



NDPERS Dakota Retiree Plan

Outline of Medicare Supplement Coverage

SANFORD
HEALTH PLAN

Outline of 2025 Medicare Supplement Coverage

Premium Information

We can only raise your premium if we raise the premium for all policies like yours in this State. Your premiums will increase with age since this is an attained age policy.

Disclosures

Use this outline to compare benefits and premiums among policies. You do not need more than one Medicare Supplement Policy. You must be enrolled in Part A and Part B Medicare coverage and use a Medicare-certified hospital.

Read Your Policy Very Carefully

This is only an outline describing your **Policy's** most important features. The Policy is your insurance contract. You must read the Policy itself to understand all of the rights and duties of both you and Sanford Health Plan.

Right to Return Policy

If you find that you are not satisfied with your Policy, you may return it to Sanford Health Plan. You can return the Policy to the agent that sold it to you or send it back to: PO Box 91110, Sioux Falls, SD 57109-1110. If you send the Policy back to us within 30 days after you receive it, we will

treat the Policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new Policy and are sure you want to keep it.

Notice

Items in brackets [] follow current Medicare amounts. This Policy may not fully cover all of your medical costs.

Neither Sanford Health Plan nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your Social Security Office or consult the “**Medicare & You**” Handbook for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Sanford Health Plan may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.



NDPERS Dakota Retiree Plan Medicare (Part A) Hospital Services – Per Benefit Period

Services	Medicare Pays	Dakota Retiree Plan Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies <ul style="list-style-type: none"> • First 60 days • 61st thru 90th day • 91st day and after: <ul style="list-style-type: none"> - While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> - Additional 365 days - Beyond the additional 365 days 	All but \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$[1,676] (Part A deductible) \$[419] a day \$[838] a day 100% of Medicare eligible expenses ² \$0	\$0 \$0 \$0 \$0 ² All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital <ul style="list-style-type: none"> • First 20 days • 21st thru 100th day • 101st day and after 	\$0 \$0 All approved amounts All but \$[209.50] a day \$0	\$0 Up to \$[209.50] a day \$0	\$0 \$0 All costs
Blood <ul style="list-style-type: none"> • First 3 pints • Additional amounts 	\$0 100%	3 pints \$0	\$0 \$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

^{1,2}See Page 7

NDPERS Dakota Retiree Plan Medicare (Part B) Medicare Services – Per Calendar Year

Services	Medicare Pays	Dakota Retiree Plan Pays	You Pay
<p>Medical Expenses In or Out of Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment</p> <ul style="list-style-type: none"> • First \$[257] of Medicare approved amounts³ • Remainder of Medicare approved amounts 	<p>\$0 Generally 80%</p>	<p>[\$257] (Part B deductible) Generally 20%⁴</p>	<p>\$0 \$0</p>
<p>Part B Excess Charges (Above Medicare approved amounts)</p>	\$0	100%	\$0
<p>Blood</p> <ul style="list-style-type: none"> • First 3 pints • Next \$[257] of Medicare approved amounts³ • Remainder of Medicare approved amounts 	<p>\$0 \$0 80%</p>	<p>All costs \$[257] (Part B deductible) 20%</p>	<p>\$0 \$0 \$0</p>
<p>Clinical Laboratory Services Blood tests for Diagnostic Services</p>	100%	\$0	\$0
Parts A & B			
<p>Home Health Care Medicare Approved Services</p> <ul style="list-style-type: none"> • Medically necessary skilled care services and medical supplies • Durable medical equipment <ul style="list-style-type: none"> - First \$[257] of Medicare approved amounts³ - Remainder of Medicare approved amounts 	<p>100% \$0 80%</p>	<p>\$0 \$[257] (Part B deductible) 20%</p>	<p>\$0 \$0 \$0</p>

^{3,4} See Page 7

NDPERS Dakota Retiree Plan Medicare (Part A) Hospital Services – Per Benefit Period

Services	Medicare Pays	Dakota Retiree Plan Pays	You Pay
Other Benefits – Not Covered by Medicare			
Foreign Travel Not covered by Medicare, medically necessary emergency care services <ul style="list-style-type: none"> • Beginning during the first 60 days of each trip outside the USA <ul style="list-style-type: none"> - First \$[250] each calendar year - Remainder of charges 	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$[50,000]	\$[250] 20% and amounts over the \$[50,000] lifetime maximum

These Are Some Items Not Covered

- Services that are experimental or investigative in nature or that are not medically necessary as determined by Medicare.
- Services received prior to the effective date of your benefit plan.
- Services when benefits are provided by any governmental unit or social agency except Medicaid or when payment has been made under Medicare Part A or Part B.
- Outpatient prescription drugs, unless eligible under Medicare.
- Custodial care provided in a hospital or by a home health agency.
- Surgery to improve appearance.
- Services, treatments or supplies that are not a Medicare eligible expense.

¹A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

²When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the **policy's "Core Benefits."** During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

³Once you have been billed \$[257] of Medicare Approved Amounts for covered services, your Part B Deductible will have been met for the calendar year.

⁴Part B Coinsurance (generally 20% of Medicare approved expenses), or in the case of hospital outpatient services under a prospective payment system, applicable copay amounts.

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, call (800) 752-5863 (TTY: 711)

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

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>.

Free help in other languages

Arabic -

خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن (800) 752-5863 (رقم هاتف الصم والبكم: 711).

Amharic - ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶቻችን ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ (800) 752-5863 (መስማት ለተሳናቸው: 711).

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 (800) 752-5863 (TTY: 711)。

Cushite (Oromo) - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (800) 752-5863 (TTY: 711).

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (800) 752-5863 (TTY: 711).

Hmong - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 752-5863 (TTY: 711).

Karen - ဟိသုဂ်ဟိသး- နမုကတိက ဣဉ်ကိဉ်အလိံ, နမုနုကိဉ်အတိမၤစၢၤလၢ တလၢဟိဘုဂ်လၢဟိစုၤ နိတမံၤဘုဂ်သုနုဂ်လိံ, ကိး (800) 752-5863 (TTY: 711).

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 752-5863 (TTY: 711) 번으로 전화해 주십시오.

Laotian - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານ ພາສາ, ໄດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ (800) 752-5863 (TTY: 711).

French - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 752-5863 (TTY: 711).

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 752-5863 (телетайп: 711).

Spanish - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 752-5863 (TTY: 711).

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 752-5863 (TTY: 711).

Thai - เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาไทย ฟรี โทร (800) 752-5863 (TTY: 711).

Vietnamese - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 752-5863 (TTY: 711).



Notes



Notes

SANFORD[®]
HEALTH PLAN

Customer Service
Toll-free: (800) 499-3416 | TTY 711
For Free Help in a Language Other than English: (800) 752-5863

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