

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

SENIOR CARE PLUS IS PROUD TO OFFER THE

Patriot Plan

\$0 PREMIUM AND SENIOR CARE PLUS PAYS \$75 EACH MONTH TOWARD YOUR MEDICARE PART B PREMIUM.

The Patriot Plan is the perfect choice for veterans who want a local health care option alongside their VA benefits. Members enjoy health care benefits and services above and beyond those provided by the VA – with less wait times.

Call **702-551-3033** or visit **SeniorCarePlus.com** to enroll in the Patriot Plan today.

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



Priority access to Renown Health providers and services



Plan pays \$75 each month toward your Medicare Part B

Personal Assistant to coordinate all your healthcare needs



\$1,500 Comprehensive Dental Benefit



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



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_PatriotDataSheet_M (CMS Accepted)

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

HMO Benefits	Patriot Plan - 009
MONTHLY PLAN PREMIUM	\$0
PART B REBATE	\$75
Maximum Out-of-Pocket	\$2,500 per year
PHYSICIAN OFFICE VISITS	
Primary Care Provider (PCP) Visit	Preferred: \$0 Per visit Non-Preferred: \$10 per visit
Specialist Visit	\$40 per visit
Preventive (ACA Covered) Screenings	\$0 per visit
LAB, IMAGING AND DIAGNOSTICS	
Routine Lab Services	\$0 per visit
X-Ray Services	\$60 per visit
Imaging (CT / PET / MRI)	\$95 / \$130 / \$130
FACILITY / SURGICAL	
Inpatient Hospital Services	Preferred: \$250 / 6 days per period Non-Preferred: \$440 / 5 days per period
Outpatient Hospital Services	Preferred: \$275 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	\$30 In-Network / \$65 Out-of-Network
Emergency Room Services	\$125 per visit
Ambulance Services (ground / air)	\$250 per trip
Rx	
Rx - Annual Deductible	Not covered
Rx - Coverage in the Gap	Not covered
Rx - Preferred Generic (1)	Not covered
Rx - Non-Preferred Generic (2)	Not covered
Rx - Preferred Brand (3)	Not covered
Rx - Non-Preferred Brand (4)	Not covered
Rx - Specialty (5)	Not covered
Rx - Select Drugs (6)	Not covered
OTHER	
Teladoc / Dispatch Health	\$0 per visit / \$30 per visit
Durable Medical Equipment	20% per item / supply
Chiropractic Services	\$20 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 up to \$400
Fitness Benefit	Included – See list of gyms on website
Dental Coverage (LIBERTY Dental Plan)	\$1,500 Comprehensive, first dollar coverage
Over-the-Counter Benefit (NationsOTC®)	\$25 per quarter
Acupuncture (Low back pain only)	\$30 visit / Max 20 visits