

Extensive Duals Plan

For individuals with Medicare and Medicaid in Washoe County and Carson City.

The Extensive Duals Plan from Senior Care Plus is an outstanding Medicare Advantage plan option for individuals who also qualify for Medicaid. The Extensive Duals Plan is an HMO plan that requires a Renown primary care provider and allows access to all that Renown Health has to offer.

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

HMO Benefits	Copays for Members with Medicaid & Extra Help - 024
MONTHLY PLAN PREMIUM	\$0
Maximum Out-of-Pocket	\$0 per year
PHYSICIAN OFFICE VISITS	
PCP Visit (Must use Renown PCP)	\$0 per visit
Specialist Visit	\$0 per visit
Preventive (ACA Covered) Screenings	\$0 per visit
LAB, IMAGING AND DIAGNOSTICS	
Routine Lab Services	\$0 per visit
X-Ray Services	\$0 per test
Imaging (CT / PET / MRI)	\$0 / \$0 / \$0 per test
FACILITY / SURGICAL	
Inpatient Hospital Services	\$0 per stay
Outpatient Hospital Services	\$0 per visit
Skilled Nursing	\$0 days 1-20, \$0 days 21-100
EMERGENCY AND URGENT CARE	
Urgent Care Center Services	\$0 In-Network / \$0 Out-of-Network
Emergency Room Services	\$0 per visit
Ambulance Services (ground / air)	\$0 per trip
Rx	
Rx - Annual Deductible*	\$0 Deductible per year
Rx - Preferred Generic (1)*	Generic \$0 - \$4.90
Rx - Non-Preferred Generic (2)*	Generic \$0 - \$4.90
Rx - Preferred Brand (3)*	Brand \$0 - \$12.15
Rx - Non-Preferred Brand (4)*	Brand \$0 - \$12.15
Rx - Specialty (5)*	33% Coinsurance
Rx - Select Drugs (6)*	Not Covered
OTHER	
TELADOC / Doctoroo	\$0 per visit / \$0 per visit
Durable Medical Equipment	0%-20% per item / supply
Chiropractic Services	\$0 per visit
Vision (Routine Coverage / EyeMed)	\$0 per exam, \$400 allowance
Hearing Exam / Hearing Aid Coverage	\$0 per exam (yearly) / 2 hearing aids per year; \$495 - \$1,970
Fitness Benefit	Included - see list of gyms at SeniorCarePlus.com
Dental Coverage (LIBERTY Dental Plan)	\$2,500 Comprehensive Included
Over-the-Counter Benefit (NationsOTC®)	\$205 per quarter
Acupuncture (Low back pain only)	0% - 20% per visit

2025 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. 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.