Alignment Health Plan®

2026 SUMMARY OF BENEFITS

Alignment Health Retiree Options (PPO)
IBEW Local 332

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, 2026 - December 31, 2026.

www.AlignmentHealthPlan.com

PREMIUMS AND BENEFITS

	ALIGNMENT HEALTH RETIREE OPTIONS (PPO) IBEW LOCAL 332 The 50 United States, the District of Columbia and all U.S. territories.
MONTHLY PLAN PREMIUM • Part C & Part D	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
DEDUCTIBLE	$0
MAXIMUM OUT-OF-POCKET RESPONSIBILITY (does not include prescription drugs)	In-Network & Out-of-Network $0
INPATIENT HOSPITAL[1,2]	In-Network & Out-of-Network $0 (unlimited days per admission)
OUTPATIENT HOSPITAL[1] • Hospital Services	In-Network & Out-of-Network $0
• Observation Services	In-Network & Out-of-Network $0
AMBULATORY SURGICAL CENTER	In-Network & Out-of-Network $0
DOCTOR VISITS • Primary	In-Network & Out-of-Network $0
• Specialists[1,2]	In-Network & Out-of-Network $0
PREVENTIVE CARE (e.g., flu vaccine diabetic screenings)	In-Network & Out-of-Network $0
EMERGENCY CARE	In-Network & Out-of-Network $0
URGENTLY NEEDED SERVICES	In-Network & Out-of-Network $0
OUTPATIENT DIAGNOSTIC[1,2] • Procedures, tests, lab services	In-Network & Out-of-Network $0
• X-Ray	In-Network & Out-of-Network $0

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• Diagnostic	In-Network & Out-of-Network $0
• Therapeutic radiology services (such as radiation treatment for cancer)	In-Network & Out-of-Network $0
HEARING SERVICES[1,2] • Routine hearing exam	In-Network & Out-of-Network $0 Medicare covered benefits only
• Hearing aid allowance	Not covered
DENTAL SERVICES[1,2] • Preventive	In-Network & Out-of-Network Medicare covered only
• Comprehensive	In-Network & Out-of-Network Medicare covered only
VISION SERVICES • Routine exam	In-Network & Out-of-Network $0 Medicare covered only
• Eyewear	Not covered
MENTAL HEALTH SERVICES[1,2] • Inpatient Hospital	In-Network & Out-of-Network $0 (unlimited days per admission)
• Mental Health Specialty	In-Network & Out-of-Network $0
• Psychiatric Services (Individual and Group)	In-Network & Out-of-Network $0
SKILLED NURSING FACILITY[1,2]	In-Network & Out-of-Network $0
PHYSICAL & SPEECH THERAPY	In-Network & Out-of-Network $0
GROUND AND AIR AMBULANCE SERVICES[1]	In-Network & Out-of-Network $0

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TRANSPORTATION	In-Network & Out-of-Network not covered
MEDICARE PART B DRUGS	In-Network & Out-of-Network $0 Injectable Drugs $0 Medicare Part B Drugs

OUTPATIENT PRESCRIPTION DRUGS

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PART D DEDUCTIBLE	$0	
PART D OUT OF POCKET THRESHOLD	$2,100	
INITIAL COVERAGE	Retail Standard 30-day supply	Mail Order 100-day supply
Tier 1: Preferred Generic	$10	$20
Tier 2: Generic	$10	$20
Tier 3: Preferred Brand	$20	$40
Tier 4: Non-Preferred	$20	$40
Tier 5: Specialty Tier	$20	not covered
Tier 6: Select Care	$10	$0
COST-SHARING	May change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit. If you reside in a long-term care facility, you pay the same as Retail Standard for a 31-day supply.	
CATASTROPHIC COVERAGE	After your yearly out-of-pocket drug costs reach $2,100, you pay $0 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.	

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BONUS DRUGS	Generic Viagra, Finasteride, Folic Acid. For a complete list and coverage details, refer to Bonus Drug List.
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.
VACCINES	Our plan covers most Part D vaccines at no cost to you.

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 CONCIERGE CARD	In-Network & Out-of-Network $0
ACUPUNCTURE	In-Network & Out-of-Network $0 Medicare covered $0 for 40 Routine visits per year (combined with Chiropractic)
CHIROPRACTIC	In-Network & Out-of-Network $0 Medicare covered $0 for 40 Routine visits per year (combined with Acupuncture)
DURABLE MEDICAL EQUIPMENT (DME)	In-Network & Out-of-Network $0 Medicare covered
FITNESS	In-Network & Out-of-Network $0
OVER-THE-COUNTER (OTC)	In-Network Only $20 spending allowance per month (no rollover)
PODIATRY SERVICES	In-Network & Out-of-Network $0 Medicare Covered $0 for 12 visits per year (Routine)
TELEHEALTH	In-Network & Out-of-Network $0 all benefit services
WORLDWIDE EMERGENCY/URGENT COVERAGE	In-Network & Out-of-Network $0 $25,000 coverage limit per 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 for 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 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 1-888-979-2247 (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.

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, (TTY 711) from 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 to March 31 and Monday to Friday (except holidays) from April 1 to September 30.

Nuestra organization Medicare Advantage ofrece servicios de asistencia lingüística y apoyos y servicios complementarios apropiados gratuitos. Si necesita asistencia, llame al 1-866-634-2247 (TTY: 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana (excepto en Acción de Gracias y Navidad) del 1 de octubre al 31 de marzo y de lunes a viernes (excepto días festivos) del 1 de abril al 30 de septiembre.

我們的 Medicare Advantage 組織免費提供語言協助服務以及適當的輔助器材與服務。如需協助，請致電 1-866-634-2247，聽語障人士請撥 TTY 711。服務時間為每年 10 月 1 日至 3 月 31 日，每週七天上午 8:00 至晚上 8:00（感恩節及聖誕節除外）；每年 4 月 1 日至 9 月 30 日，服務時間為每週一至週五上午 8:00 至晚上 8:00（國定假日除外）。

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 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8 a.m. to 8 p.m. Monday through 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 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 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 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.
- ☐ 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.
- ☐ **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.