

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 + Kroger (HMO) 022?

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: Cache, Davis, Iron, Morgan, Salt Lake, Summit, Utah, Washington, 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, 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.

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)

H1994 022

Cache, Davis, Iron, Morgan, Salt Lake, Summit, Utah, Washington, Weber counties in Utah.

BENEFIT	COST
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Medical Premium, Deductible, and Limits

Monthly Plan Premium	\$0
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Medical Deductible	\$0
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<p>Member Out-of-Pocket Maximum <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>	\$6,325
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Medical Benefits

<p>Inpatient Hospital Coverage* <i>Copays start over each time you are admitted as an inpatient.</i></p>	
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Days 1-5	\$500 copay per day
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Days 6+	\$0 copay per day
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<p>Outpatient Hospital Coverage*</p>	
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Outpatient surgery	\$400 copay
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Ambulatory Surgical Center	\$300 copay
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<p>Doctor's Office Visits</p>	
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Primary care provider	\$0 copay
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Telehealth visit with a primary care provider	\$0 copay
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<p>Specialist <i>Does not require a referral.</i></p>	\$45 copay
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Telehealth visit with a specialist	\$45 copay
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*Service may require prior authorization.

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.	\$130 copay
Urgently Needed Services (Worldwide) <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
Diagnostic Services, Labs, and Imaging* <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)	\$250 copay
Therapeutic radiology services	20% coinsurance
Hearing Services	
Medicare-covered hearing exam related to a medical condition	\$45 copay
Routine hearing exam <i>One per year.</i>	\$0 copay
Hearing Aids 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

Dental Services*

Medicare-covered dental services related to a medical condition.	\$45 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	\$45 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 1-4	\$500 copay
Days 5-90	\$0 copay
Outpatient Mental Health Services	
Individual therapy	\$25 copay
Group therapy	\$25 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.

Rehabilitation Services* (Outpatient)	
Physical, occupational, and speech therapy visits	\$25 copay
Cardiac rehab services	\$0 copay
Pulmonary rehab services	\$15 copay
Ambulance* <i>Prior authorization only required for non-emergency transfers</i>	\$300 copay
Medicare Part B Drugs* <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

Food and Produce + Over-The-Counter (OTC) Benefit <i>Members with a qualifying chronic condition receive a monthly allowance to buy food and produce, and over-the-counter items at Smith's stores.</i>	\$30 combined allowance per month
Wellness Your Way <i>Allowance to pay for approved wellness services such as gym/health club memberships, health education, nutritional benefits, and weight management programs. Amounts do not roll over.</i>	\$200 allowance per year
Acupuncture (Medicare Covered)	\$45 copay
Chiropractic Care*	\$15 copay
Foot Care (Podiatry Services)	
Medicare-Covered foot exams and treatment for services.	\$45 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>	\$45 copay
Home Health Care*	\$0 copay
Hospice (Medicare-approved)	Covered by Original Medicare

*Service may require prior authorization.

Your Prescription Benefits

Select Health Medicare Kroger (HMO) 022

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 \$2,100 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)	\$200					
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 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$5 copay	\$15 copay	\$6 copay	\$18 copay	\$3 copay	\$9 copay
Tier 3 (Preferred Brand)	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	20% coinsurance	20% coinsurance
Tier 4 (Nonpreferred Drugs)	30% coinsurance	30% coinsurance	35% coinsurance	35% coinsurance	30% coinsurance	30% coinsurance
Tier 5 (Specialty Tier)	30% coinsurance	N/A	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 or 25% 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 Benefits

Food and Produce + Over-The-Counter

If you have a qualifying chronic health condition, you get a \$30 monthly benefit at Smith's and other affiliated Kroger stores across the country to purchase healthy food and over-the-counter items.

Food and Produce

Some examples of healthy food items are:

- 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: Store level manager specials are excluded, meaning you will still pay full price for the item. Items such as alcohol, tobacco, and non-food items are not covered.

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

Reduced Prescription Costs

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



Dental

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

BENEFIT	AMOUNT
Maximum plan payment benefit (includes preventive services)	\$1,500
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	20% coinsurance
Major dental services	20% coinsurance



Hearing

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

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.



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.



Wellness Your Way

Receive a \$200 yearly allowance 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



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 and 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.

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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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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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