

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

SENIOR CARE PLUS IS PROUD TO OFFER THE **Essential Plan**

GIVING RESIDENTS OF WASHOE COUNTY AND CARSON CITY ACCESS TO OUR WIDEST PROVIDER NETWORK, WITH A \$0 MONTHLY PREMIUM.

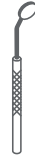
Essential Plan members can select a community provider as their Primary Care Provider while still enjoying priority access to Renown Health providers and facilities.

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

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



Priority access to Renown Health providers and services



Preventative dental benefit included

Personal Assistant to coordinate all your healthcare needs



Hearing exam and hearing aid coverage



Eye exam and glasses or contact lens coverage



Gym benefit included



\$25 Over-the-Counter (OTC) quarterly benefit



Transportation to and from medical visits



\$0 co-pay for Renown primary care providers



Rewards card - get rewarded for healthy activities



2023 PLAN BENEFITS - PLAN BENEFICIARIES MUST RESIDE IN WASHOE COUNTY OR CARSON CITY.

HMO Benefits	Essential Plan - 012
MONTHLY PLAN PREMIUM	\$0
Maximum Out-of-Pocket	\$3,300 per year
PHYSICIAN OFFICE VISITS	
Primary Care Provider (PCP) Visit	Preferred: \$0 per visit Non-Preferred: \$10 per visit
Specialist Visit	\$50 per visit
Preventive (ACA Covered) Screenings	\$0 per visit
LAB, IMAGING AND DIAGNOSTICS	
Routine Lab Services	\$0 per visit
X-Ray Services	\$70 per visit
Imaging (CT / PET / MRI)	\$100 / \$135 / \$135
FACILITY / SURGICAL	
Inpatient Hospital Services	Preferred: \$300 / 5 days per period Non-Preferred: \$440 / 5 days per period
Outpatient Hospital Services	Preferred: \$300 per visit Non-Preferred: \$440 per visit
Skilled Nursing	\$20 days 1-20, \$150 days 21-34
EMERGENCY AND URGENT CARE	
Urgent Care Center Services	\$35 In-Network / \$65 Out-of-Network
Emergency Room Services	\$125 per visit
Ambulance Services (ground / air)	\$325 per trip
Rx	
Rx - Annual Deductible*	N/A
Rx - Coverage in the Gap*	Preferred \$2.50 (Tier 6) Non-preferred \$8.50 (Tier 6)
Rx - Preferred Generic (1)*	Preferred \$5 / Non-Preferred \$11
Rx - Non-Preferred Generic (2)*	Preferred \$12 / Non-Preferred \$20
Rx - Preferred Brand (3)*	Preferred \$41 / Non-Preferred \$47 / Senior Savings \$35
Rx - Non-Preferred Brand (4)*	Preferred \$94 / Non-Preferred \$100
Rx - Specialty (5)*	33% Coinsurance
Rx - Select Drugs (6)*	Preferred \$2.50 / Non-Preferred \$8.50
OTHER	
Teladoc / Dispatch Health	\$0 per visit / \$35 per visit
Durable Medical Equipment	20% per item / supply
Chiropractic Services	\$25 per visit
Vision (Routine Coverage / EyeMed)	\$0 per exam, \$250 allowance
Hearing Exam / Hearing Aid Coverage	\$0 per exam (yearly) / 2 hearing aids per year; \$495 - \$1,970
Fitness Benefit	Included - See list of gyms on website
Dental Coverage (LIBERTY Dental Plan)	Preventative Included
Over-the-Counter Benefit (NationsOTC.®)	\$25 per quarter
Acupuncture (Low back pain only)	\$30 visit / Max 20 visits

**All copays are for a 30-day supply unless otherwise noted. | Preferred Pharmacies offer savings. Rx 90-day retail you pay 2.5 times for a 30-day supply. | Rx 90-day mail order you pay 2 times a 30-day supply. This is an advertisement. Senior Care Plus is a Medicare Advantage HMO organization with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and premiums and or copayments/coinsurance may change on January 1 of each year. Other providers are available in our network. A salesperson will be present with information and applications. For accommodation of persons with special needs at sales meetings call 775-982-3158 and 711 for TTY for more information. Material ID: H2960_2023_Essential_M (CMS Accepted)*