



*“Senior Care Plus  
saved my life.”*  
Nancy W.

***Plan Year 2026***  
**MEDICARE BROKER LUNCHEON**

Senior Care  
Plus 

# Today's Agenda

## Welcome Medicare Broker Partners

**CJ Bawden** — Vice President Growth and Retention, Hometown Health

## Joint Venture Update

**Bethany Sexton** — Chief Executive Officer, Hometown Health

## Del Monte Clinic

**Francesca Rinaldo, MD, PhD** — Director of Value-Based Care, Hometown Health

## 2026 Senior Care Plus Medicare Advantage Plans

**CJ Bawden** — Vice President Growth and Retention, Hometown Health

## Buffet Lunch

## 2026 Hometown Health Individual & Family Plans

**Connor Deck** — Director Growth and Retention, Hometown Health

**RAFFLE PRIZE FOR OUR BROKER PARTNERS THROUGHOUT THE DAY!**

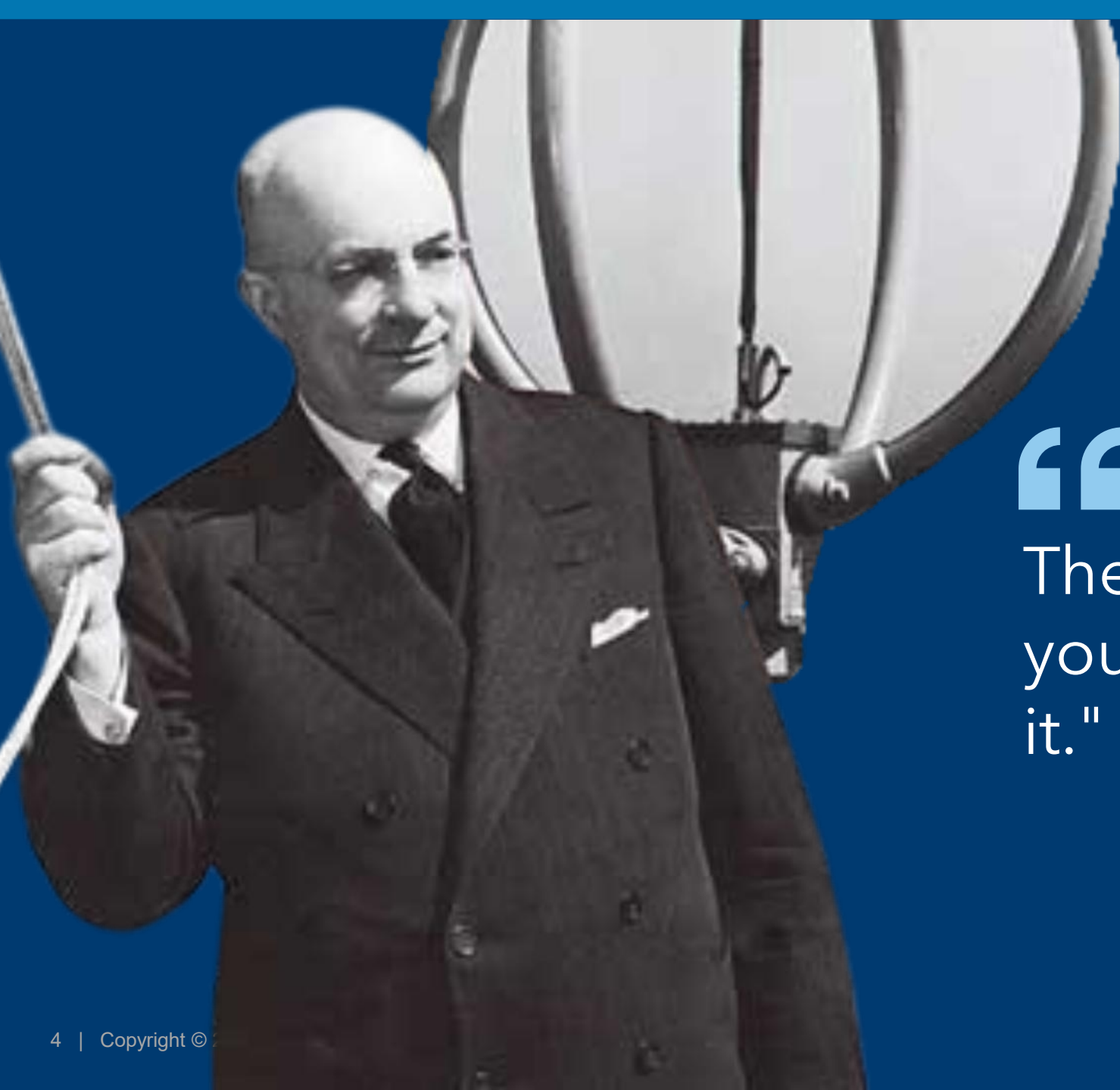


## Joint Venture Update

***Bethany Sexton***

*Chief Executive Officer,  
Hometown Health*





“

The best way to predict  
your future is to create  
it.”

– Henry J. Kaiser



# Our Partner: Kaiser Permanente

**13.1** million members

**737** Medical Offices

**39** Hospitals

**220K+** Employees

**23K+** Physicians

**65K+** Nurses

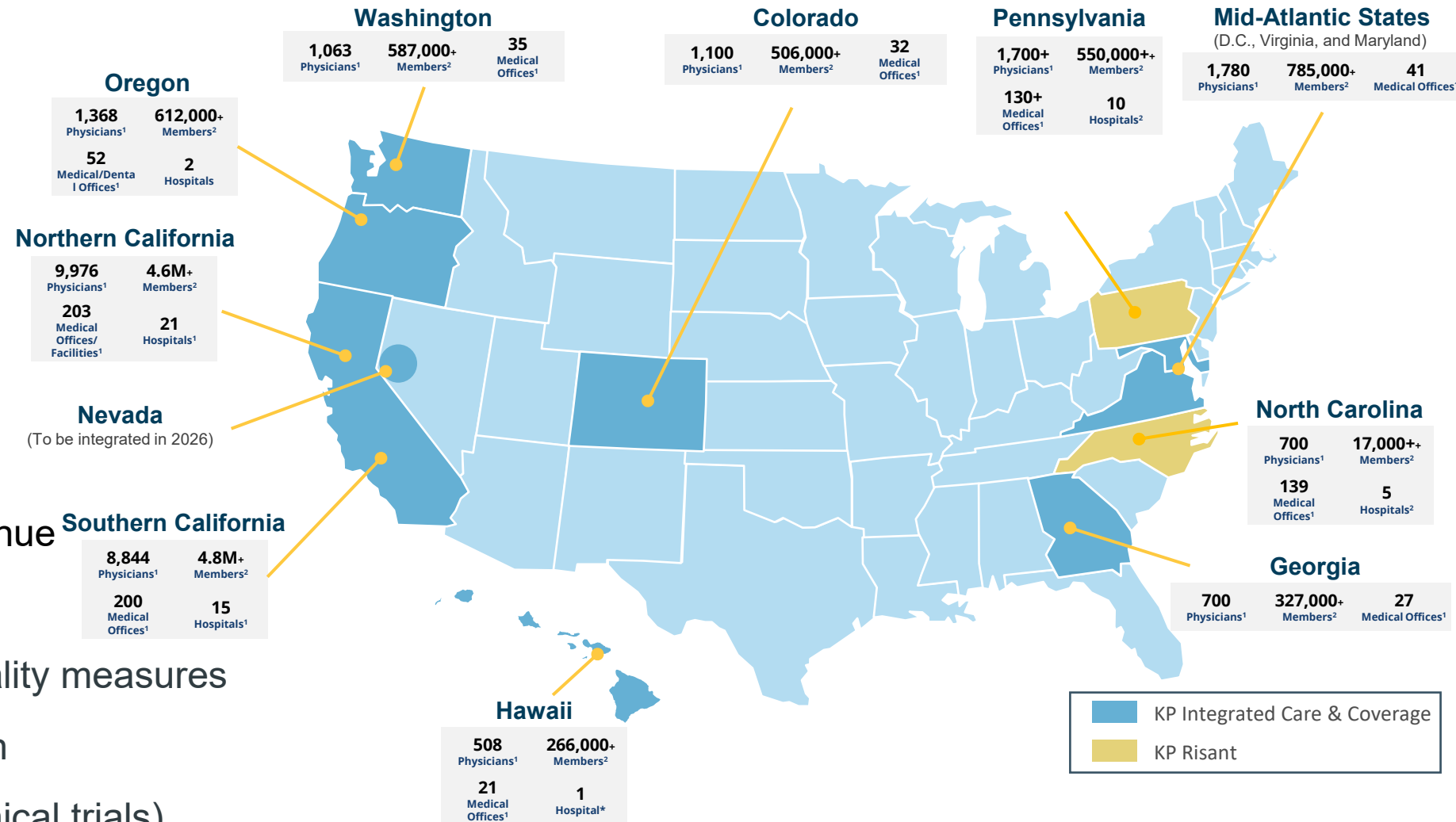
**\$93B** 2021 Operating Revenue

**100M** Prescriptions filled

**67** #1 ranked in NCQA Quality measures

**\$257M** Funding for research

**2,400** Studies (including clinical trials)



## Del Monte Clinic

***Francesca Rinaldo MD, PhD.***  
*Director of Value-Based Care,  
Hometown Health*



# SENIOR CARE – DEL MONTE

Value Based-Care  
Lives Here!



# Del Monte Clinic

## One Stop Shop for Senior Care

- Designed to meet the unique needs of our Medicare Advantage population
  - Accessible location
  - Welcoming environment
  - Only SCP members can access the Del Monte clinic, giving them something no other plan offers in Reno
- **Geriatric-Specialized Primary Care Providers** – delivering personalized, senior-focused care with expertise in the health and lifestyle needs of older adults



## Meet the Del Monte Care Team



**Eithne-Marie Barton, DO** – Specializing in geriatric medicine, Dr. Barton helps seniors stay active and vibrant.  
**Accepting new patients.**



**Dominique Joseph, MD** – Dedicated to high-quality senior care with expertise in the aging process.  
**Accepting new patients.**



**Shruti Basho, MD** – Board-Certified in family medicine; a caring physician fluent in English, Spanish and Hindi.



**Kathryn Thyssen, DO** – Focused on seniors' unique health needs, including chronic disease, nutrition, memory loss, and medication management.



**Suzanne Zsikla, MD** – Board-Certified in internal medicine and passionate about women's health and hormone therapy.



**Allie Finney, PA-C and Ashley Hall, PA-C** – Board-Certified Physician Assistants who provide comprehensive health assessments, acute care and transitional follow-up visits.



# Del Monte Clinic

- **A Built-In Support Team**
  - **SCP Personal Assistants** to help members simplify benefits and services
  - **RN Care Coordinator** for ongoing care planning, transitions of care and chronic condition support
  - **Social Workers/Community Health Workers** to address SDoH and behavioral health needs, connecting members and their families with local resources
  - **Onsite Laboratory** for more convenient care, fewer additional appointments, fast results and follow-up
  - **Pharmacy Kiosk** allows pick up of common prescriptions as part of the check-out process



- **Del Monte Senior Seminar Series** - world-class education and lifestyle content brought right to our members, keeping them engaged, informed and connected.



***Del Monte isn't just a clinic- it's a home base for our members' health and well-being!***

# Value-Based Care

- **Your role is critical** – the information you capture up front directly impacts how well we can serve members from Day One
- **Health questions = faster support** – when simple health questions at the end of the application are completed, our care team can immediately identify needs and set members up with the right resources
- **First 30 days matter most** – early engagement is when we can prevent gaps in care, connect members with important medications, DME, schedule health assessments and provide SCP personal assistant support
- **Better experience and outcomes** – your help ensures we can deliver more coordinated care, so members feel the benefit of SCP right away- and stay engaged with the plan long-term

*It's quick and easy- a few minutes at the end of the application can make all the difference for our members and our plan!*

# Health Information Section



[PLANS](#) [DIRECTORIES](#) [PRESCRIPTIONS](#) [RESOURCES](#) [BROKERS](#) [CONTACT](#)

## Health Information

*Your first few months in your health plan are important, and we want to help you get off to the best start. To support you, we'd like to know a little more about your health and what matters to you. Please take a few minutes to answer the optional questions below:*

### 1. How much does your current health get in the way of enjoying life the way you'd like?

- ☐ Not at all - My health does not limit what I enjoy
- ☐ A little - My health sometimes slows me down, but I usually do what I want
- ☐ Somewhat - My health often affects my plans or activities, but I still manage many things
- ☐ Quite a bit - My health limits me a lot and makes it hard to do many things I enjoy
- ☐ Extremely - My health gets in the way most of the time and keeps me from what matters most

### 2. How many medications are you currently taking?

- ☐ 3 or less
- ☐ 4-8
- ☐ More than 8

# Health Information Section

3. How often do you need help from a family member, friend or caregiver with your daily activities or health needs?

- ☐ Never - I do not need help
- ☐ Rarely - I need help once in a while
- ☐ Sometimes - I need help on some days
- ☐ Often - I need help most days
- ☐ Always - I need help every day

4. Do you currently use any medical equipment at home, such as a cane, walker, wheelchair, hospital bed, oxygen or other devices that help you with your health or daily activities?

- ☐ Yes
- ☐ No

5. For the purposes of the Medicare Extra Help program, please tell us If your annual income is below \$23,475 for an individual or \$31,725 if married.

- ☐ Yes
- ☐ No



# Health Information Section

6. Tell us how you would like to review your onboarding materials\*:

- ☐ I'd like to complete my onboarding on my smartphone, tablet or computer
- ☐ I'd like to receive a printed copy of my onboarding materials

\*Plan onboarding materials are typically distributed shortly after your effective date.

7. Would you be interested in attending a welcome meeting or receiving a call to learn more about benefits and resources within the health plan?

- ☐ Yes
- ☐ No

Thank you for sharing this information. Your responses will help us understand your needs and provide the right support and resources.

*Completing the **Health Information** section with your client allows us to provide the best care possible!*

# 2026 Senior Care Plus Plans

## 2026 Senior Care Plus Medicare Advantage Plans

***CJ Bawden***

*Vice President Growth and Retention,  
Hometown Health*



Senior Care  
Plus 

# Senior Care Plus Broker Luncheon

**RAFFLE TIME!**



# 2026 Updates

[Home](#) > [Medicare](#) > Apply for Medicare Part D Extra Help program

## Medicare Part D Extra Help Program

*For 2026 Income Limits  
Medicare Beneficiaries are  
eligible if annual income is  
below:*

*\$24,475 Individual  
\$31,725 if Married*

<https://www.ssa.gov/medicare/part-d-extra-help>

- Plan for Medicare
- Sign up for Medicare
- Request to lower IRMAA
- Apply for Part D Extra Help**
- Manage Medicare benefits

## Apply for Medicare Part D Extra Help program

The Extra Help program helps people with limited income and resources lower or cut Part D costs.

Medicare Part D provides drug coverage. The Extra Help program helps with the cost of your prescription drugs, like deductibles and copays. You can apply for Extra Help any time before or after you enroll in Part D.

Documents to help you prepare



### Apply for Extra Help online

Your eligibility depends on your income and resources. We'll ask you for your financial information when you apply.

[Apply online](#)

[Finish existing application](#)



# Background on Senior Care Plus and Hometown Health

- Senior Care Plus is the oldest Medicare Advantage Plan in Nevada, serving the community since 1995.
- Senior Care Plus is the Medicare Advantage Plan from Hometown Health – ***the region's only not-for-profit health plan.***
- Hometown Health and Senior Care Plus are the ***gateway to the most advanced health system in northern Nevada – Renown Health.***
- ***Senior Care Plus is the only Medicare Advantage Plan accepted by Renown Health.***

Senior Care  
Plus 

Hometown  
Health 

**Renown**<sup>®</sup>  
HEALTH

Senior Care Plus is the **ONLY MEDICARE ADVANTAGE PLAN  
ACCEPTED BY RENOWN HEALTH.**

**ACCESS TO  
ALL THAT  
RENOWN  
HEALTH HAS  
TO OFFER.**

*Dean T. – Senior Care Plus Member*

# Stars Year 2026





# 2026 Medicare Enrollment Guide

WASHOE COUNTY • STOREY COUNTY • CARSON CITY

Senior Care Plus

MEDICARE ADVANTAGE PLANS  
Renown Preferred  
Essential • Extensive Duals  
Select • Patriot

Maryanne D. & Parker  
— Maryanne is a Senior Care Plus Member

WITH ACCESS TO YOUR LOCAL HOSPITAL AND HEALTHCARE SYSTEMS

**Renown**  
HEALTH

**CARSON TAHOE**  
HEALTH

## Compare Our 2026 Plans

Senior Care Plus

Senior Care Plus Plan Benefits		Renown Preferred Plan	Essential Plan	Extensive Duals Plan	Select Plan	Patriot Plan
MONTHLY PLAN PREMIUM	2025 \$	\$0	\$0	\$0	\$180	\$0
MAXIMUM OUT-OF-POCKET		\$2,700	\$2,700	\$0	\$1,450	\$2,750
Includes Prescription Drug Coverage		✓	✓	✓	✓	
Monthly Part B Rebate						\$65
Requires Renown Primary Care Provider		✓		✓		
Access Non-Renown Primary Care Providers			✓		✓	✓
Access All Renown Health Has to Offer		✓	✓	✓	✓	✓
In-Network Urgent Care Coverage		\$20	\$20	\$0	\$20	\$25
Specialist Visit		\$25 per visit	\$30 per visit	\$0 per visit	\$5 per visit	\$45 per visit
Preferred Inpatient Hospital Services		\$220 - 4 days	\$220 - 4 days	\$0 per stay	\$145 - 2 days	\$350 - 4 days
Preferred Outpatient Hospital Services		\$220 per visit	\$220 per visit	\$0 per visit	\$145 per visit	\$325 per visit
TELADOC Telehealth Copay	TELADOC	\$0	\$0	\$0	\$0	\$0
Doctoroo In-Home Care Copay*	doctoroo	\$20	\$20	\$0	\$20	\$30
OTC Benefit - Per Quarter	OTC	\$50 Quarter	\$50 Quarter	\$205 Quarter	\$140 Quarter	\$25 Quarter
Fitness Benefit		✓	✓	✓	✓	✓
Comprehensive Dental Yearly Allowance		\$500	Preventive Only	\$2,500	\$1,500	\$1,500
Hearing Aid Benefit / Two Aids Per Year		\$495 - \$1,970	\$495 - \$1,970	\$495 - \$1,970	\$400	\$400
\$400 Hearing Aid Copay Allowance					✓	✓
Vision - Eyeglass Allowance		\$250	\$250	\$400	\$250	\$170
National Urgent Care Coverage		✓	✓	✓	✓	✓
Worldwide Emergency Care		✓	✓	✓	✓	✓

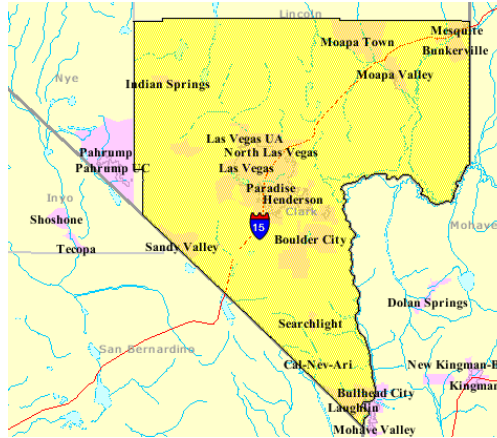


# 2026 Updates



## CMS BID PROCESS

- Lower Hospital Stay Copays
- Focus on Medical Benefits



## SOUTHERN NEVADA

- Benefit Rich Plans for 2026
- Duals Plan - Enriched Dual Plans



## CARSON TAHOE HEALTH

- Preferred Hospital
- Long-term Contracts
- Looking to Grow in Carson

# Senior Care Plus 2026

## THE RENOWN PREFERRED PLAN IS OUR MOST POPULAR PLAN !

**Renown®**  
**PREFERRED PLAN**   
Brought to you by Senior Care Plus

HMO Benefits	Renown Preferred Plan by Senior Care Plus - 023
<b>MONTHLY PLAN PREMIUM</b>	<b>\$0</b>
Maximum Out-of-Pocket	\$2,700 per year
<b>PHYSICIAN OFFICE VISITS</b>	
PCP Visit (Must use Renown PCP)	\$0 per visit
Specialist Visit	\$25 per visit
Preventive (ACA Covered) Screenings	\$0 per visit
<b>LAB, IMAGING AND DIAGNOSTICS</b>	
Routine Lab Services	\$0 per visit
X-Ray Services	\$35 per test
Imaging (CT/PET/MRI)	\$65 / \$100 per test / \$100 per test
<b>FACILITY / SURGICAL</b>	
Inpatient Hospital Services	Preferred: \$220 / 4 days per period Non-Preferred: \$440 / 5 days per period
Outpatient Hospital Services	Preferred: \$220 per visit / Non-Preferred: \$440 per visit
Skilled Nursing	\$20 days 1-20, \$200 days 21-34
<b>EMERGENCY AND URGENT CARE</b>	
Urgent Care Center Services	\$20 In-Network / \$65 Out-of-Network
Emergency Room Services	\$140 per visit
Ambulance Services (ground/air)	\$325 per trip

<b>Rx</b>	
Rx - Annual Deductible*	N/A
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)*	50% Coinsurance
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
<b>OTHER</b>	
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 <a href="https://www.SeniorCarePlus.com">SeniorCarePlus.com</a>
Dental Coverage (LIBERTY Dental Plan)	\$500 Comprehensive, first-dollar coverage
Over-the-Counter Benefit (NationsOTC®)	\$50 per quarter
Acupuncture (Low back pain only)	\$30 visit / Max 20 visits

# Senior Care Plus 2026

## Essential Plan



Giving residents of Washoe County, Storey County and Carson City access to our widest provider network, with a \$0 monthly premium.



HMO Benefits	Essential Plan - 012
<b>MONTHLY PLAN PREMIUM</b>	\$0
<b>Maximum Out-of-Pocket</b>	\$2,700 per year
<b>PHYSICIAN OFFICE VISITS</b>	
<b>Primary Care Provider (PCP) Visit</b>	Preferred: \$0 per visit / Non-Preferred: \$10 per visit
<b>Specialist Visit</b>	\$30 per visit
<b>Preventive (ACA Covered) Screenings</b>	\$0 per visit
<b>LAB, IMAGING AND DIAGNOSTICS</b>	
<b>Routine Lab Services</b>	\$0 per visit
<b>X-Ray Services</b>	\$35 per test
<b>Imaging (CT / PET / MRI)</b>	\$65 / \$100 per test / \$100 per test
<b>FACILITY / SURGICAL</b>	
<b>Inpatient Hospital Services</b>	Preferred: \$220 / 4 days per period Non-Preferred: \$440 / 5 days per period
<b>Outpatient Hospital Services</b>	Preferred: \$220 per visit / Non-Preferred: \$440 per visit
<b>Skilled Nursing</b>	\$20 days 1-20, \$200 days 21-34
<b>EMERGENCY AND URGENT CARE</b>	
<b>Urgent Care Center Services</b>	\$20 In-Network / \$65 Out-of-Network
<b>Emergency Room Services</b>	\$140 per visit
<b>Ambulance Services (ground / air)</b>	\$275 per trip

<b>Rx</b>	
<b>Rx - Annual Deductible*</b>	N/A
<b>Rx - Preferred Generic (1)*</b>	\$5 per prescription
<b>Rx - Non-Preferred Generic (2)*</b>	\$12 per prescription
<b>Rx - Preferred Brand (3)*</b>	\$47 per prescription
<b>Rx - Non-Preferred Brand (4)*</b>	50% Coinsurance
<b>Rx - Specialty (5)*</b>	33% Coinsurance
<b>Rx - Select Drugs (6)*</b>	\$0 per prescription
<b>Rx-90-day Retail / Rx-90-day Mail</b>	2.5 times 30-day / 2 times 30-day
<b>OTHER</b>	
<b>TELADOC / Doctoroo</b>	\$0 per visit / \$20 per visit
<b>Durable Medical Equipment</b>	20% per item / supply
<b>Chiropractic Services</b>	\$20 per visit
<b>Vision (Routine Coverage / EyeMed)</b>	\$0 per exam, \$250 allowance
<b>Hearing Exam / Hearing Aid Coverage</b>	\$0 per exam (yearly) / 2 hearing aids per year; \$495 - \$1,970
<b>Fitness Benefit</b>	Included - see list of gyms at <a href="https://www.seniorcareplus.com">SeniorCarePlus.com</a>
<b>Dental Coverage (LIBERTY Dental Plan)</b>	Preventive Included
<b>Over-the-Counter Benefit (NationsOTC®)</b>	\$50 per quarter
<b>Acupuncture (Low back pain only)</b>	\$30 visit / Max 20 visits

# Senior Care Plus 2026

## Extensive Duals Plan

For individuals with Medicare and Medicaid in Washoe County and Carson City.

HMO Benefits	Copays for Members with Medicaid & Extra Help - 024	Rx	
<b>MONTHLY PLAN PREMIUM</b>	\$0	<b>Rx - Annual Deductible*</b>	\$0 Deductible per year <b>Should read:</b>
<b>Maximum Out-of-Pocket</b>	\$0 per year	<b>Rx - Preferred Generic (1)*</b>	Generic \$0 - \$4.90 <b>\$0 - \$12.65</b>
<b>PHYSICIAN OFFICE VISITS</b>		<b>Rx - Non-Preferred Generic (2)*</b>	Generic \$0 - \$55.10 <b>\$0 - \$12.65</b>
<b>PCP Visit</b> (Must use Renown PCP)	\$0 per visit	<b>Rx - Preferred Brand (3)*</b>	Brand \$0 - \$12.65
<b>Specialist Visit</b>	\$0 per visit	<b>Rx - Non-Preferred Brand (4)*</b>	Brand \$0 - \$12.65
<b>Preventive</b> (ACA Covered) <b>Screenings</b>	\$0 per visit	<b>Rx - Specialty (5)*</b>	33% Coinsurance
<b>LAB, IMAGING AND DIAGNOSTICS</b>		<b>Rx - Select Drugs (6)*</b>	Not Covered
<b>Routine Lab Services</b>	\$0 per visit	<b>OTHER</b>	
<b>X-Ray Services</b>	\$0 per test	<b>TELADOC / Doctoroo</b>	\$0 per visit / \$0 per visit
<b>Imaging</b> (CT / PET / MRI)	\$0 / \$0 / \$0 per test	<b>Durable Medical Equipment</b>	0%-17% per item / supply
<b>FACILITY / SURGICAL</b>		<b>Chiropractic Services</b>	\$0 per visit
<b>Inpatient Hospital Services</b>	\$0 per stay	<b>Vision</b> (Routine Coverage / EyeMed)	\$0 per exam, \$400 allowance
<b>Outpatient Hospital Services</b>	\$0 per visit	<b>Hearing Exam / Hearing Aid Coverage</b>	\$0 per exam (yearly) / 2 hearing aids per year, \$495 - \$1,970
<b>Skilled Nursing</b>	\$0 days 1-20, \$0 days 21-100	<b>Fitness Benefit</b>	Included - see list of gyms at <a href="http://SeniorCarePlus.com">SeniorCarePlus.com</a>
<b>EMERGENCY AND URGENT CARE</b>		<b>Dental Coverage</b> (LIBERTY Dental Plan)	\$2,500 Comprehensive Included
<b>Urgent Care Center Services</b>	\$0 In-Network / \$0 Out-of-Network	<b>Over-the-Counter Benefit</b> (NationsOTC®)	\$205 per quarter
<b>Emergency Room Services</b>	\$0 per visit	<b>Acupuncture</b> (Low back pain only)	0% - 17% per visit
<b>Ambulance Services</b> (ground / air)	\$0 per trip		



# Senior Care Plus 2026

## Select Plan

With a maximum out-of-pocket of just \$1,450 per year, the Select Plan is a great choice for individuals who frequently access health care.

HMO Benefits	Select Plan - 018	Rx	
<b>MONTHLY PLAN PREMIUM</b>	<b>\$180</b>	<b>Rx - Annual Deductible</b>	N/A
<b>Maximum Out-of-Pocket</b>	\$1,450 per year	<b>Rx - Preferred Generic (1)*</b>	\$0 per prescription
<b>PHYSICIAN OFFICE VISITS</b>		<b>Rx - Non-Preferred Generic (2)*</b>	\$0 per prescription
<b>Primary Care Provider (PCP) Visit</b>	Preferred: \$0 per visit / Non-Preferred: \$10 per visit	<b>Rx - Preferred Brand (3)*</b>	\$47 per prescription
<b>Specialist Visit</b>	\$5 per visit	<b>Rx - Non-Preferred Brand (4)*</b>	50% Coinsurance
<b>Preventive (ACA Covered) Screenings</b>	\$0 per visit	<b>Rx - Specialty (5)*</b>	33% Coinsurance
<b>LAB, IMAGING AND DIAGNOSTICS</b>		<b>Rx - Select Drugs (6)*</b>	\$0 per prescription
<b>Routine Lab Services</b>	\$0 per visit	<b>Rx - 90-day Retail / Rx - 90-day Mail</b>	2.5 times 30-day / 2 times 30-day
<b>X-Ray Services</b>	\$45 per test	<b>OTHER</b>	
<b>Imaging (CT / PET / MRI)</b>	\$65 / \$90 per test / \$90 per test	<b>TELADOC / Doctoroo</b>	\$0 per visit / \$20 per visit
<b>FACILITY / SURGICAL</b>		<b>Durable Medical Equipment</b>	10% per item / supply
<b>Inpatient Hospital Services</b>	Preferred: \$145 / 2 days per period Non-Preferred: \$440 / 5 days per period	<b>Chiropractic Services</b>	\$20 per visit
<b>Outpatient Hospital Services</b>	Preferred: \$145 per visit / Non-Preferred: \$440 per visit	<b>Vision (Routine Coverage / EyeMed)</b>	\$0 per exam, \$250 allowance
<b>Skilled Nursing</b>	\$20 days 1-20, \$200 days 21-34	<b>Hearing Exam / Hearing Aid Coverage</b>	\$0 per exam (yearly) / 2 hearing aids per year up to \$400
<b>EMERGENCY AND URGENT CARE</b>		<b>Fitness Benefit</b>	Included - see list of gyms at <a href="https://www.seniorcareplus.com">SeniorCarePlus.com</a>
<b>Urgent Care Center Services</b>	\$20 In-Network / \$45 Out-of-Network	<b>Dental Coverage (LIBERTY Dental Plan)</b>	\$1,500 Comprehensive, first-dollar coverage
<b>Emergency Room Services</b>	\$140 per visit	<b>Over-the-Counter Benefit (NationsOTC®)</b>	\$140 per quarter
<b>Ambulance Services (ground / air)</b>	\$250 per trip	<b>Acupuncture (Low back pain only)</b>	\$30 visit / Max 20 visits



# Senior Care Plus 2026

## ★ ★ ★ ★ ★ Patriot Plan

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

HMO Benefits	★ ★ ★ ★ ★ Patriot Plan - 009 ★ ★ ★ ★ ★
<b>MONTHLY PLAN PREMIUM</b>	<b>\$0</b>
<b>PART B REBATE</b>	<b>\$65</b>
<b>Maximum Out-of-Pocket</b>	\$2,750 per year
<b>PHYSICIAN OFFICE VISITS</b>	
<b>Primary Care Provider (PCP) Visit</b>	Preferred: \$0 Per visit / Non-Preferred: \$10 per visit
<b>Specialist Visit</b>	\$45 per visit
<b>Preventive (ACA Covered) Screenings</b>	\$0 per visit
<b>LAB, IMAGING AND DIAGNOSTICS</b>	
<b>Routine Lab Services</b>	\$0 per visit
<b>X-Ray Services</b>	\$60 per test
<b>Imaging (CT / PET / MRI)</b>	\$95 / \$130 per test / \$130 per test
<b>FACILITY / SURGICAL</b>	
<b>Inpatient Hospital Services</b>	Preferred: \$350 / 4 days per period Non-Preferred: \$440 / 5 days per period
<b>Outpatient Hospital Services</b>	Preferred: \$325 per visit / Non-Preferred: \$440 per visit
<b>Skilled Nursing</b>	\$20 days 1-20, \$200 days 21-34
<b>EMERGENCY AND URGENT CARE</b>	
<b>Urgent Care Center Services</b>	\$25 In-Network / \$65 Out-of-Network
<b>Emergency Room Services</b>	\$140 per visit
<b>Ambulance Services (ground / air)</b>	\$250 per trip

<b>Rx</b>	
<b>Rx - Annual Deductible</b>	N/A
<b>Rx - Preferred Generic (1)</b>	Not covered
<b>Rx - Non-Preferred Generic (2)</b>	Not covered
<b>Rx - Preferred Brand (3)</b>	Not covered
<b>Rx - Non-Preferred Brand (4)</b>	Not covered
<b>Rx - Specialty (5)</b>	Not covered
<b>Rx - Select Drugs (6)</b>	Not covered
<b>OTHER</b>	
<b>TELADOC / Doctoroo</b>	\$0 per visit / \$30 per visit
<b>Durable Medical Equipment</b>	20% per item / supply
<b>Chiropractic Services</b>	\$20 per visit
<b>Vision (Routine Coverage / EyeMed)</b>	\$0 per exam, \$170 allowance (\$250 with Plus Provider)
<b>Hearing Exam / Hearing Aid Coverage</b>	\$0 per exam (yearly) / 2 hearing aids per year up to \$400
<b>Fitness Benefit</b>	Included - see list of gyms at <a href="https://SeniorCarePlus.com">SeniorCarePlus.com</a>
<b>Dental Coverage (LIBERTY Dental Plan)</b>	\$1,500 Comprehensive, first-dollar coverage
<b>Over-the-Counter Benefit (NationsOTC®)</b>	\$25 per quarter
<b>Acupuncture (Low back pain only)</b>	\$30 visit / Max 20 visits

# Senior Care Plus Broker Luncheon

**RAFFLE TIME!**



# Senior Care Plus 2026 – The local difference!

## Local Customer Service the Senior Care Plus Difference

The Senior Care Plus customer service team is located right here in Nevada. When you contact customer service, you are connecting with a Nevadan ready to assist you on our healthcare journey.

HERE ARE TWO CONVENIENT WAYS TO CONNECT WITH THE SENIOR CARE PLUS CUSTOMER SERVICE TEAM.

### 1 Online Chat

Our newest and possibly the quickest way to get your Senior Care Plus questions answered is online chat. Connecting with a live customer service representative via online chat is easy.

Simply visit [SeniorCarePlus.com](https://SeniorCarePlus.com) and click on the online chat icon in the lower right hand corner of the web page.



After answering a few simple questions you will be connected to a live Customer Service representative.

Online chat is available Monday – Friday • 8 a.m. to 5 p.m.

### 2 Telephone Outreach

Contact the local Senior Care Plus Customer Service Call Center at **775-982-3112**.

The Senior Care Plus Customer Service Call Center is open Monday – Friday, and during October – March, the Call Center is open 7 days per week.

#### CALL CENTER HOURS

**April 1 – September 30:**

Monday – Friday • 7 a.m. to 8 p.m.

**October 1 – March 31:**

Monday – Friday • 7 a.m. to 8 p.m.

Saturday – Sunday • 8 a.m. to 8 p.m.

## Senior Care Plus Personal Assistant Program

Senior Care Plus members who have a Renown-based primary care provider have access to a Personal Assistant.

- Appointment scheduling and healthcare screening coordination
- Specialist referrals and prior authorizations
- Medication coordination and assistance
- Health insurance and billing questions
- Spanish speaking Personal Assistants are available



CONNECT TO A PERSONAL ASSISTANT BY CALLING THE NUMBER ASSOCIATED WITH THE LOCATION OF YOUR RENOWN PRIMARY CARE PROVIDER.

#### Carson City – South Carson

2300 S. Carson St., Suite 1  
Carson City, NV 89701  
**775-982-3460**

#### Caughlin Ranch

4796 Caughlin Pkwy., Suite 108  
Reno, NV 89519  
**775-982-3461**

#### Del Monte

740 Del Monte Ln., Suite 3  
Reno, NV 89511 • **775-982-8438**

#### Los Altos

1525 N. Los Altos Pkwy.  
Sparks, NV 89436 • **775-982-3051**

#### McCabe

25 McCabe Dr. • Reno, NV 89511  
**775-982-3047**

#### North Hills

1075 North Hills Blvd., Suite 180  
Reno, NV 89506 • **775-982-3462**

#### Pringle

75 Pringle Way, Suite 601  
Reno, NV 89502  
**775-982-3038**

#### Robb

1595 Robb Dr., Suite 2 • Reno, NV 89523  
**775-982-3463**

#### South Meadows Pavilion

10085 Double R Blvd., Suite 220  
Reno, NV 89521 • **775-982-3466**

#### Summit Sierra

13945 S. Virginia St., Suite 632  
Reno, NV 89511  
**775-982-3467**

#### Vista

910 Vista Blvd. • Sparks, NV 89434  
**775-982-3468**

# Senior Care Plus 2026

## Comprehensive Health Assessment (CHA)

**New Members Earn  
\$100 Healthy Rewards Gift Card for  
Completing Comprehensive Health Assessment**

**Brokers Earn \$50 Bonus for Every New Member  
who Completes Comprehensive Health  
Assessment by March 31, 2026!**

**Call 775-982-2605 and schedule your new  
enrollee for a for a January - March CHA!**

Put Your **Health First!**

### Pick Your Plan – Then Schedule Your Comprehensive Health Assessment

NEW TO SENIOR CARE PLUS MEMBERS,  
earn \$100 Healthy Rewards Gift Credit by scheduling  
and completing your Comprehensive Health  
Assessment in 2026.\* Then, earn a \$50 Healthy  
Rewards Gift Credit each year thereafter that you  
complete your Comprehensive Health Assessment.

The Comprehensive Health Assessment is a detailed  
evaluation that gives your care team an in-depth  
look at your overall health and well-being.

The Comprehensive Health Assessment gives you and  
your Primary Care Provider insight into your health status!

**YOU CAN SCHEDULE YOUR COMPREHENSIVE HEALTH  
ASSESSMENT BY CALLING 775-982-2605.**

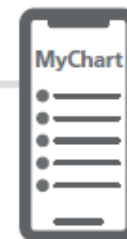
Earn rewards for taking care of your health –  
schedule your Comprehensive Health Assessment today!



\* Comprehensive Health Assessment Health Rewards Gift Credits are awarded as follows: Completion of your first Comprehensive Health Assessment earns \$100 Healthy Rewards Gift Card. Completion of your second and all subsequent Comprehensive Health Assessments earns a \$50 Healthy Rewards Gift Credit. See website for incentive program overview. Healthy Reward Gift Credit incentive program subject to change.

# Senior Care Plus 2025

## Senior Care Plus, Renown Health and MyChart



**With MyChart, you can view all of your health information in one secure place. MyChart allows you to:**

- Send messages to your providers and their staff, and receive responses back quickly.
- See a list of your current medications and request medication refills.
- View your test results as soon as you need them.
- View your insurance claims and explanation of benefits.
- View and print a copy of your Senior Care Plus ID card.



## Your EyeMed Vision Benefit



Senior Care Plus partners with EyeMed Vision Care to provide you with a \$0 annual eye exam and coverage allowance for new glasses or contacts every year. For annual coverage allowance amounts see the plan benefit page for your plan.

Senior Care Plus vision benefits are provided by EyeMed. To access your vision benefits you must use an EyeMed Provider.

### Find an EyeMed Provider:

Call toll free at **866-723-0513**.

Monday – Saturday - 7:30 a.m. to 11 p.m. (EST)

Sunday from 11 a.m. to 8 p.m. (EST)

Go to **eyemed.com** and click on **Find an eye doctor** and then select the **Advantage Network** from the **Choose your Network** drop down menu. Then simply enter your zip code to find an in-network eye doctor near you.

## Improve Health and Wellness with Your Hearing Aid Benefit



Senior Care Plus has partnered with NationsHearing® to offer members a custom hearing benefit designed to improve overall health and well-being with cost-effective hearing aids and hearing solutions.

### YOUR HEARING BENEFIT INCLUDES

*An annual hearing test with no out-of-pocket cost*

#### Convenient ways to take your hearing test:

- Call **877-200-4189** (TTY: 711) to speak with a Member Experience Advisor who will schedule your hearing test with a local hearing aid provider
- Visit **SeniorCarePlus.NationsBenefits.com** to access your online hearing test

#### Hearing aid options

NationsHearing® has relationships with all leading hearing aid manufacturers, which means they can offer the latest and most advanced hearing aids from more than 1,200 makes and models.

## Doctoroo Brings Urgent Care To You!



Senior Care Plus is pleased to offer Doctoroo in-home medical care to Senior Care Plus members. Doctoroo is bringing healthcare home!

### HOURS OF OPERATION:

Doctoroo's licensed clinicians are available 7 a.m. to midnight, seven days per week.

### SERVICE AREA:

Doctoroo service area includes Reno, Sparks, Carson City.

Call to confirm service in your area.

Contact Doctoroo toll free at **888-888-9930** • **Doctoroo.com**

In an emergency, please dial 911

### Call Doctoroo for In-Home Treatment of:

- Common Illnesses
- Ear, Nose, Throat
- Musculoskeletal
- Respiratory
- Wound Care
- Gastroenterology

## Virtual Visits Made Easy with TELADOC Includes Dermatology Benefit



Senior Care Plus has partnered with TELADOC to make virtual visits with a qualified doctor easy. You can talk to a doctor by telephone or video anytime day or night in all 50 states. AND, BEST OF ALL, SENIOR CARE PLUS MEMBERS HAVE A \$0 COPAY!

### Some of the health issues TELADOC doctors treat include:

- Sinus and Bronchitis Problems
- Cold and Flu
- Ear Infection
- Allergies
- Respiratory Infection
- Sore Throat

### Dermatology Visits Now Available

Registering with TELADOC is easy. You can visit **SeniorCarePlus.com** and click on **TELADOC** for quick access to the TELADOC registration page. You can also call TELADOC at **1-800-TELADOC (835-2362)**, be sure to have your Senior Care Plus card handy.

**IMPORTANT: IF YOU THINK YOUR INJURY OR ILLNESS MAY BE LIFE OR LIMB-THREATENING, CALL 911 IMMEDIATELY.**



# Senior Care Plus 2026

## LIBERTY Dental Plan Will Put a Smile on the Face of Senior Care Plus Members!



**Renown Preferred Plan** • \$500 Comprehensive Coverage

**Extensive Duals Plan** • \$2,500 Comprehensive Coverage

**Select Plan** • \$1,500 Comprehensive Coverage

**Patriot Plan** • \$1,500 Comprehensive Coverage

**Essential Plan** • Preventive Dental Coverage Only

*It is important to note that cleanings and exams do not count toward the comprehensive limit.*

# Senior Care Plus 2026

## NationsOTC® Makes Ordering Products Easier Than Ever



**Renown Preferred Plan** • \$50 Quarterly OTC Coverage

**Extensive Duals Plan** • \$205 Quarterly OTC Coverage

**Select Plan** • \$140 Quarterly OTC Coverage

**Patriot Plan** • \$25 Quarterly OTC Coverage

**Essential Plan** • \$50 Quarterly OTC Coverage



### REQUEST AN OTC CATALOG

To request an OTC Catalog – visit [SeniorCarePlus.com/resources](https://SeniorCarePlus.com/resources) and click on **Request a Directory or Document**.

# Healthy Rewards Program

11,500+ members earned Healthy Rewards Gift Card in 2025!

## *Eligible Activities Include:*

- **Comprehensive Health Assessment**
- Colonoscopy
- Mammogram
- Cologuard
- Medication Adherence
- Osteo Screening After Fracture


**Reminder: \$50 BROKER BONUS OPPORTUNITY!**

Schedule New Member to Complete  
Compressive Health Assessment by March 31, 2026

**Earn REWARDS for  
Taking Care of Your Health** **nations**benefits


As a valued Senior Care Plus member, you will be able to earn rewards by completing health-related activities that promote your health and well-being. Your rewards allowance can be used to purchase items\* and services using your Healthy Rewards program card.

**YOUR REWARDS PROGRAM INCLUDES**

 **Healthy Rewards**  
Funds are earned and loaded onto your card after each qualifying health activity has been completed.

**Health-related activities may include, but are not limited to:**


- ✓ Comprehensive Health Assessment
- ✓ Colonoscopy
- ✓ Mammogram

 **Convenient Purchasing Options**  
Order health and wellness items through NationsOTC® with two-day delivery.

- Visit **SeniorCarePlus.NationsBenefits.com**
- Call **877-200-4189** (TTY: 711)

OR

- Purchase eligible items at participating retail locations.



**YOU MUST ACTIVATE YOUR CARD BEFORE USE.**  
Please visit **SeniorCarePlus.NationsBenefits.com** or call **877-200-4189** (TTY: 711) to activate your card.

Member Experience Advisors are available 24 hours per day, seven days per week, 365 days per year.

\*The Healthy Rewards card is a pre-paid MasterCard that can be used to purchase eligible items at participating retail locations. The card may not be used to buy alcohol, tobacco, firearms or other restricted items.

# Optum Rx Pharmacy Benefit Manager



Home   Pricing and coverage tool   Find a network pharmacy   **Prescription Drug List**   Information Center ▾

## Welcome to Optum Rx

Change happens. We're here to help you have a smooth transition and access to your medication.



View changes to your medication

See how your costs and coverage may change.



Find a network pharmacy

Locate in network pharmacies near you.



Prescription drug list

Prescription drug list

Access to **Optum Rx Formulary Tools** is available from the Formulary Page on **Senior Care Plus.com**



Home   Find a network pharmacy   Pricing and coverage tool   **Prescription drug list**   Information Center ▾

Home > Prescription drug list

## Prescription drug list

Plan options ⓘ

Select a plan ▾

Select a plan

Renown Preferred Plan

Essential Plan

Select Plan

Extensive Duals Plan

Washoe County Value Group Plan

Complete Plan

Enriched Duals Plan





# Renown Pharmacy

**Renown Pharmacy:**  
**Convenient, Trusted, Local**

**Renown<sup>®</sup>**  
HEALTH

With three convenient locations in Reno, Renown Pharmacy are here to serve Senior Care Plus members as the preferred pharmacy of Renown Health providers. Renown Pharmacy has helpful pharmacists offering hard-to-find prescriptions and a money-saving mail order program. Vaccinations are also available at all locations.

## THREE RENOWN PHARMACY LOCATIONS TO CHOOSE FROM

**Renown Pharmacy Locust** • 21 Locust St., Reno, NV 89502 • **775-982-5280**

**Renown Pharmacy South Meadows** • 10105 Double R Blvd., Reno, NV 89521 • **775-982-5366**

**Renown Pharmacy Pringle** • 75 Pringle Way, Reno, NV 89502 • **775-982-7737**

**24/7 SERVICE: The Renown Pharmacy – Pringle Way location is open 24 hours per day, seven days per week.**

*With Senior Care Plus and Renown Pharmacy  
you can manage your pharmacy needs in MyChart!*

**Renown Pharmacy services are easy to access in MyChart. Once logged in, you can:**

- ✓ Request a refill
- ✓ Check your prescription status
- ✓ Schedule a vaccine appointment



FROM LEFT TO RIGHT: Renown Pharmacy Locust – 21 Locust St., Reno, NV 89502 • Renown Pharmacy South Meadows – 10105 Double R Blvd., Reno, NV 89521 • Renown Pharmacy Pringle – 75 Pringle Way, Reno, NV 89502

**CHOOSE MAIL ORDER!**

**With Senior Care Plus you get three months of medications for the prices of two!**

*“I like the Renown Pharmacy,  
because they work with  
Senior Care Plus and mail my  
prescriptions right to my house.”*

*Leslie R. – Senior Care Plus Member*

– 25 –

# Senior Care Plus 2026

## 2026 Prescription Drug Crosswalk

Switched Columns For 2026

Drug Class	Drugs Not Covered by Your Plan	Alternative Covered Drugs and Tier
<b>Asthma / Chronic Obstructive Pulmonary Disease (COPD)</b>	Advair (Diskus), Flovent, Symbicort	Fluticasone propionate and salmeterol (generic Advair Diskus) - 2, Advair HFA - 3, Anoro Ellipta - 3, Arnuity Ellipta - 3, Asmanex - 4, Atrovent - 4, Breo Ellipta - 3, Breztri - 3, Combivent - 3, Dulera - 4, Incuse Ellipta - 3, Serevent Diskus - 3, Spiriva - 3, Stiolto - 3, Trelegy Ellipta - 3, QVAR -3, Wixela - 2,
	Proair HFA, Proventil HFA, Ventolin HFA	Albuterol HFA - 2, Levalbuterol HFA - 3, Proair Respiclick - 3,
<b>Blood Thinners</b>	Pradaxa	Eliquis - 3, Xarelto - 3
<b>Diabetes – Insulins</b>	Apidra	Fiasp - 3, Humulin - 3, Humalog - 3, Lyumjev - 3, Novolin - 3, Novolog - 3
	Basaglar, Levemir, Semglee	Lantus - 3, Toujeo - 3, Tresiba - 3
<b>Diabetes – Other</b>	Invokana, Steglatro	Farxiga - 3, Jardiance - 3
	Onglyza	Januvia - 3, Janumet - 3, Tradjenta - 3, JentaDueto -3
	Victoza	Byetta - 4, Bydureon - 4, Mounjaro - 3, Ozempic - 3, Rybelsus - 3, Trulicity - 3
	Metformin ER (Osmotic)	Metformin ER (generic Glucophage XR) - 6
<b>Gastrointestinal</b>	Amitiza, Monvanti, Motegrity	Linzess - 3, Lubiprostone - 4,
<b>Gout</b>	Colchicine capsules, Mitigare	Colchicine tablets - 3



# Senior Care Plus 2026

## Summary of Benefits for All Northern Nevada Plans

*Starting October 1, all other plan information including:*

- Annual Notice of Change
- Explanation of Coverage
- Formulary and Pharmacy Directory
- Provider Directory / Dental Directory
- Over-the-Counter Catalog

**Will be available on our  
website at [SeniorCarePlus.com](https://SeniorCarePlus.com)**



# Community Resources

SENIOR CARE PLUS WANTS OUR MEMBERS TO KNOW ABOUT LOCAL COMMUNITY RESOURCES THAT SUPPORT OLDER ADULTS AND THOSE IN NEED. These trusted organizations offer services like food assistance, transportation and caregiver support. They're here to help, and we encourage you to reach out if you need support.

## CARE Chest

CARE Chest is a nonprofit agency serving Nevadans in need by providing medical resources free of charge.

**775-829-2273**

**[carechest.org](http://carechest.org)**

**Service Include:** Medical Resources

## Carson City Senior Center

To enhance the quality of life and independence of seniors and inspire seniors to live every day to the fullest.

**775-883-0703**

**[carsoncityseniorcenter.org](http://carsoncityseniorcenter.org)**

**Services Include:** Food Insecurity, Social Programs, Senior Services

## Catholic Charities of Northern Nevada

Providing support to those in need in the Reno/Sparks community as well as across rural Nevada

**775-322-7073**

**[ccsnn.org](http://ccsnn.org)**

**Services Include:** Food Insecurity, Housing Insecurity, Social Programs

## Food Bank of Northern Nevada

Connecting families and individuals to the food and resources they need to thrive.

**775-331-3663**

**[fbnn.org](http://fbnn.org)**

**Services Include:** Food Insecurity

## GMTCare – Reno

Provides non-emergency ground medical transport service for the Reno metropolitan area and surroundings areas.

**775-204-7474**

**[gmtcare.com/locations/reno](http://gmtcare.com/locations/reno)**

**Services Include:** Medical Transportation Assistance

## Jump Around Carson – RTC Carson City

Serving the community with a fleet of bright green and purple buses that feature a sleek, hopping jackrabbit

**775-841-RIDE (7433)**

**Email: [JAC@carson.org](mailto:JAC@carson.org)**

**Services Include:** Transportation Assistance

## NAMI Western Nevada – Warmline

Helping individuals and families impacted by mental illness. Nevada Warmline is a stigma-free, non-crisis peer support phone service.

**Warmline: 775-241-4212**

**Crisis Line Dial: 988**

**[namiwesternnevada.org](http://namiwesternnevada.org)**

**Services Include:** Mental Health Support

## Nevada 211

State program committed to helping Nevadans connect with the services they need.

Call **211** or **866-535-5654**

**[nevada211.org/senior-services](http://nevada211.org/senior-services)**

**Services Include:** Food Insecurity, Housing Insecurity, Social Programs, Transportation Assistance, Senior Services

## Northern Nevada Community Housing

Striving to serve low and moderate-income individuals by providing safe, high-quality housing options.

**775-337-9155**

**[nnch.org](http://nnch.org)**

**Services Include:** Affordable Housing

## Northern Nevada Dream Center

Bringing hope to individuals by providing support and services that address hunger, poverty, homelessness, addiction, and spiritual well-being.

**775-443-4090**

**[nndreamcenter.org](http://nndreamcenter.org)**

**Services Include:** Food Insecurity, Housing Insecurity, Social Programs

## Regional Transportation Commission – RTC Washoe

Serving the citizens of Reno and Sparks by building a better community through quality transportation.

**775-348-0400**

**[rtcwashoe.com](http://rtcwashoe.com)**

**Services Include:** Transportation Assistance

## Seniors in Service

Engaging vibrant and experienced volunteers to enrich Northern Nevada communities one life at a time.

**775-358-2768**

**[seniorsinservicenevada.org](http://seniorsinservicenevada.org)**

**Services Include:** Companions, Caregiver Support

## Washoe County Senior Services

When it comes to aging issues, Washoe County Senior Services is your designated community focal point.

**775-328-2575**

**[washoecounty.gov/seniorsrv](http://washoecounty.gov/seniorsrv)**

**Services Include:** Food Insecurity, Social Programs, Senior Services

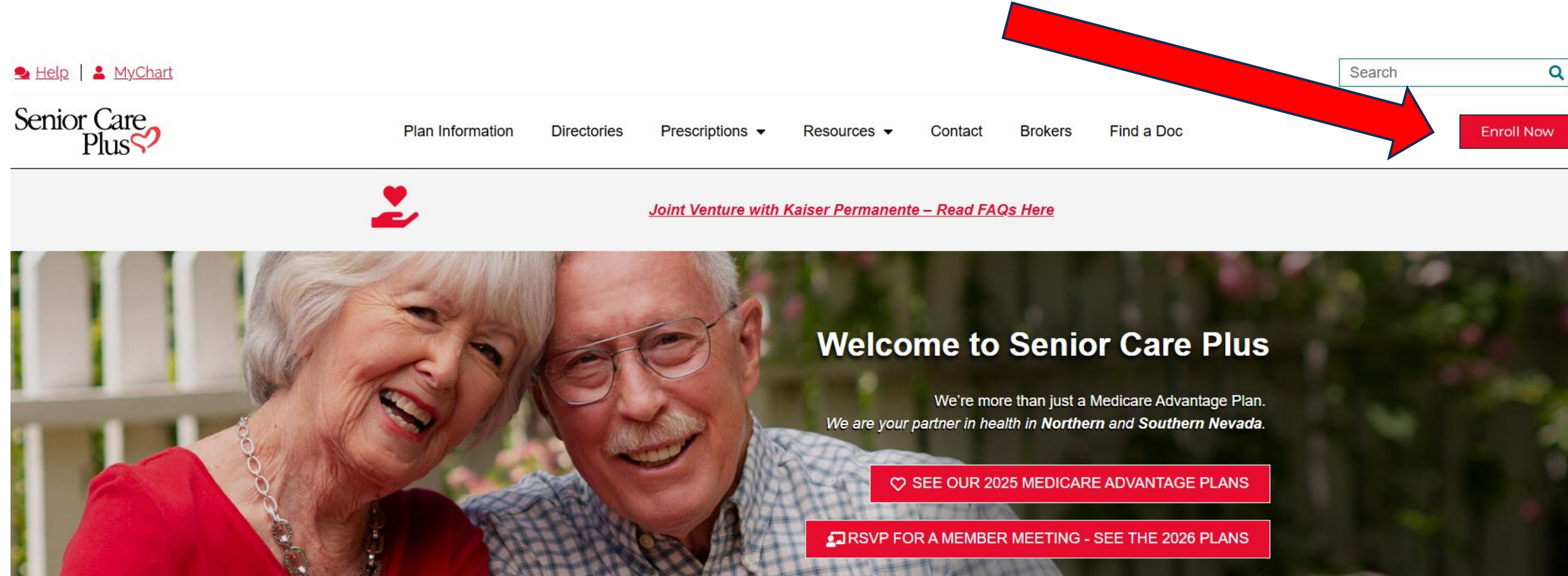
Senior Care  
Plus 



# Where Do I Start a New Enrollment?

1. Go to [www.seniorcareplus.com](http://www.seniorcareplus.com)

2. Click on “ENROLL NOW”



The screenshot shows the Senior Care Plus website. At the top left, there are links for 'Help' and 'MyChart'. The main navigation bar includes 'Plan Information', 'Directories', 'Prescriptions', 'Resources', 'Contact', 'Brokers', and 'Find a Doc'. A search bar is located on the right. A large red arrow points from the text 'Click on “ENROLL NOW”' to a red 'Enroll Now' button in the top right corner. Below the navigation bar, there is a section with a heart icon and the text 'Joint Venture with Kaiser Permanente – Read FAQs Here'. The main content area features a large image of an elderly couple smiling. Overlaid on the right side of the image is the text 'Welcome to Senior Care Plus' followed by 'We're more than just a Medicare Advantage Plan. We are your partner in health in Northern and Southern Nevada.' At the bottom of the image, there are two red buttons: 'SEE OUR 2025 MEDICARE ADVANTAGE PLANS' and 'RSVP FOR A MEMBER MEETING - SEE THE 2026 PLANS'.

Help | MyChart

Senior Care Plus

Plan Information Directories Prescriptions Resources Contact Brokers Find a Doc

Search

Enroll Now

Joint Venture with Kaiser Permanente – Read FAQs Here

**Welcome to Senior Care Plus**

We're more than just a Medicare Advantage Plan.  
We are your partner in health in **Northern** and **Southern Nevada**.

SEE OUR 2025 MEDICARE ADVANTAGE PLANS

RSVP FOR A MEMBER MEETING - SEE THE 2026 PLANS



# Enrollment Is EASY!

## Once On The Enrollment Page...

***Be Sure to Select The Correct Plan Year!***

1. Complete the application
2. Fill in your broker information at the end of the application
3. You will receive a confirmation email/letter upon successful completion of the application

**IMPORTANT:** Your client will NOT show in your EvolveNXT book of business until they have been completely processed and enrolled

[Help](#) | [MyChart](#)

Senior Care  
Plus

[Plan Information](#)

[Directories](#)

[Prescriptions](#)

[Resources](#)

[Contact](#)

[Brokers](#)

[Find a Doc](#)

**Enroll Today!**  
**Select A Plan Year Below**

ENROLL IN A 2026 PLAN

ENROLL IN A 2025 PLAN

### Enrolling in Senior Care Plus is easy!

Click the button below to enroll in the Senior Care Plus plan that best suits your needs!

Or call [775-982-3158](tel:775-982-3158) to speak to an enrollment specialist.

ENROLL IN A 2026 PLAN

ENROLL IN A 2025 PLAN

Senior Care Plus is open to the following individuals:



Senior Care  
Plus



# Senior Care Plus – Members Do The Talking



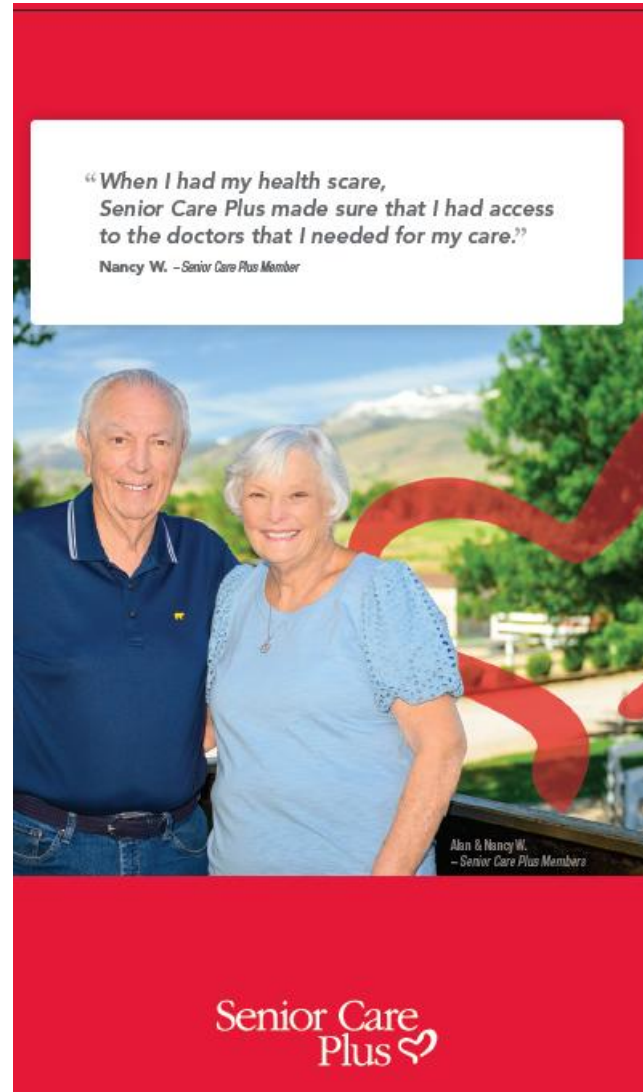
*"What I like about Senior Care Plus is they have a range of options, and I was able to choose the one that was a fit for me."*

Linda C. – Senior Care Plus Member



*"I like the Renown Pharmacy, because they work with Senior Care Plus and mail my prescriptions right to my house."*

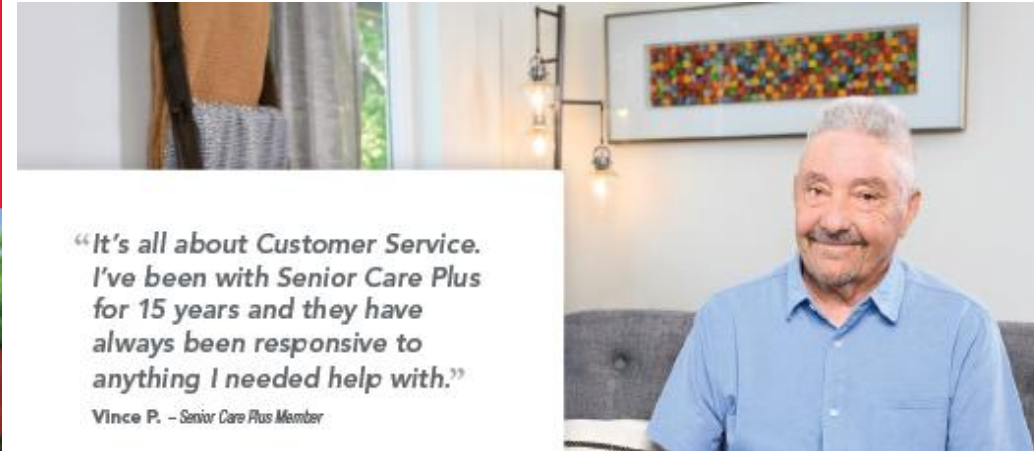
Leslie R. – Senior Care Plus Member



*"When I had my health scare, Senior Care Plus made sure that I had access to the doctors that I needed for my care."*

Nancy W. – Senior Care Plus Member

Senior Care Plus



*"It's all about Customer Service. I've been with Senior Care Plus for 15 years and they have always been responsive to anything I needed help with."*

Vince P. – Senior Care Plus Member



*"In my experience, all the people at Senior Care Plus are concerned with my well-being."*

Patty B. – Senior Care Plus Member





*“Senior Care Plus  
saved my life.”*  
Nancy W.

***LUNCH BREAK***

Senior Care  
Plus 

# Senior Care Plus Broker Luncheon

**RAFFLE TIME!**



# 2026 Individual & Family Plans

## 2026 Hometown Health Individual & Family Plans

***Connor Deck***

*Director Growth and Retention,  
Hometown Health*



Senior Care  
Plus 



# 2025 IFP Open Enrollment

- November 1<sup>st</sup> – January 15<sup>th</sup>
  - November 1<sup>st</sup> – December 15<sup>th</sup> effective 1/1/25
  - December 16<sup>th</sup> – January 15<sup>th</sup> effective 2/1/25
- Off-Exchange – Hometown Health Salesforce Portal
- On-Exchange – Nevada Health Link Portal

*Hometown*  *Health*

BROKER SUMMIT

# IFP National Network Access

Plan	Emergent and Urgent Cigna Access Outside of NV	Primary Cigna Access Outside of NV	Primary Cigna Access in NV
HMO	Yes	Only if directed by HTH	No
EPO	Yes	Only if directed by HTH	No

# IFP Partners



**Dayna Clark**

Account Specialist, Individual & Family  
dayna.clark@hometownhealth.com  
775-982-3101



# 2026: Individual & Family Plan Changes

## Discontinuation of IFP PPO

- IFP PPO members will need to renew on EPO or HMO alternatives

## Intro of On-Exchange IFP SENSIBLE HMO Plan

- Offered On-Exchange ONLY
- Network focused on Renown and select community providers
  - Cost savings vs. traditional Renown IFP HMO

## Minimal changes to remainder of portfolio

- Slight changes to MOOPs and Deductibles
- Kept benefits consistent where possible





# Big Changes Coming to IFP



Discontinuation  
of PPO



Addition of SENSIBLE  
HMO Network



# Discontinuation of IFP PPO

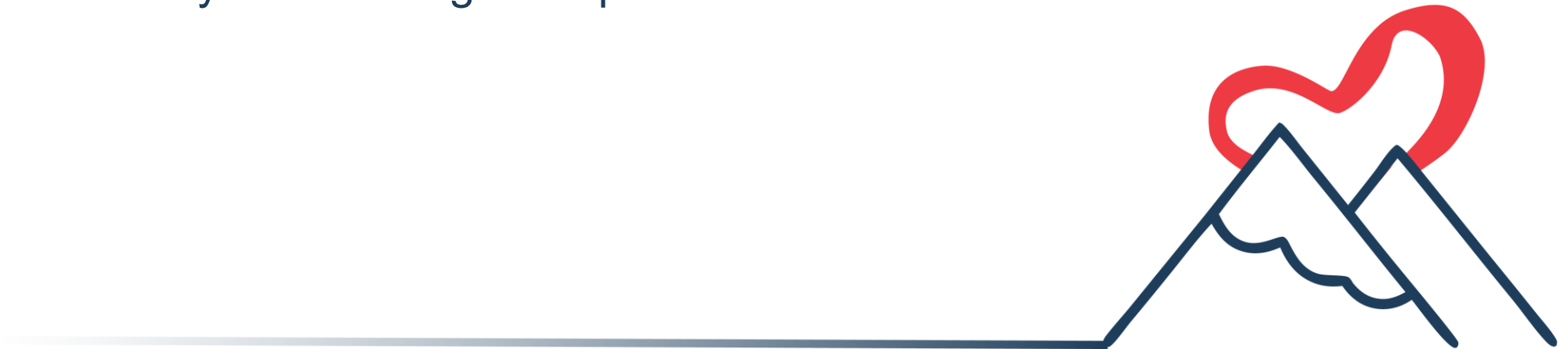
Why did we make this change?

- Hometown Health is the **only Health Plan that offers an IFP PPO in the state of Nevada**
- Misalignment with the market **leads to adverse selection**
- Adverse selection leads to **poor risk and high plan costs**
- High plan costs lead to **unsustainable premium increases and member dissatisfaction**
- Overall, our IFP PPO was an **unsustainable product**



# IFP PPO Renewal Process

- DOI **prohibits us** from actively moving IFP PPO members to a similar EPO
- Members must **actively choose to renew** on an EPO or HMO
- PPO members **will need to take action to renew on an EPO or HMO this OE**
- We will work with you to manage this process



# IFP PPO Member Communication Plan

## Member Communication

- ✓ Letter mailed to members by 9/1/2025
- ✓ Email sent to members 9/15/2025 and 10/1/2025
- ✓ Salesforce renewal email sent to subscriber on 11/1 with PPO discontinuation language and CMS letter. Additional Salesforce renewal email sent week of December 1<sup>st</sup>

## Broker Communication

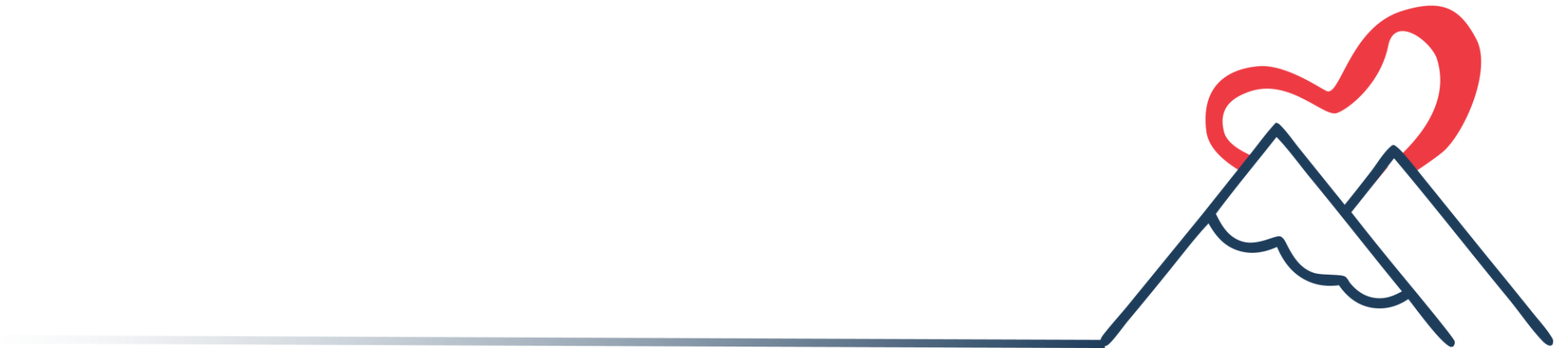
- ✓ Notified now at Broker Summit
- ✓ Notified via monthly broker newsletters ( 9/1, 10/1, 11/1, & 12/1)
- ✓ Notified via PPO Salesforce renewal email on 10/18/2025 with updated language for clients with PPO





# Open Enrollment Action **for IFP PPO Members**

- If your IFP PPO members do not take action during OE and actively select an EPO or HMO they will be terminated
- 2026 OE Dates: November 1, 2025 – January 15, 2026



# QUESTIONS?

*Let's Navigate Together*



# Introducing the **SENSIBLE IFP HMO**

**Available to Washoe County residents** through Nevada Health Link

**Lower premium costs** compared to standard HMO plans

**Renown-exclusive network:** Members must use Renown Medical Group PCPs

**Coordinated, local care** backed by Renown Health

**Individual & Family plan tiers:** Gold, Silver, and Bronze

Select **in-network community providers** included for specialty services

Eligible for **subsidies** through Nevada Health Link

## Access to:



Renown Primary & Specialty Care Providers



Renown Imaging & Lab Services



Renown hospitals, programs, and urgent/emergency care



# SENSIBLE HMO vs. Renown HMO Network





## EFFECTIVE JANUARY 1, 2026 • IN-NETWORK BENEFITS

SENSIBLE  
Gold  
HMO IFPSENSIBLE  
Silver HSA  
HMO IFPSENSIBLE  
Silver  
HMO IFPSENSIBLE  
Bronze  
HMO IFP

CALENDER YEAR DEDUCTIBLE AND OUT-OF-POCKET MAX				
Individual Medical Deductible	\$2,300	\$3,450	\$5,975	\$10,150
Family Medical Deductible	\$4,600	\$6,900	\$11,950	\$20,300
Individual Out-of-Pocket Max	\$4,600	\$6,900	\$5,975	\$10,150
Family Out-of-Pocket Max	\$9,200	\$13,800	\$11,950	\$20,300
PHYSICIAN OFFICE VISITS				
PCP Visit (HMO must use Renown PCP)	\$5	CYD, \$5	CYD, 0%	CYD, 0%
Specialist Visit	\$50	CYD, \$80	CYD, 0%	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0
LAB, IMAGING AND DIAGNOSTICS				
Routine Lab Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Diagnostic and X-Ray	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Imaging (CT / PET / MRI)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
FACILITY / SURGICAL				
Inpatient Facility Fee (inc. MH/SUD)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Outpatient Surgery Facility Fee	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Outpatient Surgery Physician/Surgical Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
EMERGENCY AND URGENT CARE				
Urgent Care Center Services	\$50	CYD, \$50	\$50	\$50
Emergency Room Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Rx				
Rx – Generic Drugs	\$5	CYD, \$13	CYD, \$0	CYD, \$0
Rx – Preferred Brand Drugs	\$40	CYD, \$55	CYD, \$0	CYD, \$0
Rx – Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0

**PCP Visit  
SENSIBLE Gold  
HMO IFP**

**\$5**

**Preventive  
(ACA Covered)  
Screenings**

**\$0 for all**

EFFECTIVE JANUARY 1, 2026 • IN-NETWORK BENEFITS

	SENSIBLE Gold HMO IFP	SENSIBLE Silver HSA HMO IFP	SENSIBLE Silver HMO IFP	SENSIBLE Bronze HMO IFP
<b>CALENDER YEAR DEDUCTIBLE AND OUT-OF-POCKET MAX</b>				
Individual Medical Deductible	\$2,300	\$3,450	\$5,975	\$10,150
Family Medical Deductible	\$4,600	\$6,900	\$11,950	\$20,300
Individual Out-of-Pocket Max	\$4,600	\$6,900	\$5,975	\$10,150
Family Out-of-Pocket Max	\$9,200	\$13,800	\$11,950	\$20,300
<b>PHYSICIAN OFFICE VISITS</b>				
PCP Visit (HMO must use Renown PCP)	\$5	CYD, \$5	CYD, 0%	CYD, 0%
Specialist Visit	\$50	CYD, \$80	CYD, 0%	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0
<b>LAB, IMAGING AND DIAGNOSTICS</b>				
Routine Lab Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Diagnostic and X-Ray	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Imaging (CT / PET / MRI)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
<b>FACILITY / SURGICAL</b>				
Inpatient Facility Fee (inc. MH/SUD)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Outpatient Surgery Facility Fee	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Outpatient Surgery Physician/Surgical Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
<b>EMERGENCY AND URGENT CARE</b>				
Urgent Care Center Services	\$50	CYD, \$50	\$50	\$50
Emergency Room Services	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 0%	CYD, 0%
<b>Rx</b>				
Rx - Generic Drugs	\$5	CYD, \$13	CYD, \$0	CYD, \$0
Rx - Preferred Brand Drugs	\$40	CYD, \$55	CYD, \$0	CYD, \$0
Rx - Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0

# 2026 Individual & Family (IFP) On Exchange

Effective January 1, 2026 • In-Network Benefits

	Gold	Silver - 20	Silver - 10	Silver - 5	Silver HSA	Silver D7650	Bronze Plus	Bronze HSA	Bronze	Catastrophic*
<b>CYD AND OOPMax</b>										
Individual Medical Deductible	\$2,300	\$6,500	\$7,000	\$4,525	\$5,500	\$7,650	\$5,225	\$5,000	\$10,600	\$10,600
Family Medical Deductible	\$4,600	\$13,000	\$14,000	\$9,050	\$10,000	\$15,300	\$10,450	\$10,000	\$21,200	\$21,200
Individual Out-of-Pocket Max	\$4,600	\$8,500	\$10,000	\$9,050	\$8,500	\$7,650	\$10,450	\$8,500	\$10,600	\$10,600
Family Out-of-Pocket Max	\$9,200	\$17,000	\$20,000	\$18,100	\$17,000	\$15,300	\$20,900	\$17,000	\$21,200	\$21,200
<b>PHYSICIAN OFFICE VISITS</b>										
PCP Visit (HMO must use RMG PCP)	\$5	\$20	\$10	\$5	CYD, \$5	CYD, 0%	\$45	CYD, \$45	CYD, 0%	3 Visits at \$55, CYD then \$0
Specialist Visit	\$50	\$80	\$80	\$80	CYD, \$80	CYD, 0%	\$90	CYD, \$90	CYD, 0%	CYD, \$0
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>LAB, IMAGING AND DIAGNOSTICS</b>										
Routine Lab Services					CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Diagnostic and X-Ray					CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Imaging (CT / PET / MRI)					CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
<b>FACILITY / SURGICAL</b>										
Inpatient Facility Fee (inc. MH/SUD)					CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Outpatient Surgery Facility Fee					CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Outpatient Surgery Physician/Surgical Service					CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
<b>EMERGENCY AND URGENT CARE</b>										
Urgent Care Center Services					CYD, \$50	\$50	\$50	CYD, \$50	\$50	CYD, \$0
Emergency Room Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
<b>Rx</b>										
Rx - Generic Drugs	\$5	\$13	\$13	\$13	CYD, \$13	CYD, \$0	\$20	CYD, \$20	CYD, \$0	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$55	\$55	\$55	CYD, \$55	CYD, \$0	50%	CYD, 50%	CYD, \$0	CYD, \$0
Rx - Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
<b>PRODUCT TYPE(5)</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>

**PCP Visit**  
(HMO must use RMG PCP)

**Gold \$5**  
**Silver-20 \$20**

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# 2026 Individual & Family (IFP) On Exchange

Effective January 1, 2026 • In-Network Benefits

	Gold	Silver - 20	Silver - 10	Silver - 5	Silver HSA	Silver D7650	Bronze Plus	Bronze HSA	Bronze	Catastrophic*
<b>CYD AND OOPMax</b>										
Individual Medical Deductible	\$2,300	\$6,500	\$7,000	\$4,525	\$5,500	\$7,650				
Family Medical Deductible	\$4,600	\$13,000	\$14,000	\$9,050	\$10,000	\$15,300				
Individual Out-of-Pocket Max	\$4,600	\$8,500	\$10,000	\$9,050	\$8,500	\$7,650				
Family Out-of-Pocket Max	\$9,200	\$17,000	\$20,000	\$18,100	\$17,000	\$15,300				
<b>PHYSICIAN OFFICE VISITS</b>										
PCP Visit (HMO must use RMG PCP)	\$5	\$20	\$10	\$5	CYD, \$5	CYD, 0%				
Specialist Visit	\$50	\$80	\$80	\$80	CYD, \$80	CYD, 0%				
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0				
<b>LAB, IMAGING AND DIAGNOSTICS</b>										
Routine Lab Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%				
Diagnostic and X-Ray	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%				
Imaging (CT / PET / MRI)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%				
<b>FACILITY / SURGICAL</b>										
Inpatient Facility Fee (inc. MH/SUD)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%				
Outpatient Surgery Facility Fee	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%				
Outpatient Surgery Physician/Surgical Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%				
<b>EMERGENCY AND URGENT CARE</b>										
Urgent Care Center Services	\$50	\$50	\$50	\$50	CYD, \$50	\$50	\$50	CYD, \$50	\$50	CYD, \$0
Emergency Room Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
<b>Rx</b>										
Rx - Generic Drugs	\$5	\$13	\$13	\$13	CYD, \$13	CYD, \$0	\$20	CYD, \$20	CYD, \$0	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$55	\$55	\$55	CYD, \$55	CYD, \$0	50%	CYD, 50%	CYD, \$0	CYD, \$0
Rx - Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
<b>PRODUCT TYPE(5)</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>

## Urgent Care Services

Gold \$50

Silver-20 \$50

Silver-10 \$50

Silver-5 \$50

Silver HSA CYD \$50

Silver D7680 \$50

Bronze Plus \$50

Bronze HSA CYD \$50

Bronze \$50

Catastrophic CYD \$0

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# 2026 Individual & Family (IFP) On Exchange

Effective January 1, 2026 • In-Network Benefits

	Gold	Silver - 20	Silver - 10	Silver - 5	Silver HSA	Silver D7650	Bronze Plus	Bronze HSA	Bronze	Catastrophic*
<b>CYD AND OOPMax</b>										
Individual Medical Deductible	\$2,300	\$6,500	\$7,000	\$4,525	\$5,500	\$7,650	\$5,225	\$5,000	\$10,600	\$10,600
Family Medical Deductible	\$4,600	\$13,000	\$14,000	\$9,050	\$10,000	\$15,300	\$10,450	\$10,000	\$21,200	\$21,200
Individual Out-of-Pocket Max	\$4,600	\$8,500	\$10,000	\$9,050	\$8,500	\$7,650	\$10,450	\$8,500	\$10,600	\$10,600
Family Out-of-Pocket Max	\$9,200	\$17,000	\$20,000	\$18,100	\$17,000	\$15,300	\$20,900	\$17,000	\$21,200	\$21,200
<b>PHYSICIAN OFFICE VISITS</b>										
PCP Visit (HMO must use RMG PCP)	\$5	\$20	\$10	\$5	CYD, \$5	CYD, 0%	\$45	CYD, \$45	CYD, 0%	3 Visits at \$55, CYD then \$0
Specialist Visit	\$50	\$80	\$80	\$80	CYD, \$80	CYD, 0%	\$90	CYD, \$90	CYD, 0%	CYD, \$0
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>LAB, IMAGING AND DIAGNOSTICS</b>										
Routine Lab Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Diagnostic and X-Ray	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Imaging (CT / PET / MRI)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
<b>FACILITY / SURGICAL</b>										
Inpatient Facility Fee (inc. MH/SUD)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Outpatient Surgery Facility Fee	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Outpatient Surgery Physician/Surgical Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
<b>EMERGENCY AND URGENT CARE</b>										
Urgent Care Center Services	\$50	\$50	\$50	\$50	CYD, \$50	\$50	\$50	CYD, \$50	\$50	CYD, \$0
Emergency Room Services	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
Ambulance Services (ground / air / water)	CYD, 30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, \$0
<b>Rx</b>										
Rx - Generic Drugs	\$5	\$13	\$13	\$13	CYD, \$13	CYD, \$0	\$20	CYD, \$20	CYD, \$0	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$55	\$55	\$55	CYD, \$55	CYD, \$0	50%	CYD, 50%	CYD, \$0	CYD, \$0
Rx - Non-Preferred Drugs	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
Special Pharmaceuticals	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0
<b>PRODUCT TYPE(5)</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>	<b>HMO</b>

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## 2026 Individual & Family (IFP) Off Exchange

Effective January 1, 2026 • In-Network Benefits	Gold Plus	Gold	Silver Plus	Silver - 20	Silver - 10	Silver - 5	Silver HSA	Silver 66 HSA	Silver D7650	Silver 66	Bronze Plus	Bronze HSA	Bronze
<b>CYD AND OOPMax</b>													
Individual Medical Deductible	\$0	\$2,300	\$0	\$6,500	\$7,000	\$4,525	\$5,000	\$5,000	\$7,650	\$7,650	\$5,225	\$5,000	\$10,600
Family Medical Deductible	\$0	\$4,600	\$0	\$13,000	\$14,000	\$9,050	\$10,000	\$10,000	\$15,300	\$15,300	\$10,450	\$10,000	\$21,200
Individual Out-of-Pocket Max	\$7,800	\$4,600	\$10,600	\$8,500	\$10,000	\$9,050	\$8,500	\$8,500	\$7,650	\$7,650	\$10,450	\$8,500	\$10,600
Family Out-of-Pocket Max	\$15,600	\$9,200	\$21,200	\$17,000	\$20,000	\$18,100	\$17,000	\$17,000	\$15,300	\$15,300	\$20,900	\$17,000	\$21,200
<b>PHYSICIAN OFFICE VISITS</b>													
PCP Visit (HMO must use RMG PCP)	\$5	\$5	\$40	\$20	\$10	\$5	CYD, \$5	CYD, \$5	CYD, 0%	CYD, 0%	\$45	CYD, \$45	CYD, 0%
Specialist Visit	\$50	\$50	\$80	\$80	\$80	\$80	CYD, \$80	CYD, \$80	CYD, 0%	CYD, 0%	\$90	CYD, \$90	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>LAB, IMAGING AND DIAGNOSTICS</b>													
Routine Lab Services	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Diagnostic and X-Ray	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Imaging (CT / PET / MRI)	\$200	CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>FACILITY / SURGICAL</b>													
Inpatient Facility Fee (inc. MH/SUD)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Outpatient Surgery Facility Fee	\$250	CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Outpatient Surgery Physician/Surgical Services	\$0	CYD, 30%	\$0	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>EMERGENCY AND URGENT CARE</b>													
Urgent Care Center Services	\$50	\$50	\$50	\$50	\$50	\$50	CYD, \$50	CYD, \$50	\$50	\$50	\$50	CYD, \$50	\$50
Emergency Room Services	\$850	CYD, 30%	\$2,500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Ambulance Services (ground / air / water)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>Rx</b>													
Rx - Generic Drugs	\$5	\$5	\$15	\$13	\$13	\$13	CYD, \$13	CYD, \$13	CYD, \$0	CYD, \$0	\$20	CYD, \$20	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$40	\$55	\$55	\$55	\$55	CYD, \$55	CYD, \$55	CYD, \$0	CYD, \$0	50%	CYD, 50%	CYD, \$0
Rx - Non-Preferred Drugs	\$200	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
Special Pharmaceuticals	50%	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
<b>PRODUCT TYPE(S)</b>	<b>HMO / EPO</b>	<b>HMO / EPO</b>	<b>HMO / EPO</b>	<b>HMO ONLY</b>	<b>HMO ONLY</b>	<b>HMO ONLY</b>	<b>HMO ONLY</b>	<b>HMO / EPO</b>	<b>HMO ONLY</b>	<b>HMO / EPO</b>	<b>HMO / EPO</b>	<b>HMO / EPO</b>	<b>HMO / EPO</b>

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# 2026 Individual & Family (IFP) Off Exchange

Effective January 1, 2026 • In-Network Benefits	Gold Plus	Gold	Silver Plus	Silver - 20	Silver - 10	Silver - 5	Silver HSA	Silver 66 HSA	Silver D7650	Silver 66	Bronze Plus	Bronze HSA	Bronze
<b>CYD AND OOPMax</b>													
Individual Medical Deductible	\$0	\$2,300	\$0	\$6,500	\$7,000	\$4,525	\$5,000	\$5,000	\$7,650	\$7,650	\$5,225	\$5,000	\$10,600
Family Medical Deductible	\$0	\$4,600	\$0	\$13,000	\$14,000	\$9,050	\$10,000	\$10,000	\$15,300	\$15,300	\$10,450	\$10,000	\$21,200
Individual Out-of-Pocket Max	\$7,000	\$4,600	\$10,600	\$8,500	\$10,000	\$9,050	\$8,500	\$8,500	\$7,650	\$7,650	\$10,450	\$8,500	\$10,600
Family Out-of-Pocket Max	\$15,600	\$9,200	\$21,200	\$17,000	\$20,000	\$18,100	\$17,000	\$17,000	\$15,300	\$15,300	\$20,900	\$17,000	\$21,200
	\$5		\$40	\$20	\$10	\$5	CYD, \$5	CYD, \$5	CYD, 0%	CYD, 0%	\$45	CYD, \$45	CYD, 0%
	\$50		\$80	\$80	\$80	\$80	CYD, \$80	CYD, \$80	CYD, 0%	CYD, 0%	\$90	CYD, \$90	CYD, 0%
	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	CYD, 30%		\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
	CYD, 30%		\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
	CYD, 30%		\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
	CYD, 30%		50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
	CYD, 30%		\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
	CYD, 30%		\$0	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Urgent Care Center Services	\$50	\$50	\$50	\$50	\$50	\$50	CYD, \$50	CYD, \$50	\$50	\$50	\$50	CYD, \$50	\$50
Emergency Room Services	\$850	CYD, 30%	\$2,500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Ambulance Services (ground / air / water)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>Rx</b>													
Rx - Generic Drugs	\$5	\$5	\$15	\$13	\$13	\$13	CYD, \$13	CYD, \$13	CYD, \$0	CYD, \$0	\$20	CYD, \$20	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$40	\$55	\$55	\$55	\$55	CYD, \$55	CYD, \$55	CYD, \$0	CYD, \$0	50%	CYD, 50%	CYD, \$0
Rx - Non-Preferred Drugs	\$200	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
Special Pharmaceuticals	50%	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
<b>PRODUCT TYPE(S)</b>	<b>HMO / EPO</b>	<b>HMO / EPO</b>	<b>HMO / EPO</b>	<b>HMO ONLY</b>	<b>HMO ONLY</b>	<b>HMO ONLY</b>	<b>HMO ONLY</b>	<b>HMO / EPO</b>	<b>HMO ONLY</b>	<b>HMO / EPO</b>	<b>HMO / EPO</b>	<b>HMO / EPO</b>	<b>HMO / EPO</b>

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## 2026 Individual & Family (IFP) Off Exchange

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<b>CYD AND OOPMax</b>													
Individual Medical Deductible	\$0	\$2,300	\$0	\$6,500	\$7,000	\$4,525	\$5,000	\$5,000	\$7,650	\$7,650	\$5,225	\$5,000	\$10,600
Family Medical Deductible	\$0	\$4,600	\$0	\$13,000	\$14,000	\$9,050	\$10,000	\$10,000	\$15,300	\$15,300	\$10,450	\$10,000	\$21,200
Individual Out-of-Pocket Max	\$7,800	\$4,600	\$10,600	\$8,500	\$10,000	\$9,050	\$8,500	\$8,500	\$7,650	\$7,650	\$10,450	\$8,500	\$10,600
Family Out-of-Pocket Max	\$15,600	\$9,200	\$21,200	\$17,000	\$20,000	\$18,100	\$17,000	\$17,000	\$15,300	\$15,300	\$20,900	\$17,000	\$21,200
<b>PHYSICIAN OFFICE VISITS</b>													
PCP Visit (HMO must use RMG PCP)	\$5	\$5	\$40	\$20	\$10	\$5	CYD, \$5	CYD, \$5	CYD, 0%	CYD, 0%	\$45	CYD, \$45	CYD, 0%
Specialist Visit	\$50	\$50	\$80	\$80	\$80	\$80	CYD, \$80	CYD, \$80	CYD, 0%	CYD, 0%	\$90	CYD, \$90	CYD, 0%
Preventive (ACA Covered) Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>LAB, IMAGING AND DIAGNOSTICS</b>													
Routine Lab Services	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Diagnostic and X-Ray	\$50	CYD, 30%	\$80	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Imaging (CT / PET / MRI)	\$200	CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>FACILITY / SURGICAL</b>													
Inpatient Facility Fee (inc. MH/SUD)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Outpatient Surgery Facility Fee	\$250	CYD, 30%	\$500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Outpatient Surgery Physician/Surgical Services	\$0	CYD, 30%	\$0	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>EMERGENCY AND URGENT CARE</b>													
Urgent Care Center Services	\$50	\$50	\$50	\$50	\$50	\$50	CYD, \$50	CYD, \$50	\$50	\$50	\$50	CYD, \$50	\$50
Emergency Room Services	\$850	CYD, 30%	\$2,500	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
Ambulance Services (ground / air / water)	30%	CYD, 30%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 0%	CYD, 0%	CYD, 50%	CYD, 50%	CYD, 0%
<b>Rx</b>													
Rx - Generic Drugs	\$5	\$5	\$15	\$13	\$13	\$13	CYD, \$13	CYD, \$13	CYD, \$0	CYD, \$0	\$20	CYD, \$20	CYD, \$0
Rx - Preferred Brand Drugs	\$40	\$40	\$55	\$55	\$55	\$55	CYD, \$55	CYD, \$55	CYD, \$0	CYD, \$0	50%	CYD, 50%	CYD, \$0
Rx - Non-Preferred Drugs	\$200	CYD, 50%	50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
Special Pharmaceuticals	50%	CYD, 50%	30%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, 50%	CYD, \$0	CYD, \$0	CYD, 50%	CYD, 50%	CYD, \$0
<b>PRODUCT TYPE(S)</b>	HMO / EPO	HMO / EPO	HMO / EPO	HMO ONLY	HMO ONLY	HMO ONLY	HMO ONLY	HMO / EPO	HMO ONLY	HMO / EPO	HMO / EPO	HMO / EPO	HMO / EPO

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# 2026 IFP Rates & Service Areas

HMO – Rating Areas 2 & 3

EPO – Rating Areas 2 & 3

Product	Average Rate Change
HMO	13.8%
EPO	21.2%
PPO-->EPO	-0.9%



# Competitive Landscape – Increase by Carrier

Carrier	Product	Average Increase
Ambetter	HMO	20.08%
Anthem	HMO	21.25%
Molina	HMO	19.67%
Aetna	Exiting Market	Exiting Market



# Senior Care Plus Broker Luncheon

**RAFFLE TIME!**



THANK YOU  
*for your partnership!*



*Hometown*♥*Health*

BROKER SUMMIT





*“Senior Care Plus  
saved my life.”*  
Nancy W.

***Plan Year 2026***  
**MEDICARE BROKER LUNCHEON**

Senior Care  
Plus 