

READY.

SET.

GO.

ARE YOU READY?

The plans are.



2027 NC PRODUCER SELLING GUIDE



Alignment Health™

KNOW WHAT STANDS BEHIND THE PLAN

READY.

Before you compare benefits and plan details, start with what members experience after enrollment.

Alignment Health combines coordinated care, 24/7 support, real-time information, and practical benefits to help members use their coverage with greater confidence.

This section gives you the story, care model, and proof behind the plans, so you can explain not only what Alignment offers, but why it matters.

The partner.

The care.

The support behind every recommendation.



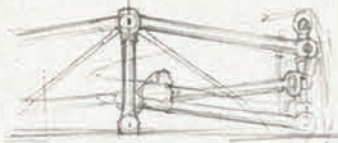


Alignment through Precision

- + Driver-Centric Design
- + Chassis Balance
- + Mechanical Integrity
- + Performance Longevity

Rear Suspension

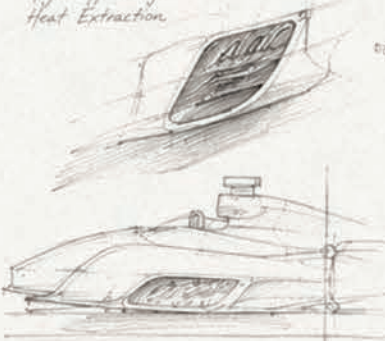
Pull-Rod Layout



Optimized Anti-Squat
& Toe Control

Sidepod Cooling

High Efficiency
Heat Extraction



Front Wing

- + Low Drag
- + High Downforce
- + Balanced Flow

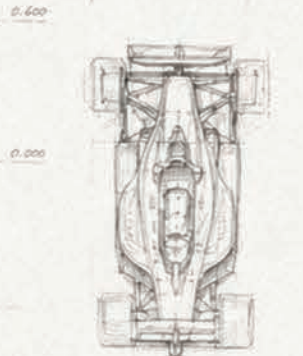
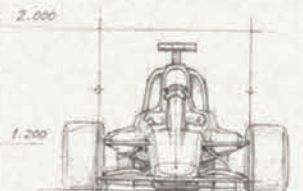
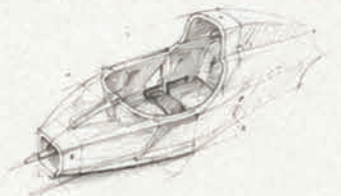


Engineering for Human Performance

A SYSTEMS APPROACH
TO SPEED, SAFETY,
AND LONGEVITY.

Monocoque Tub

Carbon Fiber Structure



Performance Alignment

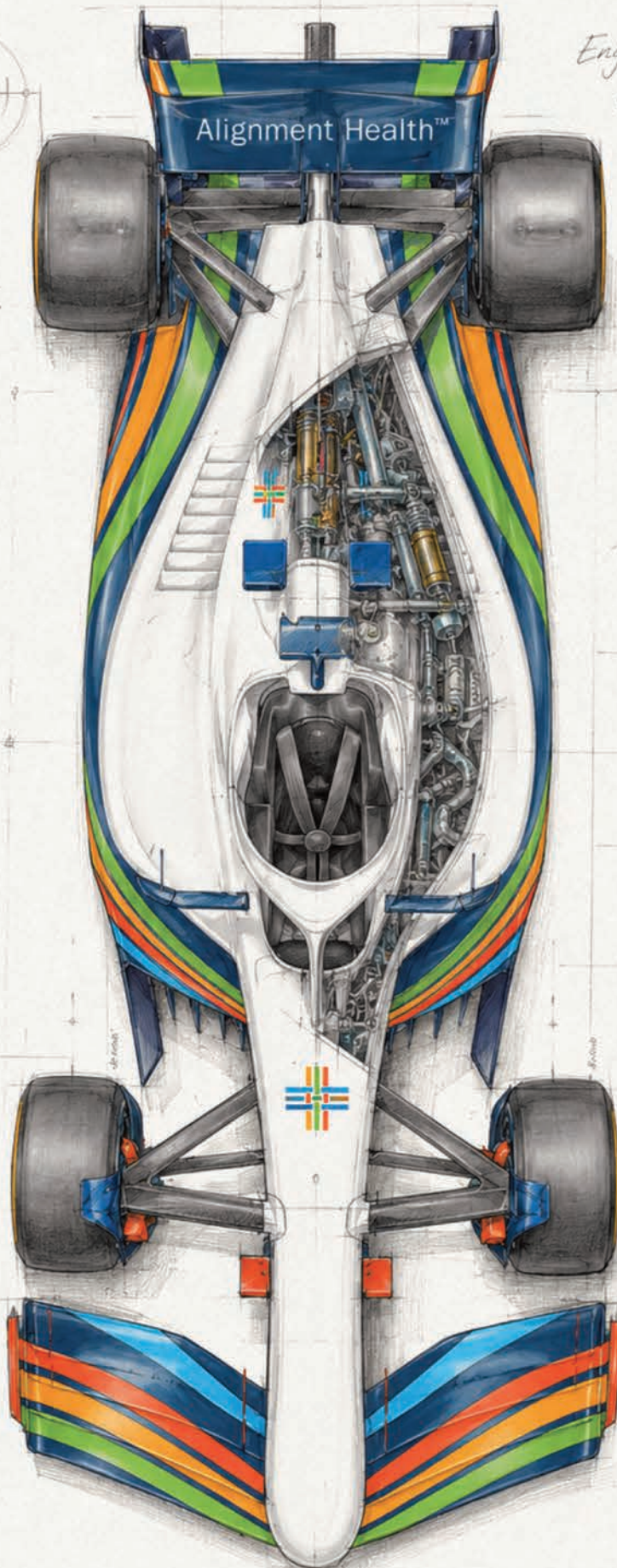
Body. Mind. Machine.
IN PERFECT ALIGNMENT.

ALIGNMENT HEALTH™
FORMULA CONCEPT
AH-01

DATE: 05.30.24

SCALE: 1:10

Signature



A MESSAGE FROM OUR LEADERSHIP

READY FOR WHAT COMES NEXT

Through meaningful conversations with our Medicare partners, we've sharpened our focus on what matters most—delivering compassionate, high-quality care to every senior we serve. Today, we've reached another important milestone—nearing 300,000 members.

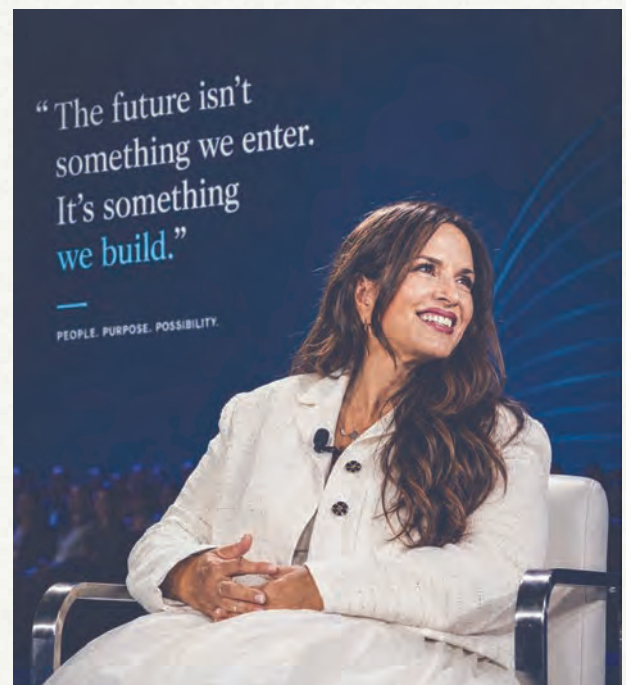
Each member we serve represents a life we are helping improve, and we carry that responsibility with purpose every day. As I reflect on 38 years in the Medicare space, I'm reminded that real progress comes from staying grounded in why we do this work and committed to the people we serve. Seniors are all I've focused on throughout my career, and I've never been more energized than I am right now.

Together, with you, we are helping more older adults navigate the healthcare system with clarity, dignity, and the support they deserve. And now, we are building on that momentum—expanding into new counties across our existing states and continuing to scale our model to reach even more seniors.

This is a moment of momentum. The pace is picking up, the path ahead is clear, and our focus is sharper than ever. Thank you for being an essential part of this journey. Together, we are building something meaningful—one member at a time—as we continue to drive toward even greater impact.

Dawn Maroney

President and CEO Alignment Health Plan



You help clients make an important decision. We work every day to support the confidence you placed in us.

WHY ALIGNMENT HEALTH

A PLAN YOU CAN STAND BEHIND



The recommendation is yours.
The experience behind it is ours to deliver.

Enrollment is the beginning of the member relationship, not the end. Alignment Health is built to support members as they navigate care, use their benefits, and manage changing health needs throughout the year.

Care That Meets Members Where They Are

Coordinated support reaches members at home, by phone, by video, and through trusted community providers.

Help After Enrollment

Members have 24/7 access to real people who can answer questions, explain benefits, and connect them with appropriate care.

Benefits Built Around Real Needs

Plans combine medical coverage with practical support to help eligible members maintain their health, independence, and everyday routines.

A Model With Measurable Results

Alignment's care model focuses on earlier intervention, stronger coordination, and fewer avoidable gaps in care.

PROOF BEHIND THE PROMISE

284,800

Members served in 2026

100%

Of members enrolled in Medicare Advantage plans rated 4 Stars or higher by CMS in 2025 and 2026

379

Emergency room visits per 1,000 shared-risk members, 34% below the 2019 Medicare Fee-for-Service benchmark

14%

30-day hospital readmission rate, 27% below the 2019 Medicare Fee-for-Service benchmark



THE CARE MODEL

CARE BEYOND THE DOCTOR'S OFFICE

Immediate help when a need arises. Ongoing support when care becomes more complex.

Alignment Health's care model gives members more than one way to reach clinical support. The Virtual Care Center provides on-demand help by phone or video. Care Anywhere provides proactive, ongoing care for eligible members with complex or chronic health needs.



PROOF BEHIND THE PROMISE

57,691

Total member virtual care visits in 2025

16,000

Members participated in Care Anywhere in 2025

16%

Reduction in inpatient hospital admissions for the program's high-risk population from 2024

78+

Care Anywhere NPS. Industry average is 40.





VIRTUAL CARE CENTER

Clinical Help, Day or Night

For members who need timely clinical guidance by phone or video. Members can contact the Virtual Care Center 24 hours a day, 7 days a week for help with:

- New or urgent symptoms
- Guidance on the appropriate care setting
- Medication refills and prescriptions
- Post-discharge questions and follow-up
- Health education and care coordination
- Psychosocial support and assessments

Best for

A member who has a current health question or needs help deciding what to do next.

MEMBER ACCESS

1-833-402-5803, TTY: 711

Available 24/7



CARE ANYWHERE

An Ongoing Care Team, Wherever the Member Is

For eligible members who need proactive, coordinated support over time. Care Anywhere is Alignment Health's physician-led program for higher-risk members with complex or chronic health needs. An interdisciplinary team works with the member and the member's primary care physician through in-home, phone, and virtual visits. Support may include:

- Comprehensive health assessments
- A personalized care plan
- Ongoing management of symptoms and chronic conditions
- Coordination of medical and social needs
- Follow-up between traditional appointments
- Support after hours and on weekends
- Help navigating care and benefits

Best for

An eligible member whose needs require more than a single clinical call or office visit.

REFERRAL LINE

1-833-902-1665

Weekdays, 8 a.m. to 5 p.m. PT

ACCESS ON-DEMAND CONCIERGE



WALLET	ELIGIBLE ITEMS	FUNDING CADENCE	BALANCE ROLLOVER	PARTICIPATING RETAILERS
Over-the-Counter (OTC)	Over-the-Counter Supplies	Monthly	No	Walmart, Walgreens, CVS, NationsOTC (online), Dollar General
Essentials	Groceries, Internet, Home Modification Items and Utilities (Internet, Water, Sewer, etc.)	Monthly	No	Instacart, Walmart, Costco, Food4Less, Safeway, Target, Albertsons, Smiths, Frys, El Super, Superior, 99 Ranch, Cardenas Markets
FLEX	Routine Acupuncture, Chiropractic, Dental, Hearing, Podiatry, and Vision Services	Semi-Annually or Annually	Yes, to end of calendar year	Any dental, vision, hearing, chiropractic, acupuncture, or podiatry servicing provider. Walmart-owned vision centers are now included.
Rewards	All The Above!	Ongoing	Yes, to end of calendar year	Any participating retailer under the Essentials or OTC Wallet

ACCESS ON-DEMAND CONCIERGE

REAL HELP, REAL PEOPLE

Every Alignment Health Medicare Advantage member has access to a concierge team dedicated to making the plan easier to understand and use. Members are not left to navigate their benefits alone, and you are not expected to field every question yourself.

What Members Receive

The 24/7 ACCESS On-Demand Concierge team answers questions, explains benefits, and helps members navigate available services.

Members can also reach the Virtual Care Center for clinical needs, while eligible plan-funded allowances are managed through the ACCESS On-Demand Concierge Card.

How the ACCESS On-Demand Concierge Card Works

Depending on the plan, allowances may be available for eligible over-the-counter items, groceries, utilities, supplemental services, and rewards. The wallet table shows eligible expenses, funding schedules, rollover rules, and participating retailers.

How Members Manage Their Card

- Alignment Health Member Portal
- Benefits Pro Mobile App



181,700

Members used the ACCESS On-Demand Concierge Card in 2025

Broker Takeaway

Members have a dedicated place to turn for benefit questions and ongoing support, reducing the number of service questions routed back to you throughout the year.

PLANS, BENEFITS, AND VALUE DRIVERS

SET.

The right plan is more than a list of benefits. It is a combination of plan design, everyday value, and ongoing support that fits the member's priorities.

Use this section to understand Alignment Health's most distinctive plan offerings, compare the benefits clients ask about most, and identify the value story that best fits each member.





STATE	PLAN	COUNTIES	MONTHLY PART B REBATE	PART D COPAYS	
NORTH CAROLINA	Smart 006 (HMO) (H5296-006)	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes	\$119	Part D: \$700 deductible tiers 4 & 5	
				T1 - \$0 T2 - \$3 T3 - \$45	T4 - 40% T5 - 25% T6 - \$5 (30 DAY) \$0 (100 DAY)
	Smart 013 (HMO) (H5296-013)	Cabarrus, Gaston, Mecklenburg, Rowan	\$175	Part D: \$700 deductible tiers 4&5	
				T1 - \$0 T2 - \$3 T3 - \$45	T4 - 40% T5 - 25% T6 - \$5 (30 DAY) \$0 (100 DAY)



PART B REBATE PLANS

MONEY BACK, WITH MORE WAYS TO CHOOSE

Select Alignment Health plans return a portion of the Medicare Part B premium through the member's Social Security benefit.

Rebate amounts vary by plan and service area. Select rebate plans also offer the Complete Package, an optional buy-up with enhanced supplemental benefits.

Part B Rebate

A strong option for clients who prioritize monthly savings. Compare the rebate with the plan's provider network, prescription coverage, medical cost shares, and included benefits.

Complete Package

Available with select Smart (HMO) plans for an additional monthly premium.

The package may include enhanced dental, transportation, hearing, worldwide coverage, Care Anywhere, PERS, and appointment support.

Broker Takeaway

Present the rebate as part of the complete plan, not as a stand-alone cash benefit. Start with the client's priority, whether that is monthly savings or richer supplemental coverage, then compare the full plan.

COMPLETE PACKAGE

Optional Supplemental Benefit that is exclusively on our Smart (HMO) rebate plans:

Premium: \$64.90

- WWC Additional \$75,000 every year
- Care Anywhere for qualified members
- 24 one-way trips (30-mi radius)
- \$195 - \$1,750 copay, 2 hearing aids/yr
- \$0 copay PERS
- Concierge for Physician Appointments

Dental

- Diagnostic: 0% coinsurance
- Restorative: 50% coinsurance
- Endodontics: 50% coinsurance
- Periodontics: 0-50% coinsurance
- Extractions: 50% coinsurance
- Prosthodontics: 50% coinsurance
- Annual Max Coverage: \$1,500

DENTAL BENEFITS

DENTAL COVERAGE,
MADE COMPARABLE



Dental benefits vary by plan and may include coverage built into the plan, an optional buy-up, or a FLEX Allowance.

Use the plan tables to identify the dental structure available with each plan, then compare covered services, member cost shares, annual maximums, premiums, and provider networks.



THREE TERMS TO KNOW

Basic Supplemental

Dental coverage included with the plan.

Optional Supplemental

Additional coverage available for a monthly premium.

FLEX Allowance

A plan-funded allowance that may be used toward eligible dental and other supplemental services.



State	Provider Network(s)	Provider Access Points
NC	Liberty Dental Plan & Dental Guard Preferred Select	14,080

Broker Takeaway

Do not compare dental benefits by annual maximum alone. Also consider covered services, cost shares, provider networks, and whether the coverage is included or requires an additional premium.

NORTH CAROLINA

SERVICE CATEGORY	PREVENTIVE 013	PREVENTIVE 006	PREVENTIVE + Allowance 010	ALLOWANCE 004, 009, 011, 012	COMPLETE PACKAGE 006, 013
Preventive / Diagnostic (Exams X-Rays Cleanings Fluoride)	\$0 copay	\$10 - \$30 copay	\$10 - \$30 copay	\$0 copay	0% coinsurance
Comprehensive*	—	—	\$0 copay	\$0 copay	50% coinsurance**
Benefit Maximum	—	—	\$2,000 Comprehensive	Varies \$2,000-\$3,000 Preventive & Comprehensive	\$1,500 Annual Allowance
Monthly Premium	\$0	\$0	\$0	\$0	\$64.90
Provider Network(s)	Liberty Dental + Guardian Dental Guard Preferred Select Network				

***Restorative** (Fillings | Crowns), **Endodontics** (Root Canals), **Periodontics** ("Deep" Cleanings 0% coinsurance), **Prosthodontics Removable** (Dentures), **Prosthodontics Fixed** (Bridges), **Oral & Maxillofacial Surgery** (Extractions)

****Periodontics** ("Deep" Cleanings 0-50% coinsurance)

SUPPLEMENTAL BENEFITS

BENEFITS MEMBERS ACTUALLY USE



VISION COVERAGE

Eye exams and eyewear benefits may be available through VSP Advantage, a plan allowance, or the FLEX Allowance.

ACCESS

1-800-877-7195

providersearch.alignmenthealthplan.com



HEARING COVERAGE

Hearing exams, fittings, and hearing aid coverage may be available through NationsHearing, a plan allowance, or the FLEX Allowance.

ACCESS

1-844-667-3713

providersearch.alignmenthealthplan.com



TRANSPORTATION

Eligible plans provide rides to and from covered medical appointments. Members should schedule rides at least two business days in advance. Trip limits, mileage limits, and destinations vary by plan.

ACCESS

1-866-327-2247



PERSONAL EMERGENCY RESPONSE SYSTEM

Eligible members receive a device that can call for help after a fall, medical emergency, or other urgent event.

ACCESS

ACCESS On-Demand Concierge

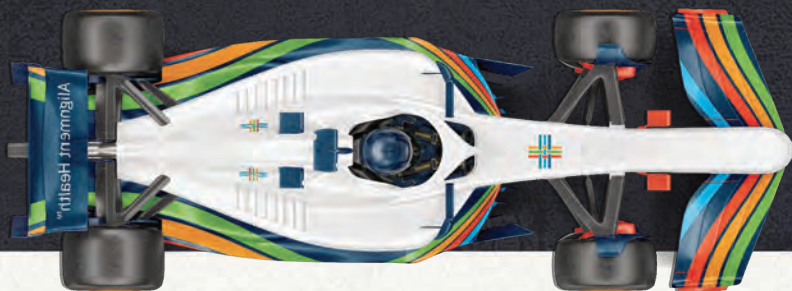
1-833-242-2223, TTY: 711

Supplemental benefits can support a member's health, independence, and everyday routine. Use this spread to understand what each benefit provides and how members access it.

Benefits, providers, allowances, service limits, and availability vary by plan. Refer to the Evidence of Coverage for complete details.

Broker Takeaway

Start with the need that matters most to the client, then confirm the amount, frequency, provider, and access requirements for the plan you are recommending.



ACUPUNCTURE AND CHIROPRACTIC SERVICES

Routine visits may be available through American Specialty Health or the FLEX Allowance. Members using American Specialty Health must choose a participating provider. FLEX Allowance users may visit an eligible provider that accepts Visa.

ACCESS

ashlink.com/ash/AHC



FITNESS MEMBERSHIP

Eligible members receive a no-cost fitness membership with access to participating gyms, at-home workouts, and wellness resources. Participating locations vary.

ACCESS

1-844-499-5632

youronepass.com



IN-HOME SUPPORT SERVICES

Eligible members may receive assistance with Instrumental Activities of Daily Living (IADLs), such as companionship, and health reminders, as well as Activities of Daily Living (ADLs), including bathing and dressing. Services are subject to hourly visit minimums and limitations. Members must choose in advance between In-Home Support Services and Caregiver Reimbursement when both are offered.

ACCESS

ACCESS On-Demand Concierge

1-833-242-2223, TTY: 711



CAREGIVER REIMBURSEMENT

Eligible members may receive an annual reimbursement for an unpaid caregiver who assists with daily activities such as bathing, light meals, housekeeping, or transportation. Members must choose in advance between Caregiver Reimbursement and In-Home Support Services when both are offered.

ACCESS

ACCESS On-Demand Concierge

1-833-242-2223, TTY: 711



MORE SUPPORT FOR CHRONIC NEEDS

SSBCI provides additional benefits for eligible members with qualifying chronic or complex conditions. Eligibility is not based on diagnosis alone.

WHO MAY QUALIFY

A member may qualify only when all four requirements are met:

1. Maintain active coverage with Alignment in an eligible plan.
2. The member has a qualifying chronic condition documented within the plan's required lookback period.
3. The member requires intensive care coordination.
4. The member is at high risk for hospitalization or another adverse health outcome.

Refer to the qualifying-condition list and the member's Evidence of Coverage for complete requirements.

HOW MEMBERS ACTIVATE SSBCI BENEFITS

- 1. Review Eligibility**
Confirm that the member meets SSBCI eligibility requirements, which vary by plan.
- 2. Obtain Provider Verification**
The member's qualifying provider must verify whether the member meets the qualification criteria by:
 - Submitting an eligible visit claim to Alignment Health, or
 - Completing the SSBCI Provider Attestation Form

FORM ACCESS

alignmenthealthplan.com/memberforms

- 3. Activate the Benefits**
Once eligibility and provider verification are complete, the member can access applicable SSBCI benefits for the remainder of the calendar year, subject to plan terms.

NEED HELP CONFIRMING ELIGIBILITY?

ACCESS On-Demand Concierge

1-833-242-2223, TTY: 711 Available 24/7

ADDITIONAL SSBCI BENEFITS

Benefit availability, funding, service limits, and eligibility vary by plan.

Air Purifier or Humidifier

Eligible members may receive one plan-approved air purifier or humidifier during the applicable benefit period.

Essentials Allowance

Eligible members on select plans receive an allowance loaded to the ACCESS Card for approved groceries, home safety modifications, utilities, and other plan-approved needs. Funding frequency and rollover rules vary by plan.

MEMBER ACCESS

members.alignmenthealthplan.com

Pest Control Services

Eligible members may receive a plan-defined number of treatments for covered household pests. \$500 maximum benefit coverage limit per year may apply.

Pet Care Services

Eligible members may receive a plan-defined allotment for dog walking, pet sitting, or other approved services.

MEMBER ACCESS

wagwalking.com/p/alignment

Smart Scale

Eligible members may receive one plan-approved Smart Scale during the applicable benefit period.

2027 QUALIFYING CONDITIONS

1. **Chronic alcohol use disorder and other substance use disorders (SUDs)**
2. **Autoimmune disorders limited to:**
 - Polyarteritis nodosa
 - Polymyalgia rheumatica
 - Polymyositis
 - Dermatomyositis
 - Rheumatoid arthritis
 - Systemic lupus erythematosus
 - Psoriatic arthritis
 - Scleroderma
3. **Cancer**
4. **Cardiovascular disorders limited to:**
 - Cardiac arrhythmias
 - Coronary artery disease
 - Peripheral vascular disease
 - Valvular heart disease
5. **Chronic heart failure**
6. **Dementia**
7. **Diabetes mellitus**
8. **Overweight, obesity, and metabolic syndrome**
9. **Chronic gastrointestinal disease limited to:**
 - Chronic liver disease
 - Non-alcoholic fatty liver disease (NAFLD)
 - Hepatitis B
 - Hepatitis C
 - Pancreatitis
 - Irritable bowel syndrome
 - Inflammatory bowel disease
10. **Chronic kidney disease (CKD) limited to:**
 - CKD requiring dialysis/End-stage renal disease (ESRD)
 - CKD not requiring dialysis
11. **Severe hematologic disorders limited to:**
 - Aplastic anemia
 - Hemophilia
 - Immune thrombocytopenic purpura
 - Myelodysplastic syndrome
 - Sickle-cell disease (excluding sickle-cell trait)
 - Chronic venous thromboembolic disorder
12. **HIV/AIDS**
13. **Chronic lung disorders limited to:**
 - Asthma, Chronic bronchitis
 - Cystic Fibrosis
 - Emphysema
 - Pulmonary fibrosis
 - Pulmonary hypertension
 - Chronic Obstructive Pulmonary Disease (COPD)
14. **Chronic and disabling mental health conditions limited to:**
 - Bipolar disorders
 - Major depressive disorders
 - Paranoid disorder
 - Schizophrenia
 - Schizoaffective disorder
 - Post-traumatic stress disorder (PTSD)
 - Eating Disorders
 - Anxiety disorders
15. **Neurologic disorders limited to:**
 - Amyotrophic lateral sclerosis (ALS)
 - Epilepsy
 - Extensive paralysis (that is, hemiplegia, quadriplegia, paraplegia, monoplegia)
 - Huntington's disease
 - Multiple sclerosis
 - Parkinson's disease
 - Polyneuropathy
 - Fibromyalgia
 - Chronic fatigue syndrome
 - Spinal cord injuries
 - Spinal stenosis
 - Stroke-related neurologic deficit
16. **Stroke**
17. **Post-organ transplantation care**
18. **Immunodeficiency and Immunosuppressive disorders**
19. **Conditions associated with cognitive impairment limited to:**
 - Alzheimer's disease
 - Intellectual disabilities and developmental disabilities
 - Traumatic brain injuries
 - Disabling mental illness associated with cognitive impairment
 - Mild cognitive impairment
20. **Conditions with functional challenges and require similar services limited to:**
 - Spinal cord injuries
 - Paralysis
 - Limb loss
 - Stroke
 - Arthritis
21. **Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell**
22. **Conditions that require continued therapy services in order for individuals to maintain or retain functioning**
23. **Hypertension (High Blood Pressure)**
24. **Hyperlipidemia (High Cholesterol)**



BROKER TOOLS AND RESOURCES

EVERYTHING YOU NEED TO SELL AND SERVICE



Use this page as a year-round reference for applications, the Agent Portal, member information, supplies, provider and drug searches, commissions, and Partner Experience support.

PARTNER EXPERIENCE

PHONE

1-888-793-5700

EMAIL

PartnerExperience@ahcusa.com

ORDER SUPPLIES AND PROMOTIONAL MATERIALS

AFFILIATED WITH AN AGENCY

Contact your agency for supplies /
promo items

DIRECT/INDEPENDENT AGENT EMAIL

PartnerExperience@ahcusa.com

SUBMIT AN APPLICATION

FAX

562-207-4623

MAIL

Alignment Health
Attn: Membership Department
1100 W. Town and Country Road, Suite 1600
Orange, CA 92868

FIND A MEMBER ID NUMBER

CALL MEMBER SERVICES

(866) 646-2247

SEND ENCRYPTED EMAIL TO

PartnerExperience@ahcusa.com

ACCESS YOUR BOB ONLINE

agents.alignmenthealthcare.com

ACCESS THE AGENT PORTAL

REGISTER

Look for email instructions sent to you
after certification

WEBLINK

1. agents.alignmenthealthcare.com
2. Enter Email & Password

FIND A PROVIDER, DRUG, OR PHARMACY

VISIT

alignmenthealthplan.com

Use Provider Search, Find a Drug, or Find a
Pharmacy for the member's specific plan,
market, network, and coverage year.

REQUEST A MEMBER ID OR ADDRESS CHANGE

SEND AN ENCRYPTED EMAIL TO

PartnerExperience@ahcusa.com

Do not include protected member
information in an unsecured email.

COMMISSION QUESTIONS

EMAIL

Commissions@ahcusa.com

Include the writing agent information, applicable
member or application details, and the payment
period in question, using secure communication
when protected information is involved.



FIND THE RIGHT PLAN FOR YOUR MARKET

GO.

You know what stands behind the plans. You know the benefits and value drivers that help distinguish them. Now it is time to take that understanding into your market.

Use the state sections that follow to compare available plans, review benefit highlights, confirm service areas, and identify the options that best fit each client's priorities.

Your market. Your plans. Your next move.

Start With the Market Overview

See the plans available in each state and how they are positioned.

Compare Plan Highlights

Review premiums, cost shares, supplemental benefits, prescription coverage, and other key differences.

Confirm the Service Area

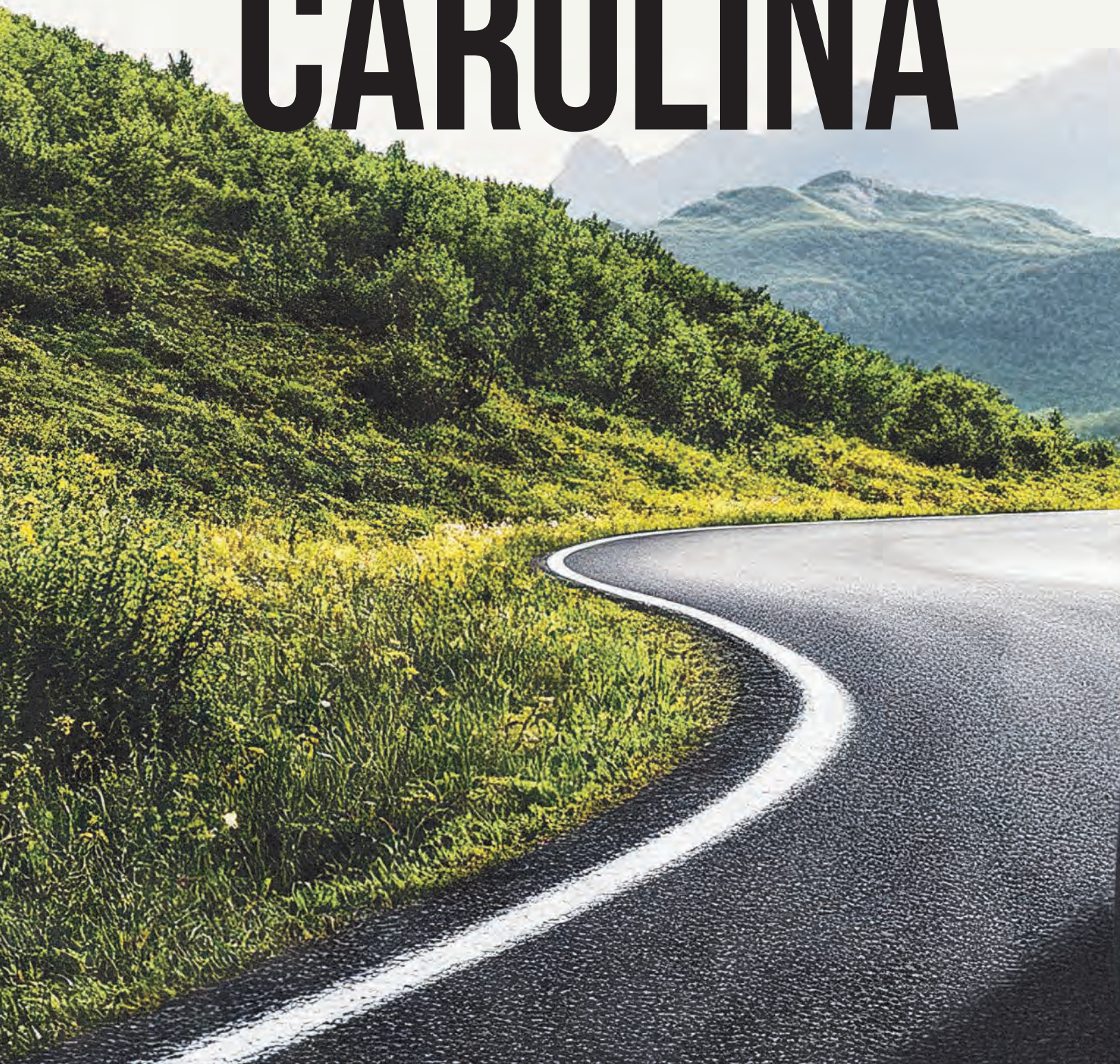
Check county availability before discussing a plan with a client.

Match the Plan to the Member

Consider health needs, provider access, prescription coverage, financial priorities, and the benefits the member is most likely to use.



NORTH CAROLINA

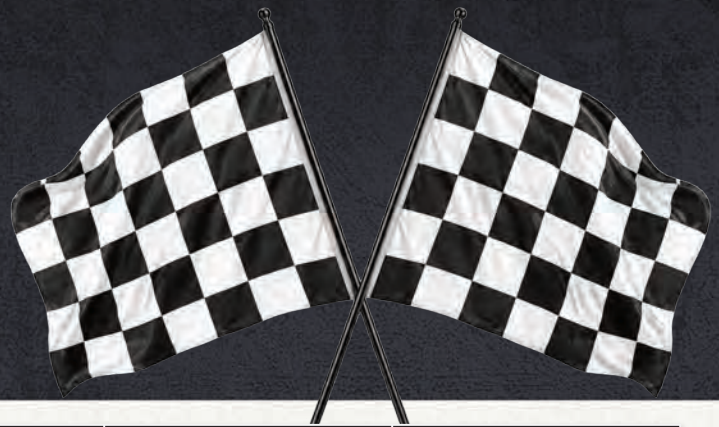




BENEFITS OVERVIEW

	Comprehensive HMO	Part B Rebate	 Comprehensive HMO	 Part B Rebate
Plan	H5296-010 Platinum 010	H5296-006 Smart 006	H5296-012 Platinum 012	H5296-013 Smart 013
Counties	All NC Counties (Excl. Cabarrus, Gaston, Mecklenburg, Rowan)	All NC Counties (Excl. Cabarrus, Gaston, Mecklenburg, Rowan)	Cabarrus, Gaston, Mecklenburg, Rowan	Cabarrus, Gaston, Mecklenburg, Rowan
Eligibility	Non-Duals	Non-Duals	Non-Duals	Non-Duals
Highlights	5 Star Plan, top growth product in NC for Alignment	- Product for cost-conscious, healthy consumers with higher OOPC with Part B rebate - Market-leading Part B level at \$119 monthly level	\$3,000 / yr. Dental allowance	- Product for cost-conscious, healthy consumers with higher OOPC with Part B rebate - Part B Rebate level at \$175
2027 Changes	Existing H5296-003 Platinum plan is Termed and consolidating into this Platinum 010.	Part B rebate reduced. Limited changes to 2027 benefits.	New comprehensive HMO for new enrollment in SAE counties only.	New Part B rebate product for new enrollment in SAE counties only.





	PPO	C-SNP	Duals	Duals
Plan	H7074-001 AVA 001	H5296-011 Heart & Diabetes Care 011	H5296-004 Duals+ 004	H5296-009 Heart & Diabetes Plus 009
Counties	All NC Counties (Excl. Cabarrus, Gaston, Mecklenburg, Rowan)	All NC Counties	All NC Counties	All NC Counties
Eligibility	Non-Duals	Diabetes or Heart Condition	Full Duals (FBDE, QMB, QMB+)	Full Duals (FBDE, QMB, QMB+) with Diabetes or Heart Condition
Highlights	• Strong core benefits (MOOP, IP, PCP/Spc Copay) • Rich prescription drug coverage plan	• Access to Alignment care model • Market-leading Essentials allowance (Groceries & More)	• Market Leading Essentials allowance for Duals (Groceries & More) • Part D: \$0 copay on T1	• Market-leading Essentials allowance for Duals (Groceries & More) • Part D: \$0 copay on T1
2027 Changes	Limited changes to 2027 benefits.	Limited changes to 2027 benefit.	Servicing in new SAE counties. Essentials allowance reduced.	Existing product now servicing in SAE counties. Limited changes to 2027 benefits.

Each market brings different member needs, priorities, and plan opportunities.

Use this overview to compare the plans available in the state, understand how each option is positioned, and identify the benefits and features that may matter most to your clients.

Know the market. Compare the options. Find the right fit.

2027 PLAN HIGHLIGHTS	Smart 006 (HMO) H5296-006	Platinum 010 (HMO) H5296-010
Counties	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes
Premium (Part C / Part D)	\$0	\$0
Part B Rebate	\$119	\$0
Maximum Out of Pocket (MOOP)	\$3,400	\$4,300
Inpatient Hospital - Acute	\$275 per day 1-6 \$0 per day 7-90	\$200 per day 1-2 \$350 per day 3-7 \$0 per day 8-90
Skilled Nursing Facility	\$20 per day 1-20 \$100 per day 21-100	\$10 per day 1-20 \$178 per day 21-100
PCP / Specialist Office Visits	\$0 / \$30	\$0 / \$20
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered	(C/A) \$0 Medicare covered (C/A) \$0 for 24 Routine Visits/yr. combined (C/A) Routine cvg. w/ FLEX Allowance
Ambulance	\$200 (waived if admitted)	\$200 (NOT waived if admitted)
Emergency Room	\$120 (waived if admitted w/in 48 hrs)	\$120 (waived if admitted w/in 24 hrs)
Urgent Care	\$15 (NOT waived if admitted)	\$0
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hosp. (H) / Observation Svcs (O)	\$200 (H) / \$0 (O)	\$275 (H) / \$0 (O)
Ambulatory Surgical Center	\$50	\$100
Durable Medical Equipment	20%	20%
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts and Diabetic Monitors (such as CGMs)	0% - Supplies 20% - Shoes or Inserts and Diabetic Monitors (such as CGMs)
Dialysis Services	20%	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	\$10-\$30 Preventive	\$10-\$30 Preventive / \$0 Comprehensive \$2,000 per yr. Comprehensive w/additional FLEX Allowance
Vision Benefits	\$0 Exam / \$100 Eyewear/2 yrs.	\$0 Exam / \$300 Eyewear/yr. w/additional FLEX Allowance
Hearing Benefits	\$0 Exam	\$0 Exam / \$195-\$1,750 copay for 2 hearing aids/yr. w/additional FLEX Allowance
Fitness Membership	Included	Included
Transportation (Trips/Radius)	N/A	28 one-way trips / 30-mile radius

2027 PLAN HIGHLIGHTS	Smart 006 (HMO) H5296-006	Platinum 010 (HMO) H5296-010
Counties	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes
OTC Items (no rollover)	N/A	\$40 every month
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A	\$200 every year
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	N/A	\$0 for 28 meals/14 Days, 2/yr.
IHSS or Caregiver Support	N/A	N/A
Personal Emergency Response (PERS)	N/A	N/A
Essentials (no rollover) Groceries, Utilities, Home & Bathroom Safety Modification	N/A	N/A
Pet Services	\$0 for 7 Days or 14 Walks/yr.	\$0 for 7 Days or 14 Walks/yr.
Pest Control	\$0 for one service/yr. (\$500 limit)	\$0 for one service/yr. (\$500 limit)
Air Purifier / Humidifier	N/A	N/A

Part B Drugs	0% - 20%	0% - 20%
Part D Out of Pocket Threshold	\$2,400	\$2,400
Part D Deductible	\$700 on Tiers 4, 5	\$225 on Tiers 3, 4, 5

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$3	\$9	\$0	\$0
Tier 3: Preferred Brand	\$45	\$135	\$45	\$135
Tier 4: Non-Preferred	40%	40%	40%	40%
Tier 5: Specialty Tier	25%	N/A	30%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

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2027 PLAN HIGHLIGHTS	Platinum 012 (HMO) H5296-012 	Smart 013 (HMO) H5296-013 
Counties	Cabarrus, Gaston, Mecklenburg, Rowan	Cabarrus, Gaston, Mecklenburg, Rowan
Premium (Part C / Part D)	\$0	\$0
Part B Rebate	\$0	\$175
Maximum Out of Pocket (MOOP)	\$3,500	\$6,500
Inpatient Hospital - Acute	\$275 per day 1-5 \$0 per day 6-90	\$400 per day 1-5 \$0 per day 6-90
Skilled Nursing Facility	\$20 per day 1-20 \$178 per day 21-100	\$10 per day 1-20 \$100 per day 21-100
PCP / Specialist Office Visits	\$0 / \$15	\$0 / \$30
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered	(C/A) \$0 Medicare covered
Ambulance	\$225 (NOT waived if admitted)	\$225 (NOT waived if admitted)
Emergency Room	\$150 (waived if admitted w/in 24 hrs)	\$130 (waived if admitted w/in 24 hrs)
Urgent Care	\$0	\$30 (NOT waived if admitted)
Worldwide Emergency	\$25,000/year	\$25,000/year
Outpatient Hosp. (H) / Observation Svcs (O)	\$250 (H) / \$0 (O)	\$300 (H) / \$0 (O)
Ambulatory Surgical Center	\$200	\$200
Durable Medical Equipment	20%	20%
Diabetic Supplies	0%- Supplies 20% - Shoes or Inserts and Diabetic Monitors (such as CGMs)	0%- Supplies 20% - Shoes or Inserts and Diabetic Monitors (such as CGMs)
Dialysis Services	20%	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)	\$0 (X/D) / 20% (T)
Lab Services	\$0	\$0
Dental Benefits	\$0 Preventive & Comprehensive \$3,000 per yr. combined	\$0 Preventive
Vision Benefits	\$0 Exam / \$300 Eyewear/yr.	\$0 Exam / \$100 Eyewear/2 yrs.
Hearing Benefits	\$0 Exam / \$195-\$1,750 copay for 2 hearing aids/yr.	\$0 Exam
Fitness Membership	Included	Included
Transportation (Trips/Radius)	20 one-way trips / 30-mile radius	N/A

2027 PLAN HIGHLIGHTS	Platinum 012 (HMO) H5296-012 	Smart 013 (HMO) H5296-013 
Counties	Cabarrus, Gaston, Mecklenburg, Rowan	Cabarrus, Gaston, Mecklenburg, Rowan
OTC Items (no rollover)	\$20 every month	N/A
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A	N/A
Black Card	Included	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 meals/14 Days, 2/yr.	N/A
IHSS or Caregiver Support	N/A	N/A
Personal Emergency Response (PERS)	N/A	N/A
Essentials (no rollover) Groceries, Utilities, Home & Bathroom Safety Modification	N/A	N/A
Pet Services	\$0 for 7 Days or 14 Walks/yr.	\$0 for 7 Days or 14 Walks/yr.
Pest Control	\$0 for one service/yr. (\$500 limit)	\$0 for one service/yr. (\$500 limit)
Air Purifier / Humidifier	N/A	N/A

Part B Drugs	0% - 20%	0% - 20%
Part D Out of Pocket Threshold	\$2,400	\$2,400
Part D Deductible	\$225 on Tiers 3, 4, 5	\$700 on Tiers 4, 5

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$3	\$9
Tier 3: Preferred Brand	\$45	\$135	\$45	\$135
Tier 4: Non-Preferred	40%	40%	40%	40%
Tier 5: Specialty Tier	30%	N/A	25%	N/A
Tier 6: Select Care Tier	\$5	\$0	\$5	\$0
Bonus Drugs	Included		Included	

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2027 PLAN HIGHLIGHTS	Heart & Diabetes 011 (HMO C-SNP) H5296-011
Counties	Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, Wilkes
Premium (Part C / Part D)	\$0
Part B Rebate	\$0
Maximum Out of Pocket (MOOP)	\$3,400
Inpatient Hospital - Acute	\$375 per day 1-6 \$0 per day 7-90
Skilled Nursing Facility	\$0 per day 1-4 \$20 per day 5-20 \$178 per day 21-100
PCP / Specialist Office Visits	\$0 / \$15
Chiropractic (C) / Acupuncture (A) Svcs.	(C) \$15 Medicare covered (A) \$0 Medicare covered (C/A) \$0 for 24 Routine Visits/yr. combined
Ambulance	\$150 (waived if admitted)
Emergency Room	\$120 (waived if admitted w/in 48 hrs)
Urgent Care	\$0
Worldwide Emergency	\$25,000/year
Outpatient Hosp. (H) / Observation Svcs (O)	\$350 (H) / \$0 (O)
Ambulatory Surgical Center	\$250
Durable Medical Equipment	0% - \$500 or less 20% - \$500.01 or more
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts Diabetic Monitors (such as CGMs) 0% - \$500.00 or less 20% - \$500.01 or more
Dialysis Services	20%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 (X/D) / 20% (T)
Lab Services	\$0
Dental Benefits	\$0 Preventive & Comprehensive \$2,000 per yr. combined
Vision Benefits	\$0 Exam / \$300 Eyewear/yr.
Hearing Benefits	\$0 Exam / \$195-\$1,750 copay for 2 hearing aids/yr.
Fitness Membership	Included
Transportation (Trips/Radius)	50 one-way trips / 35-mile radius

2027 PLAN HIGHLIGHTS	Heart & Diabetes 011 (HMO C-SNP) H5296-011
Counties	Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, Wilkes
OTC Items (no rollover)	\$25 every month
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A
Black Card	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 meals/14 Days, 2/yr.
IHSS or Caregiver Support	\$0 for 48 hrs/yr. OR \$300 Caregiver reimbursement/yr.
Personal Emergency Response (PERS)	\$0
Essentials (no rollover) Groceries, Utilities, Home & Bathroom Safety Modification	\$60 every month
Pet Services	\$0 for 7 Days or 14 Walks/yr.
Pest Control	\$0 for one service/yr. (\$500 limit)
Air Purifier / Humidifier	\$0

Part B Drugs	0% - 20%
Part D Out of Pocket Threshold	\$2,400
Part D Deductible	\$250 on Tiers 3, 4, 5

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$0	\$0
Tier 3: Preferred Brand	\$30	\$75
Tier 4: Non-Preferred	40%	40%
Tier 5: Specialty Tier	30%	N/A
Tier 6: Select Care Tier	\$5	\$0
Bonus Drugs	Included	

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2027 PLAN HIGHLIGHTS	Heart & Diabetes Plus 009 (HMO-POS C-SNP) H5296-009
Counties	Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, Wilkes
Premium (Part C / Part D)	\$0 for Full Duals
Part B Rebate	\$0
Maximum Out of Pocket (MOOP)	\$9,850
Inpatient Hospital - Acute	INN & OON: \$0 for Full Duals
Skilled Nursing Facility	\$0 for Full Duals
PCP / Specialist Office Visits	\$0 / \$0 for Full Duals
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered (C/A) \$0 for 24 Routine Visits/yr. combined
Ambulance	\$0 for Full Duals
Emergency Room	\$0 for Full Duals
Urgent Care	\$0
Worldwide Emergency	\$25,000/year
Outpatient Hosp. (H) / Observation Svcs (O)	\$0 for Full Duals
Ambulatory Surgical Center	\$0 for Full Duals
Durable Medical Equipment	\$0 for Full Duals
Diabetic Supplies	\$0 for Full Duals
Dialysis Services	\$0 for Full Duals
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 for Full Duals
Lab Services	\$0 for Full Duals
Dental Benefits	\$0 Preventive & Comprehensive \$2,400 per yr. combined
Vision Benefits	\$0 Exam / \$500 Eyewear/2 yrs.
Hearing Benefits	\$0 Exam / \$0 copay for 2 hearing aids/yr.
Fitness Membership	Included
Transportation (Trips/Radius)	50 one-way trips / 50-mile radius

2027 PLAN HIGHLIGHTS	Heart & Diabetes Plus 009 (HMO-POS C-SNP) H5296-009
Counties	Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, Wilkes
OTC Items (no rollover)	\$344 every month (may be combined w/ Essentials)
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A
Black Card	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 meals/14 Days, 2/yr.
IHSS or Caregiver Support	\$0 for 48 hrs/yr. OR \$300 Caregiver reimbursement/yr.
Personal Emergency Response (PERS)	\$0
Essentials (no rollover) Groceries, Utilities, Home & Bathroom Safety Modification	\$344 every month (combined OTC)
Pet Services	\$0 for 7 Days or 14 Walks/yr.
Pest Control	\$0 for one service/yr. (\$500 limit)
Air Purifier / Humidifier	N/A

Part B Drugs	\$0 for Full Duals
Part D Out of Pocket Threshold	\$2,400
Part D Deductible	\$700 on Tiers 3, 4, 5

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	25%	25%
Tier 3: Preferred Brand	25%	25%
Tier 4: Non-Preferred	29%	29%
Tier 5: Specialty Tier	25%	N/A
Tier 6: Select Care Tier	\$5	\$0
Bonus Drugs	Not Included	

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2027 PLAN HIGHLIGHTS	Duals+ 004 (HMO-POS D-SNP) H5296-004
Counties	Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, Wilkes
Premium (Part C / Part D)	\$0 for Full Duals
Part B Rebate	\$0
Maximum Out of Pocket (MOOP)	\$9,850
Inpatient Hospital - Acute	\$0 for Full Duals
Skilled Nursing Facility	\$0 for Full Duals
PCP / Specialist Office Visits	\$0 / \$0 for Full Duals
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered (C/A) \$0 for 24 Routine Visits/yr. combined
Ambulance	\$0 for Full Duals
Emergency Room	\$0 for Full Duals
Urgent Care	\$0
Worldwide Emergency	\$25,000/year
Outpatient Hosp. (H) / Observation Svcs (O)	\$0 for Full Duals
Ambulatory Surgical Center	\$0 for Full Duals
Durable Medical Equipment	\$0 for Full Duals
Diabetic Supplies	\$0 for Full Duals
Dialysis Services	\$0 for Full Duals
Diag (X/D) / Therapeutic (T) Rad Svcs	\$0 for Full Duals
Lab Services	\$0 for Full Duals
Dental Benefits	\$0 Preventive & Comprehensive \$2,400 per yr. combined
Vision Benefits	\$0 Exam / \$400 Eyewear/yr.
Hearing Benefits	\$0 Exam / \$0 copay for 2 hearing aids/yr.
Fitness Membership	Included
Transportation (Trips/Radius)	50 one-way trips / 50-mile radius

2027 PLAN HIGHLIGHTS	Duals+ 004 (HMO-POS D-SNP) H5296-004
Counties	Avery, Buncombe, Cabarrus, Chatham, Davidson, Davie, Forsyth, Gaston, Guilford, Henderson, Johnston, Madison, McDowell, Mecklenburg, Mitchell, Orange, Rowan, Transylvania, Wake, Wilkes
OTC Items (no rollover)	\$265 every month (may be combined w/ Essentials)
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A
Black Card	Included
Meals (Chronic / Post-Discharge)	\$0 for 28 meals/14 Days, 2/yr.
IHSS or Caregiver Support	\$0 for 48 hrs/yr. OR \$300 Caregiver reimbursement/yr.
Personal Emergency Response (PERS)	\$0
Essentials (no rollover) Groceries, Utilities, Home & Bathroom Safety Modification	\$265 every month (combined with OTC)
Pet Services	\$0 for 7 Days or 14 Walks/yr.
Pest Control	\$0 for one service/yr. (\$500 limit)
Air Purifier / Humidifier	\$0

Part B Drugs	\$0
Part D Out of Pocket Threshold	\$2,400
Part D Deductible	\$700 on Tiers 2, 3, 4, 5

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	25%	25%
Tier 3: Preferred Brand	25%	25%
Tier 4: Non-Preferred	25%	25%
Tier 5: Specialty Tier	25%	N/A
Tier 6: Select Care Tier	\$3	\$0
Bonus Drugs	Not Included	

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2027 PLAN HIGHLIGHTS	AVA 001 (PPO) H7074-001	
Counties	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes	
	In-Network	Out-of-Network
Premium (Part C / Part D)	\$20	
Part B Rebate	\$0	
Maximum Out of Pocket (MOOP)	\$3,900	\$6,200 (comb)
Inpatient Hospital - Acute	\$200 per day 1-6 \$0 per day 7-90	10%
Skilled Nursing Facility	\$0 copay per day 1-20 \$100 per day 21-51 \$0 copay per day 52-100	30%
PCP / Specialist Office Visits	\$5 / \$20	\$40 / \$50
Chiropractic (C) / Acupuncture (A) Svcs.	(C/A) \$0 Medicare covered	(C/A) 30%
Ambulance	\$250 (waived if admitted)	30%
Emergency Room	\$150 (NOT waived if admitted)	
Urgent Care	\$20 (waived if admitted w/in 24 hrs)	
Worldwide Emergency	\$10,000/year	
Outpatient Hosp. (H) / Observation Svcs (O)	\$165 (H) / \$0 (O)	25%
Ambulatory Surgical Center	\$100	30%
Durable Medical Equipment	0% - \$350 or less 20% - \$350.01 or more	30%
Diabetic Supplies	0% - Supplies 20% - Shoes or Inserts and Diabetic Monitors (such as CGMs)	30%
Dialysis	20%	30%
Diag (X/D) / Therapeutic (T) Rad Svcs	\$15 (X) / \$150 (D) / 20% (T)	30%
Lab Services	\$0	30%
Dental Benefits	\$0 Preventive & Comprehensive \$1,000 per yr. combined	
Vision Benefits	\$0 Exam \$150 Eyewear/2 yrs.	30% Exam 50% Eyewear
Hearing Benefits	\$0 Exam	30% Exam
Fitness Membership	Included	
Transportation (Trips/Radius)	N/A	

2027 PLAN HIGHLIGHTS	AVA 001 (PPO) H7074-001	
Counties	Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes	
	In-Network	Out-of-Network
OTC Items (no rollover)	N/A	
FLEX Allowance Dental, Vision, Hearing, Chiro, Acupuncture and Podiatry Services	N/A	
Black Card	Included	
Meals (Chronic / Post-Discharge)	N/A	
IHSS or Caregiver Support	N/A	
Personal Emergency Response (PERS)	N/A	
Essentials (no rollover) Groceries, Utilities, Home & Bathroom Safety Modification	N/A	
Pet Services	\$0 for 7 Days or 14 Walks/yr.	
Pest Control	\$0 for one service/yr. (\$500 limit)	
Air Purifier / Humidifier	N/A	

Part B Drugs	0% - 20%
Part D Out of Pocket Threshold	\$2,400
Part D Deductible	\$0

Part D Drugs	Retail 30 Day	Mail Order 90 - 100 Day
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$0	\$0
Tier 3: Preferred Brand	\$40	\$120
Tier 4: Non-Preferred	40%	40%
Tier 5: Specialty Tier	33%	N/A
Tier 6: Select Care Tier	\$5	\$0
Bonus Drugs	Included	

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