

FOR THIS PLAN, BENEFICIARIES MUST RESIDE
IN **WASHOE COUNTY** OR **CARSON CITY**.

Your Plan 2022 Benefits

HMO Benefits	Original Medicare (2021 AMOUNTS)	Patriot Plan-009
MONTHLY PLAN PREMIUM	\$0	\$0
PART B REBATE	N/A	\$50
Maximum Out-of-Pocket	No Maximum OOP	\$2,500 per year
Out-of-Network Benefits	Medicare Assigned Provider	Not covered
Primacy Care Physician (PCP)	\$203 deductible / 20% per visit	\$0 Per visit (Preferred PCP) \$10 per visit (Non-Preferred PCP)
Specialist Office Visits	20% per visit	\$40 per visit
Inpatient Hospital	\$1,484 deductible / \$0 days 1-60 / \$371 days 61-90	Preferred: \$250 / 6 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
Skilled Nursing	\$0 days 1-20 / \$185.50 days 21-100	\$20 days 1-20 / \$150 days 21-34
Emergency Room Care	20% per visit	\$120 per visit
Urgently Need Care	20% per visit	\$30 / \$65 per visit
Teladoc	Not covered	\$0 per visit
Ambulance Services	20% per trip	\$250 per trip
Diagnostic Tests (X-ray, CT, MRI)	20% per test	\$60 / \$95 / \$130 per visit
Routine Lab Services	20% per test	\$0 per visit
Preventive Services	No copayment	\$0 per visit
Durable Medical Equipment	20% per item	20% per item
Chiropractic Services	\$203 deductible / 20% per visit	\$20 per visit
Vision (Routine Coverage)	Not covered	\$25 per exam / \$150 allowance
Hearing Exam / Hearing Aid Coverage	Diagnostic & Balance Exams - 20% coinsurance / Not covered	\$45 per exam (yearly) / 2 TruHearing hearing aids per year; \$699 / \$999
Fitness Benefit	Not covered / Not covered	Included - See list of gyms
Dental Coverage (Delta Dental)	Not covered / Not covered	Preventative Included
OTC Benefit (FieldTex)	Not covered	\$25 Quarter
Acupuncture (Low back pain only)	Not covered	\$30 visit / max 20 visits
Rx-Annual Deductible	Not covered	N/A
Rx-Coverage in the Gap	Not covered	Not covered
Rx-Preferred Generic (1)	Not covered	Not covered
Rx-Non-Preferred Generic (2)	Not covered	Not covered
Rx-Preferred Brand (3)	Not covered	Not covered
Rx-Non-Preferred Brand (4)	Not covered	Not covered
Rx-Specialty (5)	Not covered	Not covered
Rx-Select Drug (6)	Not covered	Not covered
Rx-90-Day Retail / Rx-90-Day Mail	Not covered	Not covered

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

SENIOR CARE PLUS IS PROUD TO OFFER THE

Patriot Plan

\$0 Premium and Senior Care Plus pays \$50 each month toward your Medicare Part B Premium.

The Patriot Plan is the perfect choice for veterans who want a local health care option alongside their VA benefits. Members enjoy health care benefits and services above and beyond those provided by the VA – with less wait times.

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

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

- Dedicated clinic for Senior Care Plus members**
- Priority access to Renown Health providers and services**
- Personal Assistant to coordinate all your healthcare needs**
- No monthly premium and no deductible**
- \$0 co-pay for Renown primary care providers**
- Transportation to and from medical visits**
- Plan pays \$50 each month toward your Medicare Part B**
- Open network preventative dental**
- Hearing exam and hearing aid coverage**
- Eye exam and glasses or contact lens coverage**
- Gym benefit included**
- \$25 Over-the-Counter (OTC) quarterly benefit**

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.

