

# Complete Plan

Senior Care Plus is pleased to bring the Complete Plan to residents of Clark County and Nye County.

Choose the Complete Plan and receive thousands of dollars in extra benefits for a \$0 premium. FOR THIS PLAN, beneficiaries must reside in **Clark County** or **Nye County**.

HMO Benefits	Complete Plan - 019
<b>MONTHLY PLAN PREMIUM</b>	<b>\$0</b>
<b>Maximum Out-of-Pocket</b>	\$700 per year
<b>PHYSICIAN OFFICE VISITS</b>	
<b>Primary Care Provider (PCP) Visit</b>	\$0 per visit
<b>Specialist Visit</b>	\$0 per visit
<b>Preventive (ACA Covered) Screenings</b>	\$0 per visit
<b>LAB, IMAGING AND DIAGNOSTICS</b>	
<b>Routine Lab Services</b>	\$0 per visit
<b>X-Ray Services</b>	\$0 per test
<b>Imaging (CT / PET / MRI)</b>	\$35 / \$85 / \$35 per test
<b>FACILITY / SURGICAL</b>	
<b>Inpatient Hospital Services</b>	\$0 per day
<b>Outpatient Hospital Services</b>	\$0 per visit
<b>Skilled Nursing</b>	\$0 days 1-20, \$200 days 21-40
<b>EMERGENCY AND URGENT CARE</b>	
<b>Urgent Care Center Services</b>	Preferred: \$10 per visit / Non-Preferred: \$40 per visit
<b>Emergency Room Services</b>	\$140 per visit
<b>Ambulance Services (ground / air)</b>	\$75 per trip / \$125 per trip
<b>Rx</b>	
<b>Rx - Annual Deductible*</b>	N/A
<b>Rx - Preferred Generic (1)*</b>	\$2 per prescription
<b>Rx - Non-Preferred Generic (2)*</b>	\$8 per prescription
<b>Rx - Preferred Brand (3)*</b>	\$47 per prescription
<b>Rx - Non-Preferred Brand (4)*</b>	47% Coinsurance
<b>Rx - Specialty (5)*</b>	33% Coinsurance
<b>Rx - Select Drugs (6)*</b>	\$0 per prescription
<b>Rx-90-day Retail / Rx-90-day Mail</b>	2.5 times 30-day / 2 times 30-day
<b>OTHER</b>	
<b>TELADOC</b>	\$0 per visit
<b>Durable Medical Equipment</b>	20% per item / supply
<b>Chiropractic Services</b>	\$0 per visit
<b>Vision (Routine Coverage / EyeMed)</b>	\$0 per exam, \$170 allowance
<b>Hearing Exam / Hearing Aid Coverage</b>	\$0 per exam (yearly) / 2 hearing aids per year up to \$3,000
<b>Fitness Benefit</b>	Up to \$30 reimbursement monthly
<b>Dental Coverage (LIBERTY Dental Plan)</b>	\$2,000 Comprehensive, first-dollar coverage
<b>Over-the-Counter Benefit (NationsOTC®)</b>	\$105 per quarter
<b>Acupuncture (Low back pain only)</b>	\$10 per visit / Max 30 visits

2026 PLAN BENEFITS

*\*All copays are for a 30-day supply unless otherwise noted. / Rx 90-day Retail you pay 2.5 times for a 30 day supply. / Rx 90-day Mail order you pay 2 times a 30 day supply.*

View the notice of privacy practices at [SeniorCarePlus.com](http://SeniorCarePlus.com). You can also visit the website to view the plan's Evidence of Coverage to see a complete list of benefits, exclusions, and operating procedures or call **775-982-3112** to request a copy.

This is an advertisement. Senior Care Plus is a Medicare Advantage HMO organization with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and premiums and/or copayments/coinsurance may change on January 1 of each year. Other providers are available in our network. A salesperson will be present with information and applications. For accommodation of persons with special needs at sales meetings call 775-982-3158 and 711 for TTY for more information. Material ID: H2960\_2026\_OnePage\_CompleteBAAG\_M