

Align SecureChoice Gold (PPO)

offered by
Align powered by Sanford Health Plan



Annual Notice of Change for 2027

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

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Align SecureChoice Gold (PPO).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* 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 or call Member Services at 1-877-509-4979 (TTY users call 711) to get a copy by mail.

More Resources

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

About Align SecureChoice Gold (PPO)

- Align powered by Sanford Health Plan is a PPO plan with a Medicare contract. Enrollment in Align powered by Sanford Health Plan depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Align powered by Sanford Health Plan. When it says “plan” or “our plan,” it means Align SecureChoice Gold (PPO).
- On January 1, 2027, our plan name will change from Align ChoiceElite (PPO) to Align SecureChoice Gold (PPO). We'll send you a new member ID card with our new name. From here on, our new name, Align SecureChoice Gold (PPO) will be on all materials.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Align SecureChoice Gold (PPO).** Starting January 1, 2027, you'll get your medical and drug coverage through Align SecureChoice Gold (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1 for details.	\$94	\$112
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	From network providers: \$3,000 From network and out-of-network providers combined: \$3,000	From network providers: \$7,150 From network and out-of-network providers combined: \$10,150
Primary care office visits	<u>In-Network</u> \$0 copay per visit <u>Out-of-Network</u> \$10 copay per office visit \$20 copay per primary care office visit billed from a facility	<u>In-Network</u> \$0 copay per visit <u>Out-of-Network</u> 50% coinsurance per visit
Specialist office visits	<u>In-Network</u> \$25 copay per visit <u>Out-of-Network</u> \$45 copay per office visit \$40 copay per specialist office visit billed from a facility	<u>In-Network</u> \$45 copay per visit <u>Out-of-Network</u> 50% coinsurance per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	<u>In-Network</u> \$250 copay per day for days 1-5; \$0 copay per day for days 6-90 <u>Out-of-Network</u> \$425 copay per day for days 1-5; \$0 copay per day for days 6-90	<u>In-Network</u> \$500 copay per day for days 1-4; \$0 copay per day for days 5-discharge <u>Out-of-Network</u> 18% coinsurance days 1-discharge

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$300 deductible (applies to tiers 3-5 only) except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1 (Preferred generic drugs): \$2 copay at a standard pharmacy \$0 copay at a preferred network pharmacy Drug Tier 2 (Generic drugs): \$10 copay at a standard retail pharmacy \$4 copay at a preferred retail; network pharmacy You pay no more than a \$10 copay (standard retail pharmacy) or a \$4 copay (preferred retail network pharmacy) per 1-month supply of each covered insulin product on this tier. Drug Tier 3 (Preferred brand drugs): \$47 copay at a standard retail pharmacy \$42 copay at a preferred retail pharmacy You pay no more than a \$35 copay (standard/preferred network pharmacy) per 1-month supply of each covered insulin product on this tier.	Part D drug coverage deductible \$350 deductible (applies to tiers 3-5 only) except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1 (Preferred generic drugs): \$0 copay at a standard pharmacy Drug Tier 2 (Generic drugs): \$8 copay at a standard pharmacy You pay 25% coinsurance with a limit of \$8 per 1-month supply of each covered insulin product on this tier. Drug Tier 3 (Preferred brand drugs): 25% coinsurance at a standard retail pharmacy You pay 25% coinsurance with a limit of \$35 per 1-month supply of each covered insulin product on this tier.

	2026 (this year)	2027 (next year)
	Drug Tier 4 (Non-preferred drugs): 50% of the total cost at a standard/preferred retail pharmacy You pay no more than a \$35 copay (standard /preferred retail pharmacy) per 1-month supply of each covered insulin product on this tier.	Drug Tier 4 (Non-preferred drugs): 30% coinsurance at a standard retail pharmacy You pay 25% coinsurance with a limit of \$35 per 1-month supply of each covered insulin product on this tier.
	Drug Tier 5 (Specialty drugs): 29% of the total cost at a standard/preferred retail pharmacy	Drug Tier 5 (Specialty drugs): 29% coinsurance at a standard retail pharmacy for a one-month supply
	Drug Tier 6 (Select care drugs): \$0 copay at a standard/preferred retail pharmacy	Drug Tier 6 (Select care drugs): \$0 copay at a standard pharmacy
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$94	\$112
Additional premium for optional dental benefits	Not available	\$48.20

	2026 (this year)	2027 (next year)
If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)		

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 1 for more information about Extra Help from Medicare.

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

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

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments, coinsurance) from network providers count toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$3,000	\$7,150 Once you've paid \$7,150 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments, coinsurance) 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 don't count toward your maximum out-of-pocket amount for medical services.	\$3,000	\$10,150 Once you've paid \$10,150 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the *2027 Provider Directory* (align.sanfordhealthplan.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at align.sanfordhealthplan.com.
- Call Customer Service 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. You may have a special enrollment period if your provider leaves the plan network.

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 *2027 Pharmacy Directory* (www.sanfordhealthplan.com/align/pharmacy-and-drug-coverage) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.sanfordhealthplan.com/align/pharmacy-and-drug-coverage.
- Call Customer Service 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 Customer Service at 1-877-509-4979 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture (low back pain)	<u>In-Network</u> \$25 copay <u>Out-Of-Network</u> \$40 copay	<u>In-Network</u> \$20 copay <u>Out-of-Network</u> 50% coinsurance
Ambulance Services • Air/Ground Services	\$200 copay	\$325 copay
Ambulatory Surgery Center Services	<u>In-Network</u> \$100 copay <u>Out-of-Network</u> 20% coinsurance	<u>In-Network</u> \$0 copay for minor procedure \$400 copay for other <u>Out-of-Network</u> 50% coinsurance
Annual Well Visit/Annual Physical Exam	<u>Out-of-Network</u> \$0 copay	<u>Out-of-Network</u> 50% coinsurance
Cardiac Rehabilitation/Intensive Rehab Services	<u>In-Network</u> \$0 copay <u>Out-of-Network</u> \$20 copay	<u>In-Network</u> \$40 copay <u>Out-of-Network</u> 50% coinsurance
Chiropractic Services (Medicare Covered Only)	<u>In-Network</u> \$10 copay <u>Out-of-Network</u> \$20 copay	<u>In-Network</u> \$15 copay <u>Out-of-Network</u> 50% coinsurance
Chiropractic Services (Non-Medicare Covered)	<u>In-Network</u> \$20 copay (12 visits) <u>Out-of-Network</u> \$40 copay (12 visits)	<u>In-Network</u> Not covered <u>Out-of-Network</u> Not covered

	2026 (this year)	2027 (next year)
Dental Services (Medicare Covered)	<u>In-Network</u> \$0 copay <u>Out-of-Network</u> \$0 copay	<u>In-Network</u> \$45 copay <u>Out-of-Network</u> 50% coinsurance
Dental Services (Non-Medicare Covered)	<u>In-Network/Out-of-Network</u> \$0 copay for preventive and comprehensive dental services up to \$1,000/year with the HealthyBenefits+ Flex Card.	<u>In-Network</u> \$0 copay: 2 annual exams, cleanings, 1 x-ray, 1 fluoride treatment <u>Out-of-Network</u> 80% coinsurance: 2 annual exams, cleanings, 1 x-ray, 1 fluoride treatment Comprehensive coverage is only available with the purchase of the optional dental rider. Contact Customer Service for details.
Dental Services: Optional Supplemental Dental Available for an additional monthly premium upon enrollment or during the Annual Enrollment Period (AEP), October 15 - December 7. Contact Customer Service for details.	Not available	You can purchase for an additional monthly premium of \$45.85 during qualifying enrollment period.
Diabetes Supplies Limited to specific manufacturers. See Section 2 for details.	<u>In-Network</u> Prior Authorization is not required. Not limited to specific manufactures. <u>Out-of-Network</u> \$0 copay diabetic supplies 20% coinsurance diabetic shoes/inserts	<u>In-Network</u> Prior Authorization is required. Limited to specific manufactures. <u>Out-of-Network</u> 50% coinsurance: diabetic supplies; 45% coinsurance: diabetic monitor; 50% coinsurance diabetic shoes/inserts

	2026 (this year)	2027 (next year)
Diagnostic Procedures/Tests	<u>In-Network</u> \$10 copay <u>Out-of-Network</u> \$30 copay	<u>In-Network</u> \$55 copay <u>Out-of-Network</u> 50% coinsurance
Durable Medical Equipment	<u>Out-of-Network</u> 20% coinsurance	<u>Out-of-Network</u> 30% coinsurance
Emergency Care	\$110 copay	\$130 copay
Fitness (Silver & Fit)	<u>In-Network</u> No membership maximum allowance <u>Out-of-Network</u> \$0 copay/month	<u>In-Network</u> Membership annual maximum of \$480 <u>Out-of-Network</u> 80% coinsurance /month one membership with \$480 annual max Contact Silver & Fit for details.
Hearing: Hearing Exams (Medicare covered)	<u>In-Network</u> \$0 copay	<u>In-Network</u> \$45 copay
Hearing: Hearing Services (Non-Medicare covered) Fitting and evaluation within year of purchase	<u>In-Network</u> Fitting & evaluation not covered <u>Out-of-Network</u> 50% coinsurance (1/yr)	<u>In-Network</u> Fitting & evaluation covered within a year of purchase <u>Out-of-Network</u> 80% coinsurance (1/yr)

	2026 (this year)	2027 (next year)
Hearing: Hearing Aid	<u>In/Out-Network</u> \$800 Healthy Benefits+ shared allowance for vision and hearing	<u>In-Network</u> \$499-999 copay per aid/1 pair per year • \$499 copay per aid for Standard Aids • \$699 copay per aid for Advanced Aids • \$999 copay per aid for Premium Aids <u>Out-of-Network</u> \$1,000 deductible, 80% coinsurance
High-end Imaging (Diagnostic Radiology)	<u>In-Network</u> \$0 copay vascular peripheral disease ultrasounds \$250 copay complex diagnostic \$140 copay all other <u>Out-of-Network</u> 20% coinsurance	<u>In-Network</u> \$0 copay vascular peripheral disease ultrasound \$375 copay all other <u>Out-of-Network</u> 50% coinsurance
Home Health Agency Care	<u>Out-of-Network</u> \$0 copay	<u>Out-of-Network</u> 50% coinsurance
Inpatient Hospital	<u>In-Network</u> Days 1-5: \$250 copay/day Days 6-90: \$0 copay/day <u>Out-of-Network</u> Days 1-5: \$425 copay/day Days 6-90: \$0 copay/day	<u>In-Network</u> Days 1-4: \$500 copay/day Days 5-discharge: \$0 copay <u>Out-of-Network</u> 18% coinsurance
Inpatient Mental Health	<u>In-Network</u> Days 1-5: \$250 copay/day Days 6-discharge: \$0 copay <u>Out-of-Network</u> Days 1-5: \$425 copay/day Days 6-90: \$0 copay/day	<u>In-Network</u> Days 1-4: \$500 copay/day Days 5-discharge: \$0 copay <u>Out-of-Network</u> 18% coinsurance

	2026 (this year)	2027 (next year)
Meals (post discharge)	<u>In-Network/Out-of-Network</u> \$0 copay	Not covered
Medicare Part B Prescription Drugs	<u>In-Network</u> \$100 copay for Prolia <u>Out-of-Network</u> 0-20% part B prescription drugs; \$35 insulin max \$100 Prolia	<u>In-Network</u> 0-20% coinsurance for Prolia <u>Out-of-Network</u> 50% coinsurance
Observation Services	<u>In-Network</u> \$125 copay <u>Out-of-Network</u> \$250 copay	<u>In-Network</u> \$0 copay for minor procedures; \$400 copay for surgery <u>Out-of-Network</u> 50% coinsurance
Outpatient Blood	<u>In-Network</u> Deductible is not waived for first three pints <u>Out-of-Network</u> \$0 copay	<u>In-Network</u> Deductible is waived for first three pints <u>Out-of-Network</u> 50% coinsurance
Outpatient Hospital	<u>In-Network</u> \$150 copay <u>Out-of-Network</u> 20% coinsurance	<u>In-Network</u> \$0 copay for minor procedures; \$400 copay for surgery <u>Out-of-Network</u> 50% coinsurance
Outpatient Lab Services	<u>In-Network</u> \$5 copay <u>Out-of-Network</u> \$10 copay	<u>In-Network</u> \$10 copay <u>Out-of-Network</u> 50% coinsurance

	2026 (this year)	2027 (next year)
Outpatient Mental Health Psychiatric services (individual/group) Mental health specialty services (individual/group)	<u>In-Network</u> \$0 copay per visit for psychiatric services/mental health specialty services <u>Out-of-Network</u> \$45 copay per visit for psychiatric services; \$20 copay per visit for mental health specialty services	<u>In-Network</u> \$45 copay per visit for psychiatric services/mental health specialty services <u>Out-of-Network</u> 50% coinsurance per visit for psychiatric services/mental health specialty services
Outpatient Rehabilitation Services - Occupational therapy - Physical Therapy and Speech Language Pathology Services	<u>In-Network</u> \$25 copay \$30 copay CORF services <u>Out-of-Network</u> \$45 copay	<u>In-Network</u> \$50 copay <u>Out-of-Network</u> 50% coinsurance
Outpatient Substance Abuse Services	<u>In-Network</u> \$15 copay <u>Out-of-Network</u> \$30 copay	<u>In-Network</u> \$45 copay <u>Out-of-Network</u> 50% coinsurance
Outpatient X-Ray Services	<u>In-Network</u> \$15 copay <u>Out-of-Network</u> \$30 copay	<u>In-Network</u> \$20 copay <u>Out-of-Network</u> 50% coinsurance
Opioid Treatment Services Minimum copayment for PCP visit, and maximum copayment applies for mental health or specialist office visit. Part B drug coinsurance may be applicable.	<u>In-Network</u> \$0 copay <u>Out-of-Network</u> \$0 copay	<u>In-Network</u> \$0 copay primary care; \$45 copay specialist; 20% coinsurance for part B drugs if applicable <u>Out-of-Network</u> 50% coinsurance

	2026 (this year)	2027 (next year)
Over the Counter Items (Every 3 months)	<u>In-Network</u> \$85 allowance per quarter <u>Out-of-Network</u> \$85 allowance per quarter	<u>In-Network</u> \$70 allowance per quarter <u>Out-of-Network</u> 80% coinsurance with a \$70 quarterly retail value (in/out-of-network) maximum allowance for qualified OTC supplies. Contact Healthy Benefits+ for reimbursement options.
Partial Hospitalization Services/ Intensive Outpatient Program Services	<u>In-Network</u> \$55 copay <u>Out-of-Network</u> \$110 copay	<u>In-Network</u> \$0 copay <u>Out-of-Network</u> 50% coinsurance
Physician Services	<u>In-Network</u> \$25 copay for specialist office copay <u>Out-of-Network</u> \$10 copay for primary care office copay \$20 copay for facility visit if billed under primary care \$45 copay for specialist office copay \$40 copay for facility visit if billed under specialist	<u>In-Network</u> \$45 copay for specialist office copay <u>Out-of-Network</u> 50% coinsurance for primary care/specialist office
Podiatry Services (Medicare-covered)	<u>In-Network</u> \$15 diabetic footcare \$25 other podiatry services <u>Out-of-Network</u> \$30 diabetic footcare \$45 other podiatry services	<u>In-Network</u> \$45 copay <u>Out-of-Network</u> 50% coinsurance
Preventive Services (Medicare-covered)	<u>Out-of-Network</u> \$0 copay	<u>Out-of-Network</u> 50% coinsurance

	2026 (this year)	2027 (next year)
Prosthetic Devices Medical Supplies	<u>Out-of-Network</u> 20% coinsurance	<u>Out-of-Network</u> 30% coinsurance
Pulmonary Rehabilitation Services	<u>In-Network</u> \$20 copay <u>Out-of-Network</u> \$40 copay	<u>In-Network</u> \$35 copay <u>Out-of-Network</u> 50% coinsurance
Renal Dialysis	<u>Out-of-Network</u> 20% coinsurance	<u>Out-of-Network</u> 50% coinsurance
SET for PAD Services	<u>In-Network</u> \$0 copay <u>Out-of-Network</u> \$0 copay	<u>In-Network</u> \$25 copay <u>Out-of-Network</u> 50% coinsurance
Skilled Nursing Facility	<u>In-Network</u> Original Medicare Days 1-20 \$0 copay/day Days 21-100 \$217 copay/day <u>Out-of-Network</u> Original Medicare 1-20 \$0 copay/day 21-100 \$217 copay/day	<u>In-Network</u> Days 1-20: \$0 copay/day Days 21-100: \$221 copay/day <u>Out-of-Network</u> 17% coinsurance days 1-100
Therapeutic Radiological Services	<u>In-Network</u> \$60 copay <u>Out-of-Network</u> 20% coinsurance	<u>In-Network</u> 20% coinsurance <u>Out-of-Network</u> 50% coinsurance
Urgently Needed Care	\$30 copay for urgent care visit Copayment waived if admitted to the hospital Worldwide coverage up to allowance	\$0 copay for primary care visit \$45 copay for a specialist visit Copayment <i>not</i> waived if admitted to the hospital No worldwide coverage

	2026 (this year)	2027 (next year)
Vision: Vision Exam (Medicare-covered)	<u>In-Network</u> 20% coinsurance	<u>In-Network</u> \$45 copay
Vision: Vision Eyeglasses or Contacts (Non-Medicare covered)	<u>In-Network</u> VSP \$200 allowance for contacts or frames \$800 Healthy Benefits+ shared allowance for vision and hearing <u>Out-of-Network</u> \$800 Healthy Benefits+ shared allowance for vision and hearing	<u>In-Network</u> VSP allowance of \$200 for frames or \$100 for contacts There is no HealthyBenefit+ allowance <u>Out-of-Network</u> 50% annual hardware allowance reimbursement through VSP.
Visitor/Traveler Benefit If you've activated the visitor/traveler program and outside the service area, you can stay enrolled in our plan for up to 12 months.	In-network cost sharing for up to six consecutive months while traveling within the United States.	There is no visitor traveler benefit
Worldwide Coverage Allowance for: • Emergency Coverage • Urgent Coverage • Emergency Transportation	\$250 annual allowance for reimbursement	There is no worldwide coverage

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 posted online at www.sanfordhealthplan.com/align/pharmacy-and-drug-coverage.

You can get the complete Drug List by calling Customer Service at 1-877-509-4979 (TTY users call 711) or visiting our website at (www.sanfordhealthplan.com/align/pharmacy-and-drug-coverage).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service 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 have sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and don't get this material by Sept. 30, call Customer Service 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.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your tier 3-5 drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- **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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2026 (this year)	2027 (next year)
Yearly Deductible	The deductible is \$300 for drugs on tiers 3-5 only. During this stage, you pay \$0-\$10 cost sharing for drugs on tiers 1, 2, 6 and the full cost of drugs on tiers 3-5 until you've reached the yearly deductible.	The deductible is \$350 for drugs on tiers 3-5 only. During this stage, you pay \$0-\$8 cost sharing for drugs on tiers 1, 2, 6 and the full cost of drugs on tiers 3-5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2026 to 2027.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 – Preferred generic drugs:	<i>Standard cost sharing:</i> You pay \$2 copay <i>Preferred cost sharing:</i> You pay \$0 copay	<i>Standard cost sharing:</i> You pay \$0 copay

	2026 (this year)	2027 (next year)
Tier 2 – Generic drugs:	<i>Standard cost sharing:</i> You pay \$10 copay You pay no more than a \$10 copay per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$10. <i>Preferred cost sharing:</i> You pay \$4 copay You pay no more than a \$4 copay per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$4.	<i>Standard cost sharing:</i> You pay \$8 copay You pay \$8 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$8.
Tier 3 – Preferred brand drugs:	<i>Standard cost sharing:</i> You pay \$47 copay You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is a \$47 copay <i>Preferred cost sharing:</i> You pay \$42 copay Your cost for a one-month mail-order prescription is a \$42 copay	<i>Standard cost sharing:</i> You pay 25% coinsurance You pay no more than \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25%.

	2026 (this year)	2027 (next year)
Tier 4 – Non-preferred drugs:	<i>Standard/Preferred cost sharing:</i> You pay 50% coinsurance You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 50% coinsurance.	<i>Standard cost sharing:</i> You pay 30% coinsurance You pay no more than \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 30% coinsurance.
Tier 5 – Specialty drugs:	<i>Standard/Preferred cost sharing:</i> You pay 29% coinsurance for up to three-month supply	<i>Standard cost sharing:</i> You pay 29% coinsurance for a one-month supply
Tier 6 – Select care drugs:	<i>Standard/Preferred cost sharing:</i> You pay \$0 copay	<i>Standard cost sharing:</i> You pay \$0 copay

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Dental Dental administrator is changing; update will be on the new ID card	Delta Dental of MN - Customer Service (866) 502-9753; (TTY: 711)	Delta Dental of WI - Customer Service (866) 548-0292; (TTY: 711)
Diabetic Supplies You must use Roche or Ascensia brands for blood glucose self-monitoring systems and supplies. You must use Abbott or Dexcom brands for continuous glucose monitoring (CGM) systems and supplies.	NA	Diabetic supplies are limited to specific manufacture.

	2026 (this year)	2027 (next year)
HealthyBenefits+ Card	HealthyBenefits+ allowances available for hearing/vision, dental, and OTC	HealthyBenefits+ allowance available for OTC only.
Hearing Benefit (Non-Medicare covered)	Benefit offered through Nations Hearing (877) 280-1649; TTY 711	Benefit offered through TruHearing (833) 455-7551; TTY 711
Optional Supplemental Dental - available for an additional monthly premium upon enrollment or during the Annual Enrollment Period (AEP), October 15 - December 7. See Customer Service for details.	Not available	You can purchase for an additional monthly premium of \$45.85 during qualifying enrollment period.
Over the Counter Items • OTC catalog mailed • Minimum order for online purchase	OTC catalog mailed annually NA	OTC electronic link to catalog provided; hard copy provided upon request. \$35 minimum order for online OTC purchase
Quality Improvement Organization for Minnesota Commence Health BFFCC- QIO	Call: (888) 755-5580 TTY: (888) 985-8775 Write: P.O. Box 2687 Virginia Beach, VA 23450	Call: (888) 524-9900 TTY: 711 Write: P.O. Box 2687 Virginia Beach, VA 23454
Pharmacy	Standard and Preferred Pharmacy cost-sharing Tier 5: up to three-month (102 days) supply	Standard Pharmacy cost-sharing only Tier 5: up to one-month (34 days) supply
Prior Authorization Required -Additional Days for Inpatient Hospital-Acute -Ground/Air Ambulance (non-emergent) -Diabetic Monitor, supplies, shoes/inserts -Medicare Part B insulin drugs	Prior Authorization is not required	Prior Authorization <u>is</u> required

	2026 (this year)	2027 (next year)
Telehealth Benefit (covered services) Air Ambulance Services; Ambulatory Surgical Center (ASC) Services; Diabetes Self-Management Training; Diagnostic Procedures/Tests; EKG following Welcome Visit; Emergency Services; Eye Exams; Glaucoma Screening; Ground Ambulance Services; Group Sessions for Mental Health Specialty Services; Group Sessions for Outpatient Substance Abuse; Group Sessions for Psychiatric Services; Hearing Exams; Home Health Services; Individual Sessions for Mental Health Specialty Services; Individual Sessions for Outpatient Substance Abuse; Individual Sessions for Psychiatric Services; Intensive Outpatient Program Services; Kidney Disease Education Services; Observation Services; Occupational Therapy Services; Opioid Treatment Program Services; Other Health Care Professional; Outpatient Hospital Services; Partial Hospitalization Program; Physical Therapy and Speech-Language Pathology Services; Physician Specialist Services; Podiatry Services; Primary Care Physician Services; Skilled Nursing Facility (SNF); Urgently Needed Services	Diabetes Self-Management Training; Digital Rectal Exam; EKG following Welcome Visit; Glaucoma Screening; Primary Care Physician Services	Additional services listed on the left, added for 2027.
Visitor/Traveler Benefit If you've activated the visitor/traveler program and outside the service area, you can stay enrolled in our plan for up to 12 months.	In-network cost sharing for up to six consecutive months while traveling within the United States.	There is no visitor traveler benefit

SECTION 3 How to Change Plans

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

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Align SecureChoice Gold (PPO). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from Align SecureChoice Gold (PPO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Service at 1-877-509-4979 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.Medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227).

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

Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

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

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

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

If you recently moved into or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
 - Your State Medicaid Office.
- **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 Minnesota Ryan White 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 1-800-657-3761. 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 1-888-873-5611 (TTY users call 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 5 Questions?

Get Help from Align powered by Sanford Health Plan

- To contact us:
 - Send us an email at 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 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the *2027 Evidence of Coverage* for Align SecureChoice Gold (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at align.sanfordhealthplan.com or call Member Services 1-877-509-4979 (TTY users call 711) to ask us to mail you a copy.

- **Visit align.sanfordhealthplan.com**

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

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Minnesota, the SHIP is called Minnesota Aging Pathways.

Call Minnesota Aging Pathways to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Minnesota Aging Pathways at 1-800-333-2433. Learn more about Minnesota Aging Pathways by visiting <https://mn.gov/aging-pathways/>.

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 [Medicare.gov](https://www.medicare.gov)**

You can chat live at [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 [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 2027***

The *Medicare & You 2027* 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 [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.