

[Member Name]  
[Member street address]  
[Member city, state zip]

**ACTION MAY BE REQUIRED**

Dear [Member Name]:

Thank you for being a valued Sanford Health Plan member. As we approach the new plan year, we want to remind you to complete and return the Out-of-Area Verification Form by **Monday, December 2, 2024**, for access to nationwide providers in calendar year 2025 if you continue to reside outside of our service area. If approved, it will ensure no disruption and continued access to care and in-network processing of your claims.

If your provider network exception is approved, your online provider directory will continue to display accurate in-network providers, which includes directly contracted providers, as well as access to our nationwide network for access to care. The provider directory will also provide information on where to find access to in-network virtual care options by visiting **sanfordvideovisits.com**.

We will notify you by mail after we make a decision regarding your request. Regardless of where you reside, emergent care claims will be processed as in-network regardless of where services are received.

**For reference, Sanford Health Plan's service area consists of the following locations:**

- SOUTH DAKOTA: All counties in the state
- NORTH DAKOTA: All counties in the state
- IOWA: Clay, Dickinson, Emmet, Ida, Lyon, O'Brien, Osceola, Plymouth, Sioux, Woodbury
- MINNESOTA: Becker, Beltrami, Big Stone, Blue Earth, Brown, Chippewa, Clay, Clearwater, Cottonwood, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac Qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Pope, Red Lake, Redwood, Renville, Rock, Roseau, Sibley, Stearns, Stevens, Swift, Traverse, Wilkin, Watonwan, Yellow Medicine

Please call us with any questions about this letter or your benefits. Our customer service team is available Monday through Friday from 8 a.m. to 5 p.m. at (800) 752-5863 (TTY: 711) CST.

Sincerely,  
Sanford Health Plan

Enc: HP-6028 Out-of-Area Validation Form  
HP-XXXX Non-discrimination Notice