

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

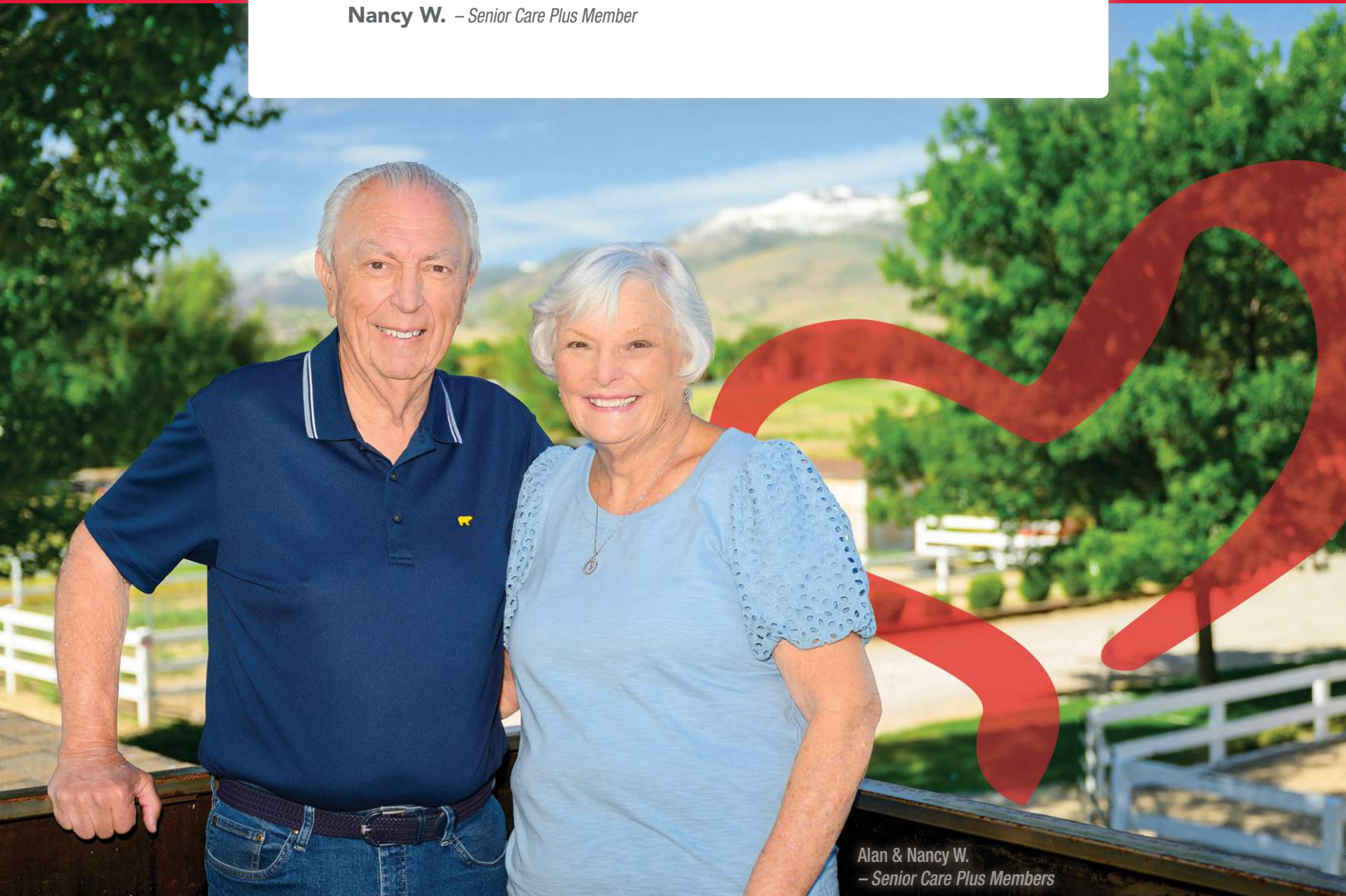
Renown[®]
HEALTH


CARSON TAHOE
HEALTH

About Senior Care Plus

*“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 

Senior Care Plus is northern Nevada's first Medicare Advantage plan and that makes it the oldest, most experienced plan available.

Senior Care Plus is administered by Hometown Health, the insurance division of Renown Health. That relationship means Senior Care Plus is the only Medicare Advantage plan supported by and accepted by Renown. This access to Renown Health and all that it has to offer is a great benefit for northern Nevada Medicare beneficiaries.

Senior Care Plus is your local, not-for-profit Medicare plan and our customer service team is located right here in Nevada. Not-for-profit means Senior Care Plus puts members first. And local customer service means when you call Senior Care Plus, you are talking to a Nevadan right here in Nevada. The Senior Care Plus team members are your friends and neighbors.

Senior Care Plus is an HMO Medicare Advantage plan with a Medicare contract. It is available to Medicare beneficiaries eligible by age or disability in Carson City, Clark, Nye, Storey and Washoe County.

**Senior Care Plus is located at:
10315 Professional Cir. • Reno, NV 89521**

LOBBY HOURS

Monday – Friday • 8 a.m. to 5 p.m.

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.

- Local: **775-982-3112**
- Información en español **775-982-3242**
- Toll Free: **888-775-7003**
- TTY Relay Service 711

Email us: **customer_service@hometownhealth.com**
Visit our website at **SeniorCarePlus.com**.

Table of Contents

About Senior Care Plus **1**

Compare Our 2026 Plans **4**

2026 Benefits at a Glance **5-12**

Renown Preferred Plan Benefits **6-7**

Essential Plan Benefits **8-9**

Extensive Duals Plan Benefits **10**

Select Plan Benefits **11**

Patriot Plan Benefits **12**

Benefits That Benefit You **13-24**

Local Customer Service the Senior Care Plus Difference **14**

Senior Care Plus Personal Assistant Program **15**

Senior Care Plus, Renown Health and MyChart **16**

Put Your Health First – Schedule Your Comprehensive Health Assessment **17**

Your EyeMed Vision Benefit **18**

NationsHearing® – Improve Health and Wellness with Your Hearing Aid Benefit **18**

Doctoroo Brings Urgent Care To You **19**

Virtual Visits Made Easy with TELADOC Includes Dermatology Benefit **19**

LIBERTY Dental Plan Will Put a Smile on the Face of Senior Care Plus Members **20**

NationsOTC® Makes Ordering Products Easier Than Ever **21**

Senior Care Plus – Gym Program **22**

NationsBenefits® – Earn Rewards for Taking Care of Your Health **23**

Durable Medical Equipment Providers **24**

2026 Pharmacy Benefit **25-28**

Optum Rx® – Get Smart About Prescriptions **26**

Renown Pharmacy: Convenient, Trusted, Local **27**

2026 Prescription Drug Crosswalk **28**

2026 Summary of Benefits **29-72**

Renown Preferred Plan **30-38**

Essential Plan **39-46**

Extensive Duals Plan **47-53**

Select Plan **54-62**

Patriot Plan **63-69**

Disclaimers **70**

Pre-Enrollment Checklist and Contact Info **71**

Important Information **72**

Forms and Additional Resources **73-88**

Enrollment Forms **74-81**

Right of Access – HIPAA Form **82**

Senior Care Plus Medicare Star Ratings **83**

Notice of Availability **84-85**

Provider Discussion Checklist **86**

Medical Test Instructions and Results Notification **87**

Community Resources **88**



Compare Our 2026 Plans



Senior Care Plus Plan Benefits		Renown Preferred Plan	Essential Plan	Extensive Duals Plan	Select Plan	Patriot Plan
MONTHLY PLAN PREMIUM		\$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		\$0	\$0	\$0	\$0	\$0
Doctoroo In-Home Care Copay*		\$20	\$20	\$0	\$20	\$30
OTC Benefit - Per Quarter		\$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		✓	✓	✓	✓	✓

THE SENIOR CARE PLUS PLANS LISTED ABOVE SERVE MEDICARE BENEFICIARIES IN WASHOE COUNTY, STOREY COUNTY AND CARSON CITY. EXTENSIVE DUALS PLAN MEMBERSHIP REQUIRES ENROLLMENT IN MEDICAID AND IS NOT AVAILABLE IN STOREY COUNTY.

*Doctoroo Service area includes Reno, Sparks and Carson City.

2026 Benefits at a Glance

- Renown Preferred Plan
- Essential Plan
- Extensive Duals Plan
- Select Plan
- Patriot Plan



The RENOWN PREFERRED PLAN is Our Most Popular Plan!

Renown®

PREFERRED PLAN

Brought to you by Senior Care Plus

Senior Care Plus is pleased to share the benefits included in the Renown Preferred Plan for 2026. In addition to access to all that Renown Health has to offer, the Renown Preferred Plan is benefit-rich with a \$0 premium, low copays, and local customer service.

FOR 2026, RENOWN PREFERRED PLAN MEMBERS WILL ENJOY:

- Healthy Rewards Card Program**
Get rewarded for taking care of your health
 - \$0 Hearing Exams**
NationsHearing® – low cost hearing aids with many options
 - Over-the-Counter Benefit**
NationsOTC® – extensive selection with free, two-day shipping
 - First-dollar Dental Coverage**
LIBERTY Dental Plan – no out-of-pocket costs until benefit limit is reached
 - In-Home Care Option**
Doctoroo in-home urgent care now available in select areas
-

CONTACT YOUR HEALTH INSURANCE BROKER
or call **775-982-3158** to talk to a Senior Care Plus enrollment specialist
or visit **SeniorCarePlus.com** to enroll in the Renown Preferred Plan.

Access to Renown Health providers and services*

Personal Assistant to help coordinate all your healthcare needs

No monthly premium and no deductible

\$0 copay for primary care providers

Prescription Drug Coverage

\$500 comprehensive dental benefit

Hearing exam and hearing aid coverage

\$0 Eye exam and allowance for glasses or contacts

Gym benefit included

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

Transportation to and from medical visits

*Requires Renown Primary Care Provider

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.

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 PLAN PREMIUM	\$0
Maximum Out-of-Pocket	\$2,700 per year
PHYSICIAN OFFICE VISITS	
PCP Visit (Must use Renown PCP)	\$0 per visit
Specialist Visit	\$25 per visit
Preventive (ACA Covered) Screenings	\$0 per visit
LAB, IMAGING AND DIAGNOSTICS	
Routine Lab Services	\$0 per visit
X-Ray Services	\$35 per test
Imaging (CT/PET/MRI)	\$65 / \$100 per test / \$100 per test
FACILITY / SURGICAL	
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
EMERGENCY AND URGENT CARE	
Urgent Care Center Services	\$20 In-Network / \$65 Out-of-Network
Emergency Room Services	\$140 per visit
Ambulance Services (ground/air)	\$325 per trip
Rx	
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
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)	\$500 Comprehensive, first-dollar coverage
Over-the-Counter Benefit (NationsOTC®)	\$50 per quarter
Acupuncture (Low back pain only)	\$30 visit / Max 20 visits

**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.*
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.

Senior Care
Plus

SENIOR CARE PLUS IS PROUD TO OFFER THE
Essential Plan

Giving Medicare Beneficiaries in Washoe County, Storey County and Carson City access to the widest provider network, with a \$0 monthly premium.

Essential Plan members can select a community provider as their Primary Care Provider while still enjoying access to Renown Health and Carson Tahoe Health providers and facilities.



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



Access to all Renown Health and Carson Tahoe Health has to offer



Hearing exam and hearing aid coverage

No monthly premium and no deductible



Low or \$0 copays for primary care



\$0 Eye exam and allowance for glasses or contacts



Gym benefit included

Rewards card – get rewarded for healthy activities



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



Preventive dental benefit included



Transportation to and from medical visits

CONTACT YOUR HEALTH INSURANCE BROKER

or call **775-982-3158** to talk to a Senior Care Plus enrollment specialist
or visit **SeniorCarePlus.com** to enroll in the Essential Plan today.

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.

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

HMO Benefits	Essential Plan - 012
MONTHLY PLAN PREMIUM	\$0
Maximum Out-of-Pocket	\$2,700 per year
PHYSICIAN OFFICE VISITS	
Primary Care Provider (PCP) Visit	Preferred: \$0 per visit / Non-Preferred: \$10 per visit
Specialist Visit	\$30 per visit
Preventive (ACA Covered) Screenings	\$0 per visit
LAB, IMAGING AND DIAGNOSTICS	
Routine Lab Services	\$0 per visit
X-Ray Services	\$35 per test
Imaging (CT / PET / MRI)	\$65 / \$100 per test / \$100 per test
FACILITY / SURGICAL	
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
EMERGENCY AND URGENT CARE	
Urgent Care Center Services	\$20 In-Network / \$65 Out-of-Network
Emergency Room Services	\$140 per visit
Ambulance Services (ground / air)	\$275 per trip
Rx	
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 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	20% 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, \$495 - \$1,970
Fitness Benefit	Included - see list of gyms at SeniorCarePlus.com
Dental Coverage (LIBERTY Dental Plan)	Preventive Included
Over-the-Counter Benefit (NationsOTC®)	\$50 per quarter
Acupuncture (Low back pain only)	\$30 visit / Max 20 visits

**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.

Extensive Duals Plan

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

The Extensive Duals Plan from Senior Care Plus is an outstanding Medicare Advantage plan option for individuals who also qualify for Medicaid. The Extensive Duals Plan is an HMO plan that requires a Renown primary care provider and allows access to all that Renown Health has to offer.

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

HMO Benefits	Copays for Members with Medicaid & Extra Help - 024
MONTHLY PLAN PREMIUM	\$0
Maximum Out-of-Pocket	\$0 per year
PHYSICIAN OFFICE VISITS	
PCP Visit (Must use Renown PCP)	\$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 \$0 - \$4.90
Rx - Non-Preferred Generic (2)*	Generic \$0 - \$55.10
Rx - Preferred Brand (3)*	Brand \$0 - \$12.65
Rx - Non-Preferred Brand (4)*	Brand \$0 - \$12.65
Rx - Specialty (5)*	33% Coinsurance
Rx - Select Drugs (6)*	Not Covered
OTHER	
TELADOC / Doctoroo	\$0 per visit / \$0 per visit
Durable Medical Equipment	0%-17% 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	Included - see list of gyms at SeniorCarePlus.com
Dental Coverage (LIBERTY Dental Plan)	\$2,500 Comprehensive Included
Over-the-Counter Benefit (NationsOTC®)	\$205 per quarter
Acupuncture (Low back pain only)	0% - 17% per visit

*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.

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.

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	\$180
Maximum Out-of-Pocket	\$1,450 per year
PHYSICIAN OFFICE VISITS	
Primary Care Provider (PCP) Visit	Preferred: \$0 per visit / Non-Preferred: \$10 per visit
Specialist Visit	\$5 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 per test / \$90 per test
FACILITY / SURGICAL	
Inpatient Hospital Services	Preferred: \$145 / 2 days per period Non-Preferred: \$440 / 5 days per period
Outpatient Hospital Services	Preferred: \$145 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	\$20 In-Network / \$45 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)*	\$0 per prescription
Rx - Non-Preferred Generic (2)*	\$0 per prescription
Rx - Preferred Brand (3)*	\$47 per prescription
Rx - Non-Preferred Brand (4)*	50% Coinsurance
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®)	\$140 per quarter
Acupuncture (Low back pain only)	\$30 visit / Max 20 visits

*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.

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	\$25 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

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.

Benefits That Benefit You

- Local Customer Service
- Personal Assistant Program
- MyChart
- Comprehensive Health Assessment
- EyeMed
- NationsHearing®
- Doctoroo
- TELADOC
- Liberty Dental Plan
- NationsOTC®
- Gym Program
- NationsBenefits®
- Durable Medical Equipment



“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

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** 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

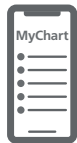
Senior Care Plus,
Renown Health and MyChart



PUT THE POWER OF MYCHART TO WORK FOR YOU!

MyChart is a secure, web-based application offered by Renown and Senior Care Plus. You can use it on your computer, phone, or tablet to get the care and information you need, as soon as you need it, from anywhere.

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 they are available.
- ✓ View your insurance claims and explanation of benefits.
- ✓ View and print a copy of your Senior Care Plus ID card.

Visit SeniorCarePlus.com/MyChart to learn more and view a step-by-step MyChart log-in process.



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.

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 **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.

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



Senior Care Plus dental benefits are administered by LIBERTY Dental Plan. LIBERTY has an extensive provider network throughout Nevada and they are constantly adding new providers.

FIRST DOLLAR COVERAGE SAVES YOU MONEY!

Comprehensive coverage amounts shown are first dollar coverage – meaning you have no out-of-pocket expense until the coverage limit is reached!

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

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



NOTE: THE BENEFITS OUTLINED ABOVE DO NOT TAKE EFFECT UNTIL JANUARY 1, 2026. THE LIBERTY PROVIDER NETWORK MAY CHANGE AT ANY TIME.

For the most recent provider network information or other dental questions, please visit libertydentalplan.com/SCP or contact LIBERTY Dental Plan at **888-442-3193**.
Monday – Friday • 8 a.m. to 8 p.m. (Local Time)
TTY users should call **877-855-8039** or visit libertydentalplan.com/SCP.

NationsOTC® Makes Ordering Products Easier Than Ever



Senior Care Plus members can order Over-The-Counter (OTC) products from our OTC partner, NationsOTC. NationsOTCs offers hundreds of high-quality OTC products with fast, free shipping.

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



WEB ORDERS

Ordering your quarterly supply online is easy!
Visit **SeniorCarePlus.NationsBenefits.com** to set up your account by registering on the NationsBenefits MyBenefits portal. Once you are set up, you can view all products and place online orders.

PHONE ORDERS

To place an order by phone, please call **877-200-4189** (TTY: 711).
Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year.

REQUEST AN OTC CATALOG

To request an OTC Catalog – visit **SeniorCarePlus.com/resources** and click on **Request a Directory or Document**.

Senior Care Plus – Gym Program



Stay active and in shape with the Senior Care Plus gym program.

As a Senior Care Plus member, you can enjoy access to one of the participating fitness facilities. Show your Senior Care Plus membership card on your first visit to take advantage of this fitness benefit! You will be required to sign up at your location of choice. Participating gyms include:

Anytime Fitness – 24 hour access, cardio/weight equipment, locker rooms

Reno • 18603 Wedge Pkwy., Suite D-E
Reno, NV 89511 • **775-852-7007**

Carson City • 2629 N. Carson St.
Carson City, NV 89706 • **775-222-0022**

Carson City • 4530 S. Carson St.
Carson City, NV 89701 • **775-885-7771**

Cold Springs Family Center – cardio/weight equipment, group exercise classes

Cold Springs • 18400 Village Pkwy.
Reno, NV 89508 • **775-657-6388**

Eagle Fitness – 24 hour access, cardio/weight equipment, group exercise classes, locker rooms

Reno • 6295 Sharlands Ave., Suite 2
Reno, NV 89523 • **775-787-8686**

Sparks • 1535 Los Altos Pkwy.
Sparks, NV 89436 • **775-626-8686**

Fitness for \$10 – Cardio/weight equipment, exercise classes

Carson City • 829 Fairview Dr.
Carson City, NV 89701 • **775-352-8663**

Sparks • 1575 East Lincoln Way
Sparks, NV 89435 • **775-352-8663**

Parkway Athletic Club – Cardio/weight equipment, group exercise classes, pool, sauna/steam room, tennis/racquetball courts

Reno • 9400 Double Diamond Pkwy.
Reno, NV 89521 • **775-851-7171**

UFC Gym – Strength training equipment, daily classes

Reno • 4875 Kietzke Ln., Suite D
Reno, NV 89509 • **775-285-9340**

City of Reno Parks and Recreation Facilities

Senior Care Plus members enjoy no-cost access to select City of Reno Parks and Recreation Facilities. Learn more at SeniorCarePlus.com/resources.

NOTE: NOT ALL GYM ACTIVITIES/AMENITIES ARE INCLUDED IN THE SENIOR CARE PLUS GYM PROGRAM. PARTICIPATING GYMS SUBJECT TO CHANGE. SENIOR CARE PLUS GYM PROGRAM IS ONLY VALID AT ONE PARTICIPATING FITNESS FACILITY.

Earn REWARDS for Taking Care of Your Health

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.

Durable Medical Equipment Providers

Senior Care Plus wants members to have access to the medical equipment they need, when and where they need it.

Senior Care Plus contracts with a number of Durable Medical Equipment providers to give members the selection they want and the convenience they need.

AdaptHealth – Bennett Medical Services

2600 Mill St., Suite 600 • Reno, NV 89502

775-329-0799

adapthealth.com



Accellence Home Medical

5450 Mill St., #101 • Reno, NV 89502

775-787-8880

accellencehomemedical.com



Lincare Complete

1380 Greg St., Suite 201 • Sparks, NV 89431

775-359-6262

lincare.com



Owens Healthcare

2700 Mill St., Suite 800 • Reno, NV 89502

775-207-2727

myowens.com



Preferred Homecare

320 S Rock Blvd. • Reno, NV 89502

775-825-8644

preferredhomecare.com



Pulmonary Solutions

50 Freeport Blvd., #24 • Sparks, NV 89431

775-451-0155

pulmonarysolutions.com



This is just a brief list of our Durable Medical Equipment Provider partners. To see the full list visit the Durable Medical Equipment page on **SeniorCarePlus.com**.

2026 Pharmacy Benefit

Optum Rx®
Get Smart About
Prescriptions

Renown Pharmacy:
Convenient, Trusted, Local

2026 Prescription
Drug Crosswalk



*“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

SENIOR CARE PLUS HAS PARTNERED WITH **Optum Rx**®
OPTUM RX TO HELP OUR MEMBERS.

Get Smart About Prescriptions

Optum Rx online tools make it easy.

Once your Senior Care Plus membership card arrives, you will want to visit **optumrx.com**. You'll need the information from your member ID card to sign up and access your account details and prescriptions.



• **Price a drug**

Search your current or new medications to see costs at pharmacies near you. If you're taking a brand-name drug, you can also see prices for generic options, if available.



• **My prescriptions**

See your current prescriptions along with information about how to use them and possible side effects.



• **View my claims**

See which prescriptions you've filled and how much you paid.



• **Pharmacy locator**

Search for in-network pharmacies near you – or find a pharmacy when you're traveling.



• **Manage prescriptions on-the-go**

For added convenience, download the Optum Rx app.

To learn more, visit **optumrx.com/getstarted** for info on Optum Rx.

You can also contact Optum Rx at **844-368-3139**.

The Optum Rx call center is open 24 hours per day, seven days per week.

Visit **optumrx.com** for a complete list of in-network pharmacies, locations, and cost comparisons for your medications. Other pharmacies are available in our network.

Renown Pharmacy: Convenient, Trusted, Local



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!

2026 Prescription Drug Crosswalk

The Senior Care Plus prescription drug formulary is extensive, but it does not include all drugs. Most prescription drugs have an alternative that can be found on the Senior Care Plus formulary. Below is a partial list of alternative prescription medications that are included in the 2026 Senior Care Plus formulary.

Please talk to your primary care provider to determine if one of the alternative drugs listed is right for you.

IMPORTANT: This is not a complete list of medications available in the formulary and the formulary can sometimes change. Please visit the Formulary page on the [SeniorCarePlus.com](https://seniorcareplus.com) website to see an up-to-date and complete list of prescription drugs included in the 2026 formulary.

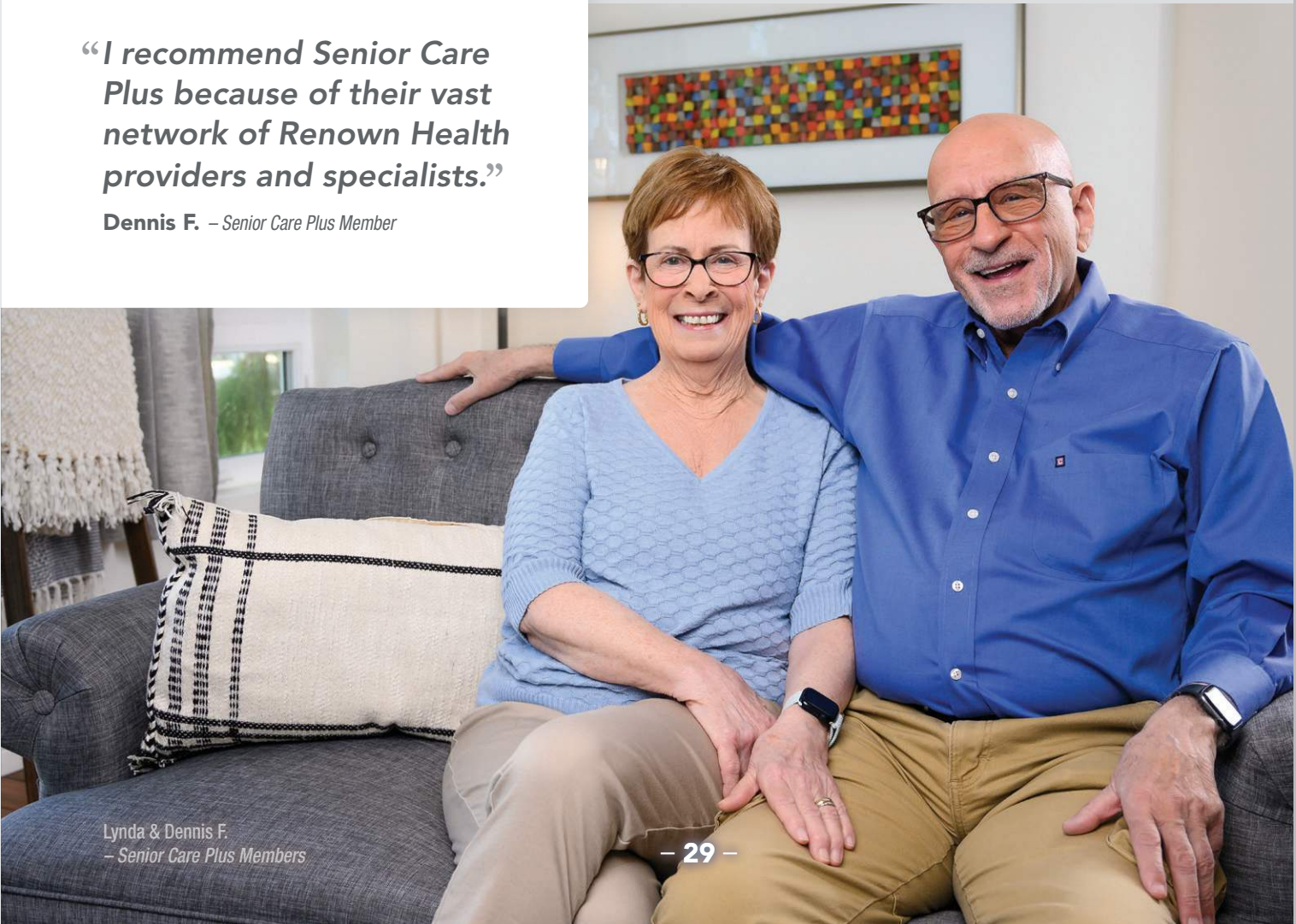
Drug Class	Drugs Not Covered by Your Plan	Alternative Covered Drugs and Tier
Asthma / Chronic Obstructive Pulmonary Disease (COPD)	Advair (Diskus), Flovent, Symbicort	Fluticasone propionate and salmeterol (generic Advair Diskus) - 2, Advair HFA - 3, Anoro Ellipta - 3, Arnuity Ellipta - 3, Asmanex - 4, 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,
Blood Thinners	Pradaxa	Eliquis - 3, Xarelto - 3
Diabetes – Insulins	Apidra	Fiasp - 3, Humulin - 3, Humalog - 3, Lyumjev - 3, Novolin - 3, Novolog - 3
	Basaglar, Levemir, Semglee	Lantus - 3, Toujeo - 3, Tresiba - 3
Diabetes – Other	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
Gastrointestinal	Amitiza, Monvantik, Motegrity	Linzess - 3, Lubiprostone - 4,
Gout	Colchicine capsules, Mitigare	Colchicine tablets - 3

2026 Summary of Benefits

- Renown Preferred Plan
- Essential Plan
- Extensive Duals Plan
- Select Plan
- Patriot Plan
- Disclaimers
- Pre-Enrollment Checklist
- Important Information

“I recommend Senior Care Plus because of their vast network of Renown Health providers and specialists.”

Dennis F. – Senior Care Plus Member



Lynda & Dennis F.
– Senior Care Plus Members

2026 Summary of Benefits

Medicare Advantage Plans with Part D
Prescription Drug Coverage

Renown Preferred Plan by Senior Care Plus (HMO)

January 1, 2026 – December 31, 2026



1

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You can also see the Evidence of Coverage on our website, <http://www.seniorcareplus.com>.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Renown Preferred Plan by Senior Care Plus (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Renown Preferred Plan by Senior Care Plus (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Renown Preferred Plan by Senior Care Plus (HMO)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-681-9585 (TTY: 711).

Things to Know About Renown Preferred Plan by Senior Care Plus (HMO)

Hours of Operation & Contact Information

- From October 1 to March 31, we’re open 7 a.m. – 8 p.m., Monday – Friday and 8 a.m. – 8 p.m. Saturday and Sunday.
- From April 1 to September 30, we’re open 7 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-775-7003, TTY: 711.
- If you are not a member of this plan, call us at 1-888-775-7003, TTY: 711.
- Our website: <http://www.seniorcareplus.com>.

Who can join?

To join **Renown Preferred Plan by Senior Care Plus (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in Nevada: Carson City, Storey and Washoe.

Which doctors, hospitals, and pharmacies can I use?

Renown Preferred Plan by Senior Care Plus (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (<http://www.seniorcareplus.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.seniorcareplus.com>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Yearly Deductible, Initial Coverage and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus

2 SECTION II - SUMMARY OF BENEFITS
Renown Preferred Plan by Senior Care Plus (HMO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	You do not pay a separate monthly plan premium for Renown Preferred Plan by Senior Care Plus (HMO). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$2,700 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<p><u>Preferred Facility:</u></p> <p>Days 1-4: \$220 Copay per day per admission.</p> <p>Days 5-90: \$0 Copay per day.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p><u>Non-Preferred Facility:</u></p> <p>Days 1-5: \$440 Copay per day.</p> <p>Days 6-90: \$0 Copay per day.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
--------------------	--

Outpatient Hospital	<p><u>Preferred Facility:</u></p> <p>Outpatient hospital: \$220 Copay.</p> <p>Outpatient surgery: \$220 Copay.</p> <p><u>Non-Preferred Facility:</u></p> <p>Outpatient hospital: \$440 Copay.</p> <p>Outpatient surgery: \$440 Copay.</p>
Ambulatory Surgical Center	<p><u>Preferred Facility:</u></p> <p>Ambulatory Surgical Center: \$220 Copay.</p> <p><u>Non-Preferred Facility:</u></p> <p>Ambulatory Surgical Center: \$440 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Doctor's Office Visits	<p>Primary care physician visit: \$0 Copay.</p> <p>Specialist visit: \$25 Copay.</p> <p>May require a referral from your doctor.</p>
Preventive Care (e.g., flu vaccine, diabetic screenings)	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>\$140 Copay per visit.</p> <p>If you are admitted to the hospital within 12 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$140 Copay Max \$10,000 annually.</p>
Urgently Needed Services	<p><u>Preferred Facility:</u></p> <p>\$20 Copay per visit.</p> <p><u>Non-Preferred Facility:</u></p> <p>\$65 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$65 Copay.</p>
Diagnostic Services / Labs/ Imaging	<p>Diagnostic tests and procedures: \$0 - \$275 Copay.</p> <p>Lab services: \$0 - \$120 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 - \$100 Copay.</p>

	<p>X-rays: \$35 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$50 Copay.</p> <p>May require a referral from your doctor.</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: \$45 Copay.</p> <p>Routine hearing exam (up to 1 visit(s) every year): \$0 Copay.</p> <p>Hearing Aid (up to 2 hearing aids every year): \$495 - \$1,970 Copay.</p>
Dental Services	<p>Medicare Covered: \$35 Copay.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam (up to 1 visit(s) every year): \$0 Copay. • Cleaning (up to 2 visit(s) every year): \$0 Copay. • Dental X-rays (up to 1 visit(s) other, describe): \$0 Copay. <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • Diagnostic Services: \$0 Copay. • Restorative Services: \$0 Copay. • Endodontics: \$0 Copay. • Periodontics: \$0 Copay. • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: \$0 Copay. • This dental plan will pay up to \$500 maximum per calendar year.
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$25 Copay.</p> <p>Routine eye exam (up to 1 visit(s) every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: 20% Coinsurance.</p> <p>Our plan pays up to \$250 every year for eyewear.</p> <p>Frames or contact lenses: \$0 allowance.</p>

Mental Health Care	Outpatient group therapy visit: \$25 Copay. Individual therapy visit: \$25 Copay. Inpatient Mental Health Care: Days 1-4: \$220 Copay per day per admission. Days 5-90: \$0 Copay per day. Our plan covers an unlimited number of days for an inpatient hospital stay. May require a referral from your doctor.
Skilled Nursing Facility (SNF)	Days 1-20: \$20 Copay per day. Days 21-34: \$200 Copay per day. Days 35-100: \$0 Copay per day. May require prior authorization.
Outpatient Rehabilitation	Occupational therapy visit: \$25 Copay. Physical therapy and speech and language therapy visit: \$25 Copay. May require prior authorization. May require a referral from your doctor.
Ambulance	Ground Ambulance: \$325 Copay. Air Ambulance: \$325 Copay. May require prior authorization.
Transportation	24 one-way trips or \$1,250 per calendar year. May require prior authorization. May require a referral from your doctor.
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 0% - 20% Coinsurance. For Part B Insulin: \$35 Other Part B drugs: 0% - 20% Coinsurance. May require prior authorization.
PRESCRIPTION DRUG BENEFITS	
Deductible	Prescription Drug Deductible: Not Applicable.
Initial Coverage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.

	Standard Retail Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$12.50 copay
	Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay
	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$117.50 copay
	Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance	50% coinsurance
	Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable
	Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay
	Standard Mail Order			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	Not Applicable	\$10 copay	\$10 copay
	Tier 2 (Generic)	Not Applicable	\$24 copay	\$24 copay
	Tier 3 (Preferred Brand)	Not Applicable	\$94 copay	\$94 copay
	Tier 4 (Non-Preferred Drug)	Not Applicable	50% coinsurance	50% coinsurance
	Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable

	<table><tr><td>Tier 6 (Select Care Drugs)</td><td>Not Applicable</td><td>\$0 copay</td><td>\$0 copay</td></tr></table> <p>Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug.</p> <p>Please call us or see the plan’s “Evidence of Coverage” on our website (http://www.seniorcareplus.com) for complete information about your costs for covered drugs.</p>	Tier 6 (Select Care Drugs)	Not Applicable	\$0 copay	\$0 copay
Tier 6 (Select Care Drugs)	Not Applicable	\$0 copay	\$0 copay		
Catastrophic Amount	When you (or those paying on your behalf) have spent a total of \$2,100 in out-of-pocket costs within the calendar year, you will move from the Initial Coverage Stage to the Catastrophic Coverage Stage.				

2026 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

Senior Care Plus Essential Plan (HMO)

January 1, 2026 – December 31, 2026



SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You can also see the Evidence of Coverage on our website, <http://www.seniorcareplus.com>.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Senior Care Plus Essential plan (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Senior Care Plus Essential plan (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Senior Care Plus Essential plan (HMO)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-681-9585 (TTY: 711).

Things to Know About Senior Care Plus Essential plan (HMO)

Hours of Operation & Contact Information

- From October 1 to March 31, we're open 7 a.m. – 8 p.m., Monday – Friday and 8 a.m. – 8 p.m. Saturday and Sunday.
- From April 1 to September 30, we're open 7 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-775-7003, TTY: 711.
- If you are not a member of this plan, call us at 1-888-775-7003, TTY: 711.
- Our website: <http://www.seniorcareplus.com>.

Who can join?

To join **Senior Care Plus Essential plan (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in Nevada: Carson City, Storey and Washoe.

Which doctors, hospitals, and pharmacies can I use?

Senior Care Plus Essential plan (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (<http://www.seniorcareplus.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.seniorcareplus.com>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Yearly Deductible, Initial Coverage and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus

2

SECTION II - SUMMARY OF BENEFITS

Senior Care Plus Essential plan (HMO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	You do not pay a separate monthly plan premium for Senior Care Plus Essential plan (HMO). You must continue to pay your Medicare Part B premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">\$2,700 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<p>Preferred Facility:</p> <p>Days 1-4: \$220 Copay per day per admission. Days 5-90: \$0 Copay per day.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>Non-Preferred Facility:</p> <p>Days 1-5: \$440 Copay per day. Days 6-90: \$0 Copay per day.</p> <p>May require prior authorization. May require a referral from your doctor.</p>
Outpatient Hospital	<p>Preferred Facility:</p> <p>Outpatient hospital: \$220 Copay.</p> <p>Non-Preferred Facility:</p> <p>Outpatient hospital: \$440 Copay.</p>

Ambulatory Surgical Center	<p>Preferred Facility:</p> <p>Ambulatory Surgical Center: \$220 Copay.</p> <p>Non-Preferred Facility:</p> <p>Ambulatory Surgical Center: \$440 Copay.</p> <p>May require prior authorization. May require a referral from your doctor.</p>
Doctor's Office Visits	<p>Preferred PCP:</p> <p>Primary care physician visit: \$0 Copay.</p> <p>Non-Preferred PCP:</p> <p>Primary care physician visit: \$10 Copay. Specialist visit: \$30 Copay.</p>
Preventive Care (e.g., flu vaccine, diabetic screenings)	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>\$140 Copay per visit.</p> <p>If you are admitted to the hospital within 12 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$140 Copay Max \$10,000 annually.</p>
Urgently Needed Services	<p>Preferred Facility:</p> <p>\$20 Copay per visit.</p> <p>Non-Preferred Facility:</p> <p>\$65 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$65 Copay.</p>
Diagnostic Services / Labs/ Imaging	<p>Diagnostic tests and procedures: \$0 - \$275 Copay.</p> <p>Lab services: \$0 - \$120 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 - \$100 Copay.</p> <p>X-rays: \$35 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$80 Copay.</p> <p>May require a referral from your doctor.</p>

Hearing Services	Exam to diagnose and treat hearing and balance issues: \$45 Copay. Routine hearing exam (up to 1 visit(s) every year): \$0 Copay. Hearing Aid (up to 2 hearing aids every year): \$495 - \$1,970 Copay.
Dental Services	Medicare Covered: \$40 Copay. <ul style="list-style-type: none">• Oral exam (up to 1 visit(s) every year): \$0 Copay.• Cleaning (up to 2 visit(s) every year): \$0 Copay.• Dental X-rays (up to 1 visit(s) other, describe): \$0 Copay.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$30 Copay. Routine eye exam (up to 1 visit(s) every year): \$0 Copay. Eyeglasses or contact lenses after cataract surgery: 20% Coinsurance. Our plan pays up to \$250 every year for eyewear. Frames or contact lenses: \$0 allowance.
Mental Health Care	Outpatient group therapy visit: \$30 Copay. Individual therapy visit: \$30 Copay. Inpatient Mental Health Care: Days 1-4: \$220 Copay per day per admission. Days 5-90: \$0 Copay per day. Our plan covers an unlimited number of days for an inpatient hospital stay. May require a referral from your doctor.
Skilled Nursing Facility (SNF)	Days 1-20: \$20 Copay per day. Days 21-34: \$200 Copay per day. Days 35-100: \$0 Copay per day. May require prior authorization.
Outpatient Rehabilitation	Occupational therapy visit: \$25 Copay. Physical therapy and speech and language therapy visit: \$25 Copay. May require prior authorization. May require a referral from your doctor.
Ambulance	Ground Ambulance: \$275 Copay. Air Ambulance: \$275 Copay.

	May require prior authorization.			
Transportation	24 one-way rides up to \$1,250 per calendar year. May require prior authorization. May require a referral from your doctor.			
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 0% - 20% Coinsurance. For Part B Insulin: \$35 Other Part B drugs: 0% - 20% Coinsurance. May require prior authorization.			
PRESCRIPTION DRUG BENEFITS				
Deductible	Prescription Drug Deductible: Not Applicable.			
Initial Coverage	Standard Retail Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$12.50 copay
	Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay
	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$117.50 copay
	Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance	50% coinsurance
	Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable
	Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay

	Standard Mail Order			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	Not Applicable	\$10 copay	\$10 copay
	Tier 2 (Generic)	Not Applicable	\$24 copay	\$24 copay
	Tier 3 (Preferred Brand)	Not Applicable	\$94 copay	\$94 copay
	Tier 4 (Non-Preferred Drug)	Not Applicable	50% coinsurance	50% coinsurance
	Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable
	Tier 6 (Select Care Drugs)	Not Applicable	\$0 copay	\$0 copay
	Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug. Please call us or see the plan’s “Evidence of Coverage” on our website (http://www.seniorcareplus.com) for complete information about your costs for covered drugs.			
Catastrophic Amount	When you (or those paying on your behalf) have spent a total of \$2,100 in out-of-pocket costs within the calendar year, you will move from the Initial Coverage Stage to the Catastrophic Coverage Stage.			

2026 Summary of Benefits

Medicare Advantage Plans with Part D
Prescription Drug Coverage

Senior Care Plus Extensive Duals Plan (HMO)

January 1, 2026 – December 31, 2026



EXTENSIVE DUALS PLAN

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You can also see the Evidence of Coverage on our website, <http://www.seniorcareplus.com>.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Senior Care Plus Extensive Duals Plan (HMO D-SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Senior Care Plus Extensive Duals Plan (HMO D-SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Senior Care Plus Extensive Duals Plan (HMO D-SNP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-681-9585 (TTY: 711).

Things to Know About Senior Care Plus Extensive Duals Plan (HMO D-SNP)

Hours of Operation & Contact Information

- From October 1 to March 31, we're open 7 a.m. – 8 p.m., Monday – Friday and 8 a.m. – 8 p.m. Saturday and Sunday.
- From April 1 to September 30, we're open 7 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-775-7003, TTY: 711.
- If you are not a member of this plan, call us at 1-888-775-7003, TTY: 711.
- Our website: <http://www.seniorcareplus.com>.

Who can join?

To join **Senior Care Plus Extensive Duals Plan (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area and receive any level of assistance from the Nevada Medicaid. If you receive both Medicare and Medicaid benefits, this means you are a dual-eligible beneficiary. Our service area includes these counties in Nevada: Carson City and Washoe.

Senior Care Plus Extensive Duals Plan (HMO D-SNP) may enroll dual-eligibles who are ["QMB", "QMB+", "FBDE"].

Which doctors, hospitals, and pharmacies can I use?

Senior Care Plus Extensive Duals Plan (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (<http://www.seniorcareplus.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.seniorcareplus.com>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of 5 "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Yearly Deductible, Initial Coverage and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus

2

SECTION II - SUMMARY OF BENEFITS

Senior Care Plus Extensive Duals Plan (HMO D-SNP)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	\$0 per month. You must keep paying your Medicare Part B premiums. Note: If you lose your extra help eligibility, you will pay a \$9.50 premium.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: \$0 with Extra help
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> \$8,300 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

COVERED MEDICAL AND HOSPITAL BENEFITS

If you lose QMB, QMB+ or FBDE Medicaid Status you could pay a 17% coinsurance

Inpatient Hospital	You pay \$0 Copay. May require prior authorization. May require a referral from your doctor.
Outpatient Hospital	Preferred Facility: Outpatient hospital: \$0 Copay.
Ambulatory Surgical Center	Ambulatory Surgical Center: \$0 Copay. May require prior authorization. May require a referral from your doctor.
Doctor's Office Visits	Primary care physician visit: \$0 Copay. Specialist visit: \$0 Copay.

Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	\$0 Copay. per visit. If you are admitted to the hospital within 12 hours, you do not have to pay your share of the cost for emergency care. Worldwide Emergency Coverage: 17% Coinsurance.
Urgently Needed Services	\$0 Copay. per visit. Worldwide Urgent Coverage: \$0 Copay.
Diagnostic Services / Labs/ Imaging	Diagnostic tests and procedures: \$0 Copay. Lab services: \$0 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 Copay. X-rays: \$0 Copay. Therapeutic radiology services (such as radiation treatment for cancer): \$0 Copay. .
Hearing Services	Exam to diagnose and treat hearing and balance issues: \$0 Copay. Routine hearing exam (for up to 1 visit(s) every year): \$0 Copay. Hearing Aid (up to 2 hearing aids every year): \$495 - \$1,970 Copay.
Dental Services	Medicare Covered: \$0 Copay. <ul style="list-style-type: none"> Oral exam (up to 1 visit(s) every year): \$0 Copay. Cleaning (up to 2 visit(s) every year): \$0 Copay. Dental X-rays (up to 1 visit(s) other, describe): \$0 Copay. Comprehensive dental services: <ul style="list-style-type: none"> Diagnostic Services: \$0 Copay. Restorative Services: \$0 Copay.

EXTENSIVE DUALS PLAN

	<ul style="list-style-type: none">• Endodontics: \$0 Copay.• Periodontics: \$0 Copay.• Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: \$0 Copay.• This dental plan will pay up to \$2,500 maximum per calendar year.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 17% Coinsurance. Routine eye exam (up to 1 visit(s) every year): \$0 Copay. Eyeglasses or contact lenses after cataract surgery: 17% Coinsurance. Our plan pays up to \$400 every year for eyewear. Frames or contact lenses: \$0 allowance.
Mental Health Care	Outpatient group therapy visit: \$0 Copay. Individual therapy visit: \$0 Copay. May require a referral from your doctor.
Skilled Nursing Facility (SNF)	Days 1-20: 0% Coinsurance per day. Days 21-100: 0% Coinsurance per day. May require prior authorization. May require a referral from your doctor.
Outpatient Rehabilitation	Occupational therapy visit: \$0 Copay. Physical therapy and speech and language therapy visit: 17% Coinsurance. May require prior authorization. May require a referral from your doctor.
Ambulance	Ground Ambulance: \$0 Copay. Air Ambulance: \$0 Copay. May require prior authorization.
Transportation	36 one-way rides up to per calendar year. May require prior authorization.
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 0% - 17% Coinsurance. Other Part B drugs: 0% - 17% Coinsurance. May require prior authorization.

PRESCRIPTION DRUG BENEFITS-Copay amount depends on Low Income Subsidy.				
Deductible	Prescription Drug Deductible: Not Applicable.			
Initial Coverage	Standard Retail Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive
	Tier 2 (Generic)	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive
	Tier 3 (Preferred Brand)	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive
	Tier 4 (Non-Preferred Drug)	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive
	Tier 5 (Specialty Tier)	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive	\$0 - \$12.65 copay, depending on the level of "Extra Help" you receive
**The amount you pay is determined by the covered Part D prescription and your low income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay. Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug. Please call us or see the plan's "Evidence of Coverage" on our website (http://www.seniorcareplus.com) for complete information about your costs for covered drugs.				
Catastrophic Amount	When you (or those paying on your behalf) have spent a total of \$2,100 in out-of-pocket costs within the calendar year, you will move from the Initial Coverage Stage to the Catastrophic Coverage Stage.			

2026 Summary of Benefits

Medicare Advantage Plans with Part D
Prescription Drug Coverage

Senior Care Plus Select Plan (HMO)

January 1, 2026 – December 31, 2026



1

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the “Evidence of Coverage.” You can also see the Evidence of Coverage on our website, <http://www.seniorcareplus.com>.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Senior Care Plus Select Plan (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Senior Care Plus Select Plan (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Senior Care Plus Select Plan (HMO)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-681-9585 (TTY: 711).

Things to Know About Senior Care Plus Select Plan (HMO)

SELECT PLAN

Hours of Operation & Contact Information

- From October 1 to March 31, we’re open 7 a.m. – 8 p.m., Monday – Friday and 8 a.m. – 8 p.m. Saturday and Sunday.
- From April 1 to September 30, we’re open 7 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-775-7003, TTY: 711.
- If you are not a member of this plan, call us at 1-888-775-7003, TTY: 711.
- Our website: <http://www.seniorcareplus.com>.

Who can join?

To join **Senior Care Plus Select Plan (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in Nevada: Carson City, Storey and Washoe.

Which doctors, hospitals, and pharmacies can I use?

Senior Care Plus Select Plan (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (<http://www.seniorcareplus.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.seniorcareplus.com>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Yearly Deductible, Initial Coverage and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus

2 SECTION II - SUMMARY OF BENEFITS Senior Care Plus Select Plan (HMO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	\$180 per month. In addition, you must keep paying your Medicare Part B premiums.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$1,450 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<p>Preferred Facility:</p> <p>Days 1-2: \$145 Copay per day per admission.</p> <p>Days 3-90: \$0 Copay per day.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>Non-Preferred Facility:</p> <p>Days 1-5: \$440 Copay per day.</p> <p>Days 6-90: \$0 Copay per day.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
--------------------	--

SELECT PLAN

Outpatient Hospital	<u>Preferred Facility:</u> Outpatient hospital: \$145 Copay. Outpatient surgery: \$145 Copay. <u>Non-Preferred Facility:</u> Outpatient hospital: \$440 Copay. Outpatient surgery: \$440 Copay. May require prior authorization.
Ambulatory Surgical Center	<u>Preferred Facility:</u> Ambulatory Surgical Center: \$145 Copay. <u>Non-Preferred Facility:</u> Ambulatory Surgical Center: \$440 Copay. May require prior authorization. May require a referral from your doctor.
Doctor's Office Visits	<u>Preferred PCP:</u> Primary care physician visit: \$0 Copay. <u>Non-Preferred PCP:</u> Primary care physician visit: \$10 Copay. Specialist visit: \$5 Copay.
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	\$140 Copay per visit. If you are admitted to the hospital within 12 hours, you do not have to pay your share of the cost for emergency care. Worldwide Emergency Coverage: \$140 Copay Max \$10,000 annually.
Urgently Needed Services	<u>Preferred Facility:</u> \$20 Copay per visit. <u>Non-Preferred Facility:</u> \$45 Copay per visit. Worldwide Urgent Coverage: \$45 Copay.

Diagnostic Services / Labs/ Imaging	Diagnostic tests and procedures: \$0 - \$250 Copay. Lab services: \$0 - \$80 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): \$0 - \$90 Copay. X-rays: \$45 Copay. Therapeutic radiology services (such as radiation treatment for cancer): \$80 Copay. May require a referral from your doctor.
Hearing Services	Exam to diagnose and treat hearing and balance issues: \$35 Copay. Routine hearing exam (up to 1 visit(s) every year): \$0 Copay. Hearing Aid (up to 2 hearing aids every year): Up to \$400 allowance.
Dental Services	Medicare Covered: \$15 Copay. Preventive dental services: <ul style="list-style-type: none">• Oral exam (up to 1 visit(s) every year): \$0 Copay.• Cleaning (up to 2 visit(s) every year): \$0 Copay.• Dental X-rays (up to 1 visit(s) other, describe): \$0 Copay. Comprehensive dental services: <ul style="list-style-type: none">• Diagnostic Services: \$0 Copay.• Restorative Services: \$0 Copay.• Endodontics: \$0 Copay.• Periodontics: \$0 Copay.• Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: \$0 Copay.• This dental plan will pay up to \$1,500 maximum per calendar year.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$5 Copay. Routine eye exam (up to 1 visit(s) every year): \$0 Copay. Eyeglasses or contact lenses after cataract surgery: 20% Coinsurance. Our plan pays up to \$250 every year for eyewear. Frames or contact lenses: \$0 allowance.

Mental Health Care	Outpatient group therapy visit: \$5 Copay. Individual therapy visit: \$5 Copay. Inpatient Mental Health Care: Days 1-2: \$145 Copay per day per admission. Days 3-90: \$0 Copay per day. Our plan covers an unlimited number of days for an inpatient hospital stay. May require a referral from your doctor.
Skilled Nursing Facility (SNF)	Days 1-20: \$20 Copay per day. Days 21-34: \$200 Copay per day. Days 35-100: \$0 Copay per day.
Outpatient Rehabilitation	Occupational therapy visit: \$15 Copay. Physical therapy and speech and language therapy visit: \$15 Copay. May require prior authorization.
Ambulance	Ground Ambulance: \$250 Copay. Air Ambulance: \$250 Copay. May require prior authorization.
Transportation	24 one-way trips or \$1,250 per calendar year. May require prior authorization. May require a referral from your doctor.
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 0% - 20% Coinsurance. For Part B Insulin: \$35 Other Part B drugs: 0% - 20% Coinsurance. May require prior authorization.
PRESCRIPTION DRUG BENEFITS	
Deductible	Prescription Drug Deductible: Not Applicable.

Initial Coverage	Standard Retail Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
	Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay
	Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$117.50 copay
	Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance	50% coinsurance
	Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable
	Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay
	Standard Mail Order			
	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	Not Applicable	\$0 copay	\$0 copay
	Tier 2 (Generic)	Not Applicable	\$0 copay	\$0 copay
	Tier 3 (Preferred Brand)	Not Applicable	\$94 copay	\$94 copay
	Tier 4 (Non-Preferred Drug)	Not Applicable	50% coinsurance	50% coinsurance
	Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable

	<table><tr><td>Tier 6 (Select Care Drugs)</td><td>Not Applicable</td><td>\$0 copay</td><td>\$0 copay</td></tr></table>	Tier 6 (Select Care Drugs)	Not Applicable	\$0 copay	\$0 copay
Tier 6 (Select Care Drugs)	Not Applicable	\$0 copay	\$0 copay		
	<p>Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug.</p> <p>Please call us or see the plan’s “Evidence of Coverage” on our website (http://www.seniorcareplus.com) for complete information about your costs for covered drugs.</p>				
Catastrophic Amount	<p>When you (or those paying on your behalf) have spent a total of \$2,100 in out-of-pocket costs within the calendar year, you will move from the Initial Coverage Stage to the Catastrophic Coverage Stage.</p>				

2026 Summary of Benefits

Medicare Advantage Plan

Senior Care Plus Patriot Plan (HMO)

January 1, 2026 – December 31, 2026



SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You can also see the Evidence of Coverage on our website, <http://www.seniorcareplus.com>.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Senior Care Plus Patriot Plan (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Senior Care Plus Patriot Plan (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Senior Care Plus Patriot Plan (HMO)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-888-775-7003 (TTY: 711).

Things to Know About Senior Care Plus Patriot Plan (HMO)

Hours of Operation & Contact Information

- From October 1 to March 31, we're open 7 a.m. – 8 p.m., Monday – Friday and 8 a.m. – 8 p.m. Saturday and Sunday.
- From April 1 to September 30, we're open 7 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-775-7003, TTY: 711.
- If you are not a member of this plan, call us at 1-888-775-7003, TTY: 711.
- Our website: <http://www.seniorcareplus.com>.

Who can join?

To join **Senior Care Plus Patriot Plan (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes these counties in Nevada: Carson City, Storey and Washoe.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.seniorcareplus.com>.
- Or, call us and we will send you a copy of the formulary.

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus

2

SECTION II - SUMMARY OF BENEFITS

Senior Care Plus Patriot Plan (HMO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Monthly Plan Premium	You do not pay a separate monthly plan premium for Senior Care Plus Patriot Plan (HMO). You must continue to pay your Medicare Part B premium.
Part B Premium Rebate	Senior Care Plus will reduce your Medicare Part B premium by up to \$65
Deductible	Medical Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: <ul style="list-style-type: none">\$2,750 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.
COVERED MEDICAL AND HOSPITAL BENEFITS	
Inpatient Hospital	<p>Preferred Facility:</p> <p>Days 1-4: \$350 Copay per day per admission.</p> <p>Days 5-90: \$0 Copay per day.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>Non-Preferred Facility:</p> <p>Days 1-5: \$440 Copay per day.</p> <p>Days 6-90: \$0 Copay per day.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Outpatient Hospital	<p>Preferred Facility:</p> <p>Outpatient hospital: \$325 Copay.</p> <p>Non-Preferred Facility:</p> <p>Outpatient surgery: \$440 Copay.</p> <p>May require prior authorization.</p>

Ambulatory Surgical Center	<p>Preferred Facility:</p> <p>Ambulatory Surgical Center: \$325 Copay.</p> <p>Non-Preferred Facility:</p> <p>Ambulatory Surgical Center: \$440 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Doctor's Office Visits	<p>Preferred PCP:</p> <p>Primary care physician visit: \$0 Copay.</p> <p>Non-Preferred PCP:</p> <p>Primary care physician visit: \$10 Copay.</p> <p>Specialist visit: \$45 Copay.</p>
Preventive Care (e.g., flu vaccine, diabetic screenings)	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>\$140 Copay per visit.</p> <p>If you are admitted to the hospital within 12 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$140 Copay Max \$10,000 annually.</p>
Urgently Needed Services	<p>Preferred Facility:</p> <p>\$25 Copay per visit.</p> <p>Non-Preferred Facility:</p> <p>\$65 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$65 Copay.</p>
Diagnostic Services / Labs/ Imaging	<p>Diagnostic tests and procedures: \$0 - \$300 Copay.</p> <p>Lab services: \$0 - \$120 Copay.</p> <p>CT scan: \$95</p> <p>Diagnostic Radiology Services (MRI, PET and Nuclear Scan): \$0 - \$130 Copay.</p> <p>X-rays: \$60 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$80 Copay.</p> <p>May require a referral from your doctor.</p>

Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: \$50 Copay.</p> <p>Routine hearing exam (up to 1 visit(s) every year): \$0 Copay.</p> <p>Hearing Aid (up to 2 hearing aids every year): Up to \$400 allowance.</p>
Dental Services	<p>Medicare Covered: \$40 Copay.</p> <ul style="list-style-type: none"> • Oral exam (up to 1 visit(s) every year): \$0 Copay. • Cleaning (up to 2 visit(s) every year): \$0 Copay. • Dental X-rays (up to 1 visit(s) other, describe): \$0 Copay. <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • Diagnostic Services: \$0 Copay. • Restorative Services: \$0 Copay. • Endodontics: \$0 Copay. • Periodontics: \$0 Copay. • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: \$0 Copay. • This dental plan will pay up to \$1,500 maximum per calendar year.
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$45 Copay.</p> <p>Routine eye exam (up to 1 visit(s) every year): \$0 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: 20% Coinsurance.</p> <p>Our plan pays up to \$170 every year for eyewear.</p> <p>Frames or contact lenses: \$0 allowance.</p>
Mental Health Care	<p>Outpatient group therapy visit: \$45 Copay.</p> <p>Individual therapy visit: \$45 Copay.</p> <p>Inpatient Mental Health Care:</p> <p>Days 1-4: \$350 Copay per day per admission.</p> <p>Days 5-90: \$0 Copay per day.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>May require a referral from your doctor.</p>
Skilled Nursing Facility (SNF)	<p>Days 1-20: \$20 Copay per day.</p> <p>Days 21-34: \$200 Copay per day.</p>

	<p>Days 35-100: \$0 Copay per day.</p> <p>May require prior authorization.</p>
Outpatient Rehabilitation	<p>Occupational therapy visit: \$20 Copay.</p> <p>Physical therapy and speech and language therapy visit: \$20 Copay.</p> <p>May require prior authorization.</p>
Ambulance	<p>Ground Ambulance: \$250 Copay.</p> <p>Air Ambulance: \$250 Copay.</p> <p>May require prior authorization.</p>
Transportation	<p>24 one-way rides up to \$1,250 per calendar year.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Medicare Part B Drugs	<p>For Part B drugs such as chemotherapy drugs: 0% - 20% Coinsurance.</p> <p>For Part B Insulin: \$35</p> <p>Other Part B drugs: 0% - 20% Coinsurance.</p> <p>May require prior authorization.</p>

Disclaimers

Summary of Benefits are available in other alternate formats.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **775-982-3242** (TTY: **711**).

ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al **775-982-3242** (TTY: **711**).

Senior Care Plus is a HMO plan with a Medicare contract. Enrollment in **Senior Care Plus** depends on contract renewal.

This information is not a complete description of benefits. Call **888-775-7003** (TTY 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Senior Care Plus members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

For accommodation of persons with special needs at sales meetings, call **775-982-3158** and **711** for TTY.

Every year, Medicare evaluates plans based on a 5-Star rating system. A salesperson will be present with information and applications.

The Extensive Duals Plan is a dual-eligible, special-needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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

Health coverage is offered by Hometown Health Plan, Inc..

All attempts have been made to ensure the accuracy of the information in this document, but errors may occur. Please refer to your Evidence of Coverage for detailed benefit information.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **888-775-7003** (TTY 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **SeniorCarePlus.com** or **888-775-7003** (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

FOR THE EXTENSIVE DUAL PLAN ONLY – Pre-Enrollment Checklist Continued

Understanding Important Rules

- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

THANK YOU FOR REVIEWING YOUR 2026 SUMMARY OF BENEFITS

Contact Information: **888-775-7003** (TTY: **711**)
Organization name: **Senior Care Plus**
Organization website: **SeniorCarePlus.com**

Important Information



How to View or Obtain a Provider Directory, Formulary, Pharmacy Directory, Evidence of Coverage, or Notice of Privacy Practices

In an effort to provide our members with the most up-to-date and accurate plan information, Senior Care Plus does not mail hard copies of the Provider Directory, Formulary, Pharmacy Directory, or Evidence of Coverage documents unless requested. Instead, these documents remain up-to-date on the **SeniorCarePlus.com** website. **Below are instructions to view the most up-to-date versions of these documents:**

- 1 PROVIDER DIRECTORY & PHARMACY DIRECTORY – To view electronic versions of the Provider Directory and/or the Pharmacy Directory, visit **SeniorCarePlus.com** and click on **Directories**.
- 2 FORMULARY – To view the most up-to-date Formulary, visit **SeniorCarePlus.com** and click on **Prescriptions** and select **Formulary** from the drop down menu.
- 3 EVIDENCE OF COVERAGE – To view a copy of your plan’s Evidence of Coverage, visit **SeniorCarePlus.com** and click **Resources** and select **Plan Documents**.
- 4 NOTICE OF PRIVACY PRACTICES – To view the Notice of Privacy Practices, visit **SeniorCarePlus.com** and click **Notice of Privacy Practices** located in the website footer.
- 5 TO REQUEST HARD COPIES – To have any of the above documents mailed to you, please visit **SeniorCarePlus.com** and click on **Directories** and click on **Document Request Form**. You can also call Customer Service at **888-775-7003** or email **Customer_Service@hometownhealth.com**.

Hometown Health, Senior Care Plus’ parent company, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This information is available for free in other languages. Please call Customer Service at 888-775-7003. TTY users should call the State Relay Service at 711, available Monday – Friday, 7 a.m. to 8 p.m., and Saturday – Sunday 8 a.m. to 8 p.m. (October 1–March 31); and Monday–Friday, 7 a.m. to 8 p.m. (April 1–September 30). We will be closed on all Federal holidays. Esta información está disponible gratuitamente en otros idiomas. Por favor contáctese con nuestro servicio al cliente al 888-775-7003. (Los usuarios de TTY deben llamar al servicio de retransmisión del estado al 711). El horario de atención es de lunes a viernes, de 7:00 a.m. a 8:00 p.m., y sábado – domingo de 8 a.m. a 8 p.m. (del 1.º de octubre al 31 de marzo), y de lunes a viernes, de 7:00 a.m. a 8:00 p.m. (del 1.º de abril al 30 de septiembre). Cerramos todos los feriados federales.

Forms and Additional Resources

- Enrollment Forms
- Right of Access – HIPAA Form
- Senior Care Plus Medicare Star Ratings
- Notice of Availability
- Provider Discussion Checklist
- Medical Test Instructions and Results Notification
- Community Resources





Senior Care Plus Medicare Advantage Enrollment Form

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15 – December 7 each year (for coverage starting January 1)
 - Within 3 months of first getting Medicare
 - In certain situations where you're allowed to join or switch plans
- Visit [medicare.gov](https://www.medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to: **Senior Care Plus, 10315 Professional Cir., Reno, NV 89521**
Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Senior Care Plus at **775-982-3112** or toll free at **888-777-7003** TTY users can call (711)
Or, call Medicare at **800-MEDICARE (800-633-4227)**. TTY users can call **877-486-2048**.

En español: Llame a Senior Care Plus al **775-982-3112**/TTY o a Medicare gratis al **800-633-4227** y oprima el 2 para asistencia en español y un representante estará disponible paraasistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.



Please contact Senior Care Plus if you need information in another language or format (Braille). Senior Care Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

SECTION 1

To Enroll in Senior Care Plus, Please Provide the Following Information:

PLEASE CHECK WHICH PLAN YOU WANT TO ENROLL IN:

Medicare Advantage Plan without Prescription Drug Coverage: **STOP** Washoe, Storey and Carson Counties

- ☐ **\$0 Patriot Plan-009** (HMO) (\$65 Part B Premium Rebate)
This plan includes comprehensive dental at no additional monthly premium. Please see the *2026 Patriot Plan Evidence of Coverage* for full benefit details.
BY INITIALING THE LINE BELOW, I ACKNOWLEDGE THAT THE MEDICARE ADVANTAGE PLAN I'VE SELECTED DOES NOT HAVE PRESCRIPTION DRUG COVERAGE _____.

Medicare Advantage Plan with Prescription Drug Coverage: **STOP** Washoe, Storey and Carson Counties

- ☐ **\$0 Essential Plan-012** (HMO)
This plan includes Preventive dental at no additional monthly premium. Please see the *2026 Essential Plan Evidence of Coverage* for full benefit details.
-
- ☐ **\$0 Renown Preferred Plan by Senior Care Plus-023** (HMO)
This plan includes comprehensive dental at no additional monthly premium. Please see the *2026 Renown Preferred Plan Evidence of Coverage* for full benefit details.
-
- ☐ **\$180 Select Plan-018** (HMO)
This plan includes comprehensive dental at no additional monthly premium. Please see the *2026 Select Plan Evidence of Coverage* for full benefit details.

Medicare Advantage Special Needs Plan with Prescription Drug Coverage: **STOP** Washoe and Carson Counties Only

- ☐ **\$9.50 Extensive Duals Plan-024** (HMO D-SNP)
This plan includes comprehensive dental at no additional monthly premium. Please see the *2026 Extensive Duals Plan Evidence of Coverage* for full benefit details.
BY INITIALING THE LINE BELOW, I ACKNOWLEDGE THAT I QUALIFY FOR THE SPECIAL NEEDS PLAN I HAVE SELECTED _____.



.....

Last Name _____ First Name _____ Middle Initial _____

☐ Mr. ☐ Mrs. ☐ Ms. Birth Date _____ / _____ / _____ Sex ☐ M ☐ F

MONTH DAY YEAR

Home Phone _____ Alternate Phone _____

Permanent Residence Street Address _____ Apartment _____

(P.O. BOX IS NOT ALLOWED)

City _____ County _____ State _____ Zip Code _____

.....

MAILING ADDRESS (ONLY IF DIFFERENT FROM YOUR PERMANENT ADDRESS)

Address _____ Apartment _____

City _____ State _____ Zip Code _____

.....

Email Address _____

OPTIONAL – Emergency Contact Name _____

Phone _____ Relationship to You _____

.....

PLEASE PROVIDE YOUR MEDICARE INSURANCE INFORMATION

Medicare Number _____ - _____ - _____

.....

PAYING YOUR PLAN PREMIUM

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT), credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT) or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay *Senior Care Plus* the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also apply for Extra Help online at **[socialsecurity.gov/prescriptionhelp](https://www.socialsecurity.gov/prescriptionhelp)**.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a payment invoice each month.

.....

Please select a premium payment option:

☐ **Monthly Invoice** ☐ **One-Time Credit Card** - *May only be made in a Senior Care Plus office*

☐ **Re-occurring Credit Card** - *May only be made in a Senior Care Plus office*

☐ **Electronic Fund Transfer (EFT)** from your bank account each month. Please enclose a VOIDED check.

Account holder name _____

Bank name _____

Bank routing number _____ Bank account number _____

Account type ☐ Checking ☐ Savings

☐ **Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check**

I get monthly benefits from ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)



SECTION 2

ANSWERING THESE QUESTIONS IS YOUR CHOICE.
You can't be denied coverage because you don't fill them out.

1 Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Senior Care Plus? ☐ Yes ☐ No

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage _____

ID Number for this coverage _____ Group Number for this coverage _____

2 Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

3 Medicaid Number _____ Date Medicaid Effective _____

PLEASE CHOOSE THE NAME OF A PRIMARY CARE PHYSICIAN (PCP), CLINIC OR HEALTH CENTER

SELECT ONE if you want us to send you information in a language other than English.

☐ Spanish ☐ Other _____ ☐ Braille ☐ Audio Tape ☐ Large Print

Please contact Senior Care Plus at **775-982-3112** or **888-775-7003** if you need information in another format or language than what is listed above. TTY users should call the State Relay at 711. CALL CENTER HOURS — **April 1 – September 30:** Monday – Friday • 7:00 a.m. to 8:00 p.m., **October 1 – March 31:** Monday – Friday • 7:00 a.m. to 8:00 p.m., Saturday – Sunday • 8:00 a.m. to 8:00 p.m. — we will be closed on all federal holidays.

STOP PLEASE READ THIS IMPORTANT INFORMATION

If you currently have health coverage from an employer or union, joining Senior Care Plus could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Senior Care Plus. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

PLEASE READ AND SIGN ON NEXT PAGE

By completing this enrollment application, I agree to the following:

Senior Care Plus is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future.

I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Senior Care Plus serves a specific service area. If I move out of the area that Senior Care Plus serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Senior Care Plus, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Senior Care Plus when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Senior Care Plus coverage begins, I must get all of my health care from Senior Care Plus, except for emergency or urgently needed services or out-of-area dialysis services.

I understand that beginning on the date Senior Care Plus coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Senior Care Plus provides refunds for all covered benefits, even if I get services out of network. Services authorized by Senior Care Plus and other services contained in my Senior Care Plus Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR Senior Care Plus WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Senior Care Plus, he/she may be paid based on my enrollment in Senior Care Plus.

Release of Information: By joining this Medicare health plan, I acknowledge that Senior Care Plus will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Senior Care Plus will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.



Applicant Signature _____ Today's Date _____
IF YOU ARE THE AUTHORIZED REPRESENTATIVE, YOU MUST SIGN ABOVE AND PROVIDE THE FOLLOWING INFORMATION:

Name _____
Address _____ Apartment _____
City _____ State _____ Zip Code _____
Phone _____ Relationship to Enrollee _____

STATE LAW REQUIRES PROOF OF LEGAL GUARDIAN, DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS (DPAHC) OR WRITTEN ADVANCE DIRECTIVE. Please attach copy of documents. If someone other than yourself helped you complete this form, he/she must sign above.

— OFFICE USE ONLY —

Enrollment Agent Name _____
Enrollment Agent Signature _____
Enrollment Location _____ Effective Date _____

Type of Enrollment SELECT ONE:

- ☐ In-Person Enrollment with New Member
☐ Telephone Enrollment with New Member
☐ In-Person Enrollment with Authorized Individual on Behalf of New Member
☐ Telephone Enrollment with Authorized Individual on Behalf of New Member

Entry Date _____
SCP Assigned MBR Number _____ Contract _____
ELECTION PERIOD ☐ OA-AEP ☐ OE-IEP/ICEP ☐ OO-OEPI ☐ OU-SEP ☐ OW-SEP ☐ OS-SEP
PBP _____
Services _____

NOT ELIGIBLE ☐ Marx ☐ COB ☐ POA

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND CHECK THE BOX IF THE STATEMENT APPLIES TO YOU.

BY CHECKING ANY OF THE FOLLOWING BOXES, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
☐ I recently moved outside of the service area for my current plan or I recently moved and have new options available to me. I moved on (insert date) _____.
☐ I recently was released from incarceration. I was released on (insert date) _____.
☐ I recently returned to the United States after living permanently outside of the U.S. — I returned to the U.S. on (insert date) _____.
☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
☐ I have Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP).
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.
☐ I recently left a PACE program on (insert date) _____.
☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
☐ I am leaving employer or union coverage on (insert date) _____.
☐ I'm in a qualified State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

IF NONE OF THESE STATEMENTS APPLIES TO YOU OR YOU ARE NOT SURE, please contact Senior Care Plus at 888-775-7003 (TTY users should call the State Relay Service at 711) to see if you are eligible to enroll. CALL CENTER HOURS — April 1 – September 30: Monday – Friday • 7:00 a.m. to 8:00 p.m., October 1 – March 31: Monday – Friday • 7:00 a.m. to 8:00 p.m., Saturday – Sunday • 8:00 a.m. to 8:00 p.m. — we will be closed on all federal holidays.





HOMETOWN HEALTH RIGHT OF ACCESS FORM

Instructions: Please complete the following information exactly as it appears on your Member Identification Card (ID). Complete the form in its entirety and include as much information as possible. If necessary, call the Member Services Department Number found on your ID card for assistance.

NOTE: THIS FORM DOES NOT NEED TO BE COMPLETED TO SHARE INFORMATION WITH THE LEGAL GUARDIAN OF AN EMANCIPATED MINOR.

Member Full Name _____

Member ID Number _____ Primary Telephone Number _____

Date of Birth _____ Secondary Telephone Number _____

Member Address _____

City _____ State _____ Zip Code _____

I AUTHORIZE Hometown Health/Senior Care Plus, and its affiliates and agents, to disclose information about my health care and/or payment for my health care with the individual listed below:

Name _____ Relationship _____

I DO NOT AUTHORIZE the release of the following types of sensitive information (check boxes that apply):

- | | |
|---|--|
| <input type="checkbox"/> Drug, Alcohol & Substance Abuse Records | <input type="checkbox"/> Psychiatric & Mental Health/Behavioral Health Records |
| <input type="checkbox"/> Communicable Disease Records, including without limitation, HIV/AIDS Records | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Genetic Testing Records | |

MEMBER SIGNATURE _____

DATE _____

DESIGNATED LEGAL REPRESENTATIVE/GUARDIAN

If this form is signed by a legal representative/guardian on behalf of an individual, please include the following: a copy of a Health Care Power of Attorney, a court order or other documentation establishing custody or other legal documentation demonstrating the authority of the legal representative to act on the individual's behalf.

Legal Representative (print full name) _____

Representative's Relationship to member _____

LEGAL REPRESENTATIVE SIGNATURE _____

DATE _____



IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S.
Government
Medicare
Information

Senior Care Plus - H2960

For 2025, Senior Care Plus - H2960 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆

Health Services Rating: ★★★★★★

Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

CONTACT SENIOR CARE PLUS — **April 1 – September 30:** Monday – Friday • 7:00 a.m. to 8:00 p.m., **October 1 – March 31:** Monday – Friday • 7:00 a.m. to 8:00 p.m., Saturday – Sunday • 8:00 a.m. to 8:00 p.m. — we will be closed on all federal holidays. Current members please call 888-775-7003 (toll-free) or 711 (TTY).

NOTE: Senior Care Plus is a 4-Star Plan for Plan Year 2025.
To see Plan Year 2026 CMS Star Ratings please visit [SeniorCarePlus.com](https://www.SeniorCarePlus.com).

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English – ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-775-7003 (TTY: 711) or speak to your provider.

Spanish / Español – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-775-7003 (TTY: 711) o hable con su proveedor.

Traditional Chinese / 台語 – 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-775-7003 (TTY: 711) 或與您的提供者討論。

Simplified Chinese / 中文 – 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-775-7003 (TTY: 711) 或咨询您的服务提供者。

Tagalog / Tagalog – PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-775-7003 o makipag-usap sa iyong provider.

French / Français – ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-775-7003 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese / Việt – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-775-7003 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

German / Deutsch – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-775-7003 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Korean / 한국어 – 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-775-7003 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian / РУССКИЙ – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-775-7003 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic / العربية – تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-775-7003 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Hindi / हिंदी – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-888-775-7003 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Italian / Italiano – ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-888-775-7003 (TTY: 711) o parla con il tuo fornitore.

Brazilian Portuguese / Português do Brasil – ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-888-775-7003 (TTY: 711) ou fale com seu provedor.

Polish / POLSKI – UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-775-7003 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Japanese / 日本語 – 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-888-775-7003 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

Provider Discussion Checklist

USE THIS CHECKLIST TO HELP GUIDE YOUR NEXT VISIT WITH YOUR PROVIDER.

MEDICATIONS

We review your medical records including your medication regimen before each visit, but it's always a good idea to quickly discuss them with your provider.

Ask:

- Am I taking them correctly?

YES

NO
- Are there any side effects?

YES

NO
- Is there a lower-cost option?

YES

NO

CARE TEAM

List any specialists or other providers you're seeing. This will help your Primary Care Provider coordinate your overall care.

PHYSICAL ACTIVITY

Discuss your level of physical activity with your Primary Care Provider. They will work with you to determine if you should start, increase or maintain your current exercise level.

Mark any that apply:

- ☐ I have limitations with my regular daily activities.
- ☐ I have pain that interferes with my normal work.
- ☐ I have limitations with my social activities.
- ☐ I don't experience any of the above.

RISK OF FALLS

Mark the option that best describes you:

- ☐ I have had a fall.
- ☐ I have problems with balancing or walking.
- ☐ I don't have problems with balancing or falling.

BLADDER CONTROL

Mark any that apply to you:

- ☐ I have problems with bladder control.
- ☐ I have problems with leaking of urine.
- ☐ I don't have bladder or urine leakage problems.

MENTAL HEALTH

Mark all that currently apply:

- ☐ I feel calm and peaceful.
- ☐ I have a lot of energy.
- ☐ I feel sad or blue.
- ☐ I am having difficulty sleeping.
- ☐ Other

TESTS AND TREATMENTS

If any tests are ordered today...

Ask:

- When can I expect results?
- Will I receive a follow-up call?

YES

NO
- Do I need a follow-up appointment?

YES

NO



Medical Test Instructions and Results Notification

Your health care provider has ordered a medical test for you. Medical tests can help detect a condition, determine a diagnosis, check to see if treatment is working, or monitor a condition over time.

PLEASE REVIEW THIS PAGE WITH YOUR PROVIDER to make the most of your medical test and to understand when and how you will receive your test results.

HOW DO I KNOW WHAT MEDICAL TESTS WERE ORDERED TODAY?

- The medical tests your health care provider ordered will be listed on your After Visit Summary.
- You can also view your medical test orders in MyChart.

HOW DO I SCHEDULE MY MEDICAL TEST?

- Call **775-982-5000** to schedule both a blood work test at Renown Lab Services or an imaging test at Renown Imaging. You can also schedule lab services and select imaging tests through MyChart.

DO I NEED TO FAST FOR MY BLOOD WORK TEST?

- ☐ **YES** – *For best results you should fast before this test.*
- ☐ **NO** – *Fasting is not required for this test.*

YOUR PROVIDER WILL FILL OUT THIS BOX



IMPORTANT RESULTS INFORMATION

HOW LONG WILL IT TAKE TO GET MY RESULTS IN MyChart?

- Medical test result timing varies. Federal law requires the release of medical results to the patient as soon as they are available. This means you will always get your results in a timely fashion, and you will most likely receive them through MyChart BEFORE your next visit with your health care provider. *Please understand providers may take 48-72 hours to contact you once your results become available.*

HOW WILL MY PROVIDER FOLLOW UP WITH ME?

- If your results are within the expected range – *no follow up is required and you will not be contacted.*
- Your provider will contact you with your results through MyChart.
- A follow-up appointment is recommended – *please schedule that appointment for a few days AFTER your medical test to ensure your provider will have your results.*

WHAT IF I HAVE QUESTIONS ABOUT MY RESULTS?

- If you want to discuss your results or have questions, we recommend making a follow up appointment with our provider. Please call **775-982-5000** to schedule.



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

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

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

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

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

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

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

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

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

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

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

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

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

Services Include: Food Insecurity, Social Programs, Senior Services

Senior Care
Plus 





Senior Care Plus

10315 Professional Cir. • Reno, NV 89521
888-775-7003 • 775-982-3112 • TTY Relay Service 711

SeniorCarePlus.com

Hometown Health

Renown HEALTH

eye Med

LIBERTY DENTAL PLAN

nations hearing

nations benefits

doctoroo

TELADOC

Optum Rx®

nations OTC