ALTERWOOD ADVANTAGE
Quality Care. Better Health.

2026 Summary of Benefits

Alterwood Advantage Dual Value (HMO DSNP)

H9306, Plan 007

This is a summary of drug and health services covered by Alterwood Advantage Dual Value from January 1, 2026 – December 31, 2026.

Alterwood Advantage is an HMO and HMO-SNP plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Alterwood Advantage depends on contract renewal. Our plan(s) may offer supplemental benefits in addition to Part C benefits and Part D benefits. Some of the extra benefits are outlined in this booklet.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage." You can access this document by visiting our website at www.AlterwoodAdvantage.com or by calling the number on the back of this booklet.

To join Alterwood Advantage Dual Value you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area for this plan include the following counties in Maryland: Anne Arundel, Baltimore, Baltimore City, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, Talbot, Washington, Wicomico, and Worcester.

To be eligible for Alterwood Advantage Dual Value, beneficiaries must have a Medicaid level of Full Benefit Dual Eligible (FBDE), Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualified Individual (QI), or Qualified Disabled Working Individual (QDWI).

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, audio, or large print.

For more information, please call us at 1-866-550-1011 (TTY users should call 711), or visit us at www.AlterwoodAdvantage.com. We are available 8am to 8pm ET, 7 days a week, from October 1 to March 31 and 8am to 8pm ET, Monday through Friday, from April 1 to September 30.

You can access the Evidence of Coverage (EOC), which provides a full listing of our plan's benefits and services, on our website at www.AlterwoodAdvantage.com, or by calling the telephone number listed below.

You may view our plan's Provider & Pharmacy Directory, complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.AlterwoodAdvantage.com

H9306_26_1099-07_OE_M CMS APPROVED: 09/01/25

2026 Summary of Benefits

BENEFITS	Alterwood Advantage Dual Value H9306-007
Monthly Plan Premium[+]	$0
Plan Level Deductible	No Deductible
Maximum Out-of-Pocket (MOOP) (does not include prescription drugs)	$9,250
Inpatient Hospital Coverage[1]	Days 1 - 6: $320 - $405 copay per day* Days 7 - 90: $0 copay per day
Outpatient Hospital Coverage[1]	$320 - $800 copay*
Ambulatory Surgical Center (ASC) [1]	$50 copay
Doctor Visits Primary Care Physician (PCP)	$0 copay
Specialist	$20 copay

[+]If you have a change in your “extra help” coverage, your monthly premium could increase up to <$31.20>. Premium includes Part C and Part D premium combined.

[1] May require prior authorization

*Copay is based on preferred vs non-preferred facilities. Please refer to the plan’s website for a full list.

2026 Summary of Benefits

BENEFITS	Alterwood Advantage Dual Value H9306-007
Preventive Care	$0 copay Our plan covers many preventive screenings at no cost (listed below). Any additional preventive services approved by Medicare during the contract year will be covered. • Abdominal aortic aneurysm screening • Alcohol misuse screening & counseling • Annual wellness visit • Barium enemas • Bone mass measurement (bone density) • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, FOBT and FIT kit) • Depression screening • Diabetes screenings • HIV screening • Immunizations • Medical nutrition therapy services • Medicare diabetes prevention program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (Counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time)
Emergency Care	$115 copay
Urgently Needed Services	$0 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays[1]	• Diagnostic radiology services (such as MRIs, CT scans): $175 - $435 copay* • Diagnostic test and procedures: $0 copay • Lab services: $0 copay • Outpatient x-rays: $15 - $40 copay* • Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance

[1] May require prior authorization
*Copay is based on preferred vs non-preferred facilities. Please refer to the plan’s website for a full list.

2026 Summary of Benefits

BENEFITS	Alterwood Advantage Dual Value H9306-007
Hearing Services	• Medicare-covered exam: $40 copay • Routine hearing exam: $0 copay - Limited to 1 exam per year • 1 fitting and evaluation with 3 follow up visits within the first year from date of initial fitting: $0 copay • Hearing Aids: Our plan pays up to $1,350 every 3 years towards hearing aids
Dental Services[1]	Medicare-covered: $40 copay
	$1,900 annual allowance towards preventive and comprehensive dental services.
	Preventive Dental Services: $0 copay for exams, cleanings, fluoride treatment, and x-rays.
	Comprehensive Dental Services: $0 copay for restorative services, crowns, endodontics, periodontics, extractions, dentures, & other services.
Vision Services	• Medicare-covered exam: $40 copay • Medicare-covered eyewear after cataract surgery: 20% coinsurance • Routine eye exam: $0 copay - Limited to 1 exam per year • $400 allowance every 2 years towards eyewear - includes contact lenses, eyeglass frames, eyeglass lenses, or any combination
Mental Health Services[1]	Inpatient: • Days 1 - 6: $320 copay per day • Days 7 - 90: $0 copay per day
	Outpatient: • Group therapy visit: $20 copay • Individual therapy visit: $30 copay
Skilled Nursing Facility (SNF)[1]	Days 1 - 20: $0 copay per day Days 21 - 100: $218 copay per day
Physical Therapy[1]	$20 copay
Ambulance[1]	• Ground: $290 copay • Air: $300 copay
Transportation	$0 copay for 22 one-way trips per year
Medicare Part B Drugs[1]	0% - 20% coinsurance Insulin: No greater than a $35 copay per month supply

[1] May require prior authorization

*Copay is based on preferred vs non-preferred facilities. Please refer to the plan's website for a full list.

2026 Summary of Benefits

PART D	Alterwood Advantage Dual Value H9306-007
Deductible	No Part D Deductible
Initial Coverage Period (30 and 90-day supply available retail or by mail order)	You begin this stage when you fill your first prescription of the year.
	For generic drugs (including brand drugs treated as generic), either: $0 copay / $1.60 copay / $5.10 copay *(depending on your level of Extra Help)*
	For all other drugs, either: $0 copay / $4.90 copay / $12.65 copay *(depending on your level of Extra Help)*
Catastrophic Coverage	If you reach this stage, you pay nothing for covered Part D drugs.
Insulin	You won't pay more than $12.65 for a one-month supply of each insulin product covered by our plan.
Vaccines	Our plan covers most Part D vaccines at no cost to you.

[1] May require prior authorization

*Copay is based on preferred vs non-preferred facilities. Please refer to the plan's website for a full list.

2026 Summary of Benefits

BENEFITS	Alterwood Advantage Dual Value H9306-007
Outpatient Rehabilitation[1]	• Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions over a period of up to 36 weeks): $30 copay • Occupational therapy visit: $20 copay • Speech and language therapy visit: $20 copay
Dialysis Services[1]	20% coinsurance
Durable Medical Equipment[1]	20% coinsurance
Diabetic Supplies, Shoes, or Inserts[1]	• Diabetic Supplies: 0% - 20% coinsurance • Diabetic Shoes or Inserts: 20% coinsurance
Home Health Care[1]	$0 copay
Telehealth	$0 copay for eligible Primary Care Physician, Specialist, Mental Health individual and group, and Urgent Care services.
Health & Wellness Program	$200 annual reimbursement towards the purchase of a fitness tracker, at-home fitness equipment, participation in a fitness class, or gym membership.
Home Delivered Meals	Receive 7 healthy meals delivered to your home after discharge from an inpatient hospital stay or skilled nursing facility stay - Limited to 8 times per year.
Chiropractic Care[1]	• Medicare-covered visit: $15 copay • Routine visit: $15 copay - Limited to 4 visits per year • Routine Chiropractic Evaluation: $0 copay - Limited to 1 visit per year
Acupuncture[1]	Medicare-covered visit: $20 copay
Foot Care (Podiatry Services)	• Medicare-covered services: $25 copay • Routine visit: $25 copay - Limited to 6 visits per year
Flex Card	$70 monthly allowance
	All members may use their monthly allowance towards the purchase of over-the-counter (OTC) products. Additionally, members with a qualifying chronic condition may also use their monthly allowance towards groceries, utilities, pest control, or housekeeping services. *A portion of this benefit is a part of a special supplemental program. All members may not qualify.*

[1] May require prior authorization

*Copay is based on preferred vs non-preferred facilities. Please refer to the plan's website for a full list.

ALTERWOOD ADVANTAGE DUAL VALUE

Statement of Maryland Medical Assistance (Medicaid) Benefits and Cost-Sharing

Medicaid Benefits:

Coverage of benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost-share. For more information, please call the Maryland Department of Health at 1-877-463-3464.

BENEFITS	Medicaid	Alterwood Advantage Dual Value
Ambulance Services	Emergency Only	Covered
Ambulatory Surgical Center	Covered	Covered
Dental Services	Covered with Limits	Covered
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Covered	Covered
Doctor Visits	Covered	Covered
Home Health Services	Covered	Covered
Hospice Services	Covered	Covered
Inpatient Hospital Coverage	Covered	Covered
Durable Medical Equipment	Covered	Covered
Mental Health Services	Covered	Covered
Outpatient Hospital Coverage	Covered	Covered
Podiatry Services (Foot Care)	Covered with Limits	Covered
Prescription Drugs	Covered with Limits	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Transportation	Covered with Limits	Covered
Vision Services	Covered	Covered
Health and Wellness Program	Not Covered	Covered
Home Delivered Meals	Not Covered	Covered
Telehealth	Covered with Limits	Covered

Pre-Enrollment Checklist

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 1-866-550-1011 (TTY: 711).

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 www.AlterwoodAdvantage.com or call 1-866-550-1011 to view 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.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules:

- ☐ 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/coinsurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.
- ☐ 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.