

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

## 2026 PLAN BENEFITS

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

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

This is an advertisement. Senior Care Plus is a Medicare Advantage HMO organization with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and premiums and or copayments/coinsurance may change on January 1 of each year. Other providers are available in our network. A salesperson will be present with information and applications. For accommodation of persons with special needs at sales meetings call 775-982-3158 and 711 for TTY for more information. Material ID: H2960\_2026\_OnePage\_ExtensiveDualsBAAG\_M