



Align powered by Sanford Health Plan

Align SecureChoice (PPO) H8385-005
Align SecureChoice Gold (PPO) H8385-006

SUMMARY OF BENEFITS

January 1, 2027 - December 31, 2027

This booklet gives you a summary of drug and health services covered by Align powered by Sanford Health Plan for Align SecureChoice (PPO) and Align SecureChoice Gold (PPO). It is an overview of what we cover and what you pay. The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call Customer Service and request the "Evidence of Coverage" or access it online at align.sanfordhealthplan.com.

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.

- **Primary Care Physician (PCP)** – We encourage you to choose a primary care physician. Your health is better supported when we know who your doctor is.
- **Referrals** – Align powered by Sanford Health Plan does not require a referral to see a specialist.
- **Prior Authorizations** – Align powered by Sanford Health Plan offers Direct Access for Sanford providers. This means your Sanford doctor assists and coordinates the prior authorization process when required before you receive services.

To Reach a Customer Service Representative:

- Current members please call (877) 509-4979 (TTY 711) for more information.
- Prospective members please call (888) 605-9277 (TTY 711).
- For Medicare Part D drug coverage information, call (844) 642-9090.
- Hours are 7 days a week, 8 a.m. to 8 p.m., Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1-Sept. 30. This call is free.

If you call after business hours, you may leave a message that includes your name, phone number and the time you called, and a representative will return your call no later than one business day after you leave a message. Customer Service also has free language interpreter services available for non-English speakers.

To join Align SecureChoice (PPO) or Align SecureChoice Gold (PPO) you must:

- be entitled to Medicare Part A,
- *and* be enrolled in Medicare Part B,
- *and* live in our service area.

The Align powered by Sanford Health Plan service area includes these counties in:

- **Iowa:** Lyon, O'Brien, Osceola, and Sioux.
- **North Dakota:** Barnes, Burleigh, Cass, Grand Forks, Griggs, McLean, Mercer, Morton, Nelson, Oliver, Ramsey, Ransom, Richland, Steele, Stutsman, Traill, and Walsh.
- **South Dakota:** Brookings, Clark, Clay, Day, Deuel, Douglas, Hanson, Hutchinson, Kingsbury, Lake, Lincoln, McCook, Marshall, Miner, Minnehaha, Moody, Roberts, Sanborn, and Turner.

Align powered by Sanford Health Plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services; but if you want to, you can also use providers that are not in our network. You can choose to see either in-network or out-of-network providers. Please note out-of-network/non-contracted providers are under no obligation to treat Align SecureChoice (PPO) and Align SecureChoice Gold (PPO) members, except in emergency situations. Coverage is limited to within the U.S.

- You can choose from network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan's provider directory at our website sanfordhealthplan.com/align.
- You can see our plan's pharmacy directory at our website sanfordhealthplan.com/align/pharmacy-and-drug-coverage.
- Or call us and we will send you a copy of the provider and pharmacy directories. The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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

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

Medicare-covered Services



Benefits and Premiums	Align SecureChoice (PPO)		Align SecureChoice Gold (PPO)	
	In-network costs	Out-of-network costs	In-network costs	Out-of-network costs
+ Your provider must obtain prior authorization from our plan.				
Monthly Plan Premium	\$60 You must continue to pay your Medicare Part B premium. If you choose the optional supplemental dental benefit, you pay an extra premium.		\$100 You must continue to pay your Medicare Part B premium. If you choose the optional supplemental dental benefit, you pay an extra premium.	
Deductible				
Medical	\$0		\$0	
Part D Prescription Drugs	\$500		\$350	
Maximum Out-of-Pocket Amount <i>Does not include costs related to prescription drugs</i>	\$7,150 in-network	\$10,150 combined In/out-of-network	\$6,500 in-network	\$9,500 combined In/out-of-network

Benefits and Premiums	Align SecureChoice (PPO)		Align SecureChoice Gold (PPO)	
	In-network costs	Out-of-network costs	In-network costs	Out-of-network costs
Inpatient Hospital Coverage+	Days 1-4: \$500 copay/day Days 5-discharge: \$0 copay/day	22% coinsurance	Days 1-4: \$450 copay/day Days 5-discharge: \$0 copay/day	23% coinsurance
Outpatient Hospital Services+	\$0-\$400 copay	50% coinsurance	\$0-\$350 copay	50% coinsurance
Outpatient Hospital Observation Services+	\$0-\$400 copay	50% coinsurance	\$0-\$350 copay	50% coinsurance
Ambulatory Surgical Center (ASC) Services+	\$0-\$400 copay	50% coinsurance	\$0-\$350 copay	50% coinsurance
Doctor Visits Primary Care Providers Specialists	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance
	\$50 copay	50% coinsurance	\$45 copay	50% coinsurance
Preventive Care Such as immunizations, wellness visits, and diabetic screenings. See your Evidence of Coverage for a full list of covered services.	Covered in full	50% coinsurance	Covered in full	50% coinsurance
Emergency Care	\$115 copay		\$130 copay	
Urgently Needed Services	\$0 copay primary care \$50 copay specialist or \$50 copay urgent care facility		\$0 copay primary care \$45 copay specialist or \$45 copay urgent care facility	

Benefits and Premiums	Align SecureChoice (PPO)		Align SecureChoice Gold (PPO)	
	In-network costs	Out-of-network costs	In-network costs	Out-of-network costs
Diagnostic Services, Labs, and Imaging+				
Lab Services+	\$10 copay	50% coinsurance	\$10 copay	50% coinsurance
Diagnostic Tests and Procedures+	\$55 copay	50% coinsurance	\$45 copay	50% coinsurance
Diagnostic Radiology Services (e.g. MRI, CAT Scan) +	\$0-\$375 copay	50% coinsurance	\$0-\$375 copay	50% coinsurance
Therapeutic Radiology Services+	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Outpatient X-rays+	\$20 copay	50% coinsurance	\$20 copay	50% coinsurance
Hearing Services				
Medicare-Covered Hearing Exam	\$50 copay	50% coinsurance	\$45 copay	50% coinsurance
<i>See supplemental services below for additional information</i>				
Dental Services				
Medicare-Covered Dental Services	\$50 copay	50% coinsurance	\$45 copay	50% coinsurance
<i>See supplemental services below for additional information</i>				

Benefits and Premiums	Align SecureChoice (PPO)		Align SecureChoice Gold (PPO)	
	In-network costs	Out-of-network costs	In-network costs	Out-of-network costs
Vision Care Medicare-Covered Eye Exams	\$50 copay	50% coinsurance	\$45 copay	50% coinsurance
<i>See supplemental services below for additional information</i>				
Mental Health Services Inpatient Psychiatric+ Outpatient individual/group therapy visits (non-psychiatrist). Outpatient individual/group therapy visits with a psychiatrist.	Days 1-4: \$500 copay/day Days 5-discharge: \$0 copay/day \$50 copay \$50 copay	22% coinsurance 50% coinsurance 50% coinsurance	Days 1-4: \$450 copay/day Days 5- discharge: \$0 copay/day \$45 copay \$45 copay	23% coinsurance 50% coinsurance 50% coinsurance
Ambulance Services (+non-emergent transport) Ground Ambulance Air Ambulance	 \$350 copay/trip \$350 copay/trip	 \$350 copay/trip \$350 copay/trip	 \$325 copay/trip \$325 copay/trip	 \$325 copay/trip \$325 copay/trip

Benefits and Premiums	Align SecureChoice (PPO)		Align SecureChoice Gold (PPO)	
	In-network costs	Out-of-network costs	In-network costs	Out-of-network costs
Skilled Nursing Facility+	Days 1-20: \$0 copay/day Days 21-100: \$221 copay/day	16% coinsurance	Days 1-20: \$0 copay/day Days 21-100: \$221 copay/day	16% coinsurance
Outpatient Rehabilitation Services				
Physical/Speech Therapy	\$35 copay	50% coinsurance	\$50 copay	50% coinsurance
Occupational Therapy	\$35 copay	50% coinsurance	\$50 copay	50% coinsurance
Cardiac rehabilitation	\$30 copay	50% coinsurance	\$40 copay	50% coinsurance
Acupuncture for chronic low back pain	\$20 copay	50% coinsurance	\$20 copay	50% coinsurance
Chiropractic Services	\$15 copay	50% coinsurance	\$15 copay	50% coinsurance
Diabetes self-monitoring training, supplies, and services+				
Self-Management Training	Covered in full	50% coinsurance	Covered in full	50% coinsurance
Diabetic Supplies+*	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance
Diabetic Monitors+	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance
Diabetic shoes/inserts+	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
	*Limited to specific brands, see the Evidence of Coverage for details.			
Durable Medical Equipment and Supplies+				
Equipment+	20% coinsurance	21% coinsurance	20% coinsurance	23% coinsurance
Medical Supplies+	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance

Benefits and Premiums	Align SecureChoice (PPO)		Align SecureChoice Gold (PPO)	
	In-network costs	Out-of-network costs	In-network costs	Out-of-network costs
Podiatry	\$50 copay	50% coinsurance	\$45 copay	50% coinsurance
Medicare Part B Prescription Drugs+* Insulin Part B covered drugs and biologicals, including chemotherapy drugs+	0%-20% coinsurance; \$35 maximum	50% coinsurance	0%-20% coinsurance; \$35 maximum	50% coinsurance
	0%-20% coinsurance	50% coinsurance	0%-20% coinsurance	50% coinsurance
	Medicare identifies Part B “rebatable” drugs that have a price increasing at a rate higher than the rate of inflation. Your cost for Part B rebatable drugs is limited to the cost under Original Medicare and will be no more than 20% coinsurance. However, your cost could change each quarter and will be between \$0 and 20%. Medicare will notify Align powered by Sanford Health Plan of your cost for these drugs on a quarterly basis. <i>*Select Part B drugs are subject to step therapy restrictions.</i>			

Supplemental Benefits (Non-Medicare Covered Services)

Our plan offers these supplemental benefits. Refer to the Evidence of Coverage for full details. Supplemental Benefits	Align SecureChoice (PPO)		Align SecureChoice Gold (PPO)	
	In-network costs	Out-of-network costs	In-network costs	Out-of-network costs
Dental Services <u>Preventive</u> 2 exams, 2 cleanings, 1 fluoride treatment, 1 series bitewing x-ray per year (full mouth x-ray covered 1 every 5 years) <u>Comprehensive</u> • Restorative services • Endodontics • Periodontics • Prosthodontics • Oral surgery • Emergency treatment of pain Frequency limits & Exclusions apply	\$0 copay Not covered	80% coinsurance Frequency limits, Exclusions, Balance billing apply Not covered	\$0 copay 50% coinsurance for comprehensive dental services at an in-network provider up to the annual in/out-of network combined maximum allowance of \$500. Frequency limits & Exclusions apply	80% coinsurance Frequency limits, exclusions, and balance billing apply. See the dental certificate for details. 80% coinsurance for comprehensive dental services up to the annual in/out-of network combined maximum allowance of \$500. Frequency limits, Exclusions, Balance billing apply
	See <i>Optional Supplemental Benefits</i> section for additional dental coverage offered for an additional monthly premium.			

Our plan offers these supplemental benefits. Refer to the Evidence of Coverage for full details. Supplemental Benefits	Align SecureChoice (PPO)		Align SecureChoice Gold (PPO)	
	In-network costs	Out-of-network costs	In-network costs	Out-of-network costs
Fitness Program: Silver & Fit Gym Membership	No cost for a single gym membership with a combined maximum value of \$480	80% coinsurance for a single membership with a combined maximum value of \$480	No cost for a single gym membership with a combined maximum value of \$480	80% coinsurance for a single membership with a combined maximum value of \$480
Hearing Services One Routine hearing exam (non-Medicare) Fitting/evaluation for hearing aids within 12 months of purchase (non-Medicare) Prescription hearing aids	\$0 annual exam \$0 copay Annual limit per hearing aid: \$499 standard, \$699 advanced, \$999 premium	80% coinsurance 80% coinsurance \$1,000 deductible, 80% coinsurance; Limit one pair per year.	\$0 annual exam \$0 copay Annual limit per hearing aid: \$499 standard, \$699 advanced, \$999 premium	80% coinsurance 80% coinsurance \$1,000 deductible, 80% coinsurance; Limit one pair per year.
Over the Counter (OTC) Benefit Healthy Benefits+ <i>*Quarterly benefit to be used toward the purchase of select over-the-counter (OTC) health and wellness products available through Healthy Benefits+.</i>	You are eligible for a \$50 quarterly benefit	80% coinsurance with a \$50 quarterly retail value (in/out-of-network) maximum allowance for qualified OTC supplies. Contact Healthy Benefits+ for reimbursement options.	You are eligible for a \$85 quarterly benefit	80% coinsurance with a \$85 quarterly retail value (in/out-of-network) maximum allowance for qualified OTC supplies. Contact Healthy Benefits+ for reimbursement options

Our plan offers these supplemental benefits. Refer to the Evidence of Coverage for full details. Supplemental Benefits	Align SecureChoice (PPO)		Align SecureChoice Gold (PPO)	
	In-network costs	Out-of-network costs	In-network costs	Out-of-network costs
Vision Services				
One Routine eye exam	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance
Eyewear – Lenses Glasses/frames <u>OR</u> Contacts	Covered in full \$100 for frames <u>OR</u> \$100 for contacts	50% coinsurance 50% coinsurance	Covered in full \$200 for frames <u>OR</u> \$100 for contacts	50% coinsurance 50% coinsurance
Standard progressive lenses	Covered in full	50% coinsurance	Covered in full	50% coinsurance

Optional Supplemental Benefits

Our plan offers some extra benefits that aren't covered by Original Medicare and are not included in your benefits package. These extra benefits are called Optional Supplemental Benefits. If you want these optional supplemental benefits, you must sign up for them and you will have to pay an additional premium for them. The optional supplemental benefits described in this section are subject to the same appeals process as any other benefits. Refer to the Dental Handbook for full details.

Optional supplemental Benefits	Align SecureChoice (PPO)		Align SecureChoice Gold (PPO)	
	In-network costs	Out-of-network costs	In-network costs	Out-of-network costs
Premium	\$48.20/month		\$46/month	
Deductible	\$100		There is no deductible	
Dental <u>Comprehensive</u> • Restorative services • Endodontics • Periodontics • Prosthodontics • Oral surgery • Emergency treatment of pain	Comprehensive services up to \$1,500 combined in/out-of network. You pay 50% coinsurance Frequency limits & Exclusions apply	Comprehensive services up to \$1,500 combined in/out-of network. You pay 80% coinsurance Frequency limits, exclusions, and balance billing apply. See the dental certificate for details.	Comprehensive services up to \$1,500 combined in/out-of network. You pay 50% coinsurance Frequency limits & Exclusions apply	Comprehensive services up to \$1,500 combined in/out-of network. You pay 80% coinsurance Frequency limits, exclusions, and balance billing apply. See the dental certificate for details.

Part D Prescription Drugs

There are three stages of cost sharing in the Part D benefit – deductible, initial coverage, and catastrophic coverage. Cost sharing changes when you enter each stage of the Part D benefit.

Deductible Stage: You pay the full cost of your covered prescription drugs in Tiers 3, 4, and 5 until you have reached your plan's deductible and then move to the Initial Coverage State. For Tiers 1, 2, and 6 you start immediately in the Initial Coverage Stage.

Initial Coverage Stage: After you meet the deductible, you pay a copayment or coinsurance for covered drugs. You pay your portion and stay in this stage until your out-of-pocket costs reach \$2,400. If the cost of your drug is less than the listed copay, you will only pay the lower amount.

Catastrophic Coverage Stage: During this stage, you pay nothing for covered Part D drugs. You stay in this stage until the end of the year.

Covered Insulin Products: You pay no more than **\$35 for a one-month supply** of each covered insulin product under your Part D prescription drug benefit in tier 3 or 4. The plan deductible does not apply to covered insulin products.

Part D Prescription Drugs	Align SecureChoice (PPO) – \$500 Deductible In-network standard retail, mail-order and long-term cost sharing				
	Deductible applies	34 days	35 to 68 days	69 to 102 days	Long Term Care/ 34 days
Tier 1: Preferred generic drugs	No	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic drugs	No	\$8 copay	\$16 copay	\$24 copay	\$8 copay
Tier 3: Preferred brand drugs	Yes	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4: Non-preferred drugs	Yes	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 5: Specialty drugs	Yes	27% coinsurance	-	-	27% coinsurance
Tier 6: Select care drugs	No	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Part D Prescription Drugs	Align SecureChoice Gold (PPO) – \$350 Deductible In-network standard retail, mail-order and long-term cost sharing				
	Deductible applies	34 days	35 to 68 days	69 to 102 days	Long Term Care/ 34 days
Tier 1: Preferred generic drugs	No	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic drugs	No	\$8 copay	\$16 copay	\$24 copay	\$8 copay
Tier 3: Preferred brand drugs	Yes	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4: Non-preferred drugs	Yes	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 5: Specialty drugs	Yes	29% coinsurance	-	-	29% coinsurance
Tier 6: Select care drugs	No	\$0 copay	\$0 copay	\$0 copay	\$0 copay