

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 Dual (HMO D-SNP) 015?

To join, you must be fully Medicaid eligible, enrolled in Medicare Part A and Part B, live in our service area, and be 21+ years of age or older.

Our service area includes, Davis, Iron, Salt Lake, Utah, Washington, and Weber counties in Utah.

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 Dual (HMO)

H1994 015

Davis, Iron, Salt Lake, Utah, Washington, Weber counties in Utah.

You must qualify for Medicare Part A, be enrolled in Medicare Part B, have full Medicaid eligibility, be at least 21 years old, and live in our service area. If you lose Medicaid eligibility and fall into the grace period, you are responsible for the cost-share of your benefits. The most you will have to pay out-of-pocket for plan services in 2026 is \$8,850. What you pay for Medicare-covered benefits (deductibles, copays, or coinsurance) counts towards this maximum out-of-pocket amount.

BENEFIT	COST
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Medical Premium, Deductible, and Limits

Monthly Plan Premium	\$0
Medical Deductible	\$0
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>	\$8,850

Medical Benefits

Inpatient Hospital Coverage* <i>Copays start over each time you are admitted as an inpatient.</i>	
Days 1-4	\$0 copay
Days 5+	\$0 copay
Outpatient Hospital Coverage*	
Outpatient surgery	\$0 copay
Ambulatory Surgical Center	\$0 copay

*Service may require prior authorization.

Doctor's Office Visits	
Primary care provider	\$0 copay
Telehealth visit with a primary care provider	\$0 copay
Specialist <i>We do not require referrals.</i>	\$0 copay
Telehealth visit with a specialist	\$0 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.	\$0 copay
Urgently Needed Services (Worldwide) <i>No extra charges for labs and/or x-rays.</i> <i>Copay is waived if you are admitted to the ER or hospital within 24 hours.</i>	\$0 copay
Virtual Urgent Care Visit with a provider via video chat for urgent medical needs.	\$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 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	\$0 copay
Therapeutic radiology services	\$0 copay
Hearing Services	
Medicare-covered hearing exam related to a medical condition	\$0 copay
Routine hearing exam <i>One per year.</i>	\$0 copay
Hearing Aids Hearing aid provided through Nations Hearing. Copays do not apply to the annual member out-of-pocket maximum. Two aids per year.	\$0 per hearing aid

*Service may require prior authorization.

Medical Benefits

Dental Services*

Medicare-covered dental services related to a medical condition. \$0 copay

Maximum plan payment benefit, includes preventive. \$1,500

Preventive dental services \$0 copay
Two exams, two cleanings, two bitewing x-rays every year, plus one panoramic x-ray every 36 months.

Basic dental services \$0 copay

Major dental services \$0 copay

Vision Services

Medicare-covered eye exam related to a medical condition \$0 copay

Medicare-covered eyeglasses or contact lenses after cataract surgery* \$0 copay

Routine and/or preventive eye exam \$0 copay
One per year.

Vision test for prescriptions \$0 copay

Frames with lenses or contact lenses \$200 allowance

Mental Health Services

Inpatient Mental Health Services*

Days 1-4 \$0 copay

Days 5-90 \$0 copay

Outpatient Mental Health Services

Individual therapy \$0 copay

Group therapy \$0 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 21-65 \$0 copay

Days 66-100 \$0 copay

*Service may require prior authorization.

Ambulance* <i>Prior authorization only required for non-emergency transfers</i>	\$0 copay
Medicare Part B Drugs* <i>Includes chemotherapy drugs, biologics, and other Part B drugs</i>	\$0 copay
Insulin for use with insulin pumps	\$0 copay
Rehabilitation Services* (Outpatient)	
Physical, occupational, and speech therapy visits	\$0 copay
Cardiac rehab services	\$0 copay
Pulmonary rehab services	\$0 copay
Other Benefits	
Food and Produce + Utility + OTC Benefit <i>Members with qualifying chronic conditions can buy food, produce, over-the-counter items, and approved utilities.</i>	\$86 allowance per month
Silver & Fit <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
Companionship Services <i>Assistance with everyday tasks through Papa.</i>	\$0 copay, up to 60 hours per year
Transportation (Non-Emergent Medical Transportation) <i>Rides to doctor appointments, clinics, and pharmacies.</i>	\$0 copay for unlimited one-way trips
Acupuncture (Medicare Covered)	\$0 copay
Chiropractic Care*	\$0 copay
Foot Care (Podiatry Services)	
Medicare-Covered foot exams and treatment for services.	\$0 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>	\$0 copay
Home Health Care*	\$0 copay
Hospice (Medicare-approved)	Covered by Original Medicare

*Service may require prior authorization.

Your Prescription Benefits

Select Health Medicare Dual (HMO) 015

The below cost-sharing table shows what you will pay for your prescriptions in the Initial Coverage Stage.

You stay in this stage until your year-to-date total drug costs reaches \$2,100. Then, you skip directly to the Catastrophic Coverage Stage.

During the Catastrophic Coverage Stage, the plan pays the cost for your covered drugs. You will stay in this stage for the rest of the calendar year through December 31.

Pharmacy Cost Sharing

Annual Pharmacy Deductible	\$0
Generic	Per prescription, you'll pay either \$0, \$1.60, or \$5.10. Copays depend on LIS level.
Brand-name	Per prescription, you'll pay either \$0, \$4.90, or \$12.65. Copays depend on LIS level.
Catastrophic	\$0

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.

Benefit Comparison Tool



To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, have full Medicaid eligibility, be at least 21 years old, and live in our service area.

Generally, services you receive by providers or pharmacies is paid first by Medicare and then by Medicaid. This means Medicare is the primary payer, and Medicaid is secondary.

The benefit table shows what Medicaid and Select Health Medicare Dual covers. If a benefit is exhausted or not covered by your Medicare plan, then your Medicaid coverage may provide additional coverage. This will depend on your level of Medicaid eligibility.

If Medicare doesn't cover a service, there is a cost-share (copay or coinsurance), or a benefit has been exhausted, your Medicaid coverage may help. However, it's important to remember that you may have to pay a cost-share.

Please see your Medicaid Member Handbook for details on cost-sharing and coverage.

This tool shows what's covered by Medicaid and Select Health Medicare Dual. If your Medicare plan doesn't cover a service or it's exhausted, Medicaid may offer additional coverage. For a full list of services, see the Evidence of Coverage (EOC) at selecthealth.org/medicare or call **855-442-9940 (TTY: 711)**. Questions about Medicaid eligibility or benefits? Contact Utah Department of Health, Medicaid, and Health Financing, **800-662-9651 (TTY: 711)**.

Select Health Medicare Dual (HMO D-SNP) 015

Benefit	Medicaid	Select Health Medicare Dual
Inpatient hospital	Covered	Covered
Outpatient hospital	Covered	Covered
Doctor's office visits	Covered	Covered
Preventive care	Covered	Covered
Emergency care	Covered	Covered
Urgent care	Covered	Covered
Diagnostic services, labs, and imaging	Covered	Covered
Hearing services	Covered	Covered
Dental services	Covered	Covered
Vision services	Covered 1 exam each year; eyewear covered for pregnant women	Covered
Inpatient mental health services	Covered by FFS Medicaid or other Medicaid plan	Covered
Outpatient mental health services	Covered by FFS Medicaid or other Medicaid plan	Covered
Outpatient rehabilitation services	Covered	Covered
Substance abuse (Outpatient)	Covered	Covered
Ambulance	Covered by FFS Medicaid	Covered
Chiropractic care	Covered by FFS for pregnant women	Covered
Food and Produce	Not Covered	Covered
Foot care (podiatry services)	Covered	Covered
Gym membership	Not covered	Covered
Home health care	Covered	Covered
Hospice	Covered	Covered
Virtual Urgent Care	Covered	Covered
Papa (Companionship services)	Not covered	Covered
Medical equipment	Covered	Covered
Medicare Part B drugs	Covered	Covered
Medicare-covered acupuncture services	Not covered	Covered
Over-the-counter items	Limited coverage	Covered
Renal dialysis	Covered	Covered
Skilled nursing facility	Covered	Covered
Telehealth services	Covered	Covered
Transportation (Non-Emergency)	Covered by FFS	Covered
Utilities	Not covered	Covered

Additional Benefits

The Select Health Medicare Dual (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
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 and major dental services	\$0 copay

Hearing

We cover diagnostic hearing and balance evaluations, and two hearing aids per year through NationsHearing.

BENEFIT	AMOUNT
Routine hearing exam (one per year)	\$0 copay
Hearing Aid	\$0 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.



Food and Produce + Utilities + Over-The-Counter

If you have a qualifying chronic health condition, you get \$86 combined monthly allowance to pay for healthy food, utilities, and over-the-counter items.

Food and Produce

Some examples of healthy food items you can buy 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: Items such as alcohol, tobacco, and non-food items are not covered.

Utilities

Pay for approved utilities like:

- Power
- Gas
- Internet
- Phone (monthly service fee)
- Water
- Sewer
- Waste Management

Note: Cable, Entertainment Subscription Services (Amazon Prime, Netflix, Hulu, Disney+, etc...), and the purchase of a phone/cell phone 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

Additional Benefits

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

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. 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.



Healthy Living Rewards

You can earn up to \$350 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.



Companionship Service

Receive 60 hours of Papa companionship services. Their 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 shopping, and medication pickup
- 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 who can visit you more than once.



Transportation

You get unlimited non-emergent medical one-way trips to doctor appointments, clinics, and pharmacies.

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.

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 alternative 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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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.

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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।

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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.

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