

Select Health Medicare Summary of benefits.

NEVADA | 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 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, Clark and Nye counties in Nevada.

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 Dual (HMO-D-SNP)

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Clark and Nye Counties in Nevada.

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 2025 is \$9,350. What you pay for Medicare-covered benefits (deductibles, copays, or coinsurance) counts towards this maximum out-of-pocket amount.

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.	\$9,350
Inpatient Hospital Coverage* Copays start over each time you are admitted as an inpatient.	
All days	\$0 copay
Outpatient Hospital Coverage*	
Outpatient surgery	\$0 copay
Ambulatory Surgical Center	\$0 copay
Doctor's Office Visits	
Primary care provider	\$0 copay
Specialist	\$0 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.	\$0 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.	\$0 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	\$0 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	\$0 copay
Therapeutic radiology services	\$0 copay

Hearing Services	
Hearing exam related to a medical condition	\$0 copay
Routine hearing exam One per year.	\$0 copay
Hearing aids Copays do not apply to the annual member out-of-pocket maximum.	\$0 per hearing aid
Dental Services*	
Limited Medicare-covered dental services related to a medical condition.	\$0 copay
Maximum plan payment benefit, includes preventive	\$2,500
Preventive dental services Two exams, two cleanings, two fluoride treatments, 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	\$0 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	\$300 allowance
Inpatient Mental Health Services*	
Days 1-90	\$0 copay
Lifetime reserve days 1-60	\$0 copay
Outpatient Mental Health Services	
Individual therapy	\$0 copay
Group therapy	\$0 copay
Partial hospitalization*	\$0 copay
Grocery and Utility Benefit	
Members with qualifying chronic conditions can buy groceries and pay for certain utilities.	\$116 allowance every month
Over-the-Counter (OTC) Items and Wellness Your Way	
Receive money on your pre-loaded Flex Card for OTC items, along with approved wellness services such as gym/health club memberships, health education, nutritional benefits, weight management programs Amounts do not roll over.	\$405 allowance per year
Papa Companionship Services	
	\$0 copay, up to 90 hours per year
Acupuncture (Medicare Covered)	
	\$0 copay
Ambulance*	
Prior authorization only required for non-emergency transfers.	\$0 copay

*Service may require prior authorization.

BENEFIT	COST
Chiropractic Care*	\$0 copay
Foot Care (Podiatry Services)	
Foot exams and treatment for Medicare-covered services.	\$0 copay
Routine foot care Treatment that is considered preventive (i.e. cutting or removal of corns, warts, calluses, or nails), up to six visits.	\$0 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*	\$0 copay, up to 14 days (2 meals per day)
After discharge from an inpatient acute hospital or skilled nursing facility.	
Medical Equipment and Supplies	
Crutches, canes, and walkers	\$0 copay
All other durable medical equipment (e.g., wheelchairs, oxygen, etc.)*	\$0 copay
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)*	\$0 copay
Medicare Part B Drugs*	
Includes chemotherapy drugs, and other Part B drugs and biologics.	\$0 copay
Insulin for use with insulin pumps	\$0 copay
Rehabilitation Services* (Outpatient)	
Physical, occupational, and speech therapy visits.	\$0 copay
Cardiac rehab services	\$0 copay
Pulmonary rehab services	\$0 copay
Renal Dialysis	
Including services and supplies for home dialysis.	\$0 copay
Skilled Nursing Facility (SNF)*	
Our plan covers up to 100 days in a SNF, no prior hospital stay required.	\$0 copay
Days 1-100	\$0 copay
Substance Abuse* (Outpatient)	
Individual therapy	\$0 copay
Group therapy	\$0 copay
Telehealth Services	
Telehealth visit with a primary care provider	\$0 copay
Telehealth visit with a specialist	\$0 copay
Transportation (Routine)	\$0 copay for Unlimited one-way trips

YOUR PRESCRIPTION BENEFITS

Select Health Medicare Dual (HMO-D-SNP) 040

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 \$2,000. Then, you skip directly to the Catastrophic Coverage Stage.

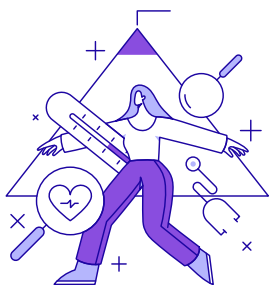
During the Catastrophic Coverage Stage, the plan pays the cost for your covered drugs. You will stay in this stage for the rest of the calendar year through December 31.

PHARMACY COST SHARING

Annual Pharmacy Deductible	\$0
Generic	Per prescription, you'll pay either \$0, \$1.60, or \$4.90. Copays depend on LIS level.
Brand-name	Per prescription, you'll pay either \$0, \$4.80, or \$12.15. 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.

**Service may require prior authorization.*



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 Select Health 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](https://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 Nevada Department of Health and Human Services, **877-638-3472 (TTY: 711)**.

BENEFIT	MEDICAID	SELECT HEALTH 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	Covered	Covered, \$0 copay
Dental services	Not covered unless under 21 years	Covered, \$0 copay
Vision services	Covered	Covered \$0 copay eye exam, \$300 glasses or contacts allowance
Inpatient mental health services	Covered	Covered, \$0 copay
Outpatient mental health services	Covered	Covered, \$0 copay
Substance abuse (Outpatient)	Covered	Covered, \$0 copay
Ambulance	Covered by FFS Medicaid	Covered, \$0 copay
Chiropractic care	Covered	Covered, \$0 copay
Foot care (Podiatry services)	Covered	Covered, \$0 copay
Groceries and utilities	Not covered	Covered, \$0 copay
Gym membership	Not covered	Covered, \$0 copay
Home health care	Covered	Covered, \$0 copay
Hospice	Covered	Covered, \$0 copay
Intermountain Connect Care	Covered	Covered, \$0 copay
Papa Pals (Companionship services)	Not covered	Covered, \$0 copay
Medical equipment	Covered	Covered, \$0 copay
Medicare Part B drugs	Covered	Covered, \$0 copay
Medicare-covered acupuncture services	Not covered	Covered, \$0 copay
Over-the-counter items	Limited coverage	Covered, \$0 copay
Renal dialysis	Covered	Covered, \$0 copay
Skilled nursing facility	Covered	Covered, \$0 copay
Telehealth services	Covered	Covered, \$0 copay
Transportation (Routine)	Covered by Traditional Medicaid	Covered, \$0 copay



Additional Benefits.

The Select Health Medicare Dual (HMO-D-SNP) plan comes with some great additional benefits.

Dental

You get \$2,500 of preventive, basic, and major dental services at no additional cost.

Benefit	Cost
Maximum plan payment benefit, includes preventive.	\$2,500
Preventive dental services: two exams, two cleanings, two fluoride treatments, 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

Multiple benefit tiers help you deal with hearing loss. We also cover diagnostic hearing and balance evaluations.

Benefit	Cost
Routine hearing exam (one per year).	\$0 copay
TruHearing Hearing Aid	\$0

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



Scan the QR code to learn more about these benefits.

Vision

This plan includes vision services and a **\$300 vision hardware allowance** to use on frames or contact lenses every year, to keep you seeing clearly.



Grocery and Utility Benefit

If you have a qualifying chronic health condition, you get a **\$116** monthly benefit to purchase healthy groceries and pay for utilities.

Groceries

Use your Select Health Medicare Flexible Benefits card at approved grocery stores across the country to pay for items like:

- Fresh fruits: apples, bananas, grapes, oranges.
- Vegetables: broccoli, carrots, spinach, bell peppers.
- Breads and whole grains: whole wheat bread, brown rice, quinoa, pasta.
- Proteins: chicken breast, ground turkey, eggs, canned beans.
- Dairy: milk, yogurt, cheese.
- Snacks: nuts, granola bars, popcorn.
- Pantry essentials: olive oil, pasta sauce, spices.
- Beverages: herbal tea, coffee, fruit juice.

Note: Items such as alcohol, tobacco, and non-food items are not covered.

Utilities

Use your Select Health Medicare Flexible Benefits card to pay for the following approved utilities:

- Power
- Gas
- Internet
- Phone (monthly service fee)
- Water
- Sewer
- Waste Management

Note: Cable, Entertainment Subscription Services (Amazon Prime, Netflix, Hulu, Disney+, etc...), and the purchase of a phone/cell phone are not covered.



Wellness Your Way with Over-The-Counter

You get **\$405 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



Scan the QR code to learn more about these benefits.

Companionship service

You have **90 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.

Some of the benefits mentioned are part of a special supplemental program for chronically ill enrollees. Eligible chronic conditions include diabetes, hypertension, musculoskeletal disorders, lung disorders, and cancer, as well as other conditions not listed. Eligibility for the benefits is not based solely on your condition and all eligibility requirements must be met before the benefits are provided. For details, please contact us.

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 **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。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。