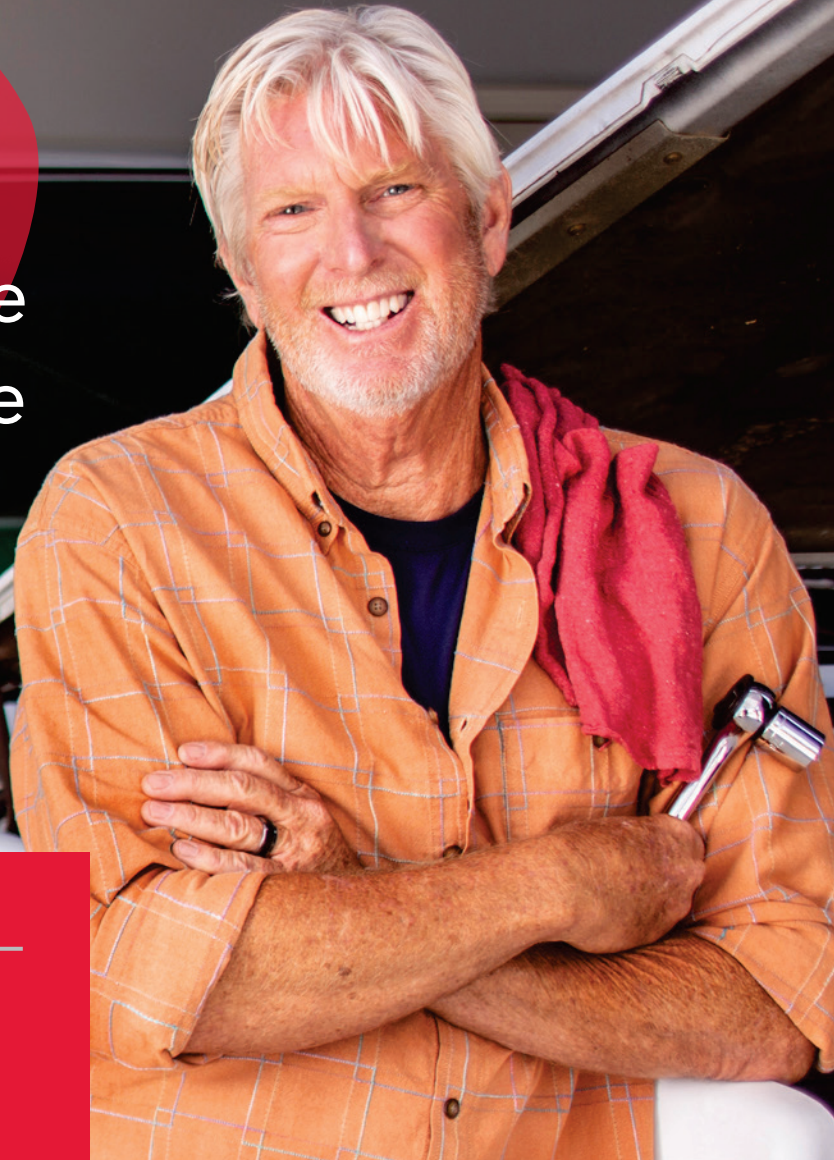


LOOK INSIDE TO LEARN MORE ABOUT THE RENOWN PREFERRED PLAN

2023 Medicare Enrollment Guide



MEDICARE ADVANTAGE PLANS

Patriot • Essential

Select • Renown Preferred

Extensive Duals

WASHOE COUNTY • CARSON CITY

Senior Care
Plus 

A Medicare Advantage Plan from Hometown Health.

Renown[®]
PREFERRED PLAN 
Brought to you by Senior Care Plus



Welcome to Senior Care Plus

Senior Care Plus is pleased to share our 2023 Medicare Advantage Plans with you. Inside, you will learn about the new and improved plan benefits that are coming your way starting January 1, 2023.

Consider this booklet your guide to selecting your 2023 Senior Care Plus benefits package. You will notice some wonderful benefit enhancements and new healthcare partners. For example, in 2023 Senior Care Plus members will enjoy:

- **New dental network**
LIBERTY Dental Plan – enhanced dental benefits depending on your plan
- **New hearing benefit provider**
NationsHearing® – lower cost hearing aids with a larger provider network
- **New Healthy Rewards Card program**
Get rewarded for taking care of your health
- **New Over-the-Counter benefit provider**
NationsOTC® – extensive selection with free, two-day shipping

And so much more... The benefit changes and enhancements detailed in this booklet were the result of member input — we listened to our members and we've made the already benefit-rich Senior Care Plus Medicare Advantage Plans even better for 2023.

Turn the page and see for yourself. You will be glad you selected Senior Care Plus, Nevada's only locally-owned, not-for-profit, Medicare Advantage Plan.

Senior Care
Plus 

A Medicare Advantage Plan from Hometown Health.

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NEW BENEFITS FOR 2023!

SENIOR CARE PLUS LISTENED TO OUR MEMBERS AND FOR 2023, we have new provider partners offering money saving new benefits to keep you healthy!

NationsHearing® Hearing Benefit

NationsHearing® offers a custom hearing benefit designed to improve not only your hearing, but your overall health and well-being too! You will enjoy an annual hearing exam with no out-of-pocket cost and, if you need them, low-cost hearing aids with a 60-day, 100% money-back guarantee. **See pages 14-15.**



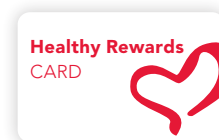
LIBERTY Dental Plan

The new dental plans LIBERTY Dental is bringing to Senior Care Plus members for 2023 are nothing short of fantastic. Comprehensive dental plans that offer first-dollar coverage up to \$1,250 or more! That means you pay nothing until your coverage amount is reached. It is important to note that cleanings and exams do not count toward the comprehensive limit. The LIBERTY Dental provider network is constantly growing and contracting with new dentists – **see the enclosed dental provider directory starting on page 25.**



Healthy Rewards – Reward Card Program

As your partner in health, Senior Care Plus wants to reward you for doing the things you need to do to stay healthy. That's why beginning in January 2023 we are pleased to offer our new Rewards program. Here's how it works: When you complete a qualifying health-related activity, you will receive your Healthy Rewards card in the mail and it will be preloaded with your reward amount. You can use those reward dollars for health-related purchases at NationsOTC® or to purchase eligible items at select retail locations. **See page 13 for more details.**



NationsOTC® Over-the-Counter Benefit

For 2023, Senior Care Plus is partnering with NationsOTC® to give you have access to hundreds of health and wellness products through your OTC benefit. You can order brand-name or generic items across a variety of categories. Free two-day shipping from western states means your products arrive quicker. **See the full 2023 OTC catalog starting on page 41.**



Durable Medical Equipment

Senior Care Plus has contracted with five new durable medical equipment providers and this benefit has already started! If you want to change the provider of your in-home oxygen or other medical equipment now is the time. **Check out page 19.**



TELADOC Dermatology Benefit

Senior Care Plus members have long enjoyed telemedicine visits through TELADOC, but this past summer we added a Dermatology benefit. TELADOC board-certified dermatologists can treat things like, acne, rosacea and rashes. **To learn more about this \$0 out-of-pocket benefit see page 18.**



A Medicare Advantage Plan from Hometown Health.

About Senior Care Plus

Senior Care Plus was Nevada's first Medicare Advantage Plan and that makes us the oldest, most experienced plan available.

Senior Care Plus is administered by Hometown Health, the insurance division of Renown Health. That relationship means Senior Care Plus is the only Medicare Advantage Plan supported by and accepted by Renown. This access to Renown Health and all that it has to offer is a great benefit for northern Nevada Medicare beneficiaries.

Senior Care Plus is your local, not-for-profit Medicare plan and our customer service team is located right here in Nevada. Not-for-profit means Senior Care Plus puts members first. And our local customer service team means when you call Senior Care Plus, you are talking to a Nevadan right here in Nevada. The Senior Care Plus team members are your friends and neighbors.

Senior Care Plus is an HMO Medicare Advantage Plan with a Medicare contract. It is available to Medicare beneficiaries eligible by age or disability in Carson City, Clark, Nye and Washoe County.

Senior Care Plus is located at:

10315 Professional Cir. · Reno, NV 89521

Lobby Hours: **Monday – Friday · 8 a.m. to 5 p.m.**

Call Center Hours: **Monday – Sunday · 7 a.m. to 8 p.m.**

- Local: **775-982-3112**
- Toll Free: **888-775-7003**
- Información en español **775-982-3242**
- TTY Relay Service 711

Email us: **customer_service@hometownhealth.com**

Visit our website at **SeniorCarePlus.com**.

BENEFITS THAT BENEFIT YOU

Senior Care Plus, Renown Health and MyChart

Senior Care Plus Clinics

Local Customer Service

Gym Program

NationsBenefits®

NationsHearing®

EyeMed

DispatchHealth

TELADOC

Durable Medical Equipment

Quick Start Health Assessment

Senior Care Plus, Renown Health and MyChart



Senior Care Plus is part of the Renown Health family and the only Medicare Advantage Plan accepted by Renown. Renown Health helps Senior Care Plus members – **FIGHT THE GOOD FIGHT.**

As part of this relationship, Senior Care Plus members can view their health information – including their health insurance information in MyChart.

PUT THE POWER OF MYCHART TO WORK FOR YOU!

MyChart is a secure, web-based application offered by Renown and Senior Care Plus. You can use it on your computer, phone, or tablet to get the care and information you need, as soon as you need it, from anywhere.



With MyChart, you can view all of your health information in one secure place. MyChart allows you to:

- Send messages to your providers and their staff, and receive responses back quickly.
- See a list of your current medications and request medication refills.
- View your test results as soon as you need them.
- View your insurance claims and explanation of benefits.
- View and print a copy of your Senior Care Plus ID card.

MyChart is the key to your best healthcare experience, even if you don't see a Renown primary care provider. MyChart offers access to your claims, authorizations and other Senior Care Plus-related information. Every Senior Care Plus member will benefit from using it.

Visit SeniorCarePlus.com/MyChart to learn more and view a step-by-step MyChart log-in process.

Senior Care Plus, Renown Health and MyChart – there is no better partnership for your health!

Senior Care Plus Clinics Powered by Renown

Senior Care Plus has collaborated with Renown Medical Group to bring you two dedicated clinics just for Senior Care Plus members. The clinics are located at:

740 Del Monte Ln., Suite 3
Reno, NV 89511

1525 Los Altos Pkwy.
Sparks, NV 89436

Members who choose to make Renown Medical Group – Senior Care Plus their primary care facility enjoy:

- Same-day access
- Longer appointment times
- Geriatric-focused providers
- Personal assistants on site

If you do not currently have a Renown Primary Care doctor, now would be a great time to call Senior Care Plus at **775-982-3112** and say you would like to make one of the Senior Care Plus clinics your primary care facility.



Local Customer Service the Senior Care Plus Difference

The Senior Care Plus customer service team is located right here in Nevada. When you contact customer service, you are connecting with a Nevadan ready to assist you on our healthcare journey.

THESE PAGES GIVE YOU THE THREE WAYS TO CONNECT WITH THE SENIOR CARE PLUS CUSTOMER SERVICE TEAM.

1. Online Chat

Our newest and possibly the quickest way to get your Senior Care Plus questions answered is online chat. Connecting with a live customer service agent via online chat is easy. Simply visit SeniorCarePlus.com and click on the online chat icon in the lower right hand corner of the webpage.



After answering a few simple questions – you will be connected to a live Customer Service representative.

Online chat is available Monday – Friday • 8 a.m. to 8 p.m.

2. Telephone Outreach

The Senior Care Plus customer service Call Center is open 7 days per week • 7 a.m. to 8 p.m.

- Local: **775-982-3112**
- Toll Free: **888-775-7003**
- Información en español **775-982-3242**

3. Senior Care Plus Personal Assistant

Senior Care Plus members who have a Renown-based primary care provider have access to a personal assistant.



- Appointment scheduling and healthcare screening coordination
- Specialist referrals and prior authorizations
- Medication coordination and assistance
- Health insurance and billing questions
- Spanish speaking Personal Assistants are available

If you have a Renown Health primary care provider but have not connected with your personal assistant, call the number below associated with the location of your primary care provider.

RENOWN MEDICAL GROUP LOCATIONS

Carson City – South Carson

2300 S. Carson St., 1
Carson City, NV 89701
775-982-3460

Caughlin Ranch

4796 Caughlin Pkwy., Suite 108
Reno, NV 89519
775-982-3461

Del Monte

740 Del Monte Ln., Suite 3
Reno, NV 89511 • **775-982-8438**

Los Altos

1525 N. Los Altos Pkwy.
Sparks, NV 89436 • **775-982-3051**

McCabe

25 McCabe Dr. • Reno, NV 89511
775-982-3047

North Hills

1075 North Hills Blvd., Suite 180
Reno, NV 89506 • **775-982-3462**

Pringle

75 Pringle Way, Suite 601
Reno, NV 89502
775-982-3038

Robb

1595 Robb Dr., Suite 2 • Reno, NV 89523
775-982-3463

South Meadows

10101 Double R Blvd. • Reno, NV 89521
775-982-3464

South Meadows Pavilion

10085 Double R Blvd., Suites 120 & 220
Reno, NV 89521 • **775-982-3466**

Summit Sierra

13945 S Virginia St. • Reno, NV 89511
775-982-3467

Vista

910 Vista Blvd. • Sparks, NV 89434
775-982-3468

Senior Care Plus – Gym Program



Stay active and in shape with a Senior Care Plus sponsored gym membership!

As a Senior Care Plus member, you can enjoy a year-long gym membership at one of the participating fitness facilities. Show your Senior Care Plus membership card on your first visit to take advantage of this fitness benefit! You will be required to sign-up at your location of choice. Participating gyms include:

Anytime Fitness – 24 hour access, cardio/weight equipment, locker rooms

Reno • 4784 Caughlin Pkwy., Ste. 401
Reno, NV 89519 • **775-622-8034**

Reno • 18603 Wedge Pkwy., Ste. D-E
Reno, NV 89511 • **775-852-7007**

Sparks • 2494 Wingfield Hills Rd.
Sparks, NV 89436 • **775-626-2500**

Carson City • 2629 N. Carson St.
Carson City, NV 89706 • **775-222-0022**

Carson City • 4530 S. Carson St.
Carson City, NV 89701 • **775-885-7771**

Cold Springs Family Center – Cardio/weight equipment, group exercise classes

Cold Springs • 18400 Village Pkwy.
Reno, NV 89508 • **775-657-6388**

Eagle Fitness – 24 hour access, cardio/weight equipment, group exercise classes, locker rooms

Reno • 6295 Sharlands Ave., Ste. 2
Reno, NV 89523 • **775-787-8686**

Sparks • 1535 Los Altos Pkwy.
Sparks, NV 89436 • **775-626-8686**

Fitness for \$10 – Cardio/weight equipment, exercise classes

Carson City • 829 Fairview Dr.
Carson City, NV 89701 • **775-352-8663**

Sparks • 1575 East Lincoln Way
Sparks, NV 89435 • **775-352-8663**

Parkway Athletic Club – Cardio/weight equipment, group exercise classes, pool, sauna/steam room, tennis/racquetball courts

Reno • 9400 Double Diamond Pkwy.
Reno, NV 89521 • **775-851-7171**

UFC Gym – Strength training equipment, daily classes

Reno • 4875 Kietzke Ln., Suite D
Reno, NV 89509 • **775-285-9340**

NOTE: Not all gym activities/amenities are included with your Senior Care Plus gym membership. Participating gyms subject to change. Senior Care Plus gym memberships are only valid at one participating fitness facility.

Earn REWARDS for Taking Care of Your Health

nations benefits

As a valued Senior Care Plus member, you will be able to earn rewards by completing health-related activities that promote your health and well-being. Your rewards allowance can be used to purchase items¹ and services using your Healthy Rewards program card.

YOUR REWARDS PROGRAM INCLUDES

Healthy Rewards

Funds are earned and loaded onto your card after each qualifying health activity has been completed.

Health-related activities may include, but are not limited to:

- Annual wellness visit
- Quick Start Health Assessment
- Health risk assessments

Convenient Purchasing Options

Order health and wellness items through NationsOTC[®] with two-day delivery.

- Visit **SeniorCarePlus.NationsBenefits.com**
 - Call **877-200-4189** (TTY: 711)
- OR
- Purchase eligible items at participating retail locations.



YOU MUST ACTIVATE YOUR CARD BEFORE USE.

Please visit **SeniorCarePlus.NationsBenefits.com** or call **877-200-4189** (TTY: 711) to activate your card.

Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year.



¹ This card may not be used to buy alcohol, tobacco, or other restricted items.

Improve Health and Wellness with Your Hearing Aid Benefit

Senior Care Plus has partnered with NationsHearing® to offers members a custom hearing benefit designed to improve overall health and well-being with cost-effective hearing aids and hearing solutions.

YOUR HEARING BENEFIT INCLUDES



An annual hearing test with no out-of-pocket cost

Convenient ways to take your hearing test:

- Call **877-200-4189** (TTY: 711) to speak with a Member Experience Advisor who will schedule your hearing test with a local hearing aid provider
- Visit **SeniorCarePlus.NationsBenefits.com** to access your online hearing test



Exceptional service delivery

Going above and beyond your expectations with:

- Quality care from a hearing aid provider in your area
- 24/7/365 access to a dedicated team of Member Experience Advisors
- Three follow-up visits to ensure your complete satisfaction¹



Our promise to you

The latest technology from all major manufacturers, plus:

- 60-day, 100% money-back guarantee
- Three-year manufacturers' warranty
- Three years of batteries included²

Hearing aid options

NationsHearing® has relationships with all leading hearing aid manufacturers, which means they can offer the latest and most advanced hearing aids from more than 1,200 makes and models. Understanding your options when choosing a hearing aid will help you make the right decision for your hearing health.

Provider network

NationsHearing® Provider Network includes more than 8,000 locations across the U.S., and nearly a dozen providers conveniently located in the Senior Care Plus service area.

Why hearing health is important

Hearing impairment can impact almost every aspect of a person's life. Studies have linked untreated hearing loss to conditions like diabetes, dizziness, falls, strained relationships, and compromised safety.³ Fortunately, around 95% of people with hearing impairment could benefit from wearing hearing aids.⁴ That's why providers in the network work with you to select hearing aids that meet your lifestyle needs.

GET STARTED TODAY!

Call **877-200-4189** (TTY: 711) or visit **SeniorCarePlus.NationsBenefits.com**.

Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year. Language support services are available free of charge.



NationsHearing® Quick List of Hearing Benefits

- Annual hearing test with no out-of-pocket cost
- Access to a nationwide network of 8,000+ providers
- Hearing aids available from all major brands
- Low pricing and a 60-day, 100% money-back guarantee
- Concierge-level service by dedicated Member Experience Advisors
- Three follow-up visits during the benefit year
- 3-year repair warranty
- 3 years of batteries included*
- One-time replacement coverage for lost, stolen or damaged hearing aids**
- 12 and 18-month financing options available with 0% APR, no money down

**Not applicable to the purchase of rechargeable hearing aid models. **Deductibles may apply.*

¹ Within the first year of fitting date ² Not applicable to the purchase of rechargeable hearing aid models ³ "Hearing Loss: A Common Problem for Older Adults." National Institute on Aging, U.S. Department of Health and Human Services, www.nia.nih.gov/health/hearing-loss-common-problem-older-adults. ⁴ "Quick Statistics About Hearing." National Institute of Deafness and Other Communication Disorders, U.S. Department of Health and Human Services, 1 Apr. 2021, www.nidcd.nih.gov/health/statistics/quick-statistics-hearing.



Your EyeMed Vision Benefit



Senior Care Plus partners with EyeMed Vision Care to provide you with an \$0 copay annual eye exam and coverage for contacts or glasses up to \$250 every year.

Senior Care Plus vision benefits are provided exclusively by EyeMed. To access your vision benefits you must use an EyeMed Provider.

Find an EyeMed Provider:

Call toll free at **866-723-0513**.

Monday – Saturday · 7:30 a.m. to 11 p.m. (EST)

Sunday from 11 a.m. to 8 p.m. (EST)

Go to **eyemed.com** and click on **Find an eye doctor** and then select the **Advantage Network** from the **Choose your Network** drop down menu. Then simply enter your zip code to find an in-network eye doctor near you.



DispatchHealth – Bringing Back the House Call

Senior Care Plus is pleased to partner with DispatchHealth in bringing back the house call!

DispatchHealth brings a mobile medical team equipped with the technology and tools to care for minor to serious injuries and illnesses. Each team consists of a medical technician and a nurse practitioner or doctor assistant. These clinicians are supported by a remote on-call emergency room doctor.

REQUEST CARE FROM DISPATCHHEALTH

Requesting care is easy. You can use the DispatchHealth mobile app, visit their website at **dispatchhealth.com** or call them directly at **775-439-1529** or **702-848-4443**.

DispatchHealth’s qualified practitioners provide in-home urgent care for a wide array of medical conditions. DispatchHealth is available 8 a.m. to 10 p.m., seven days a week for the cost of an in-network urgent care co-pay.



Virtual Visits Made Easy with TELADOC Including NEW Dermatology Benefit!



Senior Care Plus has partnered with TELADOC to make virtual visits with a qualified doctor easy. You can talk to a doctor by telephone or video anytime day or night in all 50 states. **And, best of all, Senior Care Plus members have a \$0 copay!**

TELADOC is a convenient option that allows members to talk to a doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many medical issues.

Some of the health issues TELADOC doctors treat include:

- Sinus & Bronchitis problems
- Allergies
- Cold and flu
- Respiratory infection
- Ear infection
- Sore throat

Dermatology Visits Now Available

TELADOC dermatologists treat conditions like, acne, rosacea, and rashes. You can also use it for moles or skin growths, however, depending on the severity, you may be referred to another in-network provider for follow-up and further intervention.

When you start your dermatology consult, you simply answer a few questions and upload photos of your skin condition. Once that's done, a board-certified dermatologist is assigned to you. They will work with you via the TELADOC Message Center to evaluate your condition and develop a treatment plan.

Registering with TELADOC is easy. You can visit SeniorCarePlus.com and click on **TELADOC** for quick access to the TELADOC registration page. You can also call TELADOC at **1-800-TELADOC (835-2362)**, be sure to have your Senior Care Plus card handy.

IMPORTANT: If you think your injury or illness may be life or limb-threatening, call 911 immediately.



NOW AVAILABLE!

New Durable Medical Equipment Providers

Senior Care Plus wants members to have access to the medical equipment they need, when and where they need it.

Senior Care Plus contracts with a number of Durable Medical Equipment providers to give members the selection they want and the convenience they need.

AdaptHealth – Bennett Medical Services
2600 Mill St., Suite 600 • Reno, NV 89502
775-329-0799
adapthealth.com



Accellence Home Medical
5450 Mill St., #101 • Reno, NV 89502
775-787-8880
accellencehomemedical.com



Lincare Complete
1380 Greg St., Suite 201 • Sparks, NV 89431
775-359-6262
lincare.com



Owens Healthcare
2700 Mill St., Suite 800 • Reno, NV 89502
775-207-2727
myowens.com



Preferred Homecare
320 S Rock Blvd. • Reno, NV 89502
775-825-8644
preferredhomecare.com



Pulmonary Solutions
50 Freeport Blvd., #24 • Sparks, NV 89431
775-451-0155
pulmonarysolutions.com



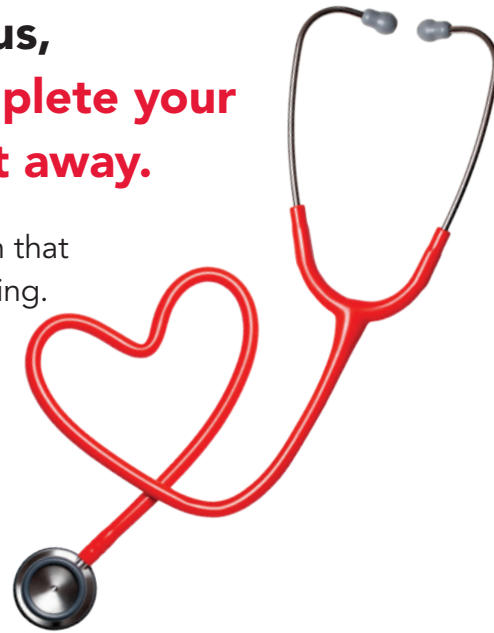
SCHEDULE YOUR QUICK START HEALTH ASSESSMENT TODAY!

PHARMACY AND MAIL ORDER

As a new member to Senior Care Plus, you are invited to schedule and complete your Quick Start Health Assessment right away.

The Quick Start Health Assessment is a detailed evaluation that gives us an in-depth look at your overall health and well-being. The results of your Quick Start Health Assessment are shared with your Primary Care Provider (PCP) to assist them in developing a customized care plan just for you.

The Quick Start Quick Assessment gives you and your primary care provider insight into your health status!



Mail Order Pharmacy
2023 Prescription Drug Cross Walk



You can schedule your Quick Start Health Assessment by calling **775-982-2605**.

The Quick Start Health Assessment is offered at two convenient locations:

1. Renown Medical Group

740 Del Monte Ln., Suite 3
Reno, NV 89506
(Dedicated Senior Care Plus Clinic)

2. Renown Medical Group

1525 Los Altos Pkwy.
Sparks, NV 89436



Mail Order Pharmacy



There are many benefits to using a mail order pharmacy to get your prescribed medications. In 2021, 95% of mail order users said they were satisfied or very satisfied. Senior Care Plus has three money-saving mail order options available.

Now available –
ideal for members in northern Nevada!

Renown Mail Order Pharmacy



HOURS OF OPERATION:

Monday through Friday from 8 a.m. to 5 p.m. (PST)

Renown Pharmacy • 21 Locust St. • Reno, NV 89502

775-982-5280 and Press 0 • renown.org/pharmacy



NOTE: Other Pharmacies are available in our network.



Postal Prescription Services (PPS)

OVERALL SATISFACTION RATING: 86%

EASE OF SET-UP: Rated 9/10

EASE OF REQUESTING REFILLS: 9/10

HOURS OF OPERATION:

Monday through Friday from 6 a.m. to 6 p.m. (PST)

Saturday from 9 a.m. to 2 p.m. (PST)

Postal Prescription Services • PO Box 2718 • Portland, OR 97208-2718

Call toll free, **800-552-6694** • ppsrx.com

Costco Mail Order Pharmacy



OVERALL SATISFACTION RATING: 85%

EASE OF SET-UP: Rated 8.8 /10

EASE OF REQUESTING REFILLS: 9/10

HOURS OF OPERATION:

Monday through Friday from 5 a.m. to 7 p.m. (PST)

Saturday from 9:30 a.m. to 2 p.m. (PST)

Call toll free, **800-607-6861** • Fax **800-633-0334**

Email webpharmacy@costco.com • costco.com/home-delivery

2023 Prescription Drug Crosswalk

The Senior Care Plus prescription drug formulary is extensive, but it does not include all drugs. Most prescription drugs have an alternative that can be found on the Senior Care Plus formulary. Below is a partial list of alternative prescription medications that are included in the 2023 Senior Care Plus formulary.

Please talk to your primary care provider to determine if one of the alternative drugs listed is right for you.

IMPORTANT: This is not a complete list of medications available in the Senior Care Plus formulary. Additionally medications listed in the formulary can sometimes change. Please visit the Formulary page on the SeniorCarePlus.com website to see an up-to-date and complete list of prescription drugs included in the formulary.

Drug Class	Drugs not covered by your plan	Alternative covered drugs and Tier
Asthma / Chronic Obstructive Pulmonary Disease (COPD)	Fluticasone propionate and salmeterol (Advair Diskus generic), Dulera, Symbicort, Levalbuterol HFA	Advair Diskus (Brand) – 2 Advair HFA – 3 Arnuity Ellipta – 3 Breo Ellipta – 3 Breztri – 3 Flovent (Diskus & HFA) – 3 Spiriva – 3 Trelegy Ellipta – 3
	Ventolin HFA, Proventil HFA, Proair HFA	Albuterol HFA - 2
Blood Thinners	Pradaxa	Eliquis – 3 Xarelto – 3
Diabetes – Insulins	Basaglar, Lantus, Levemir	Semglee – 3 Toujeo – 3
	Humalog, Apidra	Novolog – 2 Fiasp – 3
	Humulin	Novolin – 3
Diabetes – Other	Invokana, Steglatro	Farxiga – 3 Jardiance – 3
	Januvia, Janumet	Tradjenta – 3 JentaDueto – 3
	Byetta, Bydureon	Ozempic – 3 Rybelsus – 3 Trulicity – 3 Victoza – 3
	Metformin ER (Osmotic)	Metformin ER (generic Glucophage XR) – 6
Gastrointestinal	Amitiza	Lubiprostone – 3 Linzess – 3 Movantik – 3
	Dexilant	Esomeprazole – 2 Lansoprazole – 1 Omeprazole – 1 Pantoprazole – 1
Gout	Colchicine capsules	Mitigare – 2 Colchicine tablets – 4
Ophthalmic	Cyclosporine eye drops (Restasis generic)	Restasis dropperette (Brand) – 2
Thyroid	Synthroid, Armour Thyroid, Levothyl	Levothyroxine – 1

2023 LIBERTY DENTAL PLAN MEDICARE NETWORK

LIBERTY Dental Plan
LIBERTY Dental Provider Directory

LIBERTY Dental Plan Will Put a Smile on the Face of Senior Care Plus Members!



Starting January 1, 2023, Senior Care Plus members will have their dental benefits administered by LIBERTY Dental Plan (LIBERTY). LIBERTY has an extensive provider network throughout Nevada and they are constantly adding new providers.

LIBERTY offers concierge-style customer service providing Senior Care Plus members peace of mind through:

- Live, highly-qualified multi-lingual Member Services Representatives
- 24-hour access to emergency dental care coordinated by a Dental Director
- Assistance in selecting a pre-screened dentist

LIBERTY also uses technology to support Senior Care Plus members, including:

- The LIBERTY Mobile app gives members quick and easy access to searching for a network dentist, benefit information, co-pay information, and more
- Online access to LIBERTY's extensive library of oral health and wellness



New providers – new benefits – including first dollar coverage

The 2023 Senior Care Plus dental plans we are offering through LIBERTY are terrific. Comprehensive coverage amounts shown are first dollar coverage – meaning you have no out-of-pocket expense until the coverage limit is reached!

It is important to note that cleanings and exams do not count toward the comprehensive limit.



Extensive Duals Plan • \$2,000 Comprehensive Coverage

Patriot Plan • \$1,500 Comprehensive Coverage

Select Plan • \$1,500 Comprehensive Coverage

Renown Preferred Plan • \$1,250 Comprehensive Coverage

Complete Plan • \$1,250 Comprehensive Coverage

Essential Plan • Preventive Dental Coverage

NOTE: The benefits outlined above do not take effect until January 1, 2023. The LIBERTY provider network may change at any time.

For the most recent provider network information or other dental questions, please visit libertydentalplan.com/SCP or contact LIBERTY Dental Plan at **888-442-3193**

Monday – Friday • 8 a.m. to 8 p.m. (Local Time)

TTY users should call **877-855-8039** or visit libertydentalplan.com/SCP.

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4840 VISTA BLVD STE 108
SPARKS, NV 89436
(775) 825-0285

EMBRACE DENTAL

DINH, MEGAN-VINH
4760 GALLERIA PKWY # 102
- 104
SPARKS, NV 89436
(775) 391-6212

PARAFIANOWICZ, ANNIE
4760 GALLERIA PKWY # 102
- 104
SPARKS, NV 89436
(775) 391-6212

ERIC C DEAN DDS LTD

DEAN, ERIC
925 ROBERTA LN
SPARKS, NV 89431
(775) 359-8801

***HEINEN FAMILY
DENTISTRY***

HEINEN, MARGARET
925 ROBERTA LN
SPARKS, NV 89431
(775) 359-8464

***SPANISH SPRINGS FAMILY
DENTAL***

YORK, ADAM
5050 VISTA BLVD, STE 107
SPARKS, NV 89436
(775) 626-6556

***SPANISH SPRINGS
MODERN DENTISTRY-PDS***

ASDEL, EDWARD
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

BARRETT, JOHN
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

BOEHME, JUDD
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

CALDER, CHARLES
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

CHOW, EDMOND
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

ELLSWORTH, BENJAMIN
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

FLYNN, KATIE
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

JANCSO, MICHELLE
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

KIM, JAMES
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

MCEVOY, ERIN
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

MORALES, MIGUEL
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

NGUYEN, LONG
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

PERALTA, CHRISTIAN
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

RADMALL, AARON
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

PROVIDER DIRECTORY NEVADA

SHAHRESTANI, ALI
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

SILVA, JESSICA
242 LOS ALTOS PKWY
SPARKS, NV 89436
(775) 354-1785

***SPARKS FAMILY
DENTISTRY***

BASORA, THOMAS
340 PYRAMID WAY
SPARKS, NV 89431
(775) 359-3336

***SPARKS MARINA
DENTISTRY - PDS***

ABULHASAN, MARWA
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

ADAMS, BRIAN
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

ASDEL, EDWARD
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

BARRETT, JOHN
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

BOEHME, JUDD
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

CALDER, CHARLES
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

CHOW, EDMOND
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

ELLSWORTH, BENJAMIN
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

FLANNERY, KEVIN
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

GREENWOOD, GREGORY
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

KIM, JAMES
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

LIN, KEVIN
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

LIN, WEIYE
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

SHAHRESTANI, ALI
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

SILVA, JESSICA
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

SOMERVILLE, MATTHEW
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

WELLS JR, JACK
475 SPARKS BLVD, STE 101
SPARKS, NV 89434
(775) 359-1565

***SPARKS MODERN
DENTISTRY - PDS***
MCEVOY, ERIN
2454 WINGFIELD HILLS RD
STE 100
SPARKS, NV 89436
(775) 525-5510

PERALTA, CHRISTIAN
2454 WINGFIELD HILLS RD
STE 100
SPARKS, NV 89436
(775) 525-5510

PROVIDER DIRECTORY NEVADA

TONY J. DEPAOLI, DDS
DEPAOLI, ANTHONY
1955 E PRATER WAY
SPARKS, NV 89434
(775) 359-6780

**WAYNE G. TERHUNE,
D.D.S.**
TERHUNE, WAYNE
2261 PYRAMID WAY SUTIE
1
SPARKS, NV 89431
(775) 331-4464

**WESTERN DENTAL-
SPARKS**
MARTIN, MARTY
685 E. PRATER WAY, STE
103
SPARKS, NV 89431
(775) 358-4601

SUN VALLEY

DESERT VALLEY DENTAL
BASTA, TREVOR
5295 SUN VALLEY BLVD
STE 6
SUN VALLEY, NV 89433
(775) 673-1055

GOODMAN, ROBYN
5295 SUN VALLEY BLVD
STE 6
SUN VALLEY, NV 89433
(775) 673-1055

JOHL, TEJPAUL
5295 SUN VALLEY BLVD
STE 6
SUN VALLEY, NV 89433
(775) 673-1055

KELLY, DAVID
5295 SUN VALLEY BLVD
STE 6
SUN VALLEY, NV 89433
(775) 673-1055

KELLY, KRISTIN
5295 SUN VALLEY BLVD
STE 6
SUN VALLEY, NV 89433
(775) 673-1055

WILSON, SCOTT
5295 SUN VALLEY BLVD
STE 6
SUN VALLEY, NV 89433
(775) 673-1055

2023 OVER-THE-COUNTER CATALOG DIRECTORY

NationsOTC®
Over-the-Counter Catalog Directory

Shop Easier, Healthier and Happier

We would like to take this opportunity to welcome you and thank you for choosing Senior Care Plus to participate in your health care. As a valued member, you have an over-the-counter (OTC) benefit through NationsOTC® that gives you access to hundreds of OTC products across a variety of categories.

Placing an order is simple. You have four easy ways to use your benefit allowance and receive two-day shipping at no additional cost. We encourage you to keep this catalog where it's easily accessible. You can use your catalog to place future orders. **It also contains helpful information such as:**

- Instructions on how to place an order
- Order form
- Abridged list of categories and eligible products

To see complete listing of items available to order visit:
SeniorCarePlus.NationsBenefits.com

If you need help placing an order, please call **877-200-4189** (TTY: 711). **Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year.** Language support services are available if needed, free of charge.

NOTE: This benefit is not available until January 2023.



Helpful Benefit Information

You can save time and money by using your OTC benefit allowance to order the items you need to personalize your care. It is important to remember that your OTC benefit is quarterly and that unused dollars do not roll forward.

Additional information about your OTC benefit is outlined below:



BENEFIT USAGE

This benefit is only for you and cannot be used for your family or friends.



AVAILABILITY

Items, amounts, sizes, and values are subject to change depending on availability.



SUBSTITUTION

If an item is out of stock, a similar product of equal or higher value will be shipped.



DELIVERY

Please allow two days for delivery.



RETURNS

Due to the personal nature of these products, you do not have to ship products you wish to return back to NationsOTC.



DISENROLLMENT

If you disenroll from your health plan, your OTC benefit will automatically end.

Keep this catalog for future orders.

Ordering OTC Products Has Never Been Easier

Starting in January 1, 2023 you will have three convenient ways to place an order. Choose the option that's best for you:

WEBSITE

To place an order through the MyBenefits portal, visit SeniorCarePlus.NationsBenefits.com.

If this is your first time placing an order online, you will need to create an account by registering on the **MyBenefits portal** or the **MyBenefits app**. If you already created an account, simply log in and select the items you would like to order. Once you're ready to place your order, click **Checkout**.

PHONE

To place an order by phone, please call **877-200-4189** (TTY: 711). **Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year.**

MAIL

To place an order by mail, send your completed order form to the address below.

NationsOTC
1801 NW 66th Avenue, Suite 100
Plantation, FL 33313

Please Note: Order forms should be mailed **BEFORE THE 20TH OF THE MONTH** to ensure the order total is applied to the current benefit period. We encourage you to place an order online or by phone if the end of your benefit period is approaching. Please do not send cash or checks in the mail.

Keep this catalog for future orders.

Top Selling Products



Cough Drops, Cherry
 Count: 30

Item #: 5220 \$3.00



Cough Drops, Honey Lemon
 Count: 30

Item #: 5545 \$3.00



Cough Drops, Sugar-Free,
 Black Cherry
 Count: 25

Item #: 5405 \$3.00



Medicated Lip Balm,
 0.15 oz.
 Count: 1

Item #: 5559 \$2.00



Vapor Rub,
 3.5 oz.
 Count: 1

Item #: 5511 \$5.00



Dental Floss, Reach®
 Mint Waxed
 Count: 1

Item #: 5130 \$4.00



Denture Cleaning Tablets
 Count: 40

Item #: 5546 \$4.00



Interdental Flossers
 Count: 90

Item #: 5200 \$3.50



Toothbrush, Colgate®
 Adult Medium
 Count: 1

Item #: 5101 \$3.00




Toothbrush, Colgate®
 Adult Soft
 Count: 1

Item #: 5505 \$3.00

Keep this catalog for future orders.

Top Selling Products




Toothpaste, Colgate®
4 oz.
Count: 1

Item #: 5047 \$4.00




Alcohol Pads*
Count: 100

Item #: 5295 \$3.50




Artificial Tears Drops,
0.5 oz.
Count: 1

Item #: 5004 \$4.50




Cotton Swabs
Count: 300

Item #: 5385 \$4.00




Bandages, Assorted*
Count: 100

Item #: 5173 \$4.50




Toothpaste, Crest®
Sensi-Relief, 4.1 oz.
Count: 1

Item #: 5811 \$9.00




Antacid Chewables,
Extra Strength, 750 mg.
Count: 96

Item #: 5438 \$4.50




Clear Eyes® Eye Drops,
0.2 oz.
Count: 1

Item #: 5487 \$4.00



Q-Tips® Cotton Swabs
Count: 170


Item #: 5608 \$4.00



Band-Aids®*
Count: 100


Item #: 5128 \$8.50

Top Selling Products




Hydrogen Peroxide, 3%,
8 oz.
Count: 1

Item #: 5227 \$4.00




Procedural Face Masks
with Earloops
Count: 50

Item #: 5817 \$12.00




Triple Antibiotic Ointment,
1 oz.
Count: 1

Item #: 5869 \$4.50




Adult Washcloths
Disposable*
Count: 48

Item #: 5447 \$5.50




Acetaminophen Extra
Strength Tablets, 500 mg.
Count: 100

Item #: 5303 \$6.50



Neosporin® Plus,
0.5 oz.
Count: 1

Item #: 5250 \$9.00



Rubbing Alcohol, 70%,
16 oz.*
Count: 1

Item #: 5541 \$4.00




Vaseline® Jelly, 3.75 oz.
Count: 1

Item #: 5127 \$4.50



Flushable Wipes*
Count: 24

Item #: 5529 \$5.50



Aspirin, Enteric Coated
Tablets, Low Dose, 81 mg.
Count: 120

Item #: 5090 \$4.00

Keep this catalog for future orders.

Keep this catalog for future orders.

Top Selling Products



Bayer® Enteric Coated Aspirin, Low Dose, 81 mg.
Count: 32

Item #: 5034 \$4.50



Salonpas® Patch
Count: 6

Item #: 5383 \$13.00



Aloe Vera Cream,
6 oz.
Count: 1

Item #: 5535 \$3.50



Coenzyme Q-10, 100 mg.‡
Count: 30

Item #: 5156 \$11.00



Glucosamine Chondroitin,
1,500 mg., 1,200 mg.‡
Count: 60

Item #: 5176 \$16.00



Cold Hot Medicated Patch
Count: 5

Item #: 5080 \$6.00



Tylenol® Extra Strength Tablets, 500 mg.
Count: 100

Item #: 5423 \$17.00



Calcium + Vitamin D3 Tablets, 600 mg.‡
Count: 60

Item #: 5298 \$4.00



Fish Oil Softgels, 1,000 mg.‡
Count: 60

Item #: 5140 \$9.00



Vitamin D3, 125 mcg.‡
Count: 100

Item #: 5749 \$8.50

Keep this catalog for future orders.

Item #	Description	Count	Price
Bathroom Safety, Fall Prevention & Durable Medical Equipment			
5647	Bath Mat, Non-Skid	1 ct.	\$14.00
5853	Shower Mat, Non-Skid	1 ct.	\$14.00
5806	Slipper Socks, One Size Fits Most	1 ct.	\$5.50
Cold, Flu & Allergy			
5252	Abreva® Cream, 10%, 2 gm.	1 ct.	\$24.00
5084	Acetaminophen Sinus Congestion Caplets, 325 mg., 5 mg.	24 ct.	\$4.50
5335	Afrin® Nasal Spray, 0.05%, 0.5 oz.	1 ct.	\$13.00
5790	Airborne® Chew†	32 ct.	\$10.00
5606	Blistex® Ointment, 0.15 oz.	1 ct.	\$4.00
5344	Carmex®	1 ct.	\$2.50
5133	Cepacol® Sore Throat Lozenges	16 ct.	\$5.00
5052	Cetirizine Allergy Tablets, 10 mg.	30 ct.	\$8.00
5334	Claritin® Tablets, 10 mg.	10 ct.	\$18.00
5338	Cough & Cold for High Blood Pressure	16 ct.	\$5.00
5202	Cough Drops, Halls®	30 ct.	\$4.50
5126	Cough Drops, Menthol	30 ct.	\$3.00
5399	Day & Night Cold & Flu Caplets	20 ct.	\$6.00
5153	Day Cold & Flu Liquid, 325 mg., 10 mg., 5 mg., 8 oz.	1 ct.	\$6.00
5234	DayQuil® Liquid, 325 mg., 10 mg., 5 mg., 8 oz.	1 ct.	\$12.00
5451	Diphenhydramine Allergy Tablets, 25 mg.	24 ct.	\$3.00
5855	Fexofenadine Allergy Tablets, 180 mg.	30 ct.	\$11.00
5856	Fluticasone Propionate Allergy Nasal Spray, 24-Hour, 144 sprays, 50 mcg.	1 ct.	\$21.00
5095	Green Tea Flu & Cold Honey Lemon	6 ct.	\$8.00
5857	Loratadine Allergy Tablets, 10 mg.	100 ct.	\$12.00
5465	Mucinex® DM Tablets, 600 mg., 30 mg.	20 ct.	\$17.00
5858	Mucus Relief DM Expectorant & Cough Suppressant, Extended Release, 1,200 mg., 60 mg.	14 ct.	\$10.00
5081	Nasal Decongestion Spray, 0.05%, 1 oz.	1 ct.	\$4.00
5040	Night Cold & Flu Liquid, 650 mg., 30 mg., 12.5 mg., 8 oz.	1 ct.	\$6.00
5233	NyQuil® Liquid, 650 mg., 30 mg., 12.5 mg., 8 oz.	1 ct.	\$12.00
5005	Robitussin® DM Syrup, 200 mg., 20 mg., 4 oz.	1 ct.	\$11.00
5072	Saline Nasal Spray, 0.65%, 1.5 oz.	1 ct.	\$3.50
5693	Sore Throat Lozenges, Cherry	18 ct.	\$5.00
5023	Tussin DM Sugar-Free Syrup, 100 mg., 10 mg., 4 oz.	1 ct.	\$4.00

*†\$See page 55

Keep this catalog for future orders.

Item #	Description	Count	Price
Cold, Flu & Allergy			
5008	Tylenol® Sinus Congestion Caplets, 325 mg., 5 mg.	24 ct.	\$12.00
5426	Zyrtec®, 10 mg.	14 ct.	\$22.00
Dental & Denture Care			
5700	Biotene® Dry Mouth Oral Rinse, 16 oz.	1 ct.	\$14.00
5330	Dental Floss, Mint Waxed	1 ct.	\$3.00
5168	Dental Travel Kit	1 ct.	\$3.50
5260	Denture Adhesive Cream, 2.4 oz.	1 ct.	\$4.00
5626	Denture Brush	1 ct.	\$1.50
5808	Efferdent® Plus Mint Tablets	44 ct.	\$9.00
5204	Efferdent® Tablets	20 ct.	\$3.00
5379	Fixodent® Cream, 2.4 oz.	1 ct.	\$7.00
5195	Oral Pain Relief Gel, 20%, 0.33 oz.	1 ct.	\$3.00
5809	Polident® Overnight	84 ct.	\$12.00
5810	Tongue Cleaner	1 ct.	\$6.00
5510	Toothbrush, Adult	1 ct.	\$1.50
6051	Toothbrush, Battery Powered	1 ct.	\$17.00
5160	Toothbrush, Rechargeable	1 ct.	\$35.00
5161	Toothbrush, Rechargeable Replacement Heads	2 ct.	\$17.00
5702	Toothbrush, Soft 2-pack	1 ct.	\$5.50
5241	Toothpaste Squeezer	1 ct.	\$3.00
5102	Toothpaste, Fluoride, 6.4 oz.	1 ct.	\$3.00
5859	Toothpaste, Pepsodent®, 5.5 oz.	1 ct.	\$3.50
5421	Toothpaste, Sensitive Teeth, 4.3 oz.	1 ct.	\$4.00
5294	Toothpaste, Ultrabrite®, 6 oz.	1 ct.	\$4.00
Diabetes Care			
5812	Diabetic Skin Relief Foot Cream, 4 oz.	1 ct.	\$12.00
5225	Diabetic Socks, Black, Medium, 3-pack	1 ct.	\$7.00
5223	Diabetic Socks, Black, Large, 3-pack	1 ct.	\$7.00
5860	Diabetic Socks, Black, X-Large, 3-pack	1 ct.	\$7.00
5224	Diabetic Socks, White, Medium, 3-pack	1 ct.	\$7.00
5222	Diabetic Socks, White, Large, 3-pack	1 ct.	\$7.00
Digestive Health			
5214	Alka-Seltzer® Tablets	24 ct.	\$8.00
5304	Antacid Chewables, 500 mg.	150 ct.	\$5.00

*\$See page 55

Keep this catalog for future orders.

Item #	Description	Count	Price
Digestive Health			
5420	Docusate Sodium Stool Softener Softgels, 100 mg.	100 ct.	\$5.00
5079	Famotidine Acid Reducer, 10 mg.*	30 ct.	\$5.00
5280	Gas Relief Chewable Tablets, 80 mg.	100 ct.	\$6.00
5009	Gas-X® ES Chewables, 125 mg.	18 ct.	\$10.00
5429	Loperamide Anti-Diarrheal Caplets, 2 mg.*	12 ct.	\$5.00
5863	Omeprazole Acid Reducer, Delayed Release Tablets, 20 mg.*	42 ct.	\$23.00
5286	Pepto-Bismol®, 525 mg., 8 oz.	1 ct.	\$8.00
5287	Pepto-Bismol®, 525 mg., 16 oz.	1 ct.	\$12.00
5289	Pepto-Bismol® Tablets, 262 mg.	30 ct.	\$8.00
5696	Polyethylene Glycol Powder Laxative, 8.3 oz.	1 ct.	\$13.50
5212	Senna + Laxative Tablets, 50 mg., 8.6 mg.	60 ct.	\$3.00
5800	TUMS® Extra Strength, 750 mg.	96 ct.	\$7.50
5247	Vitafusion® Fiber Gummy†	90 ct.	\$17.00
Eye & Ear Care			
5189	Earwax Removal Drops, 6.5%, 0.5 oz.	1 ct.	\$3.00
5704	Earwax Removal System with Rubber Bulb, 6.5%	1 ct.	\$9.00
5041	Irritation Relief Eye Drops, 0.5 oz.	1 ct.	\$7.00
5048	Redness Relief Eye Drops, 0.5 oz.	1 ct.	\$3.00
5494	Visine® Redness Relief Drops, 0.5 oz.	1 ct.	\$12.00
First Aid & Medical Supplies			
5404	Adhesive First Aid Tape*	1 ct.	\$3.00
6005	Antiseptic Towelettes	100 ct.	\$6.00
5798	Bacitracin Ointment, 1 oz.	1 ct.	\$4.00
5151	Bandage, Stretch Gauze*	1 ct.	\$2.00
5203	Benadryl® Cream, 1 oz.	1 ct.	\$8.00
5547	Burn Relief Spray, 4 oz.	1 ct.	\$6.00
5199	Butterfly Closures	12 ct.	\$3.00
5192	Cotton Balls	100 ct.	\$4.00
5078	Diphenhydramine Anti-Itch Cream, 2%, 1.25 oz.	1 ct.	\$4.00
5194	Disposable Gloves, Nitrile, Small	100 ct.	\$16.00
5193	Disposable Gloves, Nitrile, Medium	100 ct.	\$16.00
5191	Disposable Gloves, Nitrile, Large	100 ct.	\$16.00
5930	Disposable Gloves, Nitrile, X-Large	100 ct.	\$16.00
5612	First Aid Kit, 75 Pieces	1 ct.	\$7.50

*\$See page 55

Keep this catalog for future orders.

Item #	Description	Count	Price
First Aid & Medical Supplies			
5711	First Aid Kit, 175 Pieces	1 ct.	\$15.00
5605	Flex Seal™ Spray Bandage, 1.35 oz.*	1 ct.	\$7.00
5400	Hydrocortisone Cream, 1%, 1 oz.	1 ct.	\$4.00
5527	Hydrogen Peroxide, 3%, 4 oz.	1 ct.	\$2.00
5317	Ice Bag	1 ct.	\$5.00
5045	Liquid Bandage, 0.3 oz.	1 ct.	\$8.00
5059	Neosporin® Ointment, 0.5 oz.	1 ct.	\$8.00
5437	Petroleum Jelly, 4 oz.	1 ct.	\$3.00
5131	Tape, Paper Surgical, 1" x 10 yd.*	1 ct.	\$2.00
4039	Triple Antibiotic + Pain Relief Ointment, 1 oz.	1 ct.	\$4.00
Foot Care			
5216	Clotrimazole Athlete's Foot Cream, 1%, 1.5 oz.	1 ct.	\$4.00
5543	Foot Powder, 4 oz.	1 ct.	\$5.00
5165	Tolnaftate Antifungal Cream, 1%, 1.25 oz.	1 ct.	\$5.00
Hemorrhoidal Preparations			
5414	Hemorrhoid Ointment, 2 oz.	1 ct.	\$5.00
5820	Preparation H® Medicated Wipes	48 ct.	\$11.00
Home Diagnostic & Patient Aids			
5813	Activity Tracker	1 ct.	\$55.00
5119	Bathroom Scale, Digital ^{†§}	1 ct.	\$35.00
5814	Bathroom Scale, Digital Talking ^{†§}	1 ct.	\$45.00
5371	Blood Pressure Monitor, Upper Arm Automatic [†]	1 ct.	\$35.00
5573	Blood Pressure Monitor, Upper Arm Talking [†]	1 ct.	\$45.00
5370	Blood Pressure Monitor, Wrist [†]	1 ct.	\$30.00
5872	Blood Pressure Monitor, Wrist Talking [†]	1 ct.	\$40.00
5821	Kitchen Scale, Digital [†]	1 ct.	\$25.00
5500	Long Handle Bath Sponge	1 ct.	\$8.00
5639	Night Light	1 ct.	\$4.00
5242	Pill Box, 7 Day, 1 Time a Day	1 ct.	\$4.00
5508	Pill Box, 7 Day, AM & PM	1 ct.	\$9.00
5824	Pill Cutter with Safety Shield	1 ct.	\$7.00
5096	Pulse Oximeter [†]	1 ct.	\$35.00
5098	Reaching Aid Device	1 ct.	\$16.50
5656	Shoe Horn	1 ct.	\$2.00

*†§See page 55

Keep this catalog for future orders.

Item #	Description	Count	Price
Home Diagnostic & Patient Aids			
5149	Thermometer, 60 Second	1 ct.	\$3.00
6048	Thermometer, Digital Ear	1 ct.	\$28.00
5627	Thermometer, Talking Ear & Forehead	1 ct.	\$48.50
Incontinence Supplies			
5525	A&D Ointment, 4 oz.	1 ct.	\$3.00
5879	Attends® Discreet Women's Moderate Bladder Control Pad*	20 ct.	\$8.00
5880	Attends® Discreet Women's Maximum Bladder Control Pad*	20 ct.	\$9.00
5881	Attends® Discreet Women's Panty Liner*	28 ct.	\$6.50
5716	Attends® Discreet Women's Ultrathin Pad*	20 ct.	\$8.00
5825	Bathing Wipes	8 ct.	\$7.00
5883	Disposable Underwear Pull-Up, Medium, 34" to 44"*	20 ct.	\$15.00
5882	Disposable Underwear Pull-Up, Large, 44" to 58"*	18 ct.	\$15.00
5884	Disposable Underwear Pull-Up, X-Large, 58" to 68"*	14 ct.	\$15.00
6058	Underpad, Disposable, 23" x 24"*	50 ct.	\$14.00
5722	Underpad, Disposable, 30" x 30"*	10 ct.	\$10.00
Pain Relief			
5430	Acetaminophen Arthritis, 650 mg.	100 ct.	\$11.00
5428	Acetaminophen PM Extra Strength Caplets, 500 mg., 25 mg.	50 ct.	\$3.00
6039	Acetaminophen PM Extra Strength Caplets, 500 mg., 25 mg.	100 ct.	\$7.00
5302	Acetaminophen Tablets, 325 mg.	100 ct.	\$4.00
5054	Advil® LiquiGels, 200 mg.	20 ct.	\$8.00
5053	Advil® Tablets, 200 mg.	50 ct.	\$12.00
5375	After Bite® Relief, 0.5 oz.	1 ct.	\$6.00
5256	Aleve® Caplets, 220 mg.	90 ct.	\$15.00
4040	Aspercreme® with Lidocaine, 4%, 2.7 oz.	1 ct.	\$13.00
5073	Aspirin Chewables, Low Dose, 81 mg.	36 ct.	\$2.50
5493	Bengay® Cream, 2 oz.	1 ct.	\$9.00
4007	Capsaicin Heat Patch, 0.025%	2 ct.	\$2.00
4038	Diclofenac Arthritis Pain Relief Gel, 1%, 3.53 oz.	1 ct.	\$12.00
5011	Excedrin® Migraine Tablets, 250 mg., 250 mg., 65 mg.	24 ct.	\$8.00
5314	Fast Freeze® Pain Relief Spray, 4 oz.	1 ct.	\$9.00
5472	Heating Pad, 12" x 15"*	1 ct.	\$22.00
5726	Heating Pad, X-Large, 12" x 24"*	1 ct.	\$35.00
5725	Heating Pad Wrap For Shoulder, Neck & Back, 25" x 26"*	1 ct.	\$60.00

*†§See page 55

Keep this catalog for future orders.

Item #	Description	Count	Price
Pain Relief			
5886	HeatWraps, Back & Hip	2 ct.	\$6.00
5887	HeatWraps, Neck & Shoulder	3 ct.	\$6.00
5093	Ibuprofen Tablets, 200 mg.	50 ct.	\$3.00
5485	Ibuprofen Tablets, 200 mg.	100 ct.	\$5.00
5342	Icy Hot® Pain Relief Roll-On, 16%, 2.5 oz.	1 ct.	\$9.00
5341	Icy Hot® Patch, 5%	5 ct.	\$8.00
5888	Lidocaine Patch, 4%	5 ct.	\$9.00
5457	Muscle Rub Cream, 1.25 oz.	1 ct.	\$3.00
5425	Tylenol® PM Extra Strength Tablets, 500 mg.	24 ct.	\$11.00
Personal Care			
5390	Anti-Dandruff Shampoo, 11 oz.	1 ct.	\$5.00
Rehabilitation, Therapy & Exercise			
6073	Pedal Exerciser	1 ct.	\$50.00
Skin Care			
5169	Anti-Bacterial Wet Wipes	24 ct.	\$3.00
5091	Dry Skin Cream, 16 oz.	1 ct.	\$9.00
5924	Hand Sanitizer Gel, 8 oz.	1 ct.	\$4.50
5486	Insect Repellent, Cutter® Backwoods, 6 oz.	1 ct.	\$8.00
6036	Moisturizing Body Lotion with Aloe, 8 oz.	1 ct.	\$6.00
5665	Sunscreen, SPF 30, 4 oz.	1 ct.	\$6.00
Sleep Aids			
5074	Diphenhydramine Sleep Tablets	50 ct.	\$5.00
Supports & Braces			
5526	Hot Cold Reusable Pack, 5" x 10"	1 ct.	\$4.00
Vitamins & Dietary Supplements			
5359	Biotin Gummy, 5,000 mcg.‡	60 ct.	\$8.50
5300	Calcium, 600 mg.‡	60 ct.	\$6.00
5355	Calcium + Vitamin D3 Gummy, 500 mg., 25 mcg.‡	60 ct.	\$12.00
5739	Calcium Chew, Chocolate, 650 mg.‡	60 ct.	\$10.00
5001	Centrum® Silver Vitamins‡	125 ct.	\$22.00
5918	Daily Multivitamin Gummy‡	120 ct.	\$12.00
5448	Eye Supplement Tablets‡	60 ct.	\$4.00
5299	Ferrous Sulfate Iron Supplement, 325 mg.‡	100 ct.	\$3.00
5271	Flaxseed Oil Softgels, 1,000 mg.‡	100 ct.	\$8.00

*‡See page 55

Keep this catalog for future orders.

Item #	Description	Count	Price
Vitamins & Dietary Supplements			
6026	Glucosamine (Joint Health Support), 500 mg.‡	60 ct.	\$9.00
5436	Lutein, 20 mg.‡	60 ct.	\$11.00
5742	Magnesium, 250 mg.‡	110 ct.	\$6.00
5328	Magnesium, 500 mg.‡	100 ct.	\$7.00
5273	Melatonin, 3 mg.‡	90 ct.	\$6.00
5358	Melatonin Gummy, 5 mg.‡	120 ct.	\$12.00
5920	One Daily Men's Multivitamin‡	100 ct.	\$6.00
5186	One Daily Women's Multivitamin‡	100 ct.	\$6.00
5132	Senior Multivitamin‡	90 ct.	\$7.00
4005	Senior Men's Multivitamin‡	100 ct.	\$9.00
4006	Senior Women's Multivitamin‡	100 ct.	\$9.00
5746	Vitamin B-12, 500 mcg.‡	100 ct.	\$6.00
6060	Vitamin B-12, 1,000 mcg.‡	100 ct.	\$9.50
5922	Vitamin B-12, Sublingual, 5,000 mcg.‡	30 ct.	\$6.50
5305	Vitamin B-Complex‡	100 ct.	\$4.00
5179	Vitamin B-Complex + Vitamin C‡	100 ct.	\$7.00
5301	Vitamin C, 500 mg.‡	100 ct.	\$5.00
5748	Vitamin C, 1,000 mg.‡	100 ct.	\$9.00
5492	Vitamin C Gummy, 250 mg.‡	60 ct.	\$9.00
5175	Vitamin D3, 10 mcg.‡	100 ct.	\$4.00
5183	Vitamin D3, 25 mcg.‡	100 ct.	\$8.00
5356	Vitamin D3 Gummy, 50 mcg.‡	60 ct.	\$11.00
5269	Vitamin E, 180 mg.‡	110 ct.	\$9.00
5274	Zinc Tablets, 50 mg.‡	100 ct.	\$6.00

*Under certain circumstances, these items may be covered under either Part B or Part D. When an item is covered by Part B or Part D due to particular circumstances, you would not use your Part C Supplemental OTC benefit to obtain this item because it is Medicare-covered in those circumstances.

‡Dual-purpose items are medicines and products that can be used for either a medical condition or for general health and well-being. These items may be purchased only after discussing the purchase with your personal provider (or satisfying other requirements your plan may specify).

§Scales are available to members with congestive heart failure or liver disease, to monitor fluid retention.

This product list is subject to change. Items, quantities, sizes, and values may change depending on availability. This information is not a complete description of the benefits. Items may vary based on the manufacturer and availability. Items may be added or removed at any time without notice. The brand names of the OTC items are trademarks of each company. Item costs may change from year to year. Please review the product labeling and consult with your doctor with any health or medical questions.

Keep this catalog for future orders.

STEP 1 – Fill Out Your Personal Information

Member ID (found on member ID card) _____ Date of Birth (MM/DD/YYYY) _____

First Name _____ Last Name _____

Street # _____ Street Name _____ Apt/Suite # _____

City _____ State _____ ZIP Code _____

Phone _____ Email _____

STEP 2 – Make Your Selection

ITEM #	DESCRIPTION	PRICE	QUANTITY	TOTAL
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
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_____	_____	_____	_____	\$ _____



STEP 2 – Make Your Selection

ITEM #	DESCRIPTION	PRICE	QUANTITY	TOTAL
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Order Amount				\$ _____

NOTE: If the total amount exceeds your benefit allowance, a Member Experience Advisor will call you to collect payment before your order can be processed.

STEP 3 – Mail Completed Form

Send the completed order form using the postage-paid envelope to:

NationsOTC
 1801 NW 66th Avenue, Suite 100
 Plantation, FL 33313

If you have any questions or need assistance placing your order, please call NationsOTC at **877-200-4189 (TTY: 711)**. Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year. Language support services are available free of charge.

I understand that the phone numbers and/or emails I provided on this form may be used by NationsOTC or any of its contracted parties to contact me about my account, my health benefit plan or related programs, or services provided to me.

IMPORTANT: Please mail your order form no later than the 20th of the month to ensure your order total is applied to the current benefit period. If you need your order sooner, please go online or call.





2023 SUMMARY OF BENEFITS

Patriot Plan
Essential Plan
Select Plan
Renown Preferred Plan
Extensive Duals Plan

2023 Summary of Benefits

Medicare Advantage Plan

Senior Care Plus Patriot Plan (HMO)

January 1, 2023 – December 31, 2023



A Medicare Advantage Plan from Hometown Health.

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not 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 can also see the Evidence of Coverage on our website, <http://www.seniorcareplus.com>.

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 Senior Care Plus Patriot Plan (HMO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Senior Care Plus Patriot Plan (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 <https://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 <https://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 Senior Care Plus Patriot Plan (HMO).
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital 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 1-888-775-7003 (TTY: 711).

Things to Know About Senior Care Plus Patriot Plan (HMO)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m., 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-775-7003, TTY: 711.
- If you are not a member of this plan, call us at 1-888-775-7003, TTY: 711.
- Our website: <http://www.seniorcareplus.com>.

Who can join?

To join Senior Care Plus Patriot Plan (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in Nevada: Carson City and Washoe.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Some of the extra benefits are outlined in this booklet.

In addition, we cover Part B drugs including 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, <http://www.seniorcareplus.com>.
- Or, call us and we will send you a copy of the formulary.

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus

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SECTION II - SUMMARY OF BENEFITS

Senior Care Plus Patriot Plan (HMO)

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

Monthly Plan Premium	You do not pay a separate monthly plan premium for Senior Care Plus Patriot Plan (HMO). You must continue to pay your Medicare Part B premium.
Part B Premium Rebate	Senior Care Plus will reduce your Medicare Part B premium by up to \$75
Deductible	Medical Deductible: Not Applicable.

Maximum Out-of-Pocket Responsibility	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$2,500 for services you receive from in-network providers. <p>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.</p>
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COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<p><u>Preferred Facility:</u> Days 1-6: \$250 Copay per day. Days 7-90: \$0 Copay per day.</p> <p><u>Non-Preferred Facility:</u> Days 1-5: \$440 Copay per day. Days 6-90: \$0 Copay per day. May require prior authorization.</p>
Outpatient Hospital	<p><u>Preferred Facility:</u> Outpatient hospital: \$275 Copay. May require prior authorization.</p>
Ambulatory Surgical Center	<p><u>Preferred Facility:</u> Ambulatory Surgical Center: \$275 Copay.</p> <p><u>Non-Preferred Facility:</u> Ambulatory Surgical Center: \$440 Copay. May require prior authorization.</p>
Doctor's Office Visits	<p><u>Preferred Facility:</u> Primary care physician visit: \$0 Copay. Specialist visit: \$40 Copay.</p> <p><u>Non-Preferred Facility:</u> Primary care physician visit: \$10 Copay. Specialist visit: \$40 Copay. May require prior authorization.</p>
Preventive Care (e.g., flu vaccine,	You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.

diabetic screenings)	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	\$125 Copay per visit. If you are admitted to the hospital within 0 hours, you do not have to pay your share of the cost for emergency care. Worldwide Emergency Coverage: \$125 Copay.
Urgently Needed Services	<u>Preferred Facility:</u> \$30 Copay per visit. Worldwide Urgent Coverage: \$65 Copay. <u>Non-Preferred Facility:</u> \$65 Copay per visit. Worldwide Urgent Coverage: \$65 Copay.
Diagnostic Services / Labs/ Imaging	Diagnostic tests and procedures: \$0 - \$300 Copay. Lab services: \$0 - \$120 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 - \$130 Copay. X-rays: \$60 Copay. Therapeutic radiology services (such as radiation treatment for cancer): \$50 Copay.
Hearing Services	Exam to diagnose and treat hearing and balance issues: \$50 Copay. Routine hearing exam (for up to 1 Every year): \$0 Copay. Hearing Aid (up to 2 hearing aids every year): Up to \$400 allowance.
Dental Services	Medicare Covered: \$50 Copay. Preventive dental services: <ul style="list-style-type: none"> • Oral exam (up to 1 visits every year): You Pay Nothing. • Cleaning (up to 2 visits every year): You Pay Nothing. • Dental X-rays (up to 1 visits Other, Describe): You Pay Nothing. Comprehensive dental services: <ul style="list-style-type: none"> • Diagnostic Services: 0% Coinsurance. • Restorative Services: 0% Coinsurance. • Extractions: 0% Coinsurance.

	<ul style="list-style-type: none"> • Endodontics: 0% Coinsurance. • Periodontics: 0% Coinsurance. • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: 0% Coinsurance. This dental plan will pay up to \$1,500 maximum per calendar year.
Vision Services	Routine eye exam (up to 1 visits every year): \$0 Copay. Our plan pays up to \$250 every year for full set of eyeglasses or contact lenses.
Mental Health Care	Outpatient group therapy visit: \$40 Copay. Individual therapy visit: \$40 Copay. Inpatient Mental Health Service: Days 1-6: \$250 Copay per day. Days 7-90: \$0 Copay per day.
Skilled Nursing Facility (SNF)	Days 1-20: \$20 Copay per day. Days 21-34: \$150 Copay per day. Days 35-100: \$0 Copay per day. May require prior authorization.
Outpatient Rehabilitation	Occupational therapy visit: \$20 Copay. Physical therapy and speech and language therapy visit: \$20 Copay. May require prior authorization.
Ambulance	Ground Ambulance: \$250 Copay. Air Ambulance: \$250 Copay. May require prior authorization.
Transportation	\$0 Copay. 12 Round Trip trips Every year to Plan-approved Location May require prior authorization.
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 20% Coinsurance. Other Part B drugs: 20% Coinsurance. May require prior authorization.

2023 Summary of Benefits

Medicare Advantage Plans with Part D
Prescription Drug Coverage

Senior Care Plus Essential Plan (HMO)

January 1, 2023 – December 31, 2023



A Medicare Advantage Plan from Hometown Health.

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not 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 can also see the Evidence of Coverage on our website, <http://www.seniorcareplus.com>.

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 Senior Care Plus Essential plan (HMO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Senior Care Plus Essential plan (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 <https://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 <https://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 Senior Care Plus Essential plan (HMO).
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug 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 1-800-681-9585 (TTY: 711).

Things to Know About Senior Care Plus Essential plan (HMO)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m., 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-775-7003, TTY: 711.
- If you are not a member of this plan, call us at 1-888-775-7003, TTY: 711.
- Our website: <http://www.seniorcareplus.com>.

Who can join?

To join Senior Care Plus Essential plan (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in Nevada: Carson City and Washoe.

Which doctors, hospitals, and pharmacies can I use?

Senior Care Plus Essential plan (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 and pharmacy directory at our website (<http://www.seniorcareplus.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including 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, <http://www.seniorcareplus.com>.
- 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 six "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.

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus

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SECTION II - SUMMARY OF BENEFITS

Senior Care Plus Essential plan (HMO)

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

Monthly Plan Premium	You do not pay a separate monthly plan premium for Senior Care Plus Essential plan (HMO). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> • \$3,300 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.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<u>Preferred Facility:</u> Days 1-5: \$300 Copay per day. Days 6-90: \$0 Copay per day. <u>Non-Preferred Facility:</u> Days 1-5: \$440 Copay per day. Days 6-90: \$0 Copay per day. May require prior authorization.
Outpatient Hospital	<u>Preferred Facility:</u> Outpatient hospital: \$300 Copay. May require prior authorization.
Ambulatory Surgical Center	<u>Preferred Facility:</u> Ambulatory Surgical Center: \$300 Copay. <u>Non-Preferred Facility:</u> Ambulatory Surgical Center: \$440 Copay. May require prior authorization.

Doctor's Office Visits	<p><u>Preferred Facility:</u> Primary care physician visit: \$0 Copay. Specialist visit: \$50 Copay.</p> <p><u>Non-Preferred Facility:</u> Primary care physician visit: \$10 Copay. Specialist visit: \$50 Copay. May require prior authorization.</p>
Preventive Care (e.g., flu vaccine, diabetic screenings)	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>\$125 Copay per visit.</p> <p>If you are admitted to the hospital within 0 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$125 Copay.</p>
Urgently Needed Services	<p><u>Preferred Facility:</u> \$35 Copay per visit. Worldwide Urgent Coverage: \$65 Copay.</p> <p><u>Non-Preferred Facility:</u> \$65 Copay per visit. Worldwide Urgent Coverage: \$65 Copay.</p>
Diagnostic Services / Labs/ Imaging	<p>Diagnostic tests and procedures: \$0 - \$275 Copay.</p> <p>Lab services: \$0 - \$120 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 - \$135 Copay.</p> <p>X-rays: \$70 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$60 Copay.</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: \$45 Copay.</p> <p>Routine hearing exam (for up to 1 Every year): \$0 Copay.</p> <p>Hearing Aid (up to 2 hearing aids every year): \$495 - \$1,970 Copay.</p>

Dental Services	<p>Medicare Covered: \$45 Copay.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam (up to 1 visits every year): You Pay Nothing. • Cleaning (up to 2 visits every year): You Pay Nothing. • Dental X-rays (up to 1 visits Other, Describe): You Pay Nothing.
Vision Services	<p>Routine eye exam (up to 1 visits every year): \$0 Copay.</p> <p>Our plan pays up to \$250 every year for full set of eyeglasses or contact lenses.</p>
Mental Health Care	<p>Outpatient group therapy visit: \$40 Copay.</p> <p>Individual therapy visit: \$40 Copay.</p> <p>Inpatient Mental Health Service: Days 1-5: \$300 Copay per day. Days 6-90: \$0 Copay per day.</p>
Skilled Nursing Facility (SNF)	<p>Days 1-20: \$20 Copay per day. Days 21-34: \$150 Copay per day. Days 35-100: \$0 Copay per day. May require prior authorization.</p>
Outpatient Rehabilitation	<p>Occupational therapy visit: \$25 Copay.</p> <p>Physical therapy and speech and language therapy visit: \$25 Copay. May require prior authorization.</p>
Ambulance	<p>Ground Ambulance: \$325 Copay. Air Ambulance: \$325 Copay. May require prior authorization.</p>
Transportation	<p>\$0 Copay.</p> <p>12 round trips Every year to Plan-approved Location May require prior authorization.</p>
Medicare Part B Drugs	<p>For Part B drugs such as chemotherapy drugs: 20% Coinsurance. Other Part B drugs: 20% Coinsurance. May require prior authorization.</p>

PRESCRIPTION DRUG BENEFITS				
Deductible	Prescription Drug Deductible: Not Applicable.			
Initial Coverage	You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.			
Standard Retail Cost-Sharing				
Tier	One-month supply	Two-month supply	Three-month supply	
Tier 1 (Preferred Generic)	\$11 copay	\$22 copay	\$27.50 copay	
Tier 2 (Generic)	\$20 copay	\$40 copay	\$50 copay	
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$117.50 copay	
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$250 copay	
Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable	
Tier 6 (Select Care Drugs)	\$8.50 copay	\$17 copay	\$21.25 copay	
Preferred Retail Cost-Sharing				
Tier	One-month supply	Two-month supply	Three-month supply	
Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$12.50 copay	
Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay	
Tier 3 (Preferred Brand)	\$41 copay	\$82 copay	\$102.50 copay	
Tier 4 (Non-Preferred Drug)	\$94 copay	\$188 copay	\$235 copay	

	Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable
	Tier 6 (Select Care Drugs)	\$2.50 copay	\$5 copay	\$6.25 copay
Standard Mail Order				
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	Not Applicable	Not Applicable	\$10 copay
	Tier 2 (Generic)	Not Applicable	Not Applicable	\$24 copay
	Tier 3 (Preferred Brand)	Not Applicable	Not Applicable	\$82 copay
	Tier 4 (Non-Preferred Drug)	Not Applicable	Not Applicable	\$188 copay
	Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable
	Tier 6 (Select Care Drugs)	Not Applicable	Not Applicable	\$0 Copay
	Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug. Please call us or see the plan's "Evidence of Coverage" on our website (http://www.seniorcareplus.com) for complete information about your costs for covered drugs.			
Coverage Gap	The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap. Our plan covers Tier 1 Preferred Generics in the coverage gap.			

	Standard Retail Cost-Sharing	
	Tier	One-month supply
	Tier 6 (Select Care Drugs)	\$8.50 copay
Catastrophic Amount	After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of: <ul style="list-style-type: none"> • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or • 5% of the cost. 	

2023 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

Senior Care Plus Select Plan (HMO)

January 1, 2023 – December 31, 2023



A Medicare Advantage Plan from Hometown Health.

H2960_2023_SummeryBenefits_018_M

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not 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 can also see the Evidence of Coverage on our website, <http://www.seniorcareplus.com>.

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 Senior Care Plus Select Plan (HMO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Senior Care Plus Select Plan (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 <https://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 <https://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 Senior Care Plus Select Plan (HMO).
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug 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 1-800-681-9585 (TTY: 711).

Things to Know About Senior Care Plus Select Plan (HMO)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m., 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-775-7003, TTY: 711.
- If you are not a member of this plan, call us at 1-888-775-7003, TTY: 711.
- Our website: <http://www.seniorcareplus.com>.

Who can join?

To join Senior Care Plus Select Plan (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in Nevada: Carson City and Washoe.

Which doctors, hospitals, and pharmacies can I use?

Senior Care Plus Select Plan (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 and pharmacy directory at our website (<http://www.seniorcareplus.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including 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, <http://www.seniorcareplus.com>.
- 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 six "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.

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus

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SECTION II - SUMMARY OF BENEFITS

Senior Care Plus Select Plan (HMO)

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

Monthly Plan Premium	\$180 per month. In addition, you must keep paying your Medicare Part B premiums.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> \$1,550 for services you receive from in-network providers. <p>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.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<p><u>Preferred Facility:</u> Days 1-3: \$175 Copay per day. Days 4-90: \$0 Copay per day.</p> <p><u>Non-Preferred Facility:</u> Days 1-5: \$440 Copay per day. Days 6-90: \$0 Copay per day. May require prior authorization.</p>
Outpatient Hospital	<p><u>Preferred Facility:</u> Outpatient hospital: \$225 Copay. May require prior authorization.</p>
Ambulatory Surgical Center	<p><u>Preferred Facility:</u> Ambulatory Surgical Center: \$225 Copay.</p> <p><u>Non-Preferred Facility:</u> Ambulatory Surgical Center: \$440 Copay. May require prior authorization.</p>

Doctor's Office Visits	<p><u>Preferred Facility:</u> Primary care physician visit: \$0 Copay. Specialist visit: \$15 Copay.</p> <p><u>Non-Preferred Facility:</u> Primary care physician visit: \$10 Copay. Specialist visit: \$15 Copay. May require prior authorization.</p>
Preventive Care (e.g., flu vaccine, diabetic screenings)	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>\$125 Copay per visit.</p> <p>If you are admitted to the hospital within 0 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$125 Copay.</p>
Urgently Needed Services	<p><u>Preferred Facility:</u> \$20 Copay per visit. Worldwide Urgent Coverage: \$45 Copay.</p> <p><u>Non-Preferred Facility:</u> \$45 Copay per visit. Worldwide Urgent Coverage: \$45 Copay.</p>
Diagnostic Services / Labs/ Imaging	<p>Diagnostic tests and procedures: \$0 - \$250 Copay. Lab services: \$0 - \$80 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 - \$90 Copay. X-rays: \$45 Copay. Therapeutic radiology services (such as radiation treatment for cancer): \$50 Copay.</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: \$35 Copay. Routine hearing exam (for up to 1 Every year): \$0 Copay. Hearing Aid (up to 2 hearing aids every year): \$400 Copay.</p>

Select Plan

Dental Services	<p>Medicare Covered: \$40 Copay.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam (up to 1 visits every year): You Pay Nothing. • Cleaning (up to 2 visits every year): You Pay Nothing. • Dental X-rays (up to 1 visits Other, Describe): You Pay Nothing. <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • Diagnostic Services: 0% Coinsurance. • Restorative Services: 0% Coinsurance. • Extractions: 0% Coinsurance. • Endodontics: 0% Coinsurance. • Periodontics: 0% Coinsurance. • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: 0% Coinsurance. <p>This dental plan will pay up to \$1,500 maximum per calendar year.</p>
Vision Services	<p>Routine eye exam (up to 1 visits every year): \$0 Copay.</p> <p>Our plan pays up to \$250 every year for full set of eyeglasses or contact lenses.</p>
Mental Health Care	<p>Outpatient group therapy visit: \$35 Copay.</p> <p>Individual therapy visit: \$35 Copay.</p> <p>Inpatient Mental Health Service:</p> <p>Days 1-3: \$175 Copay per day.</p> <p>Days 4-90: \$0 Copay per day.</p>
Skilled Nursing Facility (SNF)	<p>Days 1-20: \$20 Copay per day.</p> <p>Days 21-34: \$100 Copay per day.</p> <p>Days 35-100: \$0 Copay per day.</p> <p>May require prior authorization.</p>
Outpatient Rehabilitation	<p>Occupational therapy visit: \$15 Copay.</p> <p>Physical therapy and speech and language therapy visit: \$15 Copay.</p> <p>May require prior authorization.</p>

Ambulance	<p>Ground Ambulance: \$250 Copay.</p> <p>Air Ambulance: \$250 Copay.</p> <p>May require prior authorization.</p>																																
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PRESCRIPTION DRUG BENEFITS																																	
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Initial Coverage	<p>You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="background-color: #e0e0e0;">Standard Retail Cost-Sharing</th> </tr> <tr> <th style="width: 20%;">Tier</th> <th style="width: 20%;">One-month supply</th> <th style="width: 20%;">Two-month supply</th> <th style="width: 20%;">Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$6 copay</td> <td>\$12 copay</td> <td>\$15 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$8 copay</td> <td>\$16 copay</td> <td>\$20 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$47 copay</td> <td>\$94 copay</td> <td>\$117.50 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td> <td>\$100 copay</td> <td>\$200 copay</td> <td>\$250 copay</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>33% coinsurance</td> <td>Not Applicable</td> <td>Not Applicable</td> </tr> <tr> <td>Tier 6 (Select Care Drugs)</td> <td>\$6 copay</td> <td>\$12 copay</td> <td>\$15 copay</td> </tr> </tbody> </table>	Standard Retail Cost-Sharing				Tier	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$6 copay	\$12 copay	\$15 copay	Tier 2 (Generic)	\$8 copay	\$16 copay	\$20 copay	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$117.50 copay	Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$250 copay	Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable	Tier 6 (Select Care Drugs)	\$6 copay	\$12 copay	\$15 copay
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Preferred Retail Cost-Sharing			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 3 (Preferred Brand)	\$41 copay	\$82 copay	\$102.50 copay
Tier 4 (Non-Preferred Drug)	\$94 copay	\$188 copay	\$235 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable
Tier 6 (Select Care Drugs)	\$0 Copay	\$0 Copay	\$0 Copay
Standard Mail Order			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Applicable	Not Applicable	\$0 Copay
Tier 2 (Generic)	Not Applicable	Not Applicable	\$0 Copay
Tier 3 (Preferred Brand)	Not Applicable	Not Applicable	\$82 copay
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	<p>Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug.</p> <p>Please call us or see the plan's "Evidence of Coverage" on our website (http://www.seniorcareplus.com) for complete information about your costs for covered drugs.</p>										
Coverage Gap	<p>The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap.</p> <p>Our plan covers Tier 1 Preferred Generics in the coverage gap.</p> <table border="1"> <thead> <tr> <th colspan="2">Standard Retail Cost-Sharing</th> </tr> <tr> <th>Tier</th> <th>One-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$6 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$8 copay</td> </tr> <tr> <td>Tier 6 (Select Care Drugs)</td> <td>\$6 copay</td> </tr> </tbody> </table>	Standard Retail Cost-Sharing		Tier	One-month supply	Tier 1 (Preferred Generic)	\$6 copay	Tier 2 (Generic)	\$8 copay	Tier 6 (Select Care Drugs)	\$6 copay
Standard Retail Cost-Sharing											
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Tier 1 (Preferred Generic)	\$6 copay										
Tier 2 (Generic)	\$8 copay										
Tier 6 (Select Care Drugs)	\$6 copay										
Catastrophic Amount	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or • 5% of the cost. 										

2023

Summary of Benefits

Medicare Advantage Plans with Part D
Prescription Drug Coverage

Renown Preferred Plan by Senior Care Plus (HMO)

January 1, 2023 – December 31, 2023



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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

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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.
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Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Renown Preferred Plan by Senior Care Plus (HMO) covers and what you pay.

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- 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 <https://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 Renown Preferred Plan by Senior Care Plus (HMO).
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug 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 1-800-681-9585 (TTY: 711).

Things to Know About Renown Preferred Plan by Senior Care Plus (HMO)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m., 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-775-7003, TTY: 711.
- If you are not a member of this plan, call us at 1-888-775-7003, TTY: 711.
- Our website: <http://www.seniorcareplus.com>.

Who can join?

To join Renown Preferred Plan by Senior Care Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in Nevada: Carson City and Washoe.

Which doctors, hospitals, and pharmacies can I use?

Renown Preferred Plan by Senior Care Plus (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 and pharmacy directory at our website (<http://www.seniorcareplus.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including 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, <http://www.seniorcareplus.com>.
- 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 six "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.

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus

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SECTION II - SUMMARY OF BENEFITS

Renown Preferred Plan by Senior Care Plus (HMO)

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

Monthly Plan Premium	You do not pay a separate monthly plan premium for Renown Preferred Plan by Senior Care Plus (HMO). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> • \$3,225 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.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<u>Preferred Facility:</u> Days 1-5: \$300 Copay per day. Days 6-90: \$0 Copay per day. <u>Non-Preferred Facility:</u> Days 1-5: \$440 Copay per day. Days 6-90: \$0 Copay per day. May require prior authorization.
Outpatient Hospital	<u>Preferred Facility:</u> Outpatient hospital: \$300 Copay. May require prior authorization.
Ambulatory Surgical Center	<u>Preferred Facility:</u> Ambulatory Surgical Center: \$300 Copay. <u>Non-Preferred Facility:</u> Ambulatory Surgical Center: \$440 Copay. May require prior authorization.

Doctor's Office Visits	Primary care physician visit: \$0 Copay. Specialist visit: \$45 Copay. May require prior authorization.
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	\$125 Copay per visit. If you are admitted to the hospital within 0 hours, you do not have to pay your share of the cost for emergency care. Worldwide Emergency Coverage: \$125 Copay.
Urgently Needed Services	<u>Preferred Facility:</u> \$35 Copay per visit. Worldwide Urgent Coverage: \$65 Copay. <u>Non-Preferred Facility:</u> \$65 Copay per visit. Worldwide Urgent Coverage: \$65 Copay.
Diagnostic Services / Labs/ Imaging	Diagnostic tests and procedures: \$0 - \$275 Copay. Lab services: \$0 - \$120 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 - \$135 Copay. X-rays: \$70 Copay. Therapeutic radiology services (such as radiation treatment for cancer): \$50 Copay.
Hearing Services	Exam to diagnose and treat hearing and balance issues: \$45 Copay. Routine hearing exam (for up to 1 Every year): \$0 Copay. Hearing Aid (up to 2 hearing aids every year): \$495 - \$1,970 Copay.
Dental Services	Medicare Covered: \$45 Copay. Preventive dental services: <ul style="list-style-type: none"> • Oral exam (up to 1 visits every year): You Pay Nothing. • Cleaning (up to 2 visits every year): You Pay Nothing.

	<ul style="list-style-type: none"> • Dental X-rays (up to 1 visits Other, Describe): You Pay Nothing. Comprehensive dental services: <ul style="list-style-type: none"> • Diagnostic Services: 0% Coinsurance. • Restorative Services: 0% Coinsurance. • Extractions: 0% Coinsurance. • Endodontics: 0% Coinsurance. • Periodontics: 0% Coinsurance. • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: 0% Coinsurance. This dental plan will pay up to \$1,250 maximum per calendar year.
Vision Services	Routine eye exam (up to 1 visits every year): \$0 Copay. Our plan pays up to \$250 every year for full set of eyeglasses or contact lenses.
Mental Health Care	Outpatient group therapy visit: \$40 Copay. Individual therapy visit: \$40 Copay. Inpatient Mental Health Service: Days 1-5: \$300 Copay per day. Days 6-90: \$0 Copay per day.
Skilled Nursing Facility (SNF)	Days 1-20: \$20 Copay per day. Days 21-34: \$150 Copay per day. Days 35-100: \$0 Copay per day. May require prior authorization.
Outpatient Rehabilitation	Occupational therapy visit: \$25 Copay. Physical therapy and speech and language therapy visit: \$25 Copay. May require prior authorization.
Ambulance	Ground Ambulance: \$325 Copay. Air Ambulance: \$325 Copay. May require prior authorization.
Transportation	\$0 Copay.

	12 round trips to Plan-approved Location May require prior authorization.		
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 20% Coinsurance. Other Part B drugs: 20% Coinsurance. May require prior authorization.		
PRESCRIPTION DRUG BENEFITS			
Deductible	Prescription Drug Deductible: Not Applicable.		
Initial Coverage	You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.		
Standard Retail Cost-Sharing			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$11 copay	\$22 copay	\$27.50 copay
Tier 2 (Generic)	\$20 copay	\$40 copay	\$50 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$117.50 copay
Tier 4 (Non-Preferred Drug)	\$100 copay	\$200 copay	\$250 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable
Tier 6 (Select Care Drugs)	\$8.50 copay	\$17 copay	\$21.25 copay
Preferred Retail Cost-Sharing			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$12.50 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay

Tier 3 (Preferred Brand)	\$41 copay	\$82 copay	\$102.50 copay
Tier 4 (Non-Preferred Drug)	\$94 copay	\$188 copay	\$235 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable
Tier 6 (Select Care Drugs)	\$2.50 copay	\$5 copay	\$6.25 copay
Standard Mail Order			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Applicable	Not Applicable	\$10 copay
Tier 2 (Generic)	Not Applicable	Not Applicable	\$24 copay
Tier 3 (Preferred Brand)	Not Applicable	Not Applicable	\$82 copay
Tier 4 (Non-Preferred Drug)	Not Applicable	Not Applicable	\$188 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable
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Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug. Please call us or see the plan's "Evidence of Coverage" on our website (http://www.seniorcareplus.com) for complete information about your costs for covered drugs.			
Coverage Gap	The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.		

	<p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap.</p> <p>Our plan covers Tier 1 Preferred Generics in the coverage gap.</p> <table border="1"> <thead> <tr> <th colspan="2">Standard Retail Cost-Sharing</th> </tr> <tr> <th>Tier</th> <th>One-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 6 (Select Care Drugs)</td> <td>\$8.50 copay</td> </tr> </tbody> </table>	Standard Retail Cost-Sharing		Tier	One-month supply	Tier 6 (Select Care Drugs)	\$8.50 copay
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Tier	One-month supply						
Tier 6 (Select Care Drugs)	\$8.50 copay						
Catastrophic Amount	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or • 5% of the cost. 						

2023 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

Senior Care Plus Extensive Duals Plan (HMO)

January 1, 2023 – December 31, 2023



A Medicare Advantage Plan from Hometown Health.

H2960_2023_SummeryBenefits_024_M

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not 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 can also see the Evidence of Coverage on our website, <http://www.seniorcareplus.com>.

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 Senior Care Plus Extensive Duals Plan (HMO D-SNP)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Senior Care Plus Extensive Duals Plan (HMO D-SNP) 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 <https://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 <https://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 Senior Care Plus Extensive Duals Plan (HMO D-SNP).
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug 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 1-800-681-9585 (TTY: 711).

Things to Know About Senior Care Plus Extensive Duals Plan (HMO D-SNP) Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m., 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-775-7003, TTY: 711.
- If you are not a member of this plan, call us at 1-888-775-7003, TTY: 711.
- Our website: <http://www.seniorcareplus.com>.

Who can join?

To join Senior Care Plus Extensive Duals Plan (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area and receive any level of assistance from the Nevada Medicaid. If you receive both Medicare and Medicaid benefits, this means you are a dual-eligible beneficiary. Our service area includes these counties in Nevada: Carson City and Washoe.

Senior Care Plus Extensive Duals Plan (HMO D-SNP) may enroll dual-eligibles who are ["QMB", "QMB+", "FBDE"].

Which doctors, hospitals, and pharmacies can I use?

Senior Care Plus Extensive Duals Plan (HMO D-SNP) 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 and pharmacy directory at our website (<http://www.seniorcareplus.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including 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, <http://www.seniorcareplus.com>.
- 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 5 "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.

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus

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SECTION II - SUMMARY OF BENEFITS

Senior Care Plus Extensive Duals Plan (HMO D-SNP)

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

Monthly Plan Premium	\$32.50 per month. In addition, you must keep paying your Medicare Part B premiums.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: \$505
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> \$8,300 for services you receive from in-network providers. <p>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.</p>

COVERED MEDICAL AND HOSPITAL BENEFITS

If you are QMB, QMB+ or FBDE you pay \$0 cost share for the services below.

Inpatient Hospital	You pay \$0 Copay. May require prior authorization.
Outpatient Hospital	Outpatient hospital: 20% Coinsurance. May require prior authorization.
Ambulatory Surgical Center	Ambulatory Surgical Center: 20% Coinsurance. May require prior authorization.
Doctor's Office Visits	Primary care physician visit: 20% Coinsurance. Specialist visit: 20% Coinsurance. May require prior authorization.

Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	20% Coinsurance per visit. If you are admitted to the hospital within 3Days, you do not have to pay your share of the cost for emergency care. Worldwide Emergency Coverage: 20% Coinsurance.
Urgently Needed Services	20% Coinsurance per visit.
Diagnostic Services / Labs/ Imaging	Diagnostic tests and procedures: 20% Coinsurance. Lab services: 0% Coinsurance. Diagnostic Radiology Services (such as MRI, CAT Scan): 20% Coinsurance. X-rays: 20% Coinsurance. Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance. May require prior authorization.
Hearing Services	Exam to diagnose and treat hearing and balance issues: 20% Coinsurance. Routine hearing exam (for up to 1 Every year): \$0 Copay. Hearing Aid (up to 2 hearing aids every year): \$495 - \$1,970 Copay.
Dental Services	Medicare Covered: \$40 Copay. Preventive dental services: <ul style="list-style-type: none"> Oral exam (up to 1 visits every year): You Pay Nothing. Cleaning (up to 2 visits every year): You Pay Nothing. Dental X-rays (up to 1 visits Other, Describe): You Pay Nothing. Comprehensive dental services: <ul style="list-style-type: none"> Diagnostic Services: 0% Coinsurance. Restorative Services: 0% Coinsurance. Extractions: 0% Coinsurance.

	<ul style="list-style-type: none"> • Endodontics: 0% Coinsurance. • Periodontics: 0% Coinsurance. • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: 0% Coinsurance. <p>This dental plan will pay up to \$2,000 maximum per calendar year.</p>
Vision Services	<p>Routine eye exam (up to 1 visits every year): \$0 Copay.</p> <p>Our plan pays up to \$250 every year for full set of eyeglasses or contact lenses.</p>
Mental Health Care	<p>Outpatient group therapy visit: 20% Coinsurance.</p> <p>Individual therapy visit: 20% Coinsurance.</p>
Skilled Nursing Facility (SNF)	<p>May require prior authorization.</p>
Outpatient Rehabilitation	<p>Occupational therapy visit: 20% Coinsurance.</p> <p>Physical therapy and speech and language therapy visit: 20% Coinsurance.</p> <p>May require prior authorization.</p>
Ambulance	<p>Ground Ambulance: 20% Coinsurance.</p> <p>Air Ambulance: 20% Coinsurance.</p> <p>May require prior authorization.</p>
Transportation	<p>\$0 Copay.</p> <p>36 One-way trips Every year to Plan-approved Location</p> <p>May require prior authorization.</p>
Medicare Part B Drugs	<p>For Part B drugs such as chemotherapy drugs: 20% Coinsurance.</p> <p>Other Part B drugs: 20% Coinsurance.</p> <p>May require prior authorization.</p>
PRESCRIPTION DRUG BENEFITS	
Deductible	<p>Prescription Drug Deductible: Not Applicable.</p>
Initial Coverage	<p>You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.</p>

Standard Retail Cost-Sharing			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
Tier 2 (Generic)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
Tier 3 (Preferred Generic)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
Tier 4 (Non-Preferred Brand)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
Tier 5 (Specialty Tier)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
Preferred Retail Cost-Sharing			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
Tier 2 (Generic)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
Tier 3 (Preferred Generic)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
Tier 4 (Non-Preferred Brand)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive

	Tier 5 (Specialty Tier)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
	Standard Mail Order			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$0 - \$4.15 copay, depending on the level of "Extra Help" you receive	\$0 - \$4.15 copay, depending on the level of "Extra Help" you receive	\$0 - \$4.15 copay, depending on the level of "Extra Help" you receive
	Tier 2 (Generic)	\$0 - \$4.15 copay, depending on the level of "Extra Help" you receive	\$0 - \$4.15 copay, depending on the level of "Extra Help" you receive	\$0 - \$4.15 copay, depending on the level of "Extra Help" you receive
	Tier 3 (Preferred Generic)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
	Tier 4 (Non-Preferred Brand)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
	Tier 5 (Specialty Tier)	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive	\$0 - \$10.35 copay, depending on the level of "Extra Help" you receive
	Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to days) of a drug. Please call us or see the plan's "Evidence of Coverage" on our website (http://www.seniorcareplus.com) for complete information about your costs for covered drugs.			
Coverage Gap	The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap.			

	Our plan covers Tier 1 s in the coverage gap.
Catastrophic Amount	After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of: <ul style="list-style-type: none"> • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or • 5% of the cost.

Disclaimers

This document is available in other alternate formats.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **775-982-3242** (TTY: 711).

ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al **775-982-3242** (TTY: 711).

Senior Care Plus is a HMO plan with a Medicare contract. Enrollment in **Senior Care Plus** depends on contract renewal.

This information is not a complete description of benefits. Call **888-775-7003** (TTY 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Senior Care Plus members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

Health coverage is offered by Hometown Health Plan, Inc..

NOTES

FORMS AND ASSORTED INFORMATION

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-775-7003 (TTY 711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit <http://www.seniorcareplus.com> or 1-888-775-7003 (TTY 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Thank You for Reviewing
Your 2023 Summary of Benefits

Contact Information: **1-888-775-7003** (TTY: 711)

Organization name: **Senior Care Plus**

Organization website: **SeniorCarePlus.com**

Enrollment Forms
Right of Access – HIPAA Form
Senior Care Plus Medicare Star Ratings
Multi-Language Insert

Senior Care Plus Medicare Advantage Enrollment Form

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15 – December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security(or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to: Senior Care Plus 10315 Professional Circle, Reno NV 89521
Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Senior Care Plus at 775-982-3112 or toll free at 888-777-7003 TTY users can call (711)
Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Senior Care Plus al 775-9823158/TTY o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible paraasistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

Please contact Senior Care Plus if you need information in another language or format (Braille). Senior Care Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

SECTION 1

To Enroll in Senior Care Plus, Please Provide the Following Information:

Please check which plan you want to enroll in:

Medicare Advantage Plan without Prescription Drug Coverage:

\$0 Patriot Plan-009 (HMO) (\$75 Part B Premium Rebate)

This plan includes preventative dental at no additional monthly premium. Please see the *2023 Patriot Plan Evidence of Coverage* for full benefit details.

 **By Initialing The Line Below, I Acknowledge That The Medicare Advantage Plan I've Selected Does Not Have Prescription Drug Coverage _____.**

Medicare Advantage Plans with Prescription Drug Coverage: Washoe and Carson Counties

\$0 Essential Plan-012 (HMO)

This plan includes preventative dental at no additional monthly premium. Please see the *2023 Essential Plan Evidence of Coverage* for full benefit details.

\$0 Renown Preferred Plan by Senior Care Plus-023 (HMO)

This plan includes comprehensive dental at no additional monthly premium. Please see the *2023 Renown Preferred Plan by Senior Care Plus Evidence of Coverage* for full benefit details.

\$180 Select Plan-018 (HMO)

This plan includes comprehensive dental at no additional monthly premium. Please see the *2023 Select Plan Evidence of Coverage* for full benefit details.

\$32.50 Extensive Duals Plan-024 (HMO D-SNP)

This plan includes comprehensive dental at no additional monthly premium. Please see the *2023 Extensive Duals Plan Evidence of Coverage* for full benefit details.

 **By Initialing The Line Below, I Acknowledge That I qualify for the Special Needs plan I have selected. _____.**

Medicare Advantage Plans with Prescription Drug Coverage: Clark and Nye Counties Only

\$0 Complete Plan-019 (HMO)

This plan includes comprehensive dental at no additional monthly premium. Please see the *2023 Complete Plan Evidence of Coverage* for full benefit details.

LAST Name: _____ FIRST Name: _____ Middle Initial: _____ Mr. Mrs. Ms.

Birth Date: (____/____/____) (M M / D D / Y Y Y Y)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone #:	Alternate Phone #
----------------------------------------------------------	---------------------------------------------------------------	---------------	-------------------



Permanent Residence Street Address (P.O. Box is not allowed):			Apt #:		
City:	County:	State:	Zip Code:		
Mailing Address (only if different from your Permanent Address)					
Address:		Apt #:	City:	State:	Zip Code:
E-mail Address:					
Optional- Emergency Contact Name:					
Phone #:		Relationship to You:			
Please Provide Your Medicare Insurance Information					
Please take out your Medicare card to complete this section.		Name (as it appears on your Medicare card):			
<ul style="list-style-type: none"> Please fill in these blanks so they match your red, white and blue Medicare card - OR - Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. 		Medicare Number: _____			
		You must have Medicare Part A and Part B to join a Medicare Advantage plan.			
Paying Your Plan Premium					
<p>If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT), credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.</p> <p>You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.</p> <p>If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay <i>Senior Care Plus</i> the Part D-IRMAA.</p> <p>People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.</p> <p>If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.</p> <p>If you don't select a payment option, you will get a payment invoice each month.</p>					

Please select a premium payment option:	
<input type="checkbox"/> Monthly Invoice	<input type="checkbox"/> One-Time Credit Card - <i>may only be made in a Senior Care Plus office</i>
<input type="checkbox"/> Re-occurring Credit Card - <i>may only be made in a Senior Care Plus office</i>	
<input type="checkbox"/> Electronic Fund Transfer (EFT) from your bank account each month. Please enclose a VOIDED check.	
Account holder name: _____	
Bank name: _____	
Bank routing number: _____ Bank account number: _____	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<input type="checkbox"/> Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check	
I get monthly benefits from: <input type="checkbox"/> Social Security <input type="checkbox"/> RRB	
(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)	
SECTION 2	
Answering these questions is your choice. You can't be denied coverage because you don't fill them out.	
1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.	
Will you have other prescription drug coverage in addition to Senior Care Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:	
Name of other coverage: _____ ID # for this coverage: _____	
Group # for this coverage: _____	
2. Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Medicaid # _____ Date Medicaid Effective _____	
Please choose the name of a Primary Care Physician (PCP), clinic or health center:	
Select one if you want us to send you information in a language other than English.	
<input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ <input type="checkbox"/> Braille <input type="checkbox"/> Audio Tape <input type="checkbox"/> Large Print	
Please contact Senior Care Plus at 775-982-3112 or 888-775-7003 if you need information in another format or language than what is listed above. TTY users should call the State Relay at 711. Hours are Monday-Sunday, 7am-8pm (October 1st - March 31st); and Monday-Friday, 7am-8pm (April 1st - Sept 30th). We will be closed on all Federal holidays.	
Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.	
<input type="checkbox"/> No, Not of Hispanic, Latino/a, or Spanish origin	
<input type="checkbox"/> Yes, Puerto Rican	
<input type="checkbox"/> Yes, another Hispanic, Latino/a or Spanish origin	
<input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a	
<input type="checkbox"/> Yes, Cuban	
<input type="checkbox"/> I choose not to answer	
What is your Race? Select all that apply.	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Chinese	
<input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian	



<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> I choose not to answer	<input type="checkbox"/> Samoan



Please Read This Important Information

If you currently have health coverage from an employer or union, joining Senior Care Plus could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Senior Care Plus. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign Below

By completing this enrollment application, I agree to the following:

Senior Care Plus is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future.

I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Senior Care Plus serves a specific service area. If I move out of the area that Senior Care Plus serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Senior Care Plus, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Senior Care Plus when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Senior Care Plus coverage begins, I must get all of my health care from Senior Care Plus, except for emergency or urgently needed services or out-of-area dialysis services.

I understand that beginning on the date Senior Care Plus coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Senior Care Plus provides refunds for all covered benefits, even if I get services out of network. Services authorized by Senior Care Plus and other services contained in my Senior Care Plus Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR Senior Care Plus WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Senior Care Plus, he/she may be paid based on my enrollment in Senior Care Plus.

Release of Information: By joining this Medicare health plan, I acknowledge that Senior Care Plus will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Senior Care Plus will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and

regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Applicant Signature:	Today's Date:
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If you are the authorized representative, you must sign above and provide the following information:
Name: _____

Address: _____

Phone Number: _____ Relationship to Enrollee: _____

State Law requires proof of Legal Guardian, Durable Power of Attorney for Health Care decisions (DPAHC) or written Advance Directive. Please attach copy of documents. If someone other than yourself helped you complete this form, he/she must sign above.

OFFICE USE ONLY:

Name Sale
Rep: _____

Sales Rep Signature: _____

Enrollment Location: _____ Effective Date: _____

Entry Date: _____

SCP Assigned MBR
#: _____ Contract: _____

Election Period: A-AEP E-IEP/ICEP O-OEPI U-SEP W-SEP S-SEP

PBP: _____ Welcome Call: W E Special

Services: _____

TrOOPBal: _____ Not Eligible DST Marx COB POA



Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- I recently was released from incarceration. I was released on (insert date) _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.



- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.
- I recently left a PACE program on (insert date) _____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- I am leaving employer or union coverage on (insert date) _____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you are not sure, please contact Senior Care Plus at **888-775-7003** (TTY users should call the State Relay Service at 711) to see if you are eligible to enroll. We are open Monday – Sunday, 7 a.m. to 8 p.m. (October 1 – March 31); and Monday – Friday, 7 a.m. to 8 p.m. (April 1 – Sept 30). We will be closed on all Federal holidays.



Hometown Health Right of Access Form

Instructions: Please complete the following information exactly as it appears on your Member Identification Card (ID). Complete the form in its entirety and include as much information as possible. If necessary, call the Member Services Department Number found on your ID card for assistance.

Note: This form does not need to be completed to share information with the legal guardian of an emancipated minor.

Member Full Name:				
Member ID Number:		Primary Telephone Number:		
Date of Birth:		Secondary Telephone Number:		
Member Address:				
City:		State:	Zip Code:	

I authorize Hometown Health/Senior Care Plus, and its affiliates and agents, to disclose information about my health care and/or payment for my health care with the individual listed below:

Name:	Relationship:
-------	---------------

I do **NOT** authorize the release of the following types of sensitive information (check boxes that apply):

<input type="checkbox"/> Drug, Alcohol & Substance Abuse Records	<input type="checkbox"/> Psychiatric & Mental Health/Behavioral Health Records
<input type="checkbox"/> Communicable Disease Records, including without limitation, HIV/AIDS Records	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Genetic Testing Records	

MEMBER SIGNATURE _____

DATE _____

Designated Legal Representative/Guardian

If this form is signed by a legal representative/guardian on behalf of an individual, please include the following: a copy of a Health Care Power of Attorney, a court order or other documentation establishing Custody or other legal documentation demonstrating the authority of the legal representative to act on the individual's behalf.

Legal Representative (print full name): _____

Representative's Relationship to member: _____

LEGAL REPRESENTATIVE SIGNATURE _____

DATE _____



IMPORTANT INFORMATION:

2022 Medicare Star Ratings



Senior Care Plus - H2960

For 2022, Senior Care Plus - H2960 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
 Health Services Rating: ★★★★★★
 Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Senior Care Plus 7 days a week from 7:00 a.m. to 8:00 p.m. Pacific time at 888-775-7003 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 7:00 a.m. to 8:00 p.m. Pacific time. Current members please call 888-775-7003 (toll-free) or 711 (TTY).

NOTE: Senior Care Plus is a 4-Star Plan for Plan Year 2022. To see Plan Year 2023 CMS Star Ratings please visit [SeniorCarePlus.com](https://www.SeniorCarePlus.com).

Mulii-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-775-7003**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-888-775-7003**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。

如果您需要此翻译服务，请致电 **1-888-775-7003**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。

如需翻譯服務，請致電 **1-888-775-7003**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-888-775-7003**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-888-775-7003**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-888-775-7003** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter **1-888-775-7003**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-888-775-7003**번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-888-775-7003**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. هذه خدمة مترجم فوري، ليس عليك سوى الاتصال بنا على **1-888-775-7003** سيقوم شخص ما يتحدث العربية جمانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त द्वाषिया सेवाएँ उपलब्ध हैं. एक द्वाषिया प्राप्त करनेकेलिए, बस हमें **1-888-775-7003** र फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-888-775-7003**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-888-775-7003**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-888-775-7003**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-888-775-7003**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-888-775-7003** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

Renown[®]
PREFERRED PLAN 
Brought to you by Senior Care Plus





Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

RENO/SPARKS

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