Select Health Medicare Utah

PLAN NAME	Select Health Medicare Essential (HMO) 001	Select Health Medicare Veterans (HMO) 016	Select Health Medicare Essential (HMO) 017	Select Health Medicare Dual (HMO D-SNP) 015
Service Area	Cache, Davis, Salt Lake, Summit, Utah, and Weber counties	Davis, Salt Lake, Utah, Weber counties	Iron and Washington counties	Davis, Iron, Salt Lake, Utah, Washington, and Weber counties
Premium Amount	$0	$0, with $110 Part B reduction	$0	$0
Maximum Out-of-Pocket (MOOP)	$5,500	$6,700	$6,750	$9,850
Inpatient Hospital Coverage	Days 1-5: $495 copay per day	Days 1-5: $500 copay per day	Days 1-5: $495 copay per day	All days: $0 copay
Surgery (Outpatient)	$475 copay	$400 copay	$425 copay	$0 copay
Skilled Nursing Facility	Days 1-20: $10 copay per day Days 21-100: $221 copay per day	Days 1-20: $0 copay per day Days 21-100: $221 copay per day	Days 1-20: $10 copay per day Days 21-100: $221 copay per day	All days: $0 copay
Provider Office Visit: In-person and Telehealth	Primary: $0 copay Specialist: $30 copay	Primary: $0 copay Specialist: $50 copay	Primary: $0 copay Specialist: $40 copay	Primary and Specialist: $0 copay
Dental Max Plan Payment / Dental Services	$1,500 / 20% coinsurance	$2,000 / 20% coinsurance	$1,000 / 50% coinsurance	$1,500 / $0 copay
Vision Hardware	$200 yearly allowance	$200 yearly allowance	$200 yearly allowance	$200 yearly allowance
Hearing Aids - Does not apply to MOOP	$699 - $999 per aid	$699 - $999 per aid	$699 - $999 per aid	$0 per aid, two aids per year
Over-The-Counter (OTC)	$20 per quarter	$75 per quarter	$20 per quarter	$30 per quarter
Wellness Benefit	Silver&Fit Membership	$360 Wellness Your Way	Silver&Fit Membership	Silver&Fit Membership
Food and Produce	Not Included	Not Included	Not Included	$300 per quarter
Companionship Services	Not Included	Not Included	Not Included	60 hours per year
Non-Emergency Medical Transportation	Not Included	Not Included	Not Included	Unlimited
Ambulance Services	Ground: $375 copay Air: 20% coinsurance	Ground: $300 copay Air: 20% coinsurance	Ground: $350 copay Air: 20% coinsurance	Ground and Air: $0
Emergency Care (Worldwide)	$130 copay	$130 copay	$130 copay	$0 copay
Urgently Needed Care (Worldwide)	$50 copay	$50 copay	$50 copay	$0 copay
Advanced Imaging	$325 copay	$300 copay	$275 copay	$0 copay
Durable Medical Equipment (DME)	20% coinsurance, $0 Crutches, Canes, Walkers	20% coinsurance, $0 Crutches, Canes, Walkers	20% coinsurance, $0 Crutches, Canes, Walkers	$0 copay
Pharmacy Deductible	$700		$700	$0
	Standard Retail 30-Day | 60-Day | 100-Day		Standard Retail 30-Day | 60-Day | 100-Day	Generic: Per prescription, you'll pay either $0, $1.65, or $5.00. Copays depend on LIS level.
Tier 1: Preferred Generic	$0 | $0 | $0		$0 | $0 | $0	Brand-Name: Per prescription, you'll pay either $0, $5.80, or $14.40. Copays depend on LIS level.
	30-Day | 60-Day | 90-Day	No Part D Prescription Drug Coverage	30-Day | 60-Day | 90-Day	
Tier 2: Generic	$2 | $4 | $6		$2 | $4 | $6	
Tier 3: Preferred Brand	25% | 25% | 25%		25% | 25% | 25%	
Tier 4: Non-Preferred Drugs	38% | 38% | 38%		37% | 37% | 37%	
Tier 5: Specialty	25% | N/A | N/A		25% | N/A | N/A	

Select Health

Select Health Medicare Utah

SELECT HEALTH AGENT SUPPORT

Chris Kelley (Medicare Sales Executive) (North Utah)
chris.kelley@selecthealth.org | **435-224-2688**

Austin Farley (Medicare Sales Executive) (Southern Utah)
austin.farley@selecthealth.org | **919-624-4041**

Whitney Brennan (Agent Experience Manager)
whitney.brennan@selecthealth.org | **801-442-7174**

Jen Pjeter
jennifer.pjeter@selecthealth.org | **801-633-0595**

Medicare Advantage Agent Support (MAAS)
Monday–Friday 8 am–6 pm MST
maas@selecthealth.org | **801-442-7320**

Frontline Tech Support: **801-442-7979 (option #2)**

Agent Information Line Toll-Free: **800-442-5306**
- Direct Line by Extension: **option #1**
- Sales: **option #2**
- Agent Experience: **option #3**
- Commissions: **option #4**
- Billing: **option #5**
- Enrollment: **option #6**

MEMBER SUPPORT

Member Service Line: **855-442-9900**

Member Advocates: **800-515-2200**
Monday–Friday 7 am–8 pm, Saturday 9 am–2 pm MST

Enrollment Fax # (paper enrollments): **855-442-0357**

Premium Billing: **801-442-4350 (option #3)**

QUICK LINKS

Select Health Medicare Website: **selecthealth.org/medicare**

Select Health Agent Resources: **selecthealth.org/agents**
Agent Tools, Member/Agent Forms, Trainings, Enrollments, etc.

Select Health Provider Search: **selecthealth.org/find-care** | **800-515-2220**

Special Supplemental Benefits for the Chronically Ill: **selecthealth.org/medicare/ssbci**
Select Health Medicare Chronic Condition Verification Form and Qualifying Chronic Conditions

FLEX CARD BENEFITS

Nations Flex card: **selecthealth.nationsbenefits.com** | **833-878-0232** Available 24/7
Check balances, reimbursements, and transaction history for over-the-counter, Wellness Your Way, and Healthy Living, and *food and produce benefits. Benefits vary by plan.

*For DSNP Members only
Members with a qualifying health condition can use their food and produce benefit to pay for healthy groceries.

ADDITIONAL BENEFITS

Select Health Dental: **855-442-9900**
Comprehensive dental services

TruHearing: **866-201-9695**
Hearing exams and hearing aids

Eye Med: **844-872-8868**
Vision exams, glasses and contacts

Papa Companionship Services: **888-452-4553**
Help with everyday tasks.

IN NETWORK

GRANGER MEDICAL CLINIC

Intermountain Health

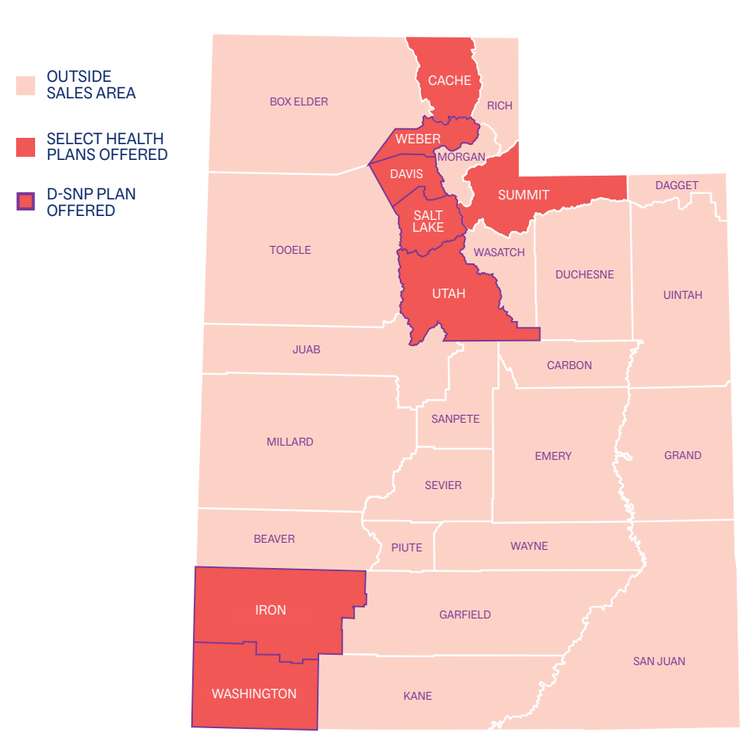
OGDEN CLINIC

Revere Health
Let's live better.

TANNER CLINIC

SSBCI QUALIFYING CHRONIC CONDITIONS

- Autoimmune disorders
- Cancer
- Cardiovascular disorders
- Chronic alcohol use disorder and other substance use disorders (SUDs)
- Chronic and disabling mental health conditions
- Chronic gastrointestinal disease
- Chronic heart failure
- Chronic Hyperlipidemia
- Chronic Hypertension
- Chronic kidney disease (CKD)
- Chronic lung disorders
- Chronic Malnutrition
- Chronic Musculoskeletal disorders
- Dementia
- Diabetes mellitus
- HIV/AIDS
- Neurologic disorders
- Overweight, obesity, and metabolic syndrome
- Severe hematologic disorders
- Stroke



Select Health