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SANFORD HEALTH PLAN

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Align powered by Sanford Health Plan

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## ***Align ChoicePlus (PPO) offered by Align powered by Sanford Health Plan***

# **Annual Notice of Changes for 2025**

You are currently enrolled as a member of Align ChoicePlus (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### **What to do now**

#### **1. ASK: Which changes apply to you**

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

## 3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Align ChoicePlus (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Align ChoicePlus (PPO).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### Additional Resources

- Please contact our Member Services number at 1-888-278-6485 for additional information. (TTY users should call 1-888-279-1549.) Hours are 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. This call is free.
- This information is available in alternate formats such as large print.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Align ChoicePlus (PPO)

- Align ChoiceElite (PPO) is a PPO plan with a Medicare contract. Enrollment depends on contract renewal.
- When this document says "we," "us," or "our," it means Align powered by Sanford Health Plan. When it says "plan" or "our plan," it means Align ChoicePlus (PPO).

***Annual Notice of Changes for 2025***  
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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Align ChoicePlus (PPO) in several important areas. **Please note this is only a summary of costs.**

| Cost   | 2024 (this year)   | 2025 (next year)  |
|--|--|---|
| <b>Monthly plan premium*</b><br>* Your premium may be higher or lower than this amount. See Section 1.1 for details.   | \$0  | \$0   |
| <b>Maximum out-of-pocket amounts</b><br>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | From network providers: \$4,000<br>From network and out-of-network providers combined: \$4,000   | From network providers: \$3,900<br>From network and out-of-network providers combined: \$3,900  |
| <b>Doctor office visits</b>  | <u><b>In-Network:</b></u><br>Primary care visits: \$0 copay per visit<br>Specialist visits: \$0 copay per visit<br><u><b>Out-of-Network:</b></u><br>Primary care visits: \$15 copay per visit<br>Specialist visits: \$30 copay per visit | <u><b>In-Network:</b></u><br>Primary care visits: \$0 copay per visit<br>Specialist visits: \$40 copay per visit<br><u><b>Out-of-Network:</b></u><br>Primary care visits: \$15 copay per visit<br>Specialist visits: \$65 copay per visit |
| <b>Inpatient hospital stays</b>  | <u><b>In-Network:</b></u><br>\$125 copay per day for days 1-4; \$0 copay per day for days 5-90   | <u><b>In-Network:</b></u><br>\$175 copay per day for days 1-4; \$0 copay per day for days 5-90  |

| Cost  | 2024 (this year)   | 2025 (next year)   |
|---|--|--|
|   | <p><b><u>Out-of-Network:</u></b><br/>           \$1,632 deductible for each benefit period.<br/>           Days 1-60: \$0 copay for each benefit period.<br/>           Days 61-90: \$408 copay per day of each benefit period.<br/>           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).<br/>           Beyond lifetime reserve days: all costs.</p>  | <p><b><u>Out-of-Network:</u></b><br/>           \$350 copay per day for days 1-4; \$0 copay per day for days 5-90</p>  |
| <p><b>Part D prescription drug coverage</b><br/>           (See Section 1.5 for details.)</p> | <p>Deductible: \$200 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copay at a preferred network pharmacy or \$3 copay at a network pharmacy</li> <li>• Drug Tier 2: \$4 copay at a preferred network pharmacy or \$8 copay at a network pharmacy</li> <li>• Drug Tier 3: \$42 copay at a preferred network pharmacy or \$47 copay at a network pharmacy</li> </ul> | <p>Deductible: \$200 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copay at a preferred network pharmacy or \$3 copay at a network pharmacy</li> <li>• Drug Tier 2: \$4 copay at a preferred network pharmacy or \$8 copay at a network pharmacy</li> <li>• Drug Tier 3: \$42 copay at a preferred network pharmacy or \$47 copay at a network pharmacy</li> </ul> |

| Cost | 2024 (this year)  | 2025 (next year)  |
|------|---|---|
|      | <ul style="list-style-type: none"><li>• Drug Tier 4: \$100 copay at a preferred network pharmacy or \$100 copay at a network pharmacy</li><li>• Drug Tier 5: 30% of the total cost at a preferred network pharmacy or 30% of the total cost at a network pharmacy</li><li>• Drug Tier 6: \$0 copay at a preferred network pharmacy or \$0 copay at a network pharmacy</li></ul> | <ul style="list-style-type: none"><li>• Drug Tier 4: 50% of the total cost at a preferred network pharmacy or 50% of the total cost at a network pharmacy</li><li>• Drug Tier 5: 30% of the total cost at a preferred network pharmacy or 30% of the total cost at a network pharmacy</li><li>• Drug Tier 6: \$0 copay at a preferred network pharmacy or \$0 copay at a network pharmacy</li></ul> |



## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

| Cost  | 2024 (this year) | 2025 (next year) |
|---|------------------|------------------|
| <b>Monthly premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$0              | \$0              |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost  | 2024 (this year) | 2025 (next year)   |
|---|------------------|--|
| <b>In-network maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | \$4,000          | \$3,900<br><br>Once you have paid \$3,900 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year. |

| Cost  | 2024 (this year) | 2025 (next year)  |
|---|------------------|---|
| <p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p> | \$4,000          | <p style="text-align: center;">\$3,900</p> <p>Once you have paid \$3,900 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p> |

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Pharmacy Directory [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com) to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost                           | 2024 (this year)   | 2025 (next year)   |
|--------------------------------|--|--|
| <b>Dental Services</b>         | \$1,750 maximum plan coverage amount every year for in- and out-of-network non-Medicare-covered comprehensive dental services.   | \$750 maximum plan coverage amount every year for in- and out-of-network non-Medicare-covered comprehensive dental services.   |
| <b>Fitness Benefit</b>         | <p style="text-align: center;"><b><u>In-Network</u></b></p> <p>You pay \$0 copay for the fitness benefit. Benefit includes physical fitness.</p>   | <p style="text-align: center;"><b><u>In-Network</u></b></p> <p>You pay \$5 copay for the fitness benefit. Benefit includes physical fitness.</p>   |
| <b>Hearing Services</b>        | \$1,750 maximum plan coverage amount every year (for both ears combined) for in- and out-of-network prescription hearing aids.   | \$1,000 maximum plan coverage amount every year (for both ears combined) for in- and out-of-network prescription hearing aids.   |
| <b>Inpatient Hospital Care</b> | <p style="text-align: center;"><b><u>In-Network</u></b></p> <p>For Medicare-covered inpatient hospital stays, you pay \$125 copay per day for days 1-4; \$0 copay per day for days 5-90.</p> | <p style="text-align: center;"><b><u>In-Network</u></b></p> <p>For Medicare-covered inpatient hospital stays, you pay \$175 copay per day for days 1-4; \$0 copay per day for days 5-90.</p> |

| Cost   | 2024 (this year)  | 2025 (next year)  |
|--|---|---|
|  | <p><b><u>Out-of-Network</u></b></p> <p>For Medicare-covered inpatient hospital stays, you pay \$1,632 deductible for each benefit period.<br/> Days 1-60: \$0 copay for each benefit period.<br/> Days 61-90: \$408 copay per day of each benefit period.<br/> 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).<br/> Beyond lifetime reserve days: all costs..</p>  | <p><b><u>Out-of-Network</u></b></p> <p>For Medicare-covered inpatient hospital stays, you pay \$350 copay per day for days 1-4; \$0 copay per day for days 5-90.</p>  |
| <p><b>Inpatient Services in a Psychiatric Hospital</b></p> | <p><b><u>In-Network</u></b></p> <p>For Medicare-covered inpatient mental health stays, you pay \$125 copay per day for days 1-4; \$0 copay per day for days 5-90.</p> <p><b><u>Out-of-Network</u></b></p> <p>For Medicare-covered inpatient mental health stays, you pay \$1,632 deductible for each benefit period.<br/> Days 1-60: \$0 copay for each benefit period.<br/> Days 61-90: \$408 copay per day of each benefit period.<br/> 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).<br/> Beyond lifetime reserve days: all costs..</p> | <p><b><u>In-Network</u></b></p> <p>For Medicare-covered inpatient mental health stays, you pay \$175 copay per day for days 1-4; \$0 copay per day for days 5-90.</p> <p><b><u>Out-of-Network</u></b></p> <p>For Medicare-covered inpatient mental health stays, you pay \$350 copay per day for days 1-4; \$0 copay per day for days 5-90.</p> |

| Cost   | 2024 (this year)  | 2025 (next year)   |
|--|---|--|
| <b>Meal Benefit</b>  | <p><b><u>In-Network</u></b></p> <p>You pay \$0 copay per meal. Benefit may be used immediately following surgery or inpatient hospitalization.</p> <p>56 meals / 28 days maximum. Benefit can be used 4 times per year.</p>   | <p><b><u>In-Network</u></b></p> <p>You pay \$0 copay per meal. Benefit may be used immediately following surgery or inpatient hospitalization.</p> <p>56 meals / 28 days maximum. Benefit can be used 4 times per year. Meals are covered following inpatient hospitalization or SNF Part A Stay.</p>        |
| <b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</b> | <p><b><u>In-Network</u></b></p> <p>For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay \$0 to \$325 copay.</p> <p>For Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer), you pay \$60 copay.</p> | <p><b><u>In-Network</u></b></p> <p>For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay \$0 to \$375 copay.</p> <p>For Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer), you pay 20% of the total cost.</p> |
| <b>Outpatient Mental Health Care</b>                                     | <p><b><u>In-Network</u></b></p> <p>You pay \$20 copay for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist).</p>   | <p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist).</p>   |

| Cost   | 2024 (this year)  | 2025 (next year)  |
|--|---|---|
|  | You pay \$20 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).   | You pay \$0 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).  |
| <b>Outpatient Rehabilitation Services</b>                                | <p><b><u>In-Network</u></b></p> <p>You pay \$30 copay for each Medicare-covered occupational therapy visit.</p> <p>You pay \$30 copay for each Medicare-covered physical therapy or speech therapy visit.</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay \$50 copay for each Medicare-covered occupational therapy visit.</p> <p>You pay \$50 copay for each Medicare-covered physical therapy or speech therapy visit.</p> | <p><b><u>In-Network</u></b></p> <p>You pay \$40 copay for each Medicare-covered occupational therapy visit.</p> <p>You pay \$40 copay for each Medicare-covered physical therapy or speech therapy visit.</p> <p><b><u>Out-of-Network</u></b></p> <p>You pay \$65 copay for each Medicare-covered occupational therapy visit.</p> <p>You pay \$65 copay for each Medicare-covered physical therapy or speech therapy visit.</p> |
| <b>Over-the-Counter Items</b>  | \$65 maximum plan coverage amount every 3 months for OTC items.   | \$70 maximum plan coverage amount every 3 months for OTC items.   |
| <b>Physician/Practitioner Services, Including Doctor's Office Visits</b> | <p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for each Medicare-covered specialist visit.</p>  | <p><b><u>In-Network</u></b></p> <p>You pay \$40 copay for each Medicare-covered specialist visit.</p>   |

| Cost                                       | 2024 (this year)  | 2025 (next year)  |
|--|---|---|
|  | <p><b><u>Out-of-Network</u></b></p> <p>You pay \$30 copay for each Medicare-covered specialist visit.</p>   | <p><b><u>Out-of-Network</u></b></p> <p>You pay \$65 copay for each Medicare-covered specialist visit.</p>   |
| <b>Podiatry Services</b>                   | <p><b><u>In-Network</u></b></p> <p>You pay \$35 copay for each Medicare-covered podiatry services visit.</p>  | <p><b><u>In-Network</u></b></p> <p>You pay \$40 copay for each Medicare-covered podiatry services visit.</p>  |
| <b>Skilled Nursing Facility (SNF) Care</b> | <p><b><u>In-Network</u></b></p> <p>For Medicare-covered SNF stays, you pay \$1600 Deductible<br/>Days 0-20 \$0 copay<br/>Days 21-100 \$200 copay per day.</p> | <p><b><u>In-Network</u></b></p> <p>For Medicare-covered SNF stays, you pay Days 1-20: \$0 copay for each benefit period.<br/>Days 21-100: \$204 copay per day of each benefit period.<br/>Days 101 and beyond: all costs.</p> <p>These are 2024 cost-sharing amounts and may change for 2025. Align ChoicePlus (PPO) will provide updated rates as soon as they are released.</p> |
| <b>Urgently Needed Care Services</b>       | <p><b><u>In- and Out-of-Network</u></b></p> <p>You pay \$35 copay for each visit for Medicare-covered urgently needed care services.</p>                      | <p><b><u>In- and Out-of-Network</u></b></p> <p>You pay \$45 copay for each visit for Medicare-covered urgently needed care services.</p>  |

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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|                                   |
|-----------------------------------|
| <h3>Changes to Our Drug List</h3> |
|-----------------------------------|

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

Starting in 2025, we may immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month's supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of the drug types that are discussed throughout this section, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.



## Changes to Prescription Drug Benefits and Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services and ask for the LIS Rider.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

### Changes to the Deductible Stage

| Stage  | 2024 (this year)  | 2025 (next year)  |
|--|---|---|
| <p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p> | <p>The deductible is \$200 for Tier 3, Tier 4, Tier 5, Tier 6.</p> <p>The deductible is \$0 for Tier 1, Tier 2.</p> <p>During this stage, you pay \$3-\$8 cost sharing for drugs on Tier 1 Preferred Generic, Tier 2 Generic and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier, Tier 6 Select Care Drugs until you have reached the yearly deductible.</p> | <p>The deductible is \$200 for Tier 3, Tier 4, Tier 5.</p> <p>The deductible is \$0 for Tier 1, Tier 2, Tier 6.</p> <p>During this stage, you pay \$0-\$3 cost sharing for drugs on Tier 1 Preferred Generic, Tier 2 Generic, Tier 6 Select Care Drugs and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier until you have reached the yearly deductible.</p> |

## Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage   | 2024 (this year)   | 2025 (next year)   |
|---|--|--|
| <p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this chart are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p> <p>For information about the costs for a long-term supply or at a network pharmacy that offers preferred cost sharing, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> | <p>Your cost for a one-month supply at a network pharmacy is:</p> <p><b>Preferred Generic:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$3 copay per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay \$0 copay per prescription.</p> <p><b>Generic:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$8 copay per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay \$4 copay per prescription.</p> <p><b>Preferred Brand:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$47 copay per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay \$42 copay per prescription.</p> <p><b>Non-Preferred Drug:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$100 copay per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay \$100 copay per prescription.</p> | <p>Your cost for a one-month supply at a network pharmacy is:</p> <p><b>Preferred Generic:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$3 copay per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay \$0 copay per prescription.</p> <p><b>Generic:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$8 copay per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay \$4 copay per prescription.</p> <p><b>Preferred Brand:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$47 copay per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay \$42 copay per prescription.</p> <p><b>Non-Preferred Drug:</b><br/> <i>Standard cost sharing:</i><br/>           You pay 50% of the total cost per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay 50% of the total cost per prescription.</p> |

| Stage | 2024 (this year)  | 2025 (next year)  |
|-------|---|---|
|       | <p><b>Specialty Tier:</b><br/> <i>Standard cost sharing:</i><br/>           You pay 30% of the total cost per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay 30% of the total cost per prescription.</p> <p><b>Select Care Drugs:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$0 copay per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay \$0 copay per prescription.</p> <hr/> <p>Once you have paid \$8,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> | <p><b>Specialty Tier:</b><br/> <i>Standard cost sharing:</i><br/>           You pay 30% of the total cost per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay 30% of the total cost per prescription.</p> <p><b>Select Care Drugs:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$0 copay per prescription.<br/> <i>Preferred cost sharing:</i><br/>           You pay \$0 copay per prescription.</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> |

### Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.**

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Align ChoicePlus (PPO)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Align ChoicePlus (PPO).

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2). As a reminder, Align powered by Sanford Health Plan offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Align ChoicePlus (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Align ChoicePlus (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll or visit our website to disenroll online. Contact Member Services if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In SD, the SHIP is called South Dakota Senior Health Information and Insurance Education (SHIINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. South Dakota Senior Health Information and Insurance Education (SHIINE) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call South Dakota Senior Health Information and Insurance Education (SHIINE) at 1-800-536-8197. You can learn more about South Dakota Senior Health Information and Insurance Education (SHIINE) by visiting their website ([www.shiine.net](http://www.shiine.net)).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly

deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** SD has a program called South Dakota Rx Card that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
  - **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Ryan White Part B Case Management Services. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call Ryan White Part B Case Management Services at 1-800-592-1861. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
  - **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**  
“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-844-642-9090 or visit [Medicare.gov](https://www.Medicare.gov).

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Align ChoicePlus (PPO)

Questions? We’re here to help. Please call Member Services at 1-888-278-6485. (TTY only, call 1-888-279-1549.) We are available for phone calls 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. Calls to these numbers are free.

### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Align ChoicePlus (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

### **Visit our Website**

You can also visit our website at [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

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## **Section 6.2 – Getting Help from Medicare**

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read Medicare & You 2025**

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

# 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) (888) 278-6485: Align Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549).

**Amharic** - ማስታወሻ: የሚናገሩት ቋንቋ ካማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት 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** - ၎်သုဉ်းသး- နမ့်ကတိၤ ကညိၣ် ကျိၣ်အသိၣ်, နမၤန့ၢ် ကျိၣ်အတၢ်မၤတၢ်လၢ တလၢၣ်ဘျုးလၢၣ်တူၤ နိတမံၤဘျုးသ့န့ၣ်လီၤ. 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).



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**SANFORD**  
**HEALTH PLAN**

Sanford Health Plan  
PO Box 91110  
Sioux Falls, SD 57109-1110

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