Alignment Health Plan®

2026 SUMMARY OF BENEFITS

Alignment Health Platinum + Instacart (HMO)
Alignment Health smartHMO (HMO)

Clark County

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2026 - December 31, 2026.

www.AlignmentHealthPlan.com

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PREMIUMS AND BENEFITS

	ALIGNMENT HEALTH PLATINUM + INSTACART (HMO) 007 Clark County	**ALIGNMENT HEALTH SMARTHMO (HMO) 008** Clark County
MONTHLY PLAN PREMIUM		
• Part C & Part D	$0.00	$0.00
PART B PREMIUM REBATE	Not covered	$135.00
DEDUCTIBLE	$0.00	$0.00
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)	$1,499.00	$2,499.00
INPATIENT HOSPITAL [1, 2]	$0.00 (unlimited days per admission)	$125.00 per day, days 1-6 $0.00 per day, days 7-90 (unlimited days per admission)
OUTPATIENT HOSPITAL [1, 2]		
• Hospital Services	$0.00	$200.00
• Observation Services	$0.00	$0.00
AMBULATORY SURGICAL CENTER [1, 2]	$0.00	$50.00
DOCTOR VISITS		
• Primary	$0.00	$0.00
• Specialists [1, 2]	$0.00	$5.00
PREVENTIVE CARE (e.g., flu vaccine, diabetic screenings)	$0.00	$0.00
EMERGENCY CARE	$50.00 (waived if admitted within 48 hours)	$90.00 (waived if admitted within 48 hours)
URGENTLY NEEDED SERVICES	$0.00	$15.00
OUTPATIENT DIAGNOSTIC [1, 2]		
• Procedures, tests, lab services	$0.00	$0.00
• X-Ray	$0.00	$0.00
• Diagnostic	$0.00	$0.00
• Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance	20% coinsurance

	ALIGNMENT HEALTH PLATINUM + INSTACART (HMO) 007 Clark County	**ALIGNMENT HEALTH SMARTHMO (HMO) 008** Clark County
HEARING SERVICES		
• Routine hearing exam	$0.00 Medicare-covered benefits and 1 exam/fitting/evaluation every year Additional coverage with the FLEX Allowance, see FLEX Allowance below	$0.00 Medicare-covered benefits and 1 exam/fitting/evaluation every year
• Hearing aids	$195.00 - $1,750.00 copay per hearing aid, 2 hearing aids every year Additional coverage with the FLEX Allowance, see FLEX Allowance below	Not covered
DENTAL SERVICES [1, 2]		
Diagnostic and preventive:		
• Exam	$0.00 for 1 every six months	$10.00
• Cleaning	$0.00 for 1 every six months	$20.00
• Fluoride treatment	$0.00 for 1 every six months	$10.00
• X-Ray	$0.00 for 1 every three years	$30.00
	Additional coverage with the FLEX Allowance, see FLEX Allowance below	
Comprehensive:		Not covered
• Restorative	$0.00	
• Endodontics	$0.00	
• Periodontics	$0.00	
• Removable Prosthodontics	$0.00	
• Fixed Prosthodontics	$0.00	
• Oral and Maxillofacial Surgery	$0.00	
	$3,000.00 coverage limit every year for preventive and comprehensive combined Additional coverage with the FLEX Allowance, see FLEX Allowance below	
VISION SERVICES		
• Routine exam	$0.00 Medicare-covered eye exams/1 routine eye exam every year Additional coverage with the FLEX Allowance, see FLEX	$0.00 Medicare-covered eye exams/1 routine eye exam every year

	ALIGNMENT HEALTH PLATINUM + INSTACART (HMO) 007 Clark County	**ALIGNMENT HEALTH SMARTHMO (HMO) 008** Clark County
	Allowance below	
• Eyewear	$300.00 coverage limit for glasses/contacts every year Additional coverage with the FLEX Allowance, see FLEX Allowance below	$100.00 coverage limit for glasses/contacts every two years
MENTAL HEALTH SERVICES • Inpatient hospital	$120.00 per day, days 1-10 $0.00 per day, days 11-90 $0.00 for 40 additional day limit $0.00 for 60 “lifetime reserve days”	$120.00 per day, days 1-10 $0.00 per day, days 11-90 $0.00 for 40 additional day limit $0.00 for 60 “lifetime reserve days”
• Mental health specialty (individual and group)	$0.00	$10.00
• Psychiatric services (individual and group)	$5.00	$20.00
SKILLED NURSING FACILITY [1, 2]	$0.00	$20.00 per day, days 1-20 $100.00 per day, days 21-100 (no prior hospital stay required)
PHYSICAL AND SPEECH THERAPY [1, 2]	$0.00	$0.00
GROUND AND AIR AMBULANCE SERVICES [1]	$50.00 (waived if admitted)	$100.00 Ground $200.00 Air (waived if admitted)
TRANSPORTATION [1, 2]	$0.00 24 one-way trips to plan approved locations every year (within a 50-mile radius)	Not covered
MEDICARE PART B DRUGS [1]	0% - 20% coinsurance	0% - 20% coinsurance

OUTPATIENT PRESCRIPTION DRUGS

	ALIGNMENT HEALTH PLATINUM + INSTACART (HMO) 007 Clark County	
PART D DEDUCTIBLE	$0.00	
PART D OUT OF POCKET THRESHOLD	$2,100.00	
INITIAL COVERAGE	Retail Standard 30-day supply	Mail-order 100-day supply
Tier 1 (Preferred Generic Drugs):	$0.00	$0.00
Tier 2 (Generic Drugs):	$0.00	$0.00
Tier 3 (Preferred Brand Drugs):	$40.00	$120.00
Tier 4 (Non-Preferred Drugs):	32% coinsurance	32% coinsurance
Tier 5 (Specialty Tier):	33% coinsurance	Not covered
Tier 6 (Select Care Drugs):	$5.00	$0.00

	ALIGNMENT HEALTH SMARTHMO (HMO) 008 Clark County	
PART D DEDUCTIBLE	$615.00 for Tier 4 and Tier 5	
PART D OUT OF POCKET THRESHOLD	$2,100.00	
INITIAL COVERAGE	Retail Standard 30-day supply	Mail-order 100-day supply
Tier 1 (Preferred Generic Drugs):	$0.00	$0.00
Tier 2 (Generic Drugs):	$0.00	$0.00
Tier 3 (Preferred Brand Drugs):	$45.00	$135.00
Tier 4 (Non-Preferred Drugs):	32% coinsurance	32% coinsurance
Tier 5 (Specialty Tier):	25% coinsurance	Not covered
Tier 6 (Select Care Drugs):	$5.00	$0.00

	ALIGNMENT HEALTH PLATINUM + INSTACART (HMO) 007 Clark County **ALIGNMENT HEALTH SMARTHMO (HMO) 008** Clark County
COST-SHARING	May change depending on the pharmacy you choose and when you enter another of the three phases of the Part D benefit. If you reside in a long-term care facility, you pay the same copayment as at an in-network retail pharmacy for a 31-day supply.
CATASTROPHIC COVERAGE	After your yearly out-of-pocket drug costs reach $2,100.00, you pay $0.00 for plan-covered Part D drugs for the remainder of the year. For excluded drugs covered under our enhanced benefit, you pay the same copayment as you did in the Initial Coverage Stage.
BONUS DRUGS	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.
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 notated with a "1" may require prior authorization. Services notated 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

	ALIGNMENT HEALTH PLATINUM + INSTACART (HMO) 007 Clark County	**ALIGNMENT HEALTH SMARTHMO (HMO) 008** Clark County
ACCESS ON-DEMAND CONCIERGE CARD Provides access to OTC benefits and Healthy Rewards	Included	Included
COMPLETE PACKAGE [1, 2]		
Monthly Premium	Not covered	$64.90
Dental Coverage		
• Diagnostic	Not covered	0% coinsurance
• Restorative		50% coinsurance
• Endodontics		50% coinsurance
• Periodontics		0%-50% coinsurance
• Removable Prosthodontics		50% coinsurance
• Fixed Prosthodontics		50% coinsurance
• Oral and Maxillofacial Surgery		50% coinsurance
		$1,500.00 coverage limit per year
Additional Coverage		
• Care Anywhere for Qualified Members	Not covered	$0.00
• Hearing Aid Coverage	Not covered	$195.00 - $1,750.00 copay per hearing aid, 2 hearing aids every year
• Personalized Emergency Response System (PERS)	Not covered	$0.00
• Transportation	Not covered	24 one-way trips every year to plan approved locations (within 30-mile radius)
• Worldwide Emergency Coverage	Not covered	Additional $75,000.00 coverage limit per year
FITNESS (membership(s) at participating fitness centers)	$0.00	$0.00
FLEX ALLOWANCE Additional coverage for services related to vision, dental, hearing, routine acupuncture, routine chiropractic, and routine podiatry	$200.00 maximum spending every year	Not covered

	ALIGNMENT HEALTH PLATINUM + INSTACART (HMO) 007 Clark County	**ALIGNMENT HEALTH SMARTHMO (HMO) 008** Clark County
PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) [1]	$0.00	Not covered
CHIROPRACTIC SERVICES [1, 2]	$0.00 Medicare-covered Routine visits with FLEX Allowance	$10.00 Medicare-covered
ACUPUNCTURE [1]	$0.00 Medicare-covered Routine visits with FLEX Allowance	$0.00 Medicare-covered
PODIATRY SERVICES	$0.00 Medicare-covered Routine visits with FLEX Allowance	$0.00 Medicare-covered
OVER-THE-COUNTER (OTC)	$25.00 spending allowance every month (no rollover)	Not covered
TELEHEALTH	$0.00 for primary care provider, mental health specialty, and psychiatric services	$0.00 for primary care provider, mental health specialty, and psychiatric services
WORLDWIDE EMERGENCY/ URGENT CARE	$0.00 $25,000.00 coverage limit every year	$0.00 $25,000.00 coverage limit every year
DURABLE MEDICAL EQUIPMENT (DME) [1]	0% coinsurance for items $350.00 or less 20% coinsurance for items $350.01 or more 20% coinsurance applies to continuous glucose monitors	20% coinsurance
IN-HOME SUPPORT SERVICES [1]	$0.00 12 hours every three months, 48 hours every year **OR** Support for Caregivers (member must choose in advance)	Not covered

	ALIGNMENT HEALTH PLATINUM + INSTACART (HMO) 007 Clark County	ALIGNMENT HEALTH SMARTHMO (HMO) 008 Clark County
SUPPORT FOR CAREGIVERS OF ENROLLEE [1]	$0.00 Up to $300.00 reimbursement every year **OR** In-home support services (member must choose in advance)	Not covered

EXTRA BENEFITS FOR THOSE WITH QUALIFYING CONDITION (SSBCI)

Special supplemental benefits for the chronically ill (SSBCI)-qualifying chronic conditions include congestive heart failure (CHF), chronic 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.

AIR PURIFIER/HUMIDIFIER For members with a qualified chronic condition.	$0.00 1 air purifier or humidifier every year	Not covered
GROCERIES To assist members with nutritional needs. Members can use their grocery allowance to purchase eligible grocery items at Instacart.	$100.00 spending allowance every three months (no rollover) Available through Instacart	Not covered
PET SERVICES For members who have hospital procedures or emergencies and need pet care while they are away.	$0.00 7 boarding days or 14 walks every year	$0.00 7 boarding days or 14 walks every year
PEST CONTROL Annual pest eradication for covered pests to ensure the health, welfare, and safety of members.	$0.00 1 service every year	$0.00 1 service every year

Alignment Health Plan offers access to a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for the services.

To join Alignment Health Plan, you must be enrolled in Medicare Part A and Part B and live in one of the counties listed on the cover of this booklet.

To learn more about coverage and costs of Original Medicare, look at the "**Medicare & You**" handbook. You can view it online at medicare.gov or request a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is also available in other languages and formats.

ALIGNMENT HEALTH PLAN MEMBERS	1-866-634-2247 (TTY 711)
NON-MEMBERS	1-888-979-2247 (TTY 711)
HOURS OF OPERATION	October 1 – March 31: Seven days a week from 8:00 a.m. to 8:00 p.m. except Thanksgiving and Christmas Day April 1 – September 30: Monday through Friday (except holidays) from 8:00 a.m. to 8:00 p.m.
WEBSITE	www.alignmenthealthplan.com

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. This information is not a complete description of benefits. Call 1-866-634-2247 (TTY 711), 8 a.m. to 8 p.m. Monday through Friday, for more information. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English: Our Medicare Advantage Organization provides language assistance services and appropriate auxiliary aids and services free of charge. For assistance, please call 1-866-634-2247.

Spanish: Nuestra Organización Medicare Advantage ofrece servicios de asistencia lingüística y ayudas y servicios auxiliares adecuados sin costo alguno. Para obtener ayuda, llame al 1-866-634-2247.

Chinese: 我們的聯邦醫療保險優勢組織 (Medicare Advantage Organization) 免費提供語言協助服務以及相應的輔助設備和服務。如需協助, 請致電 1-866-634-2247。

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 holidays) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

UNDERSTANDING THE BENEFITS

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.alignmenthealthplan.com or call **1-866-634-2247** (**TTY 711**) for a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. Visit www.alignmenthealthplan.com or call **1-866-634-2247** (**TTY 711**) for a list of Alignment Health Plan network providers.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. Visit www.alignmenthealthplan.com or call **1-866-634-2247** (**TTY 711**) for the Alignment Health Plan list of covered medications.

UNDERSTANDING IMPORTANT RULES

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ **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.