 711)** for a copy of the EOC.

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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 www.alignmenthealthplan.com or call **1-866-634-2247 (TTY 711)** for a list of Alignment Health Plan network providers.

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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 www.alignmenthealthplan.com or call **1-866-634-2247 (TTY 711)** for the Alignment Health Plan list of covered medications.

UNDERSTANDING IMPORTANT RULES

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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.

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Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.

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This plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

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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.