

2027

SUMMARY OF BENEFITS

Alignment Health My Choice 001 (HMO)

Alignment Health My Choice 028 (HMO)

Los Angeles

San Luis Obispo

Orange

Ventura

Riverside

San Bernardino

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

PREMIUMS AND BENEFITS

Alignment Health My Choice 001 (HMO)

Los Angeles, Orange, Riverside,
and San Bernardino counties

Alignment Health My Choice 028 (HMO)

San Luis Obispo and Ventura
counties

Monthly Plan Premium

- Part C & Part D

\$0.00

\$0.00

Deductible

\$0.00

\$0.00

Maximum Out-of-Pocket Responsibility (does not include prescription drugs)

\$550.00

\$800.00

Inpatient Hospital ^{1,2}

\$0.00

\$0.00

(unlimited days per
admission)

(unlimited days per
admission)

Outpatient Hospital ^{1,2}

- Hospital Services

\$0.00

\$0.00

- Observation Services

\$0.00

\$0.00

Ambulatory Surgical Center ^{1,2}

\$0.00

\$0.00

Doctor Visits

- Primary

\$0.00

\$0.00

- Specialists ^{1,2}

\$0.00

\$0.00

Preventive Care

\$0.00

\$0.00

(e.g., flu vaccine, diabetic screenings)

Emergency Care

\$100.00

\$150.00

(waived if admitted within
48 hours)

(waived if admitted within
48 hours)

Urgently Needed Services

\$0.00

\$0.00

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

PREMIUMS AND BENEFITS

Alignment Health My Choice 001 (HMO)

Los Angeles, Orange, Riverside,
and San Bernardino counties

Alignment Health My Choice 028 (HMO)

San Luis Obispo and Ventura
counties

Hearing Services

- Routine hearing exam

\$0.00 Medicare-covered
benefits and 1 exam/fitting/
evaluation every year

\$0.00 Medicare-covered
benefits and 1 exam/fitting/
evaluation every year

Additional coverage with the
FLEX Allowance, see FLEX
Allowance below

- Hearing aids

\$195.00 - \$1,750.00 copay
per hearing aid, 2 hearing
aids every year

\$195.00 - \$1,750.00 copay
per hearing aid, 2 hearing
aids every year

Additional coverage with the
FLEX Allowance, see FLEX
Allowance below

Dental Services ¹

Diagnostic and preventive:

- Exam & Cleaning
- Fluoride treatment
- X-Ray

\$0.00 for Medicare-covered
services

\$0.00 for Medicare-covered
services

\$0.00 for 1 every six months

\$0.00 for 1 every six months

\$0.00 for 1 every six months

\$0.00 for 1 every six months

\$0.00 for 1 every three years

\$0.00 for 1 every three years

Additional coverage with the
FLEX Allowance, see FLEX
Allowance below

Comprehensive:

- Restorative
- Endodontics
- Periodontics
- Removable Prosthodontics
- Fixed Prosthodontics
- Oral and Maxillofacial Surgery

\$20.00 - \$400.00

\$20.00 - \$400.00

\$25.00 - \$350.00

\$25.00 - \$350.00

\$15.00 - \$550.00

\$15.00 - \$550.00

\$20.00 - \$570.00

\$20.00 - \$570.00

\$40.00 - \$400.00

\$40.00 - \$400.00

\$25.00 - \$250.00

\$25.00 - \$250.00

Additional coverage with the
FLEX Allowance, see FLEX
Allowance below

Vision Services

- Routine exam

\$0.00 Medicare-covered eye

\$0.00 Medicare-covered eye

PREMIUMS AND BENEFITS

Alignment Health My Choice 001 (HMO)

Los Angeles, Orange, Riverside,
and San Bernardino counties

exams/1 routine eye exam
every year

Additional coverage with the
FLEX Allowance, see FLEX
Allowance below

\$200.00 coverage limit for
glasses/contacts every year

Additional coverage with the
FLEX Allowance, see FLEX
Allowance below

Alignment Health My Choice 028 (HMO)

San Luis Obispo and Ventura
counties

exams/1 routine eye exam
every year

\$100.00 coverage limit for
glasses/contacts every year

- Eyewear

Mental Health Services ^{1,2}

- 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)

\$30.00

\$20.00

- Psychiatric services (individual and
group)

\$30.00

\$20.00

Skilled Nursing Facility ^{1,2}

\$0.00 per day, days 1-20

\$30.00 per day, days 21-100

(no prior hospital stay
required)

\$0.00 per day, days 1-20

\$30.00 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

\$75.00

(waived if admitted)

\$100.00 Ground
\$200.00 Air

(waived if admitted)

Transportation ¹

\$0.00

\$0.00

22 one-way trips to plan
approved locations every
year (within a 50-mile radius)

22 one-way trips to plan
approved locations every year
(within a 50-mile radius)

PREMIUMS AND BENEFITS

Alignment Health My Choice 001 (HMO)

Los Angeles, Orange, Riverside,
and San Bernardino counties

Alignment Health My Choice 028 (HMO)

San Luis Obispo and Ventura
counties

Medicare Part B Drugs ¹

0% - 20% coinsurance

0% - 20% coinsurance

Outpatient Prescription Drugs

ALIGNMENT HEALTH MY CHOICE 001 (HMO)

Los Angeles, Orange, Riverside, and San Bernardino counties

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):	\$0.00	\$0.00
Tier 2 (Generic Drugs):	\$5.00	\$12.50
Tier 3 (Preferred Brand Drugs):	\$30.00	\$75.00
Tier 4 (Non-Preferred Drugs):	\$100.00	\$300.00
Tier 5 (Specialty Tier):	33% coinsurance	Not covered
Tier 6 (Select Care Drugs):	\$3.00	\$0.00

ALIGNMENT HEALTH MY CHOICE 028 (HMO)

San Luis Obispo and Ventura counties

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):	\$0.00	\$0.00
Tier 2 (Generic Drugs):	\$3.00	\$9.00
Tier 3 (Preferred Brand Drugs):	\$40.00	\$120.00
Tier 4 (Non-Preferred Drugs):	40% coinsurance	40% coinsurance
Tier 5 (Specialty Tier):	33% coinsurance	Not covered
Tier 6 (Select Care Drugs):	\$5.00	\$0.00

UNDERSTANDING YOUR DRUG COVERAGE

Alignment Health My Choice 001 (HMO)

Los Angeles, Orange, Riverside, and
San Bernardino counties

Alignment Health My Choice 028 (HMO)

San Luis Obispo and Ventura
counties

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).

Insulin

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.

Vaccines

Our plan covers most Part D vaccines at no cost to you.



IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Alignment Health Plan - H3815

For 2026, Alignment Health Plan - H3815 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Alignment Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-979-2247 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 866-634-2247 (toll-free) or 711 (TTY).

1. ALL FIELDS ON THIS PAGE ARE REQUIRED (unless marked optional) Effective Date: _____

Select the plan you want to join:

H3443 • ARIZONA HMO

- ☐ Alignment Health ONE 008 (HMO), Pima • \$0/Month
- ☐ Alignment Health ONE + Walgreens 001 (HMO), Maricopa • \$0/Month
- ☐ Alignment Health ONE + Walgreens 002 (HMO), Pima, Santa Cruz • \$0/Month
- ☐ Alignment Health Smart 005 (HMO), Maricopa, Pima, Santa Cruz • \$0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLAN

- ☐ Complete Package with Plan 005 • \$64.90/Month

H3815 • CALIFORNIA HMO

- ☐ Alignment Health + AllCare Preferred 011 (HMO), Stanislaus • \$0/Month
- ☐ Alignment Health + CommUnity 046 (HMO), Fresno, Madera • \$0/Month
- ☐ Alignment Health Honor Plus 060 (HMO), Alameda, Fresno, Kern, Kings, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Stanislaus, Tulare, Ventura, Yolo • \$7.30/Month
- ☐ Alignment Health My Choice 001 (HMO), Los Angeles, Orange, Riverside, San Bernardino • \$0/Month
- ☒ Alignment Health My Choice 028 (HMO), San Luis Obispo, Ventura • \$0/Month
- ☐ Alignment Health My Choice 050 (HMO), 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 • \$0/Month
- ☐ Alignment Health My Choice 061 (HMO), Kern • \$40/Month
- ☐ Alignment Health ONE + Walgreens 035 (HMO), Fresno, Madera, Merced • \$0/Month
- ☐ Alignment Health Platinum 057 (HMO), Kern, Kings, Tulare • \$0/Month
- ☐ Alignment Health Platinum 059 (HMO), San Joaquin • \$0/Month
- ☐ Alignment Health Platinum + Instacart 008 (HMO), Los Angeles, Orange • \$0/Month
- ☐ Alignment Health Platinum + Instacart 016 (HMO-POS), Marin, San Diego, San Francisco • \$0/Month
- ☐ Alignment Health Sutter Advantage +More (HMO) 019, Placer, Sacramento, Yolo • \$21/Month
- ☐ Alignment Health Sutter Advantage +More (HMO) 020, Santa Clara • \$51/Month
- ☐ Alignment Health Sutter Advantage +More (HMO) 021, Santa Cruz • \$61/Month
- ☐ Alignment Health Sutter Advantage +More (HMO) 023, San Francisco, San Mateo, Sonoma • \$50/Month
- ☐ Alignment Health Smart 013 (HMO), Los Angeles, Orange, Riverside, San Bernardino, San Diego • \$0/Month
- ☐ Alignment Health Smart 038 (HMO), Placer, Sacramento, Yolo • \$0/Month
- ☐ Alignment Health Smart 040 (HMO), Merced, Santa Clara, Stanislaus, Ventura • \$0/Month
- ☐ Alignment Health Smart 047 (HMO), Los Angeles, Orange, Riverside, San Bernardino, San Diego • \$0/Month
- ☐ Alignment Health Smart 055 (HMO), Los Angeles • \$0/Month
- ☐ Alignment Health Smart 056 (HMO), San Diego • \$0/Month
- ☐ Alignment Health ValorCare 053 (HMO), Los Angeles, Orange, Riverside, San Bernardino, San Diego • \$0/Month
- ☐ Central Health Harmony 031 (HMO), Alameda, San Francisco, San Mateo, Santa Clara • \$0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLANS

Enhanced Dental Option with Plans: ☐ 019 ☐ 020 ☐ 021 ☐ 023 • \$36/Month

Enhanced Dental Option with Plans: ☐ 001 ☐ 008 ☐ 011 ☐ 028 ☐ 031 ☐ 035 ☐ 048 ☐ 054 ☐ 061 • \$40/Month

Complete Package with Plans: ☐ 013 ☐ 038 ☐ 040 ☐ 047 ☐ 055 ☐ 056 • \$64.90/Month

H6697 • CALIFORNIA HMO

- ☐ Alignment Health BRIDGE 003 (HMO), Los Angeles • \$0/Month
- ☐ Alignment Health Platinum Preferred 004 (HMO), Orange • \$0/Month
- ☐ Alignment Health Platinum Preferred+ 005 (HMO), Orange • \$99/Month
- ☐ Central Health Harmony 001 (HMO), Los Angeles, Orange • \$0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLAN:

- ☐ Enhanced Dental Plan with Plan 003 • \$40/Month

H4961 • CALIFORNIA PPO

- ☐ Alignment Health Balance 006 (PPO), San Joaquin, Stanislaus • \$93/Month
☐ Alignment Health My Choice 001 (PPO), Stanislaus, Santa Cruz • \$149/Month

OPTIONAL SUPPLEMENTAL BUY UP PLANS

- Enhanced Dental Plan with Plans: ☐ 001 ☐ 006 • \$40/Month

H8832 • CALIFORNIA PPO

- ☐ Alignment Health Advantage 001 (PPO), Fresno, Los Angeles, Madera, Ventura, San Joaquin, Stanislaus • \$70/Month
☐ Alignment Health Advantage 002 (PPO), Santa Clara • \$101.50/Month
☐ Alignment Health Advantage 005 (PPO), Los Angeles, San Diego • \$160.00/Month
☐ Alignment Health Balance Plus 004 (PPO), San Diego, San Joaquin, Stanislaus • \$7.30/Month

OPTIONAL SUPPLEMENTAL BUY UP PLANS

- Enhanced Dental Plan with Plans: ☐ 002 ☐ 005 • \$40/Month
☐ Options+ with Plan 001 • \$48/Month

H9686 • NEVADA HMO

- ☐ Alignment Health + Intermountain Health 009 (HMO), Clark, Nye • \$0/Month

H5296 • NEVADA HMO

- ☐ Alignment Health Platinum + Instacart 007 (HMO), Clark • \$0/Month
☐ Alignment Health Smart 008 (HMO), Clark • \$0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLAN

- ☐ Complete Package with Plan 008 • \$64.90/Month

H5296 • NORTH CAROLINA HMO

- ☐ Alignment Health Platinum 010 (HMO), Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes • \$0/Month
☐ Alignment Health Platinum 012 (HMO), Cabarrus, Gaston, Mecklenburg, Rowan • \$0/Month
☐ Alignment Health Smart 006 (HMO), Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes • \$0/Month
☐ Alignment Health Smart 013 (HMO), Cabarrus, Gaston, Mecklenburg, Rowan • \$0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLANS

- Complete Package with Plans: ☐ 006 ☐ 013 • \$64.90/Month

H7074 • NORTH CAROLINA PPO

- ☐ Alignment Health AVA 001 (PPO), Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes • \$20/Month

H5472 • TEXAS HMO

- ☐ Alignment Health BRIDGE 013 (HMO-POS), Bexar • \$0/Month
☐ Alignment Health ONE 011 (HMO-POS), Bexar, Comal • \$0/Month
☐ Alignment Health ONE + Walgreens 001 (HMO-POS), El Paso, Hudspeth • \$0/Month
☐ Alignment Health Smart 003 (HMO-POS), El Paso, Hudspeth • \$0/Month
☐ Alignment Health Smart 010 (HMO-POS), El Paso, Hudspeth • \$0/Month
☐ Alignment Health Smart 012 (HMO-POS), Bexar, Comal • \$0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLANS

- Complete Package with Plans: ☐ 003 ☐ 010 ☐ 012 • \$64.90/Month



First Name:		Last Name:		Middle Initial (optional):
Birth Date: (MM/DD/YYYY)	Home Phone Number:		Cell Phone Number (Optional):	
Email Address:				
By providing my email address or mobile number, I consent to receive plan-related communications electronically, including calls and text messages.				Sex: ☐ Male ☐ Female
Permanent Residence Street Address (Don't Enter a P.O. Box):				
City:		County (Optional):		State: ZIP Code:
Mailing Address, If Different From Your Permanent Address (P.O. Box Allowed):				
City:		County (Optional):		State: ZIP Code:
Emergency Contact (Optional):		Relationship:	Phone Number:	

YOUR MEDICARE INFORMATION: Medicare Number: _____

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Alignment Health Plan? ☐ Yes ☐ No

Name of Other Coverage: _____ Member Number for this Coverage: _____ Group Number for this Coverage: _____



Please choose the name of a primary care provider (PCP). **For HMO plans, if the PCP you choose is not available, an available PCP will be automatically assigned to you.**

Primary Care Provider: _____ I am a(n) ☐ Existing Patient ☐ New Patient

Primary Care Provider ID: _____ Medical Group: Coastal Communities Physicians Network

Are you eligible or enrolled in a State Medicaid or Medi-Cal program? ☐ Yes ☐ No

If you are enrolled in a State Medicaid Program, Medicaid number: _____

IMPORTANT: READ AND SIGN BELOW:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Alignment Health Plan.
- By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that Alignment Health Plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time • and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, and MA MSA plans).
- I understand that when my Alignment Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Alignment Health Plan. Benefits and services provided by Alignment Health Plan and contained in my Alignment Health Plan "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Alignment Health Plan will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
1. This person is authorized under State law to complete this enrollment, and
2. Documentation of this authority is available upon request by Medicare.



Signature: _____ **Today's Date:** _____

For individuals helping enrollee with completing this form only. Complete this section if you're an individual (i.e., agents, brokers, SHIP counselors, family members or other third parties) helping an enrollee fill out this form.

Name: _____ Relationship to Enrollee: _____

Signature: _____ National Producer Number (Agents/Brokers only): _____

2. ALL FIELDS ON THIS PAGE ARE OPTIONAL

ANSWERING THESE QUESTIONS IS YOUR CHOICE. YOU CAN'T BE DENIED COVERAGE BECAUSE YOU DON'T FILL THEM OUT.

Select one if you want us to send you information in a language other than English.

☐ Spanish ☐ Vietnamese ☐ Chinese ☐ Korean ☐ Other

Select one if you want us to send you information in an accessible format. ☐ Standard/Regular Font ☐ Braille ☐ Large Print

☐ Audio ☐ Data CD

Please contact Alignment Health Plan at 1-866-634-2247 (TTY 711) if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 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. If no selection is made, Standard/Regular font will be sent.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

The following materials will be sent to you via email unless you prefer to receive a printed copy. Please check below if you prefer to receive a printed version.

☒ Part C Explanation of Benefits (EOB) ☒ Part D Explanation of Benefits (EOB) ☒ Annual Notification of Change (ANOC)

PAYING YOUR PLAN PREMIUMS

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month.

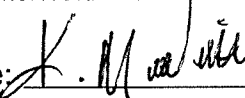
You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

Please select a plan premium and/or late enrollment payment option:

☒ Get a bill

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. (The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Alignment Health Plan the Part D-IRMAA.

Enrolling Sales Representative's Signature: 

NPN#: 2594225

Print Name: Alan Kip Meredith

Sales ID#: _____

Phone Number: 805-548-8672

Date: _____

FOR OFFICE USE ONLY:

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60 authorize the collection of this information. CMS may use, disclose, and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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.

ATTESTATION OF ELIGIBILITY FOR AN ENROLLMENT PERIOD



Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved, and this plan is a new option for me. I moved on (insert date)_____.
- ☐ I was recently released from incarceration. I was released on (insert date)_____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on (insert date)_____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date)_____.
- ☐ I am moving into, live in or recently moved out of a Long-Term Care facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date)_____.
- ☐ I recently left a PACE program on (insert date)_____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.
- ☐ I am leaving employer or union coverage on (insert date)_____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)_____.
- ☐ I was affected by a weather-related emergency or major disaster, as declared by the Federal Emergency Management Agency (F.E.M.A). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Alignment Health Plan at 866-634-2247 (TTY 711), 8am-8pm, seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8am-8pm Monday through Friday (except holidays) from April 1 through September 30, to see if you are eligible to enroll. 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.

2027 Attestation of Enrollment

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



The Centers for Medicare and Medicaid Services requires agents to document the scope of a sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative).

MEDICARE ADVANTAGE PLANS (PART C) AND COST PLANS

☐ **Medicare Health Maintenance Organization (HMO)**

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

☐ **Medicare Preferred Provider Organization (PPO) Plan**

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

☐ **Medicare Point of Service (POS) Plan**

A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

☐ **Medicare Special Needs Plan (SNP)**

A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE AND SIGNATURE DATE:

Signature: _____ **Signature Date:** / /

If you are the Authorized Representative, please sign above and print below:

Representative's Name:

Your Relationship to the Beneficiary:

TO BE COMPLETED BY AGENT

Agent Name: **Agent Phone:** () -

Beneficiary Name: **Beneficiary Phone (Optional):** () -

Beneficiary Address (Optional):

Initial Method of Contact (Indicate here if beneficiary was a walk-in):

Agent's Signature:

Plan(s) the agent represented during this meeting:

Date Appointment Completed:

Plan Use Only:

*Scope of Appointment documentation is subject to CMS record retention requirements.
*Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: _____