

Select Plan

With a maximum out-of-pocket of just \$1,550 per year, the Select Plan is 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.

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

HMO Benefits	Select Plan - 018
MONTHLY PLAN PREMIUM	\$170
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 test
Imaging (CT / PET / MRI)	\$65 / \$90 / \$90 per test
FACILITY / SURGICAL	
Inpatient Hospital Services	Preferred: \$175 / 1-3 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	\$135 per visit
Ambulance Services (ground / air)	\$250 per trip
Rx	
Rx - Annual Deductible*	N/A
Rx - Coverage in the Gap*	\$0 (Tier 1) / \$0 (Tier 2) / \$0 (Tier 6)
Rx - Preferred Generic (1)*	\$0 per prescription
Rx - Non-Preferred Generic (2)*	\$0 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	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 at SeniorCarePlus.com
Dental Coverage (LIBERTY Dental Plan)	\$1,500 Comprehensive, first-dollar coverage
Over-the-Counter Benefit (NationsOTC®)	\$160 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.

View the notice of privacy practices at SeniorCarePlus.com.

2024 PLAN BENEFITS