

# Essential Plan

Giving residents of Washoe County, Storey County and Carson City access to our widest provider network, with a \$0 monthly premium.

Essential Plan members can select a community provider as their Primary Care Provider while still enjoying access to Renown Health providers and facilities.

FOR THIS PLAN, beneficiaries must reside in **Washoe County, Storey County** or **Carson City**.

# 2025 PLAN BENEFITS

HMO Benefits	Essential Plan - 012
<b>MONTHLY PLAN PREMIUM</b>	<b>\$0</b>
<b>Maximum Out-of-Pocket</b>	\$2,700 per year
<b>PHYSICIAN OFFICE VISITS</b>	
<b>Primary Care Provider (PCP) Visit</b>	Preferred: \$0 per visit / Non-Preferred: \$10 per visit
<b>Specialist Visit</b>	\$30 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>	\$35 per test
<b>Imaging (CT / PET / MRI)</b>	\$65 / \$100 per test / \$100 per test
<b>FACILITY / SURGICAL</b>	
<b>Inpatient Hospital Services</b>	Preferred: \$250 / 4 days per period Non-Preferred: \$440 / 5 days per period
<b>Outpatient Hospital Services</b>	Preferred: \$250 per visit / Non-Preferred: \$440 per visit
<b>Skilled Nursing</b>	\$20 days 1-20, \$200 days 21-34
<b>EMERGENCY AND URGENT CARE</b>	
<b>Urgent Care Center Services</b>	\$20 In-Network / \$65 Out-of-Network
<b>Emergency Room Services</b>	\$140 per visit
<b>Ambulance Services (ground / air)</b>	\$275 per trip
<b>Rx</b>	
<b>Rx - Annual Deductible*</b>	N/A
<b>Rx - Preferred Generic (1)*</b>	\$5 per prescription
<b>Rx - Non-Preferred Generic (2)*</b>	\$12 per prescription
<b>Rx - Preferred Brand (3)*</b>	\$47 per prescription
<b>Rx - Non-Preferred Brand (4)*</b>	50% 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 / Doctoroo</b>	\$0 per visit / \$20 per visit
<b>Durable Medical Equipment</b>	20% per item / supply
<b>Chiropractic Services</b>	\$20 per visit
<b>Vision (Routine Coverage / EyeMed)</b>	\$0 per exam, \$250 allowance
<b>Hearing Exam / Hearing Aid Coverage</b>	\$0 per exam (yearly) / 2 hearing aids per year; \$495 - \$1,970
<b>Fitness Benefit</b>	Included - see list of gyms at <a href="http://SeniorCarePlus.com">SeniorCarePlus.com</a>
<b>Dental Coverage (LIBERTY Dental Plan)</b>	Preventative Included
<b>Over-the-Counter Benefit (NationsOTC®)</b>	\$50 per quarter
<b>Acupuncture (Low back pain only)</b>	\$30 visit / Max 20 visits

\*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.