

# 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 (PPO)?

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), Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber counties.

## What is a PPO?

A PPO Medicare Advantage plan has a network of doctors, specialists, hospitals, and other healthcare providers you can use. You also have the flexibility to use out-of-network providers for covered services, usually at a higher cost.

## 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](https://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](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.

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## HOW TO CONTACT US

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

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# Select Health Medicare Choice (PPO)

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

BENEFIT	IN-NETWORK COST	OUT-OF-NETWORK COST
<b>Premium Amount</b>	\$14	
<b>Medical Deductible</b>	\$0	
<b>Member Out-of-Pocket Maximum</b> 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.	\$5,700	\$9,550 combined with In-Network Member-Out-of-Pocket Maximum
<b>Inpatient Hospital Coverage*</b> Copays start over each time you are admitted as an inpatient.		
Days 1-5	\$420 copay per day	30% coinsurance
Days 6+	\$0 copay per day	30% coinsurance
<b>Outpatient Hospital Coverage*</b>		
Outpatient surgery	\$360 copay	30% coinsurance
<b>Ambulatory Surgical Center</b>	\$260 copay	30% coinsurance
<b>Doctor's Office Visits</b>		
Primary care provider	\$0 copay	30% coinsurance
Specialist We do not require referrals.	\$15 copay	30% coinsurance
<b>Preventive Care</b>		
Annual physical/comprehensive wellness visit	\$0 copay	\$0 copay
Medicare-covered preventive services	\$0 copay	\$0 copay
<b>Emergency Care (Worldwide)</b> Copay is waived if you are admitted to the hospital within 24 hours.	\$125 copay	\$125 copay
<b>Urgently Needed Services (Worldwide)</b> 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	\$40 copay
<b>Diagnostic Services, Labs, and Imaging*</b> 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	20% coinsurance	30% coinsurance
Lab services	\$0 copay	30% coinsurance
Outpatient x-rays	\$0 copay	30% coinsurance
Diagnostic colonoscopy	\$360 copay	30% coinsurance
Diagnostic radiology services (e.g., MRIs, CT scans)	\$200 copay	30% coinsurance
Therapeutic radiology services	20% coinsurance	30% coinsurance

<b>Hearing Services</b>		
Hearing exam related to a medical condition	\$15 copay	30% coinsurance
Routine hearing exam One per year.	\$0 copay	30% coinsurance
Hearing aids Copays do not apply to the annual member out-of-pocket maximum.	\$699 to \$999 copay per aid	Not covered
<b>Dental Services*</b>		
Limited Medicare-covered dental services related to a medical condition.	\$15 copay	10% coinsurance
Maximum plan payment benefit, includes preventive	\$2,000	Combined In-and Out-of-Network
Preventive dental services Two exams, two cleanings, two bitewing x-rays every year, plus one panoramic x-ray every 36 months	\$0 copay	10% coinsurance
Basic dental services	\$0 copay	10% coinsurance
Major dental services	\$0 copay	10% coinsurance
<b>Vision Services</b>		
Eyeglasses or contact lenses after cataract surgery*	\$0 copay	\$200 reimbursement
Eye exam related to a medical condition	\$15 copay	\$35 copay
Routine and/or preventive eye exam One per year.	\$0 copay	\$35 copay
Vision test for prescriptions	\$0 copay	\$35 copay
Frames or contact lenses	\$200 allowance	\$200 reimbursement
<b>Inpatient Mental Health Services*</b>		
Days 1-5	\$370 copay per day	30% coinsurance
Days 6-90	\$0 copay per day	30% coinsurance
Lifetime reserve days* 1-60	\$0 copay per day	30% coinsurance
<b>Outpatient Mental Health Services</b>		
Individual therapy	\$15 copay	30% coinsurance
Group therapy	\$15 copay	30% coinsurance
Partial hospitalization*	\$55 copay	30% coinsurance
<b>Wellness Your Way with Over-the-Counter (OTC) Items</b>		
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.	\$350 allowance per year	Not covered
<b>Acupuncture (Medicare Covered)</b>	\$15	30% coinsurance
<b>Ambulance*</b> Prior authorization only required for non-emergency transfers.	\$225 copay	\$225 copay
<b>Chiropractic Care*</b>	\$20 copay	30% coinsurance

\*Service may require prior authorization.

<b>BENEFIT</b>	<b>IN-NETWORK COST</b>	<b>OUT-OF-NETWORK COST</b>
<b>Foot Care (Podiatry Services)</b>		
Foot exams and treatment for Medicare-covered services.	\$15 copay	30% coinsurance
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	30% coinsurance
<b>Home Health Care*</b>	\$0 copay	30% coinsurance
<b>Hospice</b>	Covered by Original Medicare	Covered by Original Medicare
<b>Intermountain Connect Care (Urgent)</b>		
Visit with a provider via video chat for urgent medical needs.	\$0 copay	
<b>Meals after discharge*</b>	\$0 copay, up to 14 days (2 meals per day)	
After discharge from an inpatient acute hospital or skilled nursing facility.		
<b>Medical Equipment and Supplies</b>		
Crutches, canes, and walkers	\$0 copay	30% coinsurance
All other durable medical equipment (e.g., wheelchairs, oxygen, etc.)*	20% coinsurance	30% coinsurance
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)*	20% coinsurance	30% coinsurance
<b>Medicare Part B Drugs*</b>		
Includes chemotherapy drugs, and other Part B drugs and biologics.	0-20% coinsurance	30% coinsurance
Insulin for use with insulin pumps	0-20% coinsurance up to max \$35 copay per month	30% coinsurance
<b>Rehabilitation Services* (Outpatient)</b>		
Physical, occupational, and speech therapy visits.	\$30 copay	30% coinsurance
Cardiac rehab services	\$0 copay	30% coinsurance
Pulmonary rehab services	\$10 copay	30% coinsurance
<b>Renal Dialysis</b>		
Including services and supplies for home dialysis.	20% coinsurance	30% coinsurance
<b>Skilled Nursing Facility (SNF)*</b>		
Our plan covers up to 100 days in a SNF, no prior hospital stay required.		
Days 1-20	\$0 copay per day	30% coinsurance
Days 21-55	\$214 copay per day	30% coinsurance
Days 56-100	\$0 copay per day	30% coinsurance
<b>Substance Abuse* (Outpatient)</b>		
Individual therapy	\$25 copay	30% coinsurance
Group therapy	\$15 copay	30% coinsurance
<b>Telehealth Services</b>		
Telehealth visit with a primary care provider	\$0 copay	30% coinsurance
Telehealth visit with a specialist	\$15 copay	30% coinsurance

## YOUR PRESCRIPTION BENEFITS

### Select Health Medicare Choice (PPO) 018

The below cost-sharing table shows what you will pay for your prescription in the Initial Coverage Stage after you've reached your annual \$100 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)	\$100	
<b>COST-SHARING</b>	<b>Standard Retail</b>	<b>Mail Order</b>
	<b>30-DAY SUPPLY   100-DAY SUPPLY</b>	<b>30-DAY SUPPLY   100-DAY SUPPLY</b>
Tier 1 (Preferred Generic)	\$0   \$0	\$0   \$0
Tier 2 (Generic)	\$10   \$30	\$5   \$15
Tier 3 (Preferred Brand)	18% coinsurance   18% coinsurance	18% coinsurance   18% coinsurance
Tier 4 (Nonpreferred Drugs)	23% coinsurance   23% coinsurance	23% coinsurance   23% coinsurance
Tier 5 (Specialty Tier)	31% coinsurance   N/A	31% 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 Choice (PPO) plan comes with some great additional benefits.

### Dental

You get \$2,000 of preventive, basic, and major dental services at no additional cost.

Benefit	Cost
Maximum plan payment benefit, includes preventive.	\$2,000
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
TruHearing Tier 1 Hearing Aid	\$699
TruHearing Tier 2 Hearing Aid	\$999

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 with Over-The-Counter

You get **\$350 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.

Out-of-network/non-contracted providers are not obligated to treat Plan members except in emergencies. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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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## 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)**

**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**. 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 pagsasalang-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 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 **9900-442-855-1**. 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 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 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。