



Align ChoiceElite (PPO) powered by Sanford Health Plan
offered by
Sanford Health Plan

Annual Notice of Changes for 2023

You are currently enrolled as a member of Align ChoiceElite (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.**

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 2023 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 2023* 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, 2022, you will stay in Align ChoiceElite (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, 2023**. This will end your enrollment with Align ChoiceElite (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 October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30
- This document is also available in braille and in 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 ChoiceElite (PPO)

- Align ChoiceElite (PPO) is a PPO plan with a Medicare contract. Enrollment depends on contract renewal.
- When this document says "we," "us," or "our," it means Align ChoiceElite (PPO) powered by Sanford Health Plan (Plan/Part D sponsor). When it says "plan" or "our plan," it means Align ChoiceElite (PPO).

H-8385_002_2023_ANOC_AlignChoiceElite_ND_C File & Use 09092022

Annual Notice of Changes for 2023

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Align ChoiceElite (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. (See Section 2.1 for details.)	\$49	\$49
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	From in-network and out-of-network providers combined: \$4,000	From in-network and out-of-network providers combined: \$4,000
Doctor office visits	Primary care visits: <i>In-network:</i> \$0 copay per visit <i>Out-of-network:</i> \$10 copay per visit Specialist visits: <i>In-network:</i> \$0 copay per visit <i>Out-of-network:</i> \$20 copay per visit	Primary care visits: <i>In-network:</i> \$0 copay per visit <i>Out-of-network:</i> \$10 copay per visit Specialist visits: <i>In-network:</i> \$0 copay per visit <i>Out-of-network:</i> \$20 copay per visit

Cost	2022 (this year)	2023 (next year)
Inpatient hospital stays	<p>In-network: \$350 copay per stay</p> <p>Out-of-network: You pay \$0 copay per day for days 1-60; \$389 copay per day for days 61-90; \$778 copay per day for days 91-150.</p>	<p>In-network: \$350 copay per stay</p> <p>Out-of-network: You pay the 2023 Original Medicare cost-sharing amounts. These are the 2022 cost-sharing amounts and may change for 2023. Deductible: \$1,556</p> <ul style="list-style-type: none"> • Days 1-60: \$0 copay • Days 61-90: \$389 copay per day • Days 91 and beyond: \$778 copay per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: \$ 0 per year for Tiers 1, 2 \$300 per year for Tiers 3, 4, 5	Deductible: \$ 0 per year for Tiers 1, 2 \$300 per year for Tiers 3, 4, 5
	Copayment during the Initial Coverage Stage:	Copayment during the Initial Coverage Stage:
	<u>Standard cost-sharing</u>	<u>Standard cost-sharing</u>
	<ul style="list-style-type: none"> • Drug Tier 1: \$2 • Drug Tier 2: \$10 • Drug Tier 3: \$47 • Drug Tier 4: \$100 • Drug Tier 5: 30% coinsurance 	<ul style="list-style-type: none"> • Drug Tier 1: \$2 • Drug Tier 2: \$10 • Drug Tier 3: \$47 • Drug Tier 4: \$100 • Drug Tier 5: 30% coinsurance
		<u>Preferred cost-sharing</u>
		<ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$4 • Drug Tier 3: \$42 • Drug Tier 4: \$100 • Drug Tier 5: 30% coinsurance

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Align ChoiceElite (PPO) in 2023

If you do nothing by December 7, 2022, we will automatically enroll you in our Align ChoiceElite (PPO). This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through Align ChoiceElite (PPO). If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$49	\$49

- 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 7 regarding “Extra Help” from Medicare.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts

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.

Cost	2022 (this year)	2023 (next year)
In-network maximum out-of-pocket amount 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.	\$4,000	\$4,000 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.

Cost	2022 (this year)	2023 (next year)
Combined maximum out-of-pocket amount 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.	\$4,000	\$4,000 Once you have paid \$4,000 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Network

An updated *Provider Directory and/or Pharmacy Directory* is located on our website at <https://www.sanfordhealthplan.com/align>. You may also call Member Services for updated information or to ask us to mail you a *Provider Directory and/or Pharmacy Directory*. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of providers for next year. **Please review the 2023 *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 2023 *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 2.4 – 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	2022 (this year)	2023 (next year)
Dental Services	<p><i>In-network:</i> \$0 copay \$600 comprehensive allowance</p> <p>Cleaning (for up to 2 per year; prophylaxis only - does not include periodontal cleaning) Dental X-ray(s) (for up to 2 per year) Oral Exam (for up to 2 per year).</p>	<p>Preventive Dental <i>In-network:</i> \$0 copay <i>Out-of-network:</i> 50% coinsurance</p> <p><i>Preventive Dental Services include:</i> 2 Oral exams every year 2 Cleanings every year 1 set of bitewing x-rays annually 1 Panoramic x-ray every 5 years</p> <p>Comprehensive Dental <i>In-network:</i> 50% coinsurance <i>Out-of-network:</i> 50% coinsurance</p> <p><i>Comprehensive Dental Services include:</i> <u>Restorative Service:</u> 1 filling every 2 years (24 months) <u>Endodontics:</u> 1 root canal therapy per lifetime <u>Periodontics:</u> 1 scaling and root planning every 3 years (36 months) <u>Extractions</u> are unlimited <u>Prosthodontics</u>, other oral/maxillofacial surgery, and other services: <u>Crowns:</u> 1 every 5 years <u>Oral Surgery:</u> 1 per lifetime (alveoloplasty, osseous, osteoperiosteal, or cartilage graft) A maximum amount of \$1,300 for Comprehensive Dental services every year. (<i>In-network and Out-of-network combined</i>)</p>

Cost	2022 (this year)	2023 (next year)
Skilled Nursing Facility (SNF)	<p>Our plan covers up to 100 days in a SNF. Requires a qualifying 3-day inpatient hospital stay.</p> <p><u>In-network:</u></p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$184 copay per day for days 21 through 42 You pay nothing per day for days 43 through 100 <p><u>Out-of-network:</u></p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$184 copay per day for days 21 through 100 	<p>Our plan covers up to 100 days in a SNF.</p> <p><u>In-network and Out-of-network:</u></p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$184 copay per day for days 21 through 42 You pay nothing per day for days 43 through 100
Inpatient Hospital Coverage	<p><u>In-network:</u> \$350 per stay</p> <p><u>Out-of-network:</u> Deductible: \$1,556</p> <p>You pay:</p> <ul style="list-style-type: none"> \$0 copay per day for days 1-60; \$389 copay per day for days 61-90; \$778 copay per day for days 91-150. 	<p><u>In-network:</u> \$350 per stay</p> <p><u>Out-of-network:</u> You pay the 2023 Original Medicare cost-sharing amounts. These are the 2022 cost-sharing amounts and may change for 2023.</p> <p>Deductible: \$1,556</p> <ul style="list-style-type: none"> Days 1-60: \$0 copay Days 61-90: \$389 copay per day Days 91 and beyond: \$778 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) <p>Each day after lifetime reserve days: All costs</p>

Cost	2022 (this year)	2023 (next year)
Inpatient Psychiatric	<u>In-network:</u> \$350 per stay <u>Out-of-network:</u> Standard Medicare cost share Deductible: \$1,556 You pay: <ul style="list-style-type: none"> • \$0 copay per day for days 1-60; • \$389 copay per day for days 61-90; • \$778 copay per day for days 91-150. 	<u>In-network:</u> \$350 per stay <u>Out-of-network:</u> You pay the 2023 Original Medicare cost-sharing amounts. These are the 2022 cost-sharing amounts and may change for 2023. Deductible: \$1,556 <ul style="list-style-type: none"> • Days 1-60: \$0 copay • Days 61-90: \$389 copay per day • Days 91 and beyond: \$778 copay per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime) Each day after lifetime reserve days: All costs
Medicare Part B Prescription Drugs	<u>In-network and Out-of-network:</u> 20% coinsurance for chemotherapy and other Part B drugs	<u>In-network and Out-of-network:</u> 20% coinsurance for chemotherapy and other Part B drugs \$100 copay for Prolia
Mom’s Meals	162 Meals: 2 meals a day for 12 weeks (chronic condition) 56 Meals: 2 meals a day for 4 weeks (inpatient stay)	<u>You pay nothing for:</u> 168 meals: 2 meals per day, 7 days a week for 12 weeks <u>You pay nothing for:</u> 56 meals for a 28-day maximum
Over the Counter (OTC) Benefit	\$60 quarterly allowance	\$75 quarterly allowance

Section 2.5 – 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 provided electronically. **You can get the *complete Drug List*** by calling Member Services (see the back cover) or visiting our website (GreatPlainsMedicareAdvantage.com).

We have not made any changes to our Drug List for next year. However, during the year, we might make other changes that are allowed by Medicare rules. We can also 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.

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 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 you haven’t received this insert by September 30th, 2022, 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.)

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin – 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.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Tier 3 – Preferred Brand, Tier 4 – Non-Preferred Brand, and Tier 5 Specialty Tier drugs until you have reached the yearly deductible.	The deductible is \$150 During this stage, you pay the plan's cost sharing for drugs on: Tier 1: Preferred Generic: <i>Standard cost-sharing:</i> You pay \$2 per prescription. Tier 2: Generic: <i>Standard cost-sharing:</i> You pay \$10 per prescription. You pay the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.	The deductible is \$150 During this stage, you pay the plan's cost sharing for drugs on: Tier 1: Preferred Generic: <i>Standard cost-sharing:</i> You pay \$2 per prescription. <i>Preferred cost-sharing:</i> You pay \$0 per prescription. Tier 2: Generic: <i>Standard cost-sharing:</i> You pay \$10 per prescription. <i>Preferred cost-sharing:</i> You pay \$4 per prescription. You pay the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>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.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We added Preferred Networks for 2023.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: Preferred Generic: <i>Standard cost-sharing:</i> You pay \$2 per prescription</p> <p>Tier 2: Generic: <i>Standard cost-sharing:</i> You pay \$10 per prescription</p> <p>Tier 3: Preferred Brand <i>Standard cost-sharing:</i> You pay \$47 per prescription.</p> <p>Tier 4: Non-Preferred Brand: <i>Standard cost-sharing:</i> You pay \$100 per prescription.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: Preferred Generic: <i>Standard cost-sharing:</i> You pay \$2 per prescription. <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Tier 2: Generic: <i>Standard cost-sharing:</i> You pay \$10 per prescription. <i>Preferred cost-sharing:</i> You pay \$4 per prescription.</p> <p>Tier 3: Preferred Brand <i>Standard cost-sharing:</i> You pay \$47 per prescription. <i>Preferred cost-sharing:</i> You pay \$42 per prescription.</p> <p>Tier 4: Non-Preferred Brand: <i>Standard cost-sharing:</i> You pay \$100 per prescription. <i>Preferred cost-sharing:</i> You pay \$100 per prescription.</p>

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>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.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We added Preferred Networks for 2023.</p>	<p>Tier 5: Specialty Tier: <i>Standard cost-sharing:</i> You pay 30% of the total cost.</p> <hr/> <p>Once your total drugs costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Tier 5: Specialty Tier: <i>Standard cost-sharing:</i> You pay 30% of the total cost.</p> <p><i>Preferred cost-sharing:</i> You pay 30% of the total cost.</p> <hr/> <p>Once your total drugs costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 3 Administrative Changes

The administrative processing of dental claims is moving from internal processing to being administered through Delta Dental.

The addition of a Preferred Pharmacy Network has been added to allow more pharmacy options at a reduced cost-sharing.

Description	2022 (this year)	2023 (next year)
Dental benefit administration and claims processing	Dental benefits administration and processing performed internally.	Dental benefits administration and processing performed by Delta Dental.

Pharmacy Network options

Standard Pharmacy
Network prices

In addition to the Standard Pharmacy network, added Preferred Pharmacies into the Network.

Preferred PharmaciesInclude:

Sanford, Lewis Drug, CVS, Seip, Gateway, and Thrifty White.

**Tier 1: Preferred
Generic:**

Standard cost-sharing:

30 day supply: \$4 copay
60 day supply: \$8 copay
90 day supply: \$10 copay

**Tier 1: Preferred
Generic:**

Standard cost-sharing:

30 day supply: \$4 copay
60 day supply: \$8 copay
90 day supply: \$10 copay

**Tier 1: Preferred
Generic:**

Preferred cost-sharing:

30, 60, 90 day supply:
\$0 copay

Tier 2: Generic:

Standard cost-sharing:

30 day supply: \$10 copay
60 day supply: \$20 copay
90 day supply: \$25 copay

Tier 2: Generic:

Standard cost-sharing:

30 day supply: \$10 copay
60 day supply: \$20 copay
90 day supply: \$30 copay

Tier 2: Generic:

Preferred cost-sharing:

30 day supply: \$4 copay
60 day supply: \$8 copay
90 day supply: \$12 copay

Tier 3: Preferred Brand

Standard cost-sharing:

30 day supply: \$47 copay
60 day supply: \$94 copay
90 day supply: \$117.50
copay

Tier 3: Preferred Brand

Standard cost-sharing:

30 day supply: \$47 copay
60 day supply: \$94 copay
90 day supply: \$141
copay

Tier 3: Preferred Brand

Preferred cost-sharing:

30 day supply: \$42 copay
60 day supply: \$84 copay

Description	2022 (this year)	2023 (next year)
		90 day supply: \$126 copay
	Tier 4: Non-Preferred Brand: <i>Standard cost-sharing:</i> 30 day supply: \$100 copay 60 day supply: \$200 copay 90 day supply: \$250 copay	Tier 4: Non-Preferred Brand: <i>Standard & Preferred cost-sharing:</i> 30 day supply: \$100 copay 60 day supply: \$200 copay 90 day supply: \$300 copay
	Tier 5: Specialty Tier: <i>Standard cost-sharing:</i> 30, 60, or 90 day supply: 30% coinsurance	Tier 5: Specialty Tier: <i>Standard & Preferred cost-sharing:</i> 30, 60, or 90 day supply: 30% coinsurance

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Align ChoiceElite (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 ChoiceElite (PPO).

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 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, there may be 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 2023* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Align ChoiceElite (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 ChoiceElite (PPO).
 - To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled Align ChoiceElite (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. 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 5 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, 2023.

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, 2023, 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, 2023.

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 6 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 North Dakota, the SHIP is called North Dakota State Health Insurance Counseling Program (SHIC).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. North Dakota State Health Insurance Counseling Program (SHIC) 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 North Dakota State Health Insurance Counseling Program (SHIC) at 1-888-575-6611. You can learn more about North Dakota State Health Insurance Counseling Program (SHIC) by visiting their website ([http:// www.nd.gov/ndins/shic](http://www.nd.gov/ndins/shic)).

SECTION 7 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.** North Dakota Rx Assistance Programs has a program called North Dakota Rx Card 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 **North Dakota AIDS Drug Assistance Program**. For information on eligibility criteria, covered

drugs, or how to enroll in the program, please call **1-701-328-2378** or toll-free at **1-800-472-2180**.

SECTION 8 Questions?

Section 8.1 – Getting Help from Align ChoiceElite (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 October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Calls to these numbers are free.

Read your 2023 *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 2023. For details, look in the 2023 *Evidence of Coverage* for Align ChoiceElite (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 can also review the attached *Evidence of Coverage* to see if other benefit or cost changes affect you. 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 8.2 – 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* 2023

Read the *Medicare & You* 2023 handbook. Every fall, this booklet 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.