

Patriot Plan

\$0 Premium and Senior Care Plus pays \$65 each month toward your Medicare Part B Premium.

The Patriot Plan is the perfect choice for veterans who want a local health care option alongside their VA benefits. Members enjoy health care benefits and services above and beyond those provided by the VA – with less wait times.

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

HMO Benefits	★ ★ ★ ★ Patriot Plan - 009 ★ ★ ★ ★
MONTHLY PLAN PREMIUM	\$0
PART B REBATE	\$65
Maximum Out-of-Pocket	\$2,750 per year
PHYSICIAN OFFICE VISITS	
Primary Care Provider (PCP) Visit	Preferred: \$0 Per visit / Non-Preferred: \$10 per visit
Specialist Visit	\$45 per visit
Preventive (ACA Covered) Screenings	\$0 per visit
LAB, IMAGING AND DIAGNOSTICS	
Routine Lab Services	\$0 per visit
X-Ray Services	\$60 per test
Imaging (CT / PET / MRI)	\$95 / \$130 per test/ \$130 per test
FACILITY / SURGICAL	
Inpatient Hospital Services	Preferred: \$350 / 4 days per period Non-Preferred: \$440 / 5 days per period
Outpatient Hospital Services	Preferred: \$325 per visit / Non-Preferred: \$440 per visit
Skilled Nursing	\$20 days 1-20, \$200 days 21-34
EMERGENCY AND URGENT CARE	
Urgent Care Center Services	\$30 In-Network / \$65 Out-of-Network
Emergency Room Services	\$140 per visit
Ambulance Services (ground / air)	\$250 per trip
Rx	
Rx - Annual Deductible	N/A
Rx - Preferred Generic (1)	Not covered
Rx - Non-Preferred Generic (2)	Not covered
Rx - Preferred Brand (3)	Not covered
Rx - Non-Preferred Brand (4)	Not covered
Rx - Specialty (5)	Not covered
Rx - Select Drugs (6)	Not covered
OTHER	
TELADOC / Doctoroo	\$0 per visit / \$30 per visit
Durable Medical Equipment	20% per item / supply
Chiropractic Services	\$20 per visit
Vision (Routine Coverage / EyeMed)	\$0 per exam, \$170 allowance (\$250 with Plus Provider)
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®)	\$25 per quarter
Acupuncture (Low back pain only)	\$30 visit / Max 20 visits

2025 PLAN BENEFITS

View the notice of privacy practices at SeniorCarePlus.com. You can also visit the website to view the plan's Evidence of Coverage to see a complete list of benefits, exclusions, and operating procedures or call **775-982-3112** to request a copy.