

CALL **775-982-3158**

or visit **SeniorCarePlus.com** to learn more.



2021 BENEFITS AT A GLANCE

REASON 1

For you and
your health.



For the healthiest reasons.

MEDICARE ADVANTAGE PLANS Washoe County · Carson City

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

Hometown
Health

Renown
HEALTH

Hometown
Health

Renown
HEALTH

MedicareRx
Prescription Drug Coverage

Material ID: H2960_2021_BenefitsWashoeCarson_M (CMS Accepted)
LADD/2008-1196233

775-982-3158

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.

2) Select Your Benefits

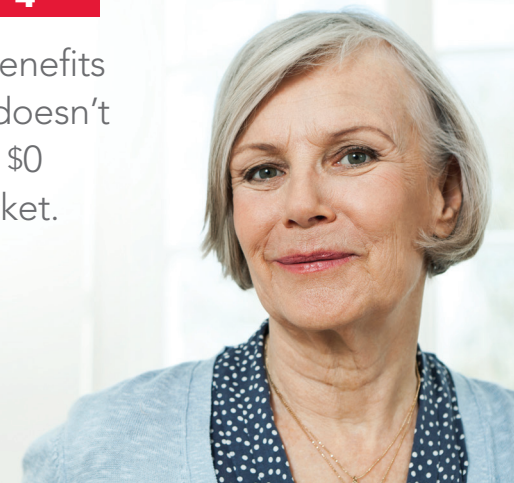
Choose the plan that fits your needs.

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 **medicare.gov**.

REASON 4

We offer benefits Medicare doesn't cover – for \$0 out-of-pocket.



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 or your Insurance Broker.
- 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.

SeniorCarePlus.com

FOR THESE PLANS, BENEFICIARIES MUST RESIDE IN **WASHOE COUNTY** OR **CARSON CITY**.

Choose Your Plan 

HMO Benefits	Original Medicare (2020 AMOUNTS)	Patriot Plan-009	Essential Plan-012	Select Plan-018	Renown Preferred Plan by Senior Care Plus-023
MONTHLY PLAN PREMIUM	\$0	\$0	\$0	\$180	\$0
PART B REBATE	N/A	\$50	N/A	N/A	N/A
Maximum Out-of-Pocket	No Maximum OOP	\$3,400 per year	\$3,400 per year	\$2,500 per year	\$3,400 per year
Out of Network Benefits	Medicare Assigned Provider	US Urgent \$65 / Worldwide Emergency	US Urgent \$65 / Worldwide Emergency	US Urgent \$45 / Worldwide Emergency	US Urgent \$65 / Worldwide Emergency
Urgently Need Care / Teladoc	20% per visit	\$30 / \$65 per visit (\$0 Teladoc)	\$30 / \$65 per visit (\$0 Teladoc)	\$20 / \$45 per visit (\$0 Teladoc)	\$30 / \$65 per visit (\$0 Teladoc)
Emergency Room Care	20% per visit	\$120 per visit	\$120 per visit	\$120 per visit	\$120 per visit
PCP / Specialist Office Visits	\$198 deductible / 20% per visit	Preferred: \$0 / Non-Preferred: \$10 / \$40 per visit	Preferred: \$0 / Non-Preferred: \$10 / \$50 per visit	Preferred: \$0 / Non-Preferred: \$10 / \$25 per visit	\$0 per visit / \$45 per visit
Personal Assistant	Not included	Included with Renown PCP	Included with Renown PCP	Included with Renown PCP	Included
Inpatient Hospital	\$1,408 deductible / \$0 days 1-60 / \$352 days 61-90	Preferred: \$275 / 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: \$225 / 4 days per period / Non-Preferred: \$440 / 5 days per period	Preferred: \$275 / 5 days per period / Non-Preferred: \$440 / 5 days per period
Outpatient Hospital Services	20% per visit	Preferred: \$275 per visit / Non-Preferred: \$440 per visit	Preferred: \$275 per visit / Non-Preferred: \$440 per visit	Preferred: \$225 per visit / Non-Preferred: \$440 per visit	Preferred: \$275 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, \$150 days 21-34
Ambulance Services	20% per trip	\$250 per trip	\$250 per trip	\$250 per trip	\$250 per trip
X-Ray/ Diagnostic	20% per test	\$60 / \$95 / \$130 per visit	\$70 / \$100 / \$135	\$45 / \$65 / \$90	\$60 / \$90 / \$125
Routine Lab Services	20% per test	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Physical Therapy	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$15 co-pay	\$20 co-pay
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	10% per item	20% per item
Rx-Coverage in the Gap	Not covered	Not covered	\$2.50 (Tier 6)	\$0 / \$0 / \$0 (Tiers 1,2,6)	\$2.50 (Tier 6)
Rx-Deductible	No deductible	Not covered	No deductible	No deductible	No deductible
Rx-Preferred Generic (1)	Not covered	Not covered	Preferred: \$5 / Non-Preferred: \$11 (30-day)	Preferred: \$0 / Non-Preferred: \$6 (30-day)	Preferred: \$5 / Non-Preferred: \$11 (30-day)
Rx-Non-Preferred Generic (2)	Not covered	Not covered	Preferred: \$12 / Non-Preferred: \$20 (30-day)	Preferred: \$0 / Non-Preferred: \$8 (30-day)	Preferred: \$12 / Non-Preferred: \$20 (30-day)
Rx-Preferred Brand (3)	Not covered	Not covered	Preferred: \$41 / Non-Preferred: \$47 (30-day)	Preferred: \$41 / Non-Preferred: \$47 / Senior Savings Select Insulins \$35 (30-day)	Preferred: \$41 / Non-Preferred: \$47 (30-day)
Rx-Non-Preferred Brand (4)	Not covered	Not covered	Preferred: \$94 / Non-Preferred: \$100 (30-day)	Preferred: \$94 / Non-Preferred: \$100 (30-day)	Preferred: \$94 / Non-Preferred: \$100 (30-day)
Rx-Specialty (5)	Not covered	Not covered	33% coinsurance	33% coinsurance	33% coinsurance
Rx-Select Drug (6)	Not covered	Not covered	Preferred: \$2.50 / Non-Preferred: \$8.50 (30 day)	Preferred: \$0 / Non-Preferred: \$6 (30-day)	Preferred: \$2.50 / Non-Preferred: \$8.50 (30-day)
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
Chiropractic Services	\$185 deductible / 20% per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Hearing Exam / Hearing Aid Coverage	Diagnostic & Balance Exams – 20% coinsurance / Not covered	\$45 per exam (yearly) / 2 TruHearing hearing aids per year; \$699 / \$999	\$45 per exam (yearly) / 2 TruHearing hearing aids per year; \$699 / \$999	\$45 per exam (yearly) / 2 TruHearing hearing aids per year; \$699 / \$999	\$45 per exam (yearly) / 2 TruHearing hearing aids per year; \$699 / \$999
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
Dental Coverage	Not covered	Open Network Preventive Periodontal Maintenance	Closed Network Preventive	Open Network Preventive and \$2,000 Comprehensive	Open Network Preventive and \$2,000 Comprehensive
Fitness Benefit	Not covered	Included	Included	Included	Included
OTC Benefit	Not covered	\$25 Quarter	\$25 Quarter	\$75 Quarter	\$50 Quarter

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.