Align powered by Sanford Health Plan

ChoiceElite (PPO) H3186-001
ChoicePlus (PPO) H3186-002

SUMMARY OF BENEFITS

January 1, 2022 - December 31, 2022

This booklet gives you a summary of drug and health services covered by Align powered by Sanford Health Plan for ChoiceElite (PPO) and ChoicePlus (PPO). It is an overview of what we cover and what you pay. This is not a full list covered services, limitations, and exclusions. To get a complete list of services we cover, call our Customer Service department and ask for the "Evidence of Coverage." You can also access the "Evidence of Coverage" online at our website.

You have options with your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan, such as Align powered by Sanford Health Plan.
- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on medicare.gov
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048

Sections in this booklet

- Things to Know About Align powered by Sanford Health Plan
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

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 Customer Service at the number shown in the next section.

THINGS TO KNOW ABOUT

Align powered by Sanford Health Plan has two available PPO plan options, ChoiceElite and ChoicePlus. You can use in-network and out-of-network providers, but you will typically pay more for care received out-of-network. Both of these plans include prescription drug coverage.

Align ChoiceElite and Align ChoicePlus are PPO Plans with a Medicare contract. Enrollment in plans 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 ChoiceElite and Align ChoicePlus do not require a referral to see a specialist.
- **Prior Authorizations** – Align ChoiceElite and Align ChoicePlus offer Direct Access for Sanford providers. This means your Sanford doctor does not have to get approval before you receive services. We depend on their expertise to drive your healthcare options. Restrictions may apply.

Who can join?
To join Align ChoiceElite or Align ChoicePlus, you must be entitled to Medicare Part A and enrolled in Medicare Part B, and live in our service area. You still need to pay your Part B premium.
Our service area for Align ChoiceElite or Align ChoicePlus includes these counties in each state:

Minnesota: Becker, Clay, Norman, Otter Tail, Rock, Wilkin
South Dakota: Lake, Lincoln, McCook, Minnehaha, Moody, Turner
North Dakota: Barnes, Burleigh, Cass, McLean, Morton, Ransom, Richland, Steele, Traill

Have questions? We can help.

Contact Information and Hours of Operation	
Non-Members	
October 1 - March 31 (888) 535-4831 (TTY: 711) 8:00 a.m. to 5:00 p.m., Monday - Friday	April 1 - September 30 (888) 535-4831 (TTY: 711) 8:00 a.m. to 5:00 p.m., Monday - Friday
Our website: www.align.sanfordhealthplan.com	
Members	
October 1 - March 31 (888) 278-6485 (TTY: (888) 279-1549) 8:00 a.m. to 8:00 p.m., 7 days a week	April 1 - September 30 (888) 278-6485 (TTY: (888) 279-1549) 8:00 a.m. to 8:00 p.m., 5 days a week, Monday - Friday
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.	

Which doctors, hospitals, and pharmacies can I use?

Align ChoiceElite and **Align ChoicePlus** have 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. You will pay less for covered services through an in-network provider. Please note out-of-network/non-contracted providers are under no obligation to treat **Align ChoiceElite** or **Align ChoicePlus** members, except in emergency situations.

- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan's provider directory at our website align.sanfordhealthplan.com.
- You can see our plan's pharmacy directory at our website align.sanfordhealthplan.com.
- 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.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers, and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

We cover prescription drugs.

- We cover Part B drugs such as chemotherapy and some drugs administered by your provider.
- Our plans also include a comprehensive Prescription Drug Plan (PDP).
- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website or, call us and we will send you a copy of the formulary.
- The formulary may change at any time. You will receive notice when necessary.

SUMMARY OF BENEFITS:

January 1, 2022 – December 21, 2022

	Align ChoiceElite	Align ChoicePlus
Monthly Plan Premium	$60	$0
	Member must continue to pay Medicare Part B premium	
Deductibles		
Medical	$0	$0
Prescription Drugs	$200 per year for Tiers 3, 4, 5	$300 per year for Tiers 3, 4, 5
Maximum Out-of-Pocket Responsibility (does not include costs related to prescription drugs)	Yearly limit(s) in this plan: • $3,000 combined In-Network & Out-of-Network services	Yearly limit(s) in this plan: • $5,500 combined In-Network & Out-of-Network services
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your Medicare Part B premium, your plan premium, and any cost-sharing for your Part D prescription drugs.	
Medical Coverage		
Inpatient Hospital Coverage	In-Network: $200 per stay Out-of-network: Standard Medicare cost share	In-Network: $450 per stay Out-of-network: Standard Medicare cost share
	Authorization rules may apply	

	Align ChoiceElite	Align ChoicePlus
Outpatient Hospital Coverage	In-Network: $150/visit Out-of-Network: 20% coinsurance	In-Network: $200/visit Out-of-Network: 20% coinsurance
	Authorization rules may apply	
Doctor Visits		
Primary Care Physician (PCP)	In-Network: $0 copay Out-of-Network: $10 copay	In-Network: $0 copay Out-of-Network: $10 copay
Specialist	In-Network: $0 copay Out-of-Network: $20 copay	In-Network: $0 copay Out-of-Network: $20 copay
Preventive Care	In-Network and Out-of-Network $0	In-Network and Out-of-Network $0
	Our plans cover many preventive services, including:	
	• Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening • (mammogram) • Cardiovascular disease • (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Lung cancer screening • (low dose computed tomography (LDCT)) • Colorectal cancer screenings • (Colonoscopy, Fecal occult blood test, • Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services	• Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Flu shots, pneumococcal shots, • Hepatitis B shots (limitations may apply) • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit • Any additional preventive services approved by Medicare during the contract year will be covered. **Authorization rules may apply**

	Align ChoiceElite	Align ChoicePlus
Emergency Care	$90 copay	$90 copay
	Your copay is waived if you are admitted to the hospital within 3 days or held overnight for observation.	
Urgently Needed Services	$30 copay	$35 copay
	Your copay is waived if you are admitted to the hospital within 3 days or held overnight for observation.	
Diagnostic Services/Labs/Imaging		
Diagnostic Radiology Services (such as MRIs, CT scans)	In-Network: $140 copay Out-of-Network: 20% coinsurance	In-Network: $325 copay Out-of-Network: 20% coinsurance
	Authorization rules may apply	
Diagnostic Tests and Procedures	In-Network: $0 copay Out-of-Network: $10 copay	In-Network: $0 copay Out-of-Network: $10 copay
	Authorization rules may apply	
Lab Services	In-Network: $0 Out-of-Network: $10 copay	In-Network: $0 Out-of-Network: $10 copay
	Authorization rules may apply	
Outpatient X-rays	In-Network: $15 copay Out-of-Network: $30 copay	In-Network: $15 copay Out-of-Network: $30 copay
	Authorization rules may apply	

	Align ChoiceElite	Align ChoicePlus
Hearing Benefits		
Routine Exam— up to one per year	In-Network: $0 copay Out-of-Network: 50% coinsurance	In-Network: $0 copay Out-of-Network: 50% coinsurance
Hearing Aids	$1,000 annual hearing aid allowance	$1,000 annual hearing aid allowance
	There is no coverage for hearing aids from out-of-network providers.	
Dental Services		
Dental Services	In-Network: $0 copay $600 comprehensive allowance	In-Network: $0 copay $400 comprehensive allowance
	Cleaning (for up to 2 per year; prophylaxis only - does not include periodontal cleaning) Dental X-ray(s) (for up to 2 per year) Oral Exam (for up to 2 per year).	
Vision Services		
Routine Eye Exam (up to 1 per year)	In-Network: $0 copay Out-of-Network: 50% coinsurance	In-Network: $0 copay Out-of-Network: 50% coinsurance
Eyewear (For Covered Eyewear, you pay any balance in excess of the limit)	In-Network and Out-of-Network: Our plan pays up to $200 annually for covered eyewear	In-Network and Out-of-Network: Our plan pays up to $100 annually for covered eyewear
Mental Health Services		
Mental Health Specialty Services	In-Network: $15 copay Out-of-Network: $30 copay	In-Network: $20 copay Out-of-Network: $30 copay
Inpatient Psychiatric	In-Network: $200 per stay Out-of-network: Standard Medicare cost share	In-Network: $450 per stay Out-of-network: Standard Medicare cost share
	Authorization rules may apply	

	Align ChoiceElite	Align ChoicePlus
Other Services		
Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in a SNF In-Network: • You pay nothing per day for days 1 through 20 • $184 copay per day for days 21 through 42 • You pay nothing per day for days 43 through 100 Out-of-Network: • You pay nothing per day for days 1 through 20 • $184 copay per day for days 21 through 100	Our plan covers up to 100 days in a SNF In-Network: • You pay nothing per day for days 1 through 20 • $184 copay per day for days 21 through 42 • You pay nothing per day for days 43 through 100 Out-of-Network: • You pay nothing per day for days 1 through 20 • $184 copay per day for days 21 through 100
	Authorization rules may apply	
Physical & Speech Therapy	In-Network: $30 copay Out-of-Network: $50 copay	In-Network: $40 copay Out-of-Network: $50 copay
Occupational Therapy	In-Network: $30 copay Out-of-Network: $40 copay	In-Network: $40 copay Out-of-Network: $40 copay
Ambulance (ground & air)	In-Network: $200 copay per trip Out-of-Network: $200 copay per trip	In-Network: $240 copay per trip Out-of-Network: $240 copay per trip
	If you are admitted to the hospital, you do not have to pay for the ambulance services. **Authorization rules may apply**	
Transportation (non-covered)	Not Covered	Not Covered
Medicare Part B Drugs (Including chemotherapy)	In-Network and Out-of-Network: 20% coinsurance	In-Network and Out-of-Network: 20% coinsurance
	Authorization rules may apply. **Select Part B drugs are subject to step therapy restrictions.**	

	Align ChoiceElite	Align ChoicePlus
Fitness Programs		
Gym Membership (Silver & Fit)	Standard Network: $0 Premium Network: Discounted Rate	Standard Network: $0 Premium Network: Discounted Rate
Meal Benefit		
Mom's Meals	162 Meals: 2 meals a day for 12 weeks (chronic condition) 56 Meals: 2 meals a day for 4 weeks (inpatient stay)	162 Meals: 2 meals a day for 12 weeks (chronic condition) 56 Meals: 2 meals a day for 4 weeks (inpatient stay)
	Available for specific chronic conditions or after inpatient stay	
Over the Counter Benefit		
Over the Counter (OTC) Benefit	In Network: $60 quarterly allowance	In Network: $40 quarterly allowance
	Members must obtain OTC from plan authorized vendor. Members may order OTC items from vendor via mail, phone or website. Members may access their OTC benefit through a program that delivers to their home.	

PRESCRIPTION DRUG BENEFITS

	Align Choice Elite	Align Choice Plus
Deductible	$200 per year for Tiers 3, 4, 5	$300 per year for Tiers 3, 4, 5
	Waived for Tier 1 and Tier 2 drugs	
Initial Coverage	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach $4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	
Tier 1 = Preferred Generic Tier 2 = Generic Tier 3 = Preferred Brand Tier 4 = Non-Preferred Brand Tier 5 = Specialty Tier	Note: Cost-sharing may differ relative to the pharmacy's status as preferred or standard, mail-order, Long Term Care (LTC) or home infusion, and 30 days, 60 days or 90 days supply.	

Retail Cost Sharing

- **Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.**
- **This plan requires prior authorization and has quantity limit restrictions for certain drugs. Please refer to the formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website.**
- **You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You may search for network providers and pharmacies on our website at align.sanfordhealthplan.com, or call us and we will send you a copy of the provider and pharmacy directories.**

	Align ChoiceElite			Align ChoicePlus		
Drug Tier	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred Generic)	$2 copay	$4 copay	$5 copay	$2 copay	$4 copay	$5 copay
Tier 2 (Generic)	$10 copay	$20 copay	$25 copay	$10 copay	$20 copay	$25 copay
Tier 3 (Preferred Brand)	$47 copay	$94 copay	$117.50 copay	$47 copay	$94 copay	$117.50 copay
Tier 4 (Non-Preferred Brand)	$100 copay	$200 copay	$250 copay	$100 copay	$200 copay	$250 copay
Tier 5 (Specialty Tier)	You pay 29% coinsurance			You pay 28% coinsurance		

	Align ChoiceElite	Align ChoicePlus
Additional Benefits		
Senior Savings Model	Participating	Participating
Member Receive access to a broad set of formulary insulins at a maximum $35.00 copayment per month's supply, throughout the deductible, initial coverage, and coverage gap phases of their Part D drug coverage.		

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative.

Contact Us: 1-(888) 535-4831 (TTY: 711)

Representatives available 8:00 a.m. to 5:00 p.m. Monday through Friday.

Understanding the Benefits

☐	Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit align.sanfordhealthplan.com or call 1-(888) 535-4831 (TTY: 711) 8 a.m. – 5 p.m. Monday through Friday to view or request a copy of the EOC.
☐	Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
☐	Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

☐	In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
☐	Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
☐	Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Non-discrimination notice

Sanford Health Plan does not discriminate against any future, current, or past Member on the basis of race; ethnicity; color; national origin; disability; sex; gender; sexual orientation; gender identity; religion; spiritual beliefs; medical condition, including a current or past history of mental health and substance use disorders; sources of payment for care; or age, in its coverage, treatment, or benefit decisions.

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, or 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 (888) 278-6485 | TTY (888) 279-1549. Hours of operation are 8 a.m. to 8 p.m. CST, 7 days a week October 1 – March 31, and Monday through Friday all other dates.

If you believe that Sanford Health Plan has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator at 300 Cherapa Place #201, Sioux Falls, SD 57103, call (877) 473-0911 | TTY: 711, fax (605) 328-6812, or e-mail SHPcompliance@sanfordhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the US 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: US Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, TTY/TDD (800) 537-7697. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Free help in other languages

For help in any language other than English, please call **1-888-278-6485** | TTY: (888) 279-1549.

If you have any questions, for example, about your benefits, a document, or how Sanford Health Plan pays for your care, please call us.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Sanford Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-888-278-6485.

Hmong: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Sanford Health Plan, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-888-278-6485.

Cushite: Isin yookan namni biraa isin deeggartan Sanford Health Plan irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-888-278-6485 tiin bilbilaa.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Sanford Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình hoàn toàn miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-888-278-6485.

Chinese (Mandarin): 如果您，或您正在幫助的人，有關於 Sanford Health Plan 方面的問題，您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話，請致電 1-888-278-6485。

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Sanford Health Plan haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-888-278-6485 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Sanford Health Plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-888-278-6485.

Laotian: ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກໍາລັງຊ່ວຍເຫຼືອ, ມີຄໍາຖາມກ່ຽວກັບ Sanford Health Plan, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-888-278-6485.

Arabic:

نإ ناك كيدل وأ ىدل صخش هدعاست ةلئسأ صوصخب Sanford Health Plan ، كيدلف قحلا
يف لوصحلا ىلع ةدعاسملا تامولعملاو ةيرورضلا كتغلب نم نود ةيأ ةفلكت. ثدحتلل عم مجرتم 1-888-278-6485 .

Karen: တၢ်ကွဲးနီၣ်အဝဲအံၤန့ၣ်အိၣ်ဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢအရှၤနီၣ်တဖၣ်န့ၣ်လီၤ.တၢ်ကွဲးနီၣ်အဝဲအံၤအိၣ်ဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤ လၢအရှၤနီၣ်ဘၣ်ဃးဒီးနလံာ်ပတံထီၣ်မ့တမ့ၢ်တၢ်ကျၢၤ်ဘၢခီဖျိ Sanford Health Plan န့ၣ်လီၤ.ယုကွၢ်မ့ၢ်နံၤမုၢ်သီအခီၣ်သ့ၣ်လၢတၢ်ကွဲးနီၣ်အံၤတက့ၢ်.ဘၣ်သ့ၣ်သ့ၣ်နကဘၣ်ဟံးန့ၢ်မူဒါလၢမုၢ်နံၤမုၢ်သီလၢတၢ်ဆၢတဲာ်ဃာ်လၢနကဟ်ဃာ်နတၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်ကျၢၣ်ဘၢမ့တမ့ၢ်တၢ်မၤစၢၤလၢနကဘၣ်ဟ့ၣ်အပှၤန့ၣ်လီၤ.နအိၣ်ဒီးတၢ်ခွဲးတၢ်ယာ်လၢနကဒိးန့ၢ်ဘၣ်တၢ်မၤစၢၤဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢနကျိာ်ဒၣ်နဲလၢတလိၣ်ဟ့ၣ်အပှၤဘၣ်န့ၣ်လီၤ.ကိး 1-888-278-6485 တက့ၢ်.

Amharic: እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ Sanford Health Plan ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-888-278-6485 ይደውሉ።

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Sanford Health Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-888-278-6485 로 오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Sanford Health Plan, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-888-278-6485.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Sanford Health Plan, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite
1-888-278-6485.

Cambodian, Mon-Khmer: ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងតែជួយ មានសំណួរ អំពី Sanford Health Plan បង ,អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មាន នៅក្នុងភាសា របស់អ្នក ដោយមិនអស់លុយ ។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូម 1-888-278-6485។

Bantu: Nimba wewe canke umuntu uriko urafasha afise ibibazo vyerekeye Sanford Health Plan, utegerezwa kugira uburenganzira bwo kuronka ubufasha n'amakuru arambuye mu rurimi gwawe ataco utanze canke kurihira. Hamagara 1-888-278-6485 uhamagara umusobanuzi.

Swahili: Kama wewe, au mtu unaye mpa usaidizi ana maswali kuhusu Sanford Health Plan, Una haki ya kupata habari hii na msaada kwa lugha yako bila gharama. Kuzungumza na mkalimani, piga nambari hii: 1-888-278-6485.

Japanese: ご本人様、またはお客様の身の回りの方でも、Sanford Health Plan についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-888-278-6485
までお電話ください。

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Sanford Health Plan, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-888-278-6485.

Nepali: यदि तपाईं आफ्ना लादि आफैं आवेिनको काम ि ै, वा कसैलाई मद्दत ि ै हुनुहुन्छ, Sanford Health Plan बारे प्रश्नहरू छन् भने आफ्नो मातृभाषामा दन : शुल्क सहायता वा जानकारी पाउने अदिकार छ । ि ोभाषे (इन्टरप्रेटर) सँि कुरा ि ुपरे 1-888-278-6485 मा फोन ि ुहोस् ।

Norwegian: Hvis du, eller noen du hjelper, har spørsmål om Sanford Health Plan, har du rett til å få hjelp og informasjon på ditt språk uten kostnad. For å snakke med en tolk, ring 1-888-278-6485.

Help understanding your health insurance is free.

If you would like something in another format (for example, a larger font size of a file for use with assistive technology, like a screen reader), please call us at: (888) 278-6485 (toll-free) | TTY: (888) 279-1549