



**Select
Health**

Select Health Medicare | 2024

Annual Notice of Change

Select Health Medicare
No Rx (HMO) 016

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Select Health Medicare NoRx (HMO) offered by Select Health

Annual Notice of Changes for 2024

You are currently enrolled as a member of *SelectHealth Medicare NoRx*. 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. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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 to see if your primary care doctors, specialists, hospitals and other providers 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 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 NoRx*.
- 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 NoRx*.
- 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 **(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.
 - Outside of these hours of operation, please leave a message and your call will be returned within one business day. 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 for more information.

About *Select Health Medicare NoRx (HMO)*

- Select Health is an HMO, PPO, SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Medicare depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Select Health. When it says “plan” or “our plan,” it means *Select Health Medicare NoRx (HMO)*.

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 Arzneimittelpflichtplan. 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。

**Annual Notice of Changes for 2024
Table of Contents**

Summary of Important Costs for 2024 5

SECTION 1 We Are Changing the Plan’s Name 6

SECTION 2 Changes to Benefits and Costs for Next Year 6

 Section 2.1 – Changes to the Monthly Premium 6

 Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount..... 7

 Section 2.3 – Changes to the Provider Network 7

 Section 2.4 – Changes to Benefits and Costs for Medical Services 8

SECTION 3 Administrative Changes 12

SECTION 4 Deciding Which Plan to Choose 12

 Section 4.1 – If you want to stay in *Select Health Medicare NoRx (HMO)* 12

 Section 4.2 – If you want to change plans 12

SECTION 5 Deadline for Changing Plans..... 13

SECTION 6 Programs That Offer Free Counseling about Medicare 13

SECTION 7 Programs That Help Pay for Prescription Drugs 14

SECTION 8 Questions?..... 14

 Section 8.1 – Getting Help from 14

 Section 8.2 – Getting Help from Medicare 15

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for *Select Health Medicare NoRx (HMO)* in several important areas. **Please note this is only a summary of costs.**

Cost	2023(this year)	2024(next year)
Monthly plan premium (See Section 2.1 for details.)	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)	\$6,700	\$6,700
Doctor office visits	Primary care visits: you pay \$0 per visit. Specialist visits: you pay a \$40 copay per visit	Primary care visits: you pay \$0 per visit. Specialist visits: you pay a \$40 copay per visit
Inpatient hospital stays	You pay a \$360 copay per day for days 1-5. You pay a \$0 copay per day for days 6-90.	You pay a \$360 copay per day for days 1-5. You pay a \$0 copay per day for days 6-90.

SECTION 1 We Are Changing the Plan’s Name

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

You will receive a new ID card in the mail—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, 2023, we will automatically enroll you in Select Health Medicare NoRx (HMO). This means starting January 1, 2024, you will be getting your medical coverage through Select Health Medicare NoRx (HMO). 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)
<p>Monthly premium (You must also continue to pay your Medicare Part B premium.)</p>	\$0	\$0
<p>Part B premium Reduction</p>	<p>\$50 Medicare Part B premium reduction. This reduction will be reflected in your monthly Social Security Check.</p>	<p>\$50 Medicare Part B premium reduction. This reduction will be reflected in your monthly Social Security Check.</p>

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)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$6,700	\$6,700 Once you have paid \$6,700 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

Updated directories are located on our website at selecthealth.org/medicare. You may also call Member Services for updated provider 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.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are 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

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)
Ambulatory Surgical Center Services	You pay a \$325 copay for Ambulatory Surgical Center Services.	You pay a \$250 copay for Ambulatory Surgical Center Services.
Chiropractic Services	You pay a \$20 copay for Medicare-covered chiropractic services, per visit.	You pay a \$15 copay for Medicare-covered chiropractic services, per visit.
Dental Services	<p>You pay a \$0 copay for covered preventive, diagnostic, basic and major dental services.</p> <p>There is an annual maximum plan payment of \$1,500 that applies to basic and major services.</p> <p>The annual maximum plan payment does not apply to preventive services.</p>	<p>You pay a \$0 copay for covered preventive, diagnostic, basic and major dental services.</p> <p>There is an annual maximum plan payment of \$1,500 that applies to preventive, basic, and major services.</p>
Emergency Care	You pay a \$95 copay for each Medicare-covered emergency room visit.	You pay a \$100 copay for each Medicare-covered emergency room visit.

Cost	2023 (this year)	2024 (next year)
Hearing Aids	<p>Tier 1 – Economy: you pay \$399 per hearing aid.</p> <p>Tier 2 – Essential: you pay \$589 per hearing aid.</p> <p>Tier 3 – Standard: you pay \$849 per hearing aid.</p> <p>Tier 4 – Advanced: you pay \$1,199 per hearing aid.</p> <p>Tier 5 – Premium: you pay \$1,699 per hearing aid.</p> <p>Note: Hearing Aids are not included in the annual Maximum Out-of-Pocket Amount.</p>	<p>Tier 1 – Economy: you pay \$299 per hearing aid.</p> <p>Tier 2 – Essential: you pay \$639 per hearing aid.</p> <p>Tier 3 – Standard: you pay \$949 per hearing aid.</p> <p>Tier 4 – Advanced: you pay \$1,299 per hearing aid.</p> <p>Tier 5 – Premium: you pay \$1,799 per hearing aid.</p> <p>Note: Hearing Aids are not included in the annual Maximum Out-of-Pocket Amount.</p>
Hearing Services - Medicare-covered Hearing Exams	You pay nothing for this benefit.	You pay a \$40 copay for Medicare-covered hearing services.
Hospital at Home	<p>You pay a \$300 copay per day for days 1-4.</p> <p>You pay a \$0 copay per day for days 5-90.</p>	<p>You pay a \$360 copay per day for days 1-5.</p> <p>You pay a \$0 copay per day for days 6-90.</p>
Medicare Part B Rx Drugs	You pay 20% coinsurance for Medicare-covered Part B chemotherapy drugs and other Part B Drugs.	You pay between 0% - 20% coinsurance for Medicare-covered Part B chemotherapy drugs and other Part B Drugs.

Cost	2023 (this year)	2024 (next year)
		You pay 20% coinsurance up to a max of \$35 copay per month for insulin for use with insulin pumps.
Medicare-covered Diagnostic Radiological and Therapeutic Services	You pay a \$150 copay for nuclear medicine at a specialist's office or an outpatient facility.	You pay a \$300 copay for nuclear medicine at a specialist's office or an outpatient facility.
Opioid Treatment Services	You pay nothing for this benefit.	You pay 10% coinsurance for opioid treatment services.
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.
Skilled Nursing Facility (SNF) Medicare-covered stay	You pay a \$0 copay per day for days 1-20. You pay a \$196 copay per day for days 21-55. You pay a \$0 copay per day for days 56-100.	You pay a \$0 copay per day for days 1-20. You pay a \$203 copay per day for days 21-55. You pay a \$0 copay per day for days 56-100.
Wellness Your Way	You have a \$240 allowance every year on your SelectHealth Medicare flexible benefits Mastercard® for	You have a \$240 allowance every year on your Select Health Medicare flexible benefits Mastercard® for

Cost	2023 (this year)	2024 (next year)
	Wellness Your Way services (such as: gym/health club membership, health education, nutritional benefits, and weight management programs).	Wellness Your Way services (such as: gym/health club membership, health education, nutritional benefits, weight management programs, and <i>additional in-home support service hours with Papa</i>).
Worldwide Emergency Coverage	You pay a \$95 copay for emergency services outside of the service area.	You pay a \$100 copay for emergency services outside of the service area.

SECTION 3 Administrative Changes

Cost	2023 (this year)	2024 (next year)
Plan Name	Our plan name is SelectHealth Medicare NoRx (HMO).	Our plan name is Select Health Medicare NoRx (HMO).

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in *Select Health Medicare NoRx (HMO)*

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 .

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. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

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

As a reminder, Select Health 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 .
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from .
- 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.

SECTION 5 Deadline for 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.

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

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Utah, the SHIP is called 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. 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 Senior Health Insurance Information Program at **1-800-541-7735**; TTY users should call **711**. You can learn more about Utah’s Senior Health Insurance Information Program by visiting their website daas.utah.gov/seniors.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, 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).

SECTION 8 Questions?

Section 8.1 – Getting Help from

Questions? We’re here to help. Please call Customer Service at **(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.

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 . 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. 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. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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). 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.

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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IMPORTANT SELECT HEALTH MEDICARE INFORMATION

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

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**.

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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