

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 Essential (HMO) 012?

To join, you must be enrolled in Medicare Part A and Part B and live in one of our service areas.

The following Nevada counties are included in our service areas: Clark and Nye counties.

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 Essential (HMO)

H1994 012

Clark and Nye counties in Nevada.

BENEFIT	COST
Medical Premium, Deductible, and Limits	
Monthly Plan Premium	\$0
Medical Deductible	\$0
<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>	\$1,000
Medical Benefits	
<p>Inpatient Hospital Coverage* <i>Copays start over each time you are admitted as an inpatient.</i></p>	
All days	\$0 copay per day
Outpatient Hospital Coverage*	
Outpatient surgery	\$0 copay
Ambulatory Surgical Center	\$0 copay
Doctor's Office Visits	
Primary care provider	\$0 copay
Telehealth visit with a primary care provider	\$0 copay
<p>Specialist <i>Referrals are required to see a specialist.</i></p>	\$0 copay
Telehealth visit with a specialist	\$0 copay

*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.	\$150 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>	\$10 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)	\$60 copay
Therapeutic radiology services	20% coinsurance
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 TruHearing. Copays do not apply to the annual member out-of-pocket maximum.	
Tier 1: Advanced	\$399 per aid
Tier 2: Premium	\$699 per 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.	\$2,500
Preventive dental services <i>Two exams, two cleanings, two bitewing x-rays, and two fluoride treatments every year, plus one panoramic x-ray every 36 months.</i>	\$0 copay
Basic dental services	0-20% coinsurance
Major dental services	20% coinsurance
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 <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*	
All days	\$0 copay
Outpatient Mental Health Services	
Individual therapy	\$15 copay
Group therapy	\$10 copay
Skilled Nursing Facility (SNF)* <i>Our plan covers up to 100 days in a SNF, no prior hospital stay required.</i>	
Days 1-20	\$0 copay
Days 21-100	\$125 copay

*Service may require prior authorization.

Rehabilitation Services* (Outpatient)	
Physical, occupational, and speech therapy visits	\$0 copay
Cardiac rehab services	\$0 copay
Pulmonary rehab services	\$0 copay
Ambulance* <i>Prior authorization only required for non-emergency transfers</i>	\$250 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

Over-the-Counter (OTC) Allowance to pay for OTC items.	\$50 allowance every quarter
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 30 hours per year
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 Essential 012

The below cost-sharing table shows what you will pay for your prescription in the Initial Coverage Stage. There is no pharmacy deductible on this plan.

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)	\$0	
COST-SHARING	Standard Retail	Mail-Order
	30-DAY SUPPLY 100-DAY SUPPLY	30-DAY SUPPLY 100-DAY SUPPLY
Tier 1 (Preferred Generic)	\$0 copay / \$0 copay	\$0 copay / \$0 copay
Tier 2 (Generic)	\$0 copay / \$0 copay	\$0 copay / \$0 copay
Tier 3 (Preferred Brand)	\$47 copay / \$141 copay	\$47 copay / \$141 copay
Tier 4 (Nonpreferred Drugs)	\$100 copay / \$300 copay	\$100 copay / \$300 copay
Tier 5 (Specialty Tier)	33% coinsurance / N/A	33% 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 Essential (HMO) plan comes with some great additional benefits.



Dental

This plan includes \$2,500 of preventive, basic, and major dental services at no additional cost.

BENEFIT	AMOUNT
Maximum plan payment benefit (includes preventive services)	\$2,500
Preventive dental services: 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
Basic dental services	0-20% coinsurance
Major dental services	20% coinsurance



Hearing

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

BENEFIT	AMOUNT
Routine hearing exam (one per year)	\$0 copay
Tier 1: Advanced Hearing Aid	\$399 per aid
Tier 2: Premium Hearing Aid	\$699 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.

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.

Additional Benefits



Over-The-Counter

Receive a \$50 quarterly allowance to purchase over-the-counter items such as:

- 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



Companionship Service

Receive 30 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



Healthy Living Rewards

You can earn up to \$300 a year by completing a variety of wellness activities.

The best part is that you'll earn reward dollars for every activity you are eligible to complete. Your earned reward dollars will be added to your Healthy Rewards allowance. The amount of rewards you earn will depend on the activity you complete.

You can use your Healthy Rewards allowance for a variety of wellness-related items and experiences such as fitness equipment, wellness services, home essentials, wearable technology, dining out, and more.



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

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Việt LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-442-9900 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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

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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.

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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.

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.

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