



Do more with Medicare

Enrollment Packet 2022
Medicare Advantage
Minnesota Region



align.sanfordhealthplan.com

powered by
SANFORD HEALTH PLAN

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powered by Sanford Health Plan

A new Medicare Advantage option with plans from
a local insurance provider you can trust.

Welcome

Thank you for your interest in our Medicare Advantage plans. This enrollment kit includes everything you need to feel confident enrolling in a new plan or switching coverage.

As you have questions along the way, we're here to help. Call **(888) 605-9277** to speak with a licensed agent from 8 a.m. to 5 p.m. CST, Monday through Friday.

Here for you

We know that one plan doesn't fit everyone's needs. That's why our experienced advisors and licensed agents are ready to walk you through your options so you can choose the plan that's right for you.

Coverage that fits your needs

Align powered by Sanford Health Plan gives you a Medicare Advantage option with plans that go beyond Original Medicare. With Medicare Parts A and B, prescription drug coverage and extra supplemental benefits, one complete plan cares for the whole you.

One complete plan

Align powered by Sanford Health Plan gives you extra benefits that Original Medicare doesn't cover, from vision to hearing, dental and more.

BENEFITS COMPARISON CHECKLIST

	 align <small>SANFORD HEALTH PLAN</small>	Original Medicare
Medicare Part A	✓	✓
Medicare Part B	✓	✓
\$0 premiums	✓	
\$0 primary care and specialty care copays	✓	
\$0 Medical deductibles	✓	
Prescription drug coverage	✓	
Dental coverage	✓	
Vision and hearing benefits	✓	
Fitness incentives	✓	
Health navigator services	✓	

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.

All-in-one care and coverage

With Align powered by Sanford Health Plan, you get the benefits of Original Medicare plus more in one complete plan.



Health navigator services

A health navigator acts as your personal health assistant. Our team 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 even provide trusted partners to accompany you to appointments. Health navigator services are confidential and provided at no additional cost.



Over-the-counter benefits

Our plans come with NationsBenefits® over-the-counter benefits each quarter. This allows you to get your over-the-counter products, like aspirin or cold and flu medicine, shipped to you directly from NationsOTC®.



Prescription drug coverage

All Align powered by Sanford Health Plan PPO plans include prescription drug coverage. Our pharmacy network is made up of over 60,000 pharmacies both regionally and nationally, including Lewis Drug, Thrifty White, CVS, Walmart, Hy-Vee, Sam's Club, Costco and more. Additionally, plans include the Part D Senior Savings Model. This provides a stable copay of \$35 for certain types of insulin.



Hearing benefits

Our hearing benefits provide an annual hearing aid evaluation and up to \$1,000 for hearing aids — all accessed through the NationsHearing® network.



Dental coverage

Visit any licensed dentist for cleanings, check-ups and x-rays for a \$0 copay twice each year. Each year you can use up to \$600 for comprehensive dental services such as fillings or crowns.



Vision benefits

VSP® Vision Care provides you with a covered annual routine exam and up to \$200 in reimbursement for glasses or contacts each year through a VSP network provider.



Direct Access

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.



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.

What eligible members receive

- Health-specific menus
- Meals delivered to their home
- Meals that can be refrigerated for up to 14 days
- 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!



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.



Silver&Fit® Fitness Program

With access to the Silver&Fit fitness program, you can learn how to improve your health using a variety of tools. Silver&Fit has something for everyone, including:

- A free membership that can be used at over 14,000 fitness centers
- A home fitness program that allows you to choose two home fitness kits each year
- Group fitness classes

Get connected

Silver&Fit also offers easy ways to track your progress with a wearable device and app.

The basics of Medicare

When am I eligible?

Original Medicare includes Part A and Part B. You are eligible for both if you are 65 or older, have certain disabilities or have end-stage renal disease (permanent kidney failure requiring dialysis or transplant).

Do I have to apply for Part A and Part B?

If you apply to receive Social Security benefits, you will be automatically enrolled in Medicare.

If you have not applied for Social Security yet, you can contact the Social Security Administration to enroll in Medicare benefits. You can do this starting three months before your 65th birthday.

Does Original Medicare cover everything?

Original Medicare does not cover everything. As a result, most people choose to purchase additional coverage, such as a supplement or Medicare Advantage plan, to help cover out-of-pocket costs. Some of these plans also include prescription drug coverage, which is not included in Original Medicare.

Medicare Advantage plans are unique because they allow people to receive their Medicare benefits through a private insurance company. Medicare Advantage plans are also able to provide additional supplemental benefits that Original Medicare does not pay for, such as vision, hearing and dental.

When can I enroll?

You can enroll in a Medicare Advantage plan during certain times of the year or when certain situations apply. **These include:**

Initial Enrollment Period (IEP)

This is the seven-month window around your 65th birthday. It begins three months before you turn 65, the month of your birthday and the three months that follow. The IEP also includes the 25th month you have collected disability benefits.

Annual Election Period (AEP)

Every year from Oct. 15 to Dec. 7 you can join, switch or drop your plan. This is a common time of year to pick a new Medicare Advantage Plan or prescription drug plan for the upcoming calendar year.



Special Enrollment Period (SEP)

If certain life events occur, you can make changes to your Medicare Advantage prescription drug coverage during a special enrollment period. These special situations include:

- If you lose your employer coverage
- If you move to a new service area
- If you receive an Extra Help subsidy for your prescription drugs



Medicare Advantage Open Enrollment Period (MA OEP)

Each year from Jan. 1 through March 31, those who already have a Medicare Advantage plan can switch to another MA plan or to Original Medicare.





Provider network

Align powered by Sanford Health Plan offers Medicare Advantage PPO plans with a network of doctors and other health care providers and hospitals ready to see you as needed. You will pay less if you use doctors, hospitals and other health care providers who are in-network. You will pay more if you use doctors, hospitals and providers outside of the network. Referrals are not required to see a specialist.

Search our provider directory by visiting **align.sanfordhealthplan.com**.

Keeping costs lower

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 drugs. If you elect a 90-day supply of your prescription, you can enjoy a discount from only having to pay an amount equal to 2½ copays of what you would have for a 30-day supply.

Insulin users who are members of the PPO plans can participate in the Part D Senior Savings Model, which provides a stable, predictable copay of \$35 for certain types of insulin, even in the coverage gap.



Pharmacy coverage

Our formulary is a comprehensive list of drugs chosen by Sanford Health doctors and 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.



South Dakota plan options

Network
Monthly premium
Annual medical deductible
Maximum annual out-of-pocket
Primary care visit
Specialty care visit
Hospital
Urgent care visit
Emergency room visit
Outpatient labs
Outpatient hospital
Skilled nursing facility
Medicare preventive services
Hearing benefits
Vision benefits
Dental benefits
Fitness benefits
Over-the-counter medications
*Meal Benefit: Mom's Meal®
**Meal Benefit: Mom's Meal®
Prescription drugs
Prescription drug deductible
Tier 1 - Preferred generic
Tier 2 - Generic
Tier 3 - Preferred brand
Tier 4 - Non-preferred drug
Tier 5 - Specialty
Senior savings model
90-day supply

SANFORD HEALTH PLAN 2022 MA-PD PLANS

**Align ChoiceElite PPO
H8385 001**

**Align ChoicePlus PPO
H8385 003**

SOUTH DAKOTA

(Lake, Lincoln, McCook, Minnehaha, Moody and Turner)

In-network	Out-of-network	In-network	Out-of-network
\$49		\$0	
\$0		\$0	
\$3,750		\$5,000	
\$0	\$10	\$0	\$15
\$0	\$20	\$0	\$30
\$350/stay	Standard Medicare cost share	\$450/stay	Standard Medicare cost share
\$30	\$30	\$30	\$30
\$75	\$75	\$90	\$90
\$0	\$10	\$0	\$10
\$150	20% coinsurance	\$200	20% coinsurance
\$184/days 21-42	\$184/days 21-100	\$184/days 21-42	\$184/days 21-100
\$0	20% coinsurance	\$0	20% coinsurance
\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1000 hearing aid allowance	\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1000 hearing aid allowance
\$0 annual exam; \$200 eyewear allowance	50% coinsurance annual exam; \$200 eyewear allowance	\$0 annual exam; \$100 eyewear allowance	50% coinsurance annual exam; \$100 eyewear allowance
\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$600 allowance		\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$400 allowance	
\$0 or discounted gym membership		\$0 or discounted gym membership	
\$60 per quarter	\$0 per quarter	\$40 per quarter	\$0 per quarter
162 Meals: 2 meals daily for 81 days		162 Meals: 2 meals daily for 81 days	
56 Meals: 14 meals a week for 4 weeks		56 Meals: 14 meals a week for 4 weeks	
Includes Prescription Drug Plan			
\$150		\$200	
\$2 copay (deductible waived)		\$3 copay (deductible waived)	
\$10 copay (deductible waived)		\$8 copay (deductible waived)	
\$47 copay		\$47 copay	
\$100 copay		\$100 copay	
30% coinsurance		29% coinsurance	
Participating		Participating	
Equal to 2 1/2 30-day copays for retail or mail order		Equal to 2 1/2 30-day copays for retail or mail order	

*For specific chronic conditions **Immediately after inpatient hospitalization or surgery



North Dakota plan options

Network

Monthly premium

Annual medical deductible

Maximum annual out-of-pocket

Primary care visit

Specialty care visit

Hospital

Urgent care visit

Emergency room visit

Outpatient labs

Outpatient hospital

Skilled nursing facility

Medicare preventive services

Hearing benefits

Vision benefits

Dental benefits

Fitness benefits

Over-the-counter medications

*Meal Benefit: Mom's Meal®

**Meal Benefit: Mom's Meal®

Prescription drugs

Prescription drug deductible

Tier 1 - Preferred generic

Tier 2 - Generic

Tier 3 - Preferred brand

Tier 4 - Non-preferred drug

Tier 5 - Specialty

Senior savings model

90-day supply

SANFORD HEALTH PLAN 2022 MA-PD PLANS

Align ChoiceElite PPO H8385 002

Align ChoicePlus PPO H8385 004

NORTH DAKOTA

(Barnes, Burleigh, Cass, McLean, Morton, Ransom, Richland, Steele and Traill)

In-network	Out-of-network	In-network	Out-of-network
\$49		\$0	
\$0		\$0	
\$4,000		\$5,500	
\$0	\$10	\$0	\$15
\$0	\$20	\$0	\$30
\$350/stay	Standard Medicare cost share	\$450/stay	Standard Medicare cost share
\$30	\$30	\$35	\$35
\$75	\$75	\$90	\$90
\$0	\$10	\$0	\$10
\$200	20% coinsurance	\$200	20% coinsurance
\$184/days 21-42	\$184/days 21-100	\$184/days 21-42	\$184/days 21-100
\$0	20% coinsurance	\$0	20% coinsurance
\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1000 hearing aid allowance	\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1000 hearing aid allowance
\$0 annual exam; \$200 eyewear allowance	50% coinsurance annual exam; \$200 eyewear allowance	\$0 annual exam; \$100 eyewear allowance	50% coinsurance annual exam; \$100 eyewear allowance
\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$600 allowance		\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$400 allowance	
\$0 or discounted gym membership		\$0 or discounted gym membership	
\$60 per quarter	\$0 per quarter	\$40 per quarter	\$0 per quarter
162 Meals: 2 meals daily for 81 days		162 Meals: 2 meals daily for 81 days	
56 Meals: 14 meals a week for 4 weeks		56 Meals: 14 meals a week for 4 weeks	
Includes Prescription Drug Plan			
\$150		\$150	
\$4 copay (deductible waived)		\$4 copay (deductible waived)	
\$10 copay (deductible waived)		\$10 copay (deductible waived)	
\$47 copay		\$47 copay	
\$100 copay		\$100 copay	
30% coinsurance		30% coinsurance	
Participating		Participating	
Equal to 2 1/2 30-day copays for retail or mail order		Equal to 2 1/2 30-day copays for retail or mail order	

*For specific chronic conditions **Immediately after inpatient hospitalization or surgery



Minnesota plan options

Network

Monthly premium

Annual medical deductible

Maximum annual out-of-pocket

Primary care visit

Specialty care visit

Hospital

Urgent care visit

Emergency room visit

Outpatient labs

Outpatient hospital

Skilled nursing facility

Medicare preventive services

Hearing benefits

Vision benefits

Dental benefits

Fitness benefits

Over-the-counter medications

*Meal Benefit: Mom's Meal®

**Meal Benefit: Mom's Meal®

Prescription drugs

Prescription drug deductible

Tier 1 - Preferred generic

Tier 2 - Generic

Tier 3 - Preferred brand

Tier 4 - Non-preferred drug

Tier 5 - Specialty

Senior savings model

90-day supply

SANFORD HEALTH PLAN 2022 MA-PD PLANS

Align ChoiceElite PPO H3186 001

Align ChoicePlus PPO H3186 002

MINNESOTA

(Becker, Clay, Norman, Otter Tail, Rock and Wilkin)

In-network	Out-of-network	In-network	Out-of-network
\$60		\$0	
\$0		\$0	
\$3,000		\$5,500	
\$0	\$10	\$0	\$10
\$0	\$20	\$0	\$20
\$200/stay	Standard Medicare cost share	\$450/stay	Standard Medicare cost share
\$30	\$30	\$35	\$35
\$90	\$90	\$90	\$90
\$0	\$10	\$0	\$10
\$150	20% coinsurance	\$200	20% coinsurance
\$184/days 21-42	\$184/days 21-100	\$184/days 21-42	\$184/days 21-100
\$0	20% coinsurance	\$0	20% coinsurance
\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1000 hearing aid allowance	\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1000 hearing aid allowance
\$0 annual exam; \$200 eyewear allowance	50% coinsurance annual exam; \$200 eyewear allowance	\$0 annual exam; \$100 eyewear allowance	50% coinsurance annual exam; \$100 eyewear allowance
\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$600 allowance		\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$400 allowance	
\$0 or discounted gym membership		\$0 or discounted gym membership	
\$60 per quarter	\$0 per quarter	\$40 per quarter	\$0 per quarter
162 Meals: 2 meals daily for 81 days		162 Meals: 2 meals daily for 81 days	
56 Meals: 14 meals a week for 4 weeks		56 Meals: 14 meals a week for 4 weeks	
Includes Prescription Drug Plan			
\$200		\$300	
\$2 copay (deductible waived)		\$2 copay (deductible waived)	
\$10 copay (deductible waived)		\$10 copay (deductible waived)	
\$47 copay		\$47 copay	
\$100 copay		\$100 copay	
29% coinsurance		28% coinsurance	
Participating		Participating	
Equal to 2 1/2 30-day copays for retail or mail order		Equal to 2 1/2 30-day copays for retail or mail order	

*For specific chronic conditions **Immediately after inpatient hospitalization or surgery

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Align powered by Sanford Health Plan

ChoiceElite (PPO) H3186-001

ChoicePlus (PPO) H3186-002



SUMMARY OF BENEFITS

January 1, 2022 - December 31, 2022

This booklet gives you a summary of drug and health services covered by Align powered by Sanford Health Plan for ChoiceElite (PPO) and ChoicePlus (PPO). It is an overview of what we cover and what you pay. This is not a full list covered services, limitations, and exclusions. To get a complete list of services we cover, call our Customer Service department and ask for the “Evidence of Coverage.” You can also access the “Evidence of Coverage” online at our website.

You have options with your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan, such as Align powered by Sanford Health Plan.
- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov)
- If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048

Sections in this booklet

- Things to Know About Align powered by Sanford Health Plan
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call Customer Service at the number shown in the next section.

THINGS TO KNOW ABOUT

Align powered by Sanford Health Plan has two available PPO plan options, ChoiceElite and ChoicePlus. You can use in-network and out-of-network providers, but you will typically pay more for care received out-of-network. Both of these plans include prescription drug coverage.

Align ChoiceElite and Align ChoicePlus are PPO Plans with a Medicare contract. Enrollment in plans depends on contract renewal.

- **Primary Care Physician (PCP)** – We encourage you to choose a primary care physician. Your health is better supported when we know who your doctor is.

- **Referrals** – Align ChoiceElite and Align ChoicePlus do not require a referral to see a specialist.
- **Prior Authorizations** – Align ChoiceElite and Align ChoicePlus offer Direct Access for Sanford providers. This means your Sanford doctor does not have to get approval before you receive services. We depend on their expertise to drive your healthcare options. Restrictions may apply.

Who can join?

To join Align ChoiceElite or Align ChoicePlus, you must be entitled to Medicare Part A and enrolled in Medicare Part B, and live in our service area. You still need to pay your Part B premium.

Our service area for Align ChoiceElite or Align ChoicePlus includes these counties in each state:

Minnesota: Becker, Clay, Norman, Otter Tail, Rock, Wilkin

South Dakota: Lake, Lincoln, McCook, Minnehaha, Moody, Turner

North Dakota: Barnes, Burleigh, Cass, McLean, Morton, Ransom, Richland, Steele, Traill

Have questions? We can help.

Contact Information and Hours of Operation	
Non-Members	
October 1 - March 31 (888) 605-9277 (TTY: 711) 8:00 a.m. to 5:00 p.m., Monday - Friday	April 1 - September 30 (888) 605-9277 (TTY: 711) 8:00 a.m. to 5:00 p.m., Monday - Friday
Our website: www.align.sanfordhealthplan.com	
Members	
October 1 - March 31 (888) 278-6485 (TTY: (888) 279-1549) 8:00 a.m. to 8:00 p.m., 7 days a week	April 1 - September 30 (888) 278-6485 (TTY: (888) 279-1549) 8:00 a.m. to 8:00 p.m., 5 days a week, Monday - Friday
If you call after business hours, you may leave a message that includes your name, phone number and the time you called, and a representative will return your call no later than one business day after you leave a message. Customer Service also has free language interpreter services available for non-English speakers.	

Which doctors, hospitals, and pharmacies can I use?

Align ChoiceElite and **Align ChoicePlus** have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. You can choose to see either in-network or out-of-network providers. You will pay less for covered services through an in-network provider. Please note out-of-network/non-contracted providers are under no obligation to treat **Align ChoiceElite** or **Align ChoicePlus** members, except in emergency situations.

- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan's provider directory at our website align.sanfordhealthplan.com.
- You can see our plan's pharmacy directory at our website align.sanfordhealthplan.com.
- Or, call us and we will send you a copy of the provider and pharmacy directories. The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers, and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

We cover prescription drugs.

- We cover Part B drugs such as chemotherapy and some drugs administered by your provider.
- Our plans also include a comprehensive Prescription Drug Plan (PDP).
- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website or, call us and we will send you a copy of the formulary.
- The formulary may change at any time. You will receive notice when necessary.

SUMMARY OF BENEFITS:

January 1, 2022 – December 21, 2022

Align ChoiceElite			Align ChoicePlus		
Monthly Plan Premium	\$60		\$0		
	Member must continue to pay Medicare Part B premium				
Deductibles					
Medical	\$0		\$0		
Prescription Drugs	\$200 per year for Tiers 3, 4, 5		\$300 per year for Tiers 3, 4, 5		
Maximum Out-of-Pocket Responsibility (does not include costs related to prescription drugs)	Yearly limit(s) in this plan: • \$3,000 combined In- Network & Out-of- Network services		Yearly limit(s) in this plan: • \$5,500 combined In- Network & Out-of- Network services		
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your Medicare Part B premium, your plan premium, and any cost-sharing for your Part D prescription drugs.				
Medical Coverage					
Inpatient Hospital Coverage	In-Network: \$200 per stay Out-of-network: Standard Medicare cost share		In-Network: \$450 per stay Out-of-network: Standard Medicare cost share		
	Authorization rules may apply				

Align ChoiceElite			Align ChoicePlus		
Outpatient Hospital Coverage	In-Network: \$150/visit Out-of-Network: 20% coinsurance		In-Network: \$200/visit Out-of-Network: 20% coinsurance		
	Authorization rules may apply				
Doctor Visits					
Primary Care Physician (PCP)	In-Network: \$0 copay Out-of-Network: \$10 copay		In-Network: \$0 copay Out-of-Network: \$10 copay		
Specialist	In-Network: \$0 copay Out-of-Network: \$20 copay		In-Network: \$0 copay Out-of-Network: \$20 copay		
Preventive Care	In-Network and Out-of-Network \$0		In-Network and Out-of-Network \$0		
	Our plans cover many preventive services, including:				
	<ul style="list-style-type: none">• Abdominal aortic aneurysm screening• Alcohol misuse counseling• Bone mass measurement• Breast cancer screening (mammogram)• Cardiovascular disease (behavioral therapy)• Cardiovascular screenings• Cervical and vaginal cancer screening• Lung cancer screening (low dose computed tomography (LDCT))• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)• Depression screening• Diabetes screenings• HIV screening• Medical nutrition therapy services		<ul style="list-style-type: none">• Obesity screening and counseling• Prostate cancer screenings (PSA)• Sexually transmitted infections screening and counseling• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)• Flu shots, pneumococcal shots,• Hepatitis B shots (limitations may apply)• “Welcome to Medicare” preventive visit (one-time)• Yearly “Wellness” visit• Any additional preventive services approved by Medicare during the contract year will be covered. Authorization rules may apply		

Align ChoiceElite			Align ChoicePlus		
Emergency Care	\$90 copay		\$90 copay		
	Your copay is waived if you are admitted to the hospital within 3 days or held overnight for observation.				
Urgently Needed Services	\$30 copay		\$35 copay		
	Your copay is waived if you are admitted to the hospital within 3 days or held overnight for observation.				
Diagnostic Services/Labs/Imaging					
Diagnostic Radiology Services (such as MRIs, CT scans)	In-Network: \$140 copay Out-of-Network: 20% coinsurance		In-Network: \$325 copay Out-of-Network: 20% coinsurance		
	Authorization rules may apply				
Diagnostic Tests and Procedures	In-Network: \$0 copay Out-of-Network: \$10 copay		In-Network: \$0 copay Out-of-Network: \$10 copay		
	Authorization rules may apply				
Lab Services	In-Network: \$0 Out-of-Network: \$10 copay		In-Network: \$0 Out-of-Network: \$10 copay		
	Authorization rules may apply				
Outpatient X-rays	In-Network: \$15 copay Out-of-Network: \$30 copay		In-Network: \$15 copay Out-of-Network: \$30 copay		
	Authorization rules may apply				

Align ChoiceElite		Align ChoicePlus
Hearing Benefits		
Routine Exam— up to one per year	In-Network: \$0 copay Out-of-Network: 50% coinsurance	In-Network: \$0 copay Out-of-Network: 50% coinsurance
Hearing Aids	\$1,000 annual hearing aid allowance	\$1,000 annual hearing aid allowance
	There is no coverage for hearing aids from out-of-network providers.	
Dental Services		
Dental Services	In-Network: \$0 copay \$600 comprehensive allowance	In-Network: \$0 copay \$400 comprehensive allowance
	Cleaning (for up to 2 per year; prophylaxis only - does not include periodontal cleaning) Dental X-ray(s) (for up to 2 per year) Oral Exam (for up to 2 per year).	
Vision Services		
Routine Eye Exam (up to 1 per year)	In-Network: \$0 copay Out-of-Network: 50% coinsurance	In-Network: \$0 copay Out-of-Network: 50% coinsurance
Eyewear (For Covered Eyewear, you pay any balance in excess of the limit)	In-Network and Out-of-Network: Our plan pays up to \$200 annually for covered eyewear	In-Network and Out-of-Network: Our plan pays up to \$100 annually for covered eyewear
Mental Health Services		
Mental Health Specialty Services	In-Network: \$15 copay Out-of-Network: \$30 copay	In-Network: \$20 copay Out-of-Network: \$30 copay
Inpatient Psychiatric	In-Network: \$200 per stay Out-of-network: Standard Medicare cost share	In-Network: \$450 per stay Out-of-network: Standard Medicare cost share
	Authorization rules may apply	

Align ChoiceElite			Align ChoicePlus		
Other Services					
Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in a SNF		Our plan covers up to 100 days in a SNF		
	In-Network: <ul style="list-style-type: none">You pay nothing per day for days 1 through 20\$184 copay per day for days 21 through 42You pay nothing per day for days 43 through 100		In-Network: <ul style="list-style-type: none">You pay nothing per day for days 1 through 20\$184 copay per day for days 21 through 42You pay nothing per day for days 43 through 100		
	Out-of-Network: <ul style="list-style-type: none">You pay nothing per day for days 1 through 20\$184 copay per day for days 21 through 100		Out-of-Network: <ul style="list-style-type: none">You pay nothing per day for days 1 through 20\$184 copay per day for days 21 through 100		
Authorization rules may apply					
Physical & Speech Therapy	In-Network: \$30 copay Out-of-Network: \$50 copay		In-Network: \$40 copay Out-of-Network: \$50 copay		
Occupational Therapy	In-Network: \$30 copay Out-of-Network: \$40 copay		In-Network: \$40 copay Out-of-Network: \$40 copay		
Ambulance (ground & air)	In-Network: \$200 copay per trip Out-of-Network: \$200 copay per trip		In-Network: \$240 copay per trip Out-of-Network: \$240 copay per trip		
	If you are admitted to the hospital, you do not have to pay for the ambulance services. Authorization rules may apply				
Transportation (non-covered)	Not Covered		Not Covered		
Medicare Part B Drugs (Including chemotherapy)	In-Network and Out-of-Network: 20% coinsurance		In-Network and Out-of-Network: 20% coinsurance		
	Authorization rules may apply. Select Part B drugs are subject to step therapy restrictions.				

Align ChoiceElite		Align ChoicePlus
Fitness Programs		
Gym Membership (Silver & Fit)	Standard Network: \$0 Premium Network: Discounted Rate	Standard Network: \$0 Premium Network: Discounted Rate
Meal Benefit		
Mom's Meals	<u>162 Meals</u> : 2 meals a day for 12 weeks (chronic condition)	<u>162 Meals</u> : 2 meals a day for 12 weeks (chronic condition)
	<u>56 Meals</u> : 2 meals a day for 4 weeks (inpatient stay)	<u>56 Meals</u> : 2 meals a day for 4 weeks (inpatient stay)
	Available for specific chronic conditions or after inpatient stay	
Over the Counter Benefit		
Over the Counter (OTC) Benefit	In Network: \$60 quarterly allowance	In Network: \$40 quarterly allowance
	Members must obtain OTC from plan authorized vendor. Members may order OTC items from vendor via mail, phone or website. Members may access their OTC benefit through a program that delivers to their home.	

PRESCRIPTION DRUG BENEFITS

Align Choice Elite				Align Choice Plus		
Deductible	\$200 per year for Tiers 3, 4, 5			\$300 per year for Tiers 3, 4, 5		
	Waived for Tier 1 and Tier 2 drugs					
Initial Coverage	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.					
Tier 1 = Preferred Generic Tier 2 = Generic Tier 3 = Preferred Brand Tier 4 = Non-Preferred Brand Tier 5 = Specialty Tier				Note: Cost-sharing may differ relative to the pharmacy’s status as preferred or standard, mail-order, Long Term Care (LTC) or home infusion, and 30 days, 60 days or 90 days supply.		
Retail Cost Sharing						
<ul style="list-style-type: none">Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.This plan requires prior authorization and has quantity limit restrictions for certain drugs. Please refer to the formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website.You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You may search for network providers and pharmacies on our website at align.sanfordhealthplan.com, or call us and we will send you a copy of the provider and pharmacy directories.						
Align ChoiceElite				Align ChoicePlus		
Drug Tier	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred Generic)	\$2 copay	\$4 copay	\$5 copay	\$2 copay	\$4 copay	\$5 copay
Tier 2 (Generic)	\$10 copay	\$20 copay	\$25 copay	\$10 copay	\$20 copay	\$25 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$117.50 copay	\$47 copay	\$94 copay	\$117.50 copay
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$250 copay	\$100 copay	\$200 copay	\$250 copay
Tier 5 (Specialty Tier)	You pay 29% coinsurance			You pay 28% coinsurance		
Align ChoiceElite				Align ChoicePlus		
Additional Benefits						
Senior Savings Model	Participating			Participating		
Member Receive access to a broad set of formulary insulins at a maximum \$35.00 copayment per month's supply, throughout the deductible, initial coverage, and coverage gap phases of their Part D drug coverage.						

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative.

Contact Us: (888) 605-9277 (TTY: 711)

Representatives available 8:00 a.m. to 5:00 p.m. Monday through Friday.

Understanding the Benefits

<input type="checkbox"/>	Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit align.sanfordhealthplan.com or call (888) 605-9277 (TTY: 711) 8 a.m. – 5 p.m. Monday through Friday to view or request a copy of the EOC.
<input type="checkbox"/>	Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
<input type="checkbox"/>	Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

<input type="checkbox"/>	In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
<input type="checkbox"/>	Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
<input type="checkbox"/>	Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

How to enroll

Connect with an agent

Call us toll-free at **(888) 605-9277** from 8 a.m. to 5 p.m. CST, Monday through Friday. A licensed agent will answer your call.

Enroll on our website

Visit **align.sanfordhealthplan.com** to enroll online.

Fill out a paper application

Complete and sign the paper application. Then, mail your application to:

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

Still not sure?

Attend an in-person or virtual workshop to learn more about if a Medicare Advantage plan may be right for you and get your questions answered. Visit **align.sanfordhealthplan.com** to search for workshops in your area.



What to expect after you enroll

Once you have submitted your application, you will receive:

An acknowledgment and confirmation letter

This letter confirms that your application has been received and confirms Medicare's approval of your enrollment in Align powered by Sanford Health Plan.

Member packet

This packet contains a guide and important materials. Keep this packet handy for future reference.

ID card

This ID card serves as your proof of insurance. Your ID card will be mailed to you separately before your plan's effective date.

Scope of appointment confirmation form



The Centers for Medicare and Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial beside the type of product(s) you want the agent to discuss.

☐ Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP)

A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans and Medicare Medical Savings Account Plans.

☐ Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO)

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only receive care from doctors or hospitals in the plan's network, except in emergencies.

Medicare Preferred Provider Organization (PPO) Plan

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also see out-of-network providers, usually at a higher cost.

Medicare Private Fee-for-Service (PFFS) Plan

A Medicare Advantage Plan that allows you to see any Medicare-approved doctor, hospital or provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to treat members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP)

A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who live in long-term care facilities and people who have certain chronic health conditions.

Medicare Medical Savings Account (MSA) Plan

MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan

In a Medicare Cost Plan, you can see providers both in and out of network. If you receive services outside of the plan's network, your Medicare-covered services will be paid under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.

Please note, the person who will discuss products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does **NOT** obligate you to enroll in a plan, affect your current enrollment or enroll you in a Medicare plan.

Beneficiary or authorized representative

Signature: _____ Signature date: _____

If you are an authorized representative, please sign above and below.

Representative's name: _____

Your relationship to the beneficiary: _____

To be completed by agent

Agent name:	Agent phone:
Beneficiary name:	Beneficiary phone:
Beneficiary address:	
Initial method of contact: (Indicate if beneficiary was a walk-in client)	
Signature:	
Plan use only:	

*Scope of appointment documentation is subject to CMS record retention requirements.

Agent note: If the beneficiary signed the form at the time of the appointment, provide an explanation why SOA was not documented prior to the meeting.

Align powered by Sanford Health Plan are Medicare Advantage plans. Enrollment in these plans depends on contract renewals.

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.



Non-discrimination notice



Sanford Health Plan does not discriminate against any future, current, or past Member on the basis of race; ethnicity; color; national origin; disability; sex; gender; sexual orientation; gender identity; religion; spiritual beliefs; medical condition, including a current or past history of mental health and substance use disorders; sources of payment for care; or age, in its coverage, treatment, or benefit decisions.

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, or 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 (888) 278-6485 | TTY (888) 279-1549. Hours of operation are 8 a.m. to 8 p.m. CST, 7 days a week October 1 – March 31, and Monday through Friday all other dates.

If you believe that Sanford Health Plan has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator at 300 Cherapa Place #201, Sioux Falls, SD 57103, call (877) 473-0911 | TTY: 711, fax (605) 328-6812, or e-mail SHPcompliance@sanfordhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the US 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: US Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, TTY/TDD (800) 537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Free help in other languages

For help in any language other than English, please call **1-888-278-6485** | TTY: (888) 279-1549.

If you have any questions, for example, about your benefits, a document, or how Sanford Health Plan pays for your care, please call us.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Sanford Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-888-278-6485.

Hmong: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Sanford Health Plan, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-888-278-6485.

Cushite: Isin yookan namni biraa isin deeggartan Sanford Health Plan irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-888-278-6485 tiin bilbilaa.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Sanford Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình hoàn toàn miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-888-278-6485.

Chinese (Mandarin): 如果您, 或您正在帮助的人, 有關於 Sanford Health Plan 方面的問

題, 您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話, 請致電 1-888-278-6485。

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Sanford Health Plan haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-888-278-6485 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Sanford Health Plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-888-278-6485.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (“Notice”) applies to Sanford Health Plan including Align powered by Sanford Health Plan and Great Plains Medicare Advantage. If you have questions about this Notice, please contact Customer Service at (800) 752-5863 (*toll-free*) | TTY/TDD 711.

This Notice describes how we will use and disclose your health information. The terms of this Notice apply to all health information generated or received by Sanford Health Plan, whether recorded in our business records, your medical record, billing invoices, paper forms, or in other ways. Unless otherwise provided by law, any data or information pertaining to the health, diagnosis, or treatment of a Member under a policy or contract, or a prospective Member, obtained by Sanford Health Plan from that person or from a health care Provider, regardless of whether the information is in the form of paper, is preserved on microfilm, or is stored in computer-retrievable form, is confidential and may not be disclosed to any person except as set forth below.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We use or disclose your health information as follows (In Minnesota we will obtain your prior consent):

- **Help manage the health care treatment you receive:** We can use your health information and share it with professionals who are treating you. For example, a doctor may send us information about your diagnosis and treatment plan so we can arrange additional services.
- **Pay for your health services:** We can use and disclose your health information as we pay for your health services. For example, we share information about you with your Primary Care Physician to coordinate payment for those services.
- **For our health care operations:** We may use and share your health information for our day-to-day operations, to improve our services, and contact you when necessary. For example, we use health information about you to develop better services for you. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.
- **Administer your plan:** We may disclose your health information to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the Premiums we charge.

We may share your health information in the following situations unless you tell us otherwise. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety:

- **Friends and Family:** We may disclose to your family and close personal friends any health information directly related to that person’s involvement in payment for your care.
- **Disaster Relief:** We may disclose your health information to disaster relief organizations in an emergency.

We may also use and share your health information for other reasons without your prior consent:

- **When required by law:** We will share information about you if State or federal law require it, including with the Department of Health and Human services if it wants to see that we’re complying with federal privacy law.
- **For public health and safety:** We can share information in certain situations to help prevent disease, assist with product recalls, report adverse reactions to medications, and to prevent or reduce a serious threat to anyone’s health or safety.
- **Organ and tissue donation:** We can share information about you with organ procurement organizations.
- **Medical examiner or funeral director:** We can share information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers’ compensation and other government requests:** We can share information to employers for workers’ compensation claims. Information may also be shared with health oversight agencies when authorized by law, and other special government functions such as military, national security and presidential protective services.
- **Law enforcement:** We may share information for law enforcement purposes. This includes sharing information to help locate a suspect, fugitive, missing person or witness.

- **Lawsuits and legal actions:** We may share information about you in response to a court or administrative order, or in response to a subpoena.
- **Research:** We can use or share your information for certain research projects that have been evaluated and approved through a process that considers a Member's need for privacy.

We may contact you in the following situations:

- **Treatment options:** To provide information about treatment alternatives or other health related benefits or Sanford Health Plan services that may be of interest to you.
- **Fundraising:** We may contact you about fundraising activities, but you can tell us not to contact you again.

YOUR RIGHTS THAT APPLY TO YOUR HEALTH INFORMATION

When it comes to your health information, you have certain rights.

- **Get a copy of your health and claims records:** You can ask to see or get a paper or electronic copy of your health and claims records and other health information we have about you. We will provide a copy or summary to you usually within thirty (30) calendar days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your health and claims records:** You can ask us to correct health information that you think is incorrect or incomplete. We may deny your request, but we'll tell you why in writing. These requests should be submitted in writing to the contact listed below.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Reasonable requests will be approved. We must say "yes" if you tell us you would be in danger if we do not.
- **Ask us to limit what we use or share:** You can ask us to restrict how we share your health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior, who we've shared it with, and why. We will include all disclosures except for those about your treatment, payment, and our health care operations, and certain other disclosures (such as those you asked us to make). We will provide one (1) accounting a year for free, but we will charge a reasonable cost-based fee if you ask for another within twelve (12) months.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated:** You can complain to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your rights. We can provide you with their address. You can also file a complaint with us by using the contact information below. We will not retaliate against you for filing a complaint.

Contact Information:

Sanford Health Plan
Customer Service
PO Box 91110
Sioux Falls, SD 57109-1110
(800) 752-5863 (toll-free) | TTY/TDD 711

OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and offer to give you a copy.
- We will not use, share, or sell your information for marketing or any purpose other than as described in this Notice unless you tell us in writing. You may change your mind at any time by letting us know in writing.

CHANGES TO THIS NOTICE

We may change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request and online at www.sanfordhealthplan.com.

EFFECTIVE DATE

This Notice of Privacy Practices is effective July 1, 2021.

NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT FOR SANFORD HEALTH PLAN

Sanford Health Plan and Sanford Health Plan of Minnesota have agreed, as permitted by law, to share your health information among themselves for the purposes of treatment, payment, or health care operations. This notice is being provided to you as a supplement to the above Notice of Privacy Practices.



Quick guide to benefits and services

After you're enrolled, you can easily find the health information that's important to you by creating an online member account. Visit **align.sanfordhealthplan.com** to get started.

How to find a provider

If you need assistance with finding the right provider, we're here to help. Call us at **(888) 605-9277** to connect with our team from 8 a.m. to 5 p.m. CST, Monday through Friday.

Federal Contract

Align powered by Sanford Health Plan is a PPO Medicare Advantage plan. Enrollment depends on contract renewal. Enrollment in these plans after Dec. 31, 2022, cannot be guaranteed. Either CMS or the plan may choose not to renew the contract, or the plan may choose to change the area it serves. Any such change may result in the termination of your enrollment.

Notes

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Align ChoicePlus and Align ChoiceElite 2022 Individual Enrollment Form



Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage plan, you must also be enrolled in both:

- Medicare Part A (Hospital insurance)
- Medicare Part B (Medical insurance)

When do I use this form?

You can join a plan:

- Between Oct. 15–Dec. 7 each year (for coverage starting Jan. 1)
- Within three months of first joining Medicare
- In certain situations that allow you to join or switch plans

Visit [medicare.gov](https://www.medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage if you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (Oct. 15–Dec. 7), you must submit your completed form by Dec. 7.
- You can choose to receive a bill for your plan's premium. Or, you can choose to sign up to have your premium payments deducted from your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

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

You'll be contacted once your request has been processed.

How do I get help with this form?

Call Sanford Health Plan at (888) 605-9277. TTY users can call 711.

Or, call Medicare at (800) MEDICARE ((800) 633-4227). TTY users can call (877) 486-2048.

En español: Llame a Sanford Health Plan al (888) 605-9277 TTY 711 o a Medicare gratis al (800) 633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan with the monthly premium you prefer:

☐ Align ChoicePlus (2022 Minnesota) – \$0 ☐ Align ChoiceElite (2022 Minnesota) – \$60

Your personal information

First name:	Last name:	Middle initial (optional):	
Birth date (mm/dd/yyyy):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone number:	
Permanent residence street address (don't enter a PO Box):			
City:	County:	State:	ZIP Code:
Mailing address, if different from your permanent address (PO Box allowed):			
City:		State:	ZIP Code:
Email address (optional): (By providing your e-mail address, you are agreeing to receive electronic communications from Sanford Health Plan.)			

Your Medicare information

Medicare number:

____ - ____ - ____

Answer these important questions

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Align powered by Sanford Health Plan?

☐ Yes ☐ No

Name of other coverage:

Member number for this coverage:

Group number for this coverage:

Eligibility for an Enrollment Period: Please check the box that applies to you. (optional)

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from Oct. 15 through Dec. 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.
(continued on next page)

Eligibility for an Enrollment Period (continued)

- ☐ I am new to Medicare.
- ☐ I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.
- ☐ I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. (Date of Medicare Entitlement Letter) _____.
- ☐ I had Medicare prior to now, but I'm now turning 65.
- ☐ Between 1/1 and 3/31: I'm in a Medicare Advantage Plan and want to make a change.
- ☐ Between 4/1 and 12/31: I'm in a Medicare Advantage Plan and have had Medicare for less than three months. I want to make a change.
- ☐ I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I recently had a change in my Medicaid (recently joined Medicaid, had a change in the level of Medicaid assistance or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (recently got Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date) _____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I live in a long-term care facility, like a nursing home or a rehabilitation hospital.
- ☐ I recently moved out of a long-term care facility, like a nursing home or a rehabilitation hospital. I moved out of the facility on (insert date) _____.
- ☐ I recently left a PACE program on (insert date) _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.

(continued on next page)

Eligibility for an Enrollment Period (continued)

- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- ☐ I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan. My plan went into receivership on (insert date) _____.
- ☐ I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.
- ☐ Other

If none of these statements applies to you, or you're not sure, please contact Sanford Health Plan at (888) 605-9277/TTY 711 to see if you are eligible to enroll. We are open from 8 a.m. to 5 p.m. CST, Monday through Friday.

IMPORTANT: Read and sign below

- I must keep both Hospital (Part A) and Medical (Part B) coverage to stay enrolled in Align powered by Sanford Health Plan.
 - By joining this Medicare Advantage Plan, I acknowledge that Align powered by Sanford Health Plan will share my information with Medicare, who may use it to track my enrollment, to make payments and for other purposes allowed by Federal laws that authorize the collection of this information (see Privacy Act Statement below).
 - Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
 - The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
 - I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
 - I understand that when my Align powered by Sanford Health Plan coverage begins, I must get all my medical and prescription drug benefits from Align powered by Sanford Health Plan. Benefits and services provided by Align powered by Sanford Health Plan and contained in my plan's Align powered by Sanford Health Plan "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Align powered by Sanford Health Plan will pay for benefits or that are not covered.
 - I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under state law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.
- I understand my agent may submit this application electronically on my behalf.

Signature:

Today's date:

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage if you don't fill them out.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

Please note that your Primary Care Provider (PCP) might not be contracted with Align powered by Sanford Health Plan MA-PDs (Medicare Advantage Prescription Drug plans). So please verify that your PCP is contracted with the plan you are choosing.

List your Primary Care Physician (PCP): _____

City of PCP: _____

Are you currently this doctor's patient? ☐ Yes ☐ No

For documents in alternative format such as braille, audio, or large print please call (888) 605-9277.

Please proceed to next page.

Section 2 – All fields on this page are optional

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by receiving a direct bill or **by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). Do not pay Sanford Health Plan the Part D-IRMAA.

☐ Deduct from Railroad Retirement Board (RRB) benefit

☐ Deduct from Social Security benefit

☐ Get a bill each month. You may choose from the following payment methods:

Pay online: To make a one-time online payment, go to [.sanfordhealthplan.com/pay-my-premium](https://sanfordhealthplan.com/pay-my-premium)

Pay by mail: Mail your check, cashier's check or money order made payable to Sanford Health Plan directly to: Sanford Health Plan, PO Box 5076, Sioux Falls SD 57117-5076

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Section 3 – Agent use only

Note to agent: Paper enrollment forms must be keyed into quotealign.sanfordhealthplan.com.

Date producing agent accepted paper enrollment from Medicare eligible: _____

Effective date: _____

Name of producing agent (print first/last names): _____

Signature of producing agent: _____

Email of producing agent: _____

6-digit Sanford Health Plan agent ID: _____

National Producer Number (NPN): _____

I helped the applicant by partially or completely filling
out the paper enrollment form on behalf of the applicant: ☐ Yes ☐ No

Name of person entering enrollment information online (print first/last names):

This page intentionally left blank.



Contact us

Call us toll-free at **(888) 605-9277** to enroll or for assistance. A licensed agent will answer your call from 8 a.m. to 5 p.m. CST, Monday through Friday.

align.sanfordhealthplan.com

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.