



2024

Medicare Advantage

MEMBER HANDBOOK

Align powered by Sanford Health Plan

- Align ChoiceElite (PPO)
- Align ChoicePlus (PPO)

align.sanfordhealthplan.com


align

powered by
SANFORD HEALTH PLAN



WELCOME to

align

powered by
SANFORD HEALTH PLAN

We're excited to be on this journey with you! Our all-in-one coverage cares for the whole you by combining Medicare health and prescription drug coverage along with extra benefits to help you live your healthiest life.

If you're new to Align powered by Sanford Health Plan, this guide will walk you through the most important steps to accessing your benefits. You can review all your coverage benefits in your Evidence of Coverage (EOC) at align.sanfordhealthplan.com/welcome.

Thank you for trusting us on your health journey!

If you can't find what you are looking for here, please log in to your secure Member Portal or contact customer service at **(888) 278-6485** (TTY: **(888) 279-1549**).



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Contact Information

As you get started with our health plan, we understand you may have questions. Our customer service team is here to assist with extended hours 7 days a week 8 a.m. to 8 p.m. local time during the months of October through March. Standard hours are Monday through Friday, 8 a.m. to 5 p.m. local time. Customer service: **(888) 278-6485 (TTY: (888) 279-1549)**.

You can also access all of your plan information by logging into your member portal online at **align.sanfordhealthplan.com**. Portal access and benefits begin with the start of your plan coverage on or after January 1, 2024.

Department	Questions about:	Phone Number
Pharmacy Management	Prior authorization of prescription drug coverages and covered medication list (formulary)	(844) 642-9090
Utilization Management	Prior authorization of medical services and utilization review	(800) 805-7938
Care Management	Care management, health management and social work programs	(888) 315-0884
Vision impaired services	Large print materials or recorded versions of our documents are available upon request.	(888) 278-6485
Language assistance	Free language assistance is available for those who speak a language other than English.	(888) 278-6485
Sanford Health Plan Compliance	To report potential fraud, waste, and abuse, please call the anonymous Compliance Hotline or email Sanford Health Plan Compliance at shpcompliance@sanfordhealth.org	(877) 473-0911 (TTY: 711)



Health Navigator: Our Health Navigators are here to help and act as your personal health assistant. Health Navigators can answer questions and connect you to the right resources when you need them. They can help you find a doctor, schedule appointments, and even provide trusted partners to accompany you to your appointments. Health Navigators are confidential and provided at no additional cost!

Phone: (877) 701-0788.

Explaining Your Coverage

You can find specific information about your benefits in the following documents, which are located within your secure member portal link available at align.sanfordhealthplan.com/welcome.



Summary of Benefits (SOB): Deductible and copay information, out-of-pocket limits, information about covered services, provider network, referral information, pharmacy information and costs.



Covered medication list (formulary): A list of regular and specialty medications that are covered, not covered, require prior authorization or step therapy.



Evidence of Coverage (EOC): Complete overview and description of all benefits, exclusions, prescriptions, appeals, denials, claims, enrollment, notices, policies and more.



Provider Network: Access to the most up-to-date Provider and Pharmacy Network Directory for Align powered by Sanford Health Plan can be accessed on the website align.sanfordhealthplan.com.



Member Portal

Visit align.sanfordhealthplan.com/welcome to sign in or register for 24/7 access to all of your benefit information including:

- Summary of Benefits (SOB)
- Evidence of Coverage (EOC)
- Pharmacy benefit information
- Claims and explanation of benefits (EOB)
- Supplemental benefits
- Provider and pharmacy directory
- Referral information
- Health insurance forms
- Federal and state guidelines and notices



Medicare Advantage Health Assessment

As a new member, we want to make sure we connect you to the right resources to help meet your health care needs. In order to assist us, you will receive a brief health assessment included in your welcome booklet. The assessment will ask for your input on your health, including any current or past health conditions, areas you may need help and more. Once you have completed the assessment, simply return it in the enclosed return envelope. If you would prefer to complete the assessment over the phone, please call **(877) 701-0788** and our health navigators will assist you. This information will provide a better snapshot of your needs as a member and your answers will be kept confidential.

Care Options

You have multiple choices regarding when and where you receive care. Choosing the appropriate care setting helps you to maximize your health insurance benefits and save on out-of-pocket costs.



Routine office visit

Your primary care provider (PCP) is best for routine, preventive or visits that could wait 24 to 48 hours or longer. If same-day care is needed, your PCP may be able to see you or the clinic may be able to help you find another available provider. If seeing a new provider, remember to confirm they are in-network.

Be sure to make time to schedule your annual wellness exam with your primary care provider. If you don't have a PCP, no problem. We can help you find one and even assist in getting your first appointment scheduled.



On-demand health services



Urgent (acute) care: An urgent care situation is not a serious health threat, but requires medical attention within 24 hours, and may include stitches, pain, urinary tract or respiratory infections, fever, or flu. During the day, contact your primary care provider first. Visit participating urgent care clinics or consider Video Visits after normal business hours or holidays.



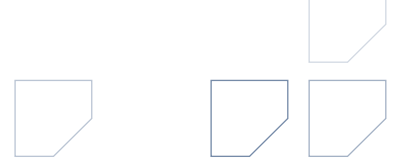
Emergency care: Emergency medical conditions require immediate care to avoid serious harm. Emergent conditions may include severe pain, suspected heart attack or stroke, difficulty breathing, bleeding that won't stop, severe burns, seizures, poisoning, or trauma. For emergency care, call 911 or visit the nearest emergency department.

If you go to an out-of-network facility in an emergency situation:

- Sanford Health Plan must be notified within 48 hours or as soon as reasonably possible following the emergency.
- Prior authorization is not necessary in a true emergency situation (even out-of-network).
- If you are hospitalized (admitted overnight as an inpatient) at an out-of-network facility, arrangements may be made to transfer you to an in-network facility when it is medically safe to do so. This helps maximize your insurance benefits, as your out-of-pocket costs will be much lower with an in-network provider.



Nurse Line: This free resource is available to address medical questions and get medical advice. Call **(888) 315-0886 (TTY: 711)** to visit with a Registered Nurse.



Care Options (Continued)



On-demand health services (Continued)



Video Visits: Connect with an urgent care provider from the comfort of home. Using your desktop, tablet or mobile device, you can see a provider to give you quick, convenient access to quality care. For virtual care, go to sanfordhealth.org/get-care-here/virtual-care to get started.



Specialty care

If you need to see a specialist, you don't need a referral if the provider is in-network. If you want to go out-of-network, please contact the plan for approval **before** you receive care.



Behavioral health care services

If you feel you need Behavioral Health Care Services, please call our Care Management Department.



Hospital services

If you require elective or emergent inpatient (hospital) services, please notify us as soon as possible.



Emergency transportation

Ground transportation or air ambulance will be covered per your plan if deemed medically necessary and you are taken to the nearest in-network participating provider who is able to provide the necessary health care services.



Care when traveling

Care outside of the service area will be covered per your plan in urgent or emergent situations. If you need urgent or emergent care while traveling, please contact Sanford Health Plan within 48 hours of seeking care.



Case Management Services

Our case managers are available to help support you in managing your health condition(s). Assistance is available for health conditions including kidney disease, cancer, transplants and chronic conditions.



Navigating Your Network

Align powered by Sanford Health Plan members have access to our large care system of Sanford Health providers and facilities, plus some additional independent providers across South Dakota, Iowa, North Dakota and Minnesota. You also have nationwide urgent and emergent coverage when traveling outside the service area and access to virtual care services 24 hours a day, 7 days a week, including holidays.

In-Network Care

- ▶ From a participating provider in the plan's service area.
- ▶ Outside the network with a participating provider referral and prior authorization in place.
- ▶ Urgent or emergent care if you don't have access to an in-network provider.
- ▶ From a non-participating provider when you don't have access to an in-network provider and prior authorization in place.
- ▶ From an out-of-network provider when qualified under the travel benefit.

Out-of-Network Care

- ▶ From a non-participating provider without referral approval in place.
- ▶ From a participating provider outside the service area when you have traveled for the purpose of receiving care.
- ▶ If an in-network provider has not recommended the referral and Align powered by Sanford Health Plan has not authorized the referral to a participating provider outside the service area.

**Out-of-network/non-contracted providers are under no obligation to treat Align Powered by Sanford Health Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.*



Worldwide coverage. Your plan also includes \$250 reimbursement for emergency/urgent services outside of the United States.

Pharmacy and Medication Benefits

The Sanford Health Plan Pharmacy Department will help you get the most out of your medication benefits. Sanford Health Plan has a list (formulary) of FDA approved brand name and generic medications that are covered under your benefit plan.

For medications to be covered, they must be:



Prescribed or approved by a physician, physician assistant, nurse practitioner or dentist;



Listed in the plan formulary, unless prior authorization is given by the plan;



Provided by an in-network participating pharmacy except in the event of a medical emergency; **NOTE:** If a prescription is filled at a non-participating and/or out-of-network pharmacy, you will be responsible for the prescription drug cost in full.



Approved by the Federal Food and Drug Administration (FDA) for use in the United States.

Some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

ST Step Therapy

Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.

PA Prior Authorization

Your doctor is required to provide additional information to determine coverage.

QL Quantity Limit

Medication may be limited to a certain quantity.



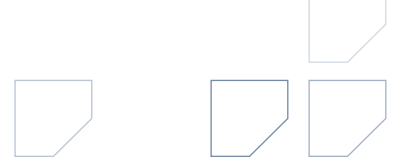
A complete list of in-network pharmacies and all other pharmacy related benefit information can be found in the directory or by contacting customer service.

Prescription coverage stages

With Medicare, the amount you pay for medications will vary throughout the year based on what drug payment stage you are in.

Deductible Stage	Initial coverage stage	Coverage Gap*	Catastrophic coverage stage
Amount varies per plan	Up to \$5,030	Up to \$8,000	Through the end of the year
If your plan has a deductible, you usually pay the full discounted price of your drugs, up to the deductible amount. To count toward the deductible, drugs must be on the formulary.	Once you reach the deductible amount, you pay a copayment or coinsurance for the discounted price of each prescription you fill until your total drug costs reach a certain amount.	The coverage gap stage (sometimes referred to as the “donut hole”) is a gap in coverage during which you may have to pay more for your prescription drugs. Please review your plan documents and call the number on your member ID card to discuss the coverage gap.	In this final stage, members have no cost for covered medications.
Once you reach the deductible amount, you pay a copayment or coinsurance in the initial coverage stage.	Once you satisfy \$5,030, you enter the coverage gap stage.	Once your yearly out-of-pocket costs reach \$8,000, you move to the catastrophic coverage stage.	

**Many of our plans still offer coverage for certain drugs while you’re in the coverage gap stage. Check your Evidence of Coverage for details.*



Referrals, Prior Authorization and Other Insurance Coverage

Do I need a referral to see a specialist?

Sanford Health Plan does not require a referral to see an in-network specialty care provider. If your provider refers you to see an out-of-network provider or facility, you must receive prior authorization by Sanford Health Plan **before** you receive care. This includes facilities such as Mayo Clinic and University of Minnesota. If approved, your medical care will be processed at an in-network level. Remember, some services may be excluded, even if your doctor recommends them, such as acupuncture and cosmetic procedures. See your Evidence of Coverage for additional details on non-covered services.

What types of services require prior authorization?

You or your provider **must** contact Sanford Health Plan to get prior authorization for certain outpatient and inpatient procedures or admissions. Prior authorization is also needed for back surgery, home health care, select durable medical equipment (DME), cancer services and treatment, genetic testing, transplants and specialty medication. Please **contact us at least three days before the requested service** to ensure timely processing of your request.

What if I am injured at work or in a motor vehicle accident?

If you need medical care and another person or company is responsible, please contact us. If you receive a call or form in the mail, please respond within 10 days or your claims may be denied. You can reach us by phone **(888) 278-6485 (TTY: (888) 279-1549)** or complete the Accidental Injury/Third Party Liability Questionnaire online at **align.sanfordhealthplan.com**.

What if I have other health insurance?

If you are covered by another insurance policy or are eligible for Medicaid or Tri-Care, we will work with the other insurance company to coordinate benefits to ensure claims are processed in a timely manner. Please complete any forms you receive or contact us, if requested, to ensure your claims are not denied.



Align powered by Sanford Health Plan helps streamline your care by putting your doctor in the driver's seat to determine the best treatment plan for your needs. Restrictions may apply. For a complete list of services requiring prior authorization, call **(888) 278-6485 (TTY: (888) 279-1549)** to speak with a our customer service team.



Preventive Health Services and Other Screenings

Sanford Health Plan is committed to helping you stay healthy. We believe staying up to date with preventive health care is a key part of disease prevention.

Take advantage of these services! Preventive care and screenings are available for no cost, or very low cost, if using an in-network provider. Prior authorization is not necessary and services can be received once per calendar year, or as shown in the Medical Benefits Chart of your Evidence of Coverage.

Examples of covered services include:



wellness exams



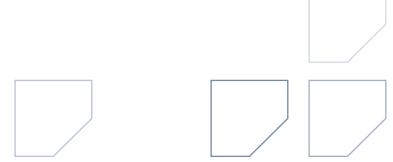
immunizations



screenings



For a list of preventive services, refer to the Medical Benefits Chart in your Evidence of Coverage (look for the blue apple symbols.) The EOC can be found at align.sanfordhealthplan.com or within your Member Portal.



Advance Care Planning

Advance care planning is the process of planning and deciding your future health care in case you are suddenly unable to make your own decisions because of illness or injury. Advance care planning allows you to:

- Think about and discuss treatment options with your family and health care providers to make treatment decisions based on your goals, values and preferences.
- Document and communicate your decisions to those who need to know.
- Select someone you trust to make decisions on your behalf when you are unable to speak for yourself.

Sanford Health Plan encourages all Members to complete an advance directive. A copy should be provided to the person responsible for making decisions in case you cannot speak for yourself, the hospital where you are most likely to receive treatment and your primary provider. For more information and to complete the form, go to [sanfordhealth.org/-/media/org/files/patient-education/advance-care-planning.pdf](https://www.sanfordhealth.org/-/media/org/files/patient-education/advance-care-planning.pdf).





Benefits

With Align powered by Sanford Health Plan, you get the benefits of Original Medicare plus more in one complete plan. Let us help you take advantage of your coverage options by providing you with information on the ways you can access your benefits, file a claim and more.



Health navigator services

A health navigator acts as your personal health assistant. Our team of health navigators is here to answer questions and connect you to the right resources when you need them. They can help you find a doctor, schedule your appointments and provide trusted partners to accompany you to your appointments. Health navigator services are confidential and provided at no additional cost. **Call (877) 701-0788 (TTY: 711) to connect with your health navigator.**



Travel

No matter where you are in the United States, urgent care and emergency services are always covered at the same cost-share you have at home. With our visitor travel benefit, you can travel up to six consecutive months a year in the United States and receive in-network benefits from select providers. Your plan also includes \$250 reimbursement for emergency/urgent services outside of the United States. **If you have questions, please connect with our customer service team at (888) 278-6485 (TTY: (888) 279-1549).**



Prescription drug coverage

All Align powered by Sanford Health Plan PPO plans include prescription drug coverage (Part D). We are committed to helping you keep your prescription drug costs manageable. All of our drug plans waive the deductible for Tier 1 and Tier 2. Additionally, select medications used to treat chronic conditions such as high blood pressure, high cholesterol and diabetes are included in Tier 6 at a \$0 copay after the deductible is met.

Our formulary is a comprehensive list of drugs chosen by Sanford Health Plan pharmacists based on their effectiveness, safety, ease of use and cost. Some drugs may have certain requirements such as prior authorization, quantity limits or step therapy. You can visit our online formulary listing at align.sanfordhealthplan.com or call and request a printed version be sent to you to determine which tier your prescriptions are in and to see if any of the requirements apply.

Your Options

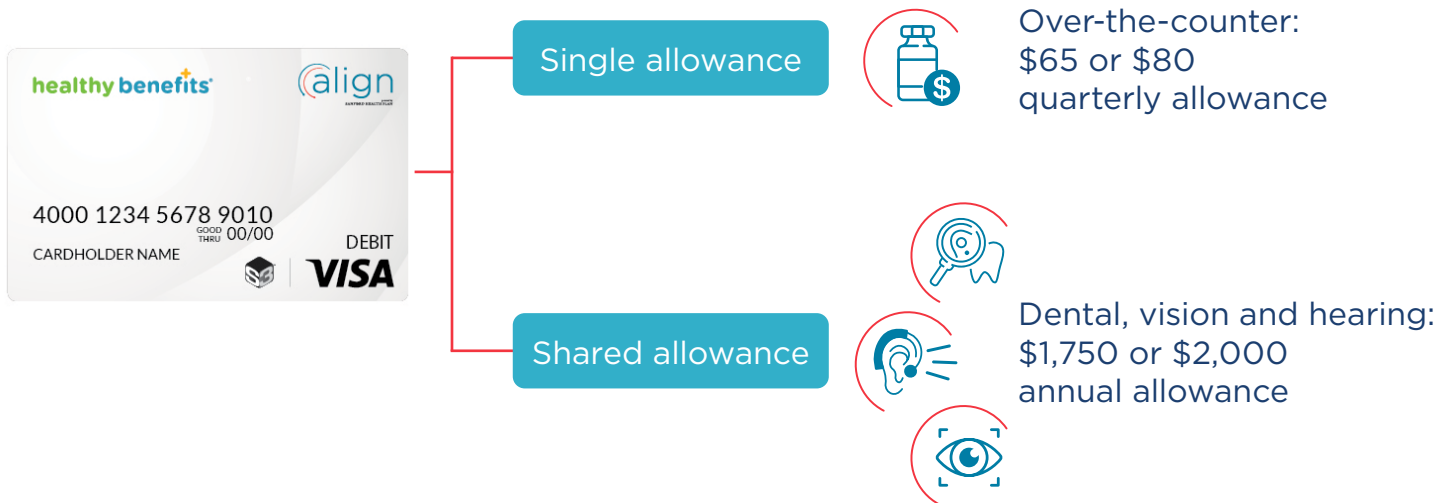
Our pharmacy network is made up of over 60,000 local, regional, and national pharmacies. Members can also save more when using preferred pharmacies, including Sanford Health Pharmacy, Lewis Drug, Thrifty White, Seip Drug, Gateway Pharmacy, CVS and OptumRX Home Delivery.

You can have your prescription drugs mailed by using the OptumRX member portal. For more information, visit align.sanfordhealthplan.com/pharmacy-and-drug-coverage. Review your evidence of coverage to learn more or call **(844) 642-9090 (TTY: 711)** to speak with our customer service team to learn more.



Healthy Benefits+™ flex card

The Sanford Health Plan Healthy Benefits+ flex card gives you the flexibility to choose how to spend your allowance dollars, helping your benefits go further. The flex card includes a quarterly allowance for over-the-counter (OTC) products and an annual allowance for dental, hearing and vision out-of-pocket expenses.



MORE ACCESS TO BENEFITS

You can redeem your OTC allowance at in-network retailers participating including Lewis Drug, Walgreens and Walmart. You can also purchase items from home using a catalog or through the Healthy Benefits+ member portal. View our complete list of in-network retailers online at healthybenefitsplus.com/sanfordhealthplan.

For added flexibility, you can spend your dental, hearing and vision allowance with any provider, regardless of network, as long as your services are for dental, hearing and vision needs. However, choosing an in-network provider can help your dollars go further. The Healthy Benefits+ flex card is as easy to use as a debit card wherever Visa® is accepted and the merchant is categorized as either dental, hearing or vision.

To get started, visit healthybenefitsplus.com/sanfordhealthplan or call **(833) 818-8918 (TTY 711)**. See your Evidence of Coverage for details on qualifying purchases.



Over-the-counter (OTC) benefit

Our Medicare Advantage plans include over-the-counter (OTC) benefits each quarter to help members save on items such as aspirin and cold and flu medicine. Using the Sanford Health Plan Healthy Benefits+ flex card, members can use their benefit allowance in a variety of ways.

Three convenient ordering options with two-day delivery:



Online: Visit healthybenefitsplus.com/sanfordhealthplan



Phone: Call **(833) 818-8918 (TTY: 711)**



Retail: In person at almost 800 in-network retailers

What expenses can I use my card for?

Your card covers over-the-counter medications and products such as aspirin and band-aids.

Where can I spend my allowance dollars?

You can redeem your allowance dollars at almost 800 in-network retailers in North Dakota, South Dakota, Iowa and Minnesota, including:

- Coburns
- Dollar General
- Lewis Drug
- Walgreens
- Walmart

You can also purchase products from home using the over-the-counter catalog you'll receive in the mail or online.

Visit healthybenefitsplus.com/sanfordhealthplan or call **(833) 818-8918 (TTY: 711)**. See your Evidence of Coverage for details on qualifying purchases.



Dental coverage

Dental coverage makes dental care more affordable. With a focus on prevention, supplemental dental benefits with the Delta Dental® Medicare Advantage network cover professional services like routine check-ups, cleanings and exams at 100%. You can use the allowance dollars on your Healthy Benefits+ flex card to pay for comprehensive dental services. This helps reduce out-of-pocket costs, so you pay less for the dental care you need.

With a Medicare Advantage Plan through Align powered by Sanford Health Plan, dental coverage is included in whichever plan you choose. To learn about the difference in coverage based upon your plan option, view the grid below:

BENEFITS COMPARISON	Align ChoiceElite PPO	Align ChoicePlus PPO
Preventive Dental	\$0 routine exams 2x/year; \$0 cleanings 2x/year; \$0 bitewing X-rays 1x/year	\$0 routine exams 2x/year; \$0 cleanings 2x/year; \$0 bitewing X-rays 1x/year
Comprehensive Dental	You can use your annual allowance of \$2,000 on your Healthy Benefits+ flex card to pay for services.	You can use your annual allowance of \$1,750 on your Healthy Benefits+ flex card to pay for services.

Members may visit any licensed dental provider within the Delta Dental® Medicare Advantage network.

If you have questions, our Delta Dental® customer service team is available at **(866) 502-9753 (TTY: 711)**. For Healthy Benefits+ flex card questions you call **(833) 818-8918**.

Find a dentist tools:

- South Dakota and Iowa members visit providers4you.com/nationalmedicareadvantage
- Minnesota and North Dakota members visit deltadentalmn.org/sanford-dentists





Hearing benefit

As a valued member, you have a hearing benefit that gives you what you need to manage your hearing health – all accessed through the NationsHearing® network. You also have your Healthy Benefits+ flex card. Your card allows you to choose how you want to spend allowance dollars to make your benefits go further and fit your specific health care needs. Your card will come with two different allowances, one for over-the-counter (OTC) and one for dental, vision and hearing.

Review your Evidence of Coverage to determine your benefit details.

Your benefit includes:

An annual hearing test with no out-of-pocket cost

Convenient ways to take your hearing test:

- ✓ Call **(877) 280-1649 (TTY: 711)** to speak with a member experience advisor who will schedule your hearing test with a local provider.
- ✓ Visit **alignsanfordhealthplan.nationsbenefits.com/hearing** to access your online hearing test.

Exceptional service delivery

Going above and beyond your expectations with:

- ✓ Quality care from a hearing aid provider in your area
- ✓ A team of member experience advisors is available Monday through Friday, 8 a.m. to 8 p.m. member local time
- ✓ Three follow-up visits to ensure your complete satisfaction¹

NationsHearing® promise to you

Convenient ways to take your hearing test:

- ✓ 60-day, 100% money-back guarantee
- ✓ Three-year manufacturers' warranty
- ✓ Three years of batteries included²

Get started today!

Call **(877) 280-1649 (TTY: 711)** or visit **alignsanfordhealthplan.nationsbenefits.com/hearing**. A team of member experience advisors is available Monday through Friday, 8 a.m. to 8 p.m. member local time

¹Within the first year of your fitting date.

²Not applicable to the purchase of rechargeable hearing aid models.

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Vision benefits

VSP® Vision Care provides you with a covered annual routine exam and up to the below eyewear coverage through a VSP Advantage network provider:

Align ChoiceElite PPO

Glasses: Base lenses and Standard progressives covered in full and \$200 frame allowance. Contacts are in lieu of glasses and a \$100 allowance is provided. You can use your annual allowance of \$2,000 on your Healthy Benefits+ flex card to pay for additional costs.

Align ChoicePlus PPO

Glasses: Base lenses and Standard progressives covered in full and \$100 frame allowance. Contacts are in lieu of glasses and a \$100 allowance is provided. You can use your annual allowance of \$1,750 on your Healthy Benefits+ flex card to pay for additional vision costs.

Using your VSP benefit is easy:

1. Create an account at vsp.com. Review your personalized benefit information.
2. Find a VSP Advantage network eye doctor who's right for you. Visit vsp.com/advantageonly or call **(844) 344-4768**.
3. When scheduling your appointment, tell them you have VSP. Present your Sanford Health Plan Align ID card to your VSP Advantage network doctor.
4. When it's time to pay for services, use your Healthy Benefits+ flex card to pay for out-of-pocket costs.

That's it! There are no claim forms to complete when you see a VSP Advantage network provider. When obtaining services from an out-of-network provider, you will be responsible for paying services directly to the provider and remit a claim to VSP for reimbursement. Please refer to your Evidence of Coverage for out-of-network coverage.

The VSP Advantage network is a national network of doctors. All VSP doctors offer a dispensary on site. To locate a VSP network doctor, visit vsp.com/advantageonly.

Contact VSP

Toll free: (844) 344-4768
TTY: (800) 428-4833

VSP member service hours

Monday — Sunday
8 a.m. — 8 p.m. Central time





Meal services

Because better health begins with the food we eat, eligible members can choose meals that fit their individual needs using *Mom's Meals®. This meal program ensures members get the nutrition they need when they need it, whether they're recovering from a hospital stay or managing a chronic condition.

Members must meet eligibility requirements. Review your Evidence of Coverage to determine your benefit details.

Eligible members receive:

- Medically-tailored meals designed by dietitians to support the nutritional needs of most common health conditions
- Meals delivered to your home
- Meals that can be refrigerated for up to 14 days from delivery
- Up to 56 meals/28 days following an inpatient hospitalization and up to 12 weeks for those with certain chronic conditions.

Easy meal options — just heat, eat and enjoy within minutes!

**Initial deliveries will have a variety of meals based on dietary preferences.*

How it Works

1. Eligible members will be contacted and referred by case manager or provider
2. Case manager will provide paperwork to Mom's Meals
3. Meals are delivered to member's home
4. OR If you are currently not receiving meals and feel you are eligible, submit your request at align.sanfordhealthplan.com/benefits/moms-meals.



Silver&Fit® Fitness Program

As a member, you can enjoy multiple tools and features with this healthy aging and exercise program at no cost to you. By answering a few online questions about your fitness level and goals, you can receive a personal exercise plan that includes suggested workout videos and more. Create your account by visiting silverandfit.com to get started.

Standard fitness network choices

Once you create your online account, you will be able to search and choose a membership from thousands of participating fitness centers or select YMCAs. Note that you may need to sign a new membership agreement with the fitness center or YMCA, even if you have a current membership agreement or have had one in the past.

Premium fitness network choices

Search Premium fitness network locations, including fitness centers, studios, and unique fitness experiences by logging into your account. These locations are available for a nonrefundable monthly buy-up price. Fees vary by Premium fitness center location.

Home fitness kits

You can pick one kit per benefit year from 11 different options. Choose from options like a wearable fitness tracker, pilates, strength, swim and yoga kit options.

Once selected, the home fitness kit cannot be exchanged.

Healthy Aging Coaching

Your benefits include one-on-one Silver&Fit Healthy Aging Coaching sessions by phone or video, or you can chat with a coach who will support you and your fitness, nutrition and other lifestyle goals.

Silver&Fit Connected!™ tool

The Silver&Fit Connected!™ tool is available for tracking activity on 250+ wearable fitness trackers and mobile apps to earn rewards like hats and pins.***

Member resources

Join the Well-Being Club for exclusive articles, videos and live-streaming virtual events that focus on healthy aging, healthy eating, staying active and more. You can also get **Fit at Home™** with daily Facebook Live and YouTube workouts that are available to the public for free. See the full class schedule at silverandfit.com/workouts.

Please make sure to talk to your provider before starting or changing an exercise routine.



Create your account by visiting silverandfit.com.

Contact Silver&Fit

Toll free: (877) 427-4788

TTY/TDD: 711

Monday — Friday, 7 a.m. — 8 p.m. Central time

Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

***Once selected, Home Fitness Kits cannot be exchanged.*

****Rewards are subject to change. Purchase of some compatible wearable fitness trackers or apps may be required to use the Connected! tool and are not reimbursable by the Silver&Fit program. Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity and to use that data to process and administer available rewards to you under the program.*

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit, Silver&Fit Connected!, Fit at Home, and the Silver&Fit logo are trademarks of ASH and used with permission herein.

Participating facilities and fitness chains may vary by location and are subject to change. Kits and rewards are subject to change. Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity and to use that data to process and administer available rewards to you under the program. Limitations, member fees, and restrictions may apply.

Rewards are subject to change. The purchase of a wearable fitness tracker or app may be required to use the Connected! tool and is not reimbursable by the Silver&Fit program.

Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness), to receive information about your tracked activity and to use that data to process and administer available rewards to you under the program. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit, Silver&Fit Connected! and the Silver&Fit logo are trademarks of ASH. Limitations, member fees and restrictions may apply. Kits are subject to change. Participating facilities and fitness chains may vary by location and are subject to change.



2024 MA-PD PLANS

SOUTH DAKOTA AND IOWA SERVICE AREAS

NETWORK

Monthly premium

Max annual out-of-pocket

Medical Benefits

Office Visit	Primary Care
	Specialist
	Urgent Care
Preventive Care	Preventive Services
Hospital Care	Inpatient Hospital
	Outpatient Hospital
	Outpatient Hospital Observation Services
	Outpatient Labs
Emergency Care	Emergency Room Visit
Skilled Nursing Care	Skilled Nursing Facility
Supplemental Benefits	Preventive Dental
	Preventive Hearing
	Preventive Vision
	Meal: Chronic Conditions**
	Meal: Post Inpatient Discharge***
Healthy Benefits+ Flex Card	Fitness
	Dental, Hearing, Vision Allowance****
	Over-the-Counter Allowance
Travel	Worldwide Coverage
Part B Drugs	Part B Drug Coverage

Prescription drugs

PRESCRIPTION DRUG DEDUCTIBLE

Preferred/Standard Pharmacy

Tier 1 - Preferred Generic Drugs (deductible waived)

Tier 2 - Generic Drugs (deductible waived)

Tier 3 - Preferred Brand Drugs

Tier 4 - Non-Preferred Drugs

Tier 5 - Specialty Drugs

Tier 6 - Select Care Drugs

*2023 Medicare Rate And Is Subject To Change For 2024.

**For Specific Chronic Conditions.

Align ChoiceElite PPO (H8385 001)		Align ChoicePlus PPO (H8385 003)	
South Dakota counties: Brookings, Clark, Clay, Day, Deuel, Douglas, Hanson, Hutchinson, Kingsbury, Lake, Lincoln, Marshall, McCook, Miner, Minnehaha, Moody, Roberts, Sanborn, Turner Iowa counties: Lyon, O'Brien, Osceola, Sioux			
In-network	Out-of-network	In-network	Out-of-network
\$49		\$0	
\$3,000		\$4,000	
\$0	\$10	\$0	\$15
\$0	\$20	\$0	\$30
\$30	\$30	\$30	\$30
\$0	\$0	\$0	\$0
Days 1-4: \$100/day Days 5-90: \$0/day	Standard Medicare Cost Share	Days 1-4: \$125/day Days 5-90: \$0/day	Standard Medicare Cost Share
\$150	20% Coinsurance	\$200	20% Coinsurance
\$0	\$450	\$400	\$600
\$0	\$10	\$0	\$10
\$75	\$75	\$90	\$90
Days 1-20: \$0/day Days 21-100: \$200*/day		Days 1-20: \$0/day Days 21-100: \$200*/day	
\$0 Cleaning 2x/year \$0 Exam 2x/year \$0 X-ray 1x/year	Dental, Hearing, Vision Allowance + Vision 50% Coinsurance	\$0 Cleaning 2x/year \$0 Exam 2x/year \$0 X-ray 1x/year	Dental, Hearing, Vision Allowance + Vision 50% Coinsurance
\$0 Annual Exam		\$0 Annual Exam	
\$0 Annual Exam; \$200 Eyewear Allowance		\$0 Annual Exam; \$100 Eyewear Allowance	
2 Meals Daily Up To 12 weeks		2 Meals Daily Up To 12 weeks	
2 Meals Daily Up To 4 weeks		2 Meals Daily Up To 4 weeks	
\$0 Gym Membership		\$0 Gym Membership	
\$2,000 Annually		\$1,750 Annually	
\$80 Quarterly		\$65 Quarterly	
\$250 Reimbursable Annually		\$250 Reimbursable Annually	
Prolia - \$100 Copay; All Others 0%-20% Coinsurance		Prolia - \$100 Copay; All Others 0%-20% Coinsurance	
\$150		\$200	
Preferred	Standard	Preferred	Standard
\$0 Copay	\$2 Copay	\$0 Copay	\$3 Copay
\$4 Copay	\$10 Copay	\$4 Copay	\$8 Copay
\$42 Copay	\$47 Copay	\$42 Copay	\$47 Copay
\$100 Copay		\$100 Copay	
30% Coinsurance		29% Coinsurance	
\$0 Copay		\$0 Copay	

Immediately After Inpatient Hospitalization Or Surgery. *Fillings, Crowns, Dentures, Lenses, Contact, Hearing Aids, etc.
Preferred Pharmacies Include: Sanford , Lewis, CVS, Seip, Gateway ,Thrifty White and OptumRx



2024 MA-PD PLANS

NORTH DAKOTA SERVICE AREA

NETWORK

Monthly premium

Max annual out-of-pocket

Medical Benefits

Office Visit	Primary Care
	Specialist
	Urgent Care
Preventive Care	Preventive Services
Hospital Care	Inpatient Hospital
	Outpatient Hospital
	Outpatient Hospital Observation Services
	Outpatient Labs
Emergency Care	Emergency Room Visit
Skilled Nursing Care	Skilled Nursing Facility
Supplemental Benefits	Preventive Dental
	Preventive Hearing
	Preventive Vision
	Meal: Chronic Conditions**
	Meal: Post Inpatient Discharge***
Healthy Benefits+ Flex Card	Dental, Hearing, Vision Allowance****
	Over-the-Counter Allowance
Travel	Worldwide Coverage
Part B Drugs	Part B Drug Coverage

Prescription drugs

PRESCRIPTION DRUG DEDUCTIBLE

Preferred/Standard Pharmacy

Tier 1 - Preferred Generic Drugs (deductible waived)

Tier 2 - Generic Drugs (deductible waived)

Tier 3 - Preferred Brand Drugs

Tier 4 - Non-Preferred Drugs

Tier 5 - Specialty Drugs

Tier 6 - Select Care Drugs

*2023 Medicare Rate And Is Subject To Change For 2024.

**For Specific Chronic Conditions.

Align ChoiceElite PPO (H8385 002)		Align ChoicePlus PPO (H8385 004)	
North Dakota counties: Barnes, Burleigh, Cass, Grand Forks, Griggs, McLean, Mercer, Morton, Nelson, Oliver, Ramsey, Ransom, Richland, Steele, Stutsman Trail, Walsh			
In-network	Out-of-network	In-network	Out-of-network
\$49		\$0	
\$3,500		\$4,500	
\$0	\$10	\$0	\$15
\$0	\$20	\$0	\$30
\$30	\$30	\$35	\$35
\$0	\$0	\$0	\$0
Days 1-4: \$100/day Days 5-90: \$0/day	Standard Medicare Cost Share	Days 1-4: \$125/day Days 5-90: \$0/day	Standard Medicare Cost Share
\$200	20% Coinsurance	\$200	20% Coinsurance
\$0	\$450	\$450	\$600
\$0	\$10	\$0	\$10
\$75	\$75	\$90	\$90
Days 1-20: \$0/day Days 21-100: \$200*/day		Days 1-20: \$0/day Days 21-100: \$200*/day	
\$0 Cleaning 2x/year \$0 Exam 2x/year \$0 X-ray 1x/year \$0 Annual Exam \$0 Annual Exam; \$200 Eyewear Allowance	Dental, Hearing, Vision Allowance + Vision 50% Coinsurance	\$0 Cleaning 2x/year \$0 Exam 2x/year \$0 X-ray 1x/year \$0 Annual Exam \$0 Annual Exam; \$100 Eyewear Allowance	Dental, Hearing, Vision Allowance + Vision 50% Coinsurance
2 Meals Daily Up To 12 weeks		2 Meals Daily Up To 12 weeks	
2 Meals Daily Up To 4 weeks	2 Meals Daily Up To 4 weeks		
\$0 Gym Membership	\$0 Gym Membership		
\$2,000 Annually	\$1,750 Annually		
\$80 Quarterly	\$65 Quarterly		
\$250 Reimbursable Annually	\$250 Reimbursable Annually		
Prolia - \$100 Copay; All Others 0%-20% Coinsurance	Prolia - \$100 Copay; All Others 0%-20% Coinsurance		
\$150	\$150		
Preferred	Standard	Preferred	Standard
\$0 Copay	\$4 Copay	\$0 Copay	\$4 Copay
\$4 Copay	\$10 Copay	\$4 Copay	\$10 Copay
\$42 Copay	\$47 Copay	\$42 Copay	\$47 Copay
\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance
\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

Immediately After Inpatient Hospitalization Or Surgery. *Fillings, Crowns, Dentures, Lenses, Contact, Hearing Aids, etc.
Preferred Pharmacies Include: Sanford , Lewis, CVS, Seip, Gateway ,Thrifty White and OptumRx



2024 MA-PD PLANS

MINNESOTA SERVICE AREA

NETWORK

Monthly premium

Max annual out-of-pocket

Medical Benefits

Office Visit	Primary Care
	Specialist
	Urgent Care
Preventive Care	Preventive Services
Hospital Care	Inpatient Hospital
	Outpatient Hospital
	Outpatient Hospital Observation Services
	Outpatient Labs
Emergency Care	Emergency Room Visit
Skilled Nursing Care	Skilled Nursing Facility
Supplemental Benefits	Preventive Dental
	Preventive Hearing
	Preventive Vision
	Meal: Chronic Conditions**
	Meal: Post Inpatient Discharge***
Healthy Benefits+ Flex Card	Dental, Hearing, Vision Allowance****
	Over-the-Counter Allowance
Travel	Worldwide Coverage
Part B Drugs	Part B Drug Coverage

Prescription drugs

PRESCRIPTION DRUG DEDUCTIBLE

Preferred/Standard Pharmacy

Tier 1 - Preferred Generic Drugs (deductible waived)

Tier 2 - Generic Drugs (deductible waived)

Tier 3 - Preferred Brand Drugs

Tier 4 - Non-Preferred Drugs

Tier 5 - Specialty Drugs

Tier 6 - Select Care Drugs

*2023 Medicare Rate And Is Subject To Change For 2024.

**For Specific Chronic Conditions.

Align ChoiceElite PPO (H3186 001)		Align ChoicePlus PPO (H3186 002)	
Minnesota counties: Becker, Beltrami, Big Stone, Clay, Clearwater, Hubbard, Lac Qui Parle, Mahanomen, Marshall, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Red Lake, Rock, Traverse, Wilkin			
In-network	Out-of-network	In-network	Out-of-network
\$60		\$0	
\$2,750		\$4,500	
\$0	\$10	\$0	\$15
\$0	\$20	\$0	\$30
\$30	\$30	\$35	\$35
\$0	\$0	\$0	\$0
Days 1-4: \$50/day Days 5-90: \$0/day	Standard Medicare Cost Share	Days 1-4: \$125/day Days 5-90: \$0/day	Standard Medicare Cost Share
\$150	20% Coinsurance	\$200	20% Coinsurance
\$125	\$250	\$450	\$600
\$0	\$10	\$0	\$10
\$90	\$90	\$90	\$90
Days 1-20: \$0/day Days 21-100: \$200*/day		Days 1-20: \$0/day Days 21-100: \$200*/day	
\$0 Cleaning 2x/year \$0 Exam 2x/year \$0 X-ray 1x/year \$0 Annual Exam \$0 Annual Exam; \$200 Eyewear Allowance	Dental, Hearing, Vision Allowance + Vision 50% Coinsurance	\$0 Cleaning 2x/year \$0 Exam 2x/year \$0 X-ray 1x/year \$0 Annual Exam \$0 Annual Exam; \$100 Eyewear Allowance	Dental, Hearing, Vision Allowance + Vision 50% Coinsurance
2 Meals Daily Up To 12 weeks		2 Meals Daily Up To 12 weeks	
2 Meals Daily Up To 4 weeks		2 Meals Daily Up To 4 weeks	
\$0 Gym Membership		\$0 Gym Membership	
\$2,000 Annually		\$1,750 Annually	
\$80 Quarterly		\$65 Quarterly	
\$250 Reimbursable Annually		\$250 Reimbursable Annually	
Prolia - \$100 Copay; All Others 0%-20% Coinsurance		Prolia - \$100 Copay; All Others 0%-20% Coinsurance	
\$200		\$300	
Preferred	Standard	Preferred	Standard
\$0 Copay	\$2 Copay	\$0 Copay	\$2 Copay
\$4 Copay	\$10 Copay	\$4 Copay	\$10 Copay
\$42 Copay	\$47 Copay	\$42 Copay	\$47 Copay
\$100 Copay		\$100 Copay	
30% Coinsurance		28% Coinsurance	
\$0 Copay		\$0 Copay	

Immediately After Inpatient Hospitalization Or Surgery. *Fillings, Crowns, Dentures, Lenses, Contact, Hearing Aids, etc.
Preferred Pharmacies Include: Sanford , Lewis, CVS, Seip, Gateway ,Thrifty White and OptumRx

Benefits: Frequently Asked Questions

HEALTHY BENEFITS+

Q: How do I shop for OTC items with my Health Benefits+™ flex card?

A: You have three easy ways to shop:

- **Online:** You can browse a list of approved products and order them online at **walmart.com** through the program website or via the Healthy Benefits+ mobile app. Simply enter your 16-digit flex card number and 3-digit security code at checkout and choose your delivery method.
- **In-Store:** You can also shop in select stores such as Walmart, CVS, Walgreens and more with the simple scan of your flex card or mobile app barcode at checkout.
- **Call to Order:** You can reference your catalog to order OTC products from the convenience of home by calling in your order. Call **(833) 818-8918** to place your order.

Q: What is my quarterly over-the-counter (OTC) benefit allowance?

A: The amount of the allowance depends on the specific plan you chose at enrollment. You can check your available benefit balance under the About page on your program website at **healthybenefitsplus.com/sanfordhealthplan** or on the mobile app. You can also call **(833) 818-8918**. For a full description of benefits, please refer to your welcome packet.

Q: When do I get more benefits? Do they go away if I don't use them?

A: You will receive an additional over-the-counter benefit allowance on your Healthy Benefit + flex card each quarter (January 1, April 1, July 1 and October 1). The amount of the allowance depends on the specific plan you chose at enrollment. If you don't use your allowance each quarter, it will go away. Unused amounts do not roll forward to the next quarter. You can view your available benefit balance and expiration details under the About page at **healthybenefitsplus.com/sanfordhealthplan** or on the mobile app. For a full description of benefits, please refer to your welcome packet.

Q: What happens if my purchase of approved items exceeds my available benefit amount?

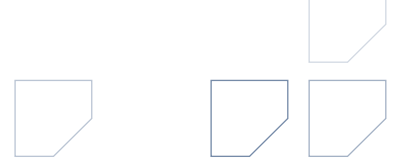
A: You are responsible for paying any amount that exceeds your available benefit balance. You are also responsible for paying for any non-approved items.

Q: Can I use my OTC benefit allowance for other people?

A: No. You may only purchase items for your use, not for family members or friends.

Q: How do I know if a product is approved?

A: There are a few ways to determine if a product is approved. First, you can check the program catalog, **healthybenefitsplus.com/sanfordhealthplan** or the mobile app. Second, while shopping in-store, use the barcode scanner on the mobile app. Lastly, call **(833) 818-8918** to make sure a product is eligible before shopping.



Q: My product used to be a different price. What price applies at checkout?

A: Online and in-store pricing may not be the same as the prices listed in the catalog. The online and in-store price applies at checkout.

Q: I am at the store and an item I thought was approved isn't being covered by my flex card. Why did this happen?

A: If an in-store transaction does not go how you thought it would, please call **(833) 818-8918** with your receipt and flex card in hand. A representative will help you figure out why a product wasn't covered. On future shopping trips, you can use the barcode scanner on the mobile app to check product eligibility.

Q: Is there a minimum order amount?

A: No, there is not a minimum order amount for purchases with your OTC allowance.

Q: How often can I place an order?

A: There are no restrictions on the frequency of purchases as long as the total dollar amount does not exceed your available benefit balance. You are responsible for paying any amount that exceeds your available benefit balance.

Q: Do I pay for shipping costs?

A: No, all shipping costs are covered by your health plan. Once you apply your OTC items to your online order or by phone, all shipping costs will be removed regardless of your order total.

Q: Can I use coupons along with my benefits?

A: Yes, if the coupons are valid, you can use them for the products purchased using your Healthy Benefits+ flex card.

Q: What is the return or exchange policy?

A: All products purchased are subject to the retailers' return/exchange policies. If the item meets the retailers' return requirements, the amount of your approved purchase will be added back to your flex card.

Q: Who should I contact for questions?

A: For questions about the Healthy Benefits+ program, please submit an inquiry online on the Contact Us page or call **(833) 818-8918**, 8 a.m. to 8 p.m, local time, 7 days a week, October – March; Monday through Friday, April – September. For any eligibility or plan-related questions, please call **(833) 818-8918**.

DENTAL

Q: How do I contact Delta Dental?

A: By phone, toll free **(866) 502-9753 (TTY: 711)**.



VISION

Q: Are VSP® Vision Care materials available in any other languages?

A: Yes, materials are available in English, Spanish, Korean, Vietnamese and Chinese by contacting Customer Service.

Q: Are TTY/Language Line services available?

A: Yes, more than 170 languages are available via Customer Service at **(844) 344-4768 | TTY: (800) 428-4833**.

Q: What information is available in the VSP® Vision Care Member Portal?

A: Benefit information, provider directory, special offers and member extras, sign up to receive emails to make the most of your vision benefits and/or the Envision Newsletter, view VSP's eyewear gallery, eye care information and more.

HEARING

Q: How do members use their hearing benefits?

A: Members have two options:

OPTION 1:

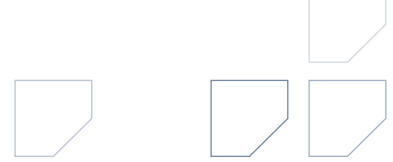
1. Contact NationsHearing® to schedule a hearing test.
2. Visit a local provider for hearing test and receive test results.
3. Use their benefit allowance to order hearing aids.
4. Work with the provider to fit and tune hearing aids.
5. All members receive a follow-up call to ensure complete satisfaction.

OPTION 2:

1. Access online hearing test from their computer or mobile device.
2. Receive digital record of their hearing test results.
3. Use their benefit allowance to order hearing aids online.
4. Receive home delivery of their hearing aids at no additional cost.
5. Connect with an online representative for remote tuning.

Q: Are there any claims to submit?

A: No, there are no claims or forms to complete when seeing a Nations Benefits network doctor as the doctor verifies coverage, bills NationsHearing® for services rendered and NationsHearing® pays the doctor directly.



Q: How do I find an in-network doctor?

A: Members should contact Customer Service at **(877) 280-1649 (TTY: 711)** to find an in-network provider.

TRAVEL

Q: How does a member notify Sanford Health Plan they want to use their travel benefit?

A: The member should call customer service to notify Sanford Health Plan if they plan to be outside of SD, IA, ND or MN for more than one month. Customer service can be reached by calling **(888) 278-6485 (TTY: (888) 279-1549)** between 8 a.m. and 8 p.m. local time, 7 days per week, October 1 through March 31; and Monday through Friday, April 1 through September 30.

Q: What happens if a member forgets to notify Sanford Health Plan they are traveling and seeks care?

A: If a member uses non-urgent services, they should contact Sanford Health Plan and notify of the date travel began so claims can be processed (or reprocessed) appropriately. Traveling for the specific intent of receiving care is an exclusion of the policy.

MEALS

Q: What diagnoses are eligible for the meal benefit?

A: Case managers will identify and screen members for the following conditions to enroll in the meal benefit.

- Alcohol dependence
- Drug dependence
- Cancer
- Autoimmune diseases
- Cardiovascular diseases
- Chronic lung disorders
- Hematological conditions
- Congestive heart failure
- Dementia
- Type 1 diabetes mellitus
- Type 2 diabetes mellitus
- End stage liver disease
- End stage renal disease (outpatient)
- End stage renal disease (inpatient)
- HIV/AIDS
- Stroke
- Members who are post-discharge will also be identified by case managers for participation

Q: How do member's contact Mom's Meals®?

A: Mom's Meals Customer Service can be reached at **(866) 204-6111** or to place an order, members can email **orders@momsmeals.com**.



Q: What types of menus are available from Mom's Meals®?

- General Wellness
- Diabetes-Friendly
- Heart-Friendly
- Renal-Friendly
- Cancer Support
- Lower Sodium
- Pureed
- Vegetarian
- Gluten Free

Q: How are meals delivered?

A: Deliveries arrive in a cooler by Mom's Meals® delivery drivers where available, otherwise meals are delivered by a third-party carrier such as FedEx, UPS, GSL or Spee-Dee.

FITNESS

Q: Can members enroll in multiple fitness centers or YMCAs?

A: Yes, members can utilize one or more participating fitness centers at a time. If members enroll into more than one Premium fitness location, they must pay fees for each individual location. Members can log in to the website or call for information on how their payments may change.

Q: Do Silver&Fit® members get a Silver&Fit® card? If so, how is one obtained?

A: The Silver&Fit® Welcome Letter includes the Silver&Fit® card, along with the name and location of the member's chosen fitness center and their fitness ID number. Members who join the program online can print a paper copy of the Silver&Fit® card, or download it on their phone, and bring it with them to their first visit.

Q: Do members ever have to pay a fitness center directly for Silver&Fit® benefits?

A: No. However, members are responsible for paying any fees associated with upgrading their fitness center or YMCA membership, or for using any non-standard services or amenities that require separate, non-standard fees.

Q: How do Silver&Fit® members leave the program?

A: Members must call Silver&Fit® Customer Service at **(877) 427-4788 (TTY/TDD: 711)**. Fees are nonrefundable.



Claims and Payment Services



1

Claim

After you receive medical care, most providers will file a claim for you. However, you may need to file a claim if your provider did not file one for you. Claim forms can be found in the Member Portal or by contacting customer service.



2

Explanation of Benefits (EOB)

After your claim is received and processed according to your benefits, Sanford Health Plan will send payment to the provider and an EOB to you. The EOB explains how your insurance benefits were applied. You will receive your EOB in the mail unless you've signed up to receive electronic EOBs. Then you will receive email notification stating that a new EOB is available to view in the Member Portal. The EOB is NOT a bill or invoice.



3

Appeals

You have a right to appeal any decision made by Sanford Health Plan, which may include a review by an independent review organization, to not pay for an item or service. To file an appeal, complete an Appeal Form in the Member Portal, or contact customer service to file an appeal over the phone or to have a form mailed to you.



4

Complaints

To file a complaint, contact Sanford Health Plan by phone or by mail at Sanford Health Plan, PO Box 91110, Sioux Falls, SD 57109-1110.



powered by
SANFORD HEALTH PLAN

(888) 278-6485 TTY: (888) 279-1549



(844) 637-4760 TTY:(888) 279-1549

P.O. Box 981813, El Paso, TX 79998-1813

Medical Claim Form

Member instructions: Complete and sign section one and give to your provider to complete section two. Submission of this claim form does not guarantee payment of services. Claims may be delayed for missing information. Submit completed form, along with applicable receipts or itemized statements and proof of payment to Great Plains Medicare Advantage at the address above.

SECTION 1

Patient and Insured Information

PATIENT INFORMATION			
Patient's Name:		Telephone:	
Patient's Address:		City:	State: Zip Code:
Patient's DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Patient Relationship to Subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	
SUBSCRIBER INFORMATION			
Subscriber's ID Number:			
Subscriber's Name:		Telephone:	
Subscriber's Address:		City:	State: Zip Code:
Are services for a work related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Patient's or Authorized Person's Signature: <i>I authorize the release of any medical or other information necessary to process this claim.</i>			
Signed: _____		Date Signed: _____	



powered by:
SANFORD HEALTH PLAN

(888) 278-6485 TTY: (888) 279-1549

International Medical Claim Form

Member instructions: Please complete and sign the International Claim form.

Submission of this claim form does not guarantee payment of services. Claims may be delayed for missing information.

Submit completed form, along with applicable receipts, itemized statements, and proof of payment to:

By Mail: **Sanford Health Plan**
Attn: Government Programs
PO Box 91110
Sioux Falls, SD 57109-1110

By FAX: Submit your claim with attached receipts or itemized statements and proof of payment to **(605) 312-8237**

SECTION 1

PATIENT INFORMATION			
Patient's Name:		Telephone:	
Mailing Address - <i>Note this will be used for reimbursement by check to Patient.</i>			
City:		State:	Zip Code:
Patient's DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Patient Align Identification Number:	
If being completed by an Authorized Person on behalf of the Patient, complete this section:			
Authorized Person Full Name		Telephone:	
Relationship to Patient:			

Continued on back:

HP-8202 10/2023

SECTION 2

CLAIM INFORMATION

Date of Service:		Physician, clinic, hospital, pharmacy name and address. <i>If name and address are on receipts, write "see receipts"</i>		Procedures; Name of Medication; Medical equipment; if hospital state if inpatient or outpatient		Reason for Visit/ Diagnosis		Country of Claim		Currency of Claim		Total Charges	
From:	To:												
MM	DD	YY	MM	DD	YY								

For services related to an accidental injury complete this section.

Were your injuries caused by an accident? Yes No

- If yes is this Motor Vehicle Related? Yes No Accident Date _____ Time _____ AM or PM
- If yes, were your injuries Work Related? Yes No Accident Date _____ Time _____ AM or PM

Declaration & Signature (Must be Completed)

- I authorize the release of any medical or other information necessary to process this claim.
- I declare that, to the best of my knowledge, all the information provided with and on this claim form is truthful and correct.

Patient or Authorized Person's Signature

Date Signed

Automatic Payment Authorization Form



Member/Group Name: _____

Date of Birth: _____

Member or Group ID Number: _____

Phone Number: _____

Instructions:

Please complete the information below and return this form with a voided check or savings deposit slip to the address above. If emailing or faxing, a scanned copy of this form and a scanned copy of the voided check or savings deposit slip is acceptable. Please include payment for the current month's premium (if due) when returning this form.

Withdrawal dates:

- 5th of each month for Medicare Advantage policies

By signing below, I acknowledge and understand:

- Align powered by Sanford Health Plan or Great Plains Medicare Advantage managed by Sanford Health Plan will withdraw the health insurance premium due on the date specified above.
- If any past due premium is owed, the entire balance due will be withdrawn.
- All payments made via automatic payment will be applied to the oldest balance due.
- If I want to cancel this automatic withdrawal, I must notify my respective plan by phone at least **5 days** prior to the scheduled withdrawal.
- If my payment is returned, automatic withdrawals will be stopped until I notify my respective plan. Other payment arrangements must be made for any past due amounts prior to reinstatement of automatic payments.

I authorize Align powered by Sanford Health Plan or Great Plains Medicare Advantage managed by Sanford Health Plan to initiate monthly, electronic debit entries to the bank account as shown below. This Automatic Payment Authorization Form will remain in force until Align powered by Sanford Health Plan or Great Plains Medicare Advantage managed by Sanford Health Plan is contacted as outlined above.

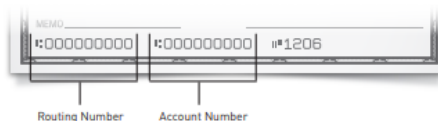
Bank Name _____

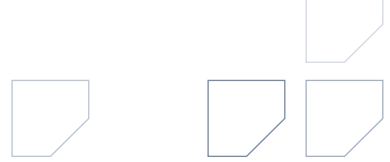
Checking Account Savings Account

Bank Address _____

Routing Number _____

Account Number _____





Member Name (please print) _____

Signature _____ **Date** _____

Contact Us:

Align powered by Sanford Health Plan
PO Box 91110
Sioux Falls, SD 57109-1110
Toll-Free: (888) 278-6485
TTY: (888) 279-1549

Great Plains Medicare Advantage
PO Box 91110
Sioux Falls, SD 57109-1110
Toll-Free: (844) 637-4760
TTY: (888) 279-1549

Align powered by Sanford Health Plan is a PPO with a Medicare contract. Enrollment in Align powered by Sanford Health Plan depends on contract renewal. Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, or any other classification protected under the law. If you need language services or information given in a different format please call (888) 278-6485 (TTY: (888) 279-1549). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 278-6485 (TTY: (888) 279-1549). 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(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.

Great Plains Medicare Advantage is an HMO I-SNP with a Medicare contract. Enrollment in Great Plains Medicare Advantage depends on contract renewal. Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, or any other classification protected under the law. If you need language services or information given in a different format please call (844) 637-4760 (TTY: (888) 279-1549). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (844) 637-4760 (TTY: (888) 279-1549). 注意：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 (844) 637-4760 (TTY: (888) 279-1549). Our customer service lines are available 8 a.m. to 9 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.

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H3186_HP-6988ACHForm -PY2023-MN_C
H1787_HP-6988ACHForm -PY2023-SD_C
H7511_HP-6988ACHForm -PY2023-NE_C
H8967_HP-6988ACHForm -PY2023-ND_C
HP-6988 Rev. 03/2023



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

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 اذكر 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 አርዳታ ድርጅቶቹ: 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 - ၵာ်သ့ၵာ်သး- နမ့ၢ်ကတိၢ် ကညိၣ် ကျိၣ်အလိၣ်, နမၤန့ၢ် ကျိၣ်အတၢ်မၤတၢ်လၢ တလၢာ်ဘျုးလၢာ်စ့ၢ် နီတံၢ်ဘျုးသ့ၵာ်လိၣ်. 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 - เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้ 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).





align.sanfordhealthplan.com

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