



SENIOR CARE PLUS IS PROUD TO OFFER THE

Essential Plan

Giving residents of Washoe County, Storey 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 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:



Access to expanded network of community providers and hospitals



Hearing exam and hearing aid coverage

No monthly premium and no deductible



Low or \$0 copays for primary care



\$0 Eye exam and allowance for glasses or contacts



Gym benefit included

Rewards card – get rewarded for healthy activities



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



Preventative dental benefit included



Transportation to and from medical visits

View the notice of privacy practices at SeniorCarePlus.com.

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_2024_Essential_M (CMS Accepted)

FOR THIS PLAN, beneficiaries must reside in Washoe County, Storey County or Carson City.

HMO Benefits	Essential Plan - 012
MONTHLY PLAN PREMIUM	\$0
Maximum Out-of-Pocket	\$3,200 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	\$70 per test
Imaging (CT / PET / MRI)	\$100 / \$135 / \$135 per test
FACILITY / SURGICAL	
Inpatient Hospital Services	Preferred: \$300 / 4 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	\$20 In-Network / \$65 Out-of-Network
Emergency Room Services	\$135 per visit
Ambulance Services (ground / air)	\$325 per trip
Rx	
Rx - Annual Deductible*	N/A
Rx - Coverage in the Gap*	\$5 (Tier 1) / \$0 (Tier 6)
Rx - Preferred Generic (1)*	\$5 per prescription
Rx - Non-Preferred Generic (2)*	\$12 per prescription
Rx - Preferred Brand (3)*	\$47 per prescription
Rx - Non-Preferred Brand (4)*	\$100 per prescription
Rx - Specialty (5)*	33% Coinsurance
Rx - Select Drugs (6)*	\$0 per prescription
Rx-90-day Retail / Rx-90-day Mail	2.5 times 30-day / 2 times 30-day
OTHER	
TELADOC / Doctoroo	\$0 per visit / \$20 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; \$495 – \$1,970
Fitness Benefit	Included – see list of gyms at SeniorCarePlus.com
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.

2024 PLAN BENEFITS