

SelectHealth Medicare

Summary of Benefits

Utah 2023

The Summary of Benefits is meant to help you understand what we cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. To get a complete list of services we cover, call and ask for the "Evidence of Coverage."

Who can join SelectHealth Medicare Dual (HMO-D-SNP)?

To join, you must be fully Medicaid eligible, enrolled in Medicare Part A and Part B, live in our service area, and be 21+ years of age or older.

Our service area includes, Davis, Salt Lake, Utah, and Weber counties in Utah.

Which doctors, hospitals, and pharmacies can I use?

Our plans are on the SelectHealth Medicare network. It includes a wide variety of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, and it's not urgent or emergency care, your plan may not pay for these services. You can see our most up-to-date provider and pharmacy directories on our website, selecthealth.org/medicare. Or, call us and we will send you a copy of the directories.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (**1-800-633-4227**), 7 days a week, 24 hours a day. TTY users should call **1-877-486-2048**.

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you.



SelectHealth Medicare Dual (HMO-D-SNP) 015

HOW TO CONTACT US

Call us toll-free at **855-442-9940** (TTY: 711) or visit selecthealth.org/medicare.

Hours of operation:

October 1 to March 31 – Monday through Sunday, 8:00 a.m. to 8:00 p.m.

April 1 to September 30 – Weekdays, 8:00 a.m. to 8:00 a.m., closed weekends.

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



SelectHealth Medicare Dual (HMO) H1994_015

Davis, Salt Lake, Utah, and Weber counties in Utah.

You must qualify for Medicaid to be enrolled on this plan. If you lose Medicaid eligibility and fall into the grace period, you are responsible for the cost-share of your benefits. The most you will have to pay out-of-pocket for plan services in 2023 is \$8,300. What you pay and what Utah Medicaid pays counts towards this maximum out-of-pocket amount. The below benefit amounts could vary based on your Low Income Subsidy Level.

BENEFIT	COST
Premium Amount	\$0
Medical Deductible	\$0
Pharmacy Deductible	\$0
Member Out-of-Pocket Maximum <i>Does not include prescription drugs or hearing aid copays. If you reach the limit on out-of-pocket costs, you're covered 100% for the rest of the year. You will still need to pay monthly premiums and cost-sharing for your Part D drugs.</i>	\$8,300
Inpatient Hospital Coverage* <i>Copays start over each time you are admitted to an inpatient hospital facility.</i>	
All days	\$0 copay
Meals after discharge*	\$0 copay, up to 14 days of meals after discharged from an inpatient acute hospital or skilled nursing facility.
Outpatient Facility Coverage*	
Outpatient surgery and ambulatory surgical center	\$0 copay
Diagnostic colonoscopy	\$0 copay
Other covered services <i>Includes: IV infusion therapy, non-nuclear stress tests, facility or lab-based sleep studies, and more.</i>	\$0 copay
Doctor's Office Visits	
Primary care provider	\$0 copay
Specialist <i>We do not require referrals.</i>	\$0 copay
Preventive Care	
Annual physical/comprehensive wellness visit	\$0 copay
Medicare-covered preventive services	\$0 copay
Worldwide Emergency Care <i>Cost-sharing is waived if you are admitted to the hospital within 24 hours.</i>	\$0 copay
Worldwide Urgently Needed Services <i>No extra charges for labs and/or x-rays. Cost-sharing is waived if you are admitted to the ER or hospital within 24 hours. Refer to the Evidence of Coverage for additional details.</i>	\$0 copay
Diagnostic Services, Labs, and Imaging* <i>Only one copay is collected when multiple tests are performed during the same visit. Copays are in addition to any applicable primary care or specialist copay.</i>	

Diagnostic radiology services (e.g., MRIs, CT scans)	\$0 copay
Diagnostic tests and procedures	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Therapeutic radiology services	\$0 copay
Hearing Services	
Hearing exam related to a medical condition	\$0 copay
Routine hearing exam <i>One per year.</i>	\$0 copay
Hearing aids <i>Copay is for each hearing aid. Copays do not apply to the annual member out-of-pocket maximum. See the Hearing Aid section for more information. Covered once every four years.</i>	\$0 copay
Dental Services* <i>Limited Medicare-covered dental services related to a medical condition.</i>	\$0 copay
Preventive Dental <i>Two exams, two cleanings, two bitewing x-rays every year, plus one panoramic x-ray every 36 months.</i>	\$0 copay
Comprehensive Dental <i>Maximum plan payment of \$3,000, not including preventive dental services.</i>	
All covered services	0% coinsurance
Vision Services	
Routine and/or preventive eye exam <i>One per year.</i>	\$0 copay
Non-routine vision exam	\$0 copay
Vision test for prescriptions	\$0 copay
Eyeglasses or contact lenses after cataract surgery*	\$0 copay
Frames and lenses or contact lenses	\$300 allowance
Inpatient Mental Health Services*	
Days 1-90	\$0 copay
Lifetime reserve days	\$0 copay
Outpatient Mental Health Services	
Outpatient individual or group therapy visit in a provider's office or outpatient facility	\$0 copay
Partial hospitalization for mental health*	\$0 copay
Skilled Nursing Facility (SNF)* <i>Our plan covers up to 100 days in a SNF, no prior hospital stay required.</i>	
Days 1-100	\$0 copay
Outpatient Rehabilitation Services*	
Physical, occupational, and speech therapy visit in a provider's office or outpatient facility	\$0 copay
Cardiac rehab services	\$0 copay
Pulmonary rehab services	\$0 copay

*Service may require prior authorization.

BENEFIT	COST
Ambulance* <i>Prior authorization only required for non-emergency transfers.</i>	\$0 copay
Routine Transportation* <i>Services such as getting a ride to and from your doctor, pharmacy, or facility.</i>	\$0 copay, for unlimited one-way trips
Companionship Services through Papa Pals	\$0 copay, up to 90 hours a year
Medicare Part B Drugs* <i>Includes chemotherapy drugs, insulin for use with insulin pumps, and other Part B drugs.</i>	\$0 copay
Foot Care (Podiatry Services)	
Medicare-covered foot exam	\$0 copay
Routine foot care <i>Treatment that is considered preventive (i.e. cutting or removal of corns, warts, calluses, or nails), up to twelve visits.</i>	\$0 copay
Medical Equipment and Supplies	
Durable medical equipment (e.g., wheelchairs, oxygen, etc.)*	\$0 copay
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)*	\$0 copay
Diabetes monitoring supplies <i>Coverage for Freestyle and Precision brand glucose monitors and test strips by Abbott Labs.</i>	\$0 copay
Diabetes self-management training	\$0 copay
Therapeutic shoe inserts	\$0 copay
Intermountain LiVe Well Center Programs	\$0 copay
Gym Membership Program <i>See the Exclusive Plan Benefits section for more information.</i>	Silver&Fit access
Chiropractic Care*	
Medicare-covered services (subluxation)	\$0 copay
Acupuncture	
Treatment of lower back pain <i>12 initial visits, and additional 8 visits if member is making progress.</i>	\$0 copay
Supplemental Acupuncture Services	\$0 copay
Home Health Care*	\$0 copay
Outpatient Substance Abuse	
Therapy in a provider’s office or outpatient facility setting	\$0 copay
Over-the-Counter Items <i>Dollar amounts do not roll over.</i>	\$340 allowance per quarter
Renal Dialysis <i>Including services and supplies for home dialysis.</i>	\$0 copay
Hospice In a Medicare-certified facility.	Covered by Original Medicare
Intermountain Connect Care <i>Visit with a provider via video chat for urgent medical needs. For more information, visit intermountainconnectcare.org.</i>	\$0 copay
Telehealth Services	\$0 copay

*Service may require prior authorization.

Exclusive Plan Benefits

Our mission is to help you live the healthiest life possible. That’s why we give you tools and incentives to help you get healthy and stay healthy.



SILVER&FIT

Our gym membership benefit allows you to go to any **Silver and Fit** classes at participating gyms.

What’s included?

- > Daily workout classes, online or in-person
- > Access to any participating fitness center
- > Home fitness kit
- > Lifestyle content
- > Rewards for tracking activity
- > Social clubs

You’re free to manage your health—your way. For more information, visit **silverandfit.com**.



HEALTHY LIVING INCENTIVE

Get up to **\$160 a year** loaded onto your SelectHealth Medicare flexible benefits card for completing activities that keep you healthy, like your annual physical, cancer screenings, and immunizations.



OVER-THE-COUNTER (OTC) BENEFIT

Receive **\$340 per quarter** on your SelectHealth Medicare flexible benefits card for over-the-counter items.



MEALS AFTER HOSPITAL STAY

Receive up to **14 days of meals** after you are discharged from an inpatient hospital or skilled nursing facility stay, based on need, at no cost to you. Prior authorization by a care manager is required.



COMPANIONSHIP SERVICES - PAPA PALS

Get connected with a *Papa Pal* to lend companionship services and help with daily living activities such as technology lessons, light house tasks, and even rides to your doctor’s office or pharmacy.



VISION COVERAGE

This plan includes vision services, such as an annual routine eye exam and a vision hardware benefit.



DENTAL COVERAGE

This plan covers preventive and comprehensive dental for **no additional cost**.



TRANSPORTATION

Our plan includes non-emergent medical transportation at **no additional cost**. This means you can get unlimited one-way trips to and from your doctor’s appointments, facilities, or pharmacy.



HEARING AIDS

Intermountain Healthcare Hearing, Balance, and Audiology Clinics

We cover diagnostic hearing and balance evaluations under your plan’s copay, as long as you visit an in-network provider and the evaluation is done in an outpatient setting.

Certain hearing aids purchased through an in-network Intermountain Audiology provider are covered. The tier fee includes the cost per hearing aid, hearing exam and evaluation, fitting, three follow-up visits, one-time replacement device due to loss or damage (beneficiary will be charged a \$300 fee for programming and replacement), and a one-year supply of batteries.

Additional accessories or upgrades beyond the tier one device described as part of the benefit are not covered under the hearing aid benefit.

Hearing Aid Option	Your Cost
Tier 1	\$0



Your Prescription Benefits

SelectHealth Medicare Dual (HMO) 015

The below cost-sharing table shows what you will pay for your prescriptions in the Initial Coverage Stage.

You stay in this stage until your year-to-date total drug costs reaches **\$7,400**. Then, you skip directly to the Catastrophic Coverage Stage.

During the Catastrophic Coverage Stage, the plan pays the cost for your covered drugs. You will stay in this stage for the rest of the calendar year through December 31.

PHARMACY COST SHARING

Annual Pharmacy Deductible	\$0
Generic	Per prescription, you'll pay either \$0, \$1.45, or \$4.15. Copays depend on LIS level.
Brand-name	Per prescription, you'll pay either \$0, \$4.30, or \$10.35. Copays depend on LIS level.
Catastrophic	\$0

Please see the Evidence of Coverage (EOC) for information regarding cost-sharing difference depending on pharmacy status, mail-order, Long Term Care (LTC) or home infusion, and 30- or 100-day medication supplies.

Benefit Comparison Tool

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, have full Medicaid eligibility, be at least 21 years old, and live in our service area.

Generally, services you receive by providers or pharmacies is paid first by Medicare and then by Medicaid. This means Medicare is the primary payer, and Medicaid secondary.

The below benefits show what is covered by Medicaid and SelectHealth Medicare Dual. If a benefit is exhausted or not covered by your Medicare plan, then your Medicaid coverage may provide additional coverage. This will depend on your level of Medicaid eligibility.

If Medicare doesn't cover a service, there is a cost-share (copay or coinsurance), or a benefit has been exhausted, your Medicaid coverage **may** help. However, it's important to remember that you may have to pay a cost-share. Please see your Medicaid Member Handbook for details on cost-sharing and coverage.

This table does not include every benefit and service that we cover or every limitation or exclusion. To get a complete list of services, please refer to the Evidence of Coverage (EOC). You can get a copy of the EOC by visiting **selecthealth.org/medicare** or by calling us at **855-442-9940** (TTY: 711).

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the Utah Department of Health, Medicaid, and Health Financing, **800-662-9651** (TTY: 711).

Benefit	Medicaid	SelectHealth Medicare Dual
Inpatient hospital	Covered	Covered, \$0 copay
Outpatient hospital	Covered	Covered, \$0 copay
Doctor's office visits	Covered	Covered, \$0 copay
Preventive care	Covered	Covered, \$0 copay
Emergency care	Covered	Covered, \$0 copay
Urgent care	Covered	Covered, \$0 copay
Diagnostic services, labs, and imaging	Covered	Covered, \$0 copay
Hearing services	Not covered unless pregnant	Covered, \$0 copay
Dental services	Covered	Covered, \$0 copay
Vision services	Covered 1 exam each year; eyewear covered for pregnant women	Covered, \$0 copay
Inpatient mental health services	Covered by FFS Medicaid or other Medicaid plan	Covered, \$0 copay
Outpatient mental health services	Covered by FFS Medicaid or other Medicaid plan	Covered, \$0 copay
Skilled nursing facility	Covered	Covered, \$0 copay
Outpatient rehabilitation services	Covered OT/PT; ST covered for pregnant women	Covered, \$0 copay
Ambulance	Covered by FFS Medicaid	Covered, \$0 copay
Routine transportation	Covered by Traditional Medicaid	Covered, \$0 copay
Companionship services	Not covered	Covered, \$0 copay
Medicare Part B drugs	Covered	Covered, \$0 copay
Foot care (podiatry services)	Covered	Covered, \$0 copay
Medical equipment	Covered	Covered, \$0 copay
Gym membership	Not covered	Covered, \$0 copay
Chiropractic care	Not covered unless pregnant	Covered, \$0 copay
Medicare-covered acupuncture services	Not covered	Covered, \$0 copay
Home health care	Covered	Covered, \$0 copay
Outpatient substance abuse	Covered	Covered, \$0 copay
Over-the-counter items	Limited coverage	Covered, \$0 copay
Renal dialysis	Covered	Covered, \$0 copay
Hospice (with Original Medicare)	Covered	Covered, \$0 copay
Intermountain Connect Care	Covered	Covered, \$0 copay
Telehealth services	Covered	Covered, \$0 copay

Multi-Language Insert

Multi-Language Interpreter Services

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

SelectHealth provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Member Services team at **1-855-442-9900** for additional information (TTY users, please call 711). Hours are 24 hours a day, 7 days a week.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-442-9900** (TTY: 711). Someone who speaks English can help you. This is a free service.

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: 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。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-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 Arzneimittelpplan. 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 답해 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.

Navajo: Díí saad bee yáníłti’go Diné Bizaad, saad bee áká’ánída’áwo’dę’ę’, t’áá jiik’eh, éí ná hólo’, koji’ hódíílnih SelectHealth.

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 للإجابة 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.



Multi-Language Insert



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。通訳をご用命になるには、**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。

Amharic: ስለ ጤና ወይም የመጽኃኒት ዕቅዳችን ማንኛውንም ጥያቄ ለመመለስ ነፃ የሰጠርዓዊ አገልግሎት አለን። ስለተርጓሚ ለማግኘት በ **1-855-442-9900** ይጻውሉልን። አማርኛ የሚናገር ሰው ሊረዳህ ይችላል። ይህ ነፃ አገልግሎት ነው።

Serbian: Имамо бесплатне услуге преводиоца за одговоре на сва ваша питања о нашем здравственом плану или плану за лекове. Да бисте добили преводиоца, само нас позовите на **1-855-442-9900**. Неко ко говори српски може вам помоћи. Ово је бесплатна услуга.

Persian: ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت مترجم، فقط با شماره **1-855-442-9900** تماس بگیرید. کسی که فارسی صحبت می کند می تواند به شما کمک کند. این یک سرویس رایگان است.

Thai: เรามีบริการล่ามฟรีเพื่อตอบคำถามที่คุณอาจมีเกี่ยวกับสุขภาพหรือแผนยาของเรา หากต้องการล่ามเพียงโทรหาเราที่ **1-855-442-9900** คนที่พูดภาษาไทยสามารถช่วยคุณได้ นี่เป็นบริการฟรี

Nepali: हाम्रो स्वास्थ्य वा औषधियोजनाको बारेमा तपाईंलाई हुन सक्ने कुनै पनपि्रश्नको जवाफ दनि हामीसँग नःशुल्क दोभाषे सेवाहरू छन्। एक दोभासे प्राप्त गर्न, हामीलाई **1-855-442-9900** मा कल गर्नुहोस्। नेपाली बोल्ने कोहीले तपाईंलाई मददत गर्न सक्छ। यो नःशुल्क सेवा हो।

SelectHealth is an HMO, PPO, D-SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Medicare depends on contract renewal. Other providers are available in our network. SelectHealth 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 upon request.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth Medicare: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**. 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 SelectHealth Medicare: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**.

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