

# Align ChoiceElite (PPO)

offered by

***Align powered by Sanford Health Plan***

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## Annual Notice of Change for 2026

You're enrolled as a member of Align ChoiceElite (PPO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Align ChoiceElite (PPO).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.

Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com) or call Member Services at 1-877-509-4979 (TTY users call 711) to get a copy by mail.

### More Resources

- Call Member Services at 1-877-509-4979 (TTY users call 711). We are open 7 days a week, 8 a.m. to 8 p.m., Oct. 1 – March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1 – Sept. 30. This call is free.
- This information is also available in languages other than English, large print or other alternate formats.

### About Align ChoiceElite (PPO)

- Align ChoiceElite (PPO) is a PPO plan with a Medicare contract. Enrollment depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Align powered by Sanford Health Plan. When it says “plan” or “our plan,” it means Align ChoiceElite (PPO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Align ChoiceElite (PPO).** Starting January 1, 2026, you'll get your medical and drug coverage through Align ChoiceElite (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium*</b> * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$64.00	\$69.00
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$3,500  From network and out-of-network providers combined: \$3,500	From network providers: \$4,000  From network and out-of-network providers combined: \$4,000
<b>Primary care office visits</b>	<u>In-Network</u> \$0 copay per visit <u>Out-of-Network</u> \$10 copay per office visit \$20 copay per primary care office visit billed from a facility	<u>In-Network</u> \$0 copay per visit <u>Out-of-Network</u> \$10 copay per office visit \$20 copay per primary care office visit billed from a facility
<b>Specialist office visits</b>	<u>In-Network</u> \$25 copay per visit <u>Out-of-Network</u> \$45 copay per office visit \$40 copay per specialist office visit billed from a facility	<u>In-Network</u> \$25 copay per visit <u>Out-of-Network</u> \$45 copay per office visit \$40 copay per specialist office visit billed from a facility

	2025 (this year)	2026 (next year)
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	<u>In-Network</u> \$150 copay per day for days 1-4; \$0 copay per day for days 5-90 <u>Out-of-Network</u> \$300 copay per day for days 1-4; \$0 copay per day for days 5-90	<u>In-Network</u> \$200 copay per day for days 1-5; \$0 copay per day for days 6-90 <u>Out-of-Network</u> \$425 copay per day for days 1-5; \$0 copay per day for days 6-90
<b>Part D drug coverage deductible</b> (Go to Section 1.7 for details.)	<b>Deductible:</b> \$150 except for covered insulin products and most adult Part D vaccines.	<b>Deductible:</b> \$300 except for covered insulin products and most adult Part D vaccines.
<b>Part D drug coverage</b> (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: <b>Drug Tier 1:</b> \$4 copay at a standard retail pharmacy \$0 copay at a preferred retail pharmacy <b>Drug Tier 2:</b> \$10 copay at a standard retail pharmacy \$4 copay at a preferred retail network pharmacy You pay a \$10 copay (standard retail pharmacy) and a \$4 copay (preferred retail pharmacy) per 1-	Copayment/Coinsurance during the Initial Coverage Stage: <b>Drug Tier 1:</b> \$4 copay at a standard pharmacy \$0 copay at a preferred network pharmacy <b>Drug Tier 2:</b> \$10 copay at a standard retail pharmacy \$4 copay at a preferred retail; network pharmacy You pay no more than a \$10 copay (standard retail pharmacy) or a \$4 copay (preferred retail network

	2025 (this year)	2026 (next year)
	<p>month supply for each covered insulin product on this tier.</p> <p><b>Drug Tier 3:</b></p> <p>\$47 copay at a standard retail pharmacy \$42 copay at a preferred retail pharmacy</p> <p>You pay a \$35 (standard/preferred retail pharmacy) copay per 1-month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 4:</b></p> <p>50% of the total cost at a standard/preferred retail pharmacy</p> <p>You pay a \$35 copay (standard/preferred retail pharmacy) per 1-month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5:</b></p> <p>31% of the total cost at a standard/preferred retail pharmacy</p> <p><b>Drug Tier 6:</b></p> <p>\$0 copay at a standard/preferred retail pharmacy</p>	<p>pharmacy) per 1-month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 3:</b></p> <p>\$47 copay at a standard retail pharmacy \$42 copay at a preferred retail pharmacy</p> <p>You pay no more than a \$35 copay (standard/preferred network pharmacy) per 1-month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 4:</b></p> <p>50% of the total cost at a standard/preferred retail pharmacy</p> <p>You pay no more than a \$35 copay (standard /preferred retail pharmacy) per 1-month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5:</b></p> <p>29% of the total cost at a standard/preferred retail pharmacy</p> <p><b>Drug Tier 6:</b></p> <p>\$0 copay at a standard/preferred retail pharmacy</p>

	2025 (this year)	2026 (next year)
	<b>Catastrophic Coverage Stage:</b>  During this payment stage, you pay nothing for your covered Part D drugs.	<b>Catastrophic Coverage Stage:</b>  During this payment stage, you pay nothing for your covered Part D drugs.

**SECTION 1 Changes to Benefits & Costs for Next Year**

**Section 1.1 Changes to the Monthly Plan Premium**

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b>  (You must also continue to pay your Medicare Part B premium.)	\$64.00	\$69.00

**Factors that could change your Part D Premium Amount**

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you’re required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that’s at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you’ve paid this amount, you generally pay nothing for Medicare-covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copayments, coinsurance) from network providers <b>count</b> toward your in-network maximum out-of-pocket amount.</p> <p>Our plan premium and your costs for prescription drugs <b>don’t count</b> toward your maximum out-of-pocket amount.</p>	\$3,500	<p>\$4,000</p> <p>Once you’ve paid \$4,000 out of pocket for Medicare-covered Part A and Part B services, you’ll pay nothing for your Medicare-covered Part A and Part B services from network providers for the rest of the calendar year.</p>
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copayments, coinsurance) from in-network and out-of-network providers <b>count</b> toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs <b>don’t count</b> toward your maximum out-of-pocket amount for medical services.</p>	\$3,500	<p>\$4,000</p> <p>Once you’ve paid \$4,000 out of pocket for Medicare-covered Part A and Part B services, you’ll pay nothing for your Medicare-covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

## Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* ([align.sanfordhealthplan.com](http://align.sanfordhealthplan.com)) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com).
- Call Member Services at 1-877-509-4979 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-877-509-4979 (TTY users call 711) for help.

## Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* ([www.sanfordhealthplan.com/align/pharmacy-and-drug-coverage](http://www.sanfordhealthplan.com/align/pharmacy-and-drug-coverage)) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [www.sanfordhealthplan.com/align/pharmacy-and-drug-coverage](http://www.sanfordhealthplan.com/align/pharmacy-and-drug-coverage).
- Call Member Services at 1-877-509-4979 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-877-509-4979 (TTY users call 711) for help.



## Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
<b>Ambulance services</b>	<p><u>In-Network</u></p> <p>You pay a \$150 copay for each Medicare-covered ground or air ambulance service.</p> <p><u>Out-of-Network</u></p> <p>You pay a \$240 copay for each Medicare-covered ground or air ambulance service.</p>	<p><u>In-Network</u></p> <p>You pay a \$200 copay for each Medicare-covered ground or air ambulance service.</p> <p><u>Out-of-Network</u></p> <p>You pay a \$200 copay for each Medicare-covered ground or air ambulance service.</p>
<b>Emergency care</b>	You pay a \$75 copay for each Medicare-covered emergency room visit.	You pay a \$110 copay for each Medicare-covered emergency room visit.
<b>Fitness - Silver &amp; Fit</b>	You pay a \$5 copay per month for the fitness benefit.	You pay a \$0 copay per month for the fitness benefit.
<b>Hearing services</b>	Your combined annual allowance for hearing and vision is \$1,000.	Your combined annual allowance for hearing and vision is \$800.

	2025 (this year)	2026 (next year)
<b>Inpatient hospital care</b>	<p><u>In-Network</u></p> <p>For Medicare-covered inpatient hospital stays, you pay:</p> <p>\$150 copay per day for days 1-4; \$0 copay per day for days 5-90.</p> <p><u>Out-of-Network</u></p> <p>For Medicare-covered inpatient hospital stays, you pay:</p> <p>\$300 copay per day for days 1-4; \$0 copay per day for days 5-90.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered inpatient hospital stays, you pay:</p> <p>\$200 copay per day for days 1-5; \$0 copay per day for days 6-90.</p> <p><u>Out-of-Network</u></p> <p>For Medicare-covered inpatient hospital stays, you pay:</p> <p>\$425 copay per day for days 1-5; \$0 copay per day for days 6-90.</p>
<b>Inpatient services in a psychiatric hospital</b>	<p><u>In-Network</u></p> <p>For Medicare-covered inpatient mental health stays, you pay:</p> <p>\$150 copay per day for days 1-4; \$0 copay per day for days 5-90.</p> <p><u>Out-of-Network</u></p> <p>For Medicare-covered inpatient hospital stays, you pay:</p> <p>\$300 copay per day for days 1-4; \$0 copay per day for days 5-90.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered inpatient mental health stays, you pay:</p> <p>\$200 copay per day for days 1-5; \$0 copay per day for days 6-90.</p> <p><u>Out-of-Network</u></p> <p>For Medicare-covered inpatient hospital stays, you pay:</p> <p>\$425 copay per day for days 1-5; \$0 copay per day for days 6-90.</p>

	2025 (this year)	2026 (next year)
<b>Medicare Part B prescription drugs</b>	<u>In-Network</u> You pay a \$100 copay for Prolia and 0-20% coinsurance for Medicare Part B chemotherapy and radiation drugs.	<u>In-Network</u> You pay 0-20% coinsurance for Medicare Part B chemotherapy and radiation drugs.
<b>Outpatient diagnostic tests and therapeutic services and supplies</b> <ul style="list-style-type: none"> <li>Diagnostic tests and procedures</li> </ul>	<u>In-Network</u> You pay a \$0 copay for Medicare-covered services. <u>Out-of-Network</u> You pay a \$10 copay for Medicare-covered services.	<u>In-Network</u> You pay a \$10 copay for Medicare-covered services. <u>Out-of-Network</u> You pay a \$30 copay for Medicare-covered services.
<b>Outpatient hospital observation</b>	<u>In-Network</u> You pay a \$0 copay for Medicare-covered outpatient hospital observation services.	<u>In-Network</u> You pay a \$200 copay for Medicare-covered outpatient hospital observation services.
<b>Over-the-counter items</b>	Your annual allowance for OTC: up to \$80 maximum plan coverage amount every 3 months.	Your annual allowance for OTC: up to \$85 maximum plan coverage amount every 3 months.

	2025 (this year)	2026 (next year)
<b>Skilled nursing facility (SNF) care</b>	<p>For Medicare-covered SNF stays, you pay the Medicare-defined cost share:</p> <p>Days 1-20: \$0 copay for each benefit period. Days 21-100: \$209.50 copay per day of each benefit period. Days 101 and beyond: all costs.</p>	<p>For Medicare-covered SNF stays, you pay the Medicare-defined cost share:</p> <p>Days 1-20: \$0 copay for each benefit period. Days 21-100: \$209.50 copay per day of each benefit period. Days 101 and beyond: all costs.</p> <p>These are 2025 cost-sharing amounts and can change for 2026.</p> <p>Align ChoiceElite (PPO) will provide updated rates on <a href="https://align.sanfordhealthplan.com">align.sanfordhealthplan.com</a> as soon as they are available.</p>
<b>Vision care</b>	<p>Your combined annual allowance for hearing and vision is \$1,000.</p>	<p>Your combined annual allowance for hearing and vision is \$800.</p>

## Section 1.6 Changes to Part D 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 at 1-877-509-4979 (TTY users call 711) or visiting our website at ([www.sanfordhealthplan.com/align/pharmacy-and-drug-coverage](http://www.sanfordhealthplan.com/align/pharmacy-and-drug-coverage)).

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, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-877-509-4979 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs: may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by Sept. 30, call Member Services at 1-877-509-4979 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**  
You start in this payment stage each calendar year. During this stage, you pay the full cost of your tier 3-5 drugs until you reach the yearly deductible.
- **Stage 2: Initial Coverage**  
Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach \$2,100 out-of-pocket threshold.
- **Stage 3: Catastrophic Coverage**  
This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don’t count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2025 (this year)	2026 (next year)
Yearly Deductible	\$150  During this stage, you pay \$0-\$10 cost sharing for drugs on tiers 1, 2, 6 and the full cost of drugs on tiers 3-5 until you’ve reached the yearly deductible.	\$300  During this stage, you pay \$0-\$10 cost sharing for drugs on tiers 1, 2, 6 and the full cost of drugs on tiers 3-5 until you’ve reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

We are changing the number of days in a one-month supply from a 30-day supply in 2025 to a 34-day supply for standard/preferred retail, long term care, and out-of-network; a two-month supply for standard/preferred retail from a 60-day supply in 2025 to a 68-day supply in 2026; a three-month supply for standard/preferred retail from 90-day supply in 2025 to 102-day supply for 2026. The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard and preferred cost sharing.

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. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,100 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
<b>Tier 1: (Preferred generic drugs)</b>	<i>Standard cost sharing:</i> You \$4 copay  <i>Preferred cost sharing:</i> You pay \$0 copay	<i>Standard cost sharing:</i> You pay \$4 copay  <i>Preferred cost sharing:</i> You pay \$0 copay
<b>Tier 2: (Generic drugs)</b>	<i>Standard cost sharing:</i> You pay \$10 copay  You pay \$10 per month supply of each covered insulin product on this tier.  <i>Preferred cost sharing:</i> You pay \$4 copay  You pay \$4 copay per month supply of each covered insulin product on this tier.	<i>Standard cost sharing:</i> You pay \$10 copay  You pay no more than a \$10 copay per month supply of each covered insulin product on this tier.  <i>Preferred cost sharing:</i> You pay \$4 copay  You pay no more than a \$4 copay per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
<b>Tier 3: (Preferred brand drugs)</b>	<p><i>Standard cost sharing:</i> You pay \$47 copay</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$42 copay</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p>	<p><i>Standard cost sharing:</i> You pay \$47 copay</p> <p>You pay no more than a \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$42 copay</p> <p>You pay no more than a \$35 copay per month supply of each covered insulin product on this tier.</p>
<b>Tier 4: (Non-preferred drugs)</b>	<p><i>Standard/Preferred cost sharing:</i> You pay 50% coinsurance</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p>	<p><i>Standard/Preferred cost sharing:</i> You pay 50% coinsurance</p> <p>You pay no more than a \$35 copay per month supply of each covered insulin product on this tier.</p>
<b>Tier 5: (Specialty drugs)</b>	<p><i>Standard/Preferred cost sharing:</i> You pay 31% coinsurance</p> <p>Your cost for a one-month mail-order prescription is 31% coinsurance</p>	<p><i>Standard/Preferred cost sharing:</i> You pay 29% coinsurance</p> <p>Your cost for a one-month mail-order prescription is 29% coinsurance</p>
<b>Tier 6: (Select care drugs*)</b>	<p><i>Standard/Preferred cost sharing:</i> You pay \$0 copay</p>	<p><i>Standard/Preferred cost sharing:</i> You pay \$0 copay</p>

\*Tier 6 includes select generic and brand name drugs used to treat certain chronic conditions.



## Changes to the Catastrophic Coverage Stage

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
<b>Coverage Decisions &amp; Appeals</b>	Coverage Decision/Appeals (Medical) Phone: 1-888-278-6485 TTY: 1-844-642-9090 Fax: 1-605-312-8217	Coverage Decision/Appeals (Medical) Phone: 1-877-509-4979 TTY: 711 Fax: 1-715-221-9500
<b>Medicare Prescription Payment Plan</b>	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.  To learn more about this payment option, call us at 1-888-873-5611 (TTY users call 711) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a> .

	2025 (this year)	2026 (next year)
<b>Member Portal</b>	Not available in 2025.	Coming in 2026, you will have access to a new member portal. Your member portal gives you easy access to your plan information online whenever you need it. It is secure and personalized to your plan.
<b>Member Services contact information</b>	<u>Member Services</u> 1-888-278-6485 TTY: 1-888-279-1549  <u>Write</u> P.O. Box 91110 Sioux Falls, SD 57109	<u>Member Services</u> 1-877-509-4979 TTY: 711  <u>Write</u> P.O. Box 8000 Marshfield, WI 54449  Email: <a href="mailto:memberservices@align.sanfordhealthplan.com">memberservices@align.sanfordhealthplan.com</a>
<b>Payment request</b>  If you got a bill or paid for services (like a provider bill) you think we should pay for, you may need to ask us for reimbursement or to pay the provider bill.	Phone: 1-888-278-6485 TTY: 1-888-279-1549  Sanford Health Plan P.O. BOX 91110 Sioux Falls, SD 57109	Phone: 1-877-509-4979 TTY: 711  Sanford Health Plan P.O. BOX 8000 Marshfield, WI 54449-8000

	2025 (this year)	2026 (next year)
<b>Premium payment</b>	<p>Your premium payment is due on or before first of each month.</p> <p><b>Payment address:</b> P.O. Box 5076 Sioux Falls, SD 57117-5076</p> <p><b>Payment options:</b> Payment by check or money order Payment automatically withdrawn from your bank account Payment taken out of your monthly Social Security check</p>	<p>Your premium payment is due on the 27th of the month prior to the month of coverage.</p> <p><b>Payment address:</b> P.O. Box 5068 Sioux Falls, SD 57117-5068</p> <p><b>Payment options:</b> Payment by check, money order, credit or debit card are available in 2026 Payment automatically withdrawn from your bank account, credit or debit card Payment taken out of your monthly Social Security check</p>
<b>Quality Improvement Organization (QIO) – North Dakota</b>	<p>Acentra Health 5201 West Blvd Suite 900 Tampa, FL 33609</p>	<p>Acentra Health 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317</p>

### SECTION 3 How to Change Plans

**To stay in Align ChoiceElite (PPO), you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our Align ChoiceElite (PPO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Align ChoiceElite (PPO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Align ChoiceElite (PPO).

- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-877-509-4979 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227).

As a reminder, Align powered by Sanford Health Plan offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in, 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 4 Get Help Paying for Prescription Drugs

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You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** North Dakota has a program called North Dakota Prescription Connection 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 (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-701-328-2378. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-888-873-5611 (TTY users call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from Align ChoiceElite (PPO)

- **To contact us:**
  - Send us an email at [memberservices@align.sanfordhealthplan.com](mailto:memberservices@align.sanfordhealthplan.com).
  - **Call Member Services at 1-877-509-4979 (TTY users call 711.)**

We're available for phone calls 7 days a week, 8 a.m. to 8 p.m., Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1-Sept. 30. Calls to these numbers are free.
- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Align ChoiceElite (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com) or call Member Services 1-877-509-4979 (TTY users call 711) to ask us to mail you a copy.
- **Visit [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

## Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In North Dakota, the SHIP is called North Dakota State Health Insurance Counseling Program (NDSHIP).

Call the North Dakota State Health Insurance Counseling Program (NDSHIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call NDSHIP at 1-888-575-6611. Learn more about NDSHIP by visiting <https://www.insurance.nd.gov/shic-medicare>.

## Get Help 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 can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.