

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

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

PRIMARY CARE PROVIDED BY P3 HEALTH PARTNERS.

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

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

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

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



Priority access to P3 Health Partners providers and services



Eye exam and glasses or contact lens coverage

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





Gym benefit included



\$85 Over-the-Counter (OTC) quarterly benefit



No monthly premium and no deductible



\$1,250 comprehensive dental benefits




Transportation to and from medical visits

Hearing exam and hearing aid coverage



2023 PLAN BENEFITS - PLAN BENEFICIARIES MUST RESIDE IN CLARK COUNTY OR NYE COUNTY.

HMO Benefits	Complete Plan - 019
MONTHLY PLAN PREMIUM	\$0
Maximum Out-of-Pocket	\$1,500 per year
PHYSICIAN OFFICE VISITS	
PCP Visit (Must use P3 Health Partners PCP)	\$0 per visit
Specialist Visit	\$0 per visit
Preventive (ACA Covered) Screenings	\$0 per visit
LAB, IMAGING AND DIAGNOSTICS	
Routine Lab Services	\$0 per visit
X-Ray Services	\$0 per visit
Imaging (CT / PET / MRI)	\$50 / \$200 / \$50
FACILITY / SURGICAL	
Inpatient Hospital Services	\$0 per day
Outpatient Hospital Services	\$0 per visit
Skilled Nursing	\$0 days 1-20, \$125 days 21-40
EMERGENCY AND URGENT CARE	
Urgent Care Center Services	\$10 In-Network / \$40 Out-of-Network
Emergency Room Services	\$125 per visit
Ambulance Services (ground / air)	\$275 ground / \$325 air
Rx	
Rx - Annual Deductible*	No Deductible
Rx - Coverage in the Gap*	\$2 / \$8 / \$0 (Tiers 1,2,6)
Rx - Preferred Generic (1)*	Preferred \$2 / Non-Preferred \$8 (30-day)
Rx - Non-Preferred Generic (2)*	Preferred \$8 / Non-Preferred \$16 (30-day)
Rx - Preferred Brand (3)*	Preferred \$41 / Non-Preferred \$47 (30-day) / Senior Savings \$35
Rx - Non-Preferred Brand (4)*	Preferred \$94 / Non-Preferred \$100 (30-day)
Rx - Specialty (5)*	33% coinsurance
Rx - Select Drugs (6)*	Preferred \$0 / Non-Preferred \$6 (30 day)
OTHER	
Teladoc / Dispatch Health	\$0 per visit / \$10 per visit
Durable Medical Equipment	20% per item / supply
Chiropractic Services	\$0 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)	\$1,250 Comprehensive, first dollar coverage
Over-the-Counter Benefit (NationsOTC®)	\$85 per quarter

**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_CompleteDataSheet_M (CMS Accepted)*

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