

## SENIOR CARE PLUS IS PROUD TO OFFER THE Select Plan

## WITH MAXIMUM OUT-OF-POCKET OF JUST \$1,550 PER YEAR, MAKING IT A GREAT CHOICE FOR INDIVIDUALS WHO FREQUENTLY ACCESS HEALTH CARE.

The Select Plan also offers great value on its prescription drug coverage options. While not for everyone, this plan can be a real money-saver for certain Medicare beneficiaries.

## Call 775-982-3158 or visit SeniorCarePlus.com

to enroll in the Select Plan today.

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



Priority access to Renown Health providers and services

Personal Assistant to coordinate all your healthcare needs



\$0 co-pay for Renown primary care providers



care providers Rewards card –

get rewarded for healthy activities

\$1,500 comprehensive dental benefit



Hearing exam

coverage

and hearing aid

Transportation to and from medical 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\_Select\_M (CMS Accepted)

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

HMO Benefits	Select Plan - 018
MONTHLY PLAN PREMIUM	\$ <b>180</b>
Maximum Out-of-Pocket	\$1,550 per year
PHYSICIAN OFFICE VISITS	
Primary Care Provider (PCP) Visit	Preferred: \$0 per visit
-	Non-Preferred: \$10 per visit
Specialist Visit	\$15 per visit
Preventive (ACA Covered) Screenings	\$0 per visit
LAB, IMAGING AND DIAGNOSTICS	
Routine Lab Services	\$0 per visit
X-Ray Services	\$45 per visit
Imaging (CT / PET / MRI)	\$65/\$90/\$90
FACILITY / SURGICAL	
Inpatient Hospital Services	Preferred: \$175 / 3 days per period Non-Preferred: \$440 / 5 days per period
Outpatient Hospital Services	Preferred: \$225 per visit Non-Preferred: \$440 per visit
Skilled Nursing	\$20 days 1-20, \$100 days 21-34
EMERGENCY AND URGENT CARE	
Urgent Care Center Services	\$20 In-Network / \$45 Out-of-Network
Emergency Room Services	\$125 per visit
Ambulance Services (ground / air)	\$250 per trip
Rx	
Rx - Annual Deductible*	N/A
Rx - Coverage in the Gap*	\$0 / \$0/ \$0 (Tiers 1,2,6)
<b>Rx - Preferred Generic</b> (1)*	Preferred \$0 / Non-Preferred \$6
Rx – Non-Preferred Generic (2)*	Preferred \$0 / Non-Preferred \$8
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 \$0 / Non-Preferred \$6
OTHER	
Teladoc / Dispatch Health	\$0 per visit / \$20 per visit
Durable Medical Equipment	10% 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
<b>Over-the-Counter Benefit</b> (NationsOTC <sub>®</sub> )	\$160 per quarter
Acupuncture (Low back pain only)	\$30 visit / Max 20 visits