

CALL **775-982-3158**

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

## 2021 BENEFITS AT A GLANCE

### REASON 13

We give you access to P3 Health Partners primary care.



For the healthiest reasons.

## Complete Plan CLARK COUNTY • NYE COUNTY

# Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

**775-982-3158**

### ENROLLMENT IS EASY.

#### 1) Senior Care Plus is Open to:

- All Medicare beneficiaries eligible by age or disability in Clark County or Nye 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.

#### 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 16

Our plan includes \$2,000 of comprehensive dental coverage.

### 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**

Hometown Health

P3 Health Partners Nevada  
Built by Doctors. Loved by Patients.

MedicareRx  
Prescription Drug Coverage X

FOR THESE PLANS, BENEFICIARIES MUST RESIDE  
IN **CLARK COUNTY** OR **NYE COUNTY**.

# Senior Care Plus

SENIOR CARE PLUS IS PROUD TO OFFER THE

## Complete Plan

Primary Care provided by P3 Health Partners.

Senior Care Plus is pleased to partner with P3 Health Partners to bring the Complete Plan to residents of Clark County and Nye County.

Choose the Complete Plan and enjoy preferred access to P3 Health Partner facilities and receive thousands of dollars in extra benefits for a \$0 premium.

Call **775-982-3158** or visit **SeniorCarePlus.com** to enroll in the Complete Plan today.

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

# Your Plan Benefits

HMO Benefits	Original Medicare (2020 AMOUNTS)	Complete Plan-019
<b>MONTHLY PLAN PREMIUM</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out-of-Pocket</b>	No Maximum OOP	\$2,900 per year
<b>Out of Network Benefits</b>	Medicare Assigned Provider	Not covered
<b>Urgently Need Care / Teladoc</b>	20% per visit	\$10 / \$40 per visit (\$0 Teladoc)
<b>Emergency Room Care</b>	20% per visit	\$120 per visit
<b>PCP / Specialist Office Visits</b>	\$198 deductible / 20% per visit	\$0 per visit / \$0 per visit
<b>Inpatient Hospital</b>	\$1,408 deductible / \$0 days 1-60 / \$352 days 61-90	\$0 per day
<b>Outpatient Hospital Services</b>	20% per visit	\$0 per visit
<b>Skilled Nursing</b>	\$0 days 1-20 / \$170.50 days 21-100	\$0 days 1-20, \$125 days 21-40
<b>Ambulance Services</b>	20% per trip	\$225 ground / \$295 air
<b>X-Ray/ Diagnostic</b>	20% per test	\$0 / \$50 / \$200 per visit
<b>Routine Lab Services</b>	20% per test	\$0 per visit
<b>Physical Therapy</b>	\$20 co-pay	\$0 copay
<b>Preventive Services</b>	No copayment	\$0 per visit
<b>Diabetic Supplies / Durable Medical Equipment</b>	20% per item	20% per item / supply
<b>Rx-Coverage in the Gap</b>	Not covered	\$2 / \$8 / \$0 (Tiers 1,2,6)
<b>Rx-Deductible</b>	No deductible	No Deductible
<b>Rx-Preferred Generic (1)</b>	Not covered	Preferred: \$2 / Non-Preferred: \$8 (30-day)
<b>Rx-Non-Preferred Generic (2)</b>	Not covered	Preferred: \$8 / Non-Preferred: \$16 (30-day)
<b>Rx-Preferred Brand (3)</b>	Not covered	Preferred: \$41 / Non-Preferred: \$47 (30-day)
<b>Rx-Non-Preferred Brand (4)</b>	Not covered	Preferred: \$94 / Non-Preferred: \$100 (30-day)
<b>Rx-Specialty (5)</b>	Not covered	33% coinsurance
<b>Rx-Select Drug (6)</b>	Not covered	Preferred: \$0/ Non-Preferred: \$6 (30-day)
<b>Rx-90-day Retail / Rx-90-day Mail</b>	Not covered	2.5 times 30-day / 2 times 30 day
<b>Chiropractic Services</b>	\$185 deductible / 20% per visit	\$0 per visit
<b>Hearing Exam / Hearing Aid Coverage</b>	Diagnostic & Balance Exams – 20% coinsurance / Not covered	\$0 per exam (yearly) / 2 Truhearing Advanced or Premium hearing aids per year; \$299 / \$599
<b>Vision (Routine Coverage)</b>	Not covered	\$0 per exam, \$150 allowance
<b>Dental Coverage</b>	Not covered	Comprehensive Included
<b>Fitness Benefit</b>	Not covered	Included
<b>OTC Benefit</b>	Not covered	\$50 Quarter



**Priority access to P3 Health Partners providers and services**



**Hearing exam and hearing aid coverage**

**\$0 co-pay for primary care and specialist office visits**



**Eye exam and glasses or contact lens coverage**



**No monthly premium and no deductible**



**Gym benefit included**

**\$2,000 comprehensive dental benefits**



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

