

Learn more.

Visit SeniorCarePlus.com to schedule an appointment or call 775-982-3112.

Senior Care Plus is located in the Hometown Health building

10315 Professional Cir. Reno

911 Topsy Lane #230 Carson City

Material ID: Y0039_2019_BenefitsRural_M
(CMS Accepted)



2019 Benefits at a Glance

RURAL NEVADA COUNTIES

- **Comprehensive Provider Network**
- **\$0 Plans Available**
- **Gym Membership**

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

OTHER INFORMATION

- Benefits, formulary, pharmacy network, provider network, premium and/or copayments may change on January 1 of each year.
- The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan.
- Limitations, copayments, and restrictions may apply. Other Providers are available in our network.
- Members may be enrolled in only one Part D prescription drug plan at a time.
- Senior Care Plus is an HMO/PPO Medicare Advantage Plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal.
- You must continue to pay your Medicare Part B premium.

This information is available for free in other languages. Please contact our Customer Service number at 775-982-3112 or toll-free at 888-775-7003 for additional information. (TTY users should call the State Relay Service at 711). Customer Service telephone hours are 7:00 a.m. to 8:00 p.m. Monday through Sunday. Customer Service also has free language interpreter services available for non-English speakers.

Esta información está disponible gratuitamente en otros idiomas. Póngase en contacto con nuestro servicio al cliente al 775-982-3112 o llame gratuitamente al 888-775-7003 para obtener información adicional. (Los usuarios de TTY deben llamar al servicio de retransmisión del estado al 711). Nuestras horas telefónicas son de 7:00 a 20:00 de lunes a domingo. Servicio al cliente también tiene servicios gratuitos de traducción para los que no hablan inglés.

ENROLLMENT IS EASY.

- 1) Senior Care Plus is open to:
 - All Medicare beneficiaries eligible by age or disability in Churchill, Douglas, Lyon, or Storey County.
 - Beneficiaries who have Medicare Part A (hospital) and Part B (medical) and who continue to pay the Part B premium if not otherwise paid for under Medicaid or by another third party.
 - Beneficiaries who do not have kidney failure, also known as end stage renal disease (ESRD).
- 2) Select Your Benefits
Choose your benefits from one of our plans inside.
- 3) Complete your enrollment at SeniorCarePlus.com, call 775-982-3112 or 888-775-7003 or speak to a representative in person at one of our office locations.
- 4) Medicare beneficiaries may also enroll in Senior Care Plus through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center, at <http://www.medicare.gov>.

SeniorCarePlus.com

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Choose your option.

For these plans, beneficiaries must reside in one of the following counties: Churchill, Douglas, Lyon, or Storey County.

BENEFITS	Original Medicare (2018 Amounts)	H2906 Freedom Basic-008	H2906 Freedom Rx-007	H2906 Freedom Rx Enhanced-006	H2906 Freedom Rx Select-005
Monthly Plan Premium	\$0	\$0	\$55	\$130	\$220
Part B Premium	No Rebate	\$20 Rebate	No Rebate	No Rebate	No Rebate
Maximum Out-of-Pocket	No Maximum OOP	\$3,400 In-Network (\$5,100 total)	\$3,400 In-Network (\$5,100 total)	\$3,400 In-Network (\$5,100 total)	\$3,000 In-Network (\$5,100 total)
Out-of-Network Benefits	Medicare assigned provider	PPO – 30% for most services	PPO – 30% for most services	PPO – 30% for most services	PPO – 30% for most services
PCP Office Visits	\$183 deductible / 20% per visit	\$20 per visit in-net (\$35 PCP OON)	\$20 per visit in net (\$35 PCP OON)	\$15 per visit in-net (\$35 PCP OON)	\$10 per visit in-net (\$25 PCP OON)
Specialist Office Visits	\$183 deductible / 20% per visit	\$50 per visit (\$75)	\$50 per visit (\$75)	\$50 per visit (\$65)	\$40 per visit (\$65)
Inpatient Hospital	\$1,340 deductible / \$0 days 1-60 / \$335 days 61-90	\$375/5 days (\$500+30%) per period*	\$350/5 days (\$500+30%) per period*	\$325/5 days (\$500+30%) per period*	\$275/6 days (\$500+30%) per period*
Skilled Nursing	\$0 days 1-20 / \$167.50 days 21-100	\$20 days 1-20, \$150 days 21-34 (30%)	\$20 days 1-20, \$150 days 21-34 (30%)	\$20 days 1-20, \$150 days 21-34 (30%)	\$20 days 1-20, \$90 days 21-34 (30%)
Home Health Care	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Emergency Room Care	20% per visit	\$120 per visit	\$120 per visit	\$120 per visit	\$120 per visit
Urgently Needed Care	20% per visit	\$30 / \$65 per visit	\$30 / \$65 per visit	\$25 / \$65 per visit	\$15 / \$35 per visit
Ambulance Services	20% per trip	\$250 per trip	\$250 per trip	\$200 per trip	\$200 per trip
Diagnostic and X-Ray	20% per test	\$100 / \$140 / \$180 per visit (30% OON)	\$100 / \$140 / \$180 per visit (30% OON)	\$90 / \$125 / \$160 per visit (30% OON)	\$50 / \$75 / \$100 per visit (30% OON)
Therapeutic Radiology	20% per visit	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Routine Lab Services	20% per test	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Outpatient Hospital Services	20% per visit	\$375 per visit	\$350 per visit	\$325 per visit	\$275 per visit
Outpatient Rehab Services	20% per visit	\$25 per visit (30% OON)	\$25 per visit (30% OON)	\$20 per visit (30% OON)	\$15 per visit (30% OON)
Preventive Services	No copayment	No copayment	No copayment	No copayment	No copayment
Diabetic Supplies / Equip	20% per supply	20% per supply	20% per supply	20% per supply	10% per supply
Durable Medical Equipment	20% per item	20% per item	20% per item	20% per item	10% per item
Chiropractic Services	\$20 per visit (\$40 OON)	\$20 per visit (\$40 OON)	\$20 per visit (\$40 OON)	\$20 per visit (\$40 OON)	\$20 per visit (\$40 OON)
Vision (Routine Coverage)	Not covered	\$25 per exam, \$150 allowance	\$25 per exam, \$150 allowance	\$25 per exam, \$150 allowance	\$25 per exam, \$150 allowance
Rx-Coverage in the Gap	Not covered	Not covered	Not covered	Not covered	Generic Drugs only \$3/\$12/\$0 (Tiers 1,2,6)
Rx-Deductible	No deductible	Not covered	\$250 for Tiers 3,4,5	\$175 for Tiers 3,4,5	No deductible
Rx-Preferred Generic (1)	Not covered	Not covered	\$8 (30-day supply)	\$6 (30-day supply)	\$3 (30-day supply)
Rx-Non-Preferred Generic (2)	Not covered	Not covered	\$16 (30-day supply)	\$14 (30-day supply)	\$12 (30-day supply)
Rx-Preferred Brand (3)	Not covered	Not covered	\$47 (30-day supply)	\$47 (30-day supply)	\$47 (30-day supply)
Rx-Non-Preferred Brand (4)	Not covered	Not covered	\$100 (30-day supply)	\$100 (30-day supply)	\$100 (30-day supply)
Rx-Specialty (5)	Not covered	Not covered	28% coinsurance	29% coinsurance	33% coinsurance
Rx-Select Drug Tier	Not covered	Not covered	\$4 (30-day supply)	\$3 (30-day supply)	\$0 (30-day supply)
Rx-90-Day Retail	Not covered	Not covered	2.5-times 30-day supply (2 times mail)	2.5-times 30-day supply (2 times mail)	2.5-times 30-day supply (2 times mail)
Rx-90-Day Mail	Not covered	Not Covered	2-times 30-day supply	2-times 30-day supply	2-times 30-day supply
Hearing Exam	Not covered	\$45 per exam (yearly)	\$45 per exam (yearly)	\$45 per exam (yearly)	\$45 per exam (yearly)
Hearing Aid Coverage	Not covered	2 TruHearing hearing aids per year; \$699 / \$999	2 TruHearing hearing aids per year; \$699 / \$999	2 TruHearing hearing aids per year; \$699 / \$999	2 TruHearing hearing aids per year; \$699 / \$999
Dental Coverage	Not covered	Not covered	Not covered	Preventive Included	Preventive and Comprehensive Included
Fitness Benefit	Not covered	Not covered	Included	Included	Included

This is a partial list of benefits and should not be construed as a complete list. Please refer to the Evidence of Coverage for complete plan details. 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. Senior Care Plus is a PPO plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal.