

INTRODUCTION TO SUMMARY OF BENEFITS

January 1, 2022 - December 31, 2022

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: Extensive Duals (HMO D-SNP) Plan**

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what the **Extensive Duals (HMO D-SNP) Plan** 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 **Extensive Duals (HMO D-SNP) Plan**

- 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 Extensive Duals (HMO D-SNP)

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 775-982-3112 or toll-free 888-775-7003 (TTY 711).
If you are not a member of this plan, call 775-982-3112 or 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 Extensive Duals (HMO D-SNP) Plan

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: Washoe and Carson City

Eligibility

Senior Care Plus Extensive Duals (HMO D-SNP) Plan is available to anyone with both Medicare Part A and B who receives some level of Medical Assistance from Nevada Medicaid (the state Medicaid program) as described below:

- Plan members with full Medicaid coverage (Full Benefit Dual Eligible (FBDE)) status are eligible for the Nevada Medicaid program, which may be responsible for payment of their Medicare cost sharing. These members are also eligible to receive the full Medicaid benefits
- Plan members with Qualified Medicare Beneficiary (QMB) status are eligible for the Nevada Medicaid program, which is responsible for payment of their Medicare premiums, deductibles, and cost sharing. Some QMB members are also eligible to receive full Medicaid benefits (QMB+).

Cost-sharing protections

When a member of Senior Care Plus Extensive Duals (HMO D-SNP) plan seek services, the Nevada Medicaid program pays the cost sharing for Medicare-covered medical services you receive. You pay no cost sharing for the Medicare-covered benefits described later in this Summary of Benefits. You will pay no or small copayments for prescriptions covered under the Medicare Part D prescription drug benefit. When you receive health services, the provider should only bill the plan for the cost of those services and cost-sharing amounts. The provider should not bill you for services or cost sharing. If you receive care from a non-contracted provider, the provider may not understand the plan or these billing rules. If you receive a bill from a provider for Medicare-covered services, please notify Customer Service so we can help you.

Which doctors, hospitals, and pharmacies can I use?

The **Extensive Duals (HMO D-SNP) Plan** 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. 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: Extensive Duals 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 five "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, 2022 – December 31, 2022	
<i>Premiums and Benefits</i>	<i>Extensive Duals (HMO D-SNP) Plan</i>
Monthly Plan Premium	\$0 per month with Extra Help.
Deductible	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	Your yearly limit(s) in this plan: \$7,550 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 for days 1-90
Outpatient Hospital	\$0 copay per visit
Doctor Visits <ul style="list-style-type: none"> Primary Care Providers Specialists 	\$0 per visit to in-network primary care physicians. \$0 per visit 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. See covered Preventive care Screenings outline in this booklet.
Emergency Care	\$0 per visit
Urgently Needed Services	\$0 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} <ul style="list-style-type: none"> Diagnostic radiology services (e.g., MRI) Lab Services Diagnostic Tests & Procedures Outpatient X-Rays Therapeutic Radiology Services (e.g., radiation treatment for cancer) 	Costs for these services may vary based on place of service. \$0 copay, depending on the service \$0 copay, depending on the service \$0 copay, depending on the service \$0 copay, depending on the service \$0 copay, depending on the service
Hearing Services <ul style="list-style-type: none"> Hearing Exam 	In-network: \$40 copay

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES**SUMMARY OF BENEFITS**

January 1, 2022 – December 31, 2022

<i>Premiums and Benefits</i>	<i>Extensive Duals (HMO D-SNP) Plan</i>
	<i>Limited to 1 routine hearing exam per year.</i>
<ul style="list-style-type: none"> Hearing Aids (<i>Max 2 aids per year; Benefit is limited to the TruHearing Advanced and Premium hearing aids</i>) 	<p>Advanced: \$699 copay per aid</p> <p>Premium: \$999 copay per aid</p> <p>Hearing aid purchases includes: First year of follow-up provider visits; 60 day trial period; 3 year extended warranty; 80 batteries per aid</p> <p>You must see a TruHearing provider to use this benefit. Call 1-(844) 341-9611 to schedule an appointment.</p>
Dental Services <ul style="list-style-type: none"> Medicare Covered Services 	<p>In-network: \$40 copay</p> <p><i>This does not include services in connection with care, treatment, filling, removal, or replacement of teeth</i></p>
<ul style="list-style-type: none"> Preventive Dental Services (<i>includes 2 cleanings, 2 exams, and 1 sets of bite-wing x-rays per year</i>) 	<p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing*</p> <p>*Out-of-Network dentists may “balance bill” you for costs above Delta Dental’s allowed amount.</p>
<ul style="list-style-type: none"> Comprehensive Dental Services 	<p>In-Network: There is no copayment for diagnostic and preventive dental services (maximum of 2 visits per year). \$100 Annual Deductible 30% coinsurance for non-routine, diagnostic, and restorative services.</p>

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES**SUMMARY OF BENEFITS**

January 1, 2022 – December 31, 2022

<i>Premiums and Benefits</i>	<i>Extensive Duals (HMO D-SNP) Plan</i>
	50% coinsurance for prosthodontics and oral/maxillofacial surgery. \$40 copay for Medicare-covered dental services
Vision Services	In-Network:
○ Medicare Covered Services	\$45 copay
○ Routine Vision (<i>Limited to 1 routine eye exam per year</i>)	In-Network: \$ 25 copay Includes \$200 allowance for full set of eyeglasses or contact lenses every 2 years
Mental Health Services	\$0 copay for days 1-90
○ Inpatient visit	
○ Outpatient group therapy visit	\$0 copay per visit
○ Outpatient individual therapy visit	\$0 copay per visit
Skilled Nursing Facility (SNF)	\$0 copay per day for days 1 through 100
Outpatient Rehabilitation Services	
○ Cardiac Rehab	\$0 copay per visit
○ Occupational Therapy	\$0 copay per visit
○ Physical therapy and speech and language therapy	\$0 copay per visit
Ambulance	\$0 copay per trip
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	20% of the cost
Chemotherapy Drugs ¹	
Other Part B Drugs ¹	20% of the cost
Ambulatory Surgery Center	\$0 per visit

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES**SUMMARY OF BENEFITS**

January 1, 2022 – December 31, 2022

<i>Premiums and Benefits</i>	<i>Extensive Duals (HMO D-SNP) Plan</i>
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable Medical Equipment¹ (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.
<ul style="list-style-type: none"> Diabetes Monitoring Supplies 	\$0 depending on the supply
Therapeutic Shoes or Inserts	\$0
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>) ¹	\$0
Fitness	Senior Care Plus offers a gym membership at select gym facilities in our service area for active members enrolled in the Renown Plan. Please visit SeniorCarePlus.com for information on signing up for this benefit or contact Customer Service at 775-982-3112. Participating facilities may change throughout the plan year.

PRESCRIPTION DRUG BENEFITS – Extensive Duals Plan (HMO)**SUMMARY OF BENEFITS**

January 1, 2022 – December 31, 2022

Initial Coverage	You pay the following until your total yearly drug costs reach \$4,430 . 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	\$0	\$0
	Tier 2 (Generic) Standard	\$0 - \$3.70 copay, depending on the level of “Extra Help” you receive	\$0 - \$3.95 copay, depending on the level of “Extra Help” you receive

PRESCRIPTION DRUG BENEFITS – Extensive Duals Plan (HMO)**SUMMARY OF BENEFITS**

January 1, 2022 – December 31, 2022

	Tier 3 (Preferred Brand)	\$0 - \$9.20 copay, depending on the level of “Extra Help” you receive	\$0 - \$9.85 copay, depending on the level of “Extra Help” you receive
	Tier 4 (Non-Preferred Brand) Standard / Preferred	\$0 - \$9.20 copay, depending on the level of “Extra Help” you receive	\$0 - \$9.85 copay, depending on the level of “Extra Help” you receive
	Tier 5 (Specialty Tier)	\$0 - \$9.20 copay, depending on the level of “Extra Help” you receive	\$0 - \$9.85 copay, depending on the level of “Extra Help” you receive

Standard Mail Order Cost-Sharing

	Tier	100-day supply
	Tier 1 (Preferred Generic)	\$0 copay
	Tier 2 (Generic)	\$0 - \$3.95 copay, depending on the level of “Extra Help” you receive
	Tier 3 (Preferred Brand)	\$0 - \$9.85 copay, depending on the level of “Extra Help” you receive
	Tier 4 (Non-Preferred Brand)	\$0 - \$9.85 copay, depending on the level of “Extra Help” you receive
	Tier 5 (Specialty Tier)	\$0 - \$9.85 copay, depending on the level of “Extra Help” you receive
	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 \$4,430 .	
	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 \$7,050 , which is the end of the coverage gap. Not everyone will enter the coverage gap.	

PRESCRIPTION DRUG BENEFITS – Extensive Duals Plan (HMO)

SUMMARY OF BENEFITS

January 1, 2022 – December 31, 2022

	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.
--	--

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>.

Summary of Medicaid-covered benefits

Services available through Nevada Department of Health and Human Services:

The following services are not covered or may not be fully covered by Senior Care Plus Extensive Duals (HMO D-SNP) plan but are available through Medicaid.

- Audiology services
- Case management
- Certified community behavioral health clinic
- Dental
- Durable medical equipment and disposable supplies and supplements
- Federally qualified health centers
- Healthy kids program
- Home and community based state plan option adult day health care and habilitation service
- Home and community based waiver for assisted living
- Home and community based waiver for individuals with intellectual disabilities
- Home and community based waiver for the frail elderly
- Home health agency
- Hospice
- Hospital services
- Indian health
- Intermediate care for individuals for intellectual disabilities
- Laboratory services
- Medication assisted treatment
- Mental health and alcohol and substance abuse services
- Nursing facilities
- Ocular services
- Personal care services