



**Select  
Health**

Select Health Medicare | 2024

# **Annual Notice of Change**

Select Health Medicare  
No Rx (PPO) 020

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# Select Health Medicare NoRx (PPO) offered by Select Health

## Annual Notice of Changes for 2024

You are currently enrolled as a member of *SelectHealth Medicare NoRx (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 [www.https://selecthealth.org/medicare](https://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.**

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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 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](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 NoRx (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 *Select Health Medicare NoRx (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.
  - 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About *Select Health Medicare NoRx (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 NoRx (PPO)*.

# 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 या दवा की योजना के बारे में आपकी किसी भी प्रश्न का जवाब देने के लिए हमारे पास मुद्राभाषिया सेवाएँ उपलब्ध हैं। एक मुद्राभाषिया प्राप्त करने के लिए, बस हम **1-855-442-9900** पर फोन करें। कोई भी ही बोलता है आपकी मदद कर सकता है। यह एक मुद्रा 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 Italiano vi 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 ouwa 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 NoRx (PPO)* in several important areas. **Please note this is only a summary of costs.**

| 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>Maximum out-of-pocket amounts</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>From network providers:<br/>\$6,700</p> <p>From in-network and out-of-network providers combined:<br/>\$10,000</p>  | <p>From network providers:<br/>\$6,700</p> <p>From in-network and out-of-network providers combined:<br/>\$10,000</p>  |
| <p><b>Doctor office visits</b></p>  | <p><b>In-Network</b></p> <p>Primary care visits:<br/>\$0 per visit</p> <p>Specialist visits:<br/>\$40 Copay per visit</p> <p><b>Out-of-Network</b></p> <p>Primary care visits:<br/>40% Coinsurance per visit</p> <p>Specialist visits:<br/>40% Coinsurance per visit</p> | <p><b>In-Network</b></p> <p>Primary care visits:<br/>\$0 per visit</p> <p>Specialist visits:<br/>\$40 Copay per visit</p> <p><b>Out-of-Network</b></p> <p>Primary care visits:<br/>40% Coinsurance per visit</p> <p>Specialist visits:<br/>40% Coinsurance per visit</p> |

| Cost                            | 2023 (this year)   | 2024 (next year)   |
|---------------------------------|--|--|
| <b>Inpatient hospital stays</b> | <p><b>In-Network</b><br/>                     \$395 Copay per day for days 1-3.<br/>                     \$0 Copay per day for days 4-90.</p> <p><b>Out-of-Network</b><br/>                     40% Coinsurance per day for days 1-90.</p> | <p><b>In-Network</b><br/>                     \$395 Copay per day for days 1-4.<br/>                     \$0 Copay per day for days 5-90.</p> <p><b>Out-of-Network</b><br/>                     40% Coinsurance per day for days 1-90.</p> |



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

On January 1, 2024, our plan name will change from SelectHealth Medicare NoRx (PPO) to *Select Health Medicare NoRx (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 NoRx (PPO).** This means starting January 1, 2024, you will be getting your medical coverage through Select Health Medicare NoRx (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)  |
|--|---|---|
| <p><b>Monthly premium</b></p> <p>(You must also continue to pay your Medicare Part B premium.)</p> | \$0   | \$0   |
| <p><b>Part B Premium Reduction</b></p>   | <p>\$100 Medicare Part B premium reduction. This reduction will be reflected in your monthly Social Security Check.</p> | <p>\$100 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 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><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.</p>                   | \$6,700          | <p>\$6,700</p> <p>Once you have paid \$6,700 out-of-pocket for covered services from network providers, you will pay nothing for your covered services from network providers for the rest of the calendar year.</p> |
| <p><b>Combined maximum out-of-pocket amount</b></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.</p> | \$10,000         | <p>\$10,000</p> <p>Once you have paid \$10,000 out-of-pocket for covered services, you will pay nothing for your covered services from in-network or out-of-network providers for the rest of the calendar year.</p> |

## Section 2.3 – Changes to the Provider Network

Updated directories are located on our website at [selecthealth.org/medicare](https://selecthealth.org/medicare). You may also call Member Services for updated provider information or to ask us to mail you a Provider 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)   |
|---|--|--|
| <p><b>Ambulatory Surgical Center Services</b></p> | <p>You pay a \$325 copay for Ambulatory Surgical Center Services.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance for Ambulatory Surgical Center Services.</p>        | <p>You pay a \$275 copay for Ambulatory Surgical Center Services.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance for Ambulatory Surgical Center Services.</p>      |
| <p><b>Chiropractic Services</b></p>               | <p>You pay a \$10 copay for each Medicare-covered chiropractic visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance for Medicare-covered chiropractic services.</p> | <p>You pay a \$15 copay for Medicare-covered chiropractic services.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance for Medicare-covered chiropractic services.</p> |
| <p><b>Dental Services</b></p>                     | <p>You pay a \$0 copay for covered preventive and diagnostic services.</p> <p>You pay a 20% coinsurance</p>  | <p>You pay a \$0 copay for covered preventive, diagnostic services, basic, and major dental services.</p>  |

| Cost                     | 2023 (this year)  | 2024 (next year)   |
|--------------------------|---|--|
|                          | <p>for covered basic dental services.<br/>                     You pay a 50% coinsurance for covered major dental services.<br/>                     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><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for Basic services.<br/>                     You pay 50% coinsurance for Major services.</p> | <p>There is an annual maximum plan payment of \$2,000 that applies to preventive, basic, and major services.</p> <p><b>Out-of-Network:</b></p> <p>You pay 20% coinsurance for Basic services.<br/>                     You pay 50% coinsurance for Major services.</p> |
| <b>Dialysis Services</b> | <p>You pay a \$0 copay for renal dialysis in a dialysis center.<br/>                     You pay 20% coinsurance for renal dialysis in an outpatient facility.<br/>                     You pay 20% coinsurance for home dialysis services and supplies.</p>  | <p>You pay 20% coinsurance for renal dialysis in either a dialysis center or an outpatient facility.<br/>                     You pay 20% coinsurance for home dialysis services and supplies.</p>   |
| <b>DME</b>               | <p>You pay 20% coinsurance for all other Medicare-covered</p>   | <p>You pay 20% coinsurance for all other Medicare-</p>   |

| Cost                            | 2023 (this year)   | 2024 (next year)   |
|---------------------------------|--|--|
|                                 | <p>durable medical equipment and supplies.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance for all other Medicare-covered durable medical equipment and supplies.</p>   | <p>covered durable medical equipment and supplies.</p> <p><b>Out-of-Network:</b></p> <p>You pay 50% coinsurance for all other Medicare-covered durable medical equipment and supplies.</p>   |
| <b>Emergency Care</b>           | <p>You pay a \$95 copay for each Medicare-covered emergency room visit.</p>  | <p>You pay a \$100 copay for each Medicare-covered emergency room visit.</p>   |
| <b>Inpatient Hospital</b>       | <p>You pay a \$395 copay per day for days 1-3.</p> <p>You pay a \$0 copay per day for days 4-90.</p> <p>Additional days: you pay a \$0 copay per day for each additional day.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance each time you are admitted to a facility.</p> | <p>You pay a \$395 copay per day for days 1-4.</p> <p>You pay a \$0 copay per day for days 5-90.</p> <p>Additional days: you pay a \$0 copay per day for each additional day.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance each time you are admitted to a facility.</p> |
| <b>Medicare Part B Rx Drugs</b> | <p>You pay 20% coinsurance for Medicare-covered Part B</p>   | <p>You pay between 0% - 20% coinsurance for Medicare-covered Part B</p>  |

| Cost  | 2023 (this year)   | 2024 (next year)   |
|---|--|--|
|   | chemotherapy drugs and other Part B Drugs.   | chemotherapy drugs and other Part B Drugs.<br>You pay 20% coinsurance up to a max of \$35 copay per month for insulin for use with insulin pumps.  |
| <b>Medicare-covered Prosthetic Devices</b>                | <p>You pay 20% coinsurance for Medicare-covered prosthetic devices.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance for Medicare-covered prosthetic devices.</p>  | <p>You pay 20% coinsurance for Medicare-covered prosthetic devices.</p> <p><b>Out-of-Network:</b></p> <p>You pay 50% coinsurance for Medicare-covered prosthetic devices.</p>  |
| <b>Medicare-covered Pulmonary Rehabilitation Services</b> | <p><b>In-Network:</b></p> <p>You pay a \$20 copay for each Medicare-covered pulmonary rehabilitation visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance for each Medicare-covered pulmonary rehabilitation visit.</p> | <p><b>In-Network:</b></p> <p>You pay a \$15 copay for each Medicare-covered pulmonary rehabilitation visit.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance for each Medicare-covered pulmonary rehabilitation visit.</p> |

| Cost   | 2023 (this year)   | 2024 (next year)  |
|--|--|---|
| <p><b>Opioid Treatment Services</b></p>                            | <p>You pay a \$0 copay for opioid treatment services.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance for opioid treatment services.</p>  | <p>You pay a \$40 copay for opioid treatment services.</p> <p><b>Out-of-Network:</b></p> <p>You pay 40% coinsurance for opioid treatment services.</p>  |
| <p><b>Prior Authorizations</b></p>                                 | <p>Select foot surgery does not require prior authorization unless part of an inpatient stay, or potentially cosmetic, or experimental/investigational.</p>                                    | <p>Select foot surgery may require prior authorization.</p>   |
| <p><b>Skilled Nursing Facility (SNF) Medicare-covered stay</b></p> | <p>You pay a \$0 copay per day for days 1-20.</p> <p>You pay a \$196 copay per day for days 21-100.</p> <p><b>Out-of-Network:</b></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.</p> <p>You pay a \$203 copay per day for days 21-55.</p> <p>You pay a \$0 copay per day for days 56-100.</p> <p><b>Out-of-Network:</b></p> <p>You pay a 40% coinsurance per day for days 1-100.</p> |
| <p><b>Vision Hardware</b></p>                                      | <p>You pay nothing for this benefit.</p> <p>There is a \$300 allowance Every Year.</p> <p><b>Out-of-Network:</b></p> <p>The plan will reimburse up to \$300 for vision hardware.</p>           | <p>You pay nothing for this benefit.</p> <p>There is a \$200 allowance Every Year.</p> <p><b>Out-of-Network:</b></p> <p>The plan will reimburse up to \$200 for vision hardware.</p>  |

| Cost                                | 2023 (this year)  | 2024 (next year)   |
|-------------------------------------|---|--|
| <b>Wellness Your Way</b>            | 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 \$240 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> ). |
| <b>Worldwide Emergency Coverage</b> | 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)  |
|-----------------|--|---|
| Dental Services | Preventive and Comprehensive dental services are administered by Delta Dental of California. | Preventive and Comprehensive dental services are administered by Paramount Dental |



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

**SECTION 4 Deciding Which Plan to Choose**

**Section 4.1 – If you want to stay in *Select Health Medicare NoRx (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 NoRx (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, 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](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, 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 *Select Health Medicare NoRx (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 NoRx (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. Example 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 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 ([adsd.nv.gov/Programs/Seniors/SHIP/SHIP\\_Prog/](https://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).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Nevada Medication Assistance Program (NMAP). **Note:** To be eligible for the ADAP operating in your State, 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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify

your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

○ **Nevada Medication Assistance Program (NMAP)**

- **Phone:** 701-486-0768
- **Address:** Office of HIV  
2290 S. Jones Blvd Suite 110  
Las Vegas, NV 89146
- **Website:** <https://endhivnevada.org/end-hiv-nevada-program/nevadas-aids-drug-assistance-program-adap/>

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 701-486-0768.

## SECTION 8 Questions?

### Section 8.1 – Getting Help from *Select Health Medicare NoRx (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.

#### **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 NoRx (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 [www.https://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*).

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## Section 8.2 – Getting Help from Medicare

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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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# 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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