Select Health

Select Health Medicare | 2026

Annual Notice of Change

Select Health Medicare Essential (HMO) 001

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Select Health Medicare Essential (HMO) offered by Select Health

Annual Notice of Change for 2026

You're enrolled as a member of *Select Health Medicare Essential (HMO)*.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in *Select Health Medicare Essential (HMO)*.
- To change to a **different plan,** visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage.* Get a copy at www.selecthealth.org/medicare or call Member Services at **1-855-442-9900** (TTY users call **711**) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at **1-855-442-9900** (TTY users call **711**) for more information. Hours are:
  - **October 1 to March 31:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
  - **April 1 to September 30:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday. This call is free.
- Outside of these hours of operation, please leave a message and your call will be returned within one business day.
- This document may be available in alternate formats (e.g., braille, large print, audio), services free of charge. Please contact Member Services at the number listed above.

About *Select Health Medicare Essential (HMO)*

- Select Health is an HMO, SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

OMB Approval 0938-1051 (Expires: August 31, 2026)

- When this material says “we,” “us,” or “our,” it means Select Health. When it says “plan” or “our plan,” it means *Select Health Medicare Essential (HMO).*
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in *Select Health Medicare Essential (HMO)*.** Starting January 1, 2026, you’ll get your medical and drug coverage through *Select Health Medicare Essential (HMO)*. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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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.

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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 Sprachassistenzdienste 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.

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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. اتصل بنا على الرقم **1-855-442-9900 (TTY:711)** أو تحدث إلى مقدم الخدمة.

हिंदी ध्यान दें: यदद आप दहिंदी बोलते हैं, तो आपके दलए क्निशुल्क भाषा सहायता सेवाएिं उपलब्ध होती हैं। सुलभ प्रारूपो में जानकारी प्रदान करने के दलए उपयुक्त सहायक साधन और सेवाएँ भी दनिः शुल्क 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.

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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 fòma 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

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Summary of Important Costs for 2026

	2025 (this year)	**2026 (next year)**
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	$4,900	**$5,500**
Primary care office visits	$0 copay per visit	**$0 copay per visit**
Specialist office visits	$15 copay per visit	**$30 copay per visit**
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	You pay a $410 copay per day for days 1-5. You pay a $0 copay per day for days 6-90. Additional days: you pay $0 per day for each additional day.	**You pay a $495 copay per day for days 1-5.** **You pay a $0 copay for days 6-90.** **Additional days: you pay $0 per day for each additional day.**

	2025 (this year)	**2026 (next year)**
Part D drug coverage deductible (Go to Section 1.7 for details.)	$200, except for covered insulin products and most adult Part D vaccines.	**$200, except for covered insulin products and most adult Part D vaccines.**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment during the Initial Coverage Stage: Drug Tier 1: you pay $0 per prescription Drug Tier 2: you pay $10 per prescription. Drug Tier 3: you pay 17% per prescription after deductible. You pay $35 per month supply of each covered insulin product on this tier. Drug Tier 4: you pay 22% per prescription after deductible. You pay $35 per month supply of each covered insulin product on this tier. Drug Tier 5: you pay 30% per prescription after deductible.	**Copayment during the Initial Coverage Stage:** **Drug Tier 1:** **you pay $0 per prescription** **Drug Tier 2:** **you pay $10 per prescription** **Drug Tier 3:** **you pay 25% per prescription after deductible.** **You pay $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4:** **you pay 30% per prescription after deductible.** **You pay $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5:** **you pay 30% per prescription after deductible.**

	2025 (this year)	**2026 (next year)**
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	**$0**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your	$4,900	**$5,500** **Once you've paid $5,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered services for the rest of the calendar year.**

	2025 (this year)	2026 (next year)
maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.selecthealth.org/medicare to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory:*

- Visit our website at www.selecthealth.org/medicare.
- Call Member Services at **1-855-442-9900** (TTY users call **711**) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at **1-855-442-9900** (TTY users call **711**) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* www.selecthealth.org/medicare to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory:*

- Visit our website at www.selecthealth.org/medicare.
- Call Member Services at **1-855-442-9900** (TTY users call **711**) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at **1-855-442-9900** (TTY users call **711**) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Ambulance Services	You pay a $280 copay for Medicare-covered Ambulance Services.	**You pay a $375 copay for Medicare-covered Ambulance Services.**
Ambulatory Surgical Center Services	You pay a $200 copay for Ambulatory Surgical Center Services.	**You pay a $300 copay for Ambulatory Surgical Center Services.**
Chiropractic Services	You pay a $20 copay for Medicare-covered chiropractic services, per visit.	**You pay a $15 copay for Medicare-covered chiropractic services, per visit.**
Dental Services	You pay a $0 copay for covered preventive and diagnostic dental services. You pay 0% coinsurance for covered basic and major dental services. There is an annual maximum plan payment of $1,500 that applies to preventive, basic, and major services.	**You pay a $0 copay for covered preventive and diagnostic dental services.** **You pay 20% coinsurance for covered basic and major dental services.** **There is an annual maximum plan payment of $1,000 that applies to preventive, basic, and major services.**
Diagnostic Procedures &Tests	You pay a $0 copay for home-based sleep studies administered by a primary care physician. You pay a $15 copay for home-based sleep studies administered by a specialist provider.	**You pay a $0 copay for home-based sleep studies administered by a primary care physician.** **You pay a $30 copay for home-based sleep studies administered by a specialist provider.**
Doctor Office Visits – Specialist Provider	You pay a $15 copay for Doctor Office Visits with a Specialist Provider.	**You pay a $30 copay for Doctor Office Visits with a Specialist Provider.**

	2025 (this year)	2026 (next year)
Emergency Care	You pay a $125 copay for each Medicare-covered emergency room visit.	**You pay a $130 copay for each Medicare-covered emergency room visit.**
Health and Wellness Programs	Wellness Your Way You have a $420 allowance every year on your Select Health Medicare Benefits Mastercard® Prepaid Card (Flex Card) for Wellness Your Way services (such as: gym/health club membership, health education, nutritional benefits, and weight management programs), combined with OTC drugs and supplies.	**Silver&Fit® Healthy Aging and Exercise Program** **You have access to thousands of participating gyms, YMCAs, fitness studios, and other unique fitness experiences, an expansive library of 15,000+ on-demand workout videos, well-being club and a choice of one Home Fitness Kit, at no cost to you.**
Hearing Aids (all types)	Tier 1 – Economy: you pay $299 per hearing aid. Tier 2 – Essential: you pay $639 per hearing aid. Tier 3 – Standard: you pay $949 per hearing aid. Tier 4 – Advanced: you pay $1,299 per hearing aid. Tier 5 – Premium: you pay $1,799 per hearing aid. Note: Hearing Aids are not included in the annual Maximum Out-of-Pocket Amount.	**Tier 1 – Economy: you pay $299 per hearing aid.** **Tier 2 – Essential: you pay $675 per hearing aid.** **Tier 3 – Standard: you pay $975 per hearing aid.** **Tier 4 – Advanced: you pay $1,325 per hearing aid.** **Tier 5 – Premium: you pay $1,825 per hearing aid.** **Tier 6 – Premium+: you pay $1,975 per hearing aid.** **Note: Hearing Aids are not included in the annual Maximum Out-of-Pocket Amount.**

	2025 (this year)	2026 (next year)
Inpatient Hospital	You pay a $410 copay per day for days 1-5. You pay a $0 copay per day for days 6-90.	**You pay a $495 copay per day for days 1-5.** **You pay a $0 copay per day for days 6-90.**
Inpatient Psychiatric	You pay a $350 copay per day for days 1-5. You pay a $0 copay per day for days 6-90.	**You pay a $450 copay per day for days 1-5.** **You pay a $0 copay per day for days 6-90.**
Medicare Dental Services	You pay a $15 copay for Medicare Dental Services.	**You pay a $30 copay for Medicare Dental Services.**
Medicare-covered Acupuncture	You pay a $15 copay for Medicare-Covered Acupuncture for Chronic Lower Back Pain only.	**You pay a $30 copay for Medicare-Covered Acupuncture for Chronic Lower Back Pain only.**
Medicare-covered Eye Exams	You pay a $15 copay for Medicare-covered Eye Exams.	**You pay a $30 copay for Medicare-covered Eye Exams.**
Medicare-covered Hearing Exams	You pay a $15 copay for Medicare-covered Hearing Exams.	**You pay a $30 copay for Medicare-covered Hearing Exams.**
Observation Services	You pay a $350 copay for Medicare-covered Outpatient Hospital Observation Services.	**You pay a $425 copay for Medicare-covered Outpatient Hospital Observation Services.**
Outpatient Hospital Services	You pay a $15 copay for Wound Care. You pay a $350 copay for Surgical Services and Outpatient Procedures.	**You pay a $30 copay for Wound Care.** **You pay a $425 copay for Surgical Services and Outpatient Procedures.**
Outpatient Mental Health Care	You pay a $15 copay for Medicare-covered individual or group therapy in a	**You pay a $20 copay for Medicare-covered individual or group therapy in a specialist's**

	2025 (this year)	2026 (next year)
	specialist's office or an outpatient hospital setting.	**office or an outpatient hospital setting.**
Over-the-Counter Items (OTC) drugs and supplies	There is a $420 yearly allowance on your Select Health Medicare Benefits Mastercard® Prepaid Card (Flex Card) for OTC drugs and supplies, combined with Wellness Your Way services.	**There is a $50 quarterly allowance on your Select Health Medicare Benefits Mastercard® Prepaid Card (Flex Card) for OTC drugs and supplies.**
Podiatry Services	You pay a $15 copay for Medicare-covered Podiatry Services.	**You pay a $30 copay for Medicare-covered Podiatry Services.**
Psychiatric Partial Hospitalization & Intensive Outpatient Programs	You pay a $55 copay per day for a Medicare-covered Psychiatric Partial Hospitalization or Intensive Outpatient Program.	**You pay a $140 copay per day for a Medicare-covered Psychiatric Partial Hospitalization or Intensive Outpatient Program.**
Routine Foot Care	You pay a $15 copay for Routine Foot Care, up to six visits.	**You pay a $30 copay for Routine Foot Care, up to six visits.**
Skilled Nursing Facility (SNF) Medicare-covered stay	You pay a $0 copay per day for days 1-20. You pay a $214 copay per day for days 21-55. You pay a $0 copay per day for days 56-100.	**You pay a $0 copay per day for days 1-20.** **You pay a $218 copay per day for days 21-55.** **You pay a $0 copay per day for days 56-100.**
Telehealth Services	You pay a $15 copay for a telehealth visit with a specialist provider.	**You pay a $30 copay for a telehealth visit with a specialist provider.**
Worldwide Emergency Coverage	You pay a $125 copay for emergency services outside of the service area.	**You pay a $130 copay for emergency services outside of the service area.**

	2025 (this year)	2026 (next year)
Worldwide Emergency Transportation	You pay a $280 copay for Worldwide Emergency Transportation.	**You pay a $375 copay for Worldwide Emergency Transportation.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. **You can get the *complete* Drug List** by calling Member Services at **1-855-442-9900** (TTY users call **711**) or visiting our website at https://selecthealth.org/medicare/pharmacy/resources/pharmacy-benefits

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at **1-855-442-9900** (TTY users call **711**) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs,* which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, call Member Services at **1-855-442-9900** (TTY users call **711**) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug and Tier 5 Specialty drugs until you've reached the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach $2,100.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	**2026 (next year)**
Yearly Deductible	$200 During this stage, you pay $0 or $10 cost sharing for	**$200** **During this stage, you pay $0 or $10 cost sharing for**

	2025 (this year)	2026 (next year)
	drugs on the generic or preferred generic tiers, $35 cost sharing for insulins on the preferred brand name tier and non-preferred brand name tiers, and the full cost of drugs on the preferred brand name, non-preferred drug or specialty drugs tiers until you've reached the yearly deductible.	**drugs on the generic or preferred generic tiers, $35 cost sharing for insulins on preferred brand name and non-preferred drug tiers, and the full cost of drugs on the preferred brand name, non-preferred drug or specialty drugs tiers until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage.*

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 – Preferred Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$0 per prescription.	**$0 per prescription.**

	2025 (this year)	**2026 (next year)**
Tier 2 – Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$10 per prescription.	**$10 per prescription.**
Tier 3 – Preferred Brand: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	17% of the total cost. Your cost for a one-month mail-order prescription is 17% of the total cost.	**25% of the total cost.** **Your cost for a one-month mail-order prescription is 25% of the total cost.**
Tier 4 – Non-Preferred Drug: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	22% of the total cost. Your cost for a one-month mail-order prescription is 22% of the total cost.	**30% of the total cost.** **Your cost for a one-month mail-order prescription is 30% of the total cost.**
Tier 5 – Specialty Tier: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	30% of the total cost.	**30% of the total cost.**

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan for all insulins regardless of what tier, even if you haven't paid your deductible.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.** **To learn more about this payment option, call us at 1-855-442-9900 (TTY users call 711) or visit www.Medicare.gov.**

SECTION 3 How to Change Plans

To stay in *Select Health Medicare Essential (HMO)*, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *Select Health Medicare Essential (HMO)*.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from *Select Health Medicare Essential (HMO)*.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from *Select Health Medicare Essential (HMO)*.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at **1-855-442-9900** (TTY users call **711**) for more information on how to do this. Or call **Medicare** at **1-800-MEDICARE (1-800-633-4227)** and ask to be disenrolled. TTY users can call **1-877-486-2048**. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 3).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call **1-800-MEDICARE (1-800-633-4227)**. As a reminder, Select Health offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - **1-800-MEDICARE (1-800-633-4227)**. TTY users can call **1-877-486-2048**, 24 hours a day, 7 days a week.
    - Social Security at **1-800-772-1213** between 8 a.m. and 7 p.m., Monday–Friday for a representative. Automated messages are available 24 hours a day. TTY users can call **1-800-325-0778**.
    - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Utah Department of Health, Bureau of Epidemiology. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call **801-538-6197**. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at **1-855-442-9900** (TTY users call **711**) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from *Select Health Medicare Essential (HMO)*

- **Call Member Services at 1-855-442-9900. (TTY users call 711).**

  We're available for phone calls from **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for *Select Health Medicare Essential (HMO)*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.selecthealth.org/medicare or call Member Services at **1-855-442-9900** (TTY users call **711**) to ask us to mail you a copy.

- **Visit www.selecthealth.org/medicare**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Utah, the SHIP is called Senior Health Insurance Information Program.

Call Senior Health Insurance Information Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Senior Health Insurance Information Program at **(800) 541-7735**.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users can call **1-877-486-2048**.

- **Chat live with www.Medicare.gov**

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users can call **1-877-486-2048**.

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IMPORTANT SELECT HEALTH MEDICARE INFORMATION

855-442-9900 (TTY: 711)

October 1 to March 31:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday
8:00 a.m. to 8:00 p.m.

April 1 to September 30:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m.
to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit **selecthealth.org/medicare**.

Select Health is an HMO, SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

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