

NEVADA | 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) 040?

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 Clark and Nye counties in Nevada.

## 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 Dual (HMO D-SNP)

H1994 040

Clark and Nye counties in Nevada.

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 \$9,250. 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

<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>	\$9,250

## Medical Benefits

<b>Inpatient Hospital Coverage*</b> <i>Copays start over each time you are admitted as an inpatient.</i>	
Days 1-3	\$0 copay
Days 4+	\$0 copay per day
<b>Outpatient Hospital Coverage*</b>	
Outpatient surgery	\$0 copay
<b>Ambulatory Surgical Center</b>	\$0 copay
<b>Doctor's Office Visits</b>	
Primary care provider	\$0 copay

\*Service may require prior authorization.

## Select Health Medicare Dual (HMO D-SNP) 040

Telehealth visit with a primary care provider	\$0 copay
Specialist <i>Referrals are required to see a specialist.</i>	\$0 copay
Telehealth visit with a specialist	\$0 copay
<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.	\$0 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>	\$0 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)	\$0 copay
Therapeutic radiology services	\$0 copay
<b>Hearing Services</b>	
Medicare-covered hearing exam related to a medical condition	\$0 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. Two aids every two years.	\$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. \$2,000

Preventive dental services \$0 copay  
*Two exams, two cleanings, two bitewing x-rays, and two fluoride treatments 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 \$150 allowance

### Mental Health Services

Inpatient Mental Health Services\*

Days 1-5 \$0 copay

Days 6-90 \$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.

## Select Health Medicare Dual (HMO D-SNP) 040

<b>Rehabilitation Services* (Outpatient)</b>	
Physical, occupational, and speech therapy visits	\$0 copay
Cardiac rehab services	\$0 copay
Pulmonary rehab services	\$0 copay
<b>Ambulance*</b> <i>Prior authorization only required for non-emergency transfers</i>	\$0 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>Food and Produce + Utility + OTC Benefit</b> <i>Members with qualifying chronic conditions can buy food, produce, over-the-counter items, and approved utilities.</i>	\$75 combined allowance per month
<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>Companionship Services</b> <i>Assistance with everyday tasks through Papa.</i>	\$0 copay, up to 45 hours per year
<b>Transportation (Non-Emergent Medical Transportation)</b> <i>Rides to doctor appointments, clinics, and pharmacies.</i>	\$0 copay for 60 one-way trips
<b>Acupuncture (Medicare Covered)</b>	\$0 copay
<b>Chiropractic Care*</b>	\$0 copay
<b>Foot Care (Podiatry Services)</b>	
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
<b>Home Health Care*</b>	\$0 copay

\*Service may require prior authorization.



## Your Prescription Benefits

### Select Health Medicare Dual (HMO D-SNP) 040

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.

# 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 secondary.

The below benefits show what is covered by Medicaid and Select Health Medicare Dual. 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 table does not include every benefit and service that we cover or every limitation or exclusion. To get a complete list of services, please refer to the Evidence of Coverage (EOC). You can get a copy of the EOC by visiting [SelectHealth.org/medicare](https://www.selecthealth.org/medicare) or by calling us at **855-442-9940 (TTY: 711)**. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the Nevada Department of Health and Human Services, **877-638-3472 (TTY: 711)**.

## Select Health Medicare Dual (HMO D-SNP) 040

<b>Benefit</b>	<b>Medicaid</b>	<b>Select Health Medicare Dual</b>
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 with limitations	Covered
Vision services	Covered	Covered
Inpatient mental health services	Covered	Covered
Outpatient mental health services	Covered	Covered
Substance abuse (Outpatient)	Covered	Covered
Ambulance	Covered	Covered
Chiropractic care	Covered	Covered
Foot care (podiatry services)	Covered	Covered
Groceries and utilities	Not Covered	Covered
Gym membership	Not covered	Covered
Home health care	Covered	Covered
Hospice	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	Covered with limitations	Covered
Renal dialysis	Covered	Covered
Skilled nursing facility	Covered	Covered
Transportation (Routine)	Covered	Covered

# Additional Benefits

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



## Dental

This plan includes \$2,000 of preventive, basic, and major dental services at no additional cost.

BENEFIT	AMOUNT
<b>Maximum plan payment benefit</b> (includes preventive services)	\$2,000
<b>Preventive dental services:</b> Two exams, two cleanings, two bitewing x-rays every year, and two fluoride treatments every year, plus one panoramic x-ray every 36 months	\$0 copay
<b>Basic and major dental services</b>	\$0 copay

## Hearing

We cover diagnostic hearing and balance evaluations, and two hearing aids every two years through TruHearing.

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 \$150 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 \$75 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 D-SNP) 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](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.



## 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 45 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 60 non-emergent medical one-way trips to doctor appointments, clinics, and pharmacies.

## 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.

**Français ATTENTION :** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-442-9900 (TTY: 711) ou parlez à votre fournisseur.

**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 l' 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 aksèsib 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。

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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