



**Select
Health**

Select Health Medicare | 2024

Annual Notice of Change

Select Health Medicare
Choice (PPO) 019

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Select Health Medicare Choice (PPO) offered by Select Health

Annual Notice of Changes for 2024

You are currently enrolled as a member of *SelectHealth Medicare Choice (PPO)*. 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 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 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 *SelectHealth Medicare Choice (PPO)*.
- 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 *SelectHealth Medicare Choice (PPO)*.
- 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. This call is free.
- Outside of these hours of operation, please leave a message and your call will be returned within one business day.
- 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 Choice (PPO)*

- Select Health is an HMO, PPO, SNP plan sponsor with a Medicare contract. Enrollment in Select Health 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 Choice (PPO)*.

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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 Choice (PPO)* in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 2.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amounts</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>From network providers: \$6,700</p> <p>From network and out-of-network providers combined: \$10,000</p>	<p>From network providers: \$5,900</p> <p>From network and out-of-network providers combined: \$9,550</p>
<p>Doctor office visits</p>	<p>In-Network</p> <p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$35 Copay per visit</p> <p>Out-of-Network</p> <p>Primary care visits: \$20 Copay per visit</p> <p>Specialist visits: \$75 Copay per visit</p>	<p>In-Network</p> <p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$35 Copay per visit</p> <p>Out-of-Network</p> <p>Primary care visits: \$20 Copay per visit</p> <p>Specialist visits: \$75 Copay per visit</p>

Cost	2023 (this year)	2024 (next year)
Inpatient hospital stays	<p>In-Network</p> <p>\$295 Copay per day for days 1-5.</p> <p>\$0 Copay per day for days 6-90.</p> <p>Out-of-Network</p> <p>\$500 Copay per day for days 1-20.</p> <p>\$0 Copay per day for days 21-999.</p>	<p>In-Network</p> <p>\$295 Copay per day for days 1-5.</p> <p>\$0 Copay per day for days 6-90.</p> <p>Out-of-Network</p> <p>\$500 Copay per day for days 1-20.</p> <p>\$0 Copay per day for days 21-999.</p>
<p>Part D prescription drug coverage (See Section 2.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copays during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: you pay \$0 per prescription. • Drug Tier 2: you pay \$8 per prescription. • Drug Tier 3: you pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: you pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this 	<p>Deductible: \$0</p> <p>Copays during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: you pay \$0 per prescription. • Drug Tier 2: you pay \$8 per prescription. • Drug Tier 3: you pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: you pay \$100 per prescription. You pay \$35 per month supply of each

Cost	2023 (this year)	2024 (next year)
	<p>tier.</p> <ul style="list-style-type: none"> • Drug Tier 5: you pay 33% per prescription. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • 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.). 	<p>covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 5: you pay 33% per prescription. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 We Are Changing the Plan’s Name

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

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 Choice (PPO)*. This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Select Health Medicare Choice (PPO). 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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. These

limits are called the “maximum out-of-pocket amounts.” 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)
<p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$6,700</p>	<p>\$5,900</p> <p>Once you have paid \$5,900 out-of-pocket for covered services, you will pay nothing for your covered services from network providers for the rest of the calendar year.</p>
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$10,000</p>	<p>\$9,550</p> <p>Once you have paid \$9,550 out-of-pocket for covered services, you will pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.</p>

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at selecthealth.org/medicare. You may also call Member Services for update 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 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)
Dental Services	<p>You pay a \$0 copay for covered preventive dental services.</p> <p>You pay 20% coinsurance for basic dental services.</p> <p>You pay 50% coinsurance for major dental services.</p> <p>There is an annual maximum plan payment of \$2,500 that applies to basic and major services.</p> <p>The annual maximum plan payment does not apply to preventive services.</p> <p>Out-of-Network:</p> <p>You pay a \$75 copay for Medicare-covered dental 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 \$2,500 that applies to basic and major services.</p> <p>The annual maximum plan payment does not apply to preventive services.</p> <p>Out-of-Network:</p> <p>You pay a \$75 copay for Medicare-covered dental services.</p>

Cost	2023 (this year)	2024 (next year)
	<p>You pay a \$0 copay for covered preventive dental services.</p> <p>You pay 20% coinsurance for basic dental services.</p> <p>You pay 50% coinsurance for major dental services.</p>	<p>You pay a \$0 copay for covered preventive dental services.</p> <p>You pay 20% coinsurance for basic and major dental services.</p>
DME	<p>You pay 20% coinsurance for all other Medicare-covered durable medical equipment and supplies.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance for all other Medicare-covered durable medical equipment and supplies.</p>	<p>You pay 20% coinsurance for all other Medicare-covered durable medical equipment and supplies.</p> <p>Out-of-Network:</p> <p>You pay 50% coinsurance for all other Medicare-covered durable medical equipment and supplies.</p>
Emergency Care	<p>You pay a \$95 copay for each Medicare-covered emergency room visit.</p>	<p>You pay a \$120 copay for each Medicare-covered emergency room visit.</p>
Hearing Aids	<p>Tier 1 – Advanced: you pay \$399 per hearing aid.</p>	<p>Tier 1 – Standard: you pay \$99 per hearing aid.</p>

Cost	2023 (this year)	2024 (next year)
	<p>Tier 2 – Premium: you pay \$699 per hearing aid.</p> <p>Tier 5 – Platinum: you pay \$1,699 per hearing aid. Note: Hearing Aids are not included in the annual Maximum Out-of-Pocket Amount.</p>	<p>Tier 2 – Advanced: you pay \$399 per hearing aid.</p> <p>Tier 3 – Premium: you pay \$699 per hearing aid. Note: Hearing Aids are not included in the annual Maximum Out-of-Pocket Amount.</p>
Medicare Part B Rx Drugs	<p>You pay 20% coinsurance for Medicare-covered Part B chemotherapy drugs and other Part B Drugs.</p>	<p>You pay between 0% - 20% coinsurance for Medicare-covered Part B chemotherapy drugs and other Part B Drugs. You pay 20% coinsurance up to a max of \$35 copay per month for insulin for use with insulin pumps.</p>
Medicare-covered Diagnostic Procedures and Tests	<p>You pay 20% coinsurance for Medicare-covered diagnostic procedures and tests.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance for Medicare-covered diagnostic procedures and tests.</p>	<p>You pay 0% coinsurance for Medicare-covered diagnostic procedures and tests.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance for Medicare-covered diagnostic procedures and tests.</p>

Cost	2023 (this year)	2024 (next year)
<p>Medicare-covered Observation Services</p>	<p>You pay a \$250 copay for Medicare-covered outpatient hospital observation services.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance for Medicare-covered outpatient hospital observation services.</p>	<p>You pay a \$275 copay for Medicare-covered outpatient hospital observation services.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance for Medicare-covered outpatient hospital observation services.</p>
<p>Medicare-covered Prosthetic Devices</p>	<p>You pay 20% coinsurance for prosthetic devices.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance for prosthetic devices.</p>	<p>You pay 20% coinsurance for prosthetic devices.</p> <p>Out-of-Network:</p> <p>You pay 50% coinsurance for prosthetic devices.</p>
<p>Medicare-covered Pulmonary Rehabilitation Services</p>	<p>In-Network:</p> <p>You pay a \$20 copay for each Medicare-covered pulmonary rehabilitation visit.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance for</p>	<p>In-Network:</p> <p>You pay a \$15 copay for each Medicare-covered pulmonary rehabilitation visit.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance</p>

Cost	2023 (this year)	2024 (next year)
	each Medicare-covered pulmonary rehabilitation visit.	for each Medicare-covered pulmonary rehabilitation visit.
Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	<p>You pay a \$20 copay for each Medicare-covered SET visit.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance for each Medicare-covered SET visit.</p>	<p>You pay a \$25 copay for each Medicare-covered SET visit.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance for each Medicare-covered SET visit.</p>
Outpatient Hospital Services	<p>You pay a \$250 copay per encounter for outpatient services, to include diagnostic colonoscopies.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance per encounter for outpatient services, to include diagnostic colonoscopies.</p>	<p>You pay a \$275 copay per encounter for outpatient services, to include diagnostic colonoscopies.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance per encounter for outpatient services, to include diagnostic colonoscopies.</p>
Outpatient Mental Health Care	<p>You pay a \$25 copay for Medicare-covered individual therapy in a specialist's office or an outpatient hospital</p>	<p>You pay a \$25 copay for Medicare-covered individual therapy.</p> <p>You pay a \$20 copay for</p>

Cost	2023 (this year)	2024 (next year)
	<p>setting. You pay a \$20 copay for Medicare-covered group therapy in a specialist's office or an outpatient hospital setting.</p> <p>Out-of-Network:</p> <p>You pay a \$45 copay for Medicare-covered group therapy in a specialist's office or an outpatient hospital setting.</p> <p>You pay a \$65 copay for Medicare-covered individual therapy in a specialist's office or an outpatient hospital setting.</p>	<p>Medicare-covered group therapy.</p> <p>Out-of-Network:</p> <p>You pay a \$45 copay for Medicare-covered group therapy.</p> <p>You pay a \$75 copay for Medicare-covered individual therapy.</p>
<p>Outpatient Substance Abuse Services</p>	<p>You pay a \$25 copay for Medicare-covered individual substance abuse services in a specialist's office or an outpatient hospital setting.</p> <p>You pay a \$20 copay for Medicare-covered group substance abuse services in a specialist's office or an outpatient hospital setting.</p> <p>Out-of-Network:</p> <p>You pay a \$45 copay for</p>	<p>You pay a \$25 copay for Medicare-covered individual substance abuse services.</p> <p>You pay a \$20 copay for Medicare-covered group substance abuse services.</p> <p>Out-of-Network:</p> <p>You pay a \$45 copay for Medicare-covered group substance abuse services.</p> <p>You pay a \$75 copay for</p>

Cost	2023 (this year)	2024 (next year)
	<p>Medicare-covered group substance abuse services in a specialist's office or an outpatient hospital setting. You pay a \$65 copay for Medicare-covered individual substance abused services in a specialist's office or an outpatient hospital setting.</p>	<p>Medicare-covered individual substance abused services.</p>
<p>Over-the-Counter (OTC) drugs and supplies</p>	<p>There is a \$75 quarterly allowance on your SelectHealth Medicare flexible benefits Mastercard® for OTC drugs and supplies.</p>	<p>There is a \$100 quarterly allowance on your Select Health Medicare flexible benefits Mastercard® for OTC drugs and supplies.</p>
<p>Skilled Nursing Facility (SNF) Medicare-covered stay</p>	<p>You pay a \$0 copay per day for days 1-20. You pay a \$196 copay per day for days 21-35. You pay a \$0 copay per day for days 36-100.</p> <p>Out-of-Network:</p> <p>You pay a 40% coinsurance per day for days 1-100.</p>	<p>You pay a \$0 copay per day for days 1-20. You pay a \$203 copay per day for days 21-35. You pay a \$0 copay per day for days 36-100.</p> <p>Out-of-Network:</p> <p>You pay a 40% coinsurance per day for days 1-100.</p>

Cost	2023 (this year)	2024 (next year)
Wellness Your Way	You have a \$240 allowance every year on your SelectHealth Medicare flexible benefits Mastercard® for Wellness Your Way services (such as: gym/health club membership, health education, nutritional benefits, and weight management programs).	You have a \$250 allowance every year on your Select Health Medicare flexible benefits Mastercard® for 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 \$120 copay for emergency services outside of the service area.

Section 2.5 – Changes to Part D Prescription Drug Coverage

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 *complete Drug List*** by calling Member Services (see the back cover) or visiting our website ([www.https://selecthealth.org/medicare](https://selecthealth.org/medicare)).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

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

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs 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)
Stage 1: Yearly Deductible Stage	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)
Stage 2: Initial Coverage Stage	Your cost for a one-month supply filled at a network pharmacy:	Your cost for a one-month supply filled at a network pharmacy:

During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**

Most adult Part D vaccines are covered at no cost to you.

The costs in this row are for a one-month (30-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*.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Tier 1 - Preferred Generic Drugs:

You pay \$0 per prescription

Tier 1 - Preferred Generic Drugs:

You pay \$0 per prescription

Tier 2 - Generic Drugs:

You pay \$8 per prescription

Tier 2 - Generic Drugs:

You pay \$8 per prescription

Tier 3 - Preferred Brand-Name Drugs:

You pay \$47 per prescription.
You pay \$35 per month supply of each covered insulin product on this tier.

Tier 3 - Preferred Brand-Name Drugs:

You pay \$47 per prescription
You pay \$35 per month supply of each covered insulin product on this tier.

Tier 4 - Non-Preferred Brand-Name Drugs:

You pay \$100 per prescription.
You pay \$35 per month supply of each covered insulin product on this tier.

Tier 4 - Non-Preferred Drugs:

You pay \$100 per prescription
You pay \$35 per month supply of each covered insulin product on this tier.

Tier 5 - Specialty Drugs:

You pay 33% of the total cost.

Tier 5 - Specialty Drugs:

You pay 33% of the total cost

Stage	2023 (this year)	2024 (next year)
	Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).

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)
Dental Services	Preventive and Comprehensive dental services are administered by Delta Dental of California.	Preventive and Comprehensive dental services are administered by Paramount Dental
Plan Name	Our plan name is SelectHealth Medicare Choice (PPO).	Our plan name is Select Health Medicare Choice (PPO).

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in *Select Health Medicare Choice (PPO)*

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 Choice (PPO)*.

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, please see Section 2.1 regarding 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 (see Section 6), or call Medicare (see Section 8.2).

As a reminder, SelectHealth, Inc. 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 Choice (PPO)*.
- 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 Choice (PPO)*.
- 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 Nevada, the SHIP is called the Senior Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP 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 SHIP at 1-800-307-4444. You can learn more about SHIP by visiting their website at (adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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).
- **Help from your state’s pharmaceutical assistance program.** Nevada has a program called The Senior Rx and Disability Rx Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, please call 775-687-0539.
- **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 Nevada Office of HIV/AIDS. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 775-684-5928.

SECTION 8 Questions?

Section 8.1 – Getting Help from *Select Health Medicare Choice (PPO)*

Questions? We’re here to help. Please call Member Services 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 Select Health Medicare Choice (PPO)*. 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 [www.https://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. 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). 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 booklet 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.

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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