Senior Care Plus

Partnering with Brokers for Success!

Agenda

- General Training
- Compliance Training
- 2022 Broker Payment
- 2022 Senior Care Plus Benefits
- Sales Material Pick up locations

Broker Certification

You must be onboarded and certified to sell Senior Care Plus Medicare Advantage products.

If you have created your account in eQuote and emailed your current AHIP certification to broker bro

Pass the Senior Care Plus specific enrollment and plan knowledge test. This test is electronic and available at:

INSERT TEST LINK

Administration and Oversight

Senior Care Plus is the product name of the Medicare Advantage plan offered by Hometown Health

- Governed by the Centers for Medicare and Medicaid Services
- Overseen by the Nevada Division of Insurance
- Must follow all Marketing and Communications Guidelines published annually by CMS
- https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html
- Senior Care Plus utilizes secret shoppers to ensure compliance with marketing by third parties



Health Plan Expires 09/01/2024

Important Dates

- Plan information (including information in this presentation may not be shared with any member of the public before 10/01/2021
- Enrollment forms, online enrollments, or Enrollment Packets may not be completed or handed out prior to 10/15/2021
- The 2020 Plan year enrollment application will go live on <u>www.SeniorCarePlus.com</u> on 10/15/2021
- Enrollment forms received after 11:59 pm on December 7, 2021 will not be accepted (unless there is a valid SEP)



Enrollment of Beneficiaries

All CMS required guidelines must be followed

- Scope of Appointment cards must be filled out for all prospective members that attend one on one meetings. The cards will be kept by agent/broker in the event they are required by CMS. Sample Cards are available on the Hometown Health Website.
- Brokers and Agents should use the online enrollment portal and may assist members in filling out the electronic enrollment at www.SeniorCarePlus.com
- All applications must be complete. Incomplete/illegible/improperly filled out applications will not be accepted.
- Electronic Enrollment are MANDATORY for all enrollments. In rare cases where paper enrollment forms are required, they must be scanned and emailed to enrollment@hometownhealth.com

Senior Care Plus Commissions

New to Medicare Advantage \$573

Renewal **\$287**



Senior Care Plus commissions are paid on ALL PLANS

Commissions

All renewal payments are for lifetime of the contract

All renewal payments will be at current year FMV



Requirements to Receive Commissions

All Brokers and Agents that wish to receive compensation for selling Senior Care Plus must:

- Be properly on-boarded
- Provide proof of Errors and Omissions insurance
- Provide a W-9 with Tax Identification number
- Acknowledge the Senior Care Plus MAD Agreement
- Enter their National Producer Number in the required space in the online application
- Online applications received without NPN or with incorrect NPN will not be eligible for payment of commission
- Remain in good standing with the Nevada Division of Insurance and remain current with all certifications
- Complete AHIP 2021/2022 certification





2022 Service Area

Senior Care Plus plans are available in Carson City, Clark, Nye and Washoe counties.



Provider Networks

Northern Nevada





Southern Nevada





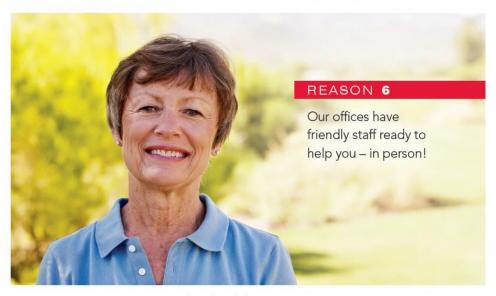
Northern Nevada Plans

Patriot – Essential - Select Renown Preferred – Extensive Duals

Washoe County – Carson City



2022 SUMMARY OF BENEFITS



For the healthiest reasons.

MEDICARE ADVANTAGE PLANS

Patriot · Essential · Select Renown Preferred · Extensive Duals

WASHOE COUNTY + CARSON CITY







Choose Your 2022 Plan

FOR THESE PLANS, BENEFICIARIES MUST RESIDE IN WASHOE COUNTY OR CARSON CITY.

HMO Benefits	Original Medicare (2021 AMOUNTS)	Patriot Plan-009	Essential Plan-012	Select Plan-018	Renown Preferred Plan by Senior Care Plus-023
MONTHLY PLAN PREMIUM	\$0	\$0	\$0	\$180	\$0
PART B REBATE	N/A	\$50	N/A	N/A	N/A
Maximum Out-of-Pocket	No Maximum OOP	\$3,400 per year	\$3,400 per year	\$2,500 per year	\$3,400 per year
Out of network benefits	Medicare Assigned Provider	Not covered	Not covered	Not covered	Not covered
Primacy Care Physician (PCP)	\$203 deductible / 20% per visit	\$0 Per visit (Preferred PCP) \$10 per visit (Non-Preferred PCP)	\$0 per visit (Preferred PCP) \$10 per visit (Non-Preferred PCP)	\$0 Per visit (Preferred PCP) \$10 per visit (Non-Preferred PCP)	\$0 pervisit
Specialist Office Visits	20% per visit	\$40 per visit	\$50 per visit	\$25 per visit	\$45 per visit
Inpatient Hospital	\$1,484 deductible / \$0 days 1-60 / \$371 days 61-90	Preferred: \$250 / 6 days per period Non-Preferred: \$440 / 5 days per period	Preferred: \$300 / 5 days per period Non-Preferred: \$440 / 5 days per period	Preferred: \$250 / 4 days per period Non-Preferred: \$440 / 5 days per period	Preferred: \$300 / 5 days per period Non-Preferred: \$440 / 5 days per period
Outpatient Hospital Services	20% per visit	Preferred: \$275 per visit / Non-Preferred: \$440 per visit		Preferred: \$225 per visit / Non-Preferred: \$440 per visit	Preferred: \$275 per visit / Non-Preferred: \$440 per visit
Skilled Nursing	\$0 days 1-20 / \$185.50 days 21-100	\$20 days 1-20 / \$150 days 21-34	\$20 days 1-20 / \$150 days 21-34	\$20 days 1-20 / \$100 days 21-34	\$20 days 1-20 / \$184 days 21-100
Emergency Room Care	20% per visit	\$120 per visit	\$120 pervisit	\$120 per visit	\$120 per visit
Urgently Need Care	20% per visit	\$30 / \$65 pervisit	\$30 / \$65 per visit	\$20 / \$45 per visit	\$30 / \$65 per visit
Teladoc	Not covered	\$0 per visit	\$0 per visit	\$0 pervisit	\$0 per visit
Ambulance Services	20% per trip	\$250 per trip	\$250 pertrip	\$250 per trip	\$250 per trip
Diagnostic Tests (X-ray, CT, MRI)	20% per test	\$60/\$95/\$130 pervisit	\$70/\$100/\$135 pervisit	\$40 / \$65 / \$90 pervisit	\$55 / \$90 / \$125 per visit
Routine Lab Services	20% per test	\$0 per visit	1 10	\$0 pervisit	\$0 per visit
Preventive Services	No copayment	\$0 per visit		\$0 pervisit	\$0 per visit
Durable Medical Equipment	20% per item	20% per item	20% per item	10% per item	20% per item
Chiropractic Services	\$203 deductible / 20% per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Vision (Routine Coverage)	Not covered	\$25 per exam / \$150 allowance			
Hearing Exam / Hearing Aid Coverage	Diagnostic & Balance Exams - 20% coinsurance / Not covered	\$45 per exam (yearly) / 2 Tru Hearing hearing aids per year; \$699 / \$999	\$45 per exam (yearly) / 2 TruHearing hearing aids per year; \$699 / \$999	\$45 per exam (yearly) / 2 TruHearing hearing aids per year; \$699 / \$999	\$45 per exam (yearly) / 2 TruHearing hearing aids per year; \$699 / \$999
Fitness Benefit	Not covered / Not covered	Included – See list of gyms	Included - See list of gyms	Included - See list of gyms	Included - See list of gyms
Dental Coverage (Delta Dental)	Not covered / Not covered	Preventative Included	Preventative Included	\$2,000 Comprehensive Included	\$2000 Comprehensive Included
OTC Benefit (FieldTex)	Not covered	\$25 Quarter	\$25 Quarter	\$75 Quarter	\$50 Quarter
Acupuncture (Low back pain only)	Not covered	\$30 visit / max 20 visits			
Rx-Annual Deductible*	Not covered .	N/A	N/A	N/A	N/A
Rx-Coverage in the Gap*	Not covered	Not covered	\$0 (Tier 6)	\$0 / \$0/ \$0 (Tiers 1,2,6)	\$0 (Tier 6)
Rx-Preferred Generic (1)*	Not covered	Not covered	Preferred \$5 / Non-Preferred \$11	Preferred \$6 / Non-Preferred \$0	Preferred \$5 / Non-Preferred \$11
Rx-Non-Preferred Generic (2)*	Not covered	Not covered	Preferred \$12 / Non-Preferred \$20	Preferred \$0 / Non-Preferred \$8	Preferred \$12 / Non-Preferred \$20
Rx-Preferred Brand (3)*	Not covered	Not covered	Preferred \$41 / Non-Preferred \$47 / Senior Savings \$35		Preferred \$41 / Non-Preferred \$47 / Senior Savings \$35
Rx-Non-Preferred Brand (4)*	Not covered	Not covered	Preferred \$94 / Non-Preferred \$100	Preferred \$94 / Non-Preferred \$100	Preferred \$94 / Non-Preferred \$100
Rx-Specialty (5)*	Not covered	Not covered	33% coinsurance	33% coinsurance	33% coinsurance
Rx-Select Drug (6)*	Not covered	Not covered	Preferred \$2.50 / Non-Preferred \$8.50	Preferred \$0 / Non-Preferred \$6	Preferred \$2.50 / Non-Preferred \$8.50
Rx-90-day Retail / Rx-90-day Mail*	Notcovered	Not covered	2.5 times 30-day / 2 times 30 day	2.5 times 30-day / 2 times 30-day	2.5 times 30-day / 2 times 30 day

*All copays are for a 30-day supply unless otherwise noted. / Preferred Pharmacies: Renown and CVS / Rx 90-day Retail you pay 2.5 times for a 30-day supply / Rx 90-day Mail order you pay 2 times a 30-day supply

Extensive Duals Plan

New Plan For 2022

Extensive Duals Plan DSNP

- Dual Eligible Medicare and Medicaid
- Coordinated Benefits for Community
 Members who use Renown as their medical home.
- Year-Round Enrollment
- Washoe County & Carson City

2022 BENEFITS AT A GLANCE



For the healthiest reasons.

Extensive Duals Plan WASHOE COUNTY · CARSON CITY



A Medicare Advantage Plan from Hometown Health.





Southern Nevada Plans

Complete Plan
Clark & Nye Counties



2022 SUMMARY OF BENEFITS



For the healthiest reasons.

Complete Plan

CLARK COUNTY . NYE COUNTY



FOR THESE PLANS, BENEFICIARIES MUST RESIDE IN CLARK COUNTY OR NYE COUNTY.

IN CLAI	IN CLARK COUNTY OR NYE COUNTY.						
HMO Benefits	Original Medicare (2020 AMOUNTS)	Complete Plan-019					
MONTHLY PLAN PREMIUM	\$0	\$0					
Maximum Out-of-Pocket	No Maximum OOP	\$2,900 per year					
Out of Network Benefits	Medicare Assigned Provider	Not covered					
Urgently Need Care / Teladoc	20% per visit	\$10 / \$40 per visit (\$0 Teladoc)					
Emergency Room Care	20% per visit	\$120 per visit					
PCP / Specialist Office Visits	\$198 deductible / 20% per visit	\$0 per visit / \$0 per visit					
Inpatient Hospital	\$1,408 deductible / \$0 days 1-60 / \$352 days 61-90	\$0 per day					
Outpatient Hospital Services	20% per visit	\$0 per visit					
Skilled Nursing	\$0 days 1-20 / \$170.50 days 21-100	\$0 days 1-20, \$125 days 21-40					
Ambulance Services	20% per trip	\$225 ground / \$295 air					
X-Ray/ Diagnostic	20% per test	\$0 / \$50 / \$200 per visit					
Routine Lab Services	20% per test	\$0 per visit					
Physical Therapy	\$20 co-pay	\$0 copay					
Preventive Services	No copayment	\$0 per visit					
Diabetic Supplies / Durable Medical Equipment	20% per item	20% per item / supply					
Rx-Coverage in the Gap	Not covered	\$2 / \$8 / \$0 (Tiers 1,2,6)					
Rx-Deductible	No deductible	No Deductible					
Rx-Preferred Generic (1)	Not covered	Preferred: \$2 /Non-Preferred: \$8 (30-day)					
Rx-Non-Preferred Generic (2)	Not covered	Preferred: \$8 /Non-Preferred: \$16 (30-day)					
Rx-Preferred Brand (3)	Not covered	Preferred: \$41 /Non-Preferred: \$47 (30-day)					
Rx-Non-Preferred Brand (4)	Not covered	Preferred: \$94/Non-Preferred: \$100 (30-day)					
Rx-Specialty (5)	Not covered	33% coinsurance					
Rx-Select Drug (6)	Not covered	Preferred: \$0/ Non-Preferred: \$6 (30-day)					
Rx-90-day Retail / Rx-90-day Mail	Not covered	2.5 times 30-day / 2 times 30 day					
Chiropractic Services	\$185 deductible / 20% per visit	\$0 per visit					
Hearing Exam / Hearing Aid Coverage	Diagnostic & Balance Exams – 20% coinsurance / Not covered	\$0 per exam (yearly) / 2 Truhearing Advanced or Premium hearing aids per year; \$299 / \$599					
Vision (Routine Coverage)	Not covered	\$0 per exam, \$150 allowance					
Dental Coverage	Not covered	Comprehensive Included					
Fitness Benefit	Not covered	Included					
OTC Benefit	Not covered	\$50 Quarter					



SENIOR CARE PLUS IS PROUD TO OFFER THE

Complete Plan

Primary Care provided by P3 Health Partners.

Senior Care Plus is pleased to partner with P3 Health Partners to bring the Complete Plan to residents of Clark County and Nye County.

Choose the Complete Plan and enjoy preferred access to P3 Health Partner facilities and receive thousands of dollars in extra benefits for a \$0 premium.

Call 775-982-3158 or visit SeniorCarePlus.com to enroll in the Complete Plan today.

Signing up has many benefits - HERE ARE JUST A FEW OF THEM:



\$0

Priority access to P3 Health Partners providers and services

\$0 co-pay for primary care and specialist office visits





No monthly premium and no deductible

\$2,000 comprehensive dental benefits



Hearing exam and hearing aid coverage

Eye exam and glasses or contact lens coverage





\$50 Over-the-Counter (OTC) quarterly benefit





Southern Nevada Plans

Comprehensive & Encompass Plans
Clark County



2022 SUMMARY OF BENEFITS



For the healthiest reasons.

MEDICARE ADVANTAGE PLANS

Comprehensive · Encompass

CLARK COUNTY



SENIOR CARE PLUS IS PROUD TO OFFER THE

Comprehensive Plan

with Primary Care provided by CareMore

Choose the Comprehensive Plan and receive thousands of dollars in extra benefits for a \$0 premium. Plus get access to CareMore Care Centers with their wide range of health care services and a Care team ready to work together with your personal doctor to keep you feeling your best.

Senior Care Plus is pleased to partner with CareMore Health to bring the Comprehensive Plan to residents of Clark County.

Signing up has many benefits – HERE ARE JUST A FEW OF THEM:



Priority access to CareMore Health providers and services

\$0 co-pay for primary care and specialist office visits



No monthly premium and no deductible





\$2,000 comprehensive dental benefits

Personalized fitness benefit



\$50 Over-the-Counter (OTC) quarterly benefit

Call **775-982-3158** or visit **SeniorCarePlus.com** to enroll in the COMPREHENSIVE Plan today.



FOR THESE PLANS, BENEFICIARIES MUST RESIDE IN **CLARK COUNTY**.

Comprehensive Plan-021	HMO Benefits	Encompass-022	
N/A	ELIGIBILITY REQUIREMENT	Diabetes, CHF, COPD	
\$0	MONTHLY PLAN PREMIUM	\$0	
\$1,900 per year	Maximum Out-of-Pocket	\$1,250 per year	
Not covered	Out of network benefits	Not covered	
\$0 per visit / \$0 per visit	PCP / Specialist Office Visits	\$0 PCP / \$0 CareMore \$5 in network	
\$0 per day	Inpatient Hospital	\$0 per day (3 days), \$50 day (days 4-7) \$0 (days 8-91), 180 day max	
\$0 per visit	Outpatient Hospital Services	\$0 per visit	
\$0 days 1-20, \$125 days 21-40	Skilled Nursing	\$0 days 1-20, \$184 days 21-40	
\$120 per visit	Emergency Room Care	\$120 per visit	
\$10 / \$40 per visit (\$0 Teladoc)	Urgently Need Care / Teladoc	\$0 CareMore Anytime / \$20 per visit	
\$180 ground / \$295 air	Ambulance Services	\$150 round / air	
\$0 / \$50 / \$200 per visit	Diagnostic Tests (X-ray, CT, MRI)	\$0 / \$40 / \$100 per visit	
\$0 per visit	Routine Lab Services	\$0 per visit	
\$0 per visit	Preventive Services	\$0 per visit	
20% per item/supply	Diabetic Supplies / Durable Medical Equipment	\$0 up to \$500, 20% over \$500 \$0 Diabetic Supplies/shoes	
\$0 per visit	Chiropractic Services	\$0 per visit	
\$0 per exam, \$150 allowance	Vision (Routine Coverage)	\$0 per exam, \$150 allowance	
\$50/quarter	OTC Benefit	\$50 per quarter	
\$0 per exam (yearly) / 2 TruHearing hearing aids per year; \$299 / \$599	Hearing Exam / Hearing Aid Coverage	\$0 per exam (yearly) / 2 TruHearing hearing aids per year; \$299 / \$599	
Included / Comprehensive Included	Fitness Benefit / Dental Coverage	Included / Comprehensive Included	
\$2 / \$8 / \$0 (Tiers 1,2,6)	Rx-Coverage in the Gap*	\$0 / \$5 / \$0 (Tiers 1,2,6)	
No Deductible	Rx-Deductible*	No Deductible	
Preferred \$2 /Non-Preferred \$8 (30-day)	Rx-Preferred Generic (1)*	Preferred \$0 / Non-Preferred \$8 (30-day)	
Preferred \$8 /Non-Preferred \$16 (30-day)	Rx-Non-Preferred Generic (2*)	Preferred \$5 / Non-Preferred \$15 (30-day)	
Preferred \$41 /Non-Preferred \$47 (30-day)	Rx-Preferred Brand (3)*	Preferred \$37 / Non-Preferred \$47 Senior Savings \$35 (30-day)	
Preferred \$94 /Non-Preferred \$100 (30-day)	Rx-Non-Preferred Brand (4)*	Preferred \$85 / Non-Preferred \$95 (30-day)	
33% coinsurance	Rx-Specialty (5)*	33% coinsurance	
Preferred \$0/ Non-Preferred \$6 (30 day)	Rx-Select Drug (6)*	Preferred \$0 / Non-Preferred \$8 (30 day)	

SENIOR CARE PLUS IS PROUD TO OFFER THE

Encompass Plan

for Clark County residents with chronic health conditions.

If you have COPD, Diabetes or Congestive Heart Failure (CHF), you will want to select the Encompass Plan to get the specialized benefits that support your chronic condition.

We are pleased to partner with CareMore Health to provide an extra layer of care on top of the services you receive from your personal doctor. Plus CareMore offers many health programs and services created to help keep you healthy and manage your chronic conditions.

> Signing up has many benefits – HERE ARE JUST A FEW OF THEM:



24/7 access to the CareMore Anytime Line

Reduced cost chronic care medications



CO-PAY \$0

Diabetic supplies at \$0 copay

No monthly premium and no deductible



\$2,000 comprehensive dental benefits







\$50 Over-The-Counter (OTC) quarterly benefit

Call **775-982-3158** or visit **SeniorCarePlus.com** to enroll in the ENCOMPASS Plan today.

*All copays are for a 30-day supply unless otherwise noted. / Rx 90-day Retail you pay 2.5 times for a 30-day supply / Rx 90-day Mail order you pay 2 times a 30-day supply

Broker Sales Kits

Will be available in Reno, Carson City and Las Vegas after September 27

