

UTAH | 2026

# Select Health Medicare Summary of Benefits

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 us and ask for the "Evidence of Coverage."

## Who can join Select Health Medicare Essential (HMO) 017?

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: Iron, Piute, Sanpete, Sevier, Washington, and Wayne counties.

## What is an HMO plan?

A Health Maintenance Organization (HMO) Medicare Advantage plan uses a network of doctors, hospitals, pharmacies, and other providers.

With our Select Health Medicare (HMO) plans, you must receive care within the Select Health Medicare network—except in emergencies or when you need urgent care outside the area. If you get non-emergency care from doctors outside the network, your plan may not cover the costs.

To find the most up-to-date list of in-network doctors and pharmacies, visit [selecthealth.org/find-care](https://selecthealth.org/find-care), or call us to request a printed directory.

## Important message about what you pay for vaccines:

Our plan covers the same Part D vaccines that Original Medicare covers and at the same costs.

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 can call 1-877-486-2048.

## 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.



# Select Health Medicare Essential (HMO)

H1994 017

Iron, Piute, Sanpete, Sevier, Washington and Wayne counties in Utah.

BENEFIT	COST
<b>Medical Premium, Deductible, and Limits</b>	
<b>Monthly Plan Premium</b>	\$0
<b>Medical Deductible</b>	\$0
<b>Member Out-of-Pocket Maximum</b> <i>This is the maximum amount you will pay out-of-pocket each year for Medicare-covered services and supplies, when received from network providers.</i>  <i>If you reach the limit on out-of-pocket costs, you're covered 100% for the rest of the year, but you will still be responsible for your monthly premiums. However, costs associated with Part D prescription drugs do not count toward this total.</i>  <i>Prescription drugs, comprehensive dental, and hearing aid copays do not apply towards the maximum.</i>	\$5,700

## Medical Benefits

<b>Inpatient Hospital Coverage*</b> <i>Copays start over each time you are admitted as an inpatient.</i>	
Days 1-4	\$475 copay per day
Days 5+	\$0 copay per day
<b>Outpatient Hospital Coverage*</b>	
Outpatient surgery	\$350 copay
<b>Ambulatory Surgical Center</b>	\$250 copay
<b>Doctor's Office Visits</b>	
Primary care provider	\$0 copay
Telehealth visit with a primary care provider	\$0 copay
Specialist <i>Does not require a referral.</i>	\$35 copay
Telehealth visit with a specialist	\$35 copay

\*Service may require prior authorization.

<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.	\$130 copay
<b>Urgently Needed Services (Worldwide)</b> <i>No extra charges for labs and/or x-rays. Copay is waived if you are admitted to the ER or hospital within 24 hours.</i>	\$35 copay
Virtual Urgent Care <i>Visit with a provider via video chat for urgent medical needs.</i>	\$0 copay
<b>Diagnostic Services, Labs, and Imaging*</b> <i>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.</i>	
Diagnostic tests and procedures	0%-20% coinsurance
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	\$200 copay
Therapeutic radiology services	20% coinsurance
<b>Hearing Services</b>	
Medicare-covered hearing exam related to a medical condition	\$35 copay
Routine hearing exam <i>One per year.</i>	\$0 copay
<b>Hearing Aids</b> Hearing aid provided through TruHearing. Copays do not apply to the annual member out-of-pocket maximum.	
Tier 1: Advanced	\$699 per aid
Tier 2: Premium	\$999 per aid

\*Service may require prior authorization.

## Medical Benefits

<b>Dental Services*</b>	
Medicare-covered dental services related to a medical condition.	\$35 copay
Maximum plan payment benefit, includes preventive.	\$1,000
Preventive dental services <i>Two exams, two cleanings, two bitewing x-rays every year, plus one panoramic x-ray every 36 months.</i>	\$0 copay
Basic dental services	20% coinsurance
Major dental services	20% coinsurance
<b>Vision Services</b>	
Medicare-covered eye exam related to a medical condition	\$35 copay
Medicare-covered eyeglasses or contact lenses after cataract surgery*	\$0 copay
Routine and/or preventive eye exam <i>One per year.</i>	\$0 copay
Vision test for prescriptions	\$0 copay
Frames with lenses or contact lenses	\$200 allowance
<b>Mental Health Services</b>	
Inpatient Mental Health Services*	
Days 1-4	\$465 copay
Days 5-90	\$0 copay
Outpatient Mental Health Services	
Individual therapy	\$20 copay
Group therapy	\$15 copay
<b>Skilled Nursing Facility (SNF)*</b>	
<i>Our plan covers up to 100 days in a SNF, no prior hospital stay required.</i>	
Days 1-20	\$0 copay
Days 21-55	\$218 copay
Days 56-100	\$0 copay

\*Service may require prior authorization.

<b>Rehabilitation Services* (Outpatient)</b>	
Physical, occupational, and speech therapy visits	\$20 copay
Cardiac rehab services	\$0 copay
Pulmonary rehab services	\$10 copay
<b>Ambulance*</b> <i>Prior authorization only required for non-emergency transfers</i>	\$250 copay
<b>Medicare Part B Drugs*</b> <i>Includes chemotherapy drugs, biologics, and other Part B drugs</i>	0-20% coinsurance
Insulin for use with insulin pumps	0-20% coinsurance up to max \$35 copay per month

### Other Benefits

<b>Over-the-Counter (OTC)</b> Allowance to pay for OTC items.	\$45 allowance per quarter
<b>Silver &amp; Fit</b> <i>18,000+ fitness choices are available to members at a \$0 member fee. Members may also select one out of the five Home Fitness Kits available.</i>	\$0 member fee and one home fitness kit
<b>Acupuncture (Medicare Covered)</b>	\$35 copay
<b>Chiropractic Care*</b>	\$15 copay
<b>Foot Care (Podiatry Services)</b>	
Medicare-Covered foot exams and treatment for services.	\$35 copay
Routine foot care <i>Treatment that is considered preventive (i.e. cutting or removal of corns, warts, calluses, or nails), up to six visits.</i>	\$35 copay
<b>Home Health Care*</b>	\$0 copay
<b>Hospice (Medicare-approved)</b>	Covered by Original Medicare
<b>Meals after discharge*</b> <i>After discharge from an inpatient acute hospital or skilled nursing facility.</i>	\$0 copay, up to 14 days (2 meals per day)

\*Service may require prior authorization.



## Your Prescription Benefits

### Select Health Medicare Essential (HMO) 017

The below cost-sharing table shows what you will pay for your prescription in the Initial Coverage Stage after you've reached your annual \$300 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 \$2,100 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 (Brands)	\$300	
<b>COST-SHARING</b>	<b>Standard Retail</b>	<b>Mail-Order</b>
	30-DAY SUPPLY   100-DAY SUPPLY	30-DAY SUPPLY   100-DAY SUPPLY
Tier 1 (Preferred Generic)	\$0 copay / \$0 copay	\$0 copay / \$0 copay
Tier 2 (Generic)	\$5 copay / \$15 copay	\$4 copay / \$12 copay
Tier 3 (Preferred Brand)	25% coinsurance / 25% coinsurance	25% coinsurance / 25% coinsurance
Tier 4 (Nonpreferred Drugs)	30% coinsurance / 30% coinsurance	30% coinsurance / 30% coinsurance
Tier 5 (Specialty Tier)	29% coinsurance / N/A	29% 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 or 25% for a 30-day supply.

\*Service may require prior authorization.

# Additional Benefits

The Select Health Medicare Essential (HMO) plan comes with some great additional benefits.



## Dental

This plan includes \$1,000 of preventive, basic, and major dental services at no additional cost.

BENEFIT	AMOUNT
<b>Maximum plan payment benefit</b> (includes preventive services)	\$1,000
<b>Preventive dental services:</b> Two exams, two cleanings, two bitewing x-rays every year, plus one panoramic x-ray every 36 months	\$0 copay
<b>Basic and major dental services</b>	20% coinsurance

## Vision

This plan includes vision services, such as eye exams, and a \$200 yearly hardware allowance to use on frames or contact lenses.

This benefit is administered by the EyeMed Access network.

## Hearing

We cover diagnostic hearing and balance evaluations, and have multiple hearing aid benefit tiers through TrueHearing.

BENEFIT	AMOUNT
Routine hearing exam (one per year)	\$0 copay
Tier 1: Advanced Hearing Aid	\$699 per aid
Tier 2: Premium Hearing Aid	\$999 per aid

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

## Healthy Living Rewards

You can earn up to \$300 a year by completing a variety of wellness activities.

The best part is that you'll earn reward dollars for every activity you are eligible to complete. Your earned reward dollars will be added to your Healthy Rewards allowance. The amount of rewards you earn will depend on the activity you complete.

You can use your Healthy Rewards allowance for a variety of wellness-related items and experiences such as fitness equipment, wellness services, home essentials, wearable technology, dining out, and more.

## **Silver&Fit: Healthy Aging and Exercise**

You will receive access to the Silver&Fit Healthy Aging and Exercise program, which will empower you to get fit with fitness options, digital tools, and healthy aging resources designed to meet your unique needs.

### **Fitness Center Network**

Standard Network of participating fitness centers and select YMCAs.

Premium Network is available with associated monthly fees for each facility.

### **Home Kits**

Members may choose 1 out of 5 Home Kit options per benefit year at [silverandfit.com](https://silverandfit.com). Once you choose a kit you will get an online promo code. Follow the instructions on how to redeem the code. Your kit will be mailed to you.

- Strength Kit with resistance band
- Toning Kit with a Pilates ball
- Yoga Kit with a yoga mat
- Self-Care Kit with a foam roller
- Walking Kit with a pedometer

### **Workout Plans**

60+ plans, including an exercise plan, home fitness kit integration, and on-demand videos.

### **Digital Workout Library**

15,000+ workout videos on the Silver&Fit website. Includes 12,000 ASH-produced videos with emphasis on the specific needs of older adults and other 3rd party-produced videos.

### **Connected! (App)**

250+ Trackers and Apps under Connected!

### **Well-Being Club**

The feature of the Silver&Fit website that focuses on community with a personalized approach to fitness, well-being, and community connection. The Well-Being Club offers members the opportunity to access customized healthy habit resources and attend live-streamed classes and events.

### **Live 1:1 Coaching**

Addition of Well-Being Support Coaching for GLP-1 / AOM (Anti-Obesity Medication) to Well-Being Coaching.

### **FitnessCoach**

Virtual personal training is available at a per-session cost to members.



### **Over-The-Counter**

Receive a \$45 quarterly allowance to purchase over-the-counter items such as:

- 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

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**Việt LƯU Ý:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-442-9900 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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