

# Align DualPartnership (HMO D-SNP)

offered by

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



## Annual Notice of Change for 2026

You're enrolled as a member of Align DualPartnership (HMO D-SNP).

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 DualPartnership (HMO D-SNP).
- 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/dual](http://align.sanfordhealthplan.com/dual) 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) for more information. 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 DualPartnership (HMO D-SNP)

- Align DualPartnership (HMO D-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal. Our plan also has a written agreement with the North Dakota Medicaid program to coordinate your Medicaid benefits.
- 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 DualPartnership (HMO D-SNP).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Align DualPartnership (HMO D-SNP).** Starting January 1, 2026, you’ll get your medical and drug coverage through Align DualPartnership (HMO D-SNP). 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 than this amount. Go to Section 1.1 for details.	\$0** to \$46.90 per month, depending on your level of assistance.	\$0** to \$18.30 per month, depending on your level of assistance.
<b>Deductible</b>	\$0	\$0
<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.)	\$9,350 Your North Dakota Medicaid benefit pays the Medicare cost sharing on your behalf for Medicare-covered services you receive.	\$9,250 Your North Dakota Medicaid benefit pays the Medicare cost sharing on your behalf for Medicare-covered services you receive.
<b>Primary care office visits</b>	\$0 copay per visit Your North Dakota Medicaid benefit pays the Medicare cost sharing on your behalf for Medicare-covered services you receive.	\$0 copay per visit Your North Dakota Medicaid benefit pays the Medicare cost sharing on your behalf for Medicare-covered services you receive.
<b>Specialist office visits</b>	\$0 copay per visit Your North Dakota Medicaid benefit pays the Medicare cost sharing on your behalf for Medicare-covered services you receive.	\$0 copay per visit Your North Dakota Medicaid benefit pays the Medicare cost sharing on your behalf for Medicare-covered services you receive.

	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.	\$0 copay Your North Dakota Medicaid benefit pays the Medicare cost sharing on your behalf for Medicare-covered services you receive.	\$0 copay Your North Dakota Medicaid benefit pays the Medicare cost sharing on your behalf for Medicare-covered services you receive.
<b>Part D drug coverage deductible</b> (Go to Section 1.7 for details.)	Deductible: You pay \$590. Your Extra Help from Medicare pays the Part D deductible on your behalf.	Deductible: You pay \$615. Your Extra Help from Medicare pays the Part D deductible on your behalf.
<b>Part D drug coverage</b> (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	You pay a \$0-\$4.90 copay for up to 100-day supply of generic drugs. You pay a \$0-\$12.15 copay for up to 100-day supply of brand name drugs. The amount you pay depends on the level of Extra Help you are receiving from Medicare to pay for your prescription drug plan costs. <b>Catastrophic coverage</b> During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	You pay a \$0-\$5.10 copay for up to 102-day supply of generic drugs. You pay a \$0-\$12.65 copay for up to 102-day supply of brand name drugs. The amount you pay depends on the level of Extra Help you are receiving from Medicare to pay for your prescription drug plan costs. <b>Catastrophic coverage</b> During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

## 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 unless it's paid for you by Medicaid.)	\$0** to \$46.90 per month, depending on your level of assistance.	\$0** to \$18.30 per month, depending on your level of assistance.

### 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 the rest of the calendar year.

	2025 (this year)	2026 (next year)
<b>Maximum out-of-pocket amount</b> Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for Medicare-covered medical services (such as copayments, coinsurance, and deductible) <b>count</b> toward your maximum out-of-pocket amount. Our plan premium, non-Medicare covered medical services, and your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.	\$9,350	\$9,250 Once you've paid \$9,250 out of pocket for Medicare-covered Part A and Part B services, you'll pay nothing for your covered Medicare-covered Part A and Part B services for the rest of the calendar year. Your North Dakota Medicaid benefit pays the Medicare cost sharing on your behalf for Medicare-covered services you receive.

## 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/dual](https://align.sanfordhealthplan.com/dual)) 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/dual](https://align.sanfordhealthplan.com/dual).
- 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. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

## 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 of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* ([align.sanfordhealthplan.com/pharmacy-and-drug-coverage](https://align.sanfordhealthplan.com/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 [align.sanfordhealthplan.com/pharmacy-and-drug-coverage](https://align.sanfordhealthplan.com/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

The Annual Notice of Change tells you about changes to your Medicare and Medicaid benefits and costs.

	2025 (this year)	2026 (next year)
<b>Dental services</b>	Annual allowance for dental services is \$1,250.	Annual allowance for dental services is \$1,500.
<b>Over-the-counter items and drugs</b>	You are eligible for a \$130 allowance per month to be used toward the purchase of select over-the-counter (OTC) health and wellness products available through our mail order catalog.	You are eligible for a \$130 allowance every three months to be used toward the purchase of select over-the-counter (OTC) health and wellness products available through our mail order catalog.
<b>Urgently needed services</b>	We will charge you 20% coinsurance not to exceed \$45 per visit which will not be reimbursed.	We will charge you 20% coinsurance not to exceed \$40 per visit which will not be reimbursed.
<b>Value-Based Insurance Design (VBID) Model</b>  If you are receiving “Extra Help” you are eligible for VBID benefits and services. Your Healthy Benefits+ Flex Card provides you with a quarterly allowance for healthy foods and utilities.	Your annual allowance for healthy foods and utilities:  Up to a \$130 maximum plan coverage allowance every month for VBID items.	The Value-Based Insurance Design (VBID) Model plan allowance for healthy food and utilities is no longer offered.

## 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 [align.sanfordhealthplan.com/pharmacy-and-drug-coverage](https://align.sanfordhealthplan.com/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 brand-name drugs until you reach the yearly deductible. Your Extra Help from Medicare pays the Part D deductible on your behalf.

- **Stage 2: Initial Coverage**

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 total drug costs reach \$2,100.

- **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.

The table shows your cost per prescription during this stage.

Stage	2025 (this year)	2026 (next year)
<b>Stage 1: Yearly Deductible</b>	The deductible is \$590. Your Extra Help from Medicare pays the Part D deductible on your behalf.	The deductible is \$615. Your Extra Help from Medicare pays the Part D deductible on your behalf.

## Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

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 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).

Stage	2025 (this year)	2026 (next year)
<b>Stage 2: Initial Coverage Stage</b>	Your cost for a 30-day supply filled at a network pharmacy is:	Your cost for a 34-day supply filled at a network pharmacy is:
<b>Generic drugs</b>	You pay a \$0 - \$4.90 copay for generic drugs.	You pay a \$0 - \$5.10 copay for generic drugs.
<b>Brand-name drugs</b>	<p>You pay a \$0 - \$12.15 copay for brand-name drugs.</p> <p>The amount you pay depends on the level of Extra Help you are receiving from Medicare to pay for your prescription drug plan costs.</p> <p>Once you have paid \$2,000 out of pocket for part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>You pay a \$0 - \$12.65 copay for brand-name drugs.</p> <p>The amount you pay depends on the level of Extra Help you are receiving from Medicare to pay for your prescription drug plan costs.</p> <p>Once you have paid \$2,100 out of pocket for part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

## 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>Benefit Eligibility</b>	If you're within our plan's <b>6-month</b> period of deemed continued eligibility, we'll continue to provide all plan-covered benefits, and your cost-sharing amounts don't change during this period.	If you're within our plan's <b>3-month</b> period of deemed continued eligibility, we'll continue to provide all plan-covered benefits, and your cost-sharing amounts don't change during this period.
<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
<b>Pharmacy Mail Order</b>	Not available in 2025	Pharmacy mail order is available. See the Evidence of Coverage for details.

	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>	Acentra Health 5201 West Blvd Suite 900 Tampa, FL 33609	Acentra Health 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317

### SECTION 3 How to Change Plans

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

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 DualPartnership (HMO D-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Align DualPartnership (HMO D-SNP).

- **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 4).
- **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, Sanford Health Plan offers other Medicare health 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 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 may 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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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 may 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 can call, 1-800-325-0778.
  - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** North Dakota has a state pharmaceutical assistance 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 this 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 North Dakota 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 the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-877-873-5611 (TTY users call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from Sanford Health Plan

- 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 DualPartnership (HMO D-SNP). 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/dual](http://align.sanfordhealthplan.com/dual) or call Member Services at 1-877-509-4979 (TTY users call 711) to ask us to mail you a copy.
- **Visit [align.sanfordhealthplan.com/dual](http://align.sanfordhealthplan.com/dual)**

Our website has the most up-to-date information about our provider network (*Provider 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](https://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](https://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](https://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](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Get Help from Medicaid

To get information from Medicaid, you can call North Dakota Department of Health Services Medicaid Member Services at 1-800-362-3002 (TTY users call 711 or 1-800-947-3529).