

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 NoRx (HMO) 016?

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: Davis, Salt Lake, Utah, and Weber.

## 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 NoRx (HMO)

H1994 016

Davis, Salt Lake, Utah, and Weber counties in Utah.

BENEFIT	COST
<b>Medical Premium, Deductible, and Limits</b>	
<b>Monthly Plan Premium</b>	\$0
<b>Part B Premium Reduction</b>	\$100
<b>Medical Deductible</b>	\$0
<p><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></p>	\$6,700
<b>Medical Benefits</b>	
<p><b>Inpatient Hospital Coverage*</b>  <i>Copays start over each time you are admitted as an inpatient.</i></p>	
Days 1-5	\$500 copay per day
Days 6+	\$0 copay per day
<p><b>Outpatient Hospital Coverage*</b></p>	
Outpatient surgery	\$400 copay
<b>Ambulatory Surgical Center</b>	\$250 copay
<p><b>Doctor's Office Visits</b></p>	
Primary care provider	\$0 copay
Telehealth visit with a primary care provider	\$0 copay
<p>Specialist  <i>Does not require referral.</i></p>	\$50 copay
Telehealth visit with a specialist	\$50 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>	\$50 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)	\$150 copay
Therapeutic radiology services	20% coinsurance
<b>Hearing Services</b>	
Medicare-covered hearing exam related to a medical condition	\$50 copay
Routine hearing exam One per year.	\$0 copay
<b>Hearing Aids</b> Hearing aid provided through Intermountain Health Audiology. Copays do not apply to the annual member out-of-pocket maximum.	
Tier 1: Economy	\$299 per aid
Tier 2: Essential	\$675 per aid
Tier 3: Standard	\$975 per aid
Tier 4: Advanced	\$1,325 per aid
Tier 5: Premium	\$1,825 per aid
Tier 6: Premium+	\$1,975 per aid

\*Service may require prior authorization.

## Medical Benefits

### Dental Services\*

Medicare-covered dental services related to a medical condition.	\$50 copay
Maximum plan payment benefit, includes preventive.	\$1,500
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

### Vision Services

Medicare-covered eye exam related to a medical condition	\$50 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

### Mental Health Services

Inpatient Mental Health Services*	
Days 1-5	\$400 copay
Days 6-90	\$0 copay
Outpatient Mental Health Services	
Individual therapy	\$25 copay
Group therapy	\$15 copay

### Skilled Nursing Facility (SNF)\*

*Our plan covers up to 100 days in a SNF, no prior hospital stay required.*

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	\$0 copay
<b>Ambulance*</b> Prior authorization only required for non-emergency transfers	\$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>Wellness Your Way + Over-the-Counter (OTC)</b> <i>Allowance to pay 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.</i>	\$250 combined allowance per year
<b>Acupuncture (Medicare Covered)</b>	\$50 copay
<b>Chiropractic Care*</b>	\$15 copay
<b>Foot Care (Podiatry Services)</b>	
Medicare-Covered foot exams and treatment for services.	\$50 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>	\$50 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.

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## Other Benefits

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### 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

### Renal Dialysis

Including services and supplies for home dialysis

20% coinsurance

### Substance Abuse\* (Outpatient)

Individual therapy

\$25 copay

Group therapy

\$15 copay

\*Service may require prior authorization.



# Additional Benefits

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



## Dental

This plan includes \$1,500 of preventive, basic, and major dental services at no additional cost.

BENEFIT	AMOUNT
<b>Maximum plan payment benefit</b> (includes preventive services)	\$1,500
<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 dental services</b>	20% coinsurance
<b>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 Intermountain Health Audiology.

BENEFIT	AMOUNT
Routine hearing exam (one per year)	\$0 copay
Tier 1: Economy Hearing Aid	\$299 per aid
Tier 2: Essential Hearing Aid	\$675 per aid
Tier 3: Standard Hearing Aid	\$975 per aid
Tier 4: Advanced Hearing Aid	\$1,325 per aid
Tier 5: Premium Hearing Aid	\$1,825 per aid
Tier 6: Premium + Hearing Aid	\$1,975 per aid

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



## Wellness Your Way + Over-The-Counter

Receive a \$250 combined yearly allowance to use on approved wellness activities and over-the-counter (OTC) items.

### Wellness Your Way

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

Some examples of over-the-counter items include:

- 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



## 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.

Select Health is an HMO, 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 by contacting Select Health Medicare:

**855-442-9900 (TTY: 711) / Select Health: 800-538-5038.**

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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## Notice of Availability

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 1-855-442-9900 (TTY: 711).

**English ATTENTION:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-442-9900 (TTY: 711) or speak to your provider.

**Español ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-442-9900 (TTY: 711) o hable con su proveedor.

**台語 注意:** 如果您說[台語], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-855-442-9900 (TTY: 711) 或與您的提供者討論。

**Tagalog PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-442-9900 (TTY: 711) o makipag-usap sa iyong provider.

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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.

**Deutsch ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-442-9900 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

**한국어 주의:** [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-442-9900 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**РУССКИЙ ВНИМАНИЕ:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-442-9900 (TTY: 711) или обратитесь к своему поставщику услуг.

العربية تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-855-442-9900 (TTY: 711) أو تحدث إلى مقدم الخدمة.

**हिंदी ध्यान दें:** यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-442-9900 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

**Italiano ATTENZIONE:** se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il 1-855-442-9900 (TTY: 711) o parla con il tuo fornitore.

**Português do Brasil ATENÇÃO:** Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-855-442-9900 (TTY: 711) ou fale com seu provedor.

**Kreyòl Ayisyen ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-855-442-9900 (TTY: 711) oswa pale avèk founisè w la.

**Polski UWAGA:** Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-855-442-9900 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

**日本語 注:** 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-442-9900 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。