

THE COMPLETE PLAN



A 2025 MEDICARE ADVANTAGE PLAN FOR CLARK COUNTY AND NYE COUNTY.

Senior Care
Plus 

SeniorCarePlus.com

Senior Care Plus

SENIOR CARE PLUS IS PROUD TO OFFER THE

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.

Call **775-982-3158** or visit **SeniorCarePlus.com** to enroll in the Complete Plan today.

Signing up has many benefits – HERE ARE JUST A FEW OF THEM:



\$0 copay for primary care and specialist office visits



Maximum out-of-pocket just \$850

No monthly premium and no deductible



Eye exam and glasses or contact lens coverage



Rewards card – get rewarded for healthy activities



\$105 Over-the-Counter (OTC) quarterly benefit

\$2,000 comprehensive dental benefits



Gym benefit included



Hearing exam and hearing aid coverage



Transportation to and from medical visits

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_2025_CompleteBAAG_M (CMS Accepted)

FOR THIS PLAN, beneficiaries must reside in **Clark County** or **Nye County**.

HMO Benefits	Complete Plan - 019
MONTHLY PLAN PREMIUM	\$0
Maximum Out-of-Pocket	\$850 per year
PHYSICIAN OFFICE VISITS	
Primary Care Provider (PCP) Visit	\$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)	\$50 / \$100 / \$50 per test
FACILITY / SURGICAL	
Inpatient Hospital Services	\$0 per day
Outpatient Hospital Services	\$0 per visit
Skilled Nursing	\$0 days 1-20, \$200 days 21-40
EMERGENCY AND URGENT CARE	
Urgent Care Center Services	Preferred: \$10 per visit / Non-Preferred: \$40 per visit
Emergency Room Services	\$140 per visit
Ambulance Services (ground / air)	\$175 per trip / \$225 per trip
Rx	
Rx - Annual Deductible*	N/A
Rx - Preferred Generic (1)*	\$2 per prescription
Rx - Non-Preferred Generic (2)*	\$8 per prescription
Rx - Preferred Brand (3)*	\$47 per prescription
Rx - Non-Preferred Brand (4)*	50% Coinsurance
Rx - Specialty (5)*	33% Coinsurance
Rx - Select Drugs (6)*	\$0 per prescription
Rx-90-day Retail / Rx-90-day Mail	2.5 times 30-day / 2 times 30-day
OTHER	
TELADOC	\$0 per visit
Durable Medical Equipment	20% per item / supply
Chiropractic Services	\$0 per visit
Vision (Routine Coverage / EyeMed)	\$0 per exam, \$170 allowance
Hearing Exam / Hearing Aid Coverage	\$0 per exam (yearly) / 2 hearing aids per year up to \$3,000
Fitness Benefit	Silver & Fit® Membership Included
Dental Coverage (LIBERTY Dental Plan)	\$2,000 Comprehensive, first-dollar coverage
Over-the-Counter Benefit (NationsOTC®)	\$105 per quarter
Acupuncture (Low back pain only)	\$10 per visit / Max 30 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**. 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.

2025 PLAN BENEFITS