



2026

Medicare Advantage Member Handbook

Align powered by Sanford Health Plan

- Align DualPartnership (HMO D-SNP)

align.sanfordhealthplan.com/dual


powered by
SANFORD HEALTH PLAN

WELCOME to

align

powered by
SANFORD HEALTH PLAN

Use this handbook to get started making the most of your benefits. Inside, you'll find steps for how to access your benefits, file a claim and more.

If you can't find what you are looking for in this handbook, please visit align.sanfordhealthplan.com/dual or contact our customer service team at **(877) 509-4979 (TTY: 711)**.

You can also access all your plan information on your online member portal. Portal access and benefits begin with the start of your plan coverage on or after Jan. 1, 2026.

Thank you for trusting us on your health journey.

You are enrolled in a Medicare Advantage HMO SNP plan

SNP stands for special needs plan. These plans are available to people with specific characteristics. A SNP plan provides personalized care and assistance including a care management team to assist with coordination of benefits, communication with providers, assistance with resources and services. We help you understand both your Medicare and Medicaid benefits. As a member of this plan, you are enrolled in both Medicare and Medicaid. Medicaid may pay for services that are not paid for by Medicare. These plans combine coverage for hospital stays with coverage for doctor visits. Our Medicare Advantage plans are health maintenance organization (HMO) plans with a network of doctors and hospitals working together to provide care. Your enrollment means Security Health Plan provides your Medicare coverage plus added benefits, a few of which are described throughout this booklet. You are also enrolled in Medicaid, which is a joint federal and state government program that helps with medical costs for people who qualify. Medicaid-covered benefits may be provided by your Align DUALPartnership plan, which has a contract with your state Medicaid.

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We're here to help

Customer service

Our customer service team is only a phone call away when you have questions or need assistance.



Email memberservices@alignmedicareadvantage.com



Call **(877) 509-4979 (TTY: 711)**



Standard hours are Monday through Friday from 8 a.m. to 8 p.m. local time. From October through March, our hours are extended to seven days a week from 8 a.m. to 8 p.m. local time.



Speak with your Care Management team.

This team will reach out to you and will be your main point of contact to help you navigate your plan and your health care needs. They will keep in touch with you throughout the year and will help you through any transitions with your health.

Other departments	Questions about:	Phone number
Pharmacy	Prior authorization of prescription drug coverages and covered medication list (formulary).	(844) 642-9090
Utilization management	Prior authorization of medical services and utilization review.	(877) 509-4979
Care management	Care management, health management and social work programs.	(888) 315-0884
Vision impaired services	Large print materials or recorded versions of our documents are available upon request.	(877) 509-4979 (TTY: 711)
Language assistance	Free language assistance is available for those who speak a language other than English.	(877) 509-4979 (TTY: 711)
To report potential fraud, waste and abuse, send an email to shpcompliance@sanfordhealth.org or call our anonymous hotline at (877) 473-0911 (TTY: 711) .		



Are you a caregiver?

We understand your important role in the health of our members. We are here to assist you as you care for your loved one, and encourage you to reach out with any questions or concerns.

Steps to get started with your plan

1

Use your ID card: Bring your ID card to doctor's appointments and the pharmacy when you fill prescriptions. Your ID card is also available on your Member portal.

If your ID card is damaged, lost or stolen, contact our customer service team or log into your Member portal to order a new card.

Acceptance of your ID card does not ensure medical or pharmacy services will be covered under your benefits.



2

Register for your Member portal: Your portal gives you easy access to your plan information online whenever you need it. It is secure and personalized to your plan. Visit align.sanfordhealthplan.com/welcome to register for your portal.

3

Read your plan documents: Use your portal to read your plan documents, like your Evidence of Coverage (EOC), and review claims, balances, prior authorizations and more.

4

Fill out your Health Risk Assessment: Your care team will be reaching out to ask you to participate in a health risk assessment to learn about your health needs before developing a plan to help you reach your health goals. This assessment is required for all D-SNP members.

5

Speak with your Care Management team: This team will reach out to you and will be your main point of contact to help you navigate your plan and your health care needs. They will keep in touch with you throughout the year and will help you through any transitions with your health.

6

Choose a primary care provider: Visit align.sanfordhealthplan.com to search for doctors near you using our provider directory. Then, schedule your annual wellness visit.



TIP: Add your primary care provider to your member portal to personalize your health care experience

7

Fill your prescriptions: Save on medication costs by using a preferred pharmacy for your prescriptions, such as CVS, Gateway Pharmacy, Lewis Drug, Sanford Health Pharmacy, Seip Drug and Thrifty White Pharmacy. To learn more about your pharmacy coverage, call **(844) 642-9090 (TTY: 711)**.

Important documents

These important documents contain details about your benefits and coverage. You can easily access them at any time on your secure Member portal.



Evidence of Coverage (EOC): This is your main guide for reviewing all your benefits and provisions. It provides a complete overview and description of all benefits, exclusions, prescriptions, appeals, denials, claims, enrollment, notices, policies and more.



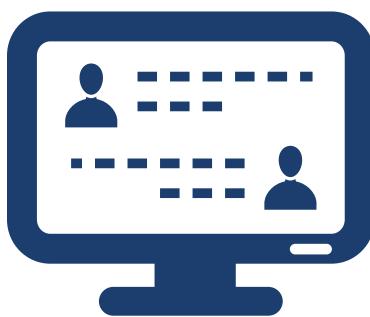
Summary of Benefits (SOB): Deductible and copay information, out-of-pocket limits, information about covered services, provider network, referral information, pharmacy information and costs.



Covered medication list (formulary): A list of regular and specialty medications that are covered, not covered, or require prior authorization or step therapy.



Provider Network: Visit align.sanfordhealthplan.com or log in to your member portal account to access the most up-to-date Provider and Pharmacy Network Directory.



Member Portal

Visit align.sanfordhealthplan.com/welcome to sign in or register for 24/7 access to all of your benefit information including:

- Summary of Benefits (SOB)
- Evidence of Coverage (EOC)
- Pharmacy benefit information
- Claims and Explanation of Benefits (EOB)
- Supplemental benefits
- Provider and pharmacy directory
- Referral information
- Health insurance forms
- Federal and state guidelines and notices

When you use your member portal, choose the “Go paperless” option to get email notifications instead of paper mail for your EOBs and other important documents.



Care management support

If you're enrolled in an Align DUALPartnership Plan, you're automatically qualified to receive extra support through our case management program.

A dedicated case manager will help support your health by:

- Performing a health assessment to learn about your health needs before developing a plan to help you reach your goals. This assessment is required for all D-SNP members.
- Providing education for a diagnosis or use of medications.
- Collaborating with you and your providers to find resources and services that can help support your health.
- Coordinating your care between current and new providers, medical staff, community health workers, community-based programs and waiver programs.
- Assisting with finding resources for financial, housing, food, transportation, dental and vision needs.
- Providing support after a hospital stay, surgery, or changes in health care services.

You can contact your Care Management team by phone, virtually or in-person, Monday – Friday from 7:30 a.m. to 5 p.m. CST, based on your needs and preferences.

 shpcasemanagement@sanfordhealth.org

 **(888) 315-0884 (TTY: 711)**



Care options

You have multiple choices regarding when and where you receive care. Choosing the appropriate care setting helps you to maximize your health insurance benefits and save on out-of-pocket costs.



Routine office visit

Your primary care provider (PCP) is best for routine, preventive or visits that could wait 24 to 48 hours or longer. If same-day care is needed, your PCP may be able to see you or the clinic may be able to help you find another available provider. If seeing a new provider, remember to confirm they are in-network.

Be sure to make time to schedule your annual wellness exam with your primary care provider. If you don't have a PCP, no problem. We can help you find one and even assist in getting your first appointment scheduled.



On-demand health services



Urgent (acute) care: An urgent care situation is not a serious health threat, but requires medical attention within 24 hours, and may include stitches, pain, urinary tract or respiratory infections, fever, or flu. During the day, contact your primary care provider first. Visit participating urgent care clinics or consider Video Visits after normal business hours or holidays.



Emergency care: Emergency medical conditions require immediate care to avoid serious harm. Emergent conditions may include severe pain, suspected heart attack or stroke, difficulty breathing, bleeding that won't stop, severe burns, seizures, poisoning, or trauma. For emergency care, call 911 or visit the nearest emergency department.

If you go to an out-of-network facility in an emergency situation:

- Sanford Health Plan must be notified within 48 hours or as soon as reasonably possible following the emergency.
- Prior authorization is not necessary in a true emergency situation (even out-of-network).
- If you are hospitalized (admitted overnight as an inpatient) at an out-of-network facility, arrangements may be made to transfer you to an in-network facility when it is medically safe to do so. This helps maximize your insurance benefits, as your out-of-pocket costs will be much lower with an in-network provider.

Care options (continued)



On-demand health services (Continued)



Video Visits: Connect with an urgent care provider from the comfort of home. Using your desktop, tablet or mobile device, you can see a provider to give you quick, convenient access to quality care. For virtual care, go to sanfordhealth.org/get-care-here/virtual-care to get started.



Specialty care

If you need to see a specialist, you don't need a referral if the provider is in-network.



Behavioral health care services

If you feel you need Behavioral Health Care Services, please call our Care Management Department or your case manager.



Hospital services

If you require elective or emergent inpatient (hospital) services, please notify us as soon as possible.



Emergency transportation

Ground transportation or air ambulance will be covered per your plan if deemed medically necessary and you are taken to the nearest in-network participating provider who is able to provide the necessary health care services.



Care when traveling

Care outside of the service area will be covered per your plan in emergent situations. If you need emergent care while traveling, please contact Sanford Health Plan within 48 hours of seeking care.



Care Management services

Our case managers are available to help support you in managing your health condition(s). Assistance is available for health conditions including kidney disease, cancer, transplants and chronic conditions.



Navigating your network

Find a doctor in a few easy steps using our provider directory.

- 1 Visit "align.sanfordhealthplan.com" and click "**Doctors and Pharmacies**"
- 2 Select "**Find a Doctor**" or "**Find a Pharmacy**"
- 3 Follow the prompts to search

Pharmacy and medication benefits

All Align powered by Sanford Health Plan PPO plans include prescription drug coverage (Part D). Sanford Health Plan has a list (formulary) of FDA-approved brand name and generic medications that are covered under your benefit plan. We are committed to helping you keep your prescription drug costs manageable. All of the drugs on the plan formulary are provided at no cost.

For medications to be covered, they must be:

- Prescribed or approved by a physician, physician assistant, nurse practitioner or dentist;
- Listed in the plan formulary, unless prior authorization is given by the plan;
- Provided by an in-network participating pharmacy except in the event of a medical emergency; **NOTE:** If a prescription is filled at a non-participating and/or out-of-network pharmacy, you will be responsible for the prescription drug cost in full.
- Approved by the Federal Food and Drug Administration (FDA) for use in the United States.

Some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

ST

Step Therapy

Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.

QL

Quantity Limit

Medication may be limited to a certain quantity.

PA

Prior Authorization

Your doctor is required to provide additional information to determine coverage.

A complete list of in-network pharmacies and all other pharmacy-related benefit information can be found in the directory or by contacting customer service. You can also have your prescription drugs mailed by using the Optum Rx member portal.

Have questions? Call (844) 642-9090.



Referrals, prior authorization and other insurance coverage FAQs

Do I need a referral to see a specialist?

Sanford Health Plan does not require a referral to see an in-network specialty care provider. Some specialty care services may be excluded from your coverage, even if your doctor recommends them, such as acupuncture and cosmetic procedures. See your Evidence of Coverage (EOC) for additional details on non-covered services.

Do I need a prior authorization?

For some services, as noted in your Evidence of Coverage (EOC), you may be required to get prior authorization. It is best to always contact Customer Service before any planned procedures to see if a prior authorization is needed. Please contact us at least three days before the requested service to ensure timely processing of your request.

What if I am injured at work or in a motor vehicle accident?

If you need medical care and another person or company is responsible, please contact us. If you receive a call or form in the mail, please respond within 10 days or your claims may be denied. You can reach us by calling **(877) 509-4979 (TTY: 711)**. Additionally, you can visit align.sanfordhealthplan.com to complete the accidental injury/third-party liability questionnaire.



Align powered by Sanford Health Plan helps streamline your care by putting your doctor in the driver's seat to determine the best treatment plan for your needs. Restrictions may apply. For a complete list of services requiring prior authorization, call **(877) 509-4979 (TTY: 711)** to speak with our customer service team.

Stay on track with your health goals



Healthy Benefits+ flex card

The Sanford Health Plan Healthy Benefits+™ flex card gives DUALPartnership members the flexibility to choose how to spend your allowance dollars, helping your benefits go further. The flex card includes a quarterly allowance for over-the-counter (OTC) products and an annual allowance for dental, hearing and vision out-of-pocket expenses. For questions, visit healthybenefitsplus.com/sanfordhealthplan or call **(833) 818-8918 (TTY: 711)**. See your Evidence of Coverage (EOC) for details on qualifying purchases.

Stay on track with your health goals (cont.)



Transportation

Our Align DUALPartnership (HMO D-SNP) plans come with the added benefit of a quarterly transportation allowance to help you get to your appointments or to take care of your health care needs. For questions, visit healthybenefitsplus.com/sanfordhealthplan or call **(833) 818-8918 (TTY: 711)**. See your Evidence of Coverage (EOC) for details on qualifying purchases.



Dental coverage

Because our dental benefits focus on prevention, services like cleanings, exams and x-rays are covered at 100% with a robust network of dentists. For other comprehensive services, take advantage of your annual allowance using your Healthy Benefits+ flex card to lower your out-of-pocket costs. To find a dentist, visit sanfordhealthplan.com/align/dental-coverage. If you have questions about your dental coverage, call **(877) 509-4979**.



Hearing benefits

Our hearing benefits are provided through NationsHearing. If you could benefit from hearing aids, providers in our network can help you select hearing aids that best fit your lifestyle. You can use your Healthy Benefits+ flex card allowance to help cover the cost of your hearing aids. Review your Evidence of Coverage (EOC) to determine your benefit details. Call **(877) 280-1649 (TTY: 711)** or visit alignsanfordhealthplan.nationsbenefits.com/hearing to schedule your annual hearing test or for help with your hearing benefits.



Vision benefits

Our vision benefits are provided through VSP Vision Care. With this coverage, you can get an annual routine exam and up to your plan's allowance for eyewear through a VSP Advantage network provider. Please refer to your Evidence of Coverage (EOC) for your benefit details. To use your VSP benefits, or to find an in-network doctor near you, please visit vsp.com/advantageonly or call **(844) 344-4768 (TTY: 711)**.



Silver&Fit fitness program

The Silver&Fit® Healthy Aging and Exercise program empowers you to prioritize your fitness with flexible options, digital tools and resources designed for your unique preferences and needs. Create your account by visiting silverandfit.com to get started, or call **(877) 427-4788 (TTY: 711)** for additional support.



Stay on track with your health goals (cont.)



Travel benefits

Worldwide emergency care reimbursement is included outside of the United States.



Advance care planning

Advance care planning is the process of planning and deciding your future health care in case you are suddenly unable to make your own decisions because of illness or injury. Through advance care planning, you can make treatment decisions based on your goals, values and preferences. Sanford Health Plan encourages all Members to complete an advance directive. Visit sanfordhealth.org/patients-and-visitors/patient-information/advance-care-planning for more information.

Claims and payment services

1

Claim

After you receive medical care, most providers will file a claim for you. However, you may need to file a claim if your provider did not file one for you. Claim forms can be found in the Member Portal or by contacting customer service.

2

Explanation of Benefits (EOB)

After your claim is received and processed according to your benefits, Sanford Health Plan will send payment to the provider and an EOB to you. The EOB explains how your insurance benefits were applied. You will receive your EOB in the mail unless you've signed up to receive electronic EOBs. Then you will receive email notification stating that a new EOB is available to view in the Member Portal. The EOB is NOT a bill or invoice.

3

Appeals

You have a right to appeal any decision made by Sanford Health Plan, which may include a review by an independent review organization, to not pay for an item or service. To file an appeal, complete an Appeal Form in the Member Portal, or contact customer service to file an appeal over the phone or to have a form mailed to you.

4

Complaints

To file a complaint, contact Sanford Health Plan by phone or by mail at **Sanford Health Plan, P.O. Box 8000, Marshfield, WI 54449-8000**.

Notice of Availability

English: Free language assistance services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. 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 odee effannoo bifaa dhaqqabamaa ta'en kenuunis bilisaan ni argama. Bilbilaa 1-877-509-4979 (TTY: 711) yookiin dhiyeessaa kee waliin haasa'a.

Amharic: ማስታበድ፡- አማርኛ የሚገኘው ከሆኑ፣ የቁንቁ ደንብ አገልግሎት በንግድ ይቀርብልዎች፡፡ መረጃን በተደራሽ ቁርጓት ለማቅረብ ተገበር ተጨማሪ አገልግሎቶች እንዲሁ በንግድ ይገኘለ፡፡ በስልክ ቁጥር 1-877-509-4979 (TTY: 711) ይደውሉ ወደም አገልግሎት አቅራቢያን ያኝና፡፡

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: LUU Y: 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:

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

Swahili: MAKINIKI: 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 ìrànlówó èdè wà lófèré fún ọ. A ó tún pèsè àwọn ohun èlò ìrànlówó àti àwọn ishé tó bá yé láti pèsè ịsọfúnni nípa àwọn ọnà tí ó rorùn láti lóye lófèré. Pe 1-877-509-4979 (TTY: 711) tābí kí o bá olùpèsè rẹ sòrò.

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: ເຊິ່ງອາບ: ຖ້າທ່ານວົ້າພາສາ ວາວ, ຈະມີບໍລິການຂ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີຄ່ອງຂ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມຜ່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າຖືງໄດ້. ໂທທາເບີ 1-877-509-4979 (TTY: 711) ຫຼື ວິນກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Nepali: सावधान: यदि तपाईं नेपाली भाषा बोल्नुहोन्छ 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 आप्नो प्रदायकसँग कुरा गर्नुहोस।

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: 1-877-473-0911 (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

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More information is available at <http://www.hhs.gov/ocr/index.html>.



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