Align DualPartnership (HMO D-SNP)

Align DualPartnership (HMO D-SNP) H8967-003

SUMMARY OF BENEFITS

January 1, 2026 - December 31, 2026

This booklet gives you a summary of drug and health services covered by Align DualPartnership (HMO D-SNP). It is an overview of what we cover and what you pay. The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call one of the Member Services representatives and request the “Evidence of Coverage” or access it online at align.sanfordhealthplan.com/dual.

To Reach Our Member Services Representatives:

- Please call 1-877-509-4979 (TTY 1-888-279-1549) for more information.
- For Medicare Part D drug coverage information, call 1-844-642-9090.
- Hours are 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.

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.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid.

How much Medicaid covers depends on your income, resources and other factors.

You can enroll in this plan if you are in one of these Medicaid categories:

To enroll in Align DualPartnership (HMO D-SNP):

- You must have both Medicare Part A and Part B,
- You are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits,
- And you live in our geographic service area.

Our service area includes these counties in North Dakota: Burleigh, Cass, and Morton.

Align DualPartnership (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at align.sanfordhealthplan.com/dual. If you use providers that are not in our network, the plan may not pay for these services. Benefits, premium, deductible, and/or cost-sharing may change on January 1 of each year.

Limitations, copays, and restrictions may apply.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call the Member services number.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Benefits and Premiums	You Pay
* Referral required + Your provider must obtain prior authorization from our plan ** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0	
Monthly Plan Premium	$0** to $18.30 per month, depending on your level of financial assistance
Deductible	The Part B deductible is $0** or $257 and applies to in-network services. This is the 2025 cost-sharing amount and may change in 2026. Align DualPartnership (HMO D-SNP) will provide updated rates as soon as they are released. The Part A deductible was $1,676. This is the 2025 cost-sharing amount and may change in 2026. Align DualPartnership (HMO D-SNP) will provide updated rates as soon as they are released.
Maximum Out-of-Pocket Amount* *Does Not Include Part D Prescription Drugs	$9,250** per year

Benefits and Premiums	Align DualPartnership	Medicaid
Inpatient Hospital Coverage+	This is the 2025 cost-sharing amount and may change in 2026. $0** to $1,676 deductible for each benefit period. Days 1-60: $0 copay for each benefit period. Days 61-90: $419 copay per day of each benefit period. Days 91 and beyond: $838 copay for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs.	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
Outpatient Hospital Services+	$0** to 20% coinsurance per visit	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
Outpatient Hospital Observation Services	$0** to $100 copay per stay	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
Ambulatory Surgical Center (ASC) Services+	$0** to 20% coinsurance per visit	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.

Benefits and Premiums	Align DualPartnership	Medicaid
Doctor Visits Primary Care Providers	$0 copay per visit	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility.
Specialists	$0** to 20% coinsurance per visit	Some Specialty services require service authorization. Limits may apply
Preventive Care Such as immunizations, wellness visits, and diabetic screenings. See your Evidence of Coverage for a full list of covered services.	$0 copay per visit for Medicare Covered Preventive care	North Dakota Medicaid covered benefit.
Emergency Care	$0** to $90 copay per visit *ER cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.*	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
Urgently Needed Services	$0** to 20% coinsurance, up to a $40 maximum per visit *Urgently needed care services cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.*	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.

Benefits and Premiums	Align DualPartnership	Medicaid
Diagnostic Services / Labs / Imaging+		
Diagnostic Tests and Procedures +	$0** to 20% coinsurance *Prior authorization is required for outpatient diagnostic procedures and tests.*	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
Lab Services +	$0 copay per visit *Prior authorization is required for outpatient lab services.* *No authorization required for lab services rendered in any place of service, except for Genetic Testing, which does require authorization.*	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
Diagnostic Radiology Services (e.g. MRI, CAT Scan) +	$0** to 20% coinsurance *Prior authorization is required for outpatient diagnostic radiology services.*	
Therapeutic Radiology Services +	$0** to 20% coinsurance per visit *Prior authorization is required for outpatient therapeutic radiology services.*	
Outpatient X-rays +	$0** to 20% coinsurance per visit *Authorization only required for high-end imaging.*	

Benefits and Premiums	Align DualPartnership	Medicaid
Hearing Services		
Medicare-Covered Hearing Exam	$0** to 20% coinsurance per visit	Not covered
Supplemental Benefits Routine Hearing Exam	$0 copay for 1 routine hearing exam every year, unlimited fitting and evaluation for hearing aids. Hearing aid fitting/evaluation: unlimited visits every year	
Hearing Aids	$2,000 maximum plan coverage amount every year (for both ears combined) for prescription hearing aids. Note: Cost-sharing for a non-Medicare covered hearing exam and hearing aids is not included in the annual maximum out-of-pocket amount. *Your Healthy Benefits+ Flex Card will provide you with an annual shared allowance for hearing and vision out-of-pocket costs for additional covered services. See your plan's Evidence of Coverage for additional details.*	Covered by North Dakota Medicaid, based on medical necessity. Cost share based on level of Medicaid eligibility. Some services require service authorization.

Benefits and Premiums	Align DualPartnership	Medicaid
Dental Services Medicare-Covered Dental Services	$0** to 20% coinsurance per visit	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Visit North Dakota Medicaid handbook for coverage limitations.
Supplemental Benefits Preventive Dental Services	$1,500 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services. This amount is combined with the diagnostic and preventive dental services benefit. The following preventive dental services are covered: • 2 oral exams every year • 2 cleanings every year • 1 bitewing x-ray per year; 1 full mouth x-ray every 5 years.	

Benefits and Premiums	Align DualPartnership	Medicaid
Comprehensive Dental Services	The following comprehensive dental services are covered: • Restorative Services: 1 visit every 2 years • Endodontics: 1 visit; root canal therapy - 1 per lifetime • Periodontics: 1 visit every 3 years Note: Cost-sharing for non-Medicare covered dental services are not included in the annual maximum out-of-pocket amount. *Your Healthy Benefits+ Flex Card will provide you with the annual allowance for dental out-of-pocket costs for additional covered services. See your plan's Evidence of Coverage for additional details.*	

Benefits and Premiums	Align DualPartnership	Medicaid
Vision Care Medicare-Covered Eye Exams Medicare-Covered Eyewear *Supplemental Benefits* Routine Eye Exam <u>Eyewear:</u> Eyeglasses & Contacts (lenses and frames), Upgrades	20% coinsurance 20% coinsurance $0 copay for one routine eye exam every year You pay $0 for eyeglass lenses or contact lenses (in lieu of eyeglasses). Eyeglass lenses: single vision, lined bifocal, lined trifocal and lenticular: 1 pair every year. VSP provides an annual hardware allowance of $100 at in-network providers. You pay any amount over $100. Contact lenses (in lieu of eyeglasses). Note: Cost-sharing for non-Medicare covered vision exams and eyeglasses or contacts are not included in the annual maximum out-of-pocket amount. *Your Healthy Benefits+ Flex Card will provide you with an annual shared allowance for hearing and vision out-of-pocket costs for additional covered services. See your plan's Evidence of Coverage for additional details.*	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Limitations may apply.

Benefits and Premiums	Align DualPartnership	Medicaid
Mental Health Services+ Inpatient Psychiatric +	This is the 2025 cost-sharing amount and may change in 2026. $0** to $1,676 deductible for each benefit period. Days 1-60: $0 copay for each benefit period. Days 61-90: $419 copay per day of each benefit period. Days 91 and beyond: $838 copay for each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs.	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
Outpatient Individual Visits* Outpatient Group Therapy Visits*	$0** to 20% coinsurance per visit $0** to 20% coinsurance of per visit	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.
Ambulance Services Ground Ambulance Air Ambulance	 $0** to 20% coinsurance per trip $0** to 20% coinsurance per trip	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility.
Foot Care (Podiatry Services) Foot exams and treatment	 $0** to 20% coinsurance for Medicare-Covered services, diabetic foot care.	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility.
Cardiac Rehab	$0** to 20% coinsurance	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility.

Benefits and Premiums	Align DualPartnership	Medicaid
Pulmonary Rehab	$0** to 20% coinsurance	Referred to North Dakota Medicaid manual for coverage.
Occupational Therapy	$0** to 20% coinsurance	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Limits apply.
Physical Therapy	$0** to 20% coinsurance	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Limits apply.
Speech Therapy	$0** to 20% coinsurance	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Limits apply.
Transportation (Additional Routine)	$360 maximum plan coverage amount every 3 months for routine transportation services.	Covered by North Dakota Medicaid, cost share based on level of Medicaid eligibility. Some services require service authorization.

Benefits and Premiums	Align DualPartnership	Medicaid
Skilled Nursing Facility (SNF) Care	You pay the 2026 Original Medicare cost-sharing amounts. These are the 2025 cost-sharing amounts and may change for 2026. 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. *No prior authorization required for Medicare-covered SNF stays.*	Refer to North Dakota Long Term Care Services for coverage.
Medicare Part B Prescription Drugs + Chemotherapy Drugs + Other Part B Drugs + Insulin	 0% to 20% coinsurance 0% to 20% coinsurance 0% to 20% coinsurance with no copay being more than $35 for a one-month supply of each insulin product *Prior authorization is required for some medications.*	Some limits apply—See North Dakota Medicare Pharmacy Manual.

Benefits and Premiums	Align DualPartnership	Medicaid
Outpatient Prescription Drugs Deductible Cost-sharing for Covered Drugs	*$615 for all Part D drugs. <u>Standard Retail/Mail Order Cost-Sharing</u> 34-day supply: 25% of the total cost 102-day supply: 25% of the total cost <u>Long-Term Care (LTC) Cost-sharing</u> 31-day supply: 25% of the total cost * Cost-sharing may be less based on the level of “Extra Help”.	Not Applicable Not Applicable
Flex Card Over-the-counter items Members must obtain OTC from plan-authorized vendor. Members may order OTC items from vendor via mail, in-store shopping, phone, mobile phone app or website. Members may access their OTC benefit through a program that delivers to their home Hearing and Vision	$130 maximum plan coverage amount every 3 months for OTC items. Unused OTC Allowance dollars do not roll over to the next quarter or the next calendar year. Flex card covering Hearing and Vision at $2,000 annual limit.	Not Applicable

Benefits and Premiums	Align DualPartnership	Medicaid
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacy or mail order) reach $2,100, you pay nothing for covered Part D drugs.	Not Applicable
	Cost-sharing may differ based on point-of-service (retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term supply (34-days) or long-term supply (102-days).	Not Applicable
	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. *You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. * Cost-sharing may be less based on the level of "Extra Help".	Not Applicable

Notice of Availability

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-509-4979 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-509-4979 (TTY: 711) o hable con su proveedor.

Oromo: HUBADHAA: Yoo afaan Oromoo dubbattu ta'e, tajaajilli gargaarsa afaanii bilisaa siniif ni argama. Gargaarsi gargaaraa fi tajaajilli sirrii ta’ee fi odeeffannoo bifa dhaqqabamaa ta’een kennuunis bilisaan ni argama. Bilbilaa 1-877-509-4979 (TTY: 711) yookiin dhiyeessaa kee waliin haasa'aa.

Amharic: ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-509-4979 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Hmong: LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-509-4979 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-509-4979 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Simplified Chinese: 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-509-4979（文本电话：711）或咨询您的服务提供商。

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-509-4979 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

French: ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-509-4979 (TTY: 711) ou parlez à votre fournisseur.

Arabic:

نبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-509-4979 (711) أو تحدث إلى مقدم الخدمة.

Karen: ဆူ- နမ့်ကတိၤ ထၢနှာ်လီၤဖဲအံၤ အဃိ, တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလာ် ဘူဉ်လာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နှၤ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနှ့်အီၤသ့တဖဉ် လၢတလာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-877-509-4979 (TTY: 711) မ့တမ့်ၢ် ကတိၤတၢ်ဒီး နပှၤလၢဟ့ဉ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတကွၢ်.

Swahili: MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-509-4979 (TTY: 711) au zungumza na mtoa huduma wako.

Yoruba: ÀKÍYÈSI: Tí o bá lè sọ èdè Yorùbá, àwọn ètò ìrànlọ́wọ́ èdè wà lọ́fẹ̀ẹ́ fún ọ. A ó tún pèsè àwọn ohun èlò ìrànlọ́wọ́ àti àwọn iṣẹ́ tó bá yẹ láti pèsè ìsọfúnni nípa àwọn ọ̀nà tí ó rọrùn láti lóye lọ́fẹ̀ẹ́. Pe 1-877-509-4979 (TTY: 711) tàbí kí o bá olùpèsè rẹ sọ̀rọ̀.

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-509-4979 (TTY: 711) или обратитесь к своему поставщику услуг.

Laos: ຊຶ່ນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-509-4979 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Nepali: सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-877-509-4979 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Large print – If you require materials in large print, please call 1-877-509-4979 (TTY: 711).

Notice of Nondiscrimination

Discrimination is against the law. Sanford Health complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

Sanford Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
  - If you need these services, please contact Member Services at 1-877-509-4979 (TTY 711)

If you believe that Sanford Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation, you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103
Telephone Number: (877) 473-0911 (TTY 711)
Fax: (605) 312-9886
Email: shpcompliance@sanfordhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW. Room 509F, HHH Building Washington, DC 20201
Phone: 1-800-368-1019 (TDD 800-537-7697)
More information is available at http://www.hhs.gov/ocr/index.html.