

FOR THIS PLAN, 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 **702-551-3033** or visit **SeniorCarePlus.com** to enroll in the Complete Plan today.

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



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



Transportation to and from medical visits

HMO Benefits	Original Medicare (2021 AMOUNTS)	Complete Plan-019
MONTHLY PLAN PREMIUM	\$0	\$0
Maximum Out-of-Pocket	No Maximum OOP	\$2,900 per year
Out-of-Network Benefits	Medicare Assigned Provider	Not covered
PCP / Specialist Office Visits	\$203 deductible / 20% per visit	\$0 per visit / \$0 per visit
Inpatient Hospital	\$1,484 deductible/ \$0 days 1-60 / \$371 days 61-90	\$0 per day
Outpatient Hospital Services	20% per visit	\$0 per visit
Skilled Nursing	\$0 days 1-20 / \$185.50 days 21-100	\$0 days 1-20, \$125 days 21-40
Emergency Room Care	20% per visit	\$120 per visit
Urgently Need Care / Teladoc	20% per visit	\$10 / \$40 per visit (\$0 Teladoc)
Ambulance Services	20% per trip	\$225 ground / \$295 air
Diagnostic Tests (X-ray, CT, MRI)	20% per test	\$0 / \$50 / \$200 per visit
Routine Lab Services	20% per test	\$0 per visit
Preventive Services	No copayment	\$0 per visit
Diabetic Supplies / Durable Medical Equipment	20% per item	20% per item / supply
Chiropractic Services	\$185 deductible / 20% per visit	\$0 per visit
Vision (Routine Coverage)	Not covered	\$0 per exam, \$150 allowance
Hearing Exam / Hearing Aid Coverage	Not covered	\$0 per exam (yearly) / 2 TruHearing hearing aids per year; \$299 / \$599
Fitness Benefit	Not covered	Included
Over-the-Counter Benefit (Fieldtex)	Not covered	\$50 / quarter
Dental Coverage (Delta Dental)	Not covered	\$2,000 Comprehensive Included
Rx- Annual Deductible*	No deductible	No deductible
Rx-Coverage in the Gap*	Not covered	\$2 / \$8 / \$0 (Tiers 1,2,6)
Rx-Preferred Generic (1)* Preferred Pharmacy / Non-Preferred Pharmacy	Not covered	Preferred \$2 / Non-Preferred \$8 (30-day)
Rx-Non-Preferred Generic (2)*	Not covered	Preferred \$8 / Non-Preferred \$16 (30-day)
Rx-Preferred Brand (3)*	Not covered	Preferred \$41 / Non-Preferred \$47 (30-day)
Rx-Non-Preferred Brand (4)*	Not covered	Preferred \$94 / Non-Preferred \$100 (30-day)
Rx-Specialty (5)*	Not covered	33% coinsurance
Rx-Select Drug (6)*	Not covered	Preferred \$0 / Non-Preferred \$6 (30 day)

**All copays are for a 30-day supply unless otherwise noted. / Preferred Pharmacies: Renown and CVS / Rx 90-day Retail you pay 2.5 times for a 30-day supply / Rx 90-day Mail order you pay 2 times a 30-day supply*

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.



Your Plan 2022 Benefits 