

# Select Health Medicare Summary of benefits.

COLORADO | 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 Colorado counties are included in our service areas: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Larimer, Mesa, Park, Pueblo, Teller, and Weld 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](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 Flex (HMO)

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Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Larimer, Mesa, Park, Pueblo, Teller, and Weld counties in Colorado.

BENEFIT	COST
<b>Premium Amount</b>	\$0
<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.	\$4,900
<b>Inpatient Hospital Coverage*</b> Copays start over each time you are admitted as an inpatient.	
Days 1-5	\$300 copay per day
Days 6+	\$0 copay per day
<b>Outpatient Hospital Coverage*</b>	
Outpatient surgery	\$250 copay
<b>Ambulatory Surgical Center</b>	\$150 copay
<b>Doctor's Office Visits</b>	
Primary care provider	\$0 copay
Specialist We do not require referrals.	\$25 copay
<b>Preventive Care</b>	
Annual physical/comprehensive wellness visit	\$0 copay
Medicare-covered preventive services	\$0 copay
<b>Emergency Care (Worldwide)</b> Copay is waived if you are admitted to the hospital within 24 hours.	\$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
<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	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Diagnostic colonoscopy	\$250 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	\$150 copay
Therapeutic radiology services	20% coinsurance

<b>Hearing Services</b>	
Hearing exam related to a medical condition	\$25 copay
Routine hearing exam	Plan allowance of \$3,500, shared across dental, routine vision exams, vision hardware, routine hearing exams, hearing aids, and Personal Emergency Response System
Hearing aids	
<b>Dental Services*</b>	
Limited Medicare-covered dental services related to a medical condition.	\$25 copay
Preventive dental services (Exams, cleanings, bitewing x-rays, fluorid, and panoramic x-ray.)	Plan allowance of \$3,500, shared across dental, routine vision exams, vision hardware, routine hearing exams, hearing aids, and Personal Emergency Response System
Basic and major dental services.	
<b>Vision Services</b>	
Eye exam related to a medical condition	\$25 copay
Routine and/or preventive eye exam	Plan allowance of \$3,500, shared across dental, routine vision exams, vision hardware, routine hearing exams, hearing aids, and Personal Emergency Response System
Frames or contact lenses	
<b>Inpatient Mental Health Services*</b>	
Days 1-5	\$300 copay per day
Days 6-90	\$0 copay per day
Lifetime reserve days* 1-60	\$0 copay per day
<b>Outpatient Mental Health Services</b>	
Individual therapy	\$30 copay
Group therapy	\$20 copay
Partial hospitalization*	\$105 copay
<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.	\$500 allowance per year
<b>Papa Companionship Services</b>	
	\$0 copay, up to 30 hours per year
<b>Acupuncture (Medicare Covered)</b>	
	\$30 copay
<b>Ambulance*</b>	
Prior authorization only required for non-emergency transfers.	\$275 copay
<b>Chiropractic Care*</b>	
	\$20 copay

\*Service may require prior authorization.

BENEFIT	COST
<b>Foot Care (Podiatry Services)</b>	
Foot exams and treatment for Medicare-covered services.	\$25 copay
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
<b>Home Health Care*</b>	\$0 copay
<b>Hospice</b>	Covered by Original Medicare
<b>Virtual Urgent Care</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
All other durable medical equipment (e.g., wheelchairs, oxygen, etc.)*	20% coinsurance
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)*	20% coinsurance
<b>Medicare Part B Drugs*</b>	
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
<b>Rehabilitation Services* (Outpatient)</b>	
Physical, occupational, and speech therapy visits.	\$30 copay
Cardiac rehab services	\$0 copay
Pulmonary rehab services	\$10 copay
<b>Renal Dialysis</b>	
Including services and supplies for home dialysis.	20% 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
Days 21-55	\$214 copay per day
Days 56-100	\$0 copay per day
<b>Substance Abuse* (Outpatient)</b>	
Individual therapy	\$30 copay
Group therapy	\$20 copay
<b>Telehealth Services</b>	
Telehealth visit with a primary care provider	\$0 copay
Telehealth visit with a specialist	\$25 copay

**YOUR PRESCRIPTION BENEFITS**

**Select Health Medicare Flex (HMO) 031**

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	
<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)	\$8   \$24	\$0   \$0
Tier 3 (Preferred Brand)	25% coinsurance   25% coinsurance	25% coinsurance   25% coinsurance
Tier 4 (Nonpreferred Drugs)	33% coinsurance   33% coinsurance	33% coinsurance   33% 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 Flex (HMO) plan comes with some great additional benefits.

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### Flex Your Way

This benefit allows you to choose how your benefit dollars are spent. Receive \$3,500 a year on your flex card to pay for dental services, routine vision exams, vision hardware, routine hearing exams, hearing aids, and personal emergency response systems.

### Wellness Your Way with Over-The-Counter

You get **\$500 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



## 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.



Scan the QR code to learn more about these benefits.



## 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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## Multi-Language Interpreter Services

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**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.

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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.

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**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。

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**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.

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