



Alignment Health Plan®

2025 SUMMARY OF BENEFITS

Alignment Health Retiree Options (PPO) Cupertino Union School District

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, 2025 - December 31, 2025.

www.AlignmentHealthPlan.com

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PREMIUMS AND BENEFITS

ALIGNMENT HEALTH RETIREE OPTIONS (PPO) CUPERTINO UNION SCHOOL DISTRICT The 50 United States, the District of Columbia and all U.S. territories.	
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
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 HOSPITAL¹ <ul style="list-style-type: none"> Hospital Services 	In-Network & Out-of-Network \$0
<ul style="list-style-type: none"> Observation Services 	In-Network & Out-of-Network \$0
AMBULATORY SURGICAL CENTER	In-Network & Out-of-Network \$0
DOCTOR VISITS <ul style="list-style-type: none"> Primary 	In-Network & Out-of-Network \$0
<ul style="list-style-type: none"> 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} <ul style="list-style-type: none"> Procedures, tests, lab services 	In-Network & Out-of-Network \$0
<ul style="list-style-type: none"> X-Ray 	In-Network & Out-of-Network \$0
<ul style="list-style-type: none"> Diagnostic 	In-Network & Out-of-Network \$0

**ALIGNMENT HEALTH RETIREE OPTIONS (PPO)
CUPERTINO UNION SCHOOL DISTRICT**

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

- 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 and 1 exam/fitting/evaluation per year

- Hearing aid allowance

In-Network & Out-of-Network
\$195.00 – \$1,750.00 copay per hearing aid.
2 hearing aids every year

DENTAL SERVICES^{1,2}

- Preventive

In-Network & Out-of-Network
Medicare covered only

- Comprehensive

In-Network & Out-of-Network
Medicare covered only

VISION SERVICES

- Medicare and Routine Eye Exams

In-Network & Out-of-Network
\$0 Medicare covered eye exams
Routine eye exams not covered

- 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 SERVICES¹

In-Network & Out-of-Network
\$0

TRANSPORTATION

In-Network & Out-of-Network
\$0
12 one-way trips (within a 20-mile radius)

MEDICARE PART B DRUGS

In-Network & Out-of-Network
\$0 Injectable Drugs
\$0 Medicare Part B Drugs

OUTPATIENT PRESCRIPTION DRUGS

ALIGNMENT HEALTH RETIREE OPTIONS (PPO) CUPERTINO UNION SCHOOL DISTRICT

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

PART D DEDUCTIBLE \$0

INITIAL COVERAGE LIMIT \$5,030

PART D OUT OF POCKET THRESHOLD \$2,000

INITIAL COVERAGE Retail Standard 30-day supply Mail Order 100-day supply

Tier 1: Preferred Generic \$5 \$10

Tier 2: Generic \$5 \$10

Tier 3: Preferred Brand \$20 \$40

Tier 4: Non-Preferred \$50 \$100

Tier 5: Specialty Tier \$50 not covered

Tier 6: Select Care \$5 \$0

GAP COVERAGE Full Gap coverage all tiers

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 out-of-pocket costs reach the \$2,000 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will pay \$0 for your covered Part D drugs. For excluded drugs covered on the supplemental Bonus Drug List, you pay the same cost share 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.

Maximum out of pocket co-pays \$1,000 per year for Mail Order prescriptions.

Once you reach \$1,000, you will not be required to pay copays for covered Mail Order prescriptions through the Mail Order Program for the remainder of the year.

You do, however, remain responsible for costs in excess of any specified plan maximums and for services or supplies which are not covered.

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

ALIGNMENT HEALTH RETIREE OPTIONS (PPO) CUPERTINO UNION SCHOOL DISTRICT

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

ACCESS ON-DEMAND CONCIERGE CARD	In-Network & Out-of-Network \$0
ACUPUNCTURE	In-Network & Out-of-Network \$0 Medicare covered \$0 for 24 Routine visits per year (combined with Chiropractic)
FITNESS	In-Network & Out-of-Network \$0
CHIROPRACTIC	In-Network & Out-of-Network \$0 Medicare covered \$0 for 24 Routine visits per year (combined with Acupuncture)
PODIATRY SERVICES	In-Network & Out-of-Network \$0 Medicare Covered \$0 for 12 visits per year (Routine)
OVER-THE-COUNTER (OTC)	In-Network & Out-of-Network \$20 spending allowance per month (no rollover)
TELEHEALTH	In-Network & Out-of-Network \$0 all benefit services
WORLDWIDE EMERGENCY/URGENT COVERAGE	In-Network & Out-of-Network \$0 \$50,000 coverage limit per year
DURABLE MEDICAL EQUIPMENT (DME)	In-Network & Out-of-Network \$0 Medicare covered
MEAL BENEFIT	In-Network & Out-of-Network \$0 for 28 days, 56 meals per year (28 meals over 14 days, twice/year)
PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)	In-Network & Out-of-Network \$0

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](https://www.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.

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, 2025.

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.