

# Alignment Health Retiree Options MAPD (PPO) Offered by Stanford

**Your Dedicated Advocacy Phone Numbers**  
(650) 204-9755 (TTY 711) or toll free (855) 417-7336 (TTY 711)

## Frequently Asked Questions

### Plan Design

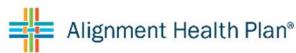
Medical Carrier:



Medical	You pay
Deductible	\$0
Maximum Out of Pocket (MOOP)	\$1,000
Office Visit: Primary Care	\$0
Office Visit: Specialist	\$0
Inpatient Hospital	\$0 Per Admit
Outpatient Care	\$0
Inpatient Mental Health & Substance Abuse	\$0 Per Admit
Outpatient Mental Health & Substance Abuse	\$0
Skilled Nursing Facility	\$0 (1-100 Days)

Emergency Room	\$100
Urgent Care	\$0
Ambulance Service	\$0
Lab Services	\$0
Radiology Services	\$0
Durable Medical Equipment	\$0
Preventative Screenings	\$0
Chiropractic	\$0, 24 visits per year – combined with acupuncture
Acupuncture	\$0, 24 routine visits per year – combined with chiropractic
Podiatry	\$0, 12 routine visits per year
Foreign Travel (World-wide) Coverage	\$0/\$25,000 coverage limit per year
Hearing	In-Network Only: \$195.00 - \$1,750.00 copay per hearing aid. 2 hearing aids every year
Vision	\$0 copay for exam once per year \$0 copay for glasses/contacts every year (\$150 coverage limit)
Dental	Medicare Covered Services Only
Over the Counter (OTC) Allowance	\$20/month, no rollover
Fitness Benefit	One Pass <a href="http://www.youronepass.com">www.youronepass.com</a>

## Prescription Carrier



Prescription	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to
Annual Deductible: \$0			
Tier 1 Preferred Generic	\$10	\$20	\$20
Tier 2 Generic	\$10	\$20	\$20
Tier 3 Preferred Brand	\$30	\$60	\$60
Tier 4 Non-Preferred Brand	\$75	\$150	\$150
Tier 5 Specialty	\$30	N/A	N/A
Tier 6 Select Care	\$10	\$0	\$0

**Note:** CMS caps the 30-day supply cost for Insulin medication at \$35. Costs for a 30-day supply may be less but will not exceed \$35 for 2026.

## Plan Questions

### 1. How do I enroll?

You can make your election through the My Benefits portal during Stanford's Open Enrollment period, which takes place Oct. 20 – Nov. 7. Visit [stanford.io/retiree2026](https://stanford.io/retiree2026) for more information.

### 2. How much do I have to pay for the plan?

Contribution rates will be published on the Cardinal at Work website. Please go to [stanford.io/retiree2026](https://stanford.io/retiree2026) to view the 2026 rates.

### **3. Who do I call if I need assistance with the plan?**

Please call RetireeFirst at (650) 204-9755 (TTY 711) or toll free (855) 417-7336 (TTY 711), Monday-Friday, 8 a.m.-5p.m., PT.

### **4. Who is RetireeFirst?**

RetireeFirst is a retiree benefits management solutions and advocacy service provider. RetireeFirst Advocates are US-based and available to help you navigate the complex retiree healthcare landscape. They can troubleshoot any issues you may have with your insurance carrier, provider's office, and pharmacy.

## Medical Questions

### **5. Is there a medical deductible?**

No, there is no medical deductible.

### **6. Are there co-insurance or copays?**

No, there is no co-insurance or copays for the majority of the medical services under this plan. There is a \$100 copay for the emergency room, per visit.

### **7. Does this plan require referrals?**

No, this plan does not require referrals.

### **8. Does this plan require pre-certifications?**

Some services may require pre-certification. For details, refer to the Plan Document, Evidence of Coverage.

### **9. Does this plan have a network?**

Yes, but you can go to any willing Medicare provider, hospital, or facility that agrees to bill Alignment Health. This plan's in and out of network benefits are the same.

### **10. Can I go to my current providers?**

Yes, you can see any provider that accepts Medicare and agrees to bill Alignment Health.

### **11. Can I go to Stanford Health Care Facilities and Providers?**

According to the Stanford Health Care website, Stanford Health Care accepts Medicare Advantage plans for all hospital and physician services. If you have any questions understanding your out of network benefits, out of pocket costs, or if you have any authorization requirements, you can call RetireeFirst at (650) 204-9755 (TTY 711) or toll free (855) 417-7336 (TTY 711).

## **12. Can I go to Sutter Health and Palo Alto Medical Foundation (PAMF) Facilities and Providers?**

Sutter Health is in-network if you reside in the following counties: Placer, Sacramento, San Joaquin, San Mateo, Santa Cruz, Sonoma, Stanislaus and Yolo.

Palo Alto Medical Foundation (PAMF) and Palo Alto Foundation Medical Group (PAFMG) are in-network if you reside in the following counties: San Mateo, Santa Cruz

If you have any questions understanding your benefits, out of pocket costs, or if you have any authorization requirements, you can call RetireeFirst at (650) 204-9755 (TTY 711) or toll free (855) 417-7336 (TTY 711).

## **13. Do I still use my Medicare card?**

No, put your Medicare card in a safe place in case you need it later. You will only use your Alignment Health ID Card for medical and prescriptions.

## **14. What if my provider says they do not accept this plan?**

Like all Medicare Advantage plans, provider networks are updated periodically. Most retirees experience no disruption to care, but if you have questions about your doctor's network status please call RetireeFirst at (650) 204-9755 (TTY 711) or toll free (855) 417-7336 (TTY 711) to assist; we can reach out to your provider to explain.

## Prescription Questions

### **15. Is there a prescription deductible?**

No, there is no prescription deductible.

### **16. Are there co-insurance or copays?**

Yes, there is a cost share associated with this plan for prescription drugs. Please refer to the prescription benefit chart on page 3 of this document to better understand the prescription co-pays. For additional details, refer to the Plan Document, Evidence of Coverage.

## **17. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary. Please call RetireeFirst at (650) 204-9755 (TTY 711) or (855) 417-7336 (TTY 711) if you need help looking up your prescriptions.

## **18. Will I be able to continue to go to my current pharmacy?**

Most likely, yes. There should be little to no pharmacy disruption. Alignment Health has over 60,000 pharmacies in network. Some of these pharmacies include but are not limited to CVS, Walgreens, Safeway, and Stanford Health Care Pharmacy. You do NOT need new prescriptions for retail pharmacy refills.

## **19. Is there a mail order pharmacy?**

There is a mail order pharmacy called Walgreens Mail Service which can be reached at (800) 457-0621. You can also call RetireeFirst at (650) 204-9755 (TTY 711) or toll free (855) 417-7336 (TTY 711) with questions about mail order prescriptions.

## **20. Will my prescriptions transfer from the old plan?**

If you use the retail pharmacy, and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.

## **21. Can I still go to the Veterans Affairs (VA) for my prescriptions?**

Yes, if you obtain some prescriptions from the VA, you may continue to do so.

## **22. Do I need prior authorizations for certain prescription medicines?**

Some prescriptions may require a prior authorization. Please contact RetireeFirst at (650) 204-9755 (TTY 711) or toll free (855) 417-7336 (TTY 711) if you have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

## **23. What is the catastrophic phase and is there coverage?**

The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of \$2100 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

**24. What is the annual maximum out-of-pocket (MOOP) and how does it work?**

Once your out-of-pocket costs for prescription drugs reaches \$2100, your copays will be \$0. You will remain in this phase of coverage for the rest of the plan year. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total. For excluded drugs covered under your enhanced benefit, you pay the same copayment as you did in the Initial Coverage Stage.

Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.