



2023

# Medicare Advantage

## MEMBER HANDBOOK

Align powered by Sanford Health Plan

- Align ChoiceElite (PPO)
- Align ChoicePlus (PPO)

[align.sanfordhealthplan.com](https://align.sanfordhealthplan.com)

 align

powered by  
SANFORD HEALTH PLAN





# WELCOME to

# align

powered by  
SANFORD HEALTH PLAN

We're excited to be on this journey with you! Our all-in-one coverage cares for the whole you by combining Medicare health and prescription drug coverage along with extra benefits to help you live your healthiest life.

If you're new to Align powered by Sanford Health Plan, this guide will walk you through the most important steps to accessing your benefits. You can review all your coverage benefits in your Evidence of Coverage (EOC) at [align.sanfordhealthplan.com](https://align.sanfordhealthplan.com).

*Thank you for trusting us on your health journey!*

If you can't find what you are looking for here, please log in to your secure Member Portal or contact customer service at (888) 278-6485 or TTY: (888) 279-1549.





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# Contact Information

As you get started with our health plan, we understand you may have questions. Our customer service team is here to assist with extended hours 7 days a week 8 a.m. to 8 p.m. CST during the months of October through March. Standard hours are Monday through Friday, 8 a.m. to 5 p.m. CST. Customer service: **(888) 278-6485 (TTY: (888) 279-1549)**.

You can also access all of your plan information by logging into your member portal online at **[align.sanfordhealthplan.com](https://align.sanfordhealthplan.com)**. Portal access and benefits begin with the start of your plan coverage on or after January 1, 2023.

Department	Questions about:	Phone Number
<b>Pharmacy Management</b>	Prior authorization of prescription drug coverages and covered medication list (formulary)	(844) 642-9090
<b>Utilization Management</b>	Prior authorization of medical services and utilization review	(888) 278-6485
<b>Care Management</b>	Care management, health management and social work programs	(888) 315-0884
<b>Vision impaired services</b>	Large print materials or recorded versions of our documents are available upon request.	(888) 278-6485
<b>Language assistance</b>	Free language assistance is available for those who speak a language other than English.	(888) 278-6485
<b>Sanford Health Plan Compliance</b>	To report potential fraud, waste, and abuse, please call the anonymous Compliance Hotline or email Sanford Health Plan Compliance at <a href="mailto:shpcompliance@sanfordhealth.org">shpcompliance@sanfordhealth.org</a>	(877) 473-0911 (TTY: 711)



**Health Navigator:** Our Health Navigators are here to help and act as your personal health assistant. Health Navigators can answer questions and connect you to the right resources when you need them. They can help you find a doctor, schedule appointments, and even provide trusted partners to accompany you to your appointments. Health Navigators are confidential and provided at no additional cost!

**Phone: (877) 701-0788.**

# Explaining Your Coverage

You can find specific information about your benefits in the following documents, which are located within your secure member portal link available at [align.sanfordhealthplan.com/welcome](https://align.sanfordhealthplan.com/welcome).



**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, require prior authorization or step therapy.



**Evidence of Coverage (EOC):** Complete overview and description of all benefits, exclusions, prescriptions, appeals, denials, claims, enrollment, notices, policies and more.



**Provider Network:** Access to the most up-to-date Provider and Pharmacy Network Directory for Align powered by Sanford Health Plan can be accessed on the website [align.sanfordhealthplan.com](https://align.sanfordhealthplan.com).



## Member Portal

Visit [align.sanfordhealthplan.com](https://align.sanfordhealthplan.com) 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



## Medicare Advantage Health Assessment

As a new member, we want to make sure we connect you to the right resources to help meet your health care needs. In order to assist us, you will receive a brief health assessment included in your welcome booklet. The assessment will ask for your input on your health, including any current or past health conditions, areas you may need help and more. Once you have completed the assessment, simply return it in the enclosed return envelope. If you would prefer to complete the assessment over the phone, please call (877) 701-0788 and our health navigators will assist you. This information will provide a better snapshot of your needs as a member and your answers will be kept confidential.

# 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.



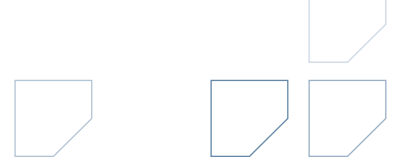
**Emergency care:** Emergency medical conditions require immediate care to avoid serious harm. Emergent conditions may include severe pain, suspected heart attack or stroke, difficulty breathing, bleeding that won't stop, severe burns, seizures, poisoning, or trauma. For emergency care, call 911 or visit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



**Nurse Line:** This free resource is available to address medical questions and get medical advice. Call **(888) 315-0886 (TTY: 711)** to visit with a Registered Nurse.



# 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](https://sanfordhealth.org/get-care-here/virtual-care) to get started.



**Virtual Exam:** Use a handheld exam kit to perform a guided medical exam from a mobile device with a Sanford Health provider, anytime, anywhere.



## Specialty care

If you need to see a specialist, you don't need a referral if the provider is in-network. If you want to go out-of-network, please contact the plan for approval **before** you receive care.



## Behavioral health care services

If you feel you need Behavioral Health Care Services, please call our Care Management Department.



## 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 urgent or emergent situations. If you need urgent or emergent care while traveling, please contact Sanford Health Plan within 48 hours of seeking care.



## Case 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

Align powered by Sanford Health Plan members have access to our large care system of Sanford Health providers and facilities, plus some additional independent providers across South Dakota, Iowa, North Dakota and Minnesota. You also have nationwide urgent and emergent coverage when traveling outside the service area and access to virtual care services 24 hours a day, 7 days a week, including holidays.

## In-Network Care

- ▶ From a participating provider in the Sanford service area.
- ▶ Outside the network with a participating provider referral and prior authorization in place.
- ▶ Urgent or emergent care if you don't have access to an in-network provider.
- ▶ From a non-participating provider when you don't have access to an in-network provider and prior authorization in place.
- ▶ From an out-of-network provider when qualified under the travel benefit.

## Out-of-Network Care

- ▶ From a non-participating provider without referral approval in place.
- ▶ From a participating provider outside the service area when you have traveled for the purpose of receiving care.
- ▶ If an in-network provider has not recommended the referral and Align powered by Sanford Health Plan has not authorized the referral to a participating provider outside the service area.

*\*Out-of-network/non-contracted providers are under no obligation to treat Align Powered by Sanford Health Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.*



**Travel Benefit:** No matter where you are in the United States, urgent care and emergency services are always covered at the same cost-share you have at home. With our visitor travel benefit, you can travel up to six consecutive months a year in the United States and receive in-network benefits from select providers. If you have questions, please connect with our customer service team at **(888) 278-6485 (TTY: (888) 279-1549)**.

# Pharmacy and Medication Benefits

The Sanford Health Plan Pharmacy Department will help you get the most out of your medication benefits. Sanford Health Plan has a list (formulary) of FDA approved brand name and generic medications that are covered under your benefit plan.

## 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.

**PA**

### Prior Authorization

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

**QL**

### Quantity Limit

Medication may be limited to a certain quantity.



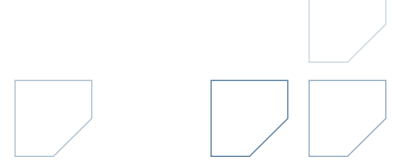
A complete list of in-network pharmacies and all other pharmacy related benefit information can be found in the Member Portal or by contacting customer service.

# Prescription coverage stages

With Medicare, the amount you pay for medications will vary throughout the year based on what drug payment stage you are in.

<b>Deductible Stage</b>	<b>Initial coverage stage</b>	<b>Coverage Gap*</b>	<b>Catastrophic coverage stage</b>
<b>Amount varies per plan</b>	<b>Up to \$4,660</b>	<b>Up to \$7,400</b>	<b>Through the end of the year</b>
If your plan has a deductible, you usually pay the full discounted price of your drugs, up to the deductible amount. To count toward the deductible, drugs must be on the formulary.	Once you reach the deductible amount, you pay a copayment or coinsurance for the discounted price of each prescription you fill until your total drug costs reach a certain amount.	The coverage gap stage (sometimes referred to as the “donut hole”) is a gap in coverage during which you may have to pay more for your prescription drugs. Please review your plan documents and call the number on your member ID card to discuss the coverage gap.	In this final stage, most members will pay only a small copayment or coinsurance for each prescription they fill.
<b>Once you reach the deductible amount, you pay a copayment or coinsurance in the initial coverage stage.</b>	<b>Once you satisfy \$4,660, you enter the coverage gap stage.</b>	<b>Once your yearly out-of-pocket costs reach \$7,400, you move to the catastrophic coverage stage.</b>	

*\*Many of our plans still offer coverage for certain drugs while you're in the coverage gap stage. Check your Evidence of Coverage for details.*



# Referrals, Prior Authorization and Other Insurance Coverage

## 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. If your provider refers you to see an out-of-network provider or facility, you must receive prior authorization by Sanford Health Plan **before** you receive care. This includes facilities such as Mayo Clinic and University of Minnesota. If approved, your medical care will be processed at an in-network level. Remember, some services may be excluded, even if your doctor recommends them, such as acupuncture and cosmetic procedures. See your Evidence of Coverage for additional details on non-covered services.

## What types of services require prior authorization?

You or your provider **must** contact Sanford Health Plan to get prior authorization for certain outpatient and inpatient procedures or admissions. Prior authorization is also needed for back surgery, home health care, select durable medical equipment (DME), cancer services and treatment, genetic testing, transplants and specialty medication. 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 phone **(888) 278-6485 (TTY: (888) 279-1549)** or complete the Accidental Injury/Third Party Liability Questionnaire online at **[align.sanfordhealthplan.com](http://align.sanfordhealthplan.com)**.

## What if I have other health insurance?

If you are covered by another insurance policy or are eligible for Medicaid or Tri-Care, we will work with the other insurance company to coordinate benefits to ensure claims are processed in a timely manner. Please complete any forms you receive or contact us, if requested, to ensure your claims are not denied.



For a complete list of services requiring prior authorization, call **(888) 278-6485 (TTY: (888) 279-1549)** to speak with a our customer service team.



# Preventive Health Services and Other Screenings

Sanford Health Plan is committed to helping you stay healthy. We believe staying up to date with preventive health care is a key part of disease prevention.

Take advantage of these services! Preventive care and screenings are available for no cost, or very low cost, if using an in-network provider. Prior authorization is not necessary and services can be received once per calendar year, or as shown in the Medical Benefits Chart of your Evidence of Coverage.

Examples of covered services include:



wellness exams



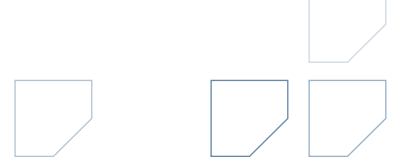
immunizations



screenings



For a list of preventive services, refer to the Medical Benefits Chart in your Evidence of Coverage (look for the blue apple symbols.) The EOC can be found at [align.sanfordhealthplan.com](https://align.sanfordhealthplan.com) or within your Member Portal.



# 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. Advance care planning allows you to:

- Think about and discuss treatment options with your family and health care providers to make treatment decisions based on your goals, values and preferences.
- Document and communicate your decisions to those who need to know.
- Select someone you trust to make decisions on your behalf when you are unable to speak for yourself.

Sanford Health Plan encourages all Members to complete an advance directive. A copy should be provided to the person responsible for making decisions in case you cannot speak for yourself, the hospital where you are most likely to receive treatment and your primary provider. For more information and to complete the form, go to **[sanfordhealth.org/-/media/org/files/patient-education/advance-care-planning.pdf](https://sanfordhealth.org/-/media/org/files/patient-education/advance-care-planning.pdf)**.





## Benefits

With Align powered by Sanford Health Plan, you get the benefits of Original Medicare plus more in one complete plan. Let us help you take advantage of your coverage options by providing you with information on the ways you can access your benefits, file a claim and more.



### Health navigator services

A health navigator acts as your personal health assistant. Our team of health navigators 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 provide trusted partners to accompany you to your appointments. Health navigator services are confidential and provided at no additional cost. **Call (877) 701-0788 (TTY: 711) to connect with your health navigator.**



### Travel

No matter where you are in the United States, urgent care and emergency services are always covered at the same cost-share you have at home. With our visitor travel benefit, you can travel up to six consecutive months a year in the United States and receive in-network benefits from select providers. **If you have questions, please connect with our customer service team at (888) 278-6485 (TTY: (888) 279-1549).**



## Prescription drug coverage

All Align powered by Sanford Health Plan PPO plans include prescription drug coverage. Our pharmacy network is made up of over 60,000 pharmacies both regionally and nationally, including Lewis Drug, Thrifty White, CVS, Walmart, Hy-Vee, Sam's Club, Costco as well as most independently owned pharmacies. Members can also save more when using preferred pharmacies, including CVS, Gateway Pharmacy, Lewis Drug, Sanford Health Pharmacy, Seip Drug and Thrifty White. Additionally, plans include the Part D Senior Savings Model. This provides a stable copay of \$35 for certain types of insulin. Review your evidence of coverage to learn more or call **(844) 642-9090 (TTY: 711)** to speak with a our customer service team to learn more.



## Over-the-counter benefits

Our plans come with NationsBenefits® over-the-counter (OTC) benefits each quarter. This allows you to get your OTC products, like aspirin or cold and flu medicine, shipped to you directly from NationsOTC®.

You have access to a variety of brand-name and generic health and wellness products with your 2023 OTC benefit. Your benefit allowance can be used to order the items you need while saving you time and money. Review your Evidence of Coverage to determine your quarterly benefit amount.

### Three convenient ordering options with two-day delivery:



**Online:** Visit [alignsanfordhealthplan.nationsbenefits.com](https://alignsanfordhealthplan.nationsbenefits.com)



**Phone:** Call **(877) 280-1649 (TTY: 711)**



**Mail:** Complete and mail an order form (available in catalog or online)

### Want to search products?

A catalog will be coming to you in the mail. You can access an online catalog through the NationsOTC member portal to order products simply and hassle-free.

### Within the portal, you can:

- Search by category, price and more
- See product descriptions, images and related condition information
- View your available benefit allowance
- Order health and wellness products
- Track your order status in real-time

Access the portal at [alignsanfordhealthplan.nationsbenefits.com](https://alignsanfordhealthplan.nationsbenefits.com).

By self-reporting your conditions to build a personal health profile, you'll receive product recommendations and related health information. What you choose to share with NationsOTC® can be used to help you achieve your desired health goals.

**If you have any questions, please call NationsOTC® at (877) 280-1649 (TTY: 711).**

Member experience advisors are available 24 hours per day, seven days a week, 365 days a year.

Language support services are available if needed.



## Hearing benefits

As a valued member, you have a hearing aid benefit that gives you what you need to manage your hearing health – all accessed through the NationsHearing® network. Review your Evidence of Coverage to determine your benefit details.

### Your benefit includes:

#### An annual hearing test with no out-of-pocket cost

Convenient ways to take your hearing test:

- ✓ Call **(877) 280-1649 (TTY: 711)** to speak with a member experience advisor who will schedule your hearing test with a local provider.
- ✓ Visit **[alignsanfordhealthplan.nationsbenefits.com/hearing](https://alignsanfordhealthplan.nationsbenefits.com/hearing)** to access your online hearing test.

#### Exceptional service delivery

Going above and beyond your expectations with:

- ✓ Quality care from a hearing aid provider in your area
- ✓ 24/7 access to a dedicated team of member experience advisors
- ✓ Three follow-up visits to ensure your complete satisfaction<sup>1</sup>

#### NationsHearing® promise to you

Convenient ways to take your hearing test:

- ✓ 60-day, 100% money-back guarantee
- ✓ Three-year manufacturers' warranty
- ✓ Three years of batteries included<sup>2</sup>

## Get started today!

Call **(877) 280-1649 (TTY: 711)** or visit **[alignsanfordhealthplan.nationsbenefits.com/hearing](https://alignsanfordhealthplan.nationsbenefits.com/hearing)**.

Member experience advisors are available 24 hours a day, seven days a week, 365 days a year.

<sup>1</sup>Within the first year of your fitting date.

<sup>2</sup>Not applicable to the purchase of rechargeable hearing aid models.

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## Dental coverage

Dental coverage makes dental care more affordable. With a focus on prevention, supplemental dental benefits with the Delta Dental® Medicare Advantage network cover professional services like routine check-ups, cleanings and exams at 100% and provide an annual allowance for other comprehensive services. This helps reduce out-of-pocket costs, so you pay less for the dental care you need.

With a Medicare Advantage Plan through Align powered by Sanford Health Plan, dental coverage is included in whichever plan you choose. To learn about the difference in coverage based upon your plan option, view the grid below:

BENEFITS COMPARISON	Align ChoiceElite PPO	Align ChoicePlus PPO
Preventive Dental	\$0 routine exams 2x/year; \$0 cleanings 2x/year; \$0 bitewing X-rays 1x/year	\$0 routine exams 2x/year; \$0 cleanings 2x/year; \$0 bitewing X-rays 1x/year
Comprehensive Dental	\$1,300 allowance 50% coinsurance	\$1,000 allowance 50% coinsurance

Members may visit any licensed dental provider within the Delta Dental® Medicare Advantage network.

If you have questions, our Delta Dental® customer service team is available at **(866) 502-9753 (TTY: 711)**.

Find a dentist tools:

- South Dakota and Iowa members visit **[providers4you.com/nationalmedicareadvantage](https://providers4you.com/nationalmedicareadvantage)**
- Minnesota and North Dakota members visit **[deltadentalmn.org/find-a-dentist](https://deltadentalmn.org/find-a-dentist)**





## Vision benefits

VSP® Vision Care provides you with a covered annual routine exam and up to the below eyewear coverage through a VSP Advantage network provider:

Align ChoiceElite PPO	Glasses: Base lenses and Standard progressives covered in full and \$200 frame allowance. Contacts are in lieu of glasses and a \$100 allowance is provided.
Align ChoicePlus PPO	Glasses: Base lenses and Standard progressives covered in full and \$100 frame allowance. Contacts are in lieu of glasses and a \$100 allowance is provided.

### Using your VSP benefit is easy:

1. Create an account at **vsp.com**. Review your personalized benefit information.
2. Find a VSP Advantage network eye doctor who's right for you.  
Visit **vsp.com/advantageonly** or call **(844) 344-4768**.
3. When scheduling your appointment, tell them you have VSP. Present your Sanford Health Plan Align ID card to your VSP Advantage network doctor.

That's it! There are no claim forms to complete when you see a VSP Advantage network provider. When obtaining services from an out-of-network provider, you will be responsible for paying services directly to the provider and remit a claim to VSP for reimbursement. Please refer to your Evidence of Coverage for out-of-network coverage.

The VSP Advantage network is a national network of doctors. All VSP doctors offer a dispensary on site. To locate a VSP network doctor, visit **vsp.com/advantageonly**.

### Contact VSP

Toll free: (844) 344-4768  
TTY: (800) 428-4833

### VSP member service hours

Monday — Sunday  
8 a.m. — 8 p.m. Central time





## Meal services

Because better health begins with the food we eat, eligible members can choose meals that fit their individual needs using \*Mom's Meals®. This meal program ensures members get the nutrition they need when they need it, whether they're recovering from a hospital stay or managing a chronic condition.

Members must meet eligibility requirements.  
Review your Evidence of Coverage to determine your benefit details.

### Eligible members receive:

- Medically-tailored meals designed by dietitians to support the nutritional needs of most common health conditions
- Meals delivered to your home
- Meals that can be refrigerated for up to 14 days from delivery
- Up to 56 meals/28 days following an inpatient hospitalization and up to 12 weeks for those with certain chronic conditions.

### How it Works

1. Eligible members will be contacted and referred by case manager or provider
2. Case manager will provide paperwork to Mom's Meals
3. Meals are delivered to member's home

Easy meal options — just heat, eat and enjoy within minutes!

*\*Initial deliveries will have a variety of meals based on dietary preferences.*



## Silver&Fit® Fitness Program

As a member, you can enjoy multiple tools and features with this healthy aging and exercise program at no cost to you. By answering a few online questions about your fitness level and goals, you can receive a personal exercise plan that includes suggested workout videos and more. Create your account by visiting **[silverandfit.com](https://silverandfit.com)** to get started.

### Standard fitness network choices

Once you create your online account, you will be able to search and choose a membership from more than 15,000 participating fitness centers or select YMCAs. Note that you may need to sign a new membership agreement with the fitness center or YMCA, even if you have a current membership agreement or have had one in the past.

### Premium fitness network choices

Search more than 5,000 additional Premium fitness network locations, including fitness centers, studios, and unique fitness experiences by logging into your account. These locations are available for a nonrefundable monthly buy-up price. Fees vary by Premium fitness center location.

### Home fitness kits

You can pick one kit per benefit year from 10 different options. Choose from options like a wearable fitness tracker, pilates, strength, swim and yoga kit options.

Once selected, the home fitness kit cannot be exchanged.

### Healthy Aging Coaching

Your benefits include a one-on-one Silver&Fit Healthy Aging Coaching sessions by phone, video or chat. A trained coach will give you personalized attention in fitness, nutrition, brain health and other lifestyle areas.

### Silver&Fit Connected!™ tool

The Silver&Fit Connected! tool is available for tracking activity to earn rewards like hats and pins.

### Member resources

Join the Well-Being Club for exclusive articles, videos and live-streaming virtual events that focus on healthy aging, healthy eating, staying active and more. You can also get **Fit at Home™** with daily Facebook Live and YouTube workouts that are available to the public for free. See the full class schedule at **[silverandfit.com/workouts](https://silverandfit.com/workouts)**.

Please make sure to talk to your provider before starting or changing an exercise routine.



**Create your account by visiting [silverandfit.com](https://silverandfit.com).**

**Contact Silver&Fit**

Toll free: (877) 427-4788

TTY/TDD: 711

Monday — Friday, 7 a.m. — 8 p.m. Central time

*The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit, Silver&Fit Connected!, Fit at Home, and the Silver&Fit logo are trademarks of ASH and used with permission herein.*

*Participating facilities and fitness chains may vary by location and are subject to change. Kits and rewards are subject to change. Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity and to use that data to process and administer available rewards to you under the program. Limitations, member fees, and restrictions may apply.*

*Rewards are subject to change. The purchase of a wearable fitness tracker or app may be required to use the Connected! tool and is not reimbursable by the Silver&Fit program.*

*Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness), to receive information about your tracked activity and to use that data to process and administer available rewards to you under the program. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit, Silver&Fit Connected! and the Silver&Fit logo are trademarks of ASH. Limitations, member fees and restrictions may apply. Kits are subject to change. Participating facilities and fitness chains may vary by location and are subject to change.*

# Benefits: Frequently Asked Questions

## DENTAL

***Q: How do I contact Delta Dental?***

A: By phone, toll free **(866) 502-9753 (TTY: 711)**.

## VISION

***Q: Are VSP® Vision Care materials available in any other languages?***

A: Yes, materials are available in English, Spanish, Korean, Vietnamese and Chinese by contacting Customer Service.

***Q: Are TTY/Language Line services available?***

A: Yes, more than 170 languages are available via Customer Service at **(844) 344-4768 | TTY: (800) 428-4833**.

***Q: What information is available in the VSP® Vision Care Member Portal?***

A: Benefit information, provider directory, special offers and member extras, sign up to receive emails to make the most of your vision benefits and/or the Envision Newsletter, view VSP's eyewear gallery, eye care information and more.

## HEARING

***Q: How do members use their hearing benefits?***

A: Members have two options:

### OPTION 1:

1. Contact NationsHearing® to schedule a hearing test.
2. Visit a local provider for hearing test and receive test results.
3. Use their benefit allowance to order hearing aids.
4. Work with the provider to fit and tune hearing aids.
5. All members receive a follow-up call to ensure complete satisfaction.

### OPTION 2:

1. Access online hearing test from their computer or mobile device.
2. Receive digital record of their hearing test results.
3. Use their benefit allowance to order hearing aids online.
4. Receive home delivery of their hearing aids at no additional cost.
5. Connect with an online representative for remote tuning.

***Q: Are there any claims to submit?***

A: No, there are no claims or forms to complete when seeing a Nations Benefits network doctor as the doctor verifies coverage, bills NationsHearing® for services rendered and NationsHearing® pays the doctor directly.

***Q: How do I find an in-network doctor?***

A: Members should contact Customer Service at **(877) 280-1649 (TTY: 711)** to find an in-network provider.

## TRAVEL

***Q: How does a member notify Sanford Health Plan they want to use their travel benefit?***

A: The member should call customer service to notify Sanford Health Plan if they plan to be outside of SD, IA, ND or MN for more than one month. Customer service can be reached by calling **(888) 278-6485 (TTY: (888) 279-1549)** between 8 a.m. and 8 p.m. CST, 7 days per week, October 1 through March 31; and Monday through Friday, April 1 through September 30.

***Q: What happens if a member forgets to notify Sanford Health Plan they are traveling and seeks care?***

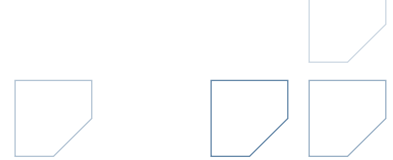
A: If a member uses non-urgent services, they should contact Sanford Health Plan and notify of the date travel began so claims can be processed (or reprocessed) appropriately. Traveling for the specific intent of receiving care is an exclusion of the policy.

## MEALS

***Q: What diagnoses are eligible for the meal benefit?***

A: Case managers will identify and screen members for the following conditions to enroll in the meal benefit.

- Alcohol dependence
- Drug dependence
- Cancer
- Autoimmune diseases
- Cardiovascular diseases
- Chronic lung disorders
- Hematological conditions
- Congestive heart failure
- Dementia
- Type 1 diabetes mellitus
- Type 2 diabetes mellitus
- End stage liver disease
- End stage renal disease (outpatient)
- End stage renal disease (inpatient)
- HIV/AIDS
- Stroke
- Members who are post-discharge will also be identified by case managers for participation



***Q: How do member's contact Mom's Meals®?***

A: Mom's Meals Customer Service can be reached at **(866) 204-6111** or to place an order, members can email **orders@momsmeals.com**.

***Q: What types of menus are available from Mom's Meals®?***

- General Wellness
- Diabetes-Friendly
- Heart-Friendly
- Renal-Friendly
- Cancer Support
- Lower Sodium
- Pureed
- Vegetarian
- Gluten Free

***Q: How are meals delivered?***

A: Deliveries arrive in a cooler by Mom's Meals® delivery drivers where available, otherwise meals are delivered by a third-party carrier such as FedEx, UPS, GSL or Spee-Dee.

## **FITNESS**

***Q: Can members enroll in multiple fitness centers or YMCAs?***

A: Yes, members can utilize one or more participating fitness centers at a time. If members enroll into more than one Premium fitness location, they must pay fees for each individual location. Members can log in to the website or call for information on how their payments may change.

***Q: Do Silver&Fit® members get a Silver&Fit® card? If so, how is one obtained?***

A: The Silver&Fit® Welcome Letter includes the Silver&Fit® card, along with the name and location of the member's chosen fitness center and their fitness ID number. Members who join the program online can print a paper copy of the Silver&Fit® card, or download it on their phone, and bring it with them to their first visit.

***Q: Do members ever have to pay a fitness center directly for Silver&Fit® benefits?***

A: No. However, members are responsible for paying any fees associated with upgrading their fitness center or YMCA membership, or for using any non-standard services or amenities that require separate, non-standard fees.

***Q: How do Silver&Fit® members leave the program?***

A: Members must call Silver&Fit® Customer Service at **(877) 427-4788 (TTY/TDD: 711)**. Fees are nonrefundable.



# 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, PO Box 91110, Sioux Falls, SD 57109-1110.

Submission of this claim form does not guarantee payment of services. Claims may be delayed for missing information. Submit completed form, along with applicable receipts or itemized statements and proof of payment to Align powered by Sanford Health Plan at the address above.

PHYSICIAN OR SUPPLIER INFORMATION	PATIENT AND INSURED INFORMATION
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# Automatic Payment Authorization Form

Align powered by Sanford Health Plan  
PO Box 91110  
Sioux Falls, SD 57109-1110  
Phone (888) 278-6485

Member/Group Name: \_\_\_\_\_

DOB (if applicable): \_\_\_\_\_

Member or Group ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Instructions:

Please complete the information below and return this form with a voided check or savings deposit slip to the address above. If emailing or faxing, a scanned copy of this form and a scanned copy of the voided check or savings deposit slip is acceptable. Please include payment for the current month's premium (if due) when returning this form.

## Withdrawal dates:

- 5<sup>th</sup> of each month for Medicare Advantage policies

## By signing below, I acknowledge and understand:

- Align powered by Sanford Health Plan will withdraw the health insurance premium due on the date specified above.
- If any past due premium is owed, the entire balance due will be withdrawn.
- All payments made via automatic payment will be applied to the oldest balance due.
- If I want to cancel this automatic withdrawal, I must notify Align powered by Sanford Health Plan by phone at least **5 days** prior to the scheduled withdrawal.
- If my payment is returned, automatic withdrawals will be stopped until I notify Align powered by Sanford Health Plan. Other payment arrangements must be made for any past due amounts prior to reinstatement of automatic payments.

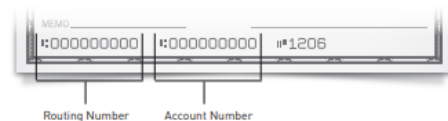
I authorize Align powered by Sanford Health Plan to initiate monthly, electronic debit entries to the bank account as shown below. This Automatic Payment Authorization Form will remain in force until Align powered by Sanford Health Plan is contacted as outlined above.

Bank Name \_\_\_\_\_ ☐ Checking Account ☐ Savings Account

Bank Address \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_



Member Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Non-discrimination notice

Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

Sanford Health Plan:

- 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 call us:
  - Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549)
  - Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549)
  - Our customer service lines are available 8 a.m. to 8 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.

If you believe that Sanford Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), 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: (877) 473-0911 (TTY: 711)  
Fax: (605) 312-9886  
Email: [shpcompliance@sanfordhealth.org](mailto:shpcompliance@sanfordhealth.org)

You can file a grievance in person or by phone, 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, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.



## Help in Other Languages

For help in any language other than English, call Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Arabic** - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (844) 637-4760: Great Plains Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549) Align Medicare Advantage (رقم هاتف الصم والبكم: (888) 278-6485) ((888) 279-1549).

**Amharic** - ማስታወሻ: የሚናገሩት ቋንቋ ካማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነፃ ሊያገኙዎት ተዘጋጅተዋል፡ ወደ ሚስተለው ቁጥር ይደውሉ፡ Great Plains Medicare Advantage: (844) 637-4760 (መስማት ለተሳናቸው: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (መስማት ለተሳናቸው: (888) 279-1549).

**Chinese** - 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549)。

**Cushite (Oromo)** - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**German** - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Hmong** - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Karen** - ဟံသာဝတီသား- နမ့်ကတိက ကညိ ကျိာ်အယ်, နမ့်နုာ် ကျိာ်အတံးမာၤလၢ တလၢာ်ဘျုးလၢာ်စုာ် နီတမံၤဘျုးသ့န့ၢ်လီၤ. ကိး Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Korean** - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 번으로 전화해 주십시오.

**Laotian** - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**French** - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Great Plains Medicare Advantage: (844) 637-4760 (ATS: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (ATS: (888) 279-1549).

**Russian** - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Great Plains Medicare Advantage: (844) 637-4760 (телетайп: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (телетайп: (888) 279-1549).

**Spanish** - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Tagalog** - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Thai** - เรียน: ถ้า คุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาไทยได้ ฟรี โทร Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Vietnamese** - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).







**[align.sanfordhealthplan.com](https://align.sanfordhealthplan.com)**

Align powered by Sanford Health Plan is a PPO with a Medicare contract. Enrollment in Align powered by Sanford Health Plan depends on contract renewal. Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, or any other classification protected under the law. If you need language services or information given in a different format please call (888) 278-6485 (TTY: (888) 279-1549). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 278-6485 (TTY: (888) 279-1549). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(888) 278-6485 (TTY: (888) 279-1549). Call (888) 605-9277 (TTY: 711) for more information and for accommodations of persons with special needs at meetings. Our customer service lines are available 8 a.m. to 8 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.