## THE RENOWN PREFERRED PLAN **IS BETTER THAN EVER FOR 2024!**



Senior Care Plus is pleased to share the benefits included in the Renown Preferred Plan for 2024. In addition to access to all that Renown Health has to offer, we continue to build on our foundation of quality health benefits for Medicare beneficiaries.

FOR 2024, RENOWN PREFERRED PLAN MEMBERS WILL ENJOY:

 First-dollar Dental Coverage LIBERTY Dental Plan – no out-of-pocket costs until benefit limit is reached



nations hearing

- \$0 Hearing Exams NationsHearing® – low cost hearing aids with many options

 Healthy Rewards Card Program Get rewarded for taking care of your health



 Over-the-Counter Benefit NationsOTC® – extensive selection with free, two-day shipping



 In-Home Care Option Doctoroo in-home urgent care now available in select areas



AND SO MUCH MORE... Medicare's Annual Enrollment Period ends December 7 - don't miss your one chance to enroll!

Call **775-982-3158** to talk to a Senior Care Plus enrollment specialist or visit **SeniorCarePlus.com** to self-enroll.

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



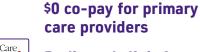
**Access to Renown Health providers** and services\*

**Personal Assistant** to help coordinate all your healthcare needs





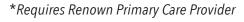
No monthly premium and no deductible





**Dedicated clinic for Senior Care Plus members** 







\$1,250 comprehensive dental benefit

Hearing exam and hearing aid coverage



\$0 Eye exam and allowance for glasses or contacts



\$50 Over-the-Counter (OTC) quarterly benefit

Transportation to and from medical visits



View the notice of privacy practices at **SeniorCarePlus.com**.

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

HMO Benefits	Renown Preferred Plan by Senior Care Plus -023
MONTHLY DI AN DREMIUM	\$0
MONTHLY PLAN PREMIUM  Maximum Out-of-Pocket	
	\$3,125 per year
PHYSICIAN OFFICE VISITS	60
PCP Visit (Must use Renown PCP)	\$0 per visit
Specialist Visit	\$35 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 / \$125 / \$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 Drug (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
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)	\$1,250 Comprehensive, first-dollar coverage
Over-the-Counter Benefit (NationsOTC®)	\$50 Quarter
Acupuncture (Low back pain only)	\$30 visit / Max 20 visits
	erwise noted.   Preferred pharmacies offer savings.

\*All copays are for a 30-day supply unless otherwise noted. | Preferred pharmacies offer savings.

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\_RenownPPmedgroup\_M (CMS Accepted)