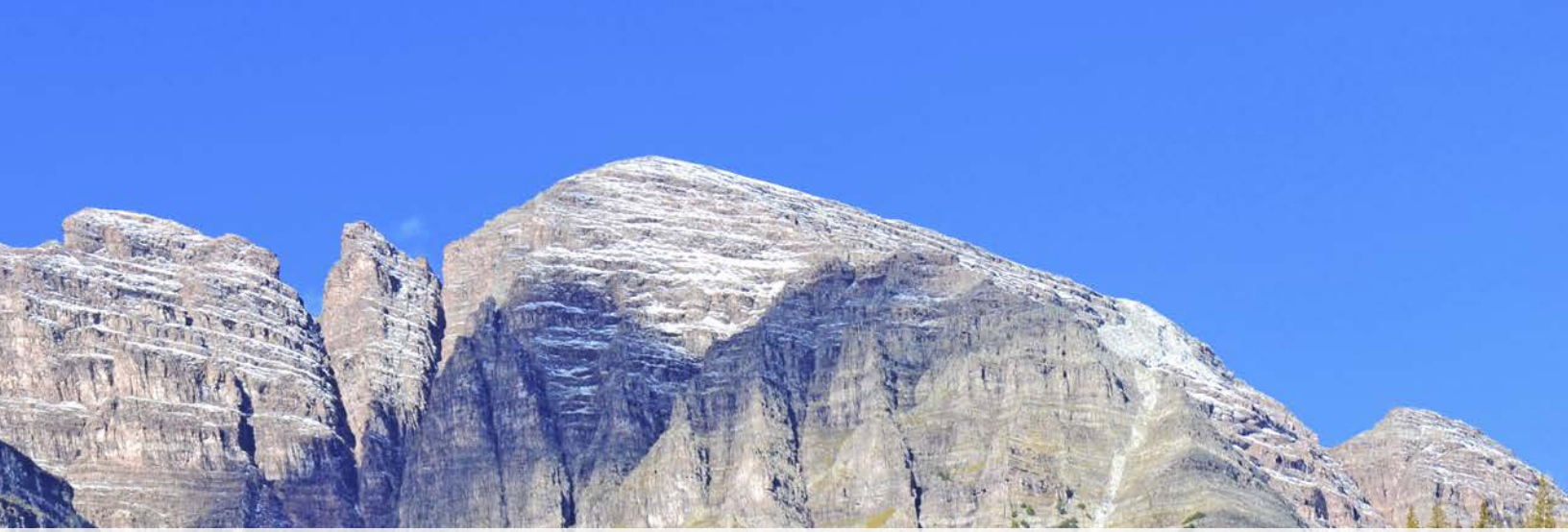

Summary of Benefits

Summary of Benefits

January 1, 2016 to December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS

> One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

> Another choice is to get your Medicare benefits by joining a Medicare health plan (such as SelectHealth Advantage (HMO)).

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what SelectHealth Advantage (HMO) covers and what you pay.

> If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.

> If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at http://www.medicare.gov or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

SECTIONS IN THIS BOOKLET

> Things to Know About **SelectHealth Advantage (HMO)**

> Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

> Covered Medical and Hospital Benefits

> Prescription Drug Benefits

> Optional Benefits (you must pay an extra premium for these benefits)

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 855-442-9940. Este documento puede estar disponible en un lenguaje que no sea inglés, Para información adicional, llamenos al 855-442-9940.

SelectHealth is an HMO plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.

H1994_4316_ID Accepted

THINGS TO KNOW ABOUT SELECTHEALTH ADVANTAGE (HMO)

Hours of Operation

> From October 1 to February 14, you can call us weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday from 8:00 a.m. to 8:00 p.m. Mountain time. Outside of these hours of operation, please leave a message and your call will be returned within one business day.

> From February 15 to September 30, you can call us weekdays 7:00 a.m. to 8:00 p.m., Saturday from 9:00 a.m. to 3:00 p.m. Mountain time, closed Sunday. Outside of these hours of operation, please leave a message and your call will be returned within one business day.

SelectHealth Advantage (HMO) Phone Numbers and Website

> If you are a member of this plan, call toll-free **855-442-9900**.

> If you are not a member of this plan, call toll-free **855-442-9940**.

> Our website: **www.selecthealthadvantage.org**

WHO CAN JOIN?

To join SelectHealth Advantage (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

The service areas covered under this Summary of Benefits include the following:

> Treasure Valley service area, which includes: Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, and Washington counties in Idaho.

> Magic Valley service area, which includes Cassia, Jerome, Minidoka, and Twin Falls counties in Idaho.

> Eastern and Central Idaho service area, which includes: Bingham, Blaine, and Bonneville counties in Idaho.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

SelectHealth Advantage (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider directory at our website (www.selecthealthadvantage.org).

You can see our plan's pharmacy directory at our website (www.selecthealthadvantage.org).

Or, call us and we will send you a copy of the Provider and Pharmacy Directory.

WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more.

> **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.

> **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

> You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **www.selecthealthadvantage.org.**

> Or, call us and we will send you a copy of the formulary.

HOW WILL I DETERMINE MY DRUG COSTS?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

How much is the monthly premium? Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.

This table contains information on which premium applies in each of our service areas. Premiums vary by region based on the amounts the plan receives from the Centers for Medicare & Medicaid Services, regional healthcare costs, and other factors. In addition, you must keep paying your Medicare Part B premium.

SelectHealth Advantage Region (Marketing Name)	Plan Benefit Package ID Number	Service Area (Counties)	Premium Amount
Treasure Valley	PBP 003-000	Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, and Washington Counties in Idaho	$0
Magic Valley	PBP-004-000	Cassia, Jerome, Minidoka, and Twin Falls Counties in Idaho	$45
Eastern and Central Idaho	PBP 006-000	Bingham, Blaine, and Bonneville Counties in Idaho	$69

How much is the deductible? This plan does not have a deductible.

Is there any limit on how much I will pay for my covered services? Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your yearly limit(s) in this plan:

> $6,700 for services you receive from in-network providers.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Is there a limit on how much the plan will pay? Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

COVERED MEDICAL AND HOSPITAL BENEFITS

Note: Services with a [1] may require prior authorization.

OUTPATIENT CARE AND SERVICES	
Acupuncture	Not covered
Ambulance[1]	$200 copay
Chiropractic Care[1]	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $20 copay
Dental Services[1]	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): $45 copay
Diabetes Supplies and Services	Diabetes monitoring supplies: You pay nothing Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: 20% of the cost Coverage for glucose monitors and test strips are limited to Freestyle and Precision brands produced by Abbott Labs. Other brands/devices may be allowed based on medical necessity.
Diagnostic Tests, Lab and Radiology Services, and X-Rays *(Costs for these services may vary based on place of service)*[1]	Diagnostic radiology services (such as MRIs, CT scans): $300 copay Diagnostic tests and procedures: $5 copay or 20% of the cost, depending on the service Lab services: $5 copay Outpatient x-rays: $20 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost Only one lab or diagnostic test copayment is collected when multiple lab tests are performed during the same visit. Services are in addition to any applicable PCP, specialist or urgent care copay.
Doctor's Office Visits	Primary care physician visit: $10 copay Specialist visit: $45 copay
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*[1]	20% of the cost

Emergency Care	$75 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Foot Care ***(podiatry services)***	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $45 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: $45 copay
Home Health Care[1]	You pay nothing
Mental Health Care[1]	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. > $260 copay per day for days 1 through 6 > You pay nothing per day for days 7 through 90 Outpatient group therapy visit: $40 copay Outpatient individual therapy visit: $40 copay
Outpatient Rehabilitation[1]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): $40 copay Occupational therapy visit: $40 copay Physical therapy and speech and language therapy visit: $40 copay
Outpatient Substance Abuse[1]	Group therapy visit: $40-50 copay, depending on the service Individual therapy visit: $40-50 copay, depending on the service Individual or group therapy in a provider's office is $40 copay per visit. Individual or group therapy in an outpatient facility setting is $50 copay per visit.

Outpatient Surgery[1]	Ambulatory surgical center: $300 copay Outpatient hospital: $5-300 copay or 20% of the cost, depending on the service Outpatient Surgery: $300 copay Lab Tests and Diagnostic Tests: $5 copay X-Rays: $20 copay Partial Hospitalization for Mental Health: $55 copay IV Infusion Therapy: 20% Advanced Imaging and Nuclear Medicine: $300 copay Sleep Studies: 20% Non-Nuclear Cardiac Stress Tests: 20% Other Covered Services: 20%
Over-the-Counter Items	Not Covered
Prosthetic Devices ***(braces, artificial limbs, etc.)***[1]	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost
Renal Dialysis	20% of the cost
Transportation	Not covered
Urgently Needed Services	$45 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the "Inpatient Hospital Care" section of this booklet for other costs.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0-45 copay, depending on the service Eyeglasses or contact lenses after cataract surgery: You pay nothing Medicare-covered non-routine eye exams: $45 copay Glaucoma Screening, one per year: $0

Preventive Care	You pay nothing Our plan covers many preventive services, including: > Abdominal aortic aneurysm screening > Alcohol misuse counseling > Bone mass measurement > Breast cancer screening (mammogram) > Cardiovascular disease (behavioral therapy) > Cardiovascular screenings > Cervical and vaginal cancer screening > Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) > Depression screening > Diabetes screenings > HIV screening > Medical nutrition therapy services > Obesity screening and counseling > Prostate cancer screenings (PSA) > Sexually transmitted infections screening and counseling > Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) > Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots > "Welcome to Medicare" preventive visit (one-time) > Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
INPATIENT CARE	
Inpatient Hospital Care[1]	Our plan covers an unlimited number of days for an inpatient hospital stay. > $295 copay per day for days 1 through 6 > You pay nothing per day for days 7 through 90 > You pay nothing per day for days 91 and beyond These copays start over each time you are admitted to an inpatient hospital facility.
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.

Skilled Nursing Facility (SNF)[1]	Our plan covers up to 100 days in a SNF. > You pay nothing per day for days 1 through 20 > $125 copay per day for days 21 through 100

PRESCRIPTION DRUG BENEFITS

How much do I pay?	For Part B drugs such as chemotherapy drugs[1]: 20% of the cost Other Part B drugs[1]: 20% of the cost
Initial Coverage	You pay the following until your total yearly drug costs reach $3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

TIER	ONE-MONTH SUPPLY	TWO-MONTH SUPPLY	THREE-MONTH SUPPLY
Tier 1 (Preferred Generic)	$3 copay	$6 copay	$9 copay
Tier 2 (Generic)	$15 copay	$30 copay	$45 copay
Tier 3 (Preferred Brand)	$45 copay	$90 copay	$135 copay
Tier 4 (Non-Preferred Brand)	$95 copay	$190 copay	$285 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Standard Mail Order Cost-Sharing

TIER	ONE-MONTH SUPPLY	TWO-MONTH SUPPLY	THREE-MONTH SUPPLY
Tier 1 (Preferred Generic)	$3 copay	$6 copay	$6 copay
Tier 2 (Generic)	$15 copay	$30 copay	$30 copay
Tier 3 (Preferred Brand)	$45 copay	$90 copay	$135 copay
Tier 4 (Non-Preferred Brand)	$95 copay	$190 copay	$285 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap	Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $3,310. After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total $4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,850, you pay the greater of: > 5% of the cost, or > $2.95 copay for generic (including brand drugs treated as generic) and a $7.40 copayment for all other drugs.

OPTIONAL BENEFITS
(you must pay an extra premium each month for these benefits)

Package 1: Delta Dental Comprehensive Benefit	Benefits include: > Preventive dental care > Comprehensive dental care
How much is the monthly premium?	Additional $45.00 per month. You must keep paying your Medicare Part B premium and your monthly plan premium if applicable.
How much is the deductible?	This package does not have a deductible.
Is there a limit on how much the plan will pay?	Our plan pays up to $1,000 every year. Our plan has additional coverage limits for certain benefits. $0 copay for preventive dental services, including two exams/cleanings with x-rays per year. You pay 50% for all other covered dental services, such as fillings, crowns, or dentures. See the Evidence of Coverage for more information on covered services, limitations, and exclusions.

Package 2: Delta Dental Comprehensive Plus Eyewear	Benefits include: > Preventive dental care > Comprehensive dental care > Eyewear
How much is the monthly premium?	Additional $50.00 per month. You must keep paying your Medicare Part B premium and your monthly plan premium if applicable.
How much is the deductible?	This package does not have a deductible.
Is there a limit on how much the plan will pay?	Our plan pays up to $1,200 every year. Our plan has additional coverage limits for certain benefits. $0 copay for preventive dental services, including two exams/cleanings with x-rays per year. You pay 50% for all other covered dental services, such as fillings, crowns, or dentures. You have a $200 retail value allowance for glasses or contacts at participating locations. See the Evidence of Coverage for more information on these benefits.

ADDITIONAL INFORMATION ABOUT SELECTHEALTH ADVANTAGE (HMO)

SelectHealth offers these benefits in addition to those that are covered by Original Medicare.

HEALTH AND WELLNESS PROGRAM

The Health and Wellness Program will reimburse an enrollee up to a combined total of $20/month for Membership in Health Club/Fitness Classes, Health Education, Nutritional Benefits, and/or Weight Management Programs.

SelectHealth is the insurance division of Intermountain Healthcare, serving more than 800,000 members in Utah and Idaho. Together we share a not-for-profit mission of helping people live the healthiest lives possible.

For more than 30 years, SelectHealth has been committed to helping members stay healthy, by striving to offer superior service, and providing access to high-quality care.

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