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

# Annual Notice of Changes for 2024

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

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

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

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### What to do now

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

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2023, you will stay in Align ChoicePlus (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024.** This will end your enrollment with Align ChoicePlus (PPO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## Additional Resources

- Please contact our Member Services number at 1-888-278-6485 for additional information. (TTY users should call 1-888-279-1549.) Hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from Oct 1 through March 31, and Monday to Friday (except holidays) from April 1 through Sept 30. This call is free.
- This information is available in alternate format such as large print.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

## About Align ChoicePlus (PPO)

- Align ChoicePlus (PPO) is a PPO plan with a Medicare contract. Enrollment depends on contract renewal.

  When this document says "we," "us," or "our", it means Sanford Health Plan (Align ChoicePlus (PPO)). When it says "plan" or "our plan," it means Align ChoicePlus (PPO).



OMB Approval 0938-1051 (Expires: February 29, 2024)

# *Annual Notice of Changes* for 2024
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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Align ChoicePlus (PPO) in several important areas. **Please note this is only a summary of costs**.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium may be higher or lower than this amount. See Section 1.1 for details. | $0 | $0 |
| **Deductible** | $0 | $0 |
| **Maximum out-of-pocket amounts** <br> This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | From network and out-of-network providers combined: $5,000 | From network and out-of-network providers combined: $4,000 |
| **Doctor office visits** | **In-Network:** <br> Primary care visits: $0 copay per visit <br> Specialist visits: $0 copay per visit <br> **Out-of-Network:** <br> Primary care visits: $15 copay per visit <br> Specialist visits: $30 copay per visit | **In-Network:** <br> Primary care visits: $0 copay per visit <br> Specialist visits: $0 copay per visit <br> **Out-of-Network:** <br> Primary care visits: $15 copay per visit <br> Specialist visits: $30 copay per visit |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Inpatient hospital stays** | **In-Network:**<br>$450 copay per stay<br><br>**Out-of-Network:**<br>You pay the 2023 Original Medicare cost-sharing amounts.<br>• Deductible: $1,600<br>• Days 1-60: $0 copay<br>• Days 61-90: $400 copay per day<br>• Days 91 and beyond: $800 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)<br>• Each day after your lifetime reserve days: all costs | **In-Network:**<br>Days 1-4: $125 copay per day<br>Days 5-90: $0 copay per day<br><br>**Out-of-Network:**<br>These are the 2023 cost-sharing amounts and may change for 2024. We will provide updated rates as soon as they are released.<br>• Deductible: $1,600<br>• Days 1-60: $0 copay<br>• Days 61-90: $400 copay per day<br>• Days 91 and beyond: $800 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)<br>• Each day after your lifetime reserve days: all costs |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Part D prescription drug coverage**<br>(See Section 1.5 for details.) | Deductible:<br>$0 per year for Tiers 1 & 2<br>$200 per year for Tiers 3, 4, & 5<br><br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: $0 copay at a preferred network pharmacy or $3 copay at a network pharmacy<br>• Drug Tier 2: $4 copay at a preferred network pharmacy or $8 copay at a network pharmacy<br>• Drug Tier 3: $42 copay at a preferred network pharmacy or $47 copay at a network pharmacy<br>• Drug Tier 4: $100 copay at a preferred network pharmacy or $100 copay at a network pharmacy<br>• Drug Tier 5: 29% of the total cost at a preferred network pharmacy or 29% of the total cost at a network pharmacy | Deductible:<br>$0 per year for Tiers 1 & 2<br>$200 per year for Tiers 3, 4, 5, & 6 except for covered insulin products and most adult Part D vaccines.<br><br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: $0 copay at a preferred network pharmacy or $3 copay at a network pharmacy<br>• Drug Tier 2: $4 copay at a preferred network pharmacy or $8 copay at a network pharmacy<br>• Drug Tier 3: $42 copay at a preferred network pharmacy or $47 copay at a network pharmacy.<br>• Drug Tier 4: $100 copay at a preferred network pharmacy or $100 copay at a network pharmacy.<br>• Drug Tier 5: 30% of the total cost at a preferred network pharmacy or 30% of the total cost at a network pharmacy.<br>• Drug Tier 6: $0 copay at a preferred network pharmacy or $0 copay at a network pharmacy |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| | *Note that beginning July 2023, cost-sharing for insulin furnished through an item of DME is subject to a coinsurance cap of $35 for one-month's supply of insulin.<br><br>Catastrophic Coverage:<br>• During this payment stage, the plan pays most of the cost for your covered drugs.<br>For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs). | Catastrophic Coverage:<br>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. |

# SECTION 1 Changes to Benefits and Costs for Next Year

## Section 1.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly premium**<br>(You must also continue to pay your Medicare Part B premium.) | $0 | $0 |

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

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

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **In-network maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $5,000 | $4,000<br>Once you have paid $4,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year. |
| **Combined maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services. | $5,000 | $4,000<br>Once you have paid $4,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year. |

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

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

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

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network**.

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

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

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

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Chiropractic Services** | | |
| | **In-Network**<br>You pay $10 copay for each routine chiropractic services visit (up to 12 routine visits every year). | **In-Network**<br>You pay $20 copay for each routine chiropractic services visit (up to 12 routine visits every year). |
| **Dental Services** | | |
| | **In-Network**<br>You pay 20% of the total cost for each Medicare-covered visit.<br>You pay $0 copay for each visit for preventive routine services.<br>You pay 50% of the total cost for comprehensive dental services. | **In-Network**<br>You pay 20% of the total cost for each Medicare-covered visit.<br>You pay $0 copay for each visit for preventive routine services.<br>You pay 50% of the total cost for comprehensive dental services.<br>Healthy Benefits+ Flex Card will provide you with an annual $1,750 allowance for dental, hearing and vision out-of-pocket costs for additional covered services. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| | **Out-of-Network**<br>You pay 20% of the total cost for each Medicare-covered visit.<br>You pay 50% of the total cost for each visit for preventive routine services.<br>You pay 50% of the total cost for comprehensive dental services.<br>$1,000 maximum plan coverage amount every year for in- and out-of-network preventive dental services and non-Medicare-covered comprehensive dental services benefit. | **Out-of-Network**<br>Out-of-network services for Preventive Dental and Comprehensive Dental can be covered by using your Healthy Benefits+ Flex Card.<br>Healthy Benefits+ Flex Card will provide you an annual $1,750 allowance for dental, hearing and vision out-of-pocket costs for additional covered services.<br>No maximum plan coverage amount for preventive dental services.<br>$1,750 maximum plan coverage amount every year for in- and out-of-network non-Medicare-covered comprehensive dental services. |
| **Hearing Services** | $1,000 maximum plan coverage amount every year (for both ears combined) for hearing aids. | $1,750 maximum plan coverage amount every year (for both ears combined) for hearing aids.<br>Healthy Benefits+ Flex Card will provide you an annual $1,750 allowance for dental, hearing and vision out-of-pocket costs for additional covered services. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Inpatient Hospital Care** | **In-Network**<br>For Medicare-covered inpatient hospital stays, you pay $450 copay per stay. | **In-Network**<br>For Medicare-covered inpatient hospital stays, you pay<br>Days 1-4: $125 copay per day<br>Days 5-90: $0 copay per day |
| **Inpatient Services in a Psychiatric Hospital** | **In-Network**<br>For Medicare-covered inpatient mental health stays, you pay $450 copay per stay. | **In-Network**<br>For Medicare-covered inpatient mental health stays, you pay:<br>Days 1-4: $125 copay per day<br>Days 5-90: $0 copay per day |
| **Medicare Part B Prescription Drugs** | | |
| | **In-Network** | **In-Network** |
| | You pay 20% of the total cost for Medicare Part B insulin drugs. | You pay 0% to 20% of the total cost for Medicare Part B insulin drugs. |
| | *Note that beginning July 2023, cost-sharing for insulin furnished through an item of DME is subject to a coinsurance cap of $35 for one-month's supply of insulin. | |
| | You pay $100 copay on Prolia and 20% of the total cost for other Medicare Part B chemotherapy and radiation drugs. | You pay $100 copay on Prolia and 0% to 20% of the total cost for other Medicare Part B chemotherapy and radiation drugs. |
| | You pay 20% of the total cost for other Medicare Part B drugs. | You pay 0% to 20% of the total cost for other Medicare Part B drugs. |
| | Prior authorization is required for Medicare Part B insulin drugs. | No prior authorization required for Medicare Part B insulin drugs. |
| | No prior authorization required for other Medicare Part B prescription drugs. | Prior authorization is required for other Medicare Part B prescription drugs. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Outpatient Mental Health Care** | | |
| | **In-Network**<br>You pay $40 copay for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist).<br>You pay $40 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist). | **In-Network**<br>You pay $20 copay for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist).<br>You pay $20 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist). |
| **Outpatient Rehabilitation Services** | **In-Network**<br>You pay $40 copay for each Medicare-covered occupational therapy visit.<br>You pay $40 copay for each Medicare-covered physical therapy or speech therapy visit. | **In-Network**<br>You pay $30 copay for each Medicare-covered occupational therapy visit.<br>You pay $30 copay for each Medicare-covered physical therapy or speech therapy visit. |
| **Over-the-Counter Items** | $55 maximum plan coverage amount every 3 months for OTC items. | Healthy Benefits+ Flex Card will provide you $65 maximum plan coverage amount every 3 months for OTC items. |
| **Pulmonary Rehabilitation Services** | **In-Network**<br>You pay $20 copay for each Medicare-covered pulmonary rehabilitation services visit. | **In-Network**<br>You pay $15 copay for each Medicare-covered pulmonary rehabilitation services visit. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Skilled Nursing Facility (SNF) Care** | **In-Network & Out-of-Network**<br>For Medicare-covered SNF stays, you pay:<br>Days 1-20: $0 copay per day<br>Days 21-42: $184 copay per<br>Days 43-100: $0 copay per day | **In-Network & Out-of-Network**<br>For Medicare-covered SNF stays, you pay:<br>Days 1-20: $0 copay per day<br>Days 21-100: $200 copay per day<br>These are 2023 cost-sharing amounts and may change for 2024. We will provide updated rates as soon as they are released. |
| **Telehealth benefits (additional)** | **In-Network**<br>Additional telehealth benefits are not covered. | **In-Network**<br>For preventative care virtual visits, you pay $0 copay. |
| **Urgently Needed Services** | **In & Out-of-Network**<br>You pay $30 copay for each visit for Medicare-covered urgent care services. | **In & Out-of-Network**<br>You pay $35 copay for each visit for Medicare-covered urgent care services. |
| **Vision Care** | $100 maximum plan coverage amount every year in- and out-of-network for non-Medicare-covered eyeglasses.<br>$100 maximum plan coverage amount every year in- and out-of-network for non-Medicare-covered contacts in lieu of eyeglasses. | $100 maximum plan coverage amount in- and out-of-network for all non-Medicare-covered eyewear or contacts in lieu of eyewear.<br>Healthy Benefits+ Flex Card will provide you an annual $1,750 allowance for dental, hearing and vision out-of-pocket costs for additional covered services. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Worldwide Emergency / Urgent Services** | | |
| | Worldwide emergency/urgent care services are not covered.<br><br>Worldwide emergency/urgent transportation services are not covered. | Worldwide emergency/urgent care services are covered.<br><br>Worldwide emergency/urgent transportation services are covered.<br><br>Up to $250 maximum reimbursement amount each year for urgent or emergency care received outside of the U.S. |

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

### Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or "Drug List." A copy of our "Drug List" is provided electronically. **You can get the *complete* "Drug List"** by calling Member Services (see the back cover) or visiting our website (https://www.sanfordhealthplan.com/align).

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

**Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

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

## Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs* (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and haven't received this insert by September 30, 2023 please call Member Services and ask for the LIS Rider.

There are **four drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

### Changes to the Deductible Stage

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 1: Yearly Deductible Stage**<br>During this stage, **you pay the full cost** of your Tier 3, Tier 4, Tier 5, and Tier 6 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. | The deductible is $0 per year for Tiers 1 and 2.<br>The deductible is $200 per year for Tiers 3, 4, and 5.<br><br>During this stage, you pay $3-$8 cost sharing for drugs on Tier 1 and Tier 2 and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible. | The deductible is $0 per year for Tiers 1 and 2.<br>The deductible is $200 per year for Tiers 3, 4, 5 and 6.<br><br>During this stage, you pay $3-$8 cost sharing for drugs on Tier 1 and Tier 2 and the full cost of drugs on Tier 3, Tier 4, Tier 5, and Tier 6 until you have reached the yearly deductible. |

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

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** | Your cost for a one-month supply at a network pharmacy: | Your cost for a one-month supply at a network pharmacy: |

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.<br><br>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.<br><br>Most adult Part D vaccines are covered at no cost to you.<br><br>We changed the tier for some of the drugs on our "Drug List." To see if your drugs will be in a different tier, look them up on the "Drug List." | **Preferred Generic:**<br>*Standard cost sharing:*<br>You pay $3 copay per prescription.<br><br>*Preferred cost sharing:*<br>You pay $0 copay per prescription.<br><br>**Generic:**<br>*Standard cost sharing:*<br>You pay $8 copay per prescription.<br>*Preferred cost sharing:*<br>You pay $4 copay per prescription.<br><br>**Preferred Brand:**<br>*Standard cost sharing:*<br>You pay $47 copay per prescription.<br><br>*Preferred cost sharing:*<br>You pay $42 copay per prescription.<br><br>**Non-Preferred Brand:**<br>*Standard cost sharing:*<br>You pay $100 copay per prescription.<br><br>*Preferred cost sharing:*<br>You pay $100 copay per prescription.<br><br>**Specialty Tier:**<br>*Standard cost sharing:*<br>You pay 29% of the total cost per prescription.<br><br>*Preferred cost sharing:*<br>You pay 29% of the total cost per prescription. | **Preferred Generic:**<br>*Standard cost sharing:*<br>You pay $3 copay per prescription.<br><br>*Preferred cost sharing:*<br>You pay $0 copay per prescription.<br><br>**Generic:**<br>*Standard cost sharing:*<br>You pay $8 copay per prescription.<br>*Preferred cost sharing:*<br>You pay $4 copay per prescription.<br><br>**Preferred Brand:**<br>*Standard cost sharing:*<br>You pay $47 copay per prescription.<br><br>*Preferred cost sharing:*<br>You pay $42 copay per prescription.<br><br>**Non-Preferred Brand:**<br>*Standard cost sharing:*<br>You pay $100 copay per prescription.<br><br>*Preferred cost sharing:*<br>You pay $100 copay per prescription.<br><br>**Specialty Tier:**<br>*Standard cost sharing:*<br>You pay 30% of the total cost per prescription.<br><br>*Preferred cost sharing:*<br>You pay 30% of the total cost per prescription. |

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| | | **Select Care Drugs:**<br>*Standard cost sharing:* You pay $0 copay per prescription.<br><br>*Preferred cost sharing:* You pay $0 copay per prescription. |
| | *Note that beginning July 2023, cost-sharing for insulin furnished through an item of DME is subject to a coinsurance cap of $35 for one-month's supply of insulin. | |
| | Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage) *OR* you have paid $7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). | Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage) *OR* you have paid $8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). |

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

# SECTION 2 Administrative Changes

The Healthy Benefits+ Flex Card provides a quarterly allowance for over-the-counter (OTC) products and an annual allowance for dental, hearing and vision expenses. Members will receive a Healthy Benefits+ Flex Card in the mail.

| Description | 2023 (this year) | 2024 (next year) |
|---|---|---|
| Healthy Benefits+ Flex Card | Healthy Benefits+ Flex Card is not covered. | Healthy Benefits+ Flex Card will provide you an annual $1,750 allowance for dental, hearing and vision out-of-pocket costs for additional covered services. |

# SECTION 3 Deciding Which Plan to Choose

## Section 3.1 – If you want to stay in Align ChoicePlus (PPO)

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

## Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

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

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section ), or call Medicare (see Section .2).

As a reminder, Sanford Health Plan (Align ChoicePlus (PPO)) offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

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

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2024.

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

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

If you enrolled in a Medicare Advantage Plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

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

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Iowa, the SHIP is called Senior Health Information and Insurance Program (SHIIP), Iowa's Medicare Resource.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Information and Insurance Program (SHIIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior Health Information and Insurance Program (SHIIP) at 1-800-351-4664 (TTY 1-800-735-2942). You can learn more about Senior Health Information and Insurance Program (SHIIP) by visiting their website (https://shiip.iowa.gov/).

## SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Iowa has a program called Iowa Senior Health Insurance Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Iowa Care & Support Services – The Ryan White Part B Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-515-204-3746 or visit the website at https://idph.iowa.gov/hivstdhep/hiv/support.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Align ChoicePlus (PPO)

Questions? We're here to help. Please call Member Services at 1-888-278-6485. (TTY only, call 1-888-279-1549.) We are available for phone calls 8 a.m. to 8 p.m., seven days a week (except

Thanksgiving and Christmas) from Oct 1 through March 31, and Monday to Friday (except holidays) from April 1 through Sept 30. Calls to these numbers are free.

### Read your *2024 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Align ChoicePlus (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at https://www.sanfordhealthplan.com/align. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

### Visit our Website

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

## Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

### Visit the Medicare Website

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

### Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.