Select Health Medicare Summary of benefits.

UTAH | 2025

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 Select Health Medicare (HMO)?

To join, you must be enrolled in Medicare Part A and Part B and live in one of our service areas.

The following Utah counties are included in our service areas: Box Elder, Cache, Davis, Franklin (ID), Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, and Weber counties.

What is an HMO?

An HMO Medicare Advantage plan has an established network of doctors, providers, and hospitals where you must get your care, except for emergency care and out-of-area urgent care.

Which doctors, hospitals, and pharmacies can I use?

Our plans are on the Select Health 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.

Important message about what you pay for vaccines:

Our plan covers most Part D vaccines at no cost to you.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **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**.

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 p.m., closed weekends.

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

Select Health

Select Health Medicare Essential (HMO)

H1994_001

Box Elder, Cache, Davis, Franklin (ID), Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, and Weber Counties in Utah.

BENEFIT	COST
Premium Amount	$0
Medical Deductible	$0
Member Out-of-Pocket Maximum Does not include prescription drugs, comprehensive dental, and 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.	$4,900
Inpatient Hospital Coverage* Copays start over each time you are admitted as an inpatient.	
Days 1-5	$410 copay per day
Days 6+	$0 copay per day
Outpatient Hospital Coverage*	
Outpatient surgery	$350 copay
Ambulatory Surgical Center	$200 copay
Doctor's Office Visits	
Primary care provider	$0 copay
Specialist We do not require referrals.	$15 copay
Preventive Care	
Annual physical/comprehensive wellness visit	$0 copay
Medicare-covered preventive services	$0 copay
Emergency Care (Worldwide) Copay is waived if you are admitted to the hospital within 24 hours.	$125 copay
Urgently Needed Services (Worldwide) No extra charges for labs and/or x-rays. Copay is waived if you are admitted to the ER or hospital within 24 hours. Refer to the Evidence of Coverage for additional details.	$40 copay
Diagnostic Services, Labs, and Imaging* 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.	
Diagnostic tests and procedures	$0 copay
Lab services	$0 copay
Outpatient x-rays	$0 copay
Diagnostic colonoscopy	$350 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	$250 copay
Therapeutic radiology services	20% coinsurance

Hearing Services	
Hearing exam related to a medical condition	$15 copay
Routine hearing exam One per year.	$0 copay
Hearing aids Copay is for each hearing aid. Copays do not apply to the annual member out-of-pocket maximum.	$299 to $1,799 copay per aid
Dental Services*	
Limited Medicare-covered dental services related to a medical condition.	$15 copay
Maximum plan payment benefit, includes preventive.	$1,500
Preventive dental services Two exams, two cleanings, two bitewing x-rays every year, plus one panoramic x-ray every 36 months	$0 copay
Basic dental services	$0 copay
Major dental services	$0 copay
Vision Services	
Eye exam related to a medical condition	$15 copay
Eyeglasses or contact lenses after cataract surgery*	$0 copay
Routine and/or preventive eye exam One per year.	$0 copay
Vision test for prescriptions	$0 copay
Frames or contact lenses	$200 allowance
Inpatient Mental Health Services*	
Days 1-5	$350 copay
Days 6-90	$0 copay per day
Lifetime reserve days* 1-60	$0 copay per day
Outpatient Mental Health Services	
Individual therapy	$15 copay
Group therapy	$15 copay
Partial hospitalization*	$55 copay
Wellness Your Way with Over-the-Counter (OTC) Items Receive money on your pre-loaded Flex Card for approved wellness services such as gym/health club memberships, health education, nutritional benefits, weight management programs, and OTC items. Amounts do not roll over.	$420 allowance per year
Acupuncture (Medicare Covered)	$15 copay
Ambulance* Prior authorization only required for non-emergency transfers.	$280 copay
Chiropractic Care*	$20 copay

**Service may require prior authorization.*

BENEFIT	COST
Foot Care (Podiatry Services)	
Foot exams and treatment for Medicare-covered services.	$15 copay
Routine foot care Treatment that is considered preventive (i.e. cutting or removal of corns, warts, calluses, or nails), up to six visits.	$15 copay
Home Health Care*	$0 copay
Hospice	Covered by Original Medicare
Intermountain Connect Care (Urgent) Visit with a provider via video chat for urgent medical needs.	$0 copay
Meals after discharge* After discharge from an inpatient acute hospital or skilled nursing facility.	$0 copay, up to 14 days (2 meals per day)
Medical Equipment and Supplies	
Crutches, canes, and walkers	$0 copay
All other durable medical equipment (e.g., wheelchairs, oxygen, etc.)*	20% coinsurance
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)*	20% coinsurance
Medicare Part B Drugs* Includes chemotherapy drugs, and other Part B drugs and biologics.	0-20% coinsurance
Insulin for use with insulin pumps	0-20% coinsurance up to max $35 copay per month
Rehabilitation Services* (Outpatient)	
Physical, occupational, and speech therapy visits.	$20 copay
Cardiac rehab services	$0 copay
Pulmonary rehab services	$10 copay
Renal Dialysis Including services and supplies for home dialysis.	20% coinsurance
Skilled Nursing Facility (SNF)* Our plan covers up to 100 days in a SNF, no prior hospital stay required.	
Days 1-20	$0 copay per day
Days 21-55	$214 copay per day
Days 56-100	$0 copay per day
Substance Abuse* (Outpatient)	
Individual therapy	$25 copay
Group therapy	$20 copay
Telehealth Services	
Telehealth visit with a primary care provider	$0 copay
Telehealth visit with a specialist	$15 copay

YOUR PRESCRIPTION BENEFITS

Select Health Medicare Essential (HMO) 001

The below cost-sharing table shows what you will pay for your prescription in the Initial Coverage Stage after you've reached your annual $200 pharmacy deductible OR when filling a Tier 1 or Tier 2 drug. The pharmacy deductible does not apply to Tier 1 and Tier 2 drugs.

During the initial coverage stage, you pay your copay, and we pay the rest. You stay in this stage until your year-to-date total drug costs reach the yearly $2,000 out-of-pocket cost set by Medicare. Once you reach this amount, you will move to the catastrophic stage.

During the catastrophic stage, the plan pays the full cost for your covered drugs. You stay in this stage for the rest of the calendar year through December 31. You pay nothing.

PHARMACY DEDUCTIBLE		
Tier 1 and 2 (Generics)	$0	
Tiers 3, 4, and 5 (Brand and non-preferred drugs)	$200	
COST-SHARING	**Standard Retail**	**Mail Order**
	30-DAY SUPPLY | 100-DAY SUPPLY	30-DAY SUPPLY | 100-DAY SUPPLY
Tier 1 (Preferred Generic)	$0 | $0	$0 | $0
Tier 2 (Generic)	$10 | $30	$5 | $15
Tier 3 (Preferred Brand)	17% coinsurance | 17% coinsurance	17% coinsurance | 17% coinsurance
Tier 4 (Nonpreferred Drugs)	22% coinsurance | 22% coinsurance	22% coinsurance | 22% coinsurance
Tier 5 (Specialty Tier)	30% coinsurance | N/A	30% coinsurance | N/A
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.		

How We Help with Prescription Drug Costs

Select diabetes prescription drugs on Tier 1 are covered at no cost to you.

During all Part D stages, Tier 3 and Tier 4 insulin copays are capped at $35 for a 30-day supply.

**Service may require prior authorization.*

Additional Benefits.

The Select Health Medicare Essential (HMO) plan comes with some great additional benefits.

Dental

You get $1,500 of preventive, basic, and major dental services at no additional cost.

Benefit	Cost
Maximum plan payment benefit, includes preventive.	$1,500
Preventive dental services: two exams, two cleanings, two bitewing x-rays every year, plus one panoramic x-ray every 36 months.	$0 copay
Basic dental services	$0 copay
Major dental services	$0 copay

Hearing

We cover diagnostic hearing and balance evaluations and have multiple hearing aid benefit tiers to help you deal with hearing loss.

Benefit	Cost
Routine hearing exam (one per year).	$0 copay
Intermountain Health Audiology Economy Hearing Aid	$299
Intermountain Health Audiology Essential Hearing Aid	$639
Intermountain Health Audiology Standard Hearing Aid	$949
Intermountain Health Audiology Advanced Hearing Aid	$1,299
Intermountain Health Audiology Premium Hearing Aid	$1,799

IMPORTANT: Costs are per hearing aid. Hearing aid copays do not go toward the Member Out-of-Pocket Maximum.

Vision

This plan includes vision services and a **$200 yearly hardware allowance** to use on frames or contact lenses every year, to keep you seeing clearly.

Scan the QR code to learn more about these benefits.

Wellness Your Way and Over-the-Counter

You get **$420 a year** to use on approved wellness activities and over-the-counter (OTC) items.

Wellness Your Way

Use your Select Health Medicare Flexible Benefits card to pay for approved activities or services such as:

- Physical activities
- Athletic clubs
- League fees
- Virtual monthly fitness memberships
- Memory fitness
- Weight management
- Health education classes
- Nutrition and dietary programs

Over-the-Counter

Use your Select Health Medicare Flexible Benefits card at NationsBenefits approved retailers or online at NationsOTC to pay for OTC items like:

- Pain relievers
- Vitamins and minerals (e.g., fish oil, calcium, multivitamins)
- Bandages and antibiotic ointment
- Toothbrushes, toothpaste, and dental floss
- Cough drops
- Cotton swabs
- Antacids
- Lotion
- Eye drops
- First aid supplies ...and more

Healthy Living Rewards

You can earn up to $240 by completing a variety of wellness activities.

The best part is that you'll automatically earn reward dollars for every activity you complete. These reward dollars will be added to your Healthy Rewards wallet, which is part of your Select Health Medicare Flexible Benefits card. The amount of rewards you earn will depend on the activity you complete.

You can use your Healthy Rewards funds for a variety of wellness-related items and experiences using your Select Health Medicare Flexible Benefits card. You can choose from fitness equipment, wellness services, home essentials, wearable technology, dining out, and more.

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

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.

Select Health Medicare **1-855-442-9900** (TTY: 711) /
Select Health: **1-800-538-8038**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

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.

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Select Health

Multi-Language Interpreter Services 1-855-442-9900 (TTY:711)

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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 **1-855-442-990**0. 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 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 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 quí vị cần thông dịch viên xin gọi **1-855-442-9900** sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 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.

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 لإلجابة عن أي

أسئلة تتعلق بالصحة أو جدول أألدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى االتصال 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ございます。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。