

Enriched Duals Plan

For individuals with Medicare and Medicaid in Clark County.

The Enriched Duals Plan from Senior Care Plus is an outstanding Medicare Advantage plan option for individuals who also qualify for Medicaid. Choose the Enriched Duals Plan and receive thousands of dollars in extra benefits for a \$0 premium when enrolled in both Medicaid and Medicare.

FOR THIS PLAN, beneficiaries must reside in **Clark County**.

HMO Benefits	Copays for Members with Medicaid & Extra Help - 026
MONTHLY PLAN PREMIUM	\$0
Maximum Out-of-Pocket	\$0 per year
PHYSICIAN OFFICE VISITS	
Primary Care Provider (PCP) Visit	\$0 per visit
Specialist Visit	\$0 per visit
Preventive (ACA Covered) Screenings	\$0 per visit
LAB, IMAGING AND DIAGNOSTICS	
Routine Lab Services	\$0 per visit
X-Ray Services	\$0 per test
Imaging (CT / PET / MRI)	\$0 / \$0 / \$0 per test
FACILITY / SURGICAL	
Inpatient Hospital Services	\$0 per stay
Outpatient Hospital Services	\$0 per visit
Skilled Nursing	\$0 days 1-20, \$0 days 21-100
EMERGENCY AND URGENT CARE	
Urgent Care Center Services	\$0 In-Network / \$0 Out-of-Network
Emergency Room Services	\$0 per visit
Ambulance Services (ground / air)	\$0 per trip
Rx	
Rx - Annual Deductible*	\$0 Deductible per year
Rx - Preferred Generic (1)*	Generic \$5.10 with LIS 25% without LIS
Rx - Non-Preferred Generic (2)*	Generic \$5.10 with LIS 25% without LIS
Rx - Preferred Brand (3)*	Brand \$12.65 with LIS 25% without LIS
Rx - Non-Preferred Brand (4)*	Brand \$12.65 with LIS 25% without LIS
Rx - Specialty (5)*	33% Coinsurance
Rx - Select Drugs (6)*	Not Covered
OTHER	
TELADOC	\$0 per visit
Durable Medical Equipment	0%-20% per item / supply
Chiropractic Services	\$0 per visit
Vision (Routine Coverage / EyeMed)	\$0 per exam, \$400 allowance
Hearing Exam / Hearing Aid Coverage	\$0 per exam (yearly) / 2 hearing aids per year; \$495 - \$1,970
Fitness Benefit	Up to \$30 monthly Reimbursement
Dental Coverage (LIBERTY Dental Plan)	\$2,000 Comprehensive, first-dollar coverage
Over-the-Counter Benefit (NationsOTC®)	\$200 per quarter
Acupuncture (Low back pain only)	0% - 20% per visit

2026 PLAN BENEFITS

**All copays are for a 30-day supply unless otherwise noted. / Rx 90-day Retail you pay 2.5 times for a 30 day supply. / Rx 90-day Mail order you pay 2 times a 30 day supply.*

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.

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_2026_OnePage_EnrichedDualsBAAG_M