

2027 Medicare Advantage PLAN OPTIONS



Agenda

- Introductions and disclosures
- Medicare and Medicare Advantage
- Enrollment periods
- Types of coverage
- Eligibility requirements
- Align powered by Sanford Health Plan
- Health plan costs
- Benefits
- Networks
- Prescription drug coverage
- Enrollment process

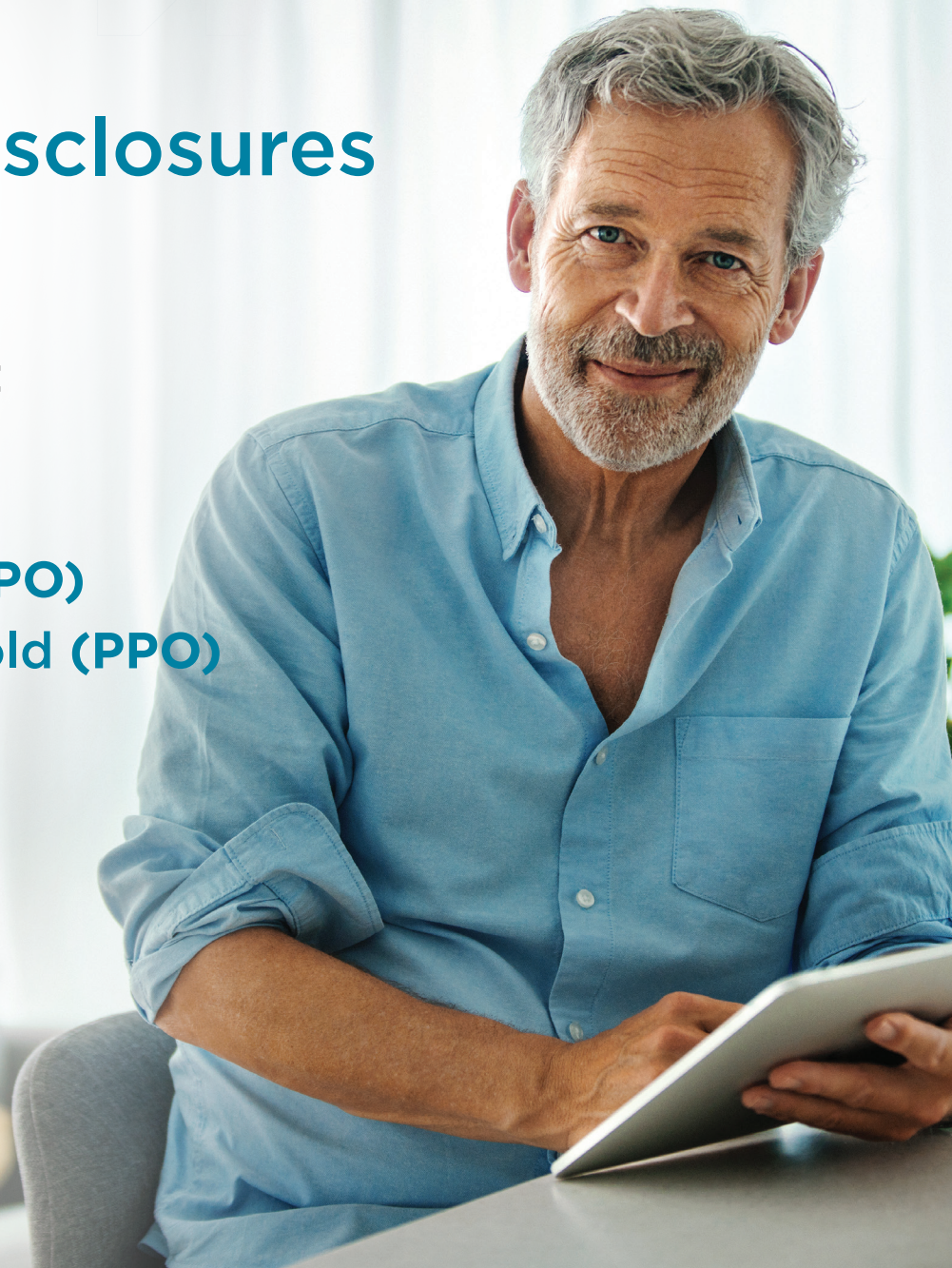
Introductions & Disclosures

It's nice to meet you!

- Plan options we'll discuss:

**Align powered by
Sanford Health Plan**

- **Align SecureChoice (PPO)**
- **Align SecureChoice Gold (PPO)**
- Materials review



What is Medicare?

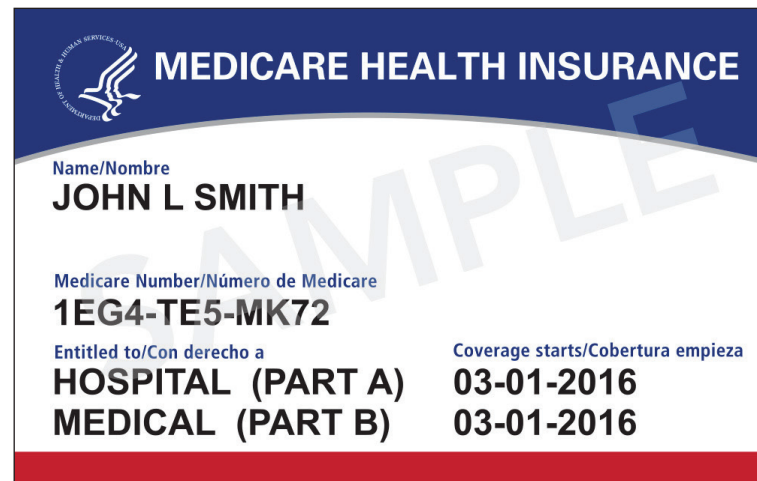


WHO QUALIFIES FOR MEDICARE?

Those age 65 and older

Those younger than 65 with certain disabilities

Those with end-stage renal disease (ESRD)



Align powered by Sanford Health Plan is not endorsed by the Centers for Medicare & Medicaid Services, U.S. Government or the Federal Medicare Program.



Hospital care



Medical care



The **four “parts”** of Medicare



Medicare
Advantage



Prescription drug
coverage



Hospital care



Medical care



Original Medicare



Medicare
Advantage



Prescription drug
coverage

Basics of Medicare – Part A

Premium

- If you or your spouse have worked 40 quarters in Medicare-covered employment (paid FICA taxes), you qualify for premium-free Part A
- If you or your spouse haven't worked 40 quarters, you'll pay a monthly premium



Basics of Medicare – Part A

What does Part A cover?

- Inpatient hospital care
- Skilled nursing facility care (up to 100 days for rehabilitation, does not include long-term care)
- Hospice
- Home health care (in limited circumstances)



Basics of Medicare – Part A

What are the cost-sharing amounts?

- Inpatient hospital stay
 - \$1,736 deductible for the first 60 days in 2026
(some additional costs after 60 days)
- Skilled nursing care
 - Up to \$217 per day for days 21 to 100 in 2026



Basics of Medicare – Part B

Premium

- Standard monthly premium – \$202.90 for 2026
- Income-related monthly adjustment amount (for those with higher incomes)
- Part B Penalty
 - Can be applied if you were eligible for Medicare but did not enroll and have creditable coverage
 - Penalty amount is equivalent to 10% of the standard premium for each 12-month period you were eligible for Medicare but not enrolled
 - Penalty applies for as long as you have Part B



Basics of Medicare – Part B

Income-related Monthly Adjustment Amount

If your yearly income in 2025 (for what you pay in 2026) was:		What you pay each month (in 2026)
Filed as an individual tax return	Filed as a joint tax return	
Less than or equal to \$109,000	Less than or equal to \$218,000	\$202.09
Greater than \$109,000 and less than or equal to \$137,000	Greater than \$218,000 and less than or equal to \$274,000	\$284.10
Greater than \$137,000 and less than or equal to \$171,000	Greater than \$274,000 and less than or equal to \$342,000	\$405.80
Greater than \$171,000 and less than or equal to \$205,000	Greater than \$342,000 and less than or equal to \$410,000	\$527.50
Greater than \$205,000 and less than \$500,000	Greater than \$410,000 and less than \$750,000	\$649.20
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$689.90



Basics of Medicare – Part B

What does Part B cover?

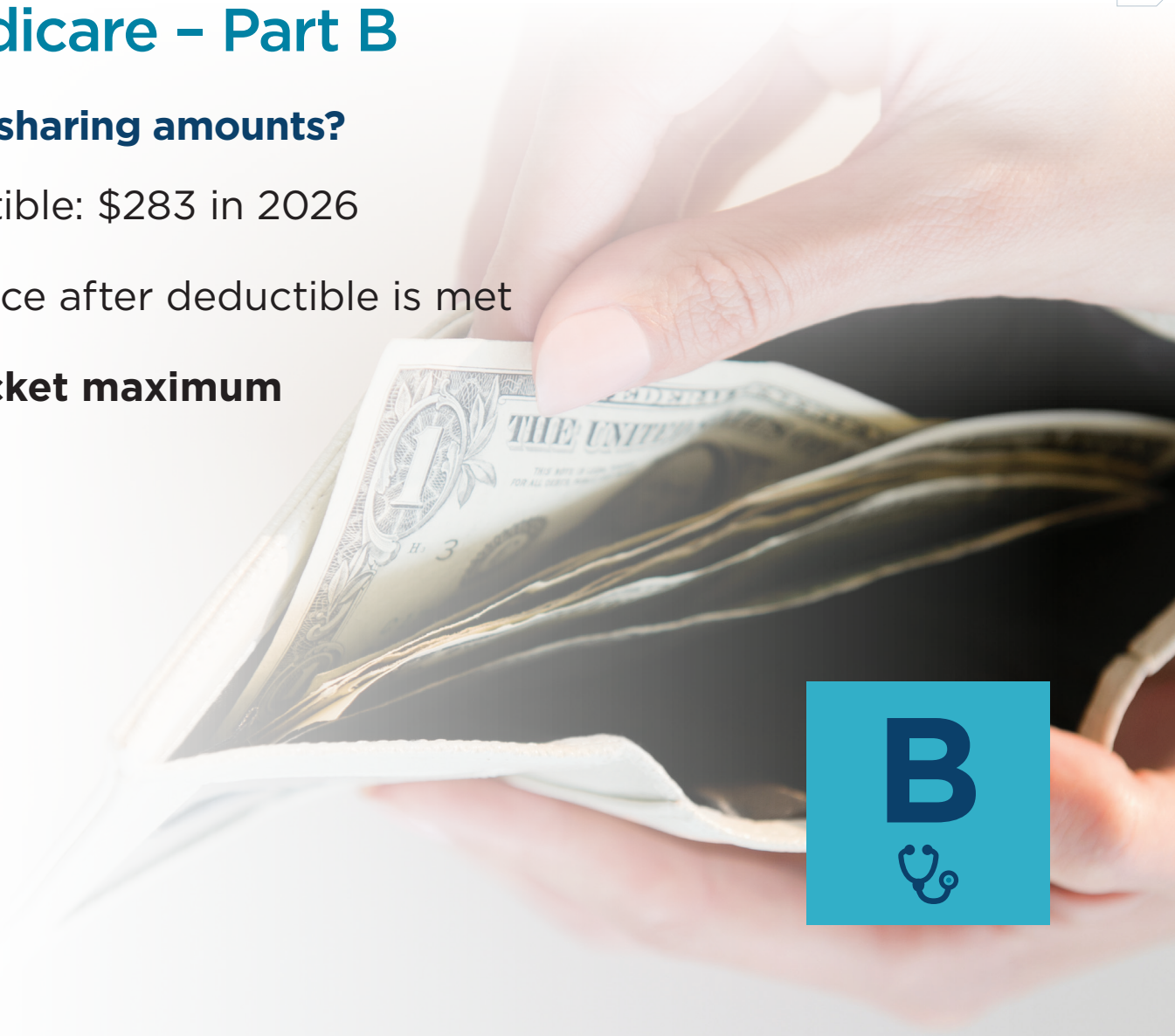
- Doctor visits
- Labs and X-rays
- Diagnostic testing
- Therapies
- Outpatient surgery
- Durable medical equipment
- Part B medications



Basics of Medicare – Part B

What are the cost-sharing amounts?

- Annual deductible: \$283 in 2026
- 20% coinsurance after deductible is met
- **No out-of-pocket maximum**

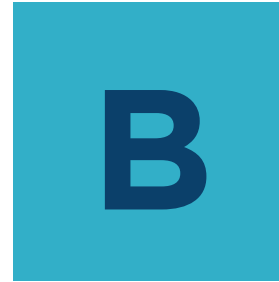




Hospital care



Medical care



Why **Original Medicare**
may not be enough



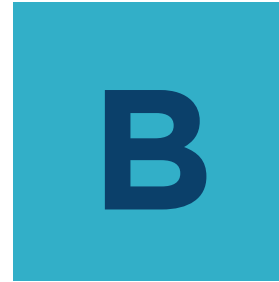
No prescription drug coverage



Hospital care



Medical care



Why **Original Medicare**
may not be enough



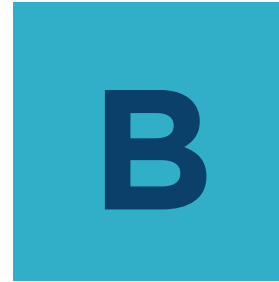
No dental, vision or hearing coverage



Hospital care



Medical care



Why **Original Medicare**
may not be enough

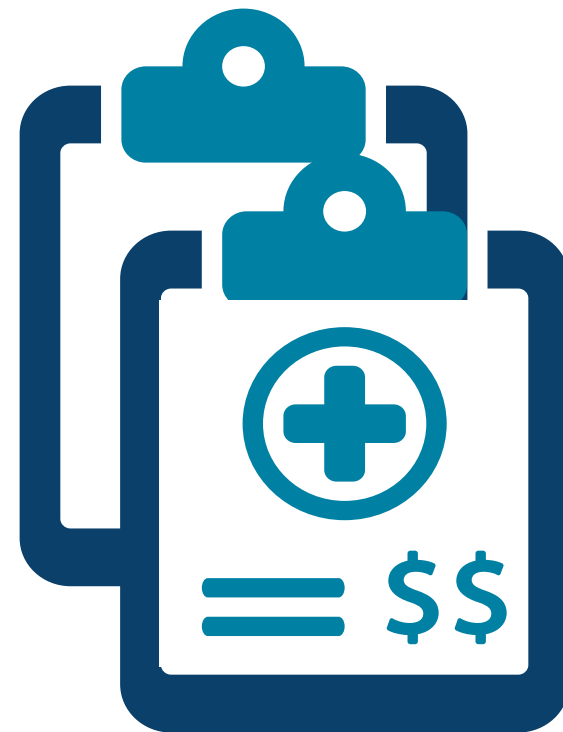
It generally only covers

80%

of medical costs

That's why

90%



of people who are eligible for
Medicare have **additional coverage**

Source: KFF analysis of CMS Medicare Current Beneficiary Survey, 2018 Survey File.

Additional
coverage



Basics of Medicare – Filling in the Gaps

Medicare plans sold by private insurance companies help cover the costs that Medicare doesn't pay.

- Medicare Supplement + Prescription Drug Plan, or
- Medicare Cost Plan + Prescription Drug Plan, or
- Medicare Advantage
 - Original Medicare benefits are administered through a private insurance company
- Annual Enrollment Period (AEP) for Part D and Medicare Advantage
 - Oct. 15 to Dec. 7
 - Effective Jan. 1
- You will be automatically enrolled in Medicare if you receive Social Security benefits

Supplement

Original Medicare
(Parts A&B)

Prescription
Drug Plan
(Part D)

Medicare
Supplement

Advantage Plan

Original Medicare
Medicare Advantage

Usually includes
Prescription Drug Plan

Premiums

\$\$\$

\$

Out-of-pocket

\$

\$\$

Network

No

Yes

Extra benefits

No

Most

Health questions?

Usually

No

Medicare Advantage (MA)

A Medicare-approved private health insurance alternative that takes the place of Medicare Parts A and B. With MA, you're still in the Medicare program and Medicare pays private insurance companies a fixed amount each month to cover your costs, according to rules set by Medicare.

VS

Medicare Supplement Insurance or Medigap

A supplemental plan option offered by private insurance companies to help pay for additional out-of-pocket costs not covered by Original Medicare, like your deductible, copays and coinsurance.

Which one should you choose?

Medicare Advantage may be right for you if:

- You're comfortable using a network
- You want additional supplemental benefits
- You want a plan that does not ask health questions
- You want a lower premium and are willing to pay more in out-of-pocket costs in exchange
- You want a plan that wraps everything into one for coordinated care

Medicare Supplement Insurance may be right for you if:

- You want to use any provider who accepts Medicare
- You travel outside of the service area more than six months out of the year
- You prefer to select each plan outside of Original Medicare separately

Align powered by Sanford Health Plan

2027 Medicare Advantage plans

Align powered by Sanford Health Plan

Service Area - Counties

NORTH DAKOTA

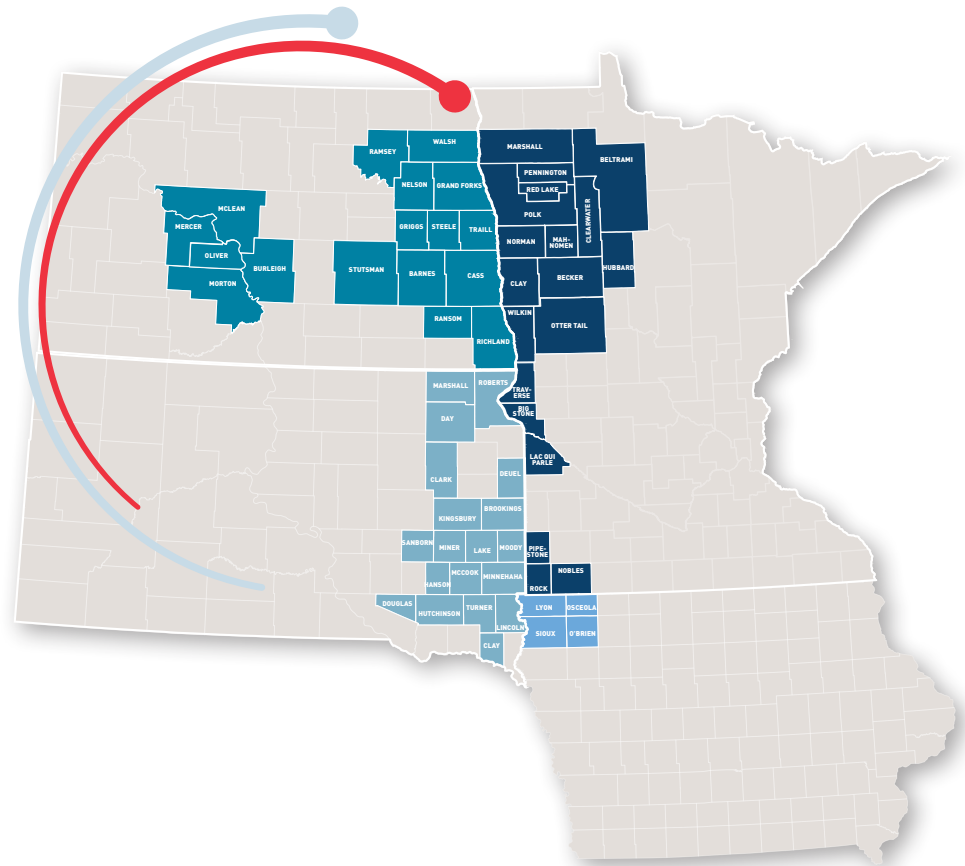
Barnes
Burleigh
Cass
Grand Forks
Griggs
McLean
Mercer
Morton
Nelson
Oliver
Ramsey
Ransom
Richland
Steele
Stutsman
Traill
Walsh

SOUTH DAKOTA

Brookings
Clark
Clay

Day
Deuel
Douglas
Hanson
Hutchinson
Kingsbury
Lake
Lincoln
Marshall
McCook
Miner
Minnehaha
Moody
Roberts
Sanborn
Turner
MINNESOTA
Becker
Beltrami
Big Stone
Clay
Clearwater
Hubbard
Lac Qui Parle

Mahnomen
Marshall
Nobles
Norman
Otter Tail
Pennington
Pipestone
Polk
Red Lake
Rock
Traverse
Wilkin
IOWA
Lyon
O'Brien
Osceola
Sioux



Eligibility

- Must be enrolled in Part A and Part B
- Must continue to pay Part B premium
- Must reside in the service area for at least six months per year

Align SecureChoice (PPO) and Align SecureChoice Gold (PPO)

- Offers in-network and out-of-network benefits
- Provides benefits within an integrated health system working to care for the whole you
- Includes supplemental benefits like vision, dental, hearing, fitness memberships and more

Resources

- View our provider directory at **align.sanfordhealthplan.com**
- Search our comprehensive formulary at **align.sanfordhealthplan.com** or request a copy

Supplemental benefits



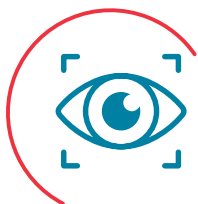
Hearing benefits

Hearing benefits from TruHearing® include coverage for routine hearing exams and hearing aids from an in-network provider.



Dental benefits

Our plans include preventive dental coverage from the Delta Dental® Medicare Advantage network, helping you stay on top of routine exams and cleanings. Looking for extra dental coverage? Optional supplemental dental benefits are available on select plans, giving you additional flexibility and support for your dental care needs.



Vision benefits

Vision benefits from VSP® Vision Care cover your annual routine eye exam, standard lenses and provide an allowance for frames or contacts through an in-network provider.

Supplemental benefits



Over-the-counter benefits

From pain relievers and allergy medications to first aid supplies and wellness products, quarterly OTC benefits from your Healthy Benefits+™ card help you save on everyday health essentials. Use your OTC allowance on products you need, saving you time and money.



Prescription drug coverage

All Align powered by Sanford Health Plan PPO plans include prescription drug coverage (Part D). We are committed to helping you keep your prescription drug costs manageable. Our plans waive the deductible for Tier 1 and Tier 2. Select medications used to treat chronic conditions such as high blood pressure, high cholesterol and diabetes are included in Tier 6 at a \$0 copay with no deductible. And you pay \$0 for all Part D vaccines, including shingles, RSV and routine tetanus shots.

Supplemental benefits



Health navigator services

A health navigator acts as your personal health assistant. Our team is here to answer questions and connect you to the right resources when you need them. They can help you find a doctor, schedule your appointments, and even provide trusted partners to accompany you to appointments. Health navigator services are confidential and provided at no additional cost.



Customer service

When you have questions about your coverage or benefits, help is just a phone call away. Our local customer service team offers knowledgeable, personalized support. Our team holds the Service Quality Measurement Group's (SQM) World-Class Customer Experience Certification, recognizing our commitment to delivering exceptional member service.

Supplemental benefits



Connected coverage and care

When you choose Align powered by Sanford Health Plan, you'll get more than just coverage. You'll also receive quality care close to home with a local network of providers and support that cares for the whole you. By bringing coverage and care together, we're removing obstacles, simplifying prior authorization processing, and providing personalized care and assistance when you need it. With our Medicare Advantage plans, you benefit from comprehensive management of chronic conditions from care managers and assistance with insurance coverage from health navigators.

How we support your whole-person health:

- Behavioral and mental health
- Care management
- Nutrition consultations
- Pharmacy assistance
- Preventive screenings
- Wellness visits

Supplemental benefits



Fitness membership

The Silver&Fit® program helps you stay active with free or discounted access to thousands of fitness centers and group fitness classes, on-demand video workouts you can do from home, and access to a tool that can track your activity and progress.

Align powered by Sanford Health Plan

North Dakota, South Dakota and Iowa

Align SecureChoice (PPO)

Align SecureChoice Gold (PPO)

NORTH DAKOTA, SOUTH DAKOTA AND IOWA		SANFORD HEALTH PLAN 2027 MA-PD PLANS			
		Align SecureChoice (PPO) H8385 005		Align SecureChoice Gold (PPO) H8385 006	
		North Dakota – Barnes, Burleigh, Cass, Grand Forks, Griggs, McLean, Mercer, Morton, Nelson, Oliver, Ramsey, Ransom, Richland, Steele, Stutsman, Traill, Walsh South Dakota – Brookings, Clark, Clay, Day, Deuel, Douglas, Hanson, Hutchinson, Kingsbury, Lake, Lincoln, Marshall, McCook, Miner, Minnehaha, Moody, Roberts, Sanborn, Turner Iowa – Lyon, O'Brien, Osceola, Sioux			
NETWORK		In-network	Out-of-network	In-network	Out-of-network
Monthly premium		\$60		\$100	
Maximum annual out-of-pocket		\$7,150 In-network, \$10,150 Combined In/Out-of-network		\$6,500 In-network, \$9,500 Combined In/Out-of-network	
Medical Benefits					
Office Visit	Primary Care	\$0	50% Coinsurance	\$0	50% Coinsurance
	Specialist	\$50	50% Coinsurance	\$45	50% Coinsurance
	Urgent Care	\$0-\$50	\$0-\$50	\$0-\$45	\$0-\$45
Preventive Care	Preventive Services	\$0	50% Coinsurance	\$0	50% Coinsurance
Hospital Care	Inpatient Hospital	Days 1-4: \$500/day Days 5-discharge: \$0/day	22% Coinsurance	Days 1-4: \$450/day Days 5-discharge: \$0/day	23% Coinsurance
	Outpatient Hospital	\$0-\$400	50% Coinsurance	\$0-\$350	50% Coinsurance
	Outpatient Hospital Observation Services	\$0-\$400	50% Coinsurance	\$0-\$350	50% Coinsurance
	Outpatient Labs	\$10	50% Coinsurance	\$10	50% Coinsurance
Emergency Care	Emergency Room Visit	\$115	\$115	\$130	\$130
Skilled Nursing Care	Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$221*/day	16% Coinsurance	Days 1-20: \$0/day Days 21-100: \$221*/day	16% Coinsurance
Supplemental Benefits	Preventive Dental	\$0 Cleaning 2x/year \$0 Exam 2x/year \$0 X-ray 1x/year \$0 Fluoride 1x/year	80% Coinsurance	\$0 Cleaning 2x/year \$0 Exam 2x/year \$0 X-ray 1x/year \$0 Fluoride 1x/year	80% Coinsurance
	Dental Allowance	NA	NA	\$500 Annual Comprehensive Allowance	80% Coinsurance; \$500 combined maximum
	Dental Rider	\$1,500, \$100 Deductible; Comprehensive 50% Coinsurance	80% Coinsurance combined allowance limit \$1,500 then member pays 100%	\$1,500, \$100 Deductible; Comprehensive 50% Coinsurance (Deductible waived)	80% Coinsurance combined allowance limit \$1,500 then member pays 100%
	Dental Rider Premium	\$48.20		\$46.00	
	Preventive Hearing	\$0 Annual exam	80% Coinsurance	\$0 Annual exam	80% Coinsurance
	Hearing Allowance	\$0 Copay fitting; Standard aid \$499; Advanced aid \$699; Premium aid \$999; Annual limit per hearing aid	\$1,000 Deductible, 80% Coinsurance within 12 months	\$0 Copay fitting; Standard aid \$499; Advanced aid \$699; Premium aid \$999; Annual limit per hearing aid	\$1,000 Deductible, 80% Coinsurance within 12 months
	Preventive Vision	Annual exam: \$0 Eyewear allowance: \$100 or Contact lens allowance: \$100	50% Coinsurance	Annual exam: \$0 Eyewear allowance: \$200 or Contact lens allowance: \$100	50% Coinsurance
	Fitness	\$0 Cost gym membership; \$480 Annual limit	80% Coinsurance/\$480 Maximum combined network	\$0 Cost gym membership; \$480 Annual limit	80% Coinsurance/\$480 Maximum combined network
	Over-the-Counter Allowance	\$50 Quarterly	80% Coinsurance; \$50 Combined maximum	\$85 Quarterly	80% Coinsurance; \$85 Combined maximum
Travel	Worldwide Coverage	Not Covered		Not Covered	
Part B Drugs	Part B Drug Coverage	All others 0%-20% Coinsurance (FFS Medicare)		All others 0%-20% Coinsurance (FFS Medicare)	

*2027 Medicare rate and is subject to change for 2027.

INCLUDED RX

STANDARD PRESCRIPTION DRUGS		
NORTH DAKOTA, SOUTH DAKOTA AND IOWA	Align SecureChoice (PPO) H8385 005	Align SecureChoice Gold (PPO) H8385 006
PRESCRIPTION DRUG DEDUCTIBLE	\$500	\$350
Tier 1 - Preferred Generic Drugs (deductible waived)	\$0 Copay	\$0 Copay
Tier 2 - Generic Drugs (deductible waived)	\$8 Copay	\$8 Copay
Tier 3 - Preferred Brand Drugs	25% Coinsurance	25% Coinsurance
Tier 4 - Non-preferred Drugs	30% Coinsurance	30% Coinsurance
Tier 5 - Specialty Drugs	27% Coinsurance	29% Coinsurance
Tier 6 - Select Care Drugs (deductible waived)	\$0 Copay	\$0 Copay

Max days supply 1, 2, 3 and 6 are 34/68/102 excludes Tier 5

Align powered by Sanford Health Plan

Minnesota

Align SecureChoice (PPO)

Align SecureChoice Gold (PPO)

MINNESOTA		SANFORD HEALTH PLAN 2027 MA-PD PLANS			
		Align SecureChoice (PPO) H3186 002		Align SecureChoice Gold (PPO) H3186 001	
		Minnesota – Becker, Beltrami, Big Stone, Clay, Clearwater, Hubbard, Lac Qui Parle, Mahnommen, Marshall, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Red Lake, Rock, Traverse, Wilkin			
NETWORK		In-network	Out-of-network	In-network	Out-of-network
Monthly premium		\$35		\$112	
Maximum annual out-of-pocket		\$9,850 In-network, \$12,850 Combined In/Out-of-network		\$7,150 In-network, \$10,150 Combined In/Out-of-network	
Medical Benefits					
Office Visit	Primary Care	\$0	50% Coinsurance	\$0	50% Coinsurance
	Specialist	\$50	50% Coinsurance	\$45	50% Coinsurance
	Urgent Care	\$0-\$40	\$0-\$40	\$0-\$45	\$0-\$45
Preventive Care	Preventive Services	\$0	50% Coinsurance	\$0	50% Coinsurance
Hospital Care	Inpatient Hospital	Days 1-4: \$520/day Days 5-discharge: \$0/day	14% Coinsurance	Days 1-4: \$500/day Days 5-discharge: \$0/day	18% Coinsurance
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Supplemental Benefits	Preventive Dental	\$0 Cleaning 2x/year \$0 Exam 2x/year \$0 X-ray 1x/year \$0 Fluoride 1x/year	80% Coinsurance	\$0 Cleaning 2x/year \$0 Exam 2x/year \$0 X-ray 1x/year \$0 Fluoride 1x/year	80% Coinsurance
	Dental Allowance	NA	NA	NA	NA
	Dental Rider	\$1,500, \$100 Deductible; Comprehensive 50% Coinsurance	80% Coinsurance combined allowance limit \$1,500 then member pays 100%	\$1,500, \$100 Deductible; Comprehensive 50% Coinsurance	80% Coinsurance combined allowance limit \$1,500 then member pays 100%
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	Fitness	\$0 Cost gym membership; \$480 annual limit	80% Coinsurance/\$480 Maximum combined network	\$0 Cost gym membership; \$480 annual limit	80% Coinsurance/\$480 Maximum combined network
	Over-the-Counter Allowance	\$30 Quarterly	80% Coinsurance; \$30 Combined maximum	\$70 Quarterly	80% Coinsurance; \$70 Combined maximum
	Travel	Worldwide Coverage	Not Covered		Not Covered
Part B Drugs	Part B Drug Coverage	All others 0%-20% Coinsurance (FFS Medicare)		All others 0%-20% Coinsurance (FFS Medicare)	

*2027 Medicare rate and is subject to change for 2027.

INCLUDED RX

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PRESCRIPTION DRUG DEDUCTIBLE	\$500	\$350
Tier 1 - Preferred Generic Drugs (deductible waived)	\$0 Copay	\$0 Copay
Tier 2 - Generic Drugs (deductible waived)	\$8 Copay	\$8 Copay
Tier 3 - Preferred Brand Drugs	25% Coinsurance	25% Coinsurance
Tier 4 - Non-preferred Drugs	30% Coinsurance	30% Coinsurance
Tier 5 - Specialty Drugs	27% Coinsurance	29% Coinsurance
Tier 6 - Select Care Drugs (deductible waived)	\$0 Copay	\$0 Copay

Max days supply 1, 2, 3, and 6 are 34/68/102 excludes Tier 5

Inflation Reduction Act



In August of 2022, the Inflation Reduction Act (IRA) was signed into law, bringing significant changes to the Part D program over the course of a few years.

Here are the crucial Part D changes being implemented by year

2023

- The out-of-pocket cost for insulin prescriptions was capped at \$35 for members
- The out-of-pocket cost for vaccinations was reduced to \$0

2024

- Low-income subsidies are expanded to provide full benefits for members within the Federal Poverty Level
- Annual Part D premium increases are limited to 6%

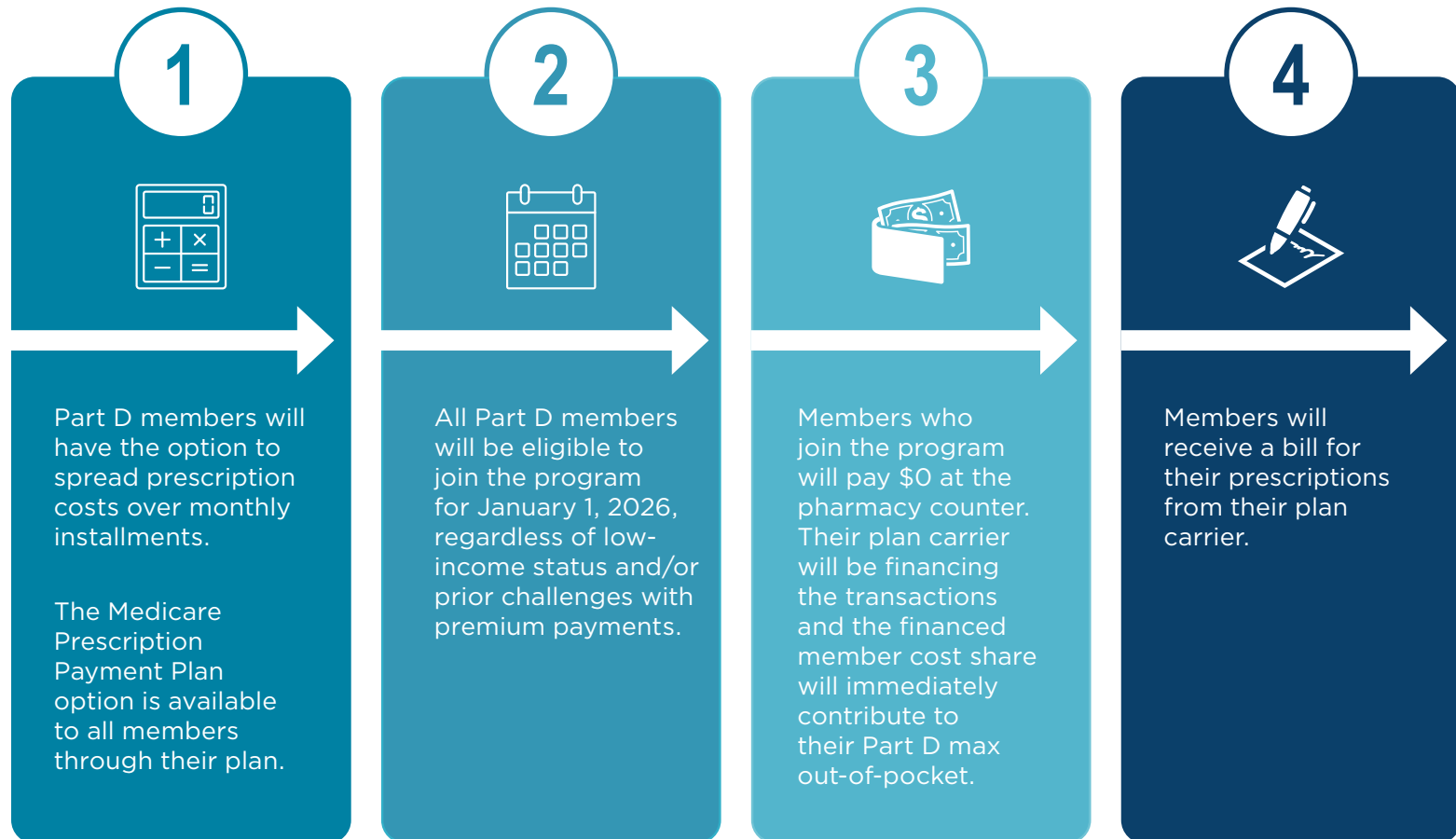
2025

- Annual out-of-pocket maximum for Medicare Part D is capped at \$2,000
- The Inflation Reduction Act has simplified Medicare prescription coverage by eliminating the coverage gap discount program “donut hole” for 2025.
- The Medicare Prescription Payment Plan option is available to all members through their pharmacy to make out-of-pocket costs into monthly payments.

2026

- Increase to out-of-pocket maximum from \$2,000 to \$2,100
- Start of the Medicare drug price negotiations, and changes to cost-sharing for certain drugs. Ten Medicare Part D drugs for 2026.
- In 2026, cost-sharing for covered insulin products under Part D will be capped at the lesser of \$35, 25% of the negotiated price, or 25% of the maximum fair price

Part D Medicare Prescription Payment Plans



Basics of Medicare – Prescription Drug Plans (PDP)

Prescription drug plans – Late enrollment penalty

- You should enroll in a PDP even if you do not take prescription drugs
- A late enrollment penalty will be added to your monthly PDP premium if you did not have creditable prescription drug coverage
- This penalty is equal to 1% of the national “base beneficiary premium” for every month you were eligible but not enrolled in a PDP and did not have other creditable coverage

Example:

- Jean did not have a PDP, nor did she have creditable prescription drug coverage for 24 months when she was eligible for a PDP
- **.24** (24% penalty) **x \$38.99** (2026 base beneficiary premium) = **\$9.40/month**
- This is adjusted annually as the base beneficiary premium changes

How to enroll

- Review plan materials
- Complete an application online at **align.sanfordhealthplan.com**
- **Complete a paper application using the enrollment kit**
Detach and complete your application.

What to expect after you enroll

Once you have submitted your application, you will receive:

An acknowledgment and confirmation letter

This letter confirms that your application has been received and confirms Medicare's approval of your enrollment in Align powered by Sanford Health Plan.

Member packet

This packet contains a guide and important materials. Keep this packet handy for future reference.

ID card

This card serves as proof of coverage for your medical, dental, vision, and hearing benefits. Your ID card will be mailed to you separately before your plan's effective date.

Healthy Benefits+™ card

This card contains your OTC benefit allowances and will be mailed to you.

Thank You!

We do not offer every plan available in your area. Currently we represent XXX organizations which offer XXX products in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options. 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. Sanford Health complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently based on 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.

Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call (877) 509-4979 (TTY: 711) or speak with your healthcare provider. Spanish: 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 (877) 509-4979 (TTY: 711) o hable con su proveedor. Oromo: Yoo afaan Oromoo dubbattu ta'e, tajaajilli gargaarsa afaanii bilisaa siniif ni argama. Gargaarsi gargaaraa fi tajaajilli sirrii ta'ee fi odeeffannoo bifa dhaqqabamaa ta'een kennuunis bilisaan ni argama. Bilbilaa (877) 509-4979 (TTY: 711) yookiin dhiyeessaa kee waliin haasa'aa.

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

If you have questions, please contact Customer Service at (877) 509-4979. If you are hearing- or speech-impaired, please call TTY 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. For accommodations of person with special needs at meetings call (877) 509-4979 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m., from Oct. 1-March 31; and weekdays 8 a.m. to 8 p.m., from April 1-Sept. 30.

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