INTRODUCTION TO SUMMARY OF BENEFITS

January 1, 2021 - December 31, 2021

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

1. One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

2. Another choice is to get your Medicare benefits by joining a Medicare health plan such as a **Senior Care Plus HMO Plan:**
   - **Complete Plan-019 (HMO)**

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what the **Complete Plan–019 (HMO)** covers and what you pay.

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About the **Complete Plan–019 (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefit
- Optional Benefits (you must pay an extra premium for these benefits)

This document is available in other formats such as Braille and large print.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1- 888-775-7003 7003, Monday-Sunday, 7am-8pm (October 1st - March 31st); and Monday-Friday, 7am-8pm (April 1st - Sept 30th). TTY users should dial 711. We will be closed on all Federal holidays.

Este documento puede estar disponible en un idioma que no sea inglés. Para obtener información adicional, llame al número gratuito 888-775-7003 o 702-914-0863 (TTY 711).

Things to Know About the Complete Plan–019 (HMO)

Customer Service Hours of Operation

You can call us Monday-Sunday, 7am-8pm (October 1st - March 31st); and Monday-Friday, 7am-8pm (April 1st - Sept 30th). TTY users should dial 711. We will be closed on all Federal holidays.

Senior Care Plus Phone Numbers and Website

If you are a member of this plan, call toll-free 888-775-7003 (TTY 711).
If you are not a member of this plan, call toll-free 888-775-7003 (TTY 711).
You may also visit our website (www.SeniorCarePlus.com) for more information.

Who can join?

To join the **Complete Plan–019 (HMO)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Nevada: Clark and Nye.

Which doctors, hospitals, and pharmacies can I use?

The **Complete Plan–019 (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory at our website (www.SeniorCarePlus.com). Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

Our plan members also get *more than what is* covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

Senior Care Plus: Complete Plan covers Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website: www.SeniorCarePlus.com.

Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
SUMMARY OF BENEFITS	
January 1, 2021 – December 31, 2021	
Premiums and Benefits	***Complete Plan (HMO)***
Monthly Plan Premium	**$0** per month. You must keep paying your Medicare Part B premium.
Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	Your yearly limit(s) in this plan: **$2,900** for services you receive from in-network providers.
COVERED MEDICAL AND HOSPITAL BENEFITS	
Services with a [1] may require prior authorization. Services with a [2] may require a referral from your doctor.	
Inpatient Hospital Coverage[1,2]	**$0** copay each day.
Outpatient Hospital	**$0** copay
Doctor Visits o Primary Care Providers o Specialists	 **$0** copay for visits to in-network primary care physicians. **$0** copay for visits to in-network specialists.
Preventative Care	You pay nothing. Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at $0 cost.
Emergency Care	**$120** copay
Urgently Needed Services	**$10 / $40** copay, depending on the site of service. If you are immediately admitted to the hospital, you do not have to pay your share of the cost for urgently needed services.
Diagnostic Services/Labs/Imaging[1,2]	Costs for these services may vary based on place of service.
o Diagnostic radiology services (e.g., MRI)	**$50** copay, depending on the service
o Lab Services	**$0** copay, depending on the service
o Diagnostic Tests & Procedures	**$0** copay, depending on the service
o Outpatient X-Rays	**$0** copay
o Therapeutic Radiology Services (e.g., radiation treatment for cancer)	**20%** coinsurance
Hearing Services o Hearing Exam	**$0** copay *Limited to 1 routine hearing exam per year.*

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
SUMMARY OF BENEFITS	
January 1, 2021 – December 31, 2021	
Premiums and Benefits	***Complete Plan (HMO)***
o Hearing Aids *(Max 2 aids per year; Benefit is limited to the TruHearing Advanced and Premium hearing aids)*	**Advanced:** **$299** copay per aid **Premium:** **$599** copay per aid **Hearing aid purchases includes:** 3 provider visits within first year of hearing aid purchase; 45 day trial period; 3 year extended warranty; 48 batteries per aid. **You must see a TruHearing provider to use this benefit.** Call 1-(844) 341-9611 to schedule an appointment.
Dental Services o Medicare Covered Services	**$0** copay *This does **not** include services in connection with care, treatment, filling, removal, or replacement of teeth*
o Preventive Dental Services *(includes 3 cleanings, 2 exams, and 2 sets of bite-wing x-rays per year)*	You pay nothing for preventive dental services.
o Comprehensive Dental Services	**In-Network:** There is no copayment for diagnostic and preventive dental services (maximum of 2 visits per year). **30%** coinsurance for non-routine, diagnostic, and restorative services. **30%** coinsurance for endodontics, periodontics, and extractions. **50%** coinsurance for prosthodontics and oral/maxillofacial surgery. **$0** copay for Medicare-covered dental services.
Vision Services o Medicare Covered Services	**$0** copay *(1 yearly eye exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening))*

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
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January 1, 2021 – December 31, 2021	
Premiums and Benefits	***Complete Plan (HMO)***
o Routine Vision *(Limited to 1 routine eye exam per year)*	**$0** copay Includes **$150 yearly allowance** for full set of eyeglasses or contact lenses.
Mental Health Services o Inpatient visit	 **$0** copay each day.
o Outpatient group therapy visit	**$30** copay
o Outpatient individual therapy visit	**$40** copay
Skilled Nursing Facility (SNF)	**$0** copay per day for days 1 through 20; **$125** copay per day for days 21 through 40. You pay nothing per day for days 41 through 100
Outpatient Rehabilitation Services o Cardiac Rehab	 **$0** copay
o Occupational Therapy	**$0** copay
o Physical therapy and speech and language therapy	**$0** copay
Ambulance	**$225** copay for ground ambulance **$295** copay for air ambulance
Transportation[1,2]	You pay nothing for non-emergent transportation between facilities. Additional routine transportation is provided, up to 24 one-way trips per calendar year.
Medicare Part B Drugs Chemotherapy Drugs[1]	**20%** of the cost
Other Part B Drugs[1]	**20%** of the cost
Ambulatory Surgery Center	**$0** copay
Foot Care (podiatry services) o Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	 **$0** copay
Medical Equipment/Supplies o Durable Medical Equipment[1] (e.g., wheelchairs, oxygen)	**20%** of the cost If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
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January 1, 2021 – December 31, 2021	
Premiums and Benefits	***Complete Plan (HMO)***
Diabetes Monitoring Supplies	**0-20%** of the cost, depending on the supply
Diabetes self-management training	You pay nothing
Therapeutic Shoes or Inserts	**20%** of the cost
Prosthetic Devices *(braces, artificial limbs, etc.)*[1]	**20%** of the cost
Wellness Programs o Health Education and Wellness	There is no coinsurance, copayment, or deductible for Medicare-covered health and wellness programs. *These are programs focused on health conditions such as high blood pressure, cholesterol, asthma, special diets, and smoking cessation. Programs designed to enrich the health and lifestyles of members include weight management, and stress management. In addition you will have access to the Hometown Health Hotline.*
o Fitness	You pay nothing for the Silver&Fit® Exercise and Healthy Aging Program. This program includes: • A fitness center membership: You can go to a Silver&Fit fitness club, YMCA or exercise center* near you that takes part in the program OR; • A Home Fitness program: You can choose from a variety of home fitness kits if you can't get to a fitness center or want to work out at home. You can get up to 2 kits each benefit year. Silver&Fit members can also access low-impact Silver&Fit classes (where available) focusing on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination; Healthy Aging classes (online or DVD); a quarterly newsletter; and web tools. **Non-standard services that call for an added fee are not part of the Silver&Fit program and will not be reimbursed. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH.*
Teladoc Virtual Visits	**$0** copay

PRESCRIPTION DRUG BENEFITS – Complete Plan (HMO)			
SUMMARY OF BENEFITS			
January 1, 2021 – December 31, 2021			
Initial Coverage	You pay the following until your total yearly drug costs reach **$4,130**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.		
	You may get your drugs at network retail pharmacies and mail order pharmacies.		
	Standard Retail Cost-Sharing		
	Tier	**30-day supply**	**90-day supply**
	Tier 1 (Preferred Generic) Standard / Preferred	**$8 / $2** copay	**$20 / $5** copay
	Tier 2 (Generic) Standard / Preferred	**$16 / $8** copay	**$40 / $20** copay
	Tier 3 (Preferred Brand)	**$47 / $41** copay	**$117.50 / $102.50** copay
	Tier 4 (Non-Preferred Brand) Standard / Preferred	**$100 / $94 /** copay	**$250 / $235** copay
	Tier 5 (Specialty Tier)	**33%** coinsurance	Long-term supply for drugs in Tier 5 is not available
	Tier 6 (Select Tier) Standard / Preferred	**$6 /$0** copay	**$15 / $0** copay
	Standard Mail Order Cost-Sharing		
	Tier	**100-day supply**	
	Tier 1 (Preferred Generic)	**$0** copay	
	Tier 2 (Generic)	**$16** copay	
	Tier 3 (Preferred Brand)	**$94** copay	
	Tier 4 (Non-Preferred Brand)	**$200** copay	
	Tier 5 (Specialty Tier)	Long-term supply for drugs in Tier 5 is not available.	
	Tier 6 (Select Tier)	**$0** copay	
	If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.		
Coverage Gap	Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **$4,130**.		

PRESCRIPTION DRUG BENEFITS – Complete Plan (HMO)				
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January 1, 2021 – December 31, 2021				
	After you enter the coverage gap, you pay **25%** of the plan's cost for covered brand name drugs and **25%** of the plan's cost for covered generic drugs until your costs total **$6,550**, which is the end of the coverage gap. Not everyone will enter the coverage gap. Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.			
	Standard Retail Cost-Sharing			
	Tier	**Drugs Covered**	**30-day supply**	**90-day supply**
	Tier 1 (Preferred Generic)	All	**$8 / $2** copay	**$20 / $5** copay
	Tier 2 (Generic)	All	**$16 / $8** copay	**$40 / $20** copay
	Tier 6 (Select Care)	All	**$6 /$0** copay	**$15 / $0** copay
	Standard Mail Order Cost-Sharing			
	Tier	**Drugs Covered**	**90-day supply**	
	Tier 1 (Preferred Generic)	All	**$0 copay**	
	Tier 2 (Generic)	All	**$16** copay	
	Tier 6 (Select Care)	All	**$0 copay**	
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **$6,550**, you pay the greater of:			
	5% of the cost, or **$3.70** copay for generic (including brand drugs treated as generic) and the greater of **5%** of the cost, or **$9.20**copay for all other drugs.			

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 not a complete description of benefits. Call 1- 888-775-7003 (711 TTY) for more information.

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements and Non-Discrimination Statement

Discrimination is against the law.

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 does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Senior Care Plus:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Compliance Officer.

If you believe that Senior Care Plus has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Compliance Officer, 10315 Professional Circle, Reno, NV, 89521, 800-611-5097, (TTY: 1- 800-833-5833). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.