



## Align DualPartnership (HMO D-SNP)

Align DualPartnership (HMO D-SNP) H8967-003

### SUMMARY OF BENEFITS

January 1, 2025 - December 31, 2025

This booklet gives you a summary of drug and health services covered by Align DualPartnership (HMO D-SNP). It is an overview of what we cover and what you pay. 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 call one of our customer service representatives and request the “Evidence of Coverage” or access it online at [align.sanfordhealthplan.com/dual](http://align.sanfordhealthplan.com/dual).

#### To Reach Our Member Services Representatives:

- Please call 1-888-278-6485 (TTY 1-888-279-1549) for more information.
- For Medicare Part D drug coverage information, call 1-844-642-9090.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1st through March 31st, and Monday to Friday (except holidays) from April 1st through September 30th.

Align DualPartnership (HMO D-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid.

How much Medicaid covers depends on your income, resources and other factors.

You can enroll in this plan if you are in one of these Medicaid categories:

**To enroll in Align DualPartnership (HMO D-SNP):**

- You must have both Medicare Part A and Part B,
- You are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits,
- And you live in our geographic service area.

Our service area includes these counties in North Dakota: Burleigh, Cass, and Grand Forks.

Align DualPartnership (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at [align.sanfordhealthplan.com/dual](http://align.sanfordhealthplan.com/dual). If you use providers that are not in our network, the plan may not pay for these services. Benefits, premium, deductible, and/or cost-sharing may change on January 1 of each year.

Limitations, copays, and restrictions may apply.

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

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call our customer service number.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Benefits and Premiums	You Pay
* Referral required + Your provider must obtain prior authorization from our plan ** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0	
<b>Monthly Plan Premium</b>	\$0** to \$46.90 per month, depending on your level of financial assistance
<b>Deductible</b>	<p>The Part B deductible is \$0** or \$240 and applies to in-network services. This is the 2024 cost-sharing amount and may change in 2025. Align DualPartnership (HMO D-SNP) will provide updated rates as soon as they are released.</p> <p>The Part A deductible was \$1,632. This is the 2024 cost-sharing amount and may change in 2025. Align DualPartnership (HMO D-SNP) will provide updated rates as soon as they are released.</p>
<b>Maximum Out-of-Pocket Amount*</b>  *Does Not Include Part D Prescription Drugs	\$9,350** per year

Benefits and Premiums	Align DualPartnership	Medicaid
<b>Inpatient Hospital Coverage+</b>	\$0** to \$1,632 deductible for each benefit period. Days 1-60: \$0 copay for each benefit period. Days 61-90: \$408 copay per day of each benefit period. Days 91 and beyond: \$816 copay for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs.	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.

Benefits and Premiums	Align DualPartnership	Medicaid
<b>Outpatient Hospital Services+</b>	\$0** to 20% of the total cost per visit	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
<b>Outpatient Hospital Observation Services</b>	\$0** to \$100 copay per stay	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
<b>Ambulatory Surgical Center (ASC) Services+</b>	\$0** to 20% of the total cost per visit	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
<b>Doctor Visits</b> Primary Care Providers  Specialists	\$0 copay per visit  \$0** to 20% of the total cost per visit	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility.  Some Specialty services require service authorization. Limits may apply
<b>Preventive Care</b> Such as immunizations, wellness visits, and diabetic screenings. See your Evidence of Coverage for a full list of covered services.	\$0 copay per visit	North Dakota Medicaid covered benefit.

Benefits and Premiums	Align DualPartnership	Medicaid
<b>Emergency Care</b>	\$0** to \$90 copay per visit <i>ER cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.</i>	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
<b>Urgently Needed Services</b>	\$0** to 20% of the total cost, up to a \$45 maximum per visit <i>Urgently needed care services cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.</i>	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.

Benefits and Premiums	Align DualPartnership	Medicaid
<p><b>Diagnostic Services / Labs / Imaging+</b></p> <p>Diagnostic Tests and Procedures</p> <p>Lab Services</p> <p>Diagnostic Radiology Services (e.g. MRI, CAT Scan)</p> <p>Therapeutic Radiology Services</p> <p>Outpatient X-rays</p>	<p>\$0** to 20% of the total cost <i>Prior authorization is required for outpatient diagnostic procedures and tests.</i></p> <p>\$0 copay per visit <i>Prior authorization is required for outpatient lab services.</i></p> <p><i>No authorization required for lab services rendered in any place of service, except for Genetic Testing, which does require authorization.</i></p> <p>\$0** to 20% of the total cost <i>Prior authorization is required for outpatient diagnostic radiology services.</i></p> <p>\$0** to 20% of the total cost per visit <i>Prior authorization is required for outpatient therapeutic radiology services.</i></p> <p>\$0** to 20% of the total cost per visit <i>Authorization only required for high-end imaging.</i></p>	<p>Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.</p> <p>Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.</p>

Benefits and Premiums	Align DualPartnership	Medicaid
<p><b>Hearing Services</b></p> <p>Medicare-Covered Hearing Exam</p> <p><i>Supplemental Benefits</i></p> <p>Routine Hearing Exam</p> <p>Hearing Aids</p>	<p>\$0** to 20% of the total cost per visit</p> <p>\$0 copay for 1 routine hearing exam every year, unlimited fitting and evaluation for hearing aids.</p> <p>Hearing aid fitting/evaluation: unlimited visits every year</p> <p>\$2,000 maximum plan coverage amount every year (for both ears combined) for prescription hearing aids.</p>	<p>Not covered</p> <p>Covered by North Dakota Medicaid, based on medical necessity. Cost share based on level of Medicaid eligibility. Some services require service authorization.</p>
<p><b>Dental Services</b></p> <p>Medicare-Covered Dental Services</p>	<p>\$0** to 20% of the total cost per visit</p>	<p>Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Visit North Dakota Medicaid handbook for coverage limitations.</p>

Benefits and Premiums	Align DualPartnership	Medicaid
<p data-bbox="191 275 511 386"><i>Supplemental Benefits</i> Preventive Dental Services</p> <p data-bbox="237 989 565 1062">Comprehensive Dental Services</p>	<p data-bbox="597 275 1003 583">\$1,250 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services. This amount is combined with the diagnostic and preventive dental services benefit.</p> <p data-bbox="597 632 998 705">The following preventive dental services are covered:</p> <ul data-bbox="646 716 976 978" style="list-style-type: none"> <li>• 2 oral exams every year</li> <li>• 2 cleanings every year</li> <li>• 1 bitewing x-ray per year; 1 full mouth x-ray every 5 years.</li> </ul> <p data-bbox="597 989 906 1104">The following comprehensive dental services are covered:</p> <ul data-bbox="646 1115 998 1388" style="list-style-type: none"> <li>• Restorative Services: 1 visit every 2 years</li> <li>• Endodontics: 1 visit; root canal therapy - 1 per lifetime</li> <li>• Periodontics: 1 visit every 3 years</li> </ul>	



Benefits and Premiums	Align DualPartnership	Medicaid
<p><b>Vision Care</b> Medicare-Covered Eye Exams</p> <p><i>Supplemental Benefits</i> Routine Eye Exam</p> <p><u>Eyewear:</u> Eyeglasses &amp; Contacts (lenses and frames), Upgrades</p>	<p>20% of the total cost</p> <p>\$0 copay for one routine eye exam every year</p> <p>Contact lenses are in lieu of eyeglasses (lenses and frames) and \$100 allowance applies to fitting evaluation and contacts. Visually Necessary contact lenses are covered in full in lieu of glasses. All base eyeglass lenses (single vision, lined bifocal, lined trifocal, and lenticular) and frames are covered in full (\$100 allowance). Upgrades: Standard progressives are covered in full.</p>	<p>Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Limitations may apply.</p>
<p><b>Mental Health Services+</b> Inpatient Psychiatric</p>	<p>\$0** to \$1,632 deductible for each benefit period. Days 1-60: \$0 copay for each benefit period. Days 61-90: \$408 copay per day of each benefit period. Days 91 and beyond: \$816 copay for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs.</p>	<p>Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.</p>

Benefits and Premiums	Align DualPartnership	Medicaid
Outpatient Individual Visits Outpatient Group Therapy Visits	\$0** to 20% of the total cost per visit \$0** to 20% of the total cost per visit	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
<b>Ambulance Services</b> Ground Ambulance  Air Ambulance	\$0** to 20% of the total cost per trip  \$0** to 20% of the total cost per trip	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility.
<b>Foot Care (Podiatry Services)</b>  Foot exams and treatment	\$0** to 20% of the total cost for Medicare-Covered services, diabetic foot care.	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility.
<b>Cardiac Rehab</b>	\$0** to 20% of the total cost	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility.
<b>Pulmonary Rehab</b>	\$0** to 20% of the total cost	Referred to North Dakota Medicaid manual for coverage.
<b>Occupational Therapy</b>	\$0** to 20% of the total cost	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Limits apply.
<b>Physical Therapy</b>	\$0** to 20% of the total cost	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Limits apply.

Benefits and Premiums	Align DualPartnership	Medicaid
<b>Speech Therapy</b>	\$0** to 20% of the total cost	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility.
<b>Transportation (Additional Routine)</b>	\$0 copay for unlimited one-way trips to plan-approved health-related locations	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
<b>Skilled Nursing Facility (SNF) Care</b>	You pay the 2025 Original Medicare cost-sharing amounts. These are the 2024 cost-sharing amounts and may change for 2025. Days 1-20: \$0 copay for each benefit period. Days 21-100: \$204 copay per day of each benefit period. Days 101 and beyond: all costs. <i>No prior authorization required for Medicare-covered SNF stays.</i>	Refer to North Dakota Long Term Care Services for coverage.
<b>Medicare Part B Prescription Drugs</b>  Chemotherapy Drugs  Other Part B Drugs	0% to 20% of the total cost  0% to 20% of the total cost <i>Prior authorization is required for some medications.</i>	Some limits apply—See North Dakota Medicare Pharmacy Manual.
<b>Outpatient Prescription Drugs Deductible</b>	\$590 for all Part D drugs.	Not Applicable

Benefits and Premiums	Align DualPartnership	Medicaid
<p>Cost-sharing for Covered Drugs</p>	<p><u>Standard Retail Cost-Sharing</u>            30 day supply: 25% of the total cost            100 day supply: 25% of the total cost</p> <p><u>Long-Term Care (LTC) Cost-sharing</u>            31 day supply: 25% of the total cost</p>	<p>Not Applicable</p>
<p><b>Flex Card</b></p>	<p>Flex card covering OTC, Grocery, and Utilities at \$130/month.</p> <p>Flex card covering Hearing and Vision at \$2,000 annual limit.</p>	<p>Not Applicable</p>
<p><b>Catastrophic Coverage</b></p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacy or mail order) reach \$2,000, you pay nothing for covered Part D drugs.</p>	<p>Not Applicable</p>
	<p>Cost-sharing may differ based on point-of-service (retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term supply (30-days) or long-term supply (100-days).</p>	<p>Not Applicable</p>

Benefits and Premiums	Align DualPartnership	Medicaid
	<p>Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.</p> <p>You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.</p>	<p>Not Applicable</p>

# Non-discrimination notice

Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

Sanford Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, please call us:
  - Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549)
  - Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549)Our customer service lines are available 8 a.m. to 8 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.

If you believe that Sanford Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103  
Telephone number: (877) 473-0911 (TTY: 711)  
Fax: (605) 312-9886  
Email: [shpcompliance@sanfordhealth.org](mailto:shpcompliance@sanfordhealth.org)

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.



# Help in Other Languages

For help in any language other than English, call Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Arabic** - ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (844) 637-4760: Great Plains Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549) Align Medicare Advantage (رقم هاتف الصم والبكم: (888) 278-6485) (رقم هاتف الصم والبكم: (888) 279-1549).

**Amharic** - መስተዋዕት: የሚናገሩት ቋንቋ ካማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ። Great Plains Medicare Advantage: (844) 637-4760 (መስማት ለተሳናቸው: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (መስማት ለተሳናቸው: (888) 279-1549).

**Chinese** - 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 。

**Cushite (Oromo)** - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**German** - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Hmong** - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Karen** - ဟံသာဝတီသား- နမ့်ကတိာ် ကညိ် ကျိာ်အသိံ, နမံနုာ် ကျိာ်အတိာ်မာ်တါလော တလာ်ဘျုးလါာ်စုာ် နိတမံာ်ဘျုးသုနုာ်လိာ်. ကိး Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Korean** - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 번으로 전화해 주십시오.

**Laotian** - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**French** - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Great Plains Medicare Advantage: (844) 637-4760 (ATS: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (ATS: (888) 279-1549).

**Russian** - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Great Plains Medicare Advantage: (844) 637-4760 (телетайп: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (телетайп: (888) 279-1549).

**Spanish** - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Tagalog** - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Thai** - เวียน: ถ้ าคคุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โทร Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Vietnamese** - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).



powered by SANFORD HEALTH PLAN