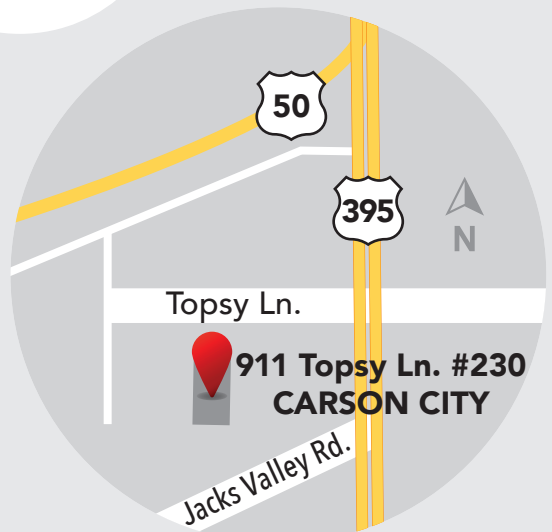


LEARN MORE

Visit **SeniorCarePlus.com** to schedule an appointment or call **775-982-3158**.



*Based on Centers for Medicare and Medicaid Services Plan enrollment report September 2019

Material ID: H2960_2020_BenefitsWashoeCarson_M (CMS Accepted)
LADD/1908-1047227



Washoe County and Carson City County

- Access to Renown Health & Teladoc Virtual Visits
- Largest Medicare Advantage Plan In Northern Nevada*
- \$0 Plans With Low Co-Pays Available
- Vision, Dental & Hearing Aid Coverage
- Gym Memberships

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.



ENROLLMENT IS EASY.

1) Senior Care Plus is open to:

- All Medicare beneficiaries eligible by age or disability in Washoe County or Carson City.
- 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 the plan that fits your needs.

3) Complete your enrollment online at **SeniorCarePlus.com**. Over the phone **775-982-3158** or **888-775-7003** or 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>.

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. You must continue to pay your Medicare Part B premium.
- Senior Care Plus is an HMO Medicare Advantage Plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal

This information is available for free in other languages. Call Customer Service at **775-982-3112** or toll-free at **888-775-7003** for additional information. (TTY users should call the State Relay Service at 711). Telephone hours are Monday-Sunday, 7am-8pm (10/1 - 3/31) and Monday-Friday, 7am-8pm (4/1 - 9/30). We also offer free language interpreter services for non-English speakers.

Esta información está disponible gratis en otros idiomas. Llame al servicio al cliente al **775-982-3112** o llame gratis al **888-775-7003** para obtener información adicional (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 (1 de octubre - 31 de marzo) y lunes a viernes de 7:00 a 20:00 (1 de abril - 30 de septiembre). También ofrecemos servicios gratuitos de traducción para los que no hablan inglés.



For these plans, beneficiaries must reside in Washoe County or Carson City County.

Choose your option 

HMO Benefits	Original Medicare (2019 AMOUNTS)	H2960 Value Basic-009	H2960 Value Rx-012	H2960 Value Rx Enhanced-004	H2960 Value Rx Select-018
MONTHLY PLAN PREMIUM	\$0	\$0	\$0	\$45	\$180
Maximum Out-of-Pocket	No Maximum OOP	\$3,400 per year	\$3,400 per year	\$3,400 per year	\$3,000 per year
Out of network benefits	Medicare Assigned Provider	Not covered	Not covered	Not covered	Not covered
PCP / Specialist Office Visits	\$185 deductible / 20% per visit	\$20 per visit / \$50 per visit	\$10 per visit / \$50 per visit	\$10 per visit / \$40 per visit	\$10 per visit / \$35 per visit
Inpatient Hospital	\$1,364 deductible/ \$0 days 1-60 / \$341 days 61-90	Preferred: \$300 / 6 days per period Non-Preferred: \$440 / 5 days per period	Preferred: \$275 / 5 days per period Non-Preferred: \$440 / 5 days per period	Preferred: \$275 / 4 days per period Non-Preferred: \$440 / 5 days per period	Preferred: \$250 / 4 days per period Non-Preferred: \$440 / 5 days per period
Outpatient Hospital Services	20% per visit	Preferred: \$300 per visit Non-Preferred: \$440 per visit	Preferred: \$275 per visit Non-Preferred: \$440 per visit	Preferred: \$275 per visit Non-Preferred: \$440 per visit	Preferred: \$250 per visit Non-Preferred: \$440 per visit
Skilled Nursing	\$0 days 1-20 / \$170.50 days 21-100	\$20 days 1-20, \$150 days 21-34	\$20 days 1-20, \$150 days 21-34	\$20 days 1-20, \$100 days 21-34	\$20 days 1-20, \$100 days 21-34
Emergency Room Care	20% per visit	\$120 per visit	\$120 per visit	\$120 per visit	\$120 per visit
Urgent Care / Teladoc	20% per visit	\$30 / \$65 per visit (\$0 Teladoc)	\$30 / \$65 per visit (\$0 Teladoc)	\$25 / \$55 per visit (\$0 Teladoc)	\$20 / \$45 per visit (\$0 Teladoc)
Ambulance Services	20% per trip	\$250 per trip	\$250 per trip	\$250 per trip	\$250 per trip
X-Ray/ Diagnostic	20% per test	\$70 / \$105 / \$140 per visit	\$65 / \$100 / \$135 per visit	\$50 / \$80 / \$105 per visit	\$50 / \$75 / \$100 per visit
Therapeutic Radiology	20% per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit
Routine Lab Services	20% per test	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Preventive Services	No copayment	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Durable Medical Equipment	20% per item	20% per item	20% per item	20% per item	10% per item
Chiropractic Services	\$185 deductible / 20% per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
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
Opioid Treatment Program	Not covered	\$50 per visit	\$50 per visit	\$40 per visit	\$35 per visit
Rx-Coverage in the Gap	Not covered	Not covered	\$0 (Tier 6)	\$0 (Tier 6)	\$3 / \$12 / \$0 (Tiers 1,2,6)
Rx-Deductible	No deductible	Not covered	No deductible	No deductible	No deductible
Rx-Preferred Generic (1)	Not covered	Not covered	\$5 (30-day)	\$4 (30-day)	\$3 (30-day)
Rx-Non-Preferred Generic (2)	Not covered	Not covered	\$16 (30-day)	\$14 (30-day)	\$12 (30-day)
Rx-Preferred Brand (3)	Not covered	Not covered	\$47 (30-day)	\$47 (30-day)	\$47 (30-day)
Rx-Non-Preferred Brand (4)	Not covered	Not covered	\$100 (30-day)	\$100 (30-day)	\$100 (30-day)
Rx-Specialty (5)	Not covered	Not covered	33% coinsurance	33% coinsurance	33% coinsurance
Rx-Select Drug (6)	Not covered	Not covered	\$2.50 (30 day) [\$0 mail]	\$2 (30 day) [\$0 mail]	\$0 (30 day) [\$0 mail]
Rx-90-day Retail / Rx-90-day Mail	Not covered	Not covered	2.5 times 30-day / 2 times 30 day	2.5 times 30-day / 2 times 30 day	2.5 times 30-day / 2 times 30 day
Hearing Exam / Hearing Aid Coverage	Diagnostic & Balance Exams – 20% coinsurance / Not covered	\$45 per exam (yearly) / TruHearing aids, \$699 or \$999 each	\$45 per exam (yearly) / TruHearing aids, \$699 or \$999 each	\$45 per exam (yearly) / TruHearing aids, \$699 or \$999 each	\$45 per exam (yearly) / TruHearing aids, \$699 or \$999 each
Fitness Benefit / Dental Coverage	Not covered / Not covered	Not covered / Not covered	Not covered / Not covered	Included / Preventative Included	Included / Preventative and Comprehensive 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.