



**Select  
Health**

Select Health Medicare | 2024

# **Annual Notice of Change**

Select Health Medicare  
Dual (HMO D-SNP) 015

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## Select Health Medicare Dual (HMO D-SNP) offered by Select Health

# Annual Notice of Changes for 2024

You are currently enrolled as a member of *Select Health Medicare Dual (HMO D-SNP)*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [selecthealth.org/medicare](https://selecthealth.org/medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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### What to do now

#### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

#### 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

#### 3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in *Select Health Medicare Dual (HMO D-SNP)*.

- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with *Select Health Medicare Dual (HMO D-SNP)*.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **Additional Resources**

- This document is available for free in Spanish.
- Please contact our Member Services number at **1-855-442-9900** for additional information. (TTY users should call **711**.) Hours are:
  - **October 1 to March 31:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
  - **April 1 to September 30:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday. This call is free.
  - This document may be available in alternate formats (e.g., large print). Please contact Member Services at the numbers listed in Section 8.1 of this booklet.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Select Health Medicare Dual (HMO D-SNP)**

- Select Health is an HMO, PPO, SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal. The plan also has a written agreement with the Utah Medicaid program to coordinate your Medicaid benefits.
- When this document says “we,” “us,” or “our,” it means *Select Health*. When it says “plan” or “our plan,” it means *Select Health Medicare Dual (HMO D-SNP)*.

# Multi-Language Interpreter Services

1-855-442-9900 (TTY:711)

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats by contacting Select Health Medicare at **855-442-9900 (TTY: 711)**

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-442-9900**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-855-442-9900**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-855-442-9900**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-855-442-9900**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-442-9900**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-855-442-9900** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-442-9900**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-442-9900** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-442-9900**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-855-442-9900**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-442-9900** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-442-9900**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-442-9900**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-442-9900**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-442-9900**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご利用になるには、**1-855-442-9900**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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**Summary of Important Costs for 2024**

The table below compares the 2023 costs and 2024 costs for Select Health Medicare Dual (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher than this amount. See Section 2.1 for details.</p>	\$0	\$0
<p><b>Doctor office visits</b></p>	<p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$0 per visit</p>	<p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$0 per visit</p>
<p><b>Inpatient hospital stays</b></p>	\$0	\$0
<p><b>Part D prescription drug coverage</b></p> <p>(See Section 2.6 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• <b>Generic:</b> \$0</li> <li>• <b>Brand Name:</b> \$0</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.)).</li> </ul>	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• <b>Generic:</b> \$0</li> <li>• <b>Brand Name:</b> \$0</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• <i>During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</i></li> </ul>

Cost	2023 (this year)	2024 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)</p>	<p>\$0</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$0</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>



**SECTION 1 We Are Changing the Plan’s Name**

On January 1, 2024, our plan name will change from SelectHealth Medicare Dual (HMO D-SNP) to *Select Health Medicare Dual (HMO D-SNP)*.

You will receive a new ID card in the mail before January 1, 2024—please replace the ID card in your wallet with the new one! You will also see our new name on other communications, from member materials to our website.

**If you do nothing by December 7, 2022, we will automatically enroll you in our *Select Health Medicare Dual (HMO D-SNP)*.** This means starting January 1, 2024, you will be getting your medical coverage through *Select Health Medicare Dual (HMO D-SNP)*. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

**SECTION 2 Changes to Benefits and Costs for Next Year**

**Section 2.1 – Changes to the Monthly Premium**

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

**Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount**

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> You are not responsible for paying any out-of-pocket costs toward the	\$0	\$0

Cost	2023 (this year)	2024 (next year)
<p>maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.</p> <p>Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>		

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### Section 2.3 – Changes to the Provider and Pharmacy Networks

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Updated directories are located on our website at [selecthealth.org/medicare](https://selecthealth.org/medicare). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

**Section 2.4 – Changes to Benefits and Costs for Medical Services**

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Dental Services	<p>There is an annual maximum plan payment of \$3,000 that applies to basic and major services.</p> <p>The annual maximum plan payment does not apply to preventive services.</p>	<p>There is an annual maximum plan payment of \$3,000 that applies to preventive, basic, and major services.</p>
Grocery Benefit for the Chronically Ill	<p>This benefit is not covered.</p>	<p>You pay \$0 for these services.</p> <p>You have a \$140 monthly allowance on a Select Health Medicare Dual flexible benefits card to be used for groceries (upon confirmation of qualifying condition) and OTC products.</p>
Hearing Aids	<p>You pay a \$0 copay per hearing aid (limit two hearing aid devices - one per ear, every four years).</p>	<p>You pay a \$0 copay per hearing aid (limit two hearing aid devices - one per ear, every year).</p>
Over-the-Counter (OTC) drugs and supplies	<p>There is a \$340 quarterly allowance on your SelectHealth Medicare flexible benefits Mastercard® for OTC drugs and supplies.</p>	<p>There is a \$140 monthly allowance on your Select Health Medicare flexible benefits Mastercard® for OTC drugs and supplies, combined with groceries.</p>

Cost	2023 (this year)	2024 (next year)
Prior Authorizations	Select foot surgery does not require prior authorization unless part of an inpatient stay, or potentially cosmetic, or experimental/investigational.	Select foot surgery may require prior authorization.
Supplemental Acupuncture Services	You pay a 35% coinsurance for up to 20 visits for any condition.	You pay a \$0 copay for up to 20 visits for any condition.

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## Section 2.5 – Changes to Part D Prescription Drug Coverage

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### Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. **You can get the Drug List** by calling Member Services (see the back cover) or visiting our website ([selecthealth.org/medicare](https://selecthealth.org/medicare)).

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30 please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Changes to the Deductible Stage**

Stage	2023 (this year)	2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

**Changes to Your Cost Sharing in the Initial Coverage Stage**

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month 30 day -day) supply when you fill your prescription at a network pharmacy . For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Generic Drugs:</b> You pay \$0 per prescription</p> <p><b>Brand Name Drugs:</b> You pay \$0 per prescription</p> <p>Once your total drug costs have reached \$4,660 you will move to the next stage (the Coverage Gap Stage), you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Generic Drugs:</b> You pay \$0 per prescription</p> <p><b>Brand Name Drugs:</b> You pay \$0 per prescription</p> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage), you will move to the next stage (the Catastrophic Coverage Stage)</p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

**SECTION 3 Administrative Changes**

Cost	2023 (this year)	2024 (next year)
Geographic/Service Area	Service area consists of Davis, Salt Lake, Utah, Weber counties.	Service area consists of Davis, Iron, Salt Lake, Utah, Washington, Weber counties.
Hearing Aids	You pay \$0 copay for hearing aids (once every four years) when administered by Intermountain Hearing & Balance.	You pay \$0 copay for hearing aids (once every year) when administered by Nations Hearing.
Plan Name	Our plan name is SelectHealth Medicare Dual (HMO D-SNP).	Our plan name is Select Health Medicare Dual (HMO D-SNP).

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in *Select Health Medicare Dual (HMO D-SNP)*

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our *Select Health Medicare Dual (HMO D-SNP)*.

### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, SelectHealth offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *Select Health Medicare Dual (HMO D-SNP)*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *Select Health Medicare Dual (HMO D-SNP)*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.



If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 5 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March.
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Utah, the SHIP is called the Senior Health Insurance Information Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Senior Health Insurance Information Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the Senior Health Insurance Information Program at 1-800-541-7735; TTY users should call

711. You can learn more about the Senior Health Insurance Information Program by visiting their website [daas.utah.gov/seniors](https://daas.utah.gov/seniors).

For questions about your Utah Medicaid benefits, contact the Utah Medicaid Program at 1-800-662-9651; TTY users should call 711. Medicaid Customer Service Hours of Operations: Monday through Friday, 8:00 a.m. – 5:00 p.m. (Thursday hours are 11:00 a.m. – 5:00 p.m.) Closed on all state and federal holidays. Ask how joining another plan or returning to Original Medicare affects how you get your Utah Medicaid coverage.

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Prescription Cost sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the Utah Department of Health, Bureau of Epidemiology. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 801-538-6197.

## SECTION 8 Questions?

### Section 8.1 – Getting Help from *Select Health Medicare Dual (HMO D-SNP)*

Questions? We're here to help. Please call Member Services at **1-855-442-9900**. (TTY only, call **711**). We are available for phone calls:

- **October 1 to March 31:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
- **April 1 to September 30:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside of these hours of operation, please leave a message and your call will be returned within one business day. Calls to these numbers are free.

Calls to these numbers are free

#### **Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage for Select Health Medicare Dual (HMO D-SNP)*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [selecthealth.org/medicare](https://selecthealth.org/medicare). You can also review the separately available Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [selecthealth.org/medicare](https://selecthealth.org/medicare). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

### Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

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## **Section 8.3 – Getting Help from Medicaid**

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To get information from Utah Medicaid you can call Utah Medicaid at 1-800-662-9651; TTY users should call 711.

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# IMPORTANT SELECT HEALTH MEDICARE INFORMATION

**855-442-9900** Toll-Free TTY Users: 711

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## **October 1 to March 31:**

Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday  
8:00 a.m. to 8:00 p.m.

## **April 1 to September 30:**

Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m.  
to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit **[selecthealth.org/medicare](https://selecthealth.org/medicare)**.

Select Health is an HMO, PPO, HMO-SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

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