

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:
Delta and Mesa 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](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 + Kroger (HMO)

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Delta and Mesa counties in Colorado.

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.	\$5,400
Inpatient Hospital Coverage* Copays start over each time you are admitted as an inpatient.	
Days 1-5	\$300 copay per day
Days 6+	\$0 copay per day
Outpatient Hospital Coverage*	
Outpatient surgery	\$275 copay
Ambulatory Surgical Center	\$175 copay
Doctor's Office Visits	
Primary care provider	\$0 copay
Specialist We do not require referrals.	\$30 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	\$275 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	\$175 copay
Therapeutic radiology services	20% coinsurance

Hearing Services	
Hearing exam related to a medical condition	\$30 copay
Routine hearing exam One per year.	\$0 copay
Hearing aids Copays do not apply to the annual member out-of-pocket maximum.	\$325 to \$1,799 copay per aid
Dental Services*	
Limited Medicare-covered dental services related to a medical condition.	\$30 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	\$30 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	\$300 copay per day
Days 6-90	\$0 copay per day
Lifetime reserve days* 1-60	\$0 copay per day
Outpatient Mental Health Services	
Individual therapy	\$35 copay
Group therapy	\$25 copay
Partial hospitalization*	\$105 copay
Grocery Benefit	
Members with a qualifying chronic condition can use their flexible benefit card to buy groceries at King Soopers and City Market grocery stores.	\$100 allowance every month
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.	\$300 allowance per year
Papa Companionship Services	
	\$0 copay, up to 60 hours per year
Acupuncture (Medicare Covered)	
	\$30 copay
Ambulance*	
Prior authorization only required for non-emergency transfers.	\$300 copay

*Service may require prior authorization.

BENEFIT	COST
Chiropractic Care*	\$20 copay
Foot Care (Podiatry Services)	
Foot exams and treatment for Medicare-covered services.	\$30 copay
Routine foot care Treatment that is considered preventive (i.e. cutting or removal of corns, warts, calluses, or nails), up to six visits.	\$30 copay
Home Health Care*	\$0 copay
Hospice	Covered by Original Medicare
Virtual Urgent Care	
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.)*	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.	\$30 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	\$35 copay
Group therapy	\$25 copay
Telehealth Services	
Telehealth visit with a primary care provider	\$0 copay
Telehealth visit with a specialist	\$30 copay
Transportation (Routine)	\$0 copay for 24 one-way trips

YOUR PRESCRIPTION BENEFITS

Select Health Medicare + Kroger (HMO) 034

The below cost-sharing table shows what you will pay for your prescription in the Initial Coverage Stage. There is no pharmacy deductible on this plan.

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)	\$0					

COST-SHARING

	Preferred Retail		Standard Retail		Mail Order	
	30-DAY SUPPLY	100-DAY SUPPLY	30-DAY SUPPLY	100-DAY SUPPLY	30-DAY SUPPLY	100-DAY SUPPLY
Tier 1 (Preferred Generic)	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$5	\$15	\$10	\$30	\$0	\$0
Tier 3 (Preferred Brand)	\$40	\$120	\$47	\$141	\$40	\$120
Tier 4 (Nonpreferred Drugs)	\$90	\$270	\$100	\$300	\$90	\$270
Tier 5 (Specialty Tier)	33% coinsurance	N/A	33% coinsurance	N/A	33% 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 + Kroger (HMO) plan comes with some great additional benefits.

Kroger Grocery Benefit

If you have a qualifying chronic health condition, you get a \$100 monthly grocery benefit at Kroger grocery stores to purchase healthy groceries.

Use your Select Health Medicare Flexible Benefits card at Kroger grocery stores across the country, including Smith's, Fred Meyer, King Soopers, and City Market, 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.

Boost Membership

Enjoy the benefits of a Kroger Boost membership.

Reduced Prescription Costs

When you fill your covered prescriptions at Kroger pharmacies you will enjoy a reduced copay compared to filling at other retail pharmacies.



Scan the QR code to learn more about these 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 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
NationsHearing Entry Hearing Aid	\$325
NationsHearing Basic Hearing Aid	\$499
NationsHearing Prime Hearing Aid	\$799
NationsHearing Preferred Hearing Aid	\$1,099
NationsHearing Advanced Hearing Aid	\$1,399
NationsHearing 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.



Wellness Your Way with Over-The-Counter

You get **\$300 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 approved Kroger affiliate retailers or at NationsOTC to purchase 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 **60 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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