

2025
**Medicare Advantage
Dual Eligible Special
Needs Plan (D-SNP)**
MEMBER HANDBOOK

Align DUALPartnership (HMO D-SNP)

align.sanfordhealthplan.com/dual





WELCOME to

align

powered by
SANFORD HEALTH PLAN

Use this handbook to get started making the most of your benefits. Inside, you'll find steps for how to access your benefits, file a claim and more. You can also review your comprehensive coverage details in your Evidence of Coverage (EOC) at align.sanfordhealthplan.com/welcome.

We are here for you when you need us. If at any time you have questions regarding your new health plan, please visit align.sanfordhealthplan.com or contact our customer service team at **(888) 278-6485 (TTY: (888) 279-1549)**.

Whether you're a new member, or a caregiver to one of our new members, thank you for trusting us on your health journey.

Table of contents

PAGE

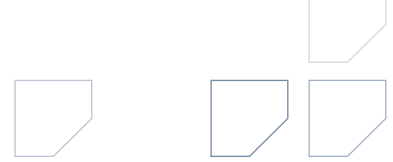
Welcome	1
Get started	3
Contact information	4
Explaining your coverage	6
Care Management Support	7
Care options	8
Navigating your network	10
Pharmacy and medication benefits	11
Referrals, prior authorization and other insurance coverage	12
Preventive Health Services and Other Screenings	13
Advance Care Planning	14
Benefits	15
Plan comparison chart	26
Claims and Payment Services	27
Medical Claim Form	29
International Medical Claim Form	31
Automatic Payment Authorization Form	33
Non-discrimination notice	35

Follow these first steps to get started:

- 1 Your ID card:** Remember to bring your ID card with you to doctor's appointments and when you fill a prescription.



- 2 Fill out your Health Risk Assessment.** Your care team will be reaching out to ask you to participate in a health risk assessment to learn about your health needs before developing a plan to help you reach your health goals. This assessment is required for all D-SNP members.
- 3 Speak with your Care Management team.** This team will reach out to you and will be your main point of contact to help you navigate your plan and your healthcare needs. They will keep in touch with you throughout the year and will help you through any transitions with your health.
- 4 Choose a primary care provider and schedule your first annual wellness visit.** Search for doctors and pharmacies with the provider directory at align.sanfordhealthplan.com.
- 5 Fill a prescription.** Save on prescriptions by using a preferred pharmacy, including CVS, Gateway Pharmacy, Lewis Drug, Sanford Health Pharmacy, Seip Drug and Thrifty White. To learn more about your pharmacy coverage, call **(844) 642-9090 (TTY: 711)**.
- 6 Register for an online member portal account** so you can easily find your plan information when you need it, including claims, balances, prior authorization and more. Visit align.sanfordhealthplan.com/welcome to get started.
- 7 Access your plan documents and benefits** by visiting align.sanfordhealthplan.com/help. Here, you can find plan documents like your evidence of coverage to understand your coverage and expenses.



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, 2025.

Department	Questions about:	Phone Number
Care Management	Case management, health management and social work programs	(888) 315-0884
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
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)



Are you a caregiver?

We understand your important role in the health of our members. We are here to assist you as you care for your loved one, and encourage you to reach out with any questions or concerns.



Additional Benefits and Vendors Contact Information

Benefit	Contact	Online
Preventive Care Video Visits	(888) 725-1128 (TTY: 711)	sanfordhealthplan.com/align/lp/prev-vid-visit/preventive-care-video-visit
Healthy Benefits+ Flex Card	Customer Service (888) 278-6485 (TTY: (888) 279-1549)	align.sanfordhealthplan.com/benefits
Delta Dental	(866) 502-9753 (TTY: 711)	align.sanfordhealthplan.com/benefits
VSP Vision Care	(844) 344-4768 (TTY: 711)	vsp.com/advantageonly
NationsHearing	(877) 280-1649 (TTY: 711)	alignsanfordhealthplan.nationsbenefits.com/hearing
Silver&Fit	(877) 427-4788	align.sanfordhealthplan.com/benefits
Diabetes Prevention Program - Change Your Weigh	partnersinprevention@sanfordhealth.org	align.sanfordhealthplan.com/benefits
Wellth	(605) 205-7696 (TTY: 711)	wellthrewards.com/alignma

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



myChart App

Your myChart app is home to all of your healthcare information. This is where your Care Management team is able to communicate with you regarding any changes in your health status, and coordinate with your care team. Visit align.sanfordhealthplan.com/welcome to access on your computer, or download the app on your phone.



Download it today.



** Note the app is available on all Android and IOS by searching 'Sanford Health'

Care Management Support


If you're enrolled in an Align DUALPartnership Plan, you're automatically qualified to receive extra support through our case management program.

A dedicated case manager will help support your health by:

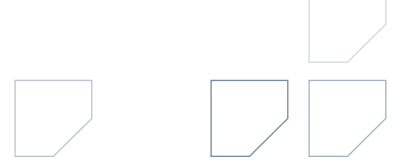
- Performing a health assessment to learn about your health needs before developing a plan to help you reach your goals. This assessment is required for all D-SNP members.
- Providing education for a diagnosis or use of medications.
- Collaborating with you and your providers to find resources and services that can help support your health.
- Coordinating your care between current and new providers, medical staff, community health workers, community-based programs and waiver programs.
- Assisting with finding resources for financial, housing, food, transportation, dental and vision needs.
- Providing support after a hospital stay, surgery, or changes in health care services.

You can contact your Care Management team by phone, virtually or in-person, Monday - Friday from 7:30 a.m.-5 p.m. CST, based on your needs and preferences.

 shpcasemanagement@sanfordhealth.org

 (888) 315-0884 (TTY: 711)





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 Utilization Management department 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 or your case manager.



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 emergent situations. If you need emergent care while traveling, please contact Sanford Health Plan within 48 hours of seeking care.



Care 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

Find a doctor in a few easy steps using our provider directory.

- 1 Visit “align.sanfordhealthplan.com” and click “**Find a Doctor**”
- 2 Select “**I’m a Member**”
- 3 Enter your last name and the first nine digits of your member ID number, which can be found on your Sanford Health Plan ID card.
- 4 View providers and refine your search using our search criteria.

The image shows a sample member ID card for Align DUALPartnership (D-SNP). The card is blue and white with the Align logo and 'powered by SANFORD HEALTH PLAN'. It contains the following information: Member Name: <FIRST> <MIDDLE> <LAST NAME>, Member ID: [#####], Effective: [MM/DD/YY], CMS Contract: [H8385_001], Office Visit In-Network: [\$0 PCP / \$20 Specialist], MedicareRx Prescription Drug Coverage, and Pharmacy Information: RxBin: [61001], RxPCN: [CTRXMEDD], RxGroup: [SHNMEDD]. A large red 'SAMPLE' watermark is overlaid on the card.



Our provider directory includes in-network and participating provider information as well as the following:

- Name
- Address
- Telephone numbers
- Gender
- Website
- Specialty/Professional qualifications
- Languages spoken
- Accepting new patients
- Hospital affiliation
- Medical group affiliation
- Board certification
- Last credentialed date
- Cultural competency training

Please contact us if you would like more information about a provider’s medical school or residency training.

Pharmacy and Medication Benefits

Align DUALPartnership (HMO D-SNP) includes prescription drug coverage (Part D). We are committed to helping you keep your prescription drug costs manageable.

All of the drugs on the plan formulary are provided at no cost.

Our formulary is a comprehensive list of drugs chosen by Sanford Health Plan pharmacists based on their effectiveness, safety, ease of use and cost.

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

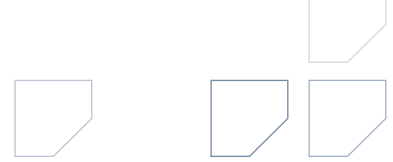
Your doctor is required to provide additional information to determine coverage.

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.



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. 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.



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, 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



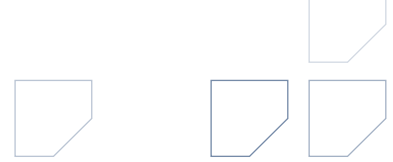
RECEIVE A 
\$50
GIFT CARD

WHEN YOU COMPLETE THIS FREE VIDEO VISIT.

Stay healthy with a \$0 preventive care video visit.

This visit is all about prevention- and making sure you stay connected to the care and resources you need.

Call (888) 725-1128 Monday through Friday from 8 a.m. to 5 p.m. CST or visit align.sanfordhealthplan.com/prevention to schedule your visit.



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 or assistance filling out the form, contact your case manager. The form can be found online at sanfordhealth.org/-/media/org/files/patient-education/advance-care-planning.pdf.



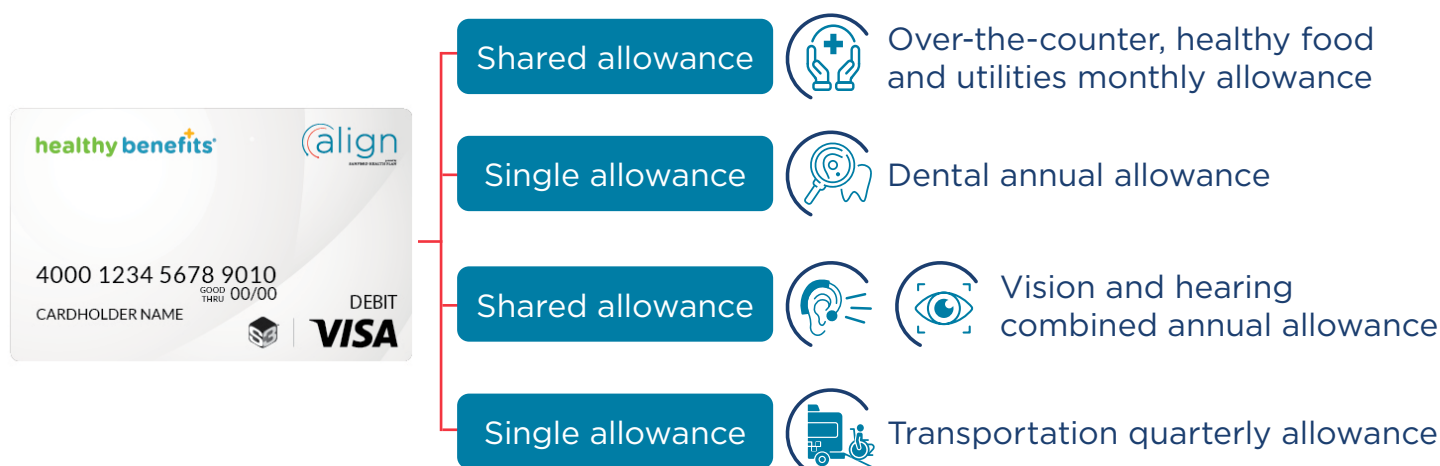
Benefits

With Align powered by Sanford Health Plan, you get the benefits of Medicaid and 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.



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 Healthy Benefits+ flex card includes a monthly allowance for over-the-counter (OTC) products, healthy foods and utilities, a quarterly allowance for transportation assistance and annual allowances for dental, hearing and vision expenses.



MORE ACCESS TO BENEFITS

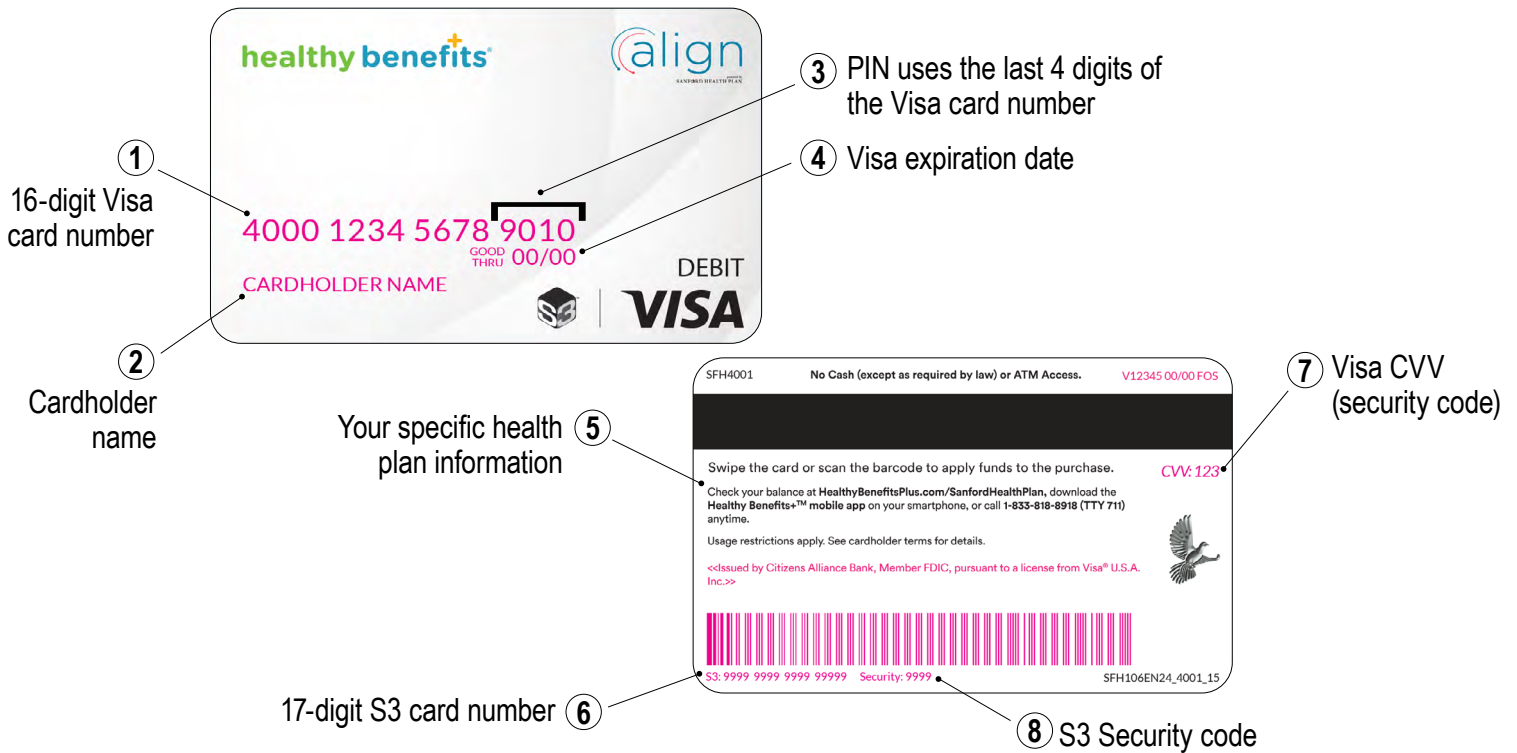
You can redeem your OTC allowance at participating in-network retailers, including participating Walgreens and Walmart. You can also purchase items from home using a catalog or through the Healthy Benefits+ member portal. View our complete list of in-network retailers online at healthybenefitsplus.com/sanfordhealthplan.

For added flexibility, you can spend your dental, hearing and vision allowances 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.

Using your card

The Healthy Benefits+ flex card is as easy to use as a debit card wherever Visa® is accepted within the U.S. and U.S. territories. To use your card at participating retailers, swipe the magnetic strip through the card reader at checkout. Some retailers may need to scan the barcode on the back of your card to validate purchases.



To learn more, 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), healthy food and utilities benefit

Our plan comes with a monthly allowance that can be used on over-the counter products, healthy food and household utilities. OTC products can be purchased in store or online and include items like aspirin and cold and flu medicine. This monthly allowance can also be used to purchase healthy foods like produce, dairy, meat, seafood items and more. Household utilities are also included, and funds can be spent on utilities including gas, electric, water and sewer. Use your OTC, Food and Utilities allowance on your Healthy Benefits+ flex card to purchase what you need, saving you time and money.

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

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

HEALTHY FOOD BENEFITS:

What expenses can I use my card for?

You can use your card to cover healthy foods like fruits, vegetables, milk, seafood, meat, and bottled water.

How can I use my allowance dollars?

- **In Store:** Swipe your card in-store at a grocery retailer to purchase healthy foods.
 - Shop in-store at Walmart, CVS, Walgreens and many more.
 - In store, swipe or scan your card like any other debit card. If your total is more than your available funds, pay the rest with cash or another card.
- **Online:** Shop online for shelf stable food products either through the HealthyBenefits+ website/app or directly through a grocery retailer's website.
 - You can purchase food online at healthybenefitsplus.com/sanfordhealthplan or visit the app for fast delivery.
 - Shop at a grocery retailer's website directly, as long as they are in the HealthyBenefits+ network (e.g., Walmart.com).
- **Over the Phone:** Shelf-stable food items can also be purchased over the phone by calling HealthyBenefits+ directly. There will be shelf stable food items in the member catalog so a member could call in to place an order.

Visit healthybenefitsplus.com/sanfordhealthplan to see a full list of retailers.

UTILITIES BENEFITS:

What expenses can I use my card for?

Pay utility bills like gas, electric, water, sewage, garbage, internet, cable, or cell phone.

How can I use my allowance dollars?

Members can pay through a utility provider directly, either via the utility company's website or over the phone. The flex card will be accepted anywhere Visa is accepted.

Another option is to pay your utility bill online at healthybenefitsplus.com/sanfordhealthplan. Make sure to have your bill and card handy. Note- there is a more restrictive list of companies that are accepted when paying through the HB+ portal rather than directly with the utility company.

OTC BENEFITS:

What expenses can I use my card for?

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

How can I use 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
- Walgreens
- Dollar General
- Walmart

How do I use my Healthy Benefits+ flex card?

Use your card just like a credit card wherever Visa® is accepted.



Transportation benefit

Our plans come with the added benefit of a quarterly transportation allowance to help you get to your appointments or to take care of your health care needs.

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

Questions? Connect with a licensed agent at **(888) 605-9277 (TTY: 711)** from 8 a.m. to 8 p.m. local time, Monday through Friday.

What can I use my transportation benefit for?

Pay for expenses like vans, taxis, wheelchair-equipped vehicles, rideshare services (Uber or Lyft where available), and public transportation.

How can I use my allowance?

Use your card wherever Visa is accepted and the primary business is transportation. You can pay directly with your service provider using the convenient flex card. Swipe or scan your card like any other debit card.



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 \$200 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

Align DUALPartnership (HMO D-SNP) includes prescription drug coverage (Part D). We are committed to helping you keep your prescription drug costs manageable. All of the drugs on the plan formulary are provided at **no cost**.

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. For more information, visit align.sanfordhealthplan.com/pharmacy-and-drug-coverage.



Dental coverage

For preventive and comprehensive services, take advantage of an annual allowance using a Healthy Benefits+™ flex card to help cover your out-of-pocket costs. Dental benefits are included with your plan:

Preventive dental

Dental benefits are included in our Align DUALPartnership (HMO D-SNP) plans. Use your dental allowance for preventive dental including:

- Routine exams two times per year
- Cleanings two times per year
- Bitewing X-rays once per year
- Full mouth X-ray every 5 years

Comprehensive dental

You can also use your allowance dollars for other dental expenses, such as fillings or crowns.

If you have questions, our customer service team is available at **(888) 278-6485 (TTY: (888) 279-1549)**. For Healthy Benefits+ flex card questions, call **(833) 818-8918**.

Find a dentist

Visit deltadentalmn.org/sanford-dentists





Hearing benefit

Our hearing benefits are provided through NationsHearing®. By being able to hear well, you can improve your overall health and well-being. If you could benefit from hearing aids, providers in our network can help you select hearing aids that best fit your lifestyle.

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:

Glasses: Base lenses and Standard progressives covered in full and an additional up to \$100 allowance for frames or contacts. You can use your shared hearing and vision annual allowance of \$2,000 on your Healthy Benefits+ flex card to pay for additional 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 Align powered by Sanford Health Plan 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: 711)

VSP member service hours

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





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

A home fitness option allows access to on-demand videos

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: 711)

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

**Non-standard membership services that call for an added fee are not part of the Silver&Fit program and will not be reimbursed.*

***American Specialty Health Fitness, Inc. (ASH Fitness) has no affiliations, interest, endorsements, or sponsorships with any of the organizations or clubs. Some social groups may require a fee to join. Such fees are not part of the Silver&Fit program and will not be reimbursed by ASH Fitness.*

****Purchase of some 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 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 ASH Fitness, a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit, the Silver&Fit logo are trademarks of ASH and used with permission herein.

Limitations, member fees, and restrictions may apply. Fitness center participation may vary by location and is subject to change. Rewards are subject to change.

2025 MA D-SNP PLAN		Align DUAL Partnership (HMO D-SNP) (H8967 003)
		North Dakota counties: Burleigh, Cass, Morton
NETWORK		In-network
Monthly premium		As low as \$0**
Maximum annual out-of-pocket		\$9,350
Medical Benefits		
Office Visit	Primary Care	\$0
	Specialist	20% Coinsurance
	Urgent Care	20% Coinsurance
Preventive Care	Preventive Services	\$0
Hospital Care	Inpatient Hospital	Standard Medicare Cost Share
	Outpatient Hospital	20% Coinsurance
	Outpatient Hospital Observation Services	\$100
	Outpatient Labs	\$0
Emergency Care	Emergency Room Visit	\$90
Skilled Nursing Care	Skilled Nursing Facility	Days 1-20: \$0/day – Days 21-100: \$204*/day
Supplemental Benefits	Preventive Dental	Standard Medicare Cost Share
	Preventive Hearing	\$0 Annual Exam
	Preventive Vision	\$0 Annual Exam; \$100 Eyewear Allowance
	Fitness Membership	\$0 Standard Gym Membership
Healthy Benefits+ Flex Card	Dental Allowance	\$1,250 Annually
	Hearing and Vision Allowance	\$2,000 Annually
	OTC, Healthy Foods and Utilities Allowance	\$130 Monthly
	Transportation Allowance	\$360 Quarterly
Travel	Worldwide Coverage	\$200 Reimbursable Annually
Part B Drugs	Part B Drug Coverage	0%-20% Coinsurance (FFS Medicare)
Prescription drugs		
Tier 1 - All Formulary Drugs		\$0 Cost Share

*2024 Medicare Rate And Is Subject To Change For 2025. **Depending on your level of assistance

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.**



Notes





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



(844) 637-4760 TTY:(888) 279-154

P.O. Box 31041, Tampa, FL 33631-3041

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: _____	

SECTION 2

Physician or Supplier Information

Date of Accident:						Referring Physician NPI:							
Diagnosis Code: _____													
Date of Service:						Place of Service	Procedures, services or supplies		Description of Services	Diagnosis Pointer	Charges	Days or Units	Rendering Provider I.D Number
From:		To:					CPT/HCPCS	Modifier					
MM	DD	YY	MM	DD	YY								
Federal Tax ID Number <input type="checkbox"/> SSN <input type="checkbox"/> EIN							Patient Account Number:				Total Charges:		
Service Facility Location Information:						Facility NPI:	Billing Provider Info and Phone Number:				Billing NPI:		
Signature of physician or supplier including degrees or credentials:													
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.

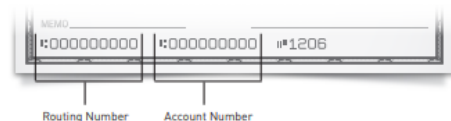
Bank Name _____

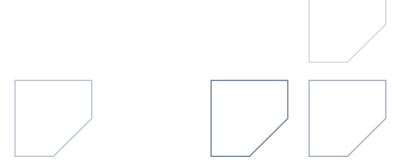
Checking Account Savings Account

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.

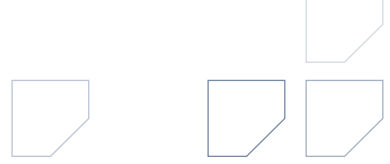
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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 - ၵာ်သ့ၵ်သး- နမ့ၢ်ကတိၢ် ကညိၣ် ကျိၣ်အလိၣ်, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤတၢ်လၢ တလၢာ်ဘျုးလၢာ်စ့ၢ် နီတံၢ်ဘျုးသ့ၵ်လိၣ်. 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/dual

Sanford Health Plan and Sanford Health Plan of Minnesota have HMO and PPO plans with a Medicare contract. Sanford Health Plan D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. This information is not a complete list of benefits. Call (888) 278-6485 (TTY: (888) 279-1549) from 8 a.m. to 8 p.m. CST, 7 days a week for more information. Limitations, copayments, and restrictions may apply. You must continue to pay your Medicare Part B premium. 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, 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. Local time, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.