

Select Health Medicare Summary of benefits.

IDAHO | 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 Idaho county is included in our service area:
Bonneville county.

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. 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.

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 Medicare Choice (PPO)

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Bonneville county in Idaho.

BENEFIT	IN-NETWORK COST	OUT-OF-NETWORK COST
Premium Amount	\$45	
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.	\$6,500	\$10,000
Inpatient Hospital Coverage* Copays start over each time you are admitted as an inpatient.		
Days 1-6	\$330 copay per day	40% coinsurance
Days 7+	\$0 copay per day	40% coinsurance
Outpatient Hospital Coverage*		
Outpatient surgery	\$350 copay	40% coinsurance
Ambulatory Surgical Center	\$250 copay	40% coinsurance
Doctor's Office Visits		
Primary care provider	\$0 copay	40% coinsurance
Specialist We do not require referrals.	\$25 copay	40% coinsurance
Preventive Care		
Annual physical/comprehensive wellness visit	\$0 copay	\$0 copay
Medicare-covered preventive services	\$0 copay	\$0 copay
Emergency Care (Worldwide) Copay is waived if you are admitted to the hospital within 24 hours.	\$125 copay	\$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.	\$55 copay	\$55 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	40% coinsurance
Lab services	\$0 copay	40% coinsurance
Outpatient x-rays	\$0 copay	40% coinsurance
Diagnostic colonoscopy	\$350 copay	40% coinsurance
Diagnostic radiology services (e.g., MRIs, CT scans)	\$350 copay	40% coinsurance
Therapeutic radiology services	\$80 copay	40% coinsurance

Hearing Services		
Hearing exam related to a medical condition	\$25 copay	40% coinsurance
Routine hearing exam One per year.	\$0 copay	40% coinsurance
Hearing aids Copays do not apply to the annual member out-of-pocket maximum.	\$425 to \$1,899 copay per aid	Not covered
Dental Services*		
Limited Medicare-covered dental services related to a medical condition.	\$25 copay	Not covered
Maximum plan payment benefit, excludes preventive	\$1,000	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	\$0 copay
Basic dental services	\$0 copay	\$0 copay
Major dental services	20% coinsurance	20% coinsurance
Vision Services		
Eye exam related to a medical condition	\$25 copay	\$25 copay
Eyeglasses or contact lenses after cataract surgery*	\$0 copay	\$200 reimbursement
Routine and/or preventive eye exam One per year.	\$0 copay	\$25 copay
Vision test for prescriptions	\$0 copay	\$25 copay
Frames or contact lenses	\$200 allowance	\$200 reimbursement
Inpatient Mental Health Services*		
Days 1-6	\$330 copay per day	40% coinsurance
Days 7-90	\$0 copay per day	40% coinsurance
Lifetime reserve days* 1-60	\$0 copay per day	40% coinsurance
Outpatient Mental Health Services		
Individual therapy	\$25 copay	40% coinsurance
Group therapy	\$15 copay	40% coinsurance
Partial hospitalization*	\$55 copay	40% coinsurance
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.	\$475 allowance per year	Not applicable
Papa Companionship Services		
	\$0 copay, up to 30 hours per year	Not covered
Ambulance*		
Prior authorization only required for non-emergency transfers.	\$350 copay	\$350 copay
Chiropractic Care*		
	\$20 copay	40% coinsurance

*Service may require prior authorization.

BENEFIT	IN-NETWORK COST	OUT-OF-NETWORK COST
Foot Care (Podiatry Services)		
Foot exams and treatment for Medicare-covered services.	\$25 copay	40% coinsurance
Routine foot care Treatment that is considered preventive (i.e. cutting or removal of corns, warts, calluses, or nails), up to six visits.	\$25 copay	40% coinsurance
Home Health Care*	\$0 copay	\$0 copay
Hospice	Covered by Original Medicare	Covered by Original Medicare
Intermountain Connect Care (Urgent)		
Visit with a provider via video chat for urgent medical needs.	\$0 copay	N/A
Meals after discharge*	\$0 copay, up to 14 days (2 meals per day)	N/A
After discharge from an inpatient acute hospital or skilled nursing facility.		
Medical Equipment and Supplies		
Crutches, canes, and walkers	0% coinsurance	40% coinsurance
All other durable medical equipment (e.g., wheelchairs, oxygen, etc.)*	20% coinsurance	40% coinsurance
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)*	20% coinsurance	40% coinsurance
Medicare Part B Drugs*		
Includes chemotherapy drugs, and other Part B drugs and biologics.	0-20% coinsurance	40% coinsurance
Insulin for use with insulin pumps	0-20% coinsurance up to max \$35 copay per month	40% coinsurance
Rehabilitation Services* (Outpatient)		
Physical, occupational, and speech therapy visits.	\$45 copay	40% coinsurance
Cardiac rehab services	\$40 copay	40% coinsurance
Pulmonary rehab services	\$30 copay	40% coinsurance
Renal Dialysis		
Including services and supplies for home dialysis.	20% coinsurance	40% 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	40% coinsurance
Days 21-55	\$214 copay per day	40% coinsurance
Days 56-100	\$0 copay per day	40% coinsurance

Substance Abuse* (Outpatient)		
Individual therapy	\$30 copay	40% coinsurance
Group therapy	\$20 copay	40% coinsurance
Telehealth Services		
Telehealth visit with a primary care provider	\$0 copay	40% coinsurance
Telehealth visit with a specialist	\$25 copay	40% coinsurance
Transportation (Routine)	\$0 copay for 24 one-way trips	Not covered

YOUR PRESCRIPTION BENEFITS

Select Health Medicare Choice (PPO) 026

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)	\$0 \$0	\$0 \$0
Tier 3 (Preferred Brand)	25% coinsurance 25% coinsurance	25% coinsurance 25% coinsurance
Tier 4 (Nonpreferred Drugs)	38% coinsurance 38% coinsurance	38% coinsurance 38% 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 Choice (PPO) plan comes with some great additional benefits.

Delta Dental of Idaho

Your dental benefits are provided through Delta Dental of Idaho.

With coverage from Delta Dental of Idaho, you enjoy:

Network strength.

With the nation's largest network, chances are good your family dentist may already be a part of our family.

Savings

Every covered service a network dentist provides has a set fee ceiling, so you'll never pay more than that amount.

Preventive care

Preventive visits are covered 100%, along with cleanings and X-rays.

Comprehensive coverage

Your coverage includes the most common procedures with no deductible.

You get a maximum plan payment of \$1,000 for basic and major dental services at no additional cost.

Benefit	Cost
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 Filling and restorations, extractions, anesthesia and sedation, oral surgery, emergency care for pain relief, endodontic services (root canal), two periodontal maintenance per year, and periodontal treatment (e.g., scaling, debridement)	\$0 copay
Major dental services Dentures, implants, bridges, crowns and crown buildup, inlays, onlays, and cast restorations.	20% coinsurance

Limitations to procedures may apply, please see the Evidence of Coverage for full procedure details.

You can find hundreds of dentists in the Delta Dental Medicare Advantage network by selecting "Find a Dentist" at deltadentalid.com.

If you have questions about dental coverage, call Delta Dental of Idaho at **800-356-7586** or Select Health at **855-442-9900 (TTY: 711)**.





Wellness Your Way with Over-The-Counter

You get **\$475 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

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
NationsHearing Entry Hearing Aid	\$425
NationsHearing Basic Hearing Aid	\$599
NationsHearing Prime Hearing Aid	\$899
NationsHearing Preferred Hearing Aid	\$1,199
NationsHearing Advanced Hearing Aid	\$1,499
NationsHearing Premium Hearing Aid	\$1,899

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.



Companionship service

You have 30 hours of Papa services.

Papa Pals are here to help with a variety of everyday tasks to make your life easier.

- Companionship, conversation, playing board games, or going for a walk.
- Transportation to and from doctor's visits, errands, grocery and medication pickup, or shopping.
- Home tasks, including meal prep, light surface cleaning, laundry, gardening, or pet help.
- Help setting up a computer or social media to connect with friends or family.

Plus, you can have a preferred pal that can visit you more than once.



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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