Select Health Medicare Nevada

PLAN NAME	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
Service Area	Clark and Nye counties	Clark and Nye counties	Clark and Nye counties	Clark and Nye counties
Premium Amount	$0	$0, with $50 Part B reduction	$0	$0, with $150 Part B reduction
Maximum Out-of-Pocket (MOOP)	$1,000	$2,500	$1,500	$7,100
Inpatient Hospital Coverage	All days: $0 copay per day	All days: $0 copay	Days 1-5: $50 copay per day	Days 1-5: $400 copay per day
Surgery (Outpatient)	$0 copay	$0 copay	$0 copay	$425 copay
Skilled Nursing Facility	Days 1-20: $20 copay per day Days 21-100: $221 copay per day	Days 1-20: $20 copay per day Days 21-100: $221 copay per day	Days 1-20: $20 copay per day Days 21-100: $221 copay per day	Days 1-20: $10 copay per day Days 21-100: $221 copay per day
Provider Office Visit: In-person and Telehealth	Primary and Specialist: $0 copay	Primary and Specialist: $0 copay	Primary and Specialist: $0 copay	Primary: $0 copay Specialist: $40 copay
Dental Max Plan Payment / Dental Services	$2,500 / 0% / 20% coinsurance	$1,250 / 50% coinsurance	$1,500 / 50% coinsurance	$2,000 / 50% coinsurance;
Vision Hardware	$200 yearly allowance	$150 yearly allowance	$150 yearly allowance	$200 yearly allowance
Hearing Aids - Does not apply to MOOP	$699 - $999 per aid	$699 - $999 per aid	$699 - $999 per aid	$699 - $999 per aid
Over-The-Counter (OTC)	$25 per quarter	Not Included	$110 per quarter	$40 per quarter
Wellness Benefit	Silver&Fit Membership	Silver&Fit Membership	$360 Wellness Your Way	$360 Wellness Your Way
Companionship Services	30 hours a year	Not Included	Not Included	30 hours a year
Non-Emergency Medical Transportation	48 yearly trips	24 yearly trips	12 yearly trips	30 yearly trips
Ambulance Services	Ground: $300 copay Air: 20% coinsurance	Ground: $275 copay Air: 20% coinsurance	Ground: $300 copay Air: 20% coinsurance	Ground: $300 copay Air: 20% coinsurance
Emergency Care (Worldwide)	$150 copay	$150 copay	$150 copay	$130 copay
Urgently Needed Care (Worldwide)	$10 copay	$50 copay	$25 copay	$50 copay
Advanced Imaging	$60 copay	$75 copay	$75 copay	$250 copay
Durable Medical Equipment (DME)	20% coinsurance, $0 Crutches, Canes, Walkers	20% coinsurance, $0 Crutches, Canes, Walkers	20% coinsurance, $0 Crutches, Canes, Walkers	20% coinsurance, $0 Crutches, Canes, Walkers
Pharmacy Deductible	$0	$0	$300	
	Standard Retail 30-Day | 60-Day | 100-Day	Standard Retail 30-Day | 60-Day | 100-Day	Standard Retail 30-Day | 60-Day | 100-Day	
Tier 1: Preferred Generic	$0 | $0 | $0	$0 | $0 | $0	$0 | $0 | $0	
	30-Day | 60-Day | 90-Day	30-Day | 60-Day | 90-Day	30-Day | 60-Day| 90-Day	No Part D Prescription Drug Coverage
Tier 2: Generic	$0 | $0 | $0	$2 | $4 | $6	$2 | $4 | $6	
Tier 3: Preferred Brand	$47 | $94 | $141	25% | 25% | 25%	25% | 25% | 25%	
Tier 4: Non-Preferred Drugs	$100 | $200 | $300	37% | 37% | 37%	33% | 33% | 33%	
Tier 5: Specialty	33% | N/A | N/A	33% | N/A | N/A	30% | N/A | N/A	

Select Health

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SELECT HEALTH MEDICARE

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Jennifer Vogel (Medicare Sales Executive)
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Austin Farley (Medicare Sales Executive)
autstin.farley@selecthealth.org | **919-624-4041**

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

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 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)**

Member Services Line: **855-442-9900** (TTY:**711**)

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**

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 benefits. Benefits vary by plan.

KEY NETWORK

Select Health Medicare members have access to a provider network that includes Intermountain Health, and affiliated providers in Southern Nevada and Southern Utah. This network is designed to support convenient access to high-quality care both close to home and throughout the region.

Intermountain Health

HCA Healthcare®

UMC University Medical Center

Valley Hospital Medical Center®

These other providers are fully in-network.
- Astrana Care
- Calderon Medical Group
- Humanity Health Center
- Soran Health
- Sunset Clinics
- And many additional local provider offices and groups

Search for a provider at
selecthealth.org/medicare/find-care

ADDITIONAL BENEFITS

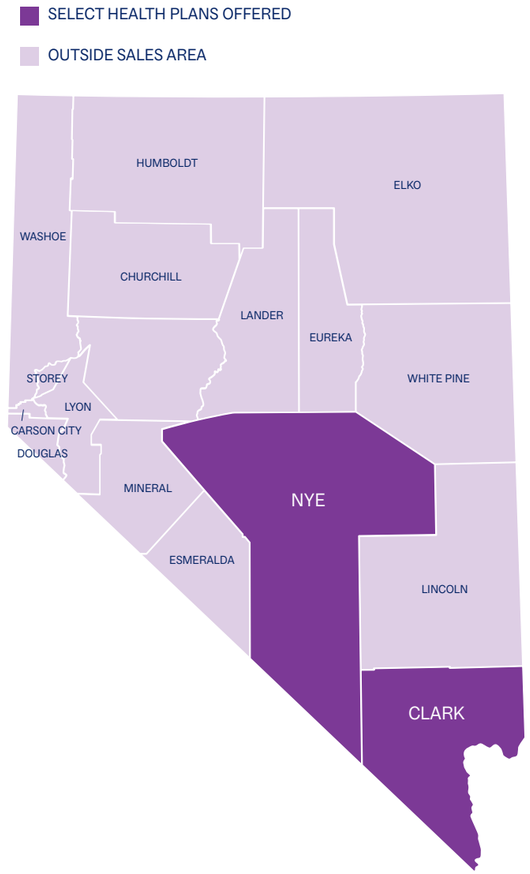
HRI Dental: **833-203-1176**
Comprehensive dental services

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

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

Papa Pals: **888-452-4553** | **papa.com**
Weekdays: 7 am–8 pm EST
Saturday and Sunday: 8 am–8 pm EST

LifeTrans Transportation Line: **833-793-0885**



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