

HERE IS OUR SENIOR CARE PLUS

2023 Best Start Booklet

Senior Care
Plus 

LOOK INSIDE:

For everything you need
to know to get started
and get the most out of
your Senior Care Plus
Medicare Advantage plan!

PLAY THE HEALTH QUIZ GAME!

Can you answer
all of the questions
CORRECTLY?

Discover exciting and helpful tips and information. **GET STARTED NOW!**



How to Use Your 2023 **Best Start Booklet**

Welcome to Senior Care Plus! Whether you are a new or a returning member, we are happy you have selected Senior Care Plus as your Medicare Advantage Plan. This booklet contains important information you need to start your healthcare journey with us. Getting familiar with this information early in the year is the best way to ensure you are able to navigate your healthcare options with confidence. We encourage you to take the time to read it in its entirety and use it for reference as needed throughout the year.

THIS BOOKLET WAS DESIGNED TO ACT AS A SUPPLEMENT TO THE **EVIDENCE OF COVERAGE (EOC), NOT TO REPLACE IT.**

The EOC is the legal contract between you and Senior Care Plus. The EOC can be more than 200 pages long. Few people sit down and read it cover to cover, although if you would like to, we encourage it! Your EOC will be more useful and less intimidating if you think of it as a kind of Senior Care Plus encyclopedia that you refer to as needed. You can access the Evidence of Coverage document for your particular plan by visiting SeniorCarePlus.com/Documents.

BEST START HEALTH QUIZ

To help you better understand and remember important aspects of your Senior Care Plus plan benefits, there are a handful of Health Quiz Questions peppered throughout this Best Start Booklet. As you review the material, test yourself with the Health Quiz Questions.

***See page 52 for the answers.* ENJOY!**

Senior Care
Plus 

A Medicare Advantage Plan from Hometown Health.

TABLE OF CONTENTS

How to Use Your 2023 Best Start Booklet	1
Play the Best Start Health Quiz	1
What to do with your red, white and blue Medicare card?	4
Understanding your ID card	4
STEP 1: Signup for MyChart	5
How to log in to MyChart	6
MyChart: What if I forget my username or password?	6
How to download the MyChart app	7
STEP 2: Choose a Primary Care Provider	8
Tips to choose the right Primary Care Provider for you	9
Where can I find the Senior Care Plus provider directory?	10
Senior Care Plus Personal Assistant team	11
Senior Care Plus clinics – powered by Renown	12
STEP 3: Schedule Your Health Assessments	13
Discussion checklist – help guide your next visit with your provider.	14
STEP 4: Review These Important Topics	15
MyChart: Messaging your Renown providers	15
MyChart: Scheduling an appointment with Renown	15
MyChart: View past or upcoming appointments.	16
MyChart: View your after visit summary	16
MyChart: View test results as soon as you need them	16
An important note about MyChart test results	17
Referrals and authorizations	18-19
A note about medical necessity	18
MyChart: View referrals and authorizations.	19
Renown specialists – what to expect.	20
Preferred, Non-Preferred and Out-of-Network – understanding these terms	21

How to read your Explanation of Benefits (EOB)	22-23
MyChart: View claims and EOBs	22
What if I have questions about a bill I received from a medical provider?	24
LIBERTY Dental Plan will put a smile on the face of Senior Care Plus members	25
Understanding your hearing aid benefit from NationsHearing®	26-27
Your EyeMed vision benefit.	28
NationsOTC® makes ordering products easier than ever	29
Earn rewards for taking care of your health with NationsBenefits®	30
Spending the rewards you have earned is easy	31
Your medical transportation service by Uber Health and Uber WAV	32
Uber Health and Uber WAV operating areas.	33
STEP 5: Learn Important Topics About Prescriptions	34
Use this chart to help you find ways to save the most on your prescriptions	35
100-day medication fills.	35
Who do I contact to request a medication refill?	36
MyChart: Send a refill request.	37
Mail order prescriptions.	38-39
Renown mail order pharmacy	40-41
Postal Prescription Services (PPS)	42-43
Costco mail order pharmacy	44
Important things to know about your drug formulary.	45
How will I know if my Formulary is changing?	46
What is the donut hole (coverage gap)?	46
How does the donut hole work?	47
How can I keep track of which coverage stage I am in?	48
How can I manage my medication costs to avoid or delay the coverage gap?	49
Pharmacy frequently asked questions and phone numbers	50-51
Best Start Health Quiz Answers:	52

WHAT TO DO WITH YOUR RED, WHITE AND BLUE MEDICARE CARD?

As long as you are a member of Senior Care Plus, do not use your red, white and blue Medicare card when receiving covered medical services, except in the case of some clinical research studies and hospice services.

Keep your red, white and blue Medicare card in a safe place in case you need it later.

Understanding Your ID Card

As a Senior Care Plus member, show your ID card whenever you access healthcare services and, if applicable, for prescription drugs at network pharmacies.

Plan Name → Essential Plan
Network Name → SCP Network

ID: SMPL0001 ← **Member Number**
Name: JOHN SAMPLE

Name of Primary Care Provider → **Primary Care Provider:** KHOLMATOV, ROOSTAM M
For Benefit Information: SeniorCarePlus.com/Documents ← **Web Address to Review Your Plan Documents**
Includes: Hearing, Vision, Comprehensive Dental, Fitness

Senior Care Plus Customer Service Information → **Phone:** 775-982-3112 or 888-775-7003 (TTY Relay Service 711)
Submit medical claims to: EDI Payor ID #88023 ← **Claim Submission Information for Your Provider**
OR Mail to: PO Box 981703 El Paso, TX 79998-1703

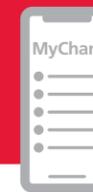
Dental Provider Customer Service → **Liberty Dental:** (888) 442-3193

Prescription Drug Customer Service → **RxBin:** 015574 **RxPCN:** ASPROD1 **RxGrp:** HTH05 ← **Prescription Drug Information**
MedImpact Customer Service: 800-681-9585
 TTY: Relay Service 711 or www.medimpact.com
Fax Rx claims to: 858-549-1569
Submit Rx claims to: MedImpact Healthcare ← **Prescription Claim Submission Information for Pharmacy**
 PO Box 509108, San Diego, CA 92150-9108 **H2960 / 012**

You can access an electronic version of your ID card in MyChart. See page 6 for information on creating a MyChart account.

If you lose your membership ID card, please call customer service at **775-982-3112** and we will send you a new one.

STEP 1: Sign Up for MyChart



MyChart is a secure web-based application offered by Renown and Senior Care Plus. You can use it on your computer, phone, or tablet to get the care and information you need, as soon as you need it, from anywhere.

With MyChart, you can view all of your health information in one secure place. Many features that used to be available on the My Benefits Coverage app, are now available in MyChart.

MyChart allows you to:

- Send messages to your providers and their staff, and receive responses back quickly.
- See a list of your current medications and request medication refills.
- View your test results as soon as you need them.
- View your claims and explanation of benefits.

MyChart is the key to your healthcare, even if you don't see a Renown Primary Care Provider.

MyChart now offers access to your claims, authorizations and other plan related information. Every Senior Care Plus member will benefit from using it.

In this booklet, we will walk through how to do various things in MyChart.

THESE ITEMS WILL BE MARKED WITH THIS SYMBOL:

If you have any questions about MyChart, you may call the MyChart customer service line at **775-982-2781**. They are available Monday through Friday, 7:30 a.m. to 5 p.m. (PST).



How to log in to MyChart

In your web browser, enter mychart.renown.org to access the login page.

If you have not received an activation code. You will need to request an activation code online:

- At the login page, under **No Activation Code?** click on **Sign Up Now**.
- Enter your information, and in the next step, we will verify your identity. Once your identity is verified, you will be able to create your MyChart username and password.

If you have already received your activation code:

- Click **Enter Code** in the **New User?** section.
- Enter your activation code and other personal verification items, click **Next**.

Creating your MyChart Username and Password:

- **MyChart username** – This should be something that others would not likely guess but easy to remember. It cannot be changed.
- **Password** – This should be a unique combination of numbers and letters, using both uppercase and lowercase letters.
- **Security question** – This question will be used to verify your identity if you forget your MyChart password. Choose a security question from the list and enter your answer. Your answer cannot include your MyChart password.

On the next page, choose whether you want to receive a notification message in your personal email when there is new information available in your MyChart account. If you opt to receive email alerts, enter your email address.

MyChart:

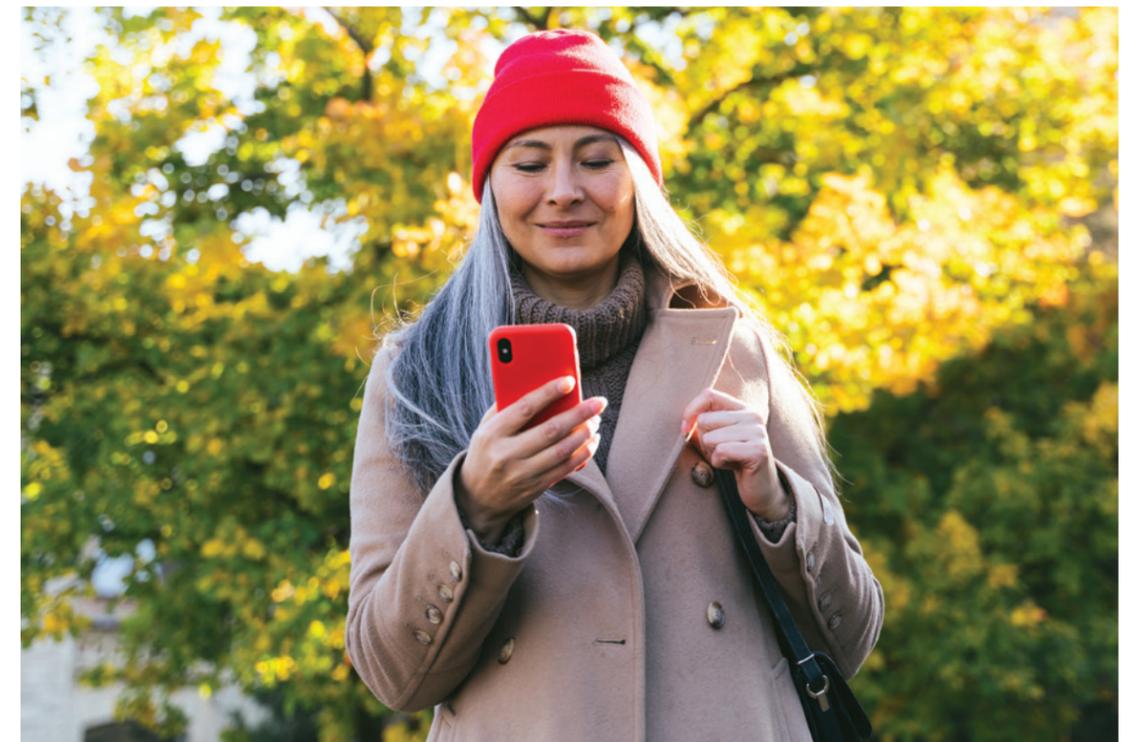
What if I forget my username or password?

Click the **Forgot Username?** or **Forgot Password?** link below the login fields for assistance. You will be prompted to answer some security questions to verify your identity so you can recover your username or password. You may also contact the MyChart customer service line at **775-982-2781**. They are available Monday through Friday from 7:30 a.m. to 5 p.m. (PST).

How to download the MyChart app

To install the MyChart app, go to the Apple App Store or Google Play Store and search for **MyChart**.

1. On your mobile device, open the **Apple App Store** (if you have an iOS device) or the **Google Play Store** (if you have an Android device). Look for one of the following icons to find the app store on your device:  
2. Search for **MyChart**. Look for the following logo to make sure you have the right app: 
3. Tap **Install** or **Get**.
4. After you have installed the app, tap **Open** or find the **MyChart icon** on your device and **tap to open it**. 
5. Select **Renown** from the list of organizations. If you do not see it right away, you can search for your healthcare organization by name, state, or ZIP code. 



STEP 2: Choose a Primary Care Provider



The importance of your relationship with your Primary Care Provider (PCP).

Your PCP provides routine health care, disease prevention, supports your wellness and overall care.

Your Primary Care Provider, or PCP, acts as the first contact and principal point of continuing and ongoing primary care. In addition to identifying and treating common medical conditions, your PCP can provide preventive care, offer appropriate health screenings, and reinforce healthy lifestyle choices.

Your PCP will also assess the urgency of your medical problems and make referrals to medical specialists when necessary. If you do not yet have a PCP, review the tips on the opposite page to help you select the right Primary Care Provider for you.



Tips to choose the RIGHT Primary Care Provider for YOU.

A Primary Care Provider (PCP) will administer care to you and oversee your care from other providers. Think of your Primary Care Provider as the quarterback of your care team, ensuring that all the rest of your team – including specialists, therapists and anyone else involved in your care are working in a coordinated manner.

Here are some tips for selecting a Primary Care Provider:

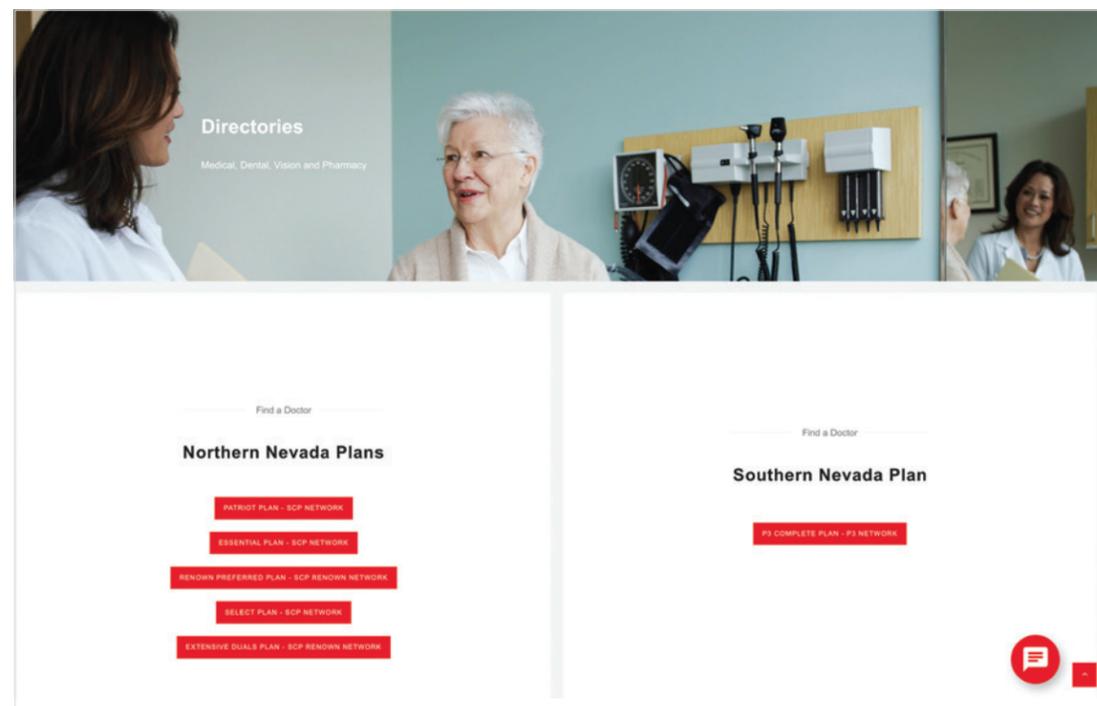
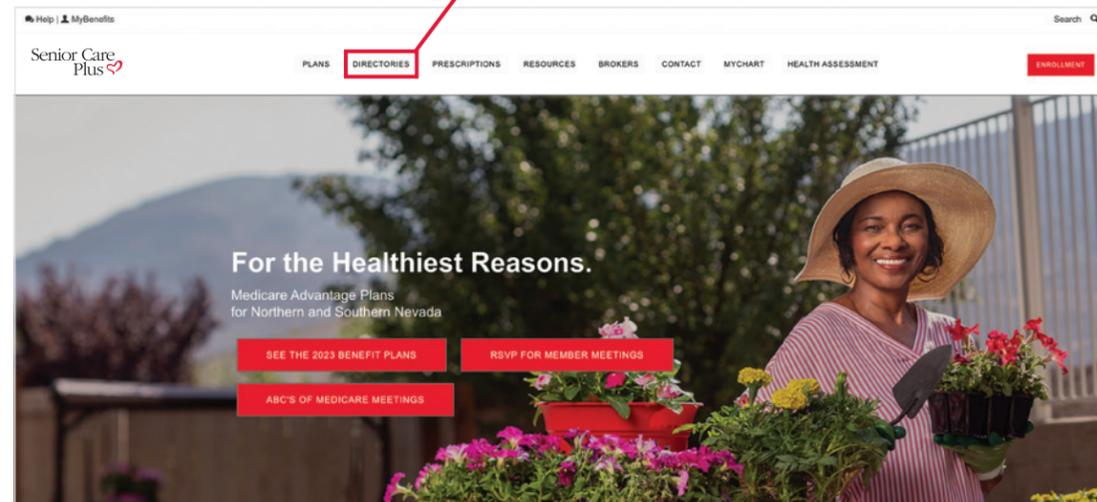
- 1. Choose an In-Network PCP.** Selecting an in-network provider will help you avoid a surprise out-of-network charge or having to pay the total cost out-of-pocket. You can find an in-network PCP by visiting SeniorCarePlus.com/Directories (see page 10 for more info) or by calling 775-982-3112.
- 2. Select a provider with the experience you need.** There are many different types of Primary Care Providers. Select one that meets your needs.
 - a.** Family medicine providers treat all ages, from infants to the elderly. They are generalists that can treat a wide variety of conditions, including minor ailments that may be normally treated by a specialist.
 - b.** Internal medicine providers treat adults and specialize in prevention, diagnosis and management of chronic conditions.
 - c.** Geriatric medicine providers specialize in caring for aging adults who often have complex medical issues. They focus on keeping you functional as well as helping you maintain your quality of life.
 - d.** Most Primary Care Offices have mid-level providers on-staff, such as Nurse Practitioners and Physician Assistants. Selecting a mid-level provider is a great option because all of your care is overseen by the supervising MD on staff. It's like getting two providers instead of one.
- 3. Select a provider that is convenient for you.** It is important for that your provider is located somewhere convenient to you.

QUIZ QUESTION | TRUE or FALSE

All people 65 years of age and older need a Primary Care Provider (PCP) who specializes in geriatric medicine.

Where can I find the Senior Care Plus provider directory?

Please visit SeniorCarePlus.com to access our online provider directory. From the home page, click on **Directories** at the top of the page. On the Directories page, select your plan.



If you do not have access to a computer or a smart phone, please call customer service at **775-982-3112** to request a directory be mailed to you.



Senior Care Plus Personal Assistant TEAM

Did you know Senior Care Plus offers a concierge healthcare experience? Two years ago Renown Health and Senior Care Plus teamed up to design the Senior Care Plus Personal Assistant Program to assist members with a Renown Health Primary Care Provider (PCP) in navigating healthcare.

The Personal Assistant Team consists of a group of 12 caring individuals who have specialized healthcare education and offer concierge level service. Here is a list of services the Personal Assistant team offers:

- Appointment scheduling for Renown and UNR primary care
- Schedule mammograms, bone density screenings, and low dose CT lung cancer screening
- Schedule lab appointments
- Request medication refills
- Request referrals on your behalf and check the status of prior-authorizations
- Answer questions about your Senior Care Plus plan benefits
- Look up your past medical claims
- Schedule an Uber ride for your medical appointments
- Help you get set-up with a mail-order pharmacy

If you have a Renown Primary Care Provider and want to connect with the personal assistant team, call **775-982-2605** to get started!

Senior Care Plus clinics – POWERED BY RENOWN



Senior Care Plus has collaborated with Renown Medical Group to bring you two dedicated clinics just for Senior Care Plus members! The clinics are located at:

**740 Del Monte Ln., Suite 3
Reno, NV 89511**

**1525 Los Altos Pkwy.
Sparks, NV 89436**

Members who choose to make Renown Medical Group – Senior Care Plus their primary care facility enjoy:

- Same-day access*
- Longer appointment times
- Geriatric-focused providers

If you do not currently have a Renown Primary Care doctor, now would be a great time to call Senior Care Plus at **775-982-2605** and say you would like to make one of the Senior Care Plus clinics your primary care facility.

Senior Care Plus  

*Same day access not available on a walk-in basis and may be with a different provider, or at another location.

STEP 3: Schedule Your Health Assessments



Senior Care Plus offers you 3 health assessments each year, AT NO COST TO YOU.

3 HEALTH ASSESSMENTS	Annual Wellness Visit	Annual Physical Exam	Comprehensive Health Assessment
YOUR COST	\$0	\$0	\$0
How and when to schedule	We recommend completing this visit in the first 6 months of the plan year. Schedule by calling your PCP's office. If you have a Renown PCP, you may schedule via MyChart or by calling 775-982-5000 .	Schedule by calling your PCP's office. If you have a Renown PCP, you may schedule via MyChart or by calling 775-982-5000 .	We recommend completing this visit in the first 6 months of the plan year. Call 775-982-2605 to schedule. If you have a Renown PCP, your personal assistant may call to schedule.
What it is...	Health history review with your Primary Care Provider to create a personalized prevention plan and address current risk factors.	A head to toe physical exam, performed by your PCP, that usually includes blood work.	A detailed diagnostic and systemic evaluation for aging adults with a specially-trained geriatric provider focusing on the Four M's . Mobility Medications Mentation What Matters
What it is not...	A visit where the provider physically touches you or addresses any acute ailments.	A visit to discuss and review chronic conditions and care planning.	A substitute for your annual wellness visit with your Primary Care Provider.
Why it is important...	Discussing all your chronic conditions annually with your provider gives an opportunity for them to understand your overall health and work with you to develop an individualized plan of care.	An annual head to toe exam gives your provider the opportunity to review body systems that may not have been addressed during a regular sick visit and identify any unknown health risk factors or conditions.	Think of this visit like a specialty visit. This targeted and focused visit takes a comprehensive view of the aging adult and shares those results with your primary care provider.

Discussion Checklist:

USE THIS CHECKLIST TO HELP GUIDE YOUR NEXT VISIT WITH YOUR PROVIDER.

MEDICATIONS

We review your medical records including your medication regimen before each visit, but it's always a good idea to quickly discuss them with your provider.

Ask:

- Am I taking them correctly? YES NO
- Are there any side effects? YES NO

- Is there a lower-cost option? YES NO

CARE TEAM

List any specialists or other providers you're seeing. This will help your Primary Care Provider coordinate your overall care.

PHYSICAL ACTIVITY

Discuss your level of physical activity with your Primary Care Provider. They will work with you to determine if you should start, increase or maintain your current exercise level.

Mark any that apply:

- I have limitations with my regular daily activities.
- I have pain that interferes with my normal work.
- I have limitations with my social activities.
- I don't experience any of the above.

RISK OF FALLS

Mark the option that best describes you:

- I have had a fall.
- I have problems with balancing or walking.
- I don't have problems with balancing or falling.

BLADDER CONTROL

Mark any that apply to you:

- I have problems with bladder control.
- I have problems with leaking of urine.
- I don't have bladder or urine leakage problems.

MENTAL HEALTH

Mark all that currently apply:

- I feel calm and peaceful.
- I have a lot of energy.
- I feel sad or blue.
- I am having difficulty sleeping.
- Other

TESTS AND TREATMENTS

If any tests are ordered today...

Ask:

- When can I expect results?

- Will I receive a follow-up call? YES NO
- Do I need a follow-up appointment? YES NO

Senior Care Plus  **Renown**
HEALTH

STEP 4: Review These Important Topics



MyChart: Messaging your Renown providers

You can read messages sent by your provider or their staff members by going to your MyChart inbox. To get there go to **Messages** from the home screen. If you are looking for a specific message, enter key words in the search field on the Inbox page.

NOTE ABOUT PROVIDER MESSAGING: Messages to Renown Health providers are typically be answered within two business days or less. The message may be answered by the Provider, the Provider's medical Assistant, or another staff member. If you are asking a complex question, you may get a response asking that you make an appointment so that your concern can be appropriately addressed.

MyChart: Scheduling an appointment with Renown

MyChart will only allow you to self-schedule with providers you have seen in the last year. If you do not see the provider you want to schedule an appointment with listed, please call Renown at **775-982-5000**.

You can only schedule your lab appointment if there is an existing lab order from one of your providers.

To schedule or request an appointment, go to **Visits** and then **Schedule an Appointment**. Depending on the reason for scheduling or type of appointment you choose, you will be directed to the **Schedule an Appointment** or **Request an Appointment** page.

- When you schedule an appointment, you make the appointment yourself and do not need to wait to hear back from the clinic. After verifying your demographics and insurance information, you can choose a location and enter preferred dates and times. Pick an appointment from the list of available time slots to schedule it.
- When you send an appointment request, you are asked to enter the provider you want to see, the reason for the visit, preferred dates and times, and any comments regarding why you are requesting the appointment. After you submit your request, someone from the clinic will contact you to verify an appointment date and time.

Clip and take to your next PCP appointment. 

MyChart:

View past or upcoming appointments

You can view your past or future appointments by going to **Visits** from the home page.

Select a scheduled future appointment or click **Details** to see info such as:

- The date, time, and location of the visit
- Any pre-visit instructions from the clinic
- Directions to your clinic

MyChart: View your after visit summary

For past appointments, you can click **View After Visit Summary**[®] to see a summary of the care you received during your visit. You can also view any of your provider's visit notes that are shared with you by clicking **View notes**.

MyChart:

View test results as soon as you need them

1. To view test results, go to **Test Results** from the home page.
2. Select a test to see more information about it, such as:
 - a. The standard range for the result
 - b. Any additional comments your provider entered about the result

To receive email or text messages when new MyChart messages or test results are available:

1. Go to **Menu** then scroll down to **Account Settings** and click on **Communication Preferences**.
2. Expand the messages section and select a notification option
3. Update your email address and mobile phone number if needed at the bottom of the page



AN IMPORTANT NOTE ABOUT MYCHART TEST RESULTS:

We believe that sharing information builds trust and that you should be able to see your results as soon as they are available. Test results will be shared with you via MyChart at the same time your provider gets them. Please be patient in allowing your provider to review them and reach out to you with a plan of care. Test results may be difficult to interpret, and may depend upon individual circumstances, so we recommend you follow up with your provider with any questions you may have.



Referrals and authorizations

Did you know that “referral” and “authorization” mean different things?

WHAT IS A REFERRAL?

A referral is your Primary Care Provider’s (PCP) recommendation for you to see a specialist, or receive specialized treatment. Most specialists require a referral from your PCP before they will schedule an appointment with you.

Here is how the process works:

1. Your PCP will send a referral to the specialist’s office.
2. At this point, you should discuss with your PCP’s office how the specialist will receive your medical records prior to your appointment. Most likely, your PCP’s office will coordinate sending these records to the specialist for you, but it is always a good idea to confirm this with them.
3. Once the specialist’s office receives the referral, they may call you to schedule the appointment. You may also call the specialist’s office yourself to schedule the appointment, but be aware that it can take the specialist’s office a few days to review the referral. Each office processes the referrals they receive in a slightly different time frame.
4. Once you have seen the specialist, they will start to develop a course of treatment. That may include procedures, diagnostic tests or medications. Some or all of these treatments may require prior authorization from our plan, so it is important that you discuss how and when the authorization(s) will be obtained prior to you beginning that course of care.

A NOTE ABOUT MEDICAL NECESSITY:

As a Medicare health plan, Senior Care Plus must follow Medicare’s coverage rules. Your services (including medical care, services, supplies and equipment) must be medically necessary in order to be covered. “Medically necessary” means that the services, supplies or drugs are needed for the prevention, diagnosis or treatment of your medical condition and meet accepted standards of medical practice.

WHAT IS AN AUTHORIZATION?

Some medical services and medications are covered only if **prior authorization** is received from Senior Care Plus. Covered services that require prior authorization are marked in the benefits chart in chapter 4 of your Evidence of Coverage. Prior authorization is not a guarantee of payment. There are multiple factors that determine whether the plan pays for a service. These include, but are not limited to your eligibility at the time of service, whether the benefit is applied to your deductible (if applicable), and other terms of your Evidence of Coverage.

Here is how the process works:

1. The ordering provider will submit an authorization request to our plan that includes specific details about the type and duration of treatment they would like you to receive and any corresponding medical records that support your need for the treatment(s).
2. A licensed registered nurse or pharmacist or medical doctor at Senior Care Plus will review the request, your medical records, your plan benefits and decide whether the treatment being requested is considered medically necessary based on recognized standards of care.
3. You and the requesting provider will both be notified of our decision in writing.

MyChart: View referrals and authorizations

In MyChart referrals and authorizations are located in the Referrals page

1. To view your claims, click on **Your Menu** in the upper left corner of the page.
2. Scroll to the **Insurance** section.
3. Click on **Referrals**.

QUIZ QUESTION

TRUE or FALSE

A referral and an authorization are the same thing.



RENOWN SPECIALISTS – what to expect

When you require care from a specialist, there are a number of steps that happen behind the scenes to make sure you are seen by the right specialist, at the right time. It is important that you are aware of these steps so you know what to expect.

- All urgent referrals are reviewed within one business day using clinical criteria to assess your situation. This ensures you are seen as soon as you need, based on the complexities of your medical condition.
- When a referral is reviewed, it is triaged to make sure you are scheduled with a provider who has the right specialization for your particular care needs.

Appointments with your specialist are a key part of your care; however, getting the specialty care you need does not always require a visit to a provider. The Renown Specialty Care Teams may offer alternative solutions to provide the care you need. These may include:

- Talking to nurses or medical doctors about your symptoms, concerns, medications, and care coordination needs.
- Your PCP and specialist may message each other directly using our electronic medical record system.
- Pre-visit planning to prevent delays in assessment and care, such as ensuring you have the correct lab work completed prior to your appointment
- E-Consultations: With this process, Primary Care Providers consult with a specialty provider and get real time information on assessment and treatment. This allows your care to remain with your Primary Care Provider and avoiding the need for further specialty care.
- Some of the specialties we offer have on-call providers who are available 24 hours a day, 7 days a week that you can speak to for real time assessment.

Preferred, Non-Preferred and Out-of-Network – understanding these terms

Preferred Facility:

Preferred facilities are facilities that provide inpatient and/or outpatient services to members for a lower copayment than other in-network facilities. In the printable directory, preferred facilities are marked with a star symbol. **Here is an example:**

Eye Surgery Center of Northern Nevada

5420 Kietzke Ln. #106
Phone #: 775-851-2444



QUIZ QUESTION

TRUE or FALSE

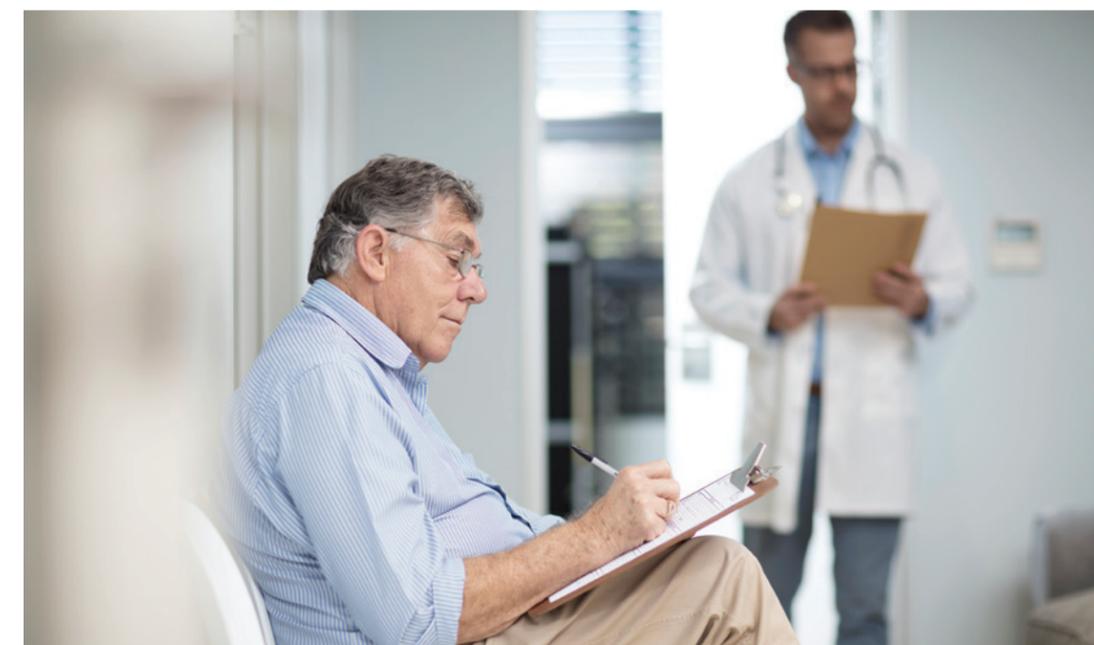
You will save money when you use a Preferred provider or facility.

Non-Preferred Facility:

Facilities that are in-network with your plan, but offer coverage with a higher copay than a preferred facility.

Out-of-Network Facility/Provider:

A provider or facility with which we have not arranged to coordinate or provide covered services to members of our plan. Out-of-network providers are not under contract to deliver covered services to you.



How to read your Explanation of Benefits (EOB)

Once your claim has been processed, both you and your provider will receive an Explanation of Benefits. If any part of the Explanation of Benefits is not clear, call Senior Care Plus customer service at **775-982-3112**. They will look up the claim and answer any questions you may have.

MyChart: View claims and EOBs

- To view your claims, click on **Your Menu** in the upper left corner of the page.
- Scroll to the **Insurance** section click on **Claims**.
- You will be able to see EOBs for any claims that have completed by, those that have not completed will display a **Processing** message.



EXPLANATION OF BENEFITS

Member Name Member ID: C00077777 • Group: SCP RENOWN PREFERRED PBP 023 Sent 11/09/21

Claim Information

Reference Number: CLM-1129254

Date: 3/30/21
 Provider: Provider Name
 Location: 20/20 VISION
 Paid to: 20/20 VISION

Total cost of services	110.00
In-plan savings	-1.30
Covered by this plan	-63.70
Total expected cost	7 45.00

1 This is not a bill. There is no payment due for these services at this time.

Service Details

Date	Service 2	3 Billed	4 Allowed	5 Not Covered	6 Copay	Deductible	Co-Insurance	8 Reason Code	Patient Total
3/30/21	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	110.00	110.00	0.00	45.00	0.00	0.00	3	45.00
9 Claim Totals:		110.00	110.00	0.00	45.00	0.00	0.00		45.00

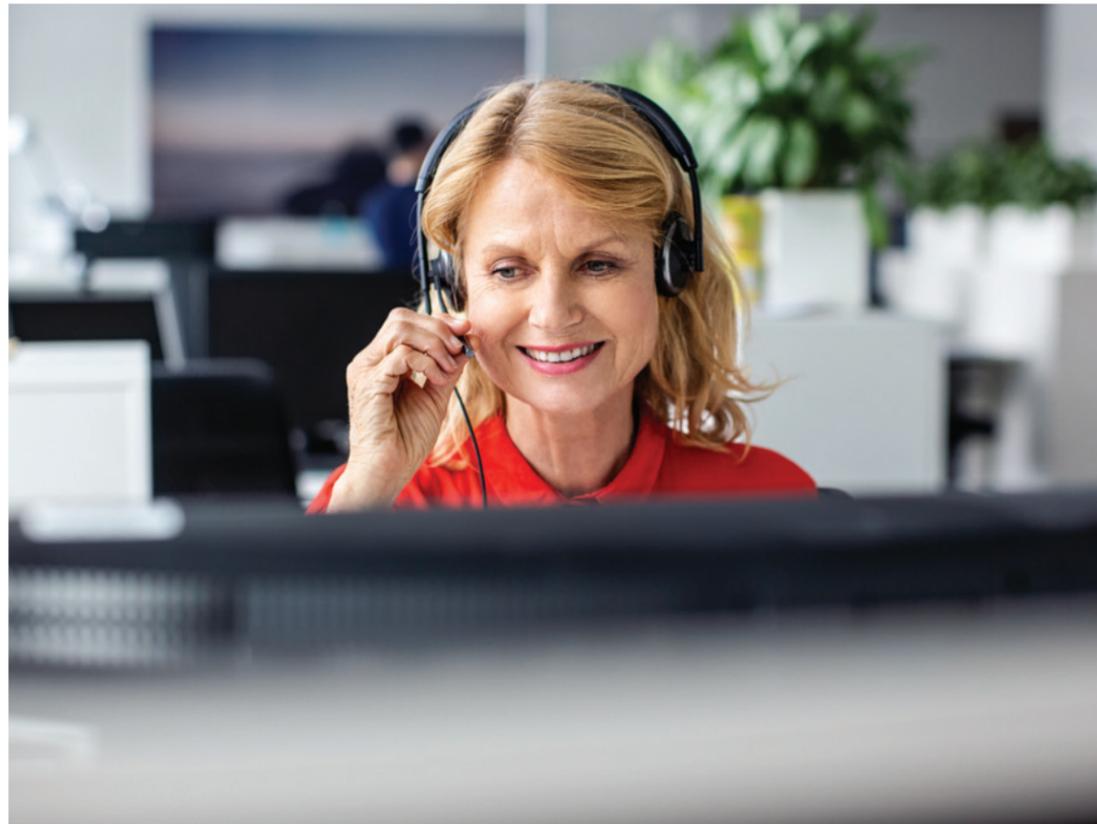
Code Summary
 3 - 3-Co-payment Amount

The numbers on the diagram to the left correspond to the numbered explanations below.

- 1. An EOB is not a bill.** It is an overview of the total amount the provider charged, how much Senior Care Plus paid, and the amount you are responsible for. You may get a bill separately from the provider.
- 2. Service description** is a description of the healthcare services you received, like a medical visit, lab tests, or screenings.
- 3. Billed charges** is the amount your provider billed Senior Care Plus for your visit. Those that have not completed will display a Processing message.
- 4. Allowed charges** is the amount your provider will be reimbursed based on your plan's benefits and the amount the in-network provider is contracted to be paid. If the provider is not contracted with Senior Care Plus, we allow the same amount Medicare would pay for the same service. This may not be the same as the billed charges.
- 5. Not covered amount** is the difference between the billed charges and the allowed charges.
- 6. Copay and deductible** is the amount you are responsible for according to your plan's benefits. You will see this broken-down service-by-service (line-by-line) in this section.
- 7. Total expected cost** is the sum of the deductible, copay, coinsurance and any non covered amounts you are responsible for.
- 8. Reason code** is a code that explains more about the costs, charges and paid amounts for your visit.
- 9. Code summary** is a note that corresponds with the reason code that explains more about the costs, charges and paid amounts for your visit.

What if I have questions about a bill I received from a medical provider?

We encourage you to first reach out to the provider's office to discuss any denials or charges you are responsible for. Voicing your questions and concerns directly with your provider may be the most effective way to resolve any issues. You can also ask your provider's office to review the claim to ensure it was appropriately submitted based on the services you received. If you feel that your concerns were not adequately addressed, or if you would like us to know about your experience, reach out to our customer service team at **775-982-3112**. They can help you file a grievance. Our grievance team will investigate all of your concerns by contacting the entity or individual provider directly, and work to develop a solution to ensure your needs are met.



QUIZ QUESTION | TRUE or FALSE

If you have questions about a bill you received from a provider, you should contact the provider first.

LIBERTY Dental Plan will put a smile on the face of Senior Care Plus members!



Dental benefits for Senior Care Plus members are administered by LIBERTY Dental Plan. LIBERTY has an extensive provider network throughout Nevada and they are constantly adding new providers.

Comprehensive coverage amounts shown below are first dollar coverage – meaning you have no out-of-pocket expense until the coverage limit is reached!

PLAN NAME / COVERAGE AMOUNT

Extensive Duals Plan • \$2,000 Comprehensive Coverage

Patriot Plan • \$1,500 Comprehensive Coverage

Select Plan • \$1,500 Comprehensive Coverage

Renown Preferred Plan • \$1,250 Comprehensive Coverage

Complete Plan • \$1,250 Comprehensive Coverage

Essential Plan • Preventive Dental Coverage

Find a Dentist / Nominate Your Dentist

LIBERTY Dental has created a special website just for Senior Care Plus members to find an in-network dentist or to nominate a dentist to join the network. Visit client.libertydentalplan.com/scp to get started.

You can also call Liberty at **888-442-3193**, TTY users should call **877-855-8039**. Their member service representatives are available during normal business hours to answer questions concerning your dental benefits, assistance in locating a participating provider, or assistance in scheduling an appointment.

Understanding your hearing aid benefit



Senior Care Plus has partnered with NationsHearing® to offer members a custom hearing benefit designed to improve overall health and well-being with cost-effective hearing aids and hearing solutions.

Your hearing benefit includes:

- Annual hearing test with no out-of-pocket cost
- Access to a nationwide network of 8,000+ providers
- Hearing aids available from all major brands
- Low pricing and a 60-day, 100% money-back guarantee
- Concierge-level service by dedicated Member Experience Advisors
- Three follow-up visits during the benefit year
- 3-year repair warranty and 3 years of batteries included*
- One-time replacement coverage for lost, stolen or damaged hearing aids**
- 12 and 18-month financing options available with 0% APR, no money down

*Not applicable to the purchase of rechargeable hearing aid models. **Deductibles may apply.



Hearing aid options

NationsHearing has relationships with all leading hearing aid manufacturers, which means they can offer the latest and most advanced hearing aids from more than 1,200 makes and models. Understanding your options when choosing a hearing aid will help you make the right decision for your hearing health.

Your Plan's Benefits

Members with the Select Plan, Patriot Plan and the Complete plan receive up to \$400 toward the cost of up to two hearing aids from NationsHearing every benefit period.

For members with the Renown Preferred Plan, the Essential Plan, or the Extensive Duals Plan, the copay amount for hearing aid purchase is listed below:

SCP NationsHearing Entry • \$495 – One Device

SCP NationsHearing Basic • \$670 – One Device

SCP NationsHearing Prime • \$970 – One Device

SCP NationsHearing Preferred • \$1,270 – One Device

SCP NationsHearing Advanced • \$1,570 – One Device

SCP NationsHearing Premium • \$1,970 – One Device

NOTE: DOUBLE THE COPAY FOR TWO DEVICES

GET STARTED TODAY!

To schedule your hearing test with a local hearing aid provider, call **877-200-4189** (TTY: 711) or visit **SeniorCarePlus.NationsBenefits.com**.

Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year. Language support services are available free of charge.

Your EyeMed vision benefit



Senior Care Plus partners with EyeMed Vision Care to provide you with an \$0 copay annual eye exam and coverage for contacts or glasses up to \$250 every year.

Senior Care Plus vision benefits are provided exclusively by EyeMed. To access your vision benefits you must use an EyeMed Provider.

You can find an EyeMed Provider by:

- Call toll free, **866-723-0513**
 - Monday through Saturday from 7:30 a.m. to 11 p.m. (EST)
 - Sunday from 11 a.m. to 8 p.m. (EST)
- Go to **eyemed.com** and click on **Find an eye doctor** and then select the **Advantage Network** from the **Choose your Network** drop down menu. Then simply enter your zip code to find an in-network eye doctor near you.



NationsOTC® makes ordering products easier than ever



For 2023, Senior Care Plus members will order their Over-The-Counter (OTC) products from our new OTC partner, NationsOTC.

NationsOTC offers hundreds of high-quality OTC products with fast, free shipping. See below for the coverage amount for your particular plan:

PLAN NAME / COVERAGE AMOUNT

Extensive Duals Plan • \$190 per quarter

Select Plan • \$160 per quarter

Complete Plan • \$85 per quarter

Renown Preferred Plan • \$50 per quarter

Patriot Plan • \$25 per quarter

Essential Plan • \$25 per quarter

View the Catalog

You can view the OTC catalog by visiting SeniorCarePlus.com/OTC.

Web Orders

Ordering your quarterly supply online is easy!

Visit SeniorCarePlus.NationsBenefits.com to set up your account by registering on the NationsBenefits MyBenefits portal. Once you are set up, you can view all products and place online orders.

Phone Orders

To place an order by phone, please call **877-200-4189** (TTY: 711).

Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year.

Earn REWARDS for taking care of your health

As a valued Senior Care Plus member, you can earn rewards by completing health-related activities that promote your health and well-being. Your rewards allowance can be used to purchase items and services using your Healthy Rewards program card.

HERE'S HOW IT WORKS.

When you complete your first activity, your Healthy Rewards card is mailed to you with the incentive amount earned pre-loaded. Subsequent reward earning are loaded on to your card after each qualifying health activity has been completed.

Health-related activities may include, but are not limited to:

HEALTH ACTIVITY / INCENTIVE AMOUNT

Comprehensive Health Assessment • \$50 minimum

NOTE: Annual Wellness Visit IS NOT incentivized for 2023.

Complete your Comprehensive Health Assessment to earn a reward.

Colonoscopy • \$50

Mammogram • \$25

FIT Test or Cologuard Test • \$10

Medication Adherence (select Medications) • \$10 per quarter

For complete list of all health activities eligible for a Healthy Rewards incentive, visit SeniorCarePlus.com/Rewards.

IMPORTANT: It can take 4-6 weeks to receive your Healthy Rewards Card or for your incentive amount to be uploaded – so PLEASE BE PATIENT. You can check your rewards balance on SeniorCarePlus.NationsBenefits.com.



Spending the REWARDS you have earned is easy!

Your Healthy Rewards card offers you a lot of spending options. Use your earned reward dollars to order health and wellness items through NationsOTC® with two-day delivery.

You can also purchase eligible items* at participating retail locations like CVS or Walmart. You can even use your Healthy Rewards card to buy gasoline.

To order wellness products:

- Visit SeniorCarePlus.NationsBenefits.com
- Call **877-200-4189** (TTY: 711)



YOU MUST ACTIVATE YOUR CARD BEFORE USE.

Please visit SeniorCarePlus.NationsBenefits.com or call **877-200-4189** (TTY: 711) to activate your card.

Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year.

*This card may not be used to buy alcohol, tobacco, or other restricted items.

Your medical transportation service by Uber Health and Uber Wheelchair-Accessible Vehicle (WAV)

Uber Health

Uber Health is a non-emergent medical transportation service offering a free ride share service from private drivers who use their personal vehicles to transport riders to and from medical appointments.

This service is available to Senior Care Plus members in Reno, Sparks and Carson City.

To schedule a ride, call Senior Care Plus customer service at **775-982-3112**.

A few things to keep in mind before scheduling your Uber Health ride:

- There is a limited amount of UBER Health drivers available. Rides are offered based on the availability of available drivers in your area at the time the ride is requested.
- The driver will not be able to assist you in or out of the vehicle.
- You will need to call Customer Service at **775-982-3112** when you are finished with your medical appointment to request a ride home.
- The service cannot be used for transportation after a procedure where sedation was used and you are traveling alone. You must have a family member or friend traveling with you in the vehicle.
- Uber WAV must be scheduled the day of your appointment. We recommend calling to schedule 3-4 hours in advance.

If you use a wheelchair:

- If you use a wheelchair, you must be able to transfer from the wheelchair on your own to the car, and make sure the wheelchair folds and fits in the car trunk.
- If you are wheelchair bound or use a motorized wheelchair, Uber WAV may be an option available to you. Uber WAV features vehicles that can transport riders traveling in motorized and other types of wheelchairs.
- Uber WAV drivers are unable to assist in lifting and carrying a rider down steps. However, they will be able to assist riders in navigating the ramps into their vehicle and will ensure that their wheelchair is properly secured before starting the trip.

UBER HEALTH AND UBER WAV CAN ONLY BE USED IN THE FOLLOWING NORTHERN NEVADA AREAS:

- Carson City
- Cold Springs
- Hidden Valley
- Lemmon Valley
- Red Rock
- New Washoe City
- North Reno
- Reno
- Pleasant Valley
- South Reno
- Southwest Reno
- Spanish Springs
- Sparks
- Sun Valley
- Verdi
- Washoe Valley

IMPORTANT NOTE ABOUT UBER HEALTH: For calendar year 2023, Uber Health Transportation Service is limited to 12 round-trip rides or 24 one-way rides.



STEP 5: Learn Important Topics about Prescriptions



Tips for managing your medications.

Taking your medications as prescribed is a major component to maintaining or improving your health. Not taking your medications as directed could lead to real damage or consequences, especially if you have a chronic condition.

Here are some tips to navigate getting your prescriptions with ease:

- 1. Maintain a list of your medications.** It's wise to write down a list of your current medications, keep the list up-to-date and share it with your provider.
- 2. Use a pillbox.** It will help you keep track of your medications. This also makes it much easier to see when it's time to request a refill before you run out of your medications.
- 3. Plan early.** Knowing your provider's refill policy and your pharmacy's refill process and timeline is essential. This will allow your provider and pharmacy time to work through the steps to fill your medication. Please keep in mind that some medications such as controlled substances are regulated by federal or state law regarding when you can request a refill. If you have any questions, please talk with your pharmacist.
- 4. Make it automatic.** Ask your pharmacy if they have an automatic refill program and how to enroll.
- 5. Know your provider's policies.** For example, if your provider requires regular blood work or check-ups to continue using a medication, be diligent about making and keeping those appointments. If you miss appointments, it may delay your next refill.

Use this chart to help you find ways to save the most on your prescriptions

	Retail Pharmacy	Mail Order Pharmacy
100-Day Fill Maintenance Medication Fills Available?	Yes!	Yes!
90-100 Fill Savings	Save 1/2 of a 30-Day Copay	Save 1 Full 30-Day Copay
Preferred Pharmacies (lower copays)	Renown and CVS	Renown, PPS and Costco
Tier 6 Zero Dollar Copay	No	Yes!
Tier 6 Coverage through the Gap	Yes!	Yes!

100-day medication fills

Did you know you can get a 100-day supply of all maintenance medications? Maintenance medications are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medication. Examples of maintenance medications are those used to treat high blood pressure, high cholesterol, heart disease, asthma, and diabetes. One-hundred-day supplies are available at your neighborhood retail pharmacy, or at mail order pharmacies, which are more convenient and saves you money!

How to get a 100-day supply:

1. Check to make sure your medication is eligible for a 100-day supply, go to [SeniorCarePlus.com/prescriptions/formulary](https://www.seniorcareplus.com/prescriptions/formulary) or call customer service toll free at **888-775-7003**.
2. Have your pharmacy ask your provider to write a new prescription for a 100-day supply or request a 100-day supply directly from your provider.

Who do I contact to request a medication refill?

IF YOU HAVE REFILLS AVAILABLE		
	Renown Pharmacy	Other In-Network pharmacy (examples: CVS & Raley's)
Renown Provider	Use MyChart to send a request to Renown Pharmacy	Contact the pharmacy via phone or their dedicated online customer portal
Other Provider	If the provider does not use MyChart, your medication may not appear in the list of refillable meds in the app. Contact the pharmacy via phone or their dedicated online patient portal	Contact the pharmacy via phone or their dedicated online customer portal

NO REFILLS REMAINING		
	Renown Pharmacy	Other In-Network pharmacy (examples: CVS & Raley's)
Renown Provider	Use MyChart to send a request to the ordering provider who will review the refill request. If it is approved, they will send the prescription to the Renown Pharmacy to fill. If it is denied, your provider's office will notify you of the reason and work with you directly to meet your needs.	Use MyChart to send a request to the ordering provider who will review the refill request. If it is approved they will send the prescription to your preferred pharmacy to fill. If it is denied, your provider's office will notify you of the reason and work with you directly to meet your needs.
Other Provider	Contact your pharmacy to send a refill request to your provider, or call the provider's office to initiate a refill request. The ordering provider will review the request. If it is approved, they will send the prescription to the Renown Pharmacy to fill. If it is denied, your provider's office will notify you of the reason and work with you directly to meet your needs.	Contact your pharmacy to send a refill request to your provider, or call the provider's office to initiate a refill request. The ordering provider will review the request. If it is approved, they will send the prescription to the pharmacy to fill. If it is denied, your provider's office will notify you of the reason and work with you directly to meet your needs.



MyChart: Send a refill request

From the medication list, click **Request Refills**.

1. Select the check box next to the medication you need refilled and enter any comments. Click **Next**.
2. Select a delivery method, pharmacy, and pickup date and time that is convenient for you, if applicable. Click **Next**.
3. Review the details of your refill request and click **Submit**.

You will receive a message in your MyChart Inbox when your prescription refill is processed.

Mail order prescriptions

There are many benefits to using a mail order pharmacy to get your prescribed medications.

Cost Savings: You will pay just two copays instead of two and one-half copays for a three-month supply or 100-day supply.

Convenience: You can fill prescriptions you take all the time (maintenance medications), such as blood pressure, cholesterol, allergy, and diabetes medications by phone or online and have them delivered to the physical address of your choice. This means less trips to the pharmacy and no waiting in line!

Accuracy and safety: If you are taking multiple medications on a regular basis, the pharmacy tracks your prescriptions' strength, dosage and potential interactions against your full medication profile each time a prescription is processed.

- **Excellent customer service:** Our mail-order pharmacies provide the same high-quality service that you get from your neighborhood pharmacy. Your medications come right to your doorstep with standard shipping at no cost to you!
- **Accuracy and safety:** All of the medications they have on file from all your doctors are reviewed to look for drug interactions that may be harmful. If there is a potential problem with your medications, a pharmacist will review the prescription and contact you or your doctor to help make sure your medications will work together safely and effectively.
- **Help in managing your ongoing medications...and sticking with them:** Several studies have indicated that patients who use mail order pharmacies are more likely to have better adherence to their prescriptions compared with patients who obtained medication refills at local neighborhood pharmacies. The added convenience of longer prescription durations via mail order makes it easier to stay compliant with medications.

QUIZ QUESTION | TRUE or FALSE

A 100-day supply of a maintenance medication will save you money.

Mail order frequently asked questions:

How long does it take to receive my prescriptions after I set up my new account with the mail order pharmacy?

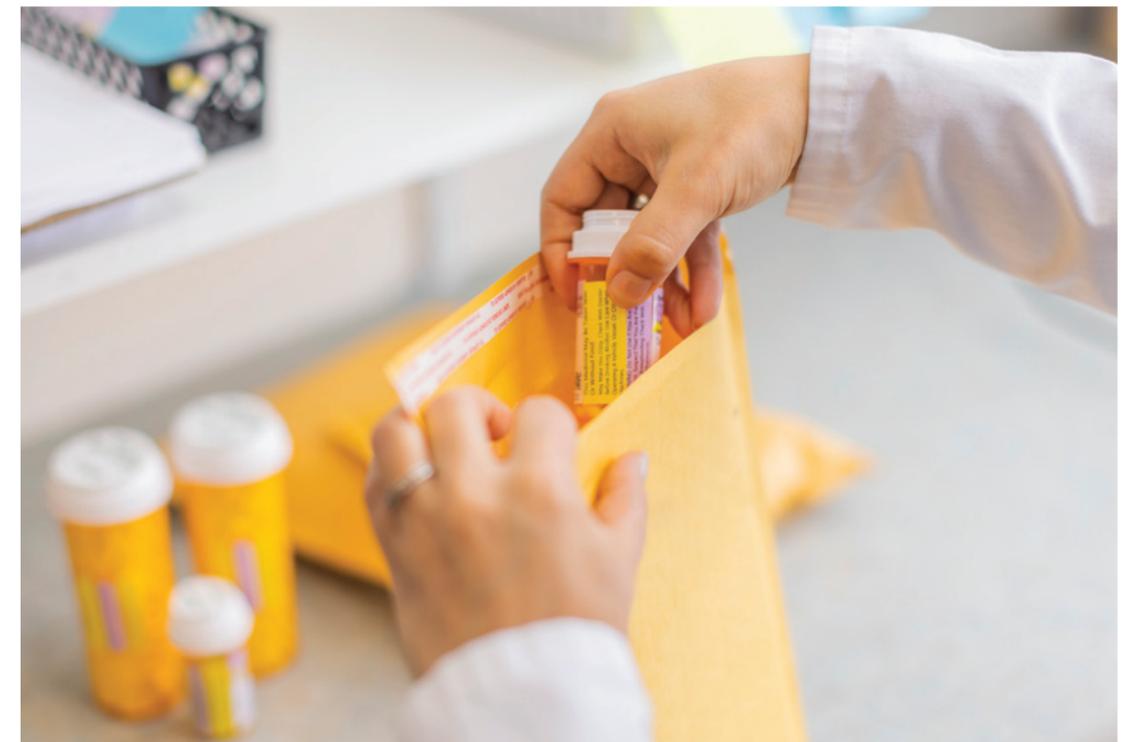
We recommend you contact the mail order pharmacy directly to inquire about their delivery process and time frames. If you need a medication right away, please ask your provider for a one-month supply that can be filled at your local retail pharmacy while you wait for your mail order prescriptions to be processed.

How is packaging set up to handle extreme cold or hot temperatures?

Mail order pharmacies send all refrigerated medications in special packaging (styrofoam and cardboard inserts) with predetermined requirements for the number of ice packs for the box size and they are shipped overnight. Non-refrigerated medications do not ship with any special packaging.

QUIZ QUESTION | TRUE or FALSE

Do I need to call for a refill with a mail order pharmacy?



HOURS OF OPERATION: Monday through Friday from 8 a.m. to 5 p.m. (PST)

Renown Pharmacy
 21 Locust St. | Reno, NV 89502

775-982-5280 and Press 0 | renown.org/pharmacy

QUIZ QUESTION | TRUE or FALSE

You must have a Renown Primary Care Provider to utilize the Renown Health Pharmacy.

HOW TO SIGN UP – RENOWN MAIL ORDER PHARMACY	
<p>Setting up service and placing your first order</p>	<p>Call 775-982-5280 or visit the Pharmacy at 21 Locust St. Be sure to have the following information ready:</p> <ul style="list-style-type: none"> Your address List of current prescriptions and the pharmacy name and location where you have been filling them The prescriber (Doctor’s) name
	<ol style="list-style-type: none"> PHONE: Have your doctor call in new prescriptions to 775-982-5281. ONLINE: Complete the Online Pharmacy Mail Order Form at renown.org/pharmacy. MAIL: If your doctor has given you a paper prescription, you should mail it to Renown. <ul style="list-style-type: none"> Complete the PDF Pharmacy Mail Order Form. You can download and print the PDF Pharmacy Mail Order Form at renown.org/pharmacy Mail the Mail Order Form and a copy of your new prescription to: Renown Pharmacy 21 Locust Street Reno, NV 89502 <p>REMINDE THE PRESCRIBER’S OFFICE to state whether your prescription is to be mailed.</p>

HOW TO SIGN UP – RENOWN MAIL ORDER PHARMACY (CONTINUED)	
<p>To order refills from the Renown Pharmacy</p>	<p>BY PHONE: Call Renown Pharmacy at 775-982-5280 and use our automated system to enter your prescription number printed on your prescription label, or speak to a pharmacy employee Monday through Friday from 8 a.m. to 5:30 p.m. (PST).</p> <p>BY INTERNET:</p> <ol style="list-style-type: none"> Log into MyChart. Go to the medications Tab from the menu at the top of the screen. From the medication list, click Request Refills. Select the check box next to the medication you need refilled and enter any comments. Click Next. Select a delivery method, pharmacy, and pickup date and time that’s convenient for you, if applicable. Click Next. Review the details of your refill request and click Submit.
<p>When to expect delivery</p>	<p>You can expect to receive your medication 2 business days after they receive your order if no extra contact with your provider is needed.</p> <ul style="list-style-type: none"> If outreach is required on a prescription, the delivery time frame could take an additional 3 days. FedEx will not ship to PO Boxes or deliver on weekends. Please note that signature will be required when delivering refrigerated medication. There is no extra charge for standard shipping, but you will be charged shipping cost for next day delivery Additional shipping cost may apply in certain circumstances, please speak to a pharmacy associate for more information. <p><i>Expedite shipping will not rush prescription processing</i></p>

Postal Prescription Services (PPS)



OVERALL SATISFACTION RATING: 86%

EASE OF SET-UP: Rated 9/10

EASE OF REQUESTING REFILLS: 9/10

**HOURS OF OPERATION: Monday through Friday from 6 a.m. to 6 p.m. (PST)
Saturday from 9 a.m. to 2 p.m. (PST)**

**Postal Prescription Services
PO Box 2718 | Portland, OR 97208-2718**

Call toll free, **800-552-6694** | **ppsrx.com**



HOW TO SIGN UP – POSTAL PRESCRIPTION SERVICES (PPS)

Create an online PPS account

- 1.** Visit the PPS website at **ppsrx.com**
- 2** Select the **Create an Account** option in the lower left-hand corner of the screen.
- 3.** Enter your email address and create a password.
- 4.** Select **Create an Account**.
 - a.** If you receive an error message stating that your email address is already registered, consider the following:
 - Do you already have an account with one of the sites in The Kroger Family of Pharmacies*? If so, use that information to sign in to the PPS website.
 - Do you already have an account with PPS and forgot your password? If so, select “Forgot My Password”.
 - If you have not previously registered an account, please contact PPS toll free at **800-552-6694** for assistance. Customer Service hours are Monday through Friday from 6 a.m. to 6 p.m. (PST), and Saturday from 9 a.m. to 2 p.m. (PST).

Setting up and accessing patient information

- 1.** Once you have created your online PPS account, in the left navigation menu, select **Add a Patient**.
If you have NOT filled a prescription with PPS, you will need to fill out a new patient request form by selecting **Request New Patient**. Follow the steps to set up your patient profile and request your first prescription fill(s). You will be able to **Add Online Prescription Management** once you have your PPS prescription number.
If you HAVE filled a prescription with PPS, follow the instructions to **Add Online Prescription Management**. In step 3 you can either enter your prescription information OR identify your prescriber to complete the process.

Ordering new or transferred prescriptions

- ONLINE:** You can select **Add a Prescription** from the left navigation menu and follow the on-screen steps for PPS to request a new prescription from your doctor or a transferred prescription from another pharmacy
- BY MAIL:** If your doctor has given you a paper prescription, you should mail it to PPS.
- Postal Prescription Services
PO Box 2718
Portland, OR 97208-2718**
- Your doctor can send a new prescription to PPS by electronic prescribing, fax, phone, or mail
- *Generally, it takes about 3-5 business days for PPS to contact your prescriber or pharmacy to obtain your prescription(s). If you requested a fill of these prescriptions, they will be sent as soon as the prescriptions are received and filled.*

Costco Mail Order Pharmacy



OVERALL SATISFACTION RATING: 85%

EASE OF SET-UP: Rated 8.8 /10

EASE OF REQUESTING REFILLS: 9/10

**HOURS OF OPERATION: Monday through Friday from 5 a.m. to 7 p.m. (PST)
Saturday from 9:30 a.m. to 2 p.m. (PST)**

Call toll free, **800-607-6861** | Fax **800-633-0334**

Email **webpharmacy@costco.com** | **costco.com/home-delivery**

HOW TO SIGN UP – COSTCO MAIL ORDER PHARMACY	
Create an online Costco account	<ol style="list-style-type: none"> 1. Go to costco.com/home-delivery 2. Sign In or Click Create Account and follow the Instructions
How to order refills from the Costco Mail Order Pharmacy	<ol style="list-style-type: none"> 1. Sign In to your account at costco.com/home-delivery 2. Click New Prescriptions on the left hand navigation menu 3. Follow the instructions and enter the required information
Delivery time and shipping costs	<p>Standard USPS / 6 to 14 Days = Free</p> <p>3 Day UPS / 3-6 Days = \$10.95</p> <p>2 Day UPS / 2 to 5 days = \$13.95</p>

Important things to know about your drug formulary

- **You will always have access to the medications you need.** The formulary always includes at least two drugs in the most commonly prescribed categories.
- **Using covered drugs will save you money.** If you use a drug that is not on your plan’s drug list, you will have to pay full price instead of a copay or coinsurance, unless you qualify for a formulary exception.
- **Generic drugs are copies of brand-name drugs.** Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Generic drugs have the same active ingredients as brand-name prescription drugs and using generic drugs will save you money.

Here are some reasons your drug formulary may change:

In accordance with Medicare’s guidelines, Senior Care Plus may make some changes to our formulary during the year. Most of the changes in drug coverage happen at the beginning of each year (January 1). Changes throughout the year are rare and are made in an effort to increase value, keep costs low, and ensure clinical efficacy and high standards of care.

Here are some additional reasons your drug formulary may change:

- The Food and Drug Administration (FDA) approves a new medication and the new drug is added to the formulary.
- The FDA approves an existing medication as part of treatment for a new disease or condition.
- The medication has been withdrawn from the market for safety reasons.
- The medication becomes available without a prescription, and you can get it over-the-counter.
 - Over-the-counter drugs are not covered under your prescription drug plan, however Senior Care Plus does offer an over-the-counter benefit.
 - You can read more about this by visiting **SeniorCarePlus.com**.
- A new generic drug becomes available, so the brand name drug is removed.

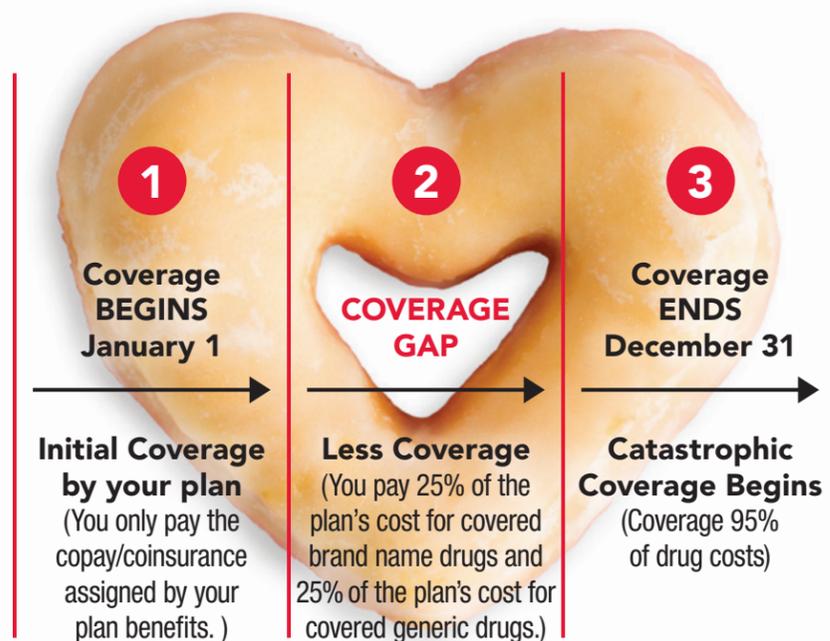
How will I know if my Formulary is changing?

Most of the changes in drug coverage happen at the beginning of each year (January 1). However, when changes to the formulary occur during the year, we post information on our website about those changes. If our records indicate you have been taking a medication that is being changed, you will be notified in advance in your monthly Part D Explanation of Benefits (EOB). The only time you would not receive advance notification is if the change is considered an enhancement. Enhancements include reduced cost sharing, removal of coverage restrictions, or when a generic drug replaces a brand name drug on the formulary.

What is the donut hole (coverage gap)?

Part D plans have three stages. The second stage is called the coverage gap, commonly referred to as the “donut hole.”

THE MEDICARE DONUT HOLE



If you are on the Extensive Duals Plan AND do not have full Medicaid benefits, you will have a \$505 deductible requirement before the Initial Coverage Stage starts.

How does the donut hole work?

You enter the donut hole when your total drug costs – including what you and your plan have paid for your drugs – reaches a certain limit. Medicare changes that limit every year.

Here's how it works:

1. Deductible Stage

Most Senior Care Plus plans do not require you to meet a deductible, so you will enter the initial coverage stage **starting January 1st**. Check your Evidence of Coverage for more information.

PLEASE NOTE: Not every drug plan member will go through all of these phases of coverage.

IN THE INITIAL COVERAGE PHASE



2. Initial Coverage Stage

You only pay the copay/coinsurance assigned by your plan benefits until your out of pocket costs total **\$4,660**

IN THE COVERAGE GAP PHASE



3. Coverage Gap/Donut Hole

You pay **25%** of the plan's cost for covered brand name drugs and **25%** of the plan's cost for covered generic drugs. You stay in the coverage gap stage until your out-of-pocket costs reach a certain amount (**in 2023 it is \$7,400**), at which point you enter the catastrophic coverage stage.

IN THE CATASTROPHIC COVERAGE PHASE



4. Catastrophic Coverage Stage

Once you have reached the catastrophic coverage phase, your plan pays **95%** of the cost of your covered drugs. You pay **5%**.

↑
YOU PAY



How can I keep track of which coverage stage I am in?

On January 1 of each year, your plan resets and the phases of coverage start over. It is important to keep track of which stage of coverage you are in throughout the year to help prepare you for the next stage of coverage. We will provide you with an Explanation of Benefits (Part D EOB) that will help you keep track of how much you and the plan, as well as any third parties have spent on your behalf during the year, and tell you which state you are in.

How can I manage my medication costs to avoid or delay the coverage gap?

Early planning and awareness play a key role in helping you manage your medication costs, and we are here to help you!

Here are some things you can do:

- 1. Talk to your Primary Care Provider (PCP).** Your primary care provider (PCP) can review your medications and make sure the medications you are prescribed are from your drug formulary. Your PCP can also determine if a generic drug or over-the-counter medication is available to replace a brand name medication.
- 2. Go mail order!** With mail order, you pay just two copays instead of two and one-half copays for a 100-day supply, and by using mail order many generic drugs are available at no cost to you (\$0 generic benefit). Check out the mail order section of this booklet.
- 3. Prescription drug assistance programs.** If your gross annual income is at or below a defined threshold, you may qualify for a drug manufacturer assistance program. Call Senior Care Plus Customer Service at **775-982-3112** and ask for a pharmacy team medication review to see if you qualify.



Pharmacy frequently asked questions and phone numbers

I need help with this...who can help me?	Senior Care Plus (SCP) Call toll free, 888-775-7003	Medical Provider	Pharmacy/Pharmacist
My medication is not covered	Call to ask, or write a letter to SCP for a coverage exception.	Ask your provider what medications in the same drug class are covered by Senior Care Plus.	Ask the pharmacy to submit a prior authorization request to your provider to start the exception process
Why did my copay/coinsurance go up/down?	Call SCP customer service so they can connect you with one of our pharmacy services representatives		
I cannot afford my medication, are there less expensive options?	Call SCP customer service so they can connect you with one of our pharmacy services representatives.	Discuss with your provider to see if there is a less expensive alternative to treat your condition.	
Am I on the right plan for the medications I take?	Call SCP customer service/sales to help 775-982-3112.		
I would like to talk to a pharmacist about my medications.	Call SCP customer service so they can connect you with one of our pharmacists		Call the pharmacy that fills your prescriptions and ask to talk with the pharmacist.
How do I synchronize my refills so I can pick them up/have them delivered at the same time?	If the pharmacy needs help with overriding requests to synchronize your refills, you can reach out to SCP for assistance.		Call the pharmacy that fills your prescriptions and ask them to get your fills aligned together.

I need help with this...who can help me?	Senior Care Plus (SCP) Call toll free, 888-775-7003	Medical Provider	Pharmacy/Pharmacist
How do I get my prescriptions delivered?	Sign up for one of our preferred mail order pharmacies. <i>See pages 38-45 for contact information.</i>		Call your pharmacy to see if they offer a delivery service.
I stopped taking my medication due to side effects.		Discuss alternative treatments with your provider to see if there is another way to treat your condition without causing side effects.	Discuss with your pharmacist to see if there is an alternative to treat your condition without causing side effects.
I am in the gap coverage phase and cannot afford my medications.	Call SCP customer service to connect you with a pharmacy representative to see if you are eligible for drug programs.		

Best Start Health Quiz **Answers:**

Page 9 – QUIZ QUESTION

All people 65 years of age and older need a Primary Care Provider (PCP) who specializes in geriatric medicine.

Answer: FALSE – *Seniors in good health do not need to select a PCP who specializes in geriatric medicine. Family and internal medicine providers are more than capable of caring for seniors. Older adults with complex medical issues should consider selecting a PCP specializing in geriatric medicine.*

Page 19 – QUIZ QUESTION

A referral and an authorization are the same thing.

Answer: FALSE – *A referral is a recommendation by your PCP to see a specialist. An authorization is a determination by the health plan that the service requested is medically necessary and approved for payment.*

Page 21 – QUIZ QUESTION

You will save money when you use a Preferred provider or facility.

Answer: TRUE – *You will have a lower copay when you utilize a Preferred provider or facility.*

Page 24 – QUIZ QUESTION

If you have questions about a bill you received from a provider, you should contact the provider first.

Answer: TRUE – *Most billing issues are most effectively resolved by contacting the provider. Senior Care Plus is happy to assist you if the provider does not adequately address your concerns.*

Page 38 – QUIZ QUESTION

A 100-day supply of a maintenance medication will save you money.

Answer: TRUE – *When you request a 100-day supply of a maintenance medication like those that treat high blood pressure or high cholesterol, you pay just two copays for a mail-order prescription or just two and one-half copays for a retail pharmacy prescription.*

Page 39 – QUIZ QUESTION

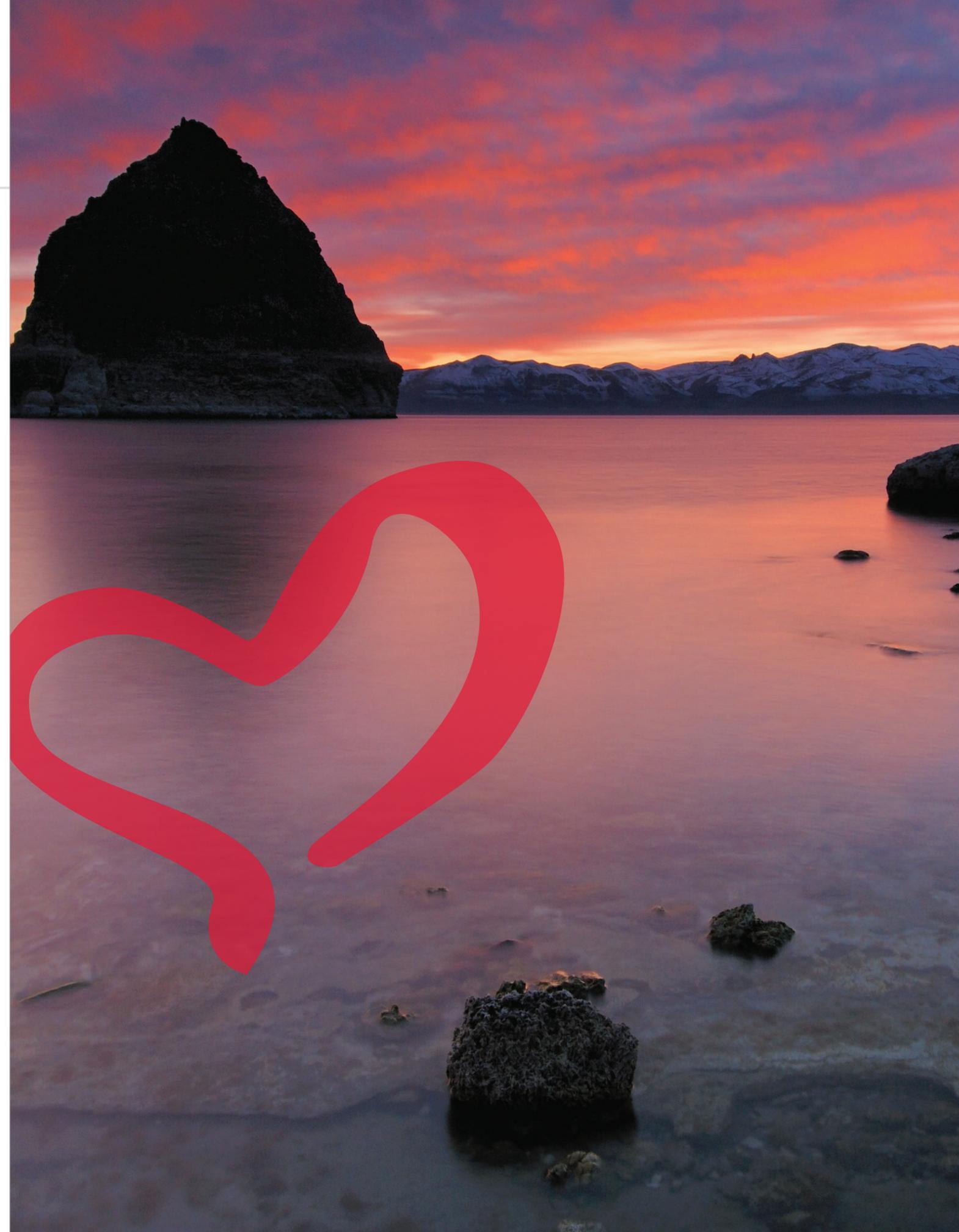
Do I need to call for a refill with a mail order pharmacy?

Answer: TRUE – *You must call the mail order pharmacy when you need a refill. Please call them 10-12 days before you run out of your medication to allow time for shipment.*

Page 41 – QUIZ QUESTION

You must have a Renown Primary Care Provider to utilize the Renown Health Pharmacy.

Answer: FALSE – *Any Senior Care Plus member can utilize the Renown Health Pharmacy for either retail pick-up or mail order.*





LOOK INSIDE:

For everything you need to know to get started and get the most out of your Senior Care Plus Medicare Advantage plan!

PLAY THE HEALTH QUIZ GAME!

Can you answer all of the questions CORRECTLY?

Senior Care Plus

10315 Professional Cir. • Reno, NV 89521

Lobby Hours: Monday – Friday • 8 a.m. to 5 p.m.

775-982-3112 • 888-775-7003 (Toll-Free)

Información en español **775-982-3242**

711 (TTY / Toll-Free)

Call Center Hours:

Monday – Sunday • 7 a.m. to 8 p.m.

Email: Customer_Service@HometownHealth.com

SeniorCarePlus.com

LIBERTY Dental Plan

888-442-3193 (Toll-Free)

877-855-8039 (TTY / Toll-Free)

Monday – Friday • 8 a.m. to 8 p.m.

EyeMed

866-723-0513

Monday – Saturday • 7:30 a.m. to 11 p.m. (EST)

Sunday • 11 a.m. to 8 p.m. (EST)

MedImpact – Prescription Drug Coverage

800-681-9585 (Toll-Free)

711 (TTY / Toll-Free)

You can call MedImpact

7 days a week, 24 hours a day.

Teladoc

800-835-2362

You can call Teledoc

7 days a week, 24 hours a day.

NationsHearing®

877-200-4189 (Toll-Free)

711 (TTY / Toll-Free)

You can call NationsHearing®

7 days a week, 24 hours a day.