

INTERNAL AND AGENT USE ONLY

PLAN NAME	Select Health Medicare Essential (HMO) 027	Select Health Medicare Essential (HMO) 029	Select Health Medicare Veterans (HMO) 033	Select Health Medicare Essential (HMO) 045	Select Health Medicare Essential (HMO) 047
Service Area	Adams, Arapahoe, Denver, Douglas, Elbert, El Paso, Jefferson, Pueblo, and Teller counties.	Delta and Mesa counties.	Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Larimer, Mesa, Park, Pueblo, Teller, and Weld counties.	Boulder, Broomfield, Clear Creek, Gilpin, and Park counties.	Larimer and Weld counties.
Premium Amount	\$0	\$0	\$0, with \$125 Part B reduction	\$0	\$0
Maximum Out-of-Pocket (MOOP)	\$4,900	\$4,900	\$6,750	\$6,700	\$7,100
Inpatient Hospital Coverage	Days 1-5: \$350 copay per day	Days 1-5: \$375 copay per day	Days 1-5: \$450 copay per day	Days 1-5: \$400 copay per day	Days 1-5: \$550 copay per day
Surgery (Outpatient)	\$200 copay	\$280 copay	\$400 copay	\$325 copay	\$350 copay
Skilled Nursing Facility	Days 1-20: \$10 copay per day Days 21-100: \$221 copay per day	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	Days 1-20: \$10 copay per day Days 21-100: \$221 copay per day
Provider Office Visit: In-person and Telehealth	Primary: \$0 copay Specialist: \$35 copay	Primary: \$0 copay Specialist: \$45 copay	Primary: \$0 copay Specialist: \$55 copay	Primary: \$0 copay Specialist: \$40 copay	Primary: \$0 copay Specialist: \$50 copay
Dental Max Plan Payment / Dental Services	\$3,300 / \$0 copay	\$2,500 / \$0 copay	\$3,500 / \$0 copay	\$1,500 / Preventive only	Not Included
Vision Hardware	\$200 yearly allowance	\$200 yearly allowance	\$200 yearly allowance	\$200 yearly allowance	\$150 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	\$699 - \$999 per aid
Over-the-Counter (OTC)	\$20 quarterly allowance	\$20 quarterly allowance	\$75 quarterly allowance	\$35 quarterly allowance	Not Included
Wellness Benefit	Silver&Fit Membership	Silver&Fit Membership	\$360 Wellness Your Way yearly allowance	Silver&Fit Membership	Silver&Fit Membership
Companionship Services	30 hours a year	24 hours a year	Not Included	30 hours a year	Not Included
Ambulance Services	Ground: \$350 copay Air: 20% coinsurance	Ground: \$350 copay Air: 20% coinsurance	Ground: \$350 copay Air: 20% coinsurance	Ground: \$350 copay Air: 20% coinsurance	Ground: \$350 copay Air: 20% coinsurance
Emergency Care (Worldwide)	\$130 copay	\$130 copay	\$130 copay	\$130 copay	\$130 copay
Urgently Needed Care (Worldwide)	\$35 copay	\$45 copay	\$50 copay	\$50 copay	\$50 copay
Advanced Imaging	\$200 copay	\$300 copay	\$400 copay	\$300 copay	\$300 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	20% coinsurance, \$0 Crutches, Canes, Walkers
Pharmacy Deductible	\$300	\$300		\$700	\$700
	Standard Retail 30-Day 60-Day 100-Day	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	\$0 \$0 \$0
	30-Day 60-Day 90-Day	30-Day 60-Day 90-Day	No Part D Prescription Drug Coverage	30-Day 60-Day 90-Day	30-Day 60-Day 90-Day
Tier 2: Generic	\$2 \$4 \$6	\$2 \$4 \$6		\$2 \$4 \$6	\$2 \$4 \$6
Tier 3: Preferred Brand	25% 25% 25%	24% 24% 24%		25% 25% 25%	25% 25% 25%
Tier 4: Non-Preferred Drugs	25% 25% 25%	25% 25% 25%		27% 27% 27%	27% 27% 27%
Tier 5: Specialty	30% N/A N/A	30% N/A N/A		25% N/A N/A	25% N/A N/A

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SELECT HEALTH MEDICARE

Matt Maher (Medicare Sales Manager)
matt.maher@selecthealth.org | 405-850-5170

Patti Meyer (Medicare Sales Executive)
patti.meyer@selecthealth.org | 720-285-7169

Justin Jakubcin (Medicare Sales Executive)
justin.jakubcin@selecthealth.org | 720-722-2829

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 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

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.

ADDITIONAL BENEFITS

HRI Dental: 833-203-1176
Comprehensive dental services

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

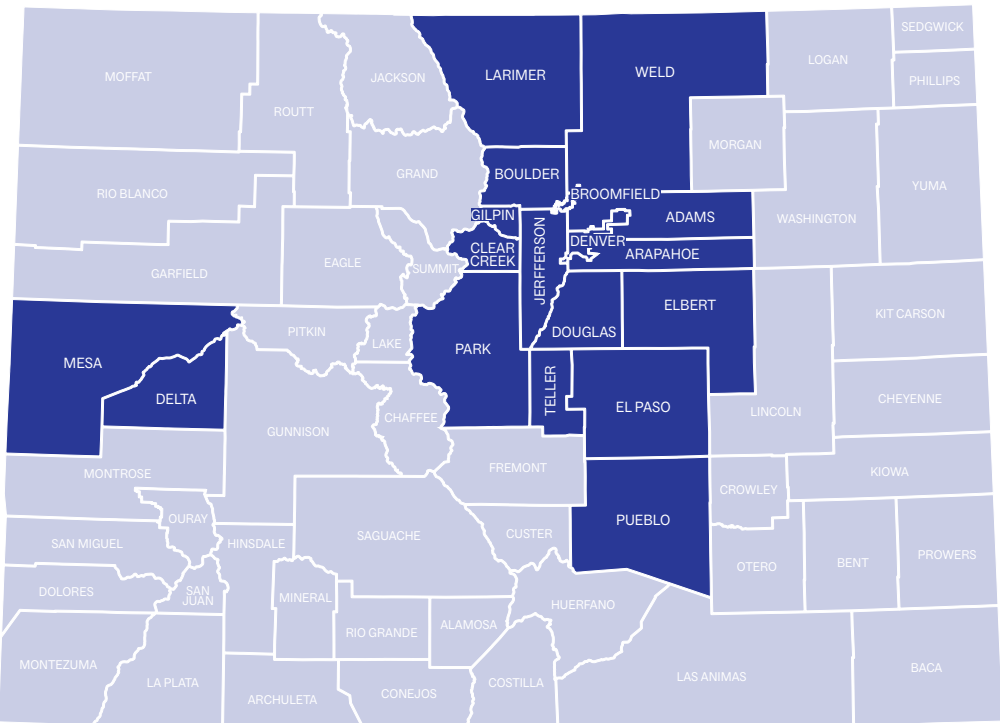
TruHearing: 866-201-9695
Hearing exams and hearing aids

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

IN NETWORK



SELECT HEALTH PLANS OFFERED OUTSIDE SALES AREA



SELECT HEALTH OFFERS PLANS IN THE FOLLOWING COUNTIES:

Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Larimer, Mesa, Park, Pueblo, Teller, and Weld