



NEVADA

Select Health Medicare Essential (HMO) 012

Select Health Medicare Value Giveback (HMO) 021

Select Health Medicare Wellness (HMO) 044

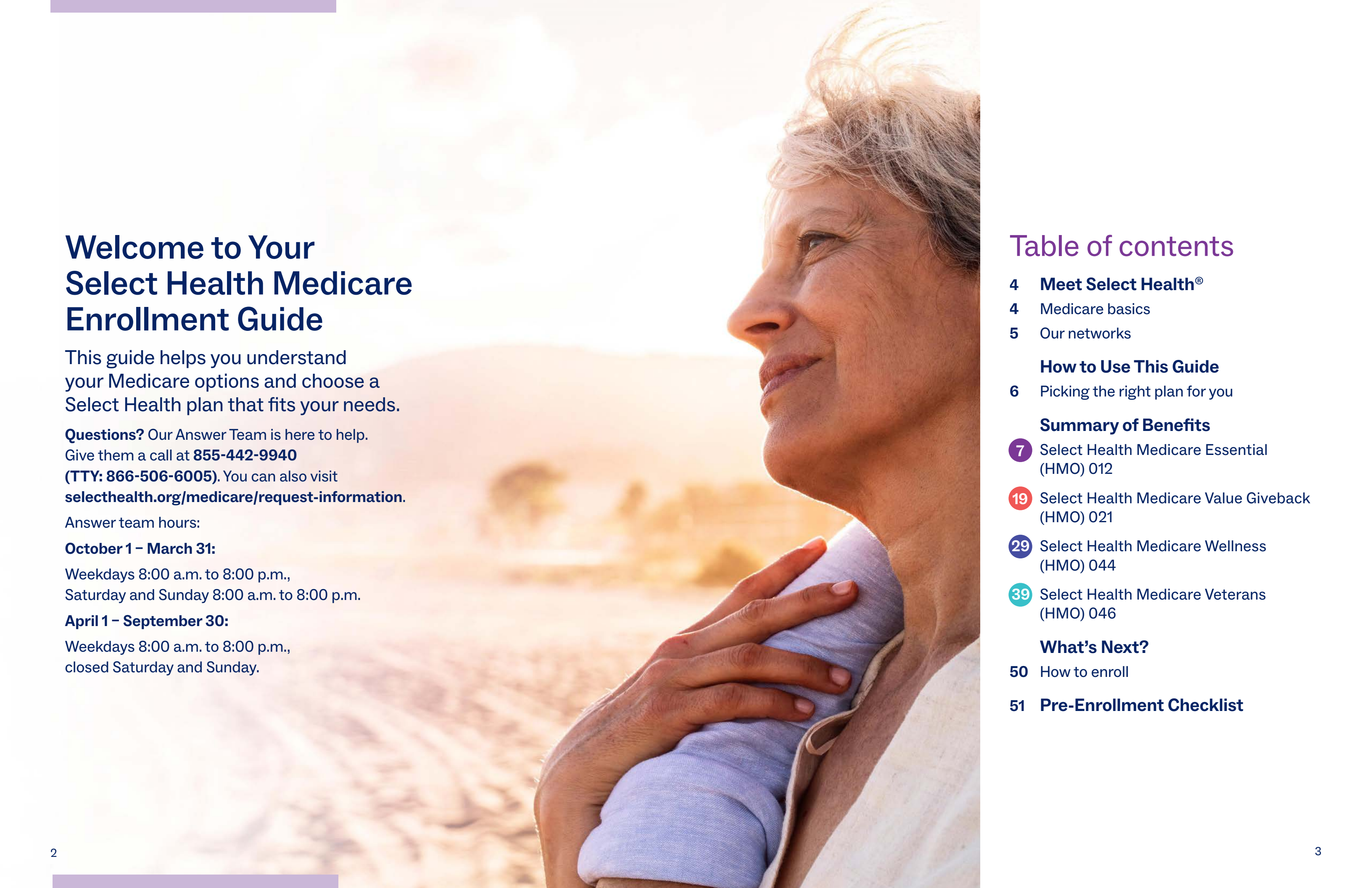
Select Health Medicare Veterans (HMO) 046

Caring for You

2027 Select Health Medicare Enrollment Guide



Coverage for life's little moments



Welcome to Your Select Health Medicare Enrollment Guide

This guide helps you understand your Medicare options and choose a Select Health plan that fits your needs.

Questions? Our Answer Team is here to help. Give them a call at **855-442-9940** (TTY: 866-506-6005). You can also visit selecthealth.org/medicare/request-information.

Answer team hours:

October 1 – March 31:

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

April 1 – September 30:

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

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Meet Select Health

Who we are

Select Health is a nonprofit health plan serving members across Colorado, Idaho, Nevada, and Utah. For more than 40 years, we've been guided by our mission: Helping people live the healthiest lives possible.

Why nonprofit matters

Being nonprofit means our focus is on members and communities, not a corporate bottom line. We work to make health insurance simpler and support better health through experiences and products built around real member needs.

Access to care where you live

Select Health connects members to care through Intermountain Health, and many local clinics and doctors across the regions we serve. This broad network supports access to care close to home.

Local help when you need it

When you call us, you'll talk to a real person who understands your community and can help explain your options.

Learn more at selecthealth.org/who-we-are.

Medicare basics

Original Medicare

Original Medicare is health coverage provided by the federal government. It includes Part A and Part B.



Part A helps cover inpatient hospital and facility stays.

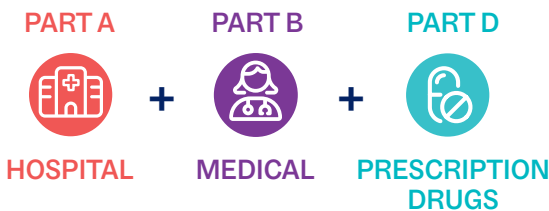


Part B helps cover doctor visits, preventive care, and outpatient services. Most people pay a monthly premium for Part B.

What is a Medicare Advantage plan?

Medicare Advantage is also called Part C. These plans combine Parts A and B into one plan. Many also include Part D, which provides prescription drug coverage.

Think of Medicare Advantage as all-in-one. In addition to hospital and medical benefits, many plans offer extra benefits like vision, dental, hearing, and wellness services.



= Part C Medicare Advantage

These plans bundle together your Part A, Part B, and usually Part D.

Our network

HMO Provider Network

If you choose a Select Health Medicare HMO plan, it's important to stay in your network. That means you can go to any provider that is part of our Select Health Medicare Desert Network.

Our network includes a wide variety of doctors, hospitals, pharmacies, clinics, and other healthcare providers. Members have access to participating providers in Clark and Nye counties in Nevada and Iron and Washington counties in Utah, including Intermountain Health and affiliated providers. We also cover emergency and urgent care services worldwide.

How the Network Works

With a Select Health Medicare HMO plan:

- You receive care from providers in your plan's network
- You can see any provider that participates in the network
- Emergency and urgent care are covered worldwide

Receiving care from out-of-network providers (when it's not an emergency or urgent care) may result in higher costs or services not being covered.

Finding a provider or facility

It's always a good idea to check the in-network status of a healthcare provider before getting care.

- Visit selecthealth.org/findadoctor
- Or call **855-442-9900 (TTY: 711)**



Picking the right plan for you

Everyone's healthcare needs are different. This guide can help you think through what matters most to you as you explore Select Health Medicare plan options. For coverage details, costs, and benefits, refer to the Summary of Benefits section for each plan.



7 Select Health Medicare Essential (HMO) 012

A \$0 premium plan with low medical and prescription drug copays, plus additional benefits.
Available in Clark and Nye counties.

19 Select Health Medicare Value Giveback (HMO) 021

A \$0 premium plan with a Part B premium reduction and great additional benefits.
Available in Clark and Nye counties.

29 Select Health Medicare Wellness (HMO) 044

A \$0 premium plan with larger allowances for approved wellness activities and over-the-counter items.
Available in Clark and Nye counties.

39 Select Health Medicare Veterans (HMO) 046

A \$0 premium plan for veterans and other individuals with creditable drug coverage, featuring a Part B premium reduction and extra benefits. Veterans can use this plan alongside their VA coverage. (This plan does not include Part D drug coverage.)
Available in Clark and Nye counties.

NEVADA | 2027

Summary of Benefits

Select Health Medicare Essential (HMO) 012

This Summary of Benefits covers services from January 1, 2027 through December 31, 2027.

About this document

This Summary of Benefits helps you understand what this plan covers and what you may pay. It does not list every covered service or every limitation or exclusion.

For complete details about covered services, costs, limitations, and exclusions, please review the **Evidence of Coverage (EOC)**.

Who can join

To join this plan, you must be enrolled in Medicare Part A and Part B and live in the plan's service area.

Service area for plan 012 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 healthcare providers.

With Select Health Medicare (HMO) plans, you must receive care from providers in the Select Health Medicare network, except in emergencies or when you need urgent care outside the service area. Non emergency care received from out of network providers may not be covered.

Nevada members can see in-network providers throughout Nevada and Utah.

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.

Original Medicare information

For coverage and costs of Original Medicare, consult your **Medicare & You** handbook. View it online at **[medicare.gov](https://www.medicare.gov)**, or request a copy by calling Original Medicare at **1-800-633-4227 (TTY: 1-877-486-2048)**.

How to Contact Us

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April 1 – September 30:

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closed weekends

Outside of these hours, please leave a message and your call will be returned within one business day.



Select Health Medicare Essential (HMO) 012

H1994-012
Clark and Nye counties in Nevada.

BENEFIT	COST
Medical premium, deductible, and limits	
Monthly plan premium	\$0
Medical deductible	\$0
Member out-of-pocket maximum <i>This is the most you will pay each year for Medicare-covered medical services and supplies received from network providers. After you reach this limit, the plan covers 100% of covered medical costs for the rest of the year. Monthly premiums still apply. Part D prescription drug costs, as well as comprehensive dental and hearing aid copays, do not count toward this limit.</i>	\$1,000
Medical benefits	
Inpatient hospital coverage* <i>Copays start over each time you are admitted as an inpatient.</i>	
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
Specialist <i>Referrals are required to see a specialist.</i>	\$0 copay
Telehealth visit with a specialist	\$0 copay
Preventive care	
Annual physical/comprehensive wellness visit	\$0 copay
Medicare-covered preventive services <i>For a complete list of preventive services available, see the EOC. Some covered services may have an associated cost.</i>	\$0 copay

*Prior authorization may be required.

Emergency care (worldwide) Copay is waived if you are admitted to the hospital within 24 hours.	\$150 copay
Urgently needed services (worldwide) No extra charges for labs and/or x-rays. Copay is waived if you are admitted to the ER or hospital within 24 hours.	\$10 copay
Virtual urgent care <i>Visit with a provider through video chat for urgent non-emergency medical needs.</i>	\$0 copay
Diagnostic services, labs, and imaging* <i>Only one copay applies when multiple tests are performed during the same visit. Primary care or specialist copays may also apply.</i>	
Diagnostic tests and procedures	\$0 copay
Routine lab services	\$0 copay
Outpatient x-rays	\$5 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	\$60 copay
Therapeutic radiology services	20% coinsurance
Hearing services Provided through TruHearing	
Medicare-covered hearing exam related to a medical condition	\$0 copay
Routine hearing exam <i>One per year.</i>	\$0 copay
Hearing aids <i>Hearing aids provided through TruHearing. Copays do not apply to the annual member out-of-pocket maximum.</i>	
Tier 1: Advanced Hearing Aids	\$699 per aid
Tier 2: Premium Hearing Aids	\$999 per aid
Dental services Provided through HRI Dental.	
Medicare-covered dental services related to a medical condition.*	\$0 copay
Maximum plan payment benefit <i>Includes preventive dental.</i>	\$2,500

*Prior authorization may be required.

Medical benefits	
Comprehensive dental	
Preventive dental services <i>Includes two exams, two cleanings, two bitewing x-rays, two fluoride treatments each year, and one panoramic x-ray every 36 months.</i>	\$0 copay
Basic dental services <i>Includes endodontic, and periodontic services.</i>	\$0 copay
Major dental services <i>Includes restorative, prosthodontic services, maxillofacial prosthetics, oral and maxillofacial surgery, and adjunctive general services.</i>	20% coinsurance
Vision services Provided through EyeMed	
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 <i>Test must be performed by an EyeMed provider, or a copay may apply.</i>	\$0 - \$20 copay
Frames with lenses or contact lenses	\$200 allowance
Mental health services*	
Inpatient mental health services	
Days 1-90	\$0 copay
Outpatient mental health services	
Individual therapy	\$15 copay
Group therapy	\$10 copay
Skilled nursing facility (SNF)* <i>Plan covers up to 100 days in a SNF, no prior hospital stay required.</i>	
Days 1 - 20	\$20 copay
Days 21-100	\$221 copay
Rehabilitation services* (Outpatient)	
Physical, speech and occupational therapy visits	\$0 copay
Cardiac rehab services	\$0 copay
Pulmonary rehab services	\$0 copay

*Prior authorization may be required.

Ambulance (worldwide)* <i>Prior authorization only required for non-emergency transfers.</i>	
Ground service (One way trip)	\$300 copay
Air service (One way trip)	20% coinsurance
Transportation (Non-Emergent Medical Transportation) Provided through LifeTrans. Rides to doctor appointments, clinics, and pharmacies.	\$0 copay for 48 one-way trips
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. Amounts do not roll over.	\$25 per quarter
Silver & Fit 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.	\$0 member fee and one home fitness kit
Companionship services Assistance with everyday tasks through Papa.	\$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>Preventive foot care services such as trimming nails or removing corns, calluses, or warts, up to six visits per year.</i>	\$0 copay
Home health care*	\$0 copay
Hospice (Medicare-approved)	Covered by Original Medicare
Meals after discharge* <i>After discharge from an inpatient acute hospital or skilled nursing facility.</i>	\$0 copay, up to 14 days (2 meals per day)

*Prior authorization may be required.

Other benefits

Medical equipment and supplies*	
Crutches, canes, and walkers	\$0 copay
All other durable medical equipment (e.g., wheelchairs, oxygen, etc.)	20% coinsurance
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)	20% coinsurance
Renal dialysis <i>Including services and supplies for home dialysis.</i>	20% coinsurance
Substance abuse* (outpatient)	
Individual therapy	\$15 copay
Group therapy	\$10 copay

Prescription benefits

The cost-sharing table below shows what you will pay for prescriptions during the Initial Coverage Stage. This plan does not have a pharmacy deductible.

During the Initial Coverage Stage, you pay your copay and the plan pays the rest, until your year-to-date prescription drug costs reach the Medicare-set \$2,400 out-of-pocket amount. At that point, you move to the Catastrophic Coverage Stage.

During the Catastrophic Coverage Stage, the plan pays the full cost of covered drugs for the rest of the calendar year. You pay nothing.

Pharmacy deductible

Tier 1 and 2 (Generics)	\$0	
Tiers 3, 4, and 5 (Brands)	\$0	
Cost-sharing	Standard retail supply	Mail-order
	30-Day 60-Day 100-Day	30-Day 60-Day 100-Day
Tier 1 (Preferred Generic)	\$0 \$0 \$0	\$0 \$0 \$0
	30-Day 60-Day 90-Day	30-Day 60-Day 90-Day
Tier 2 (Generic)	\$0 \$0 \$0	\$0 \$0 \$0
Tier 3 (Preferred Brand)	\$47 \$94 \$141	\$47 \$94 \$141
Tier 4 (Nonpreferred Drugs)	\$100 \$200 \$300	\$100 \$200 \$300
Tier 5 (Specialty Tier)	33% N/A N/A	33% N/A N/A

Please see the Evidence of Coverage (EOC) for information about cost-sharing differences based on pharmacy status, mail-order, long-term care (LTC) or home infusion, and 30, 60, 90, or 100-day medication supplies.

How we help members manage prescription drug costs

Diabetes drugs

Select diabetes drugs are covered on Tier 1 and 2 are covered at little or no cost to you.
Covered insulin is available at no more than \$35 for a 30-day supply.

180-day refills on Tier 1 prescription drugs

Members can request a 180-day (6-month) refill on select Tier 1 prescriptions.

Intermountain Home Delivery Pharmacy

Get prescriptions delivered to your door at no extra cost with Intermountain Health Home Delivery Pharmacy. Some restrictions may apply.

Rx Savings Solutions

Members have access to Rx Savings Solutions to help find savings on prescriptions.

Cost Plus Drug

Cost Plus Drug Company offers hundreds of common generic drugs at low prices, shipped directly to your door.

Important information about vaccine costs

Our plan covers the same Part D vaccines as Original Medicare and at the same costs. For more information about Original Medicare coverage and costs, refer to your Medicare & You handbook. You can view it online at [medicare.gov](https://www.medicare.gov) or request a copy by calling Original Medicare at **1-800-633-4227 (TTY: 1-877-486-2048)** 24 hours a day, 7 days a week.

Notes

Additional Benefits

The Select Health Medicare Essential (HMO) 012 plan comes with these additional benefits.

Hearing

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

IMPORTANT: Copays are per hearing aid. Hearing aid copays do not go toward the Member Out-of-Pocket Maximum.

Hearing Benefit	Amount
Routine hearing exam (one per year)	\$0 copay
Tier 1: Advanced Hearing Aid	\$699 per aid
Tier 2: Premium Hearing Aid	\$999 per aid



Dental

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

Dental Benefit	Amount
Maximum plan payment benefit	\$2,500
Preventive dental services: Two exams, two cleanings, two bitewing x-rays every year, and two fluoride treatments each year, plus one panoramic x-ray every 36 months.	\$0 copay
Basic dental services Includes endodontic, and periodontic services.	\$0 copay
Major dental services Includes restorative, prosthodontic services, maxillofacial prosthetics, oral and maxillofacial surgery, and adjunctive general services.	20% coinsurance

Vision

This plan covers vision services, including eye exams, and provides a \$200 yearly allowance for frames or contact lenses.

The benefit is administered through the EyeMed Access network.

Over-The-Counter

- Receive a \$25 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

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.

Transportation

Use up to 48 one-way trips each year for non-emergency medical transportation to doctor appointments, clinics, and pharmacies. Provided through LifeTrans.

Companionship services

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.
- Members may request a Preferred Papa Pal for future visits. When available, Papa will make every effort to match the member with their preferred Pal.



Healthy Living Rewards

You can earn up to \$320 a year by completing a variety of wellness activities.

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

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

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

Notice of Nondiscrimination

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, veteran status, and/or any other characteristic protected by applicable federal or state law.

We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call:

- Select Health Member Services: **1-800-538-5038 (TTY: 711)**
- Select Health Medicare Member Services: **1-855-442-9900 (TTY: 711)**
- Select Health Medicaid Member Services: **1-855-442-3234 (TTY: 711)**
- Select Health FEHB Member Services: **1-844-345-3342 (TTY: 711)**

If you feel you've been treated unfairly, you can reach the Select Health 504/Civil Rights Coordinator by:

Phone: **1-844-208-9012 (TTY Users: 711);**
Compliance Hotline: **1-800-442-4845**

Mail: Select Health (Attn: Civil Rights Coordinator)
5381 South Green Street
Murray, UT 84123

Email: **ContactCompliance@imail.org**

You may also contact the Office for Civil Rights at:

Online: **ocrportal.hhs.gov/ocr/smartscreen/main.jsf**

Phone: **1-800-368-1019; TTY Users: 1-800-537-7697**

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F,
HHH Building, Washington, D.C. 20201

HHS complaint forms are available at:
hhs.gov/ocr/complaints/index.html

This notice is available at: **selecthealth.org/disclaimers/non-discrimination**

Notice of Availability

ATTENTION: We provide free language assistance services. We also offer free auxiliary aids and services when needed. Call **1-800-538-5038 (TTY Users: 711)**.

ATENCIÓN: Ofrecemos servicios gratuitos de asistencia con el idioma. También brindamos servicios y ayudas auxiliares gratuitos cuando los necesite. Llame a Select Health.



注意：我們提供免費的語言協助服務。如有需要，我們也免費提供輔助工具及服務。請致電 Select Health。

CHÚ Y: Chúng tôi cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí. Chúng tôi cũng cung cấp miễn phí các phương tiện và dịch vụ hỗ trợ bổ sung khi cần. Gọi Select Health.

알림: 저희는 무료 언어 지원 서비스와 필요한 경우 무료 보조 장비 및 서비스를 제공하고 있습니다. Select Health로 전화해 주십시오.

ध्यान दिनुहोस्: हामी भाषासम्बन्धी सहायता सेवा निःशुल्क रूपमा प्रदान गर्छौं। आवश्यक परेमा निःशुल्क सहायक सामग्री तथा सेवाहरू पनि उपलब्ध गराउँछौं। Select Health मा फोन गर्नुहोस्।

PAUNAWA: Nagbibigay kami ng mga serbisyo ng tulong sa wika nang walang bayad. Nag-aalok din kami ng mga karagdagang tulong at serbisyo (auxiliary aids) nang walang bayad kung kinakailangan. Tumawag sa Select Health.

ACHTUNG: Wir bieten kostenlose Sprachunterstützung an. Bei Bedarf stellen wir Ihnen auch kostenlose Hilfsmittel und Dienstleistungen zur Verfügung. Rufen Sie Select Health an.

ВНИМАНИЕ. Мы предоставляем бесплатные услуги языковой поддержки. При необходимости мы также предлагаем бесплатные вспомогательные средства и услуги. Позвоните в Select Health.

ATTENTION : Nous fournissons des services d'assistance linguistique gratuits. Nous offrons également des aides et services auxiliaires gratuits en cas de besoin. Appelez Select Health.

注意事項：無料の言語支援サービスを提供しています。また、必要に応じて無料の補助的手段やサービスも提供しています。Select Healthまでお電話ください。

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ПАЖНЯ: Ако говорите српски, биће вам доступне бесплатне услуге језичке подршке. Такође пружамо бесплатна помоћна средства и услуге када су потребни. Контактирајте Select Health.

تنبيه: نقدم خدمات المساعدة اللغوية مجاناً. كما نوفر وسائل وخدمات مساعدة مجانية عند الحاجة. يُرجى الاتصال بـ Select Health.

توجه: ما خدمات رایگان کمک زبانی ارائه می‌کنیم. همچنین، در صورت نیاز، خدمات و تجهیزات کمکی رایگان ارائه می‌دهیم. با Select Health تماس بگیرید.

โปรดทราบ: เราให้บริการช่วยเหลือด้านภาษาฟรี นอกจากนี้ เรายังมีบริการและอุปกรณ์ช่วยเหลือเพิ่มเติมฟรีเมื่อจำเป็น โทรติดต่อ Select Health

Select Health: **1-800-538-5038 (TTY Users: 711)**

NEVADA | 2027

Summary of Benefits

Select Health Medicare Value Giveback (HMO) 021

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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.

Original Medicare information

For coverage and costs of Original Medicare, consult your **Medicare & You** handbook. View it online at **medicare.gov**, or request a copy by calling Original Medicare at **1-800-633-4227 (TTY: 1-877-486-2048)**.

How to Contact Us

Call: **855-442-9940 (TTY: 866-506-6005)**

Online: **selecthealth.org/medicare/request-information**

Hours of operation:

October 1 – March 31:

Monday–Sunday, 8:00 a.m. to 8:00 p.m.

April 1 – September 30:

Weekdays, 8:00 a.m. to 8:00 p.m.,
closed weekends

Outside of these hours, please leave a message and your call will be returned within one business day.



Select Health Medicare Value Giveback (HMO) 021

H1994-021
Clark and Nye counties in Nevada.

BENEFIT	COST
Medical premium, deductible, and limits	
Monthly plan premium	\$0
Part B premium reduction <i>You must pay your own Part B premium to receive this benefit.</i>	Up to a \$50 reduction
Medical deductible	\$0
Member out-of-pocket maximum <i>This is the most you will pay each year for Medicare-covered medical services and supplies received from network providers. After you reach this limit, the plan covers 100% of covered medical costs for the rest of the year. Monthly premiums still apply. Part D prescription drug costs, as well as comprehensive dental and hearing aid copays, do not count toward this limit.</i>	\$2,500
Medical benefits	
Inpatient hospital coverage* <i>Copays start over each time you are admitted as an inpatient.</i>	
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
Specialist <i>Referrals are required to see a specialist.</i>	\$0 copay
Telehealth visit with a specialist	\$0 copay
Preventive care	
Annual physical/comprehensive wellness visit	\$0 copay

Medicare-covered preventive services <i>For a complete list of preventive services available, see the EOC. Some covered services may have an associated cost.</i>	\$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>	\$50 copay
Virtual urgent care <i>Visit with a provider through video chat for urgent non-emergency medical needs.</i>	\$0 copay
Diagnostic services, labs, and imaging* <i>Only one copay applies when multiple tests are performed during the same visit. Primary care or specialist copays may also apply.</i>	
Diagnostic tests and procedures	\$0 copay
Routine lab services	\$0 copay
Outpatient x-rays	\$10 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	\$75 copay
Therapeutic radiology services	20% coinsurance
Hearing services Provided through TruHearing	
Medicare-covered hearing exam related to a medical condition	\$0 copay
Routine hearing exam <i>One per year.</i>	\$0 copay
Hearing aids <i>Hearing aids provided through TruHearing. Copays do not apply to the annual member out-of-pocket maximum.</i>	
Tier 1: Advanced Hearing Aids	\$699 per aid
Tier 2: Premium Hearing Aids	\$999 per aid
Dental services Provided through HRI Dental.	
Medicare-covered dental services related to a medical condition.*	\$0 copay
Maximum plan payment benefit <i>Includes preventive dental.</i>	\$1,250

Medical benefits	
Comprehensive dental	
Preventive dental services <i>Includes two exams, two cleanings, two bitewing x-rays, two fluoride treatments each year, and one panoramic x-ray every 36 months.</i>	\$0 copay
Basic dental services <i>Includes endodontic, and periodontic services.</i>	50% coinsurance
Major dental services <i>Includes restorative, prosthodontic services, maxillofacial prosthetics, oral and maxillofacial surgery, and adjunctive general services.</i>	50% coinsurance
Vision services Provided through EyeMed	
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 One per year.	\$0 copay
Vision test for prescriptions <i>Test must be performed by an EyeMed provider, or a copay may apply.</i>	\$0 - \$20 copay
Frames with lenses or contact lenses	\$150 allowance
Mental health services*	
Inpatient mental health services	
Days 1 - 10	\$120 copay
Days 11 - 90	\$0 copay
Outpatient mental health services	
Individual therapy	\$15 copay
Group therapy	\$10 copay
Skilled nursing facility (SNF)* <i>Plan covers up to 100 days in a SNF, no prior hospital stay required.</i>	
Days 1 - 20	\$20 copay
Days 21 - 100	\$221 copay

Rehabilitation services* (Outpatient)	
Physical, speech and occupational therapy visits	\$0 copay
Cardiac rehab services	\$0 copay
Pulmonary rehab services	\$0 copay
Ambulance (worldwide)* <i>Prior authorization only required for non-emergency transfers.</i>	
Ground service (One way trip)	\$275 copay
Air service (One way trip)	20% coinsurance
Transportation (Non-Emergent Medical Transportation) Provided through LifeTrans. <i>Rides to doctor appointments, clinics, and pharmacies.</i>	\$0 copay for 24 one-way trips
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	
Silver & Fit 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.	\$0 member fee and one home fitness kit
Acupuncture (Medicare covered)	\$0 copay
Chiropractic care	\$15 copay
Foot care (podiatry services)	
Medicare-covered foot exams and treatment for services.	\$0 copay
Routine foot care <i>Preventive foot care services such as trimming nails or removing corns, calluses, or warts, up to six visits per year.</i>	\$0 copay
Home health care*	\$0 copay
Hospice (Medicare-approved)	Covered by Original Medicare
Meals after discharge* <i>After discharge from an inpatient acute hospital or skilled nursing facility.</i>	\$0 copay, up to 14 days (2 meals per day)

Other benefits

Medical equipment and supplies*	
Crutches, canes, and walkers	\$0 copay
All other durable medical equipment (e.g., wheelchairs, oxygen, etc.)	20% coinsurance
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)	20% coinsurance
Renal dialysis <i>Including services and supplies for home dialysis.</i>	20% coinsurance
Substance abuse* (outpatient)	
Individual therapy	\$25 copay
Group therapy	\$10 copay

Prescription benefits

The cost-sharing table below shows what you will pay for prescriptions during the Initial Coverage Stage. This plan does not have a pharmacy deductible.

During the Initial Coverage Stage, you pay your copay and the plan pays the rest, until your year-to-date prescription drug costs reach the Medicare-set \$2,400 out-of-pocket amount. At that point, you move to the Catastrophic Coverage Stage.

During the Catastrophic Coverage Stage, the plan pays the full cost of covered drugs for the rest of the calendar year. You pay nothing.

Pharmacy deductible

Tier 1 and 2 (Generics)	\$0	
Tiers 3, 4, and 5 (Brands)	\$0	
Cost-sharing	Standard retail supply	Mail-order
	30-Day 60-Day 100-Day	30-Day 60-Day 100-Day
Tier 1 (Preferred Generic)	\$0 \$0 \$0	\$0 \$0 \$0
	30-Day 60-Day 90-Day	30-Day 60-Day 90-Day
Tier 2 (Generic)	\$2 \$4 \$6	\$0 \$0 \$0
Tier 3 (Preferred Brand)	25% 25% 25%	25% 25% 25%
Tier 4 (Nonpreferred Drugs)	37% 37% 37%	37% 37% 37%
Tier 5 (Specialty Tier)	33% N/A N/A	33% N/A N/A

Please see the Evidence of Coverage (EOC) for information about cost-sharing differences based on pharmacy status, mail-order, long-term care (LTC) or home infusion, and 30, 60, 90, or 100-day medication supplies.

How we help members manage prescription drug costs

Diabetes drugs

Select diabetes drugs on Tiers 1 and 2 are covered at little or no cost to you. Covered insulin is available at no more than \$35 for a 30-day supply.

180-day refills on Tier 1 prescription drugs

Members can request a 180-day (6-month) refill on select Tier 1 prescriptions.

Intermountain Home Delivery Pharmacy

Get prescriptions delivered to your door at no extra cost with Intermountain Health Home Delivery Pharmacy. Some restrictions may apply.

Rx Savings Solutions

Members have access to Rx Savings Solutions to help find savings on prescriptions.

Cost Plus Drug

Cost Plus Drug Company offers hundreds of common generic drugs at low prices, shipped directly to your door.

Important information about vaccine costs

Our plan covers the same Part D vaccines as Original Medicare and at the same costs. For more information about Original Medicare coverage and costs, refer to your Medicare & You handbook. You can view it online at [medicare.gov](https://www.medicare.gov) or request a copy by calling Original Medicare at **1-800-633-4227 (TTY: 1-877-486-2048)** 24 hours a day, 7 days a week.

Notes

Additional Benefits

The Select Health Medicare Value Giveback (HMO) 021 plan comes with these additional benefits.

Hearing

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

IMPORTANT: Copays are per hearing aid. Hearing aid copays do not go toward the Member Out-of-Pocket Maximum.

Dental

This plan includes \$1,250 of preventive, basic, and major dental services at no additional cost through HRI Dental.

Hearing Benefit	Amount
Routine hearing exam (one per year)	\$0 copay
Tier 1: Advanced Hearing Aid	\$699 per aid
Tier 2: Premium Hearing Aid	\$999 per aid

Dental Benefit	Amount
Maximum plan payment benefit	\$1,250
Preventive dental services: Two exams, two cleanings, two bitewing x-rays every year, and two fluoride treatments each year, plus one panoramic x-ray every 36 months.	\$0 copay
Basic dental services Includes endodontic, and periodontic services. Major dental services Includes restorative, prosthodontic services, maxillofacial prosthetics, oral and maxillofacial surgery, and adjunctive general services.	50% coinsurance

Vision

This plan covers vision services, including eye exams, and provides a \$150 yearly allowance for frames or contact lenses.

The benefit is administered through 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.

Transportation

Use up to 24 one-way trips each year for non-emergency medical transportation to doctor appointments, clinics, and pharmacies. Provided through LifeTrans.

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



Healthy Living Rewards

You can earn up to \$320 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.

Notice of Nondiscrimination

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, veteran status, and/or any other characteristic protected by applicable federal or state law.

We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call:

- Select Health Member Services: **1-800-538-5038 (TTY: 711)**
- Select Health Medicare Member Services: **1-855-442-9900 (TTY: 711)**
- Select Health Medicaid Member Services: **1-855-442-3234 (TTY: 711)**
- Select Health FEHB Member Services: **1-844-345-3342 (TTY: 711)**

If you feel you've been treated unfairly, you can reach the Select Health 504/Civil Rights Coordinator by:

Phone: **1-844-208-9012 (TTY Users: 711)**;
Compliance Hotline: **1-800-442-4845**

Mail: Select Health (Attn: Civil Rights Coordinator)
5381 South Green Street
Murray, UT 84123

Email: **ContactCompliance@imail.org**

You may also contact the Office for Civil Rights at:

Online: **ocrportal.hhs.gov/ocr/smartscreen/main.jsf**

Phone: **1-800-368-1019**; TTY Users: **1-800-537-7697**

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F,
HHH Building, Washington, D.C. 20201

HHS complaint forms are available at:
hhs.gov/ocr/complaints/index.html

This notice is available at: **selecthealth.org/disclaimers/non-discrimination**

Notice of Availability

ATTENTION: We provide free language assistance services. We also offer free auxiliary aids and services when needed. Call **1-800-538-5038 (TTY Users: 711)**.

ATENCIÓN: Ofrecemos servicios gratuitos de asistencia con el idioma. También brindamos servicios y ayudas auxiliares gratuitos cuando los necesite. Llame a Select Health.

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注意：我們提供免費的語言協助服務。如有需要，我們也免費提供輔助工具及服務。請致電 Select Health。

CHÚ Yǐ: Chúng tôi cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí. Chúng tôi cũng cung cấp miễn phí các phương tiện và dịch vụ hỗ trợ bổ sung khi cần. Gọi Select Health.

알림: 저희는 무료 언어 지원 서비스와 필요한 경우 무료 보조 장비 및 서비스를 제공하고 있습니다. Select Health로 전화해 주십시오.

ध्यान दिनुहोस्: हामी भाषासम्बन्धी सहायता सेवा निःशुल्क रूपमा प्रदान गर्छौं। आवश्यक परेमा निःशुल्क सहायक सामग्री तथा सेवाहरू पनि उपलब्ध गराउँछौं। Select Health मा फोन गर्नुहोस्।

PAUNAWA: Nagbibigay kami ng mga serbisyo ng tulong sa wika nang walang bayad. Nag-aalok din kami ng mga karagdagang tulong at serbisyo (auxiliary aids) nang walang bayad kung kinakailangan. Tumawag sa Select Health.

ACHTUNG: Wir bieten kostenlose Sprachunterstützung an. Bei Bedarf stellen wir Ihnen auch kostenlose Hilfsmittel und Dienstleistungen zur Verfügung. Rufen Sie Select Health an.

ВНИМАНИЕ. Мы предоставляем бесплатные услуги языковой поддержки. При необходимости мы также предлагаем бесплатные вспомогательные средства и услуги. Позвоните в Select Health.

ATTENTION : Nous fournissons des services d'assistance linguistique gratuits. Nous offrons également des aides et services auxiliaires gratuits en cas de besoin. Appelez Select Health.

注意事項：無料の言語支援サービスを提供しています。また、必要に応じて無料の補助的手段やサービスも提供しています。Select Healthまでお電話ください。

ማሳሰቢያ፡ ነጻ የቋንቋ ድጋፍ አገልግሎቶች እና ቀርቦታ፡፡ እንዲሁም አስፈላጊ ሲሆን ነጻ የተገባበት መርጃ መሣሪያዎችን እና አገልግሎቶችን እና ቀርቦታ፡፡ ወደ Select Health ይጻውሉ፡፡

ПАЖЊА: Ако говорите српски, биће вам доступне бесплатне услуге језичке подршке. Такође пружамо бесплатна помоћна средства и услуге када су потребни. Контактирајте Select Health.

تنبيه: نقدم خدمات المساعدة اللغوية مجاناً. كما نوفر وسائل وخدمات مساعدة مجانية عند الحاجة. يُرجى الاتصال بـ Select Health.

توجه: ما خدمات رایگان کمک زبانی ارائه می‌کنیم. همچنین، در صورت نیاز، خدمات و تجهیزات کمکی رایگان ارائه می‌دهیم. با Select Health تماس بگیرید.

โปรดทราบ: เราให้บริการช่วยเหลือด้านภาษาฟรี นอกจากนี้ เรายังมีบริการและอุปกรณ์ช่วยเหลือเพิ่มเติมฟรีเมื่อจำเป็น โทรติดต่อ Select Health

Select Health: **1-800-538-5038 (TTY Users: 711)**

NEVADA | 2027

Summary of Benefits

Select Health Medicare Wellness (HMO) 044

This Summary of Benefits covers services from January 1, 2027 through December 31, 2027.

About this document

This Summary of Benefits helps you understand what this plan covers and what you may pay. It does not list every covered service or every limitation or exclusion.

For complete details about covered services, costs, limitations, and exclusions, please review the **Evidence of Coverage (EOC)**.

Who can join

To join this plan, you must be enrolled in Medicare Part A and Part B and live in the plan's service area.

Service area for plan 044 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 healthcare providers.

With Select Health Medicare (HMO) plans, you must receive care from providers in the Select Health Medicare network, except in emergencies or when you need urgent care outside the service area. Non emergency care received from out of network providers may not be covered.

Nevada members can see in-network providers throughout Nevada and Utah.

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.

Original Medicare information

For coverage and costs of Original Medicare, consult your **Medicare & You** handbook. View it online at **medicare.gov**, or request a copy by calling Original Medicare at **1-800-633-4227 (TTY: 1-877-486-2048)**.

How to Contact Us

Call: **855-442-9940 (TTY: 866-506-6005)**

Online: **selecthealth.org/medicare/request-information**

Hours of operation:

October 1 – March 31:

Monday–Sunday, 8:00 a.m. to 8:00 p.m.

April 1 – September 30:

Weekdays, 8:00 a.m. to 8:00 p.m.,
closed weekends

Outside of these hours, please leave a message and your call will be returned within one business day.



Select Health Medicare Wellness (HMO) 044

H1994-044 Clark and Nye counties in Nevada.	
BENEFIT	COST
Medical premium, deductible, and limits	
Monthly plan premium	\$0
Medical deductible	\$0
Member out-of-pocket maximum <i>This is the most you will pay each year for Medicare-covered medical services and supplies received from network providers. After you reach this limit, the plan covers 100% of covered medical costs for the rest of the year. Monthly premiums still apply. Part D prescription drug costs, as well as comprehensive dental and hearing aid copays, do not count toward this limit.</i>	\$1,500
Medical benefits	
Inpatient hospital coverage* <i>Copays start over each time you are admitted as an inpatient.</i>	
Days 1 - 5	\$50 copay per day
Days 6 +	\$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
Specialist <i>Referrals are required to see a specialist.</i>	\$0 copay
Telehealth visit with a specialist	\$0 copay
Preventive care	
Annual physical/comprehensive wellness visit	\$0 copay
Medicare-covered preventive services <i>For a complete list of preventive services available, see the EOC. Some covered services may have an associated cost.</i>	\$0 copay

*Prior authorization may be required.

Emergency care (worldwide) <i>Copay is waived if you are admitted to the hospital within 24 hours.</i>	\$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>	\$25 copay
Virtual urgent care <i>Visit with a provider through video chat for urgent non-emergency medical needs.</i>	\$0 copay
Diagnostic services, labs, and imaging* <i>Only one copay applies when multiple tests are performed during the same visit. Primary care or specialist copays may also apply.</i>	
Diagnostic tests and procedures	\$0 copay
Routine lab services	\$0 copay
Outpatient x-rays	\$10 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	\$75 copay
Therapeutic radiology services	20% coinsurance
Hearing services <i>Provided through TruHearing</i>	
Medicare-covered hearing exam related to a medical condition	\$0 copay
Routine hearing exam <i>One per year.</i>	\$0 copay
Hearing aids <i>Hearing aids provided through TruHearing. Copays do not apply to the annual member out-of-pocket maximum.</i>	
Tier 1: Advanced Hearing Aids	\$699 per aid
Tier 2: Premium Hearing Aids	\$999 per aid
Dental services <i>Provided through HRI Dental.</i>	
Medicare-covered dental services related to a medical condition.*	\$0 copay
Maximum plan payment benefit <i>Includes preventive dental.</i>	\$1,500
Comprehensive dental	
Preventive dental services <i>Includes two exams, two cleanings, two bitewing x-rays, two fluoride treatments each year, and one panoramic x-ray every 36 months.</i>	\$0 copay

*Prior authorization may be required.

Medical benefits	
Basic dental services <i>Includes endodontic, and periodontic services.</i>	50% coinsurance
Major dental services <i>Includes restorative, prosthodontic services, maxillofacial prosthetics, oral and maxillofacial surgery, and adjunctive general services.</i>	50% coinsurance
Vision services Provided through EyeMed	
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 <i>Test must be performed by an EyeMed provider, or a copay may apply.</i>	\$0 - \$20 copay
Frames with lenses or contact lenses	\$150 allowance
Mental health services*	
Inpatient mental health services	
Days 1 - 10	\$120 copay
Days 11 - 90	\$0 copay
Outpatient mental health services	
Individual therapy	\$15 copay
Group therapy	\$10 copay
Skilled nursing facility (SNF)* <i>Plan covers up to 100 days in a SNF, no prior hospital stay required.</i>	
Days 1 - 20	\$20 copay
Days 21 - 100	\$221 copay
Rehabilitation services* (Outpatient)	
Physical, speech and occupational therapy visits	\$0 copay
Cardiac rehab services	\$10 copay
Pulmonary rehab services	\$10 copay
Ambulance (worldwide)* <i>Prior authorization only required for non-emergency transfers.</i>	
Ground service (One way trip)	\$300 copay

Air service (One way trip)	20% coinsurance
Transportation (Non-Emergent Medical Transportation) Provided through LifeTrans. <i>Rides to doctor appointments, clinics, and pharmacies.</i>	\$0 copay for 12 one-way trips
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. Amounts do not roll over.	\$110 per quarter
Wellness your way Allowance to pay for approved wellness services such as gym/health club memberships, health education, nutritional benefits, and weight management programs. Amounts do not roll over.	\$360 per year
Acupuncture (Medicare covered)	\$0 copay
Chiropractic care	\$20 copay
Foot care (podiatry services)	
Medicare-covered foot exams and treatment for services.	\$0 copay
Routine foot care <i>Preventive foot care services such as trimming nails or removing corns, calluses, or warts, up to six visits per year.</i>	\$0 copay
Home health care*	\$0 copay
Hospice (Medicare-approved)	Covered by Original Medicare
Meals after discharge* <i>After discharge from an inpatient acute hospital or skilled nursing facility.</i>	\$0 copay, up to 14 days (2 meals per day)
Medical equipment and supplies*	
Crutches, canes, and walkers	\$0 copay
All other durable medical equipment (e.g., wheelchairs, oxygen, etc.)	20% coinsurance
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)	20% coinsurance

Other benefits	
Renal dialysis <i>Including services and supplies for home dialysis.</i>	20% coinsurance
Substance abuse* (outpatient)	
Individual therapy	\$25 copay
Group therapy	\$15 copay

Prescription benefits

The cost-sharing table below shows what you will pay for prescriptions during the Initial Coverage Stage after meeting the annual pharmacy deductible, or when filling a Tier 1 or Tier 2 drug. The pharmacy deductible does not apply to Tier 1 or Tier 2 drugs.

During the Initial Coverage Stage, you pay your copay and the plan pays the rest, until your year-to-date prescription drug costs reach the Medicare-set \$2,400 out-of-pocket amount. At that point, you move to the Catastrophic Coverage Stage.

During the Catastrophic Coverage Stage, the plan pays the full cost of covered drugs for the rest of the calendar year. You pay nothing.

Pharmacy deductible		
Tier 1 and 2 (Generics)	\$0	
Tiers 3, 4, and 5 (Brands)	\$300	
Cost-sharing	Standard retail supply	Mail-order
	30-Day 60-Day 100-Day	30-Day 60-Day 100-Day
Tier 1 (Preferred Generic)	\$0 \$0 \$0	\$0 \$0 \$0
	30-Day 60-Day 90-Day	30-Day 60-Day 90-Day
Tier 2 (Generic)	\$2 \$4 \$6	\$0 \$0 \$0
Tier 3 (Preferred Brand)	25% 25% 25%	25% 25% 25%
Tier 4 (Nonpreferred Drugs)	33% 33% 33%	33% 33% 33%
Tier 5 (Specialty Tier)	30% N/A N/A	30% N/A N/A

Please see the Evidence of Coverage (EOC) for information about cost-sharing differences based on pharmacy status, mail-order, long-term care (LTC) or home infusion, and 30, 60, 90, or 100-day medication supplies.

How we help members manage prescription drug costs

Diabetes drugs

Select diabetes drugs on Tiers 1 and 2 are covered at little or no cost to you. Covered insulin is available at no more than \$35 for a 30-day supply.

180-day refills on Tier 1 prescription drugs

Members can request a 180-day (6-month) refill on select Tier 1 prescriptions.

Intermountain Home Delivery Pharmacy

Get prescriptions delivered to your door at no extra cost with Intermountain Health Home Delivery Pharmacy. Some restrictions may apply.

Rx Savings Solutions

Members have access to Rx Savings Solutions to help find savings on prescriptions.

Cost Plus Drug

Cost Plus Drug Company offers hundreds of common generic drugs at low prices, shipped directly to your door.

Important information about vaccine costs

Our plan covers the same Part D vaccines as Original Medicare and at the same costs. For more information about Original Medicare coverage and costs, refer to your Medicare & You handbook. You can view it online at [medicare.gov](https://www.medicare.gov) or request a copy by calling Original Medicare at 1-800-633-4227 (TTY: 1-877-486-2048) 24 hours a day, 7 days a week.

Notes

Additional Benefits

The Select Health Medicare Wellness (HMO) 044 plan comes with these additional benefits.

Hearing

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

IMPORTANT: Copays are per hearing aid. Hearing aid copays do not go toward the Member Out-of-Pocket Maximum.

Dental

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

Vision

This plan covers vision services, including eye exams, and provides a \$150 yearly allowance for frames or contact lenses.

The benefit is administered through the EyeMed Access network.

Hearing Benefit	Amount
Routine hearing exam (one per year)	\$0 copay
Tier 1: Advanced Hearing Aid	\$699 per aid
Tier 2: Premium Hearing Aid	\$999 per aid

Dental Benefit	Amount
Maximum plan payment benefit	\$1,500
Preventive dental services: Two exams, two cleanings, two bitewing x-rays every year, and two fluoride treatments each year, plus one panoramic x-ray every 36 months.	\$0 copay
Basic dental services Includes endodontic and periodontic services. Major dental services Includes restorative, prosthodontic services, maxillofacial prosthetics, oral and maxillofacial surgery, and adjunctive general services.	50% coinsurance

Over-The-Counter

Receive a \$110 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

Wellness Your Way

Receive a \$360 yearly allowance to pay for approved activities or services such as:

- Physical activities
- Athletic clubs
- League fees
- Virtual monthly fitness memberships
- Memory fitness
- Weight management
- Health education classes
- Nutrition and dietary programs

Transportation

Use up to 12 one-way trips each year for non-emergency medical transportation to doctor appointments, clinics, and pharmacies. Provided through LifeTrans.

Healthy Living Rewards

You can earn up to \$320 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.



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Notice of Nondiscrimination

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We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call:

- Select Health Member Services: **1-800-538-5038 (TTY: 711)**
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Email: **ContactCompliance@imail.org**

You may also contact the Office for Civil Rights at:

Online: **ocrportal.hhs.gov/ocr/smartscreen/main.jsf**

Phone: **1-800-368-1019**; TTY Users: **1-800-537-7697**

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F,
HHH Building, Washington, D.C. 20201

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This notice is available at: **selecthealth.org/disclaimers/non-discrimination**

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PAUNAWA: Nagbibigay kami ng mga serbisyo ng tulong sa wika nang walang bayad. Nag-aalok din kami ng mga karagdagang tulong at serbisyo (auxiliary aids) nang walang bayad kung kinakailangan. Tumawag sa Select Health.

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ATTENTION : Nous fournissons des services d'assistance linguistique gratuits. Nous offrons également des aides et services auxiliaires gratuits en cas de besoin. Appelez Select Health.

注意事項：無料の言語支援サービスを提供しています。また、必要に応じて無料の補助的手段やサービスも提供しています。Select Healthまでお電話ください。

ማሳሰቢያ: ነጻ የቋንቋ ድጋፍ አገልግሎቶች እና ቀርቦታዎችን ለእኔ ሁሉም አስፈላጊ ሲሆን ነጻ የተገባበት መርጃ መሣሪያዎችን እና አገልግሎቶችን እና ቀርቦታዎችን ወደ Select Health ይጻፉ፡፡

ПАЖЊА: Ако говорите српски, биће вам доступне бесплатне услуге језичке подршке. Такође пружамо бесплатна помоћна средства и услуге када су потребни. Контактирајте Select Health.

تنبيه: نقدم خدمات المساعدة اللغوية مجاناً. كما نوفر وسائل وخدمات مساعدة مجانية عند الحاجة. يُرجى الاتصال بـ Select Health.

توجه: ما خدمات رایگان کمک زبانی ارائه می‌کنیم. همچنین، در صورت نیاز، خدمات و تجهیزات کمکی رایگان ارائه می‌دهیم. با Select Health تماس بگیرید.

โปรดทราบ: เราให้บริการช่วยเหลือด้านภาษาฟรี นอกจากนี้ เรายังมีบริการและอุปกรณ์ช่วยเหลือเพิ่มเติมฟรีเมื่อจำเป็น โทรติดต่อ Select Health

Select Health: **1-800-538-5038 (TTY Users: 711)**

NEVADA | 2027

Summary of Benefits

Select Health Medicare Veterans (HMO) 046

This Summary of Benefits covers services from January 1, 2027 through December 31, 2027.

About this document

This Summary of Benefits helps you understand what this plan covers and what you may pay. It does not list every covered service or every limitation or exclusion.

For complete details about covered services, costs, limitations, and exclusions, please review the **Evidence of Coverage (EOC)**.

Who can join

To join this plan, you must be enrolled in Medicare Part A and B, live in the plan's service area and waive or receive you Part D from a creditable source.

Service area for plan 046 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 healthcare providers.

With Select Health Medicare (HMO) plans, you must receive care from providers in the Select Health Medicare network, except in emergencies or when you need urgent care outside the service area. Non emergency care received from out of network providers may not be covered.

Nevada members can see in-network providers throughout Nevada and Utah.

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.

Original Medicare information

For coverage and costs of Original Medicare, consult your **Medicare & You** handbook. View it online at **medicare.gov**, or request a copy by calling Original Medicare at **1-800-633-4227 (TTY: 1-877-486-2048)**.

How to Contact Us

Call: **855-442-9940 (TTY: 866-506-6005)**

Online: **selecthealth.org/medicare/request-information**

Hours of operation:

October 1 – March 31:

Monday–Sunday, 8:00 a.m. to 8:00 p.m.

April 1 – September 30:

Weekdays, 8:00 a.m. to 8:00 p.m.,
closed weekends

Outside of these hours, please leave a message and your call will be returned within one business day.



Select Health Medicare Veterans (HMO) 046

H1994-046 Clark and Nye counties in Nevada.	
BENEFIT	COST
Medical premium, deductible, and limits	
Monthly plan premium	\$0
Part B premium reduction <i>You must pay your own Part B premium to receive this benefit.</i>	Up to a \$150 reduction
Medical deductible	\$0
Member out-of-pocket maximum <i>This is the most you will pay each year for Medicare-covered medical services and supplies received from network providers. After you reach this limit, the plan covers 100% of covered medical costs for the rest of the year. Monthly premiums still apply. Part D prescription drug costs, as well as comprehensive dental and hearing aid copays, do not count toward this limit.</i>	\$7,100
Medical benefits	
Inpatient hospital coverage* <i>Copays start over each time you are admitted as an inpatient.</i>	
Days 1 - 5	\$400 copay per day
Days 6+	\$0 copay per day
Outpatient hospital coverage*	
Outpatient surgery	\$425 copay
Ambulatory surgical center*	\$325 copay
Doctor's office visits	
Primary care provider	\$0 copay
Telehealth visit with a primary care provider	\$0 copay
Specialist <i>Referrals are required to see a specialist.</i>	\$40 copay
Telehealth visit with a specialist	\$40 copay
Preventive care	
Annual physical/comprehensive wellness visit	\$0 copay

*Prior authorization may be required.

Medicare-covered preventive services <i>For a complete list of preventive services available, see the EOC. Some covered services may have an associated cost.</i>	\$0 copay
Emergency care (worldwide) Copay is waived if you are admitted to the hospital within 24 hours.	\$130 copay
Urgently needed services (worldwide) <i>No extra charges for labs and/or x-rays. Copay is waived if you are admitted to the ER or hospital within 24 hours.</i>	\$50 copay
Virtual urgent care Visit with a provider through video chat for urgent non-emergency medical needs.	\$0 copay
Diagnostic services, labs, and imaging* <i>Only one copay applies when multiple tests are performed during the same visit. Primary care or specialist copays may also apply.</i>	
Diagnostic tests and procedures	\$0 copay
Routine lab services	\$0 copay
Outpatient x-rays	\$10 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	\$250 copay
Therapeutic radiology services	20% coinsurance
Hearing services Provided through TruHearing	
Medicare-covered hearing exam related to a medical condition	\$40 copay
Routine hearing exam <i>One per year.</i>	\$0 copay
Hearing aids <i>Hearing aids provided through TruHearing. Copays do not apply to the annual member out-of-pocket maximum.</i>	
Tier 1: Advanced Hearing Aids	\$699 per aid
Tier 2: Premium Hearing Aids	\$999 per aid
Dental services Provided through HRI Dental	
Medicare-covered dental services related to a medical condition.*	\$40 copay
Maximum plan payment benefit <i>Includes preventive dental.</i>	\$2,000

*Prior authorization may be required.

Medical benefits	
Comprehensive dental	
Preventive dental services Includes two exams, two cleanings, two bitewing x-rays, two fluoride treatments each year, and one panoramic X-ray every 36 months.	\$0 copay
Basic dental services <i>Includes endodontic, and periodontic services.</i>	50% coinsurance
Major dental services <i>Includes restorative, prosthodontic services, maxillofacial prosthetics, oral and maxillofacial surgery, and adjunctive general services.</i>	50% coinsurance
Vision services	
Provided through EyeMed	
Medicare-covered eye exam related to a medical condition	\$40 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 <i>Test must be performed by an EyeMed provider, or a copay may apply.</i>	\$0 - \$20 copay
Frames with lenses or contact lenses	\$200 allowance
Mental health services*	
Inpatient mental health services	
Days 1 - 5	\$400 copay
Days 6 - 90	\$0 copay
Outpatient mental health services	
Individual and group therapy	\$40 copay
Skilled nursing facility (SNF)* <i>Plan covers up to 100 days in a SNF, no prior hospital stay required.</i>	
Days 1 - 20	\$10 copay
Days 21 - 100	\$221 copay
Rehabilitation services* (Outpatient)	
Physical, speech and occupational therapy visits	\$40 copay
Cardiac rehab services	\$20 copay
Pulmonary rehab services	\$15 copay

Ambulance (worldwide)* <i>Prior authorization only required for non-emergency transfers.</i>	
Ground service (One way trip)	\$300 copay
Air service (One way trip)	20% coinsurance
Transportation (Non-Emergent Medical Transportation) Provided through LifeTrans. <i>Rides to doctor appointments, clinics, and pharmacies.</i>	\$0 copay for 30 one-way trips
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. Amounts do not roll over.	\$40 per quarter
Wellness your way <i>Allowance to pay for approved wellness services such as gym/health club memberships, health education, nutritional benefits, and weight management programs.</i> Amounts do not roll over.	\$360 allowance per year
Companionship services <i>Assistance with everyday tasks through Papa.</i>	\$0 copay, up to 30 hours per year
Acupuncture (Medicare covered)	\$40 copay
Chiropractic care	\$15 copay
Foot care (podiatry services)	
Medicare-covered foot exams and treatment for services.	\$40 copay
Routine foot care <i>Preventive foot care services such as trimming nails or removing corns, calluses, or warts, up to six visits per year.</i>	\$40 copay
Home health care*	\$0 copay
Hospice (Medicare-approved)	Covered by Original Medicare

Other benefits	
Meals after discharge* <i>After discharge from an inpatient acute hospital or skilled nursing facility.</i>	\$0 copay, up to 14 days (2 meals per day)
Medical equipment and supplies*	
Crutches, canes, and walkers	\$0 copay
All other durable medical equipment (e.g., wheelchairs, oxygen, etc.)	20% coinsurance
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)	20% coinsurance
Renal dialysis <i>Including services and supplies for home dialysis.</i>	20% coinsurance
Substance abuse* (outpatient)	
Individual and group therapy	\$40 copay

Notes

Additional Benefits

The Select Health Medicare Veterans (HMO) 046 plan comes with these additional benefits.

Part B Premium Reduction

Receive up to a \$150 Part B monthly premium reduction.

Hearing

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

IMPORTANT: Copays are per hearing aid. Hearing aid copays do not go toward the Member Out-of-Pocket Maximum.

Dental

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

Vision

This plan covers vision services, including eye exams, and provides a \$200 yearly allowance for frames or contact lenses.

The benefit is administered through the EyeMed Access network.

Hearing Benefit	Amount
Routine hearing exam (one per year)	\$0 copay
Tier 1: Advanced Hearing Aid	\$699 per aid
Tier 2: Premium Hearing Aid	\$999 per aid

Dental Benefit	Amount
Maximum plan payment benefit	\$2,000
Preventive dental services: Two exams, two cleanings, two bitewing x-rays every year, and two fluoride treatments each year, plus one panoramic x-ray every 36 months.	\$0 copay
Basic dental services Includes endodontic, and periodontic services. Major dental services Includes restorative, prosthodontic services, maxillofacial prosthetics, oral and maxillofacial surgery, and adjunctive general services.	50% coinsurance

Over-The-Counter

Receive a \$40 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

Wellness Your Way

Receive a \$360 yearly allowance to pay for approved activities or services such as:

- Physical activities
- Athletic clubs
- League fees
- Virtual monthly fitness memberships
- Memory fitness

- Weight management
- Health education classes
- Nutrition and dietary programs

Transportation

Use up to 30 one-way trips each year for non-emergency medical transportation to doctor appointments, clinics, and pharmacies. Provided through LifeTrans.

Companionship services

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.
- Members may request a Preferred Papa Pal for future visits. When available, Papa will make every effort to match the member with their preferred Pal.

Healthy Living Rewards

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ACHTUNG: Wir bieten kostenlose Sprachunterstützung an. Bei Bedarf stellen wir Ihnen auch kostenlose Hilfsmittel und Dienstleistungen zur Verfügung. Rufen Sie Select Health an.

ВНИМАНИЕ. Мы предоставляем бесплатные услуги языковой поддержки. При необходимости мы также предлагаем бесплатные вспомогательные средства и услуги. Позвоните в Select Health.

ATTENTION : Nous fournissons des services d'assistance linguistique gratuits. Nous offrons également des aides et services auxiliaires gratuits en cas de besoin. Appelez Select Health.

注意事項：無料の言語支援サービスを提供しています。また、必要に応じて無料の補助的手段やサービスも提供しています。Select Healthまでお電話ください。

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ПАЖЊА: Ако говорите српски, биће вам доступне бесплатне услуге језичке подршке. Такође пружамо бесплатна помоћна средства и услуге када су потребни. Контактирајте Select Health.

تنبيه: نقدم خدمات المساعدة اللغوية مجانًا. كما نوفر وسائل وخدمات مساعدة مجانية عند الحاجة. يُرجى الاتصال بـ **Select Health**.

توجه: ما خدمات رایگان کمک زبانی ارائه می‌کنیم. همچنین، در صورت نیاز، خدمات و تجهیزات کمکی رایگان ارائه می‌دهیم. با **Select Health** تماس بگیرید.

โปรดทราบ: เราให้บริการช่วยเหลือด้านภาษาฟรี นอกจากนี้เรายังมีบริการและอุปกรณ์ช่วยเหลือเพิ่มเติมฟรีเมื่อจำเป็น
โทรติดต่อ **Select Health**

Select Health: 1-800-538-5038 (TTY Users: 711)

Notes

What's next?

Once you've decided which Select Health Medicare plan is right for you, the next step is enrolling. We're here to help make sure you understand your plan and feel confident moving forward.

How to enroll

Call us

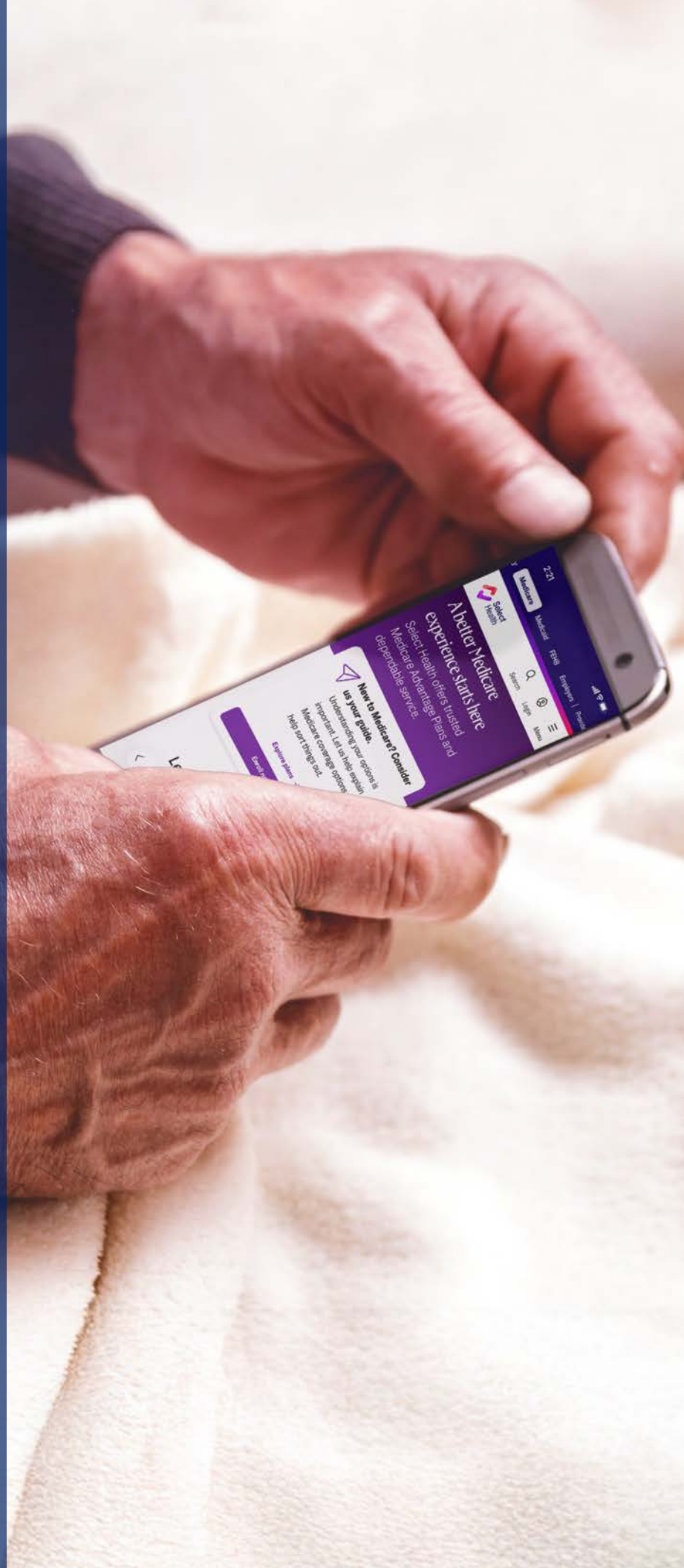
Enroll over the phone by calling **855-442-9940** (TTY: 866-506-6005).

Work with an agent

A Select Health Medicare licensed and appointed agent can help you enroll and answer questions. If you don't have an agent, call us and we can help connect you with one.

Enroll online

Visit selecthealth.org/medicare and click **Enroll now** to complete the application online.



Pre-Enrollment Checklist

Understanding the Benefits:

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. If you have questions, you can call and speak to a representative at the number listed in this guide.
- Review the provider directory, or ask your doctor, to make sure the doctors you see are in the network. If they are not listed, you will likely have to select new doctors.
- Review the Pharmacy Directory to make sure your pharmacy is in the network. If it isn't, you may need to choose a new one.
- Review the plan formulary, which is a list of generic and brand-name prescription drugs covered by the health plan. The formulary also reviews the different tiers of the drug plan, the drugs that fall within each tier, and your cost.

Understanding Important Rules:

- In addition to your monthly plan premium (if you have one), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, copayments, and coinsurance are your out-of-pocket costs and may vary by plan. These amounts apply to the 2027 plan year and may change on January 1, 2028.
- Except in emergency or urgent situations, we do not cover services performed by out-of-network providers (doctors who are not listed in the provider directory).

Understanding the Effect on Current Coverage:

- If you are currently enrolled in a Medicare Advantage plan, your current health coverage will end once your new Medicare Advantage plan coverage starts.
- If you're currently enrolled in Original Medicare, your Medicare Advantage coverage will begin on the first day of the month indicated in your enrollment. To avoid any disruption in your care, be sure to start using your new Medicare Advantage card for all services received after your coverage start date.
- If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact your sales agent or Tricare for more information.
- If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap plan because you will be paying for coverage you cannot use.
- If you have Employer Group coverage, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact your employer or your sales agent for more information.

Before making an enrollment decision, it's important that you fully understand our benefits and rules.

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

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, veteran status, and/or any other characteristic protected by applicable federal or state law.

This information is available for free in other languages and alternate formats by contacting:

Select Health Medicare: **855-442-9900 (TTY: 711)**

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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