UTAH | 2027

Summary of Benefits

Select Health Medicare Dual (HMO D-SNP) 015

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 015 includes: Davis, Iron, Salt Lake, Utah, Washington, and Weber counties in Utah.

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.

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

Select Health Medicare Dual (HMO D-SNP) 015

H1994-015
Davis, Iron, Salt Lake, Utah, Washington, and Weber counties in Utah.

To join this plan, you must be enrolled in Medicare Part A and Part B, have full Medicaid eligibility, be at least 21 years old, and live in the plan's service area.
If you lose Medicaid eligibility and enter a grace period, you are responsible for applicable cost-sharing. The maximum out-of-pocket limit for covered services in 2027 is $9,850. Amounts you pay for Medicare-covered benefits, including deductibles, copayments, and coinsurance, count toward this limit.

BENEFIT	COST
Medical premium, deductible, and limits	
Monthly plan premium	$0
Medical deductible	$0
Member out-of-pocket maximum *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.*	$9,850
Medical benefits	
Inpatient hospital coverage* *Copays start over each time you are admitted as an inpatient.*	
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 *We do not require referrals.*	$0 copay
Telehealth visit with a specialist	$0 copay

**Prior authorization may be required.*

Preventive care	
Annual physical/comprehensive wellness visit	$0 copay
Medicare-covered preventive services *For a complete list of preventive services available, see the EOC.* *Some covered services may have an associated cost.*	$0 copay
Emergency care (worldwide) Copay is waived if you are admitted to the hospital within 24 hours.	$0 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.*	$0 copay
Virtual urgent care *Visit with a provider through video chat for urgent non-emergency medical needs.*	$0 copay
Diagnostic services, labs, and imaging* *Only one copay applies when multiple tests are performed during the same visit. Primary care or specialist copays may also apply.*	
Diagnostic tests and procedures	$0 copay
Routine lab services	$0 copay
Outpatient x-rays	$0 copay
Diagnostic radiology services (e.g., MRIs, CT scans)	$0 copay
Therapeutic radiology services	$0 copay
Hearing services Provided through TruHearing	
Medicare-covered hearing exam related to a medical condition	$0 copay
Routine hearing exam *One per year.*	$0 copay
Hearing aids *Hearing aids provided through TruHearing. Copays do not apply to the annual member out-of-pocket maximum.*	
Hearing Aids	$0 per aid
Dental services Provided through Select Health Dental.	
Medicare-covered dental services related to a medical condition.*	$0 copay
Maximum plan payment benefit *Includes preventive dental.*	$1,500

**Prior authorization may be required.*

Medical benefits

Comprehensive dental	
Preventive dental services Includes two exams, two cleanings, two bitewing x-rays, and one panoramic x-ray every 36 months.	$0 copay
Basic dental services *Includes restorative, endodontic, and periodontic services.*	$0 copay
Major dental services *Includes prosthodontic services, oral and maxillofacial surgery, and adjunctive general services.*	$0 copay
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 *Test must be performed by an EyeMed provider, or a copay may apply.*	$0 copay
Frames with lenses or contact lenses	$200 allowance
Mental health services*	
Inpatient mental health services	
Days 1 -90	$0 copay
Skilled nursing facility (SNF)* *Plan covers up to 100 days in a SNF, no prior hospital stay required.*	
Days 1-100	$0 copay
Rehabilitation services* (Outpatient)	
Physical/Speech and Occupational therapy visits	$0 copay
Cardiac rehab services	$0 copay
Pulmonary rehab services	$0 copay
Ambulance (worldwide)* *Prior authorization only required for non-emergency transfers.*	
Ground service (One way trip)	$0 copay
Air service (One way trip)	$0 copay

**Prior authorization may be required.*

Transportation (Non-Emergent Medical Transportation) Provided through NationsTransport. *Rides to doctor appointments, clinics, and pharmacies.*	$0 copay for unlimited one-way trips
Medicare Part B Drugs* *Includes chemotherapy drugs, biologics, and other Part B drugs.*	$0 copay
Insulin for use with insulin pumps	$0 copay

Other benefits

Food and produce benefit *Members who qualify receive a monthly allowance to buy food and produce.* Amounts do not roll over.	$300 allowance per quarter
Over-the-counter (OTC) Allowance to pay for OTC items. Amounts do not roll over.	$30 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 60 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 *Preventive foot care services such as trimming nails or removing corns, calluses, or warts, up to six visits per year.*	$0 copay
Home health care*	$0 copay
Hospice (Medicare-approved)	Covered by Original Medicare
Meals after discharge* *After discharge from an inpatient acute hospital or skilled nursing facility.*	$0 copay, up to 14 days (2 meals per day)

**Prior authorization may be required.*

Other benefits

Medical equipment and supplies*	
All durable medical equipment (e.g., wheelchairs, oxygen, continuous glucose monitor, etc.)*	$0 copay
Prosthetic devices and supplies (e.g., braces, artificial limbs, etc.)	$0 copay
Renal dialysis *Including services and supplies for home dialysis.*	$0 copay
Substance abuse* (outpatient)	
Individual and group therapy	$0 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.

Annual pharmacy deductible	$0
Cost-sharing	
Generic	Per prescription, you'll pay either $0, $1.65, or $5.00. Copays depend on LIS level.
Brand-name	Per prescription, you'll pay either $0, $5.80, or $14.40. Copays depend on LIS level.
Catastrophic	$0 Copay

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.

**Prior authorization may be required.*

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** 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

**Prior authorization may be required.*



Medical Benefit Comparison

Who can join

You can join this plan if you have Medicare Part A and Part B, have full Medicaid, are 21 or older, and live in the plan's service area.

How Medicare and Medicaid work together

Most of the time, Medicare pays first for covered services. Medicaid may help pay after that. This means Medicare is the main payer, and Medicaid is the second payer.

What this table shows

This table shows examples of benefits covered by Select Health Medicare Dual and Medicaid. If a service is not covered by Medicare, if you have a copay, or if a benefit is used up, Medicaid may help with some or all of the remaining costs. This depends on your level of Medicaid eligibility. You may still need to pay a small cost depending on the care you receive.

Important to know

This table does not list every benefit, rule, or limit. For full details, review the Evidence of Coverage (EOC). You can get a copy at **selecthealth.org/medicare** or call **855-442-9940 (TTY: 866-506-6005)**.

For details about your Medicaid coverage and cost-sharing, review your Medicaid Member Handbook.

Questions about Medicaid?

Call the Utah Department of Health and Human Services at **(801) 538-6155 (TTY:711)**.

BENEFIT	Medicaid	Selet Health Medicare Dual
Inpatient hospital coverage	Covered	Covered
Outpatient hospital coverage	Covered	Covered
Outpatient surgery	Covered	Covered
Ambulatory surgical center	Covered	Covered
Doctor's office visits	Covered	Covered
Specialist	Covered	Covered
Preventive care	Covered	Covered
Emergency care	Covered	Covered
Urgently needed services	Covered	Covered
Diagnostic services, labs, and imaging	Covered	Covered
Hearing services	Covered	Covered
Dental services	Covered with limitations	Covered
Vision services	Covered	Covered
Mental Health services	Covered	Covered
Skilled nursing facility	Covered	Covered
Rehabilitation services	Covered	Covered
Ambulance	Covered	Covered
Medicare Part B drugs	Covered	Covered
Over-the-counter items	Covered with limitations	Covered
Companionship services	Not Covered	Covered
Gym membership	Not Covered	Covered
Food and produce	Not Covered	Covered
Transportation (Non-emergent medical transportation)	Not Covered	Covered

Additional Benefits

The Select Health Medicare Dual (HMO D-SNP) 015 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 Select Health 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
Hearing Aids	$0 copay, two aids per year

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

Over-The-Counter

Receive a $30 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

Food and Produce

If you have a qualifying chronic health condition, you get $300 per quarter to pay for healthy foods such as:

- Fresh fruits: apples, bananas, grapes, oranges.
- Vegetables: broccoli, carrots, spinach, bell peppers.
- Breads and whole grains: whole wheat bread, brown rice, quinoa, pasta.
- Proteins: chicken breast, ground turkey, eggs, canned beans.
- Dairy: milk, yogurt, cheese.
- Snacks: nuts, granola bars, popcorn.
- Pantry essentials: olive oil, pasta sauce, spices.
- Beverages: herbal tea, coffee, fruit juice.

Note: Items such as alcohol, tobacco, and non-food items are not covered.



Transportation

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

Companionship service

Receive 60 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.

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.

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

Some of the benefits mentioned are part of a special supplemental program for chronically ill enrollees. Eligible chronic conditions include diabetes, hypertension, musculoskeletal disorders, lung disorders, and cancer, as well as other conditions not listed. Eligibility for the benefits is not based solely on your condition, and all eligibility requirements must be met before the benefits are provided. For details, please contact us.

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 Ý: 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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ПАЖЊА: Ако говорите српски, бићe 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)