YOUR SENIOR CARE PLUS

2024 Best Start Booklet HAS ARRIVED!





How to Use Your 2024 **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**.



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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.

STARTING JANUARY 1, 2024 – you will need to use your new ID card to get your prescriptions filled.



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.



MyChart is a secure web-based application offered by Renown Health 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.

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.

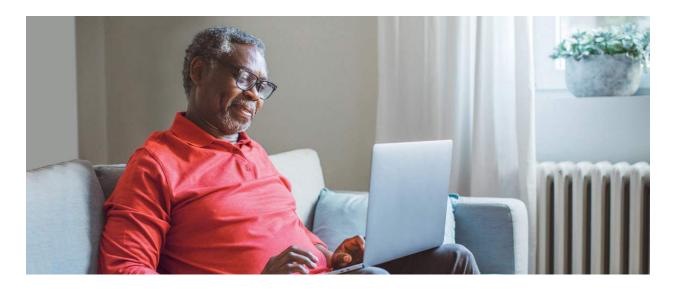
MyChart is the key to your healthcare, even if you don't see a Renown Primary Care Provider.

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

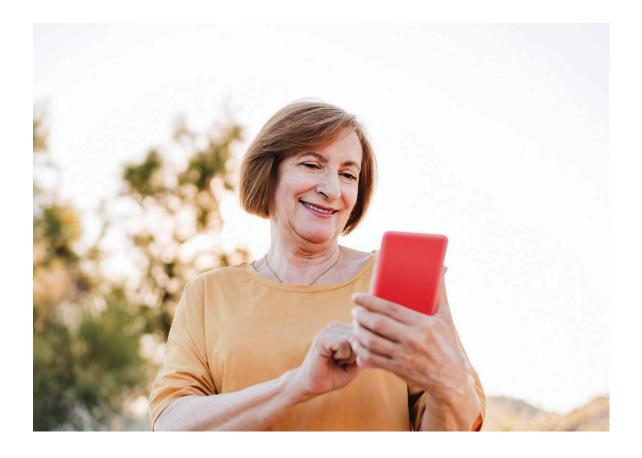
To install the MyChart app, go to the Apple App Store or Google Play Store and search for **MyChart**.

- 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

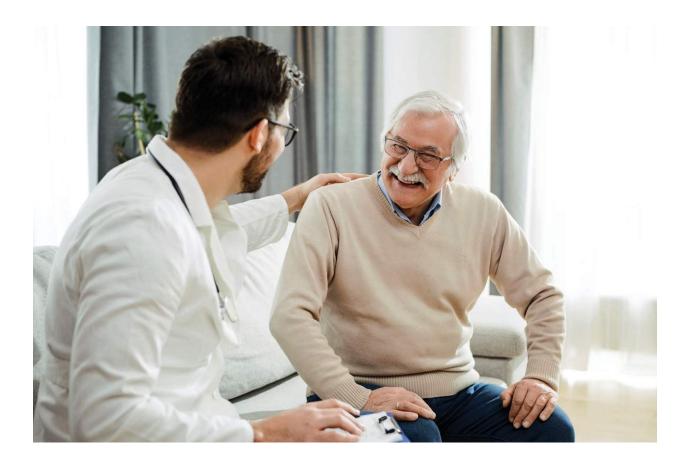


The importance of your relationship with your Primary Care Provider (PCP).

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

Your 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.



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Tips to choose the RIGHT Primary Care Provider for YOU.

A Primary Care Provider 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:

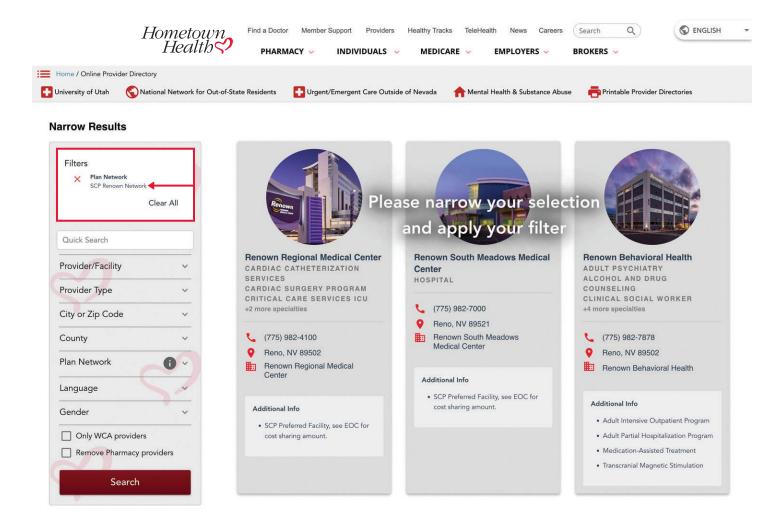
- 1. Choose an In-Network PCP. Selecting an in-network provider will help you avoid a surprise out-of-network charge or having to pay the total cost out-of-pocket. You can find an in-network PCP by visiting SeniorCarePlus.com/Directories (see page 10 for more information) or by calling 775-982-3112.
- **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.

If you are on the Renown Preferred Plan, you must choose a PCP on the Renown Preferred Network.

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Where can I find the Senior Care Plus provider directory?

We recommend using the online provider directory (instead of a printed version). The online provider directory is always up-to-date, and will include important information about newly added providers, and will exclude any providers that are no longer available. To access the online directory visit **SeniorCarePlus.com**, click on **Directories** and choose the plan you are enrolled in. If you are not sure which plan you are on, look at your ID card. Your plan name is listed there. After clicking on your plan name, you will see the directory. Notice that at the top of the search tool, your network is already visible. It is important that when searching your plan name appears in the filters box. This ensures that your search does not include out of network providers.



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 CLINIC POWERED BY RENOWN



SENIOR CARE PLUS HAS COLLABORATED WITH RENOWN MEDICAL GROUP TO BRING YOU A SENIOR-FOCUSED FACILITY JUST FOR SENIOR CARE PLUS MEMBERS.

The Senior Care Plus member-focused facility is centrally located in Reno at:

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

Members who choose to make the Del Monte Senior Care Plus / Renown Medical Group their primary care facility enjoy:

- No-rush primary care visits
- Geriatric-focused providers
- Personal assistants on site

If you do not currently have a Renown Primary Care provider, now would be a great time to call Senior Care Plus at **775-982-3112** and say you would like to make Renown's Senior Care Plus Del Monte facility your home for primary care.









Images of Renown's dedicated Senior Care Plus Del Monte facility in Reno.

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Senior Care Plus Personal Assistant TEAM

Did you know Senior Care Plus offers a concierge healthcare experience? 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 THE LOCATION
OF YOUR PRIMARY CARE PROVIDER TO GET STARTED!

Carson City – *South Carson* McCabe South Meadows 775-982-3460 775-982-3047 775-982-3464

Caughlin Ranch North Hills South Meadows Pavilion

775-982-3461 775-982-3462 775-982-3466

 Del Monte
 Pringle
 Summit Sierra

 775-982-8438
 775-982-3038
 775-982-3467

Los Altos Robb Vista

775-982-3051 775-982-3463 775-982-3468

STEP 3: Schedule Your Comprehensive Health Assessment



We have some wonderful news to share with you. We've just opened two new comprehensive health assessment locations to make sure you get the best care possible! When you decide to book your Comprehensive Health Assessment (CHA) at one of these new locations, you'll receive personalized check-ups and helpful advice to keep you feeling your best.

During your appointment, we'll talk about things like how to stay steady on your feet, eat well, stay active, quit smoking, manage your weight, and take care of your emotional well-being. Plus, you'll have plenty of time to chat with our caring doctors about any health concerns you may have. We'll even share all the important information from your visit with your primary care provider to make sure they have all the information they need to provide excellent care to you.

Our New Comprehensive Health Assessment Locations:

SPARKS LOCATION: 202 Los Altos Pkwy., Sparks, NV 89436

RENO LOCATION: 740 Del Monte Ln. Ste 3, Reno, NV 89511

To schedule your assessment, give us a call at 775-982-2605 or 888-775-7003.

AND HERE'S A BONUS! When you complete your Comprehensive Health Assessment, you will earn \$50 or more through our Healthy Rewards Program. **See page 32 to learn more about the Healthy Rewards Program.**





SPARKS LOCATION: 202 Los Altos Pkwy. • Senior Care Plus facility

RENO LOCATION: 740 Del Monte Ln. • Renown's dedicated Senior Care Plus facility

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

3 HEALTH ASSESSMENTS	Annual Wellness Visit	Annual Wellness Visit Annual Physical Exam	
YOUR COST	\$0	\$0	\$0
When should I schedule?	We recommend completing this visit in the first 6 months of the plan year.	Anytime throughout the year.	We recommend completing this visit in the first 6 months of the plan year.
Your PCP's office Where will this visit be?		Your PCP's office	202 Los Altos Pkwy. Sparks, NV OR 740 Del Monte Ln., Ste. 3 Reno, NV
Who will I see at this visit?	Your PCP	Your PCP	An Advanced Practice Provider or Mid-Level Practitioner
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 that 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 and care planning. It usually includes blood work.	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.
What it's 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.
How to schedule	Call your PCP's office. If you have a Renown PCP, you may schedule via MyChart or by calling 775-982-5000 .	Call your PCP's office. If you have a Renown PCP, you may schedule via MyChart or by calling 775-982-5000 .	Call 775-982-2605 or 888-775-7003 to schedule. If you have a Renown PCP, your personal assistant may reach out to you to schedule.

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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:

- O I have limitations with my regular daily activities.
- I have pain that interferes with my normal work.
- O I have limitations with my social activities.

O I don't experience any of the above.

RISK OF FALLS

Mark the option that best describes you:

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

BLADDER CONTROL

Mark any that apply to you:

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

MENTAL HEALTH

Mark all that currently apply:

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

TESTS AND TREATMENTS

If any tests are ordered today...

Ask:

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- When can I expect results?
- Will I receive a follow-up call?

YES NO

Do I need a follow-up appointment?

YES NO





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 answered within two business days or less. The message 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.



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

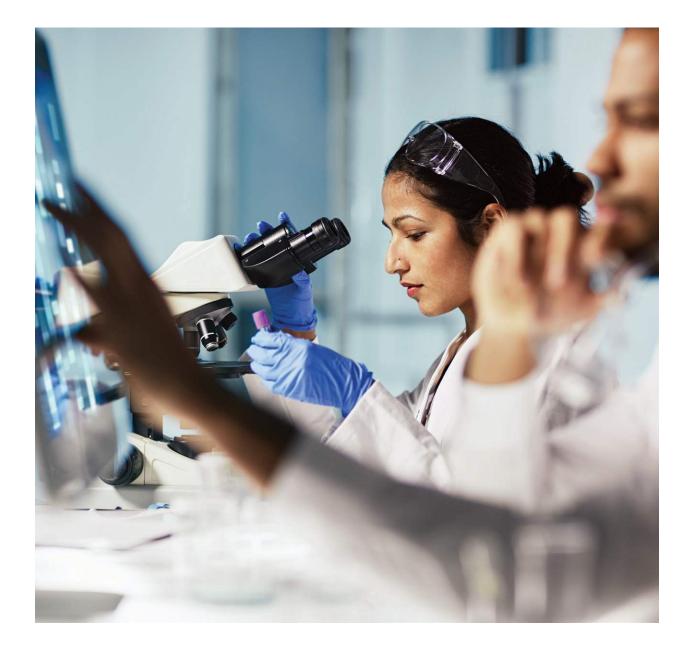
To receive email or text messages when new MyChart messages or test results are available:

- 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. By law, 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. We recommend that any time a test is ordered, you ask your provider what the process of getting your test results will be, so you know what to expect.



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.



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, seven 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

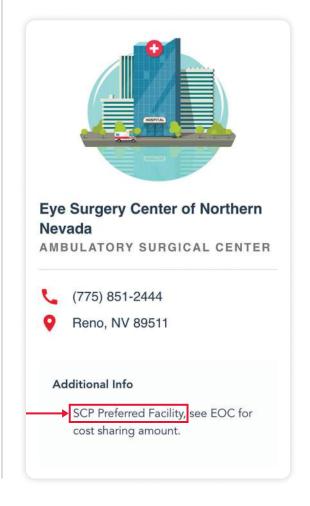


Non-Preferred Facility:

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.



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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 745.00

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

Service Details

Date Service 2

3/30/21 OFFICE/OUTPATIENT
ESTABLISHED MOD MDM
30-39 MIN

Claim Totals:

8 6 Patient Allowed Copay Deductible Co-Insurance Covered Code Total 45.00 110.00 110.00 0.00 0.00 0.00 45.00 110.00 0.00 45.00 110.00 0.00 45.00

Code Summary

(9)

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 an overview 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.

24 – **25**

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 for which you are responsible. 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.



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LIBERTY Dental Plan – same great service and bigger provider network!



Dental benefits for Senior Care Plus members are administered by LIBERTY Dental Plan. **LIBERTY has an expanded provider network.** In 2023, we added 33 new dental providers to the network.

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 is 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

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.

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 8 a.m. to 8 p.m. (PST), seven days per week. Language support services are available free of charge.



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





Technology Level, Pricing	DESCRIPTION	ReSound	Starkey
LEVEL 1 \$495 Per Device	 Best for people who live a quieter lifestyle Intended for simpler sound situations such as home or small meetings Great for one-on-one, smaller or closer conversations 	• Key 2	• Livio 1000
LEVEL 2 \$670 Per Device	 Helps in listening situations with minimal background noise Good for one on one conversations in small groups (three people or less) 	• Key 3	
LEVEL 3 \$970 Per Device	 Designed for people who are moderately active Good for sound environments with moderate levels of background noise Ideal for quieter restaurants or shopping 	• Key 4	Evolv AI 1200Livio 1200Picasso 1200
LEVEL 4 \$1,270 Per Device	 Designed for active people Improved speech clarity Binaural processing (hearing aids communicate with each other) Superior sound quality Assists with background noise 	 Enzo Q 5 LiNX Quattro 5 ONE 5 Custom by ReSound 5 OMNIA 5 	• Evolv Al 1600 • Livio 1600 • Picasso 1600/ i1600"
LEVEL 5 \$1,570 Per Device	 Designed for very active people Designed to deliver the best possible hearing and speech clarity even in complex sound situations Binaural processing (hearing aids communicate with each other) Greater adjustability Best noise reduction and sound isolation Best wind noise manager (great for golfers, boaters & outdoor lifestyles) 	 Enzo Q 7 LiNX Quattro 7 ONE 7 Custom by ReSound 7 OMNIA 7 	Evolv Al 2000Livio 2000Picasso 2000/ i2000
LEVEL 6 PREMIUM SPECIALTY \$1,970 Per Device	Greater adjustability, includes automatic adjustment Best poise reduction and sound isolation that allow conversations to be	 Enzo Q 9 LiNX Quattro 9 ONE 9 Custom by ReSound 9 OMNIA 9 	Evolv AI 2400Livio 2400Picasso 2400/ i2400

Renown Preferred Plan • Essential Plan • Extensive Duals Plan:

Up to two hearing aids per year. Hearing aids: \$495 – \$1,970 copayment. Copay varies based on the technology level selected.

HEARING AID MANUFACTURERS AND MODELS AVAILABLE

This information is intended to help you discuss which option is best for you with your NationsHearing® provider. Makes and models subject to change. Hearing devices must be ordered by a NationsHearing® provider.

Technology Level, Pricing	Phonak	Oticon	Unitron	Widex	Beltone	Signia	Rexton
LEVEL 1 \$495 Per Device		• Ruby 2 (non-rechargeable)			• XC 2		M-Core 20Sterling 20
LEVEL 2 \$670 Per Device	Marvel 30	Ruby 2 (rechargeable)Zircon 2 (non-rechargeable)	• Blu 1 • DX 3	• Evoke 220	• XC3		• M-Core 30 • Sterling 30
LEVEL 3 \$970 Per Device	Marvel 50Paradise 30	 Zircon 2 (rechargeable) Zircon 1 Own 5 Own 4	Blu 3Blu 5(Moxi 312, Stride UP, Insera)DX 5	Magnify 110	• XC 4	• 2 X • 2 AX • 2 NX	
LEVEL 4 \$1,270 Per Device	Marvel 70Paradise 50		Blu 5 Moxi RT, (Moxi R, Stride PR)DX 7	Magnify 220	Boost Ultra 6XB 5	• 3 X • 3 AX • 3 NX	
LEVEL 5 \$1,570 Per Device	• Marvel 90 • Paradise 70	Own 3More 3Xceed 3Own 2More 2Xceed 2Play PX 2	• Blu 7 • DX 9	Magnify 330	Boost Ultra 9XB 7	• 5 X • 5 AX • 5 NX	
LEVEL 6 PREMIUM SPECIALTY \$1,970 Per Device	• Paradise 90	Own 1More 1Xceed 1Play PX 1	• Blu 9	Magnify 440	Boost Ultra 17XB 9	• 7 X • 7 AX • 7 NX	

Complete Plan · Select Plan · Patriot Plan:

Up to \$400 copayment allowance toward the cost of up to two hearing aids from NationsHearing® every benefit period. You are responsible for any remaining cost after the plan's benefit maximum is applied.



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.

IMPORTANT: Rewards are loaded when Senior Care Plus receives an eligible claim from one of your providers. Please allow 4-6 weeks for your rewards to be added to your Rewards card. PLEASE BE PATIENT. You can check your rewards balance on SeniorCarePlus.NationsBenefits.com.

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 2024.

Complete your Comprehensive Health Assessment to earn a reward.

Colonoscopy • \$50

Mammogram • \$15

FIT Test or Coloquard Test • \$10

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

Your Healthy Rewards card is a pre-paid MasterCard that can be used to purchase eligible items at participating retail locations. The card may not be used to buy alcohol, tobacco, firearms or other restricted items.

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* anywhere Mastercard is accepted. You can even use your Healthy Rewards card to buy gasoline at the pump!

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 8 a.m. to 8 p.m. (PST), seven days per week.

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



NationsOTC® makes ordering products easier than ever

For 2024, Senior Care Plus members will order their Over-The-Counter (OTC) products from our 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 • \$200 per quarter

Select Plan • \$160 per quarter

Complete Plan • \$100 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

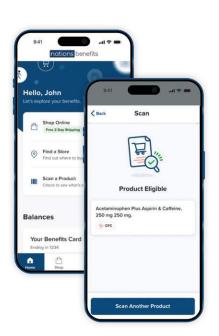
To place an order by phone, please call **877-200-4189** (TTY: 711). Member Experience Advisors are available 24 hours per day, seven days per week, 365 days per year.

Introducing NationsBenefits® Pro Application



NationsBenefits will be launching a new application for members to interact with their benefits for both iOS and Android devices. This app will provide members with a variety of ordering and administrative functions, and an improved member experience across all benefits.

- **1. Personalized user experience:** Members will have custom actions that are most important to them such as face-recognition login, fingerprint scanning login, shopping, store locator, barcode scanning, and benefits balance check.
- **2. Seamless shopping experience:** Intuitive shopping experience comparable to major e-commerce retailers including predictive product search, quick additions, 360 images, and a secure checkout.
- **3. Modern technology framework:** Introduces mobile native iOS and Android components alongside a modern, flexible tech stack for enhanced, speed stability, and time-to-market improvements.
- **4. Simple application transition:** After-launch the old application will re-direct members to download the new application. Members will be able to use their existing credentials to log in for the first time.









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

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.
- This service cannot be used when the patient has been under anesthesia and/or sedation within the past 24 hours, as Uber health drivers are the same pool of drivers as the rest of Uber. They are not trained in healthcare emergencies and cannot help a rider in and out of a vehicle.
- Uber WAV must be scheduled the day of your appointment. We recommend calling to schedule 3-4 hours in advance.
- Uber Health flexible ride option is where coordinators can pre-set the
 pick-up and drop-off destinations and select a 24 hour window. The rider
 controls when to request the driver by reply "1" to the SMS they receive.
 Flexible rides are great for return trips when you're not sure when the rider
 will be ready to leave. Flexible Rides should be used when you manage
 your own text messages.



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 · Red Rock · Pleasant Valley · Sparks

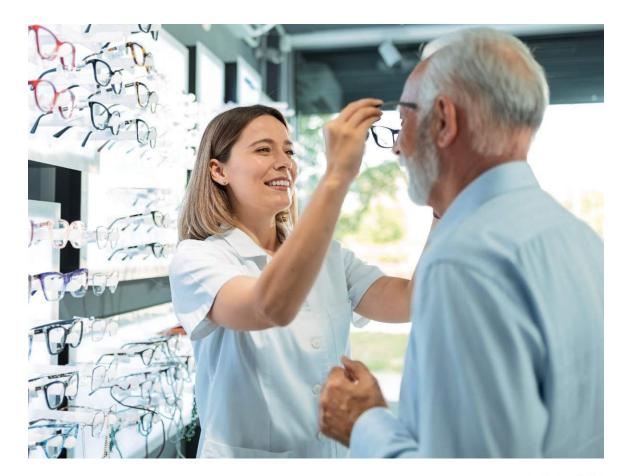
Cold Springs • New Washoe City • South Reno • Sun Valley

Hidden Valley
 North Reno
 Southwest Reno
 Verdi

Lemmon Valley
 Reno
 Spanish Springs
 Washoe Valley

IMPORTANT NOTE ABOUT UBER HEALTH:

For calendar year 2024, Uber Health Transportation Service is limited to 12 round-trip rides or 24 one-way rides.



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**
- o 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.

STEP 5: Understanding Your Prescription Drug Benefit



Senior Care Plus partners with Optum Rx® to provide prescription drug coverage.* Optum Rx has built a custom web portal just for Senior Care Plus members.



You can access the Optum Rx portal by visiting **OptumRx.com**. Have your Senior Care Plus Member ID card handy and follow the simple registration steps to set up your account.

On the Optum Rx portal you will find a variety of tools including:

- **Formulary Lookup** Use this tool to search for prescription drugs covered by your plan.
- **Find in-network pharmacies near you** This tool helps you find in-network pharmacies, particularly helpful when traveling.
- **Medication pricing and coverage** Very helpful tool that allows you to compare pricing of prescription drugs at nearby pharmacies.

^{*}All Senior Care Plus plans except for the Patriot Plan offer a Part D prescription drug benefit.



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RENOWN PHARMACY

here to serve Senior Care Plus members

With helpful pharmacists, three convenient locations, and a money-saving mail order program, Renown Pharmacy has great local pharmacies for all your prescription drug needs.

RENOWN PHARMACY IS A FULL-SERVICE PHARMACY THAT ALSO SPECIALIZES IN HARD-TO-FIND PHARMACEUTICALS NOT TYPICALLY STOCKED AT OTHER RETAIL LOCATIONS, SUCH AS CERTAIN COMPOUND MEDICATIONS. RENOWN PHARMACY OFFERS VACCINATIONS AT ALL OF THEIR LOCATIONS.

Three locations to choose from – including the newest pharmacy on the Renown South Meadows campus – see map on page 41.

1. Renown Pharmacy Locust 21 Locust St., Reno, NV 89502 775-982-5280

Mon. – Fri. • 8 a.m. to 5 p.m.

2. Renown Pharmacy Pringle 75 Pringle Way, Reno, NV 89502 775-982-7737

Mon. – Fri. • 7:30 a.m. to 6 p.m. Sat. – Sun. • 7:30 a.m. to 4:30 p.m.

3. Renown Pharmacy South Meadows 10101 Double R Blvd., Reno, NV 89521 775-982-5366

Mon. – Fri. • 8 a.m. to 5 p.m.

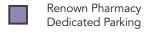
Other pharmacies are available in our network.

NEW RENOWN PHARMACY LOCATION

Renown Pharmacy South Meadows



10101 Double R Blvd., Reno



No Parking (Temporary Construction Zone)

MAP NOT TO SCALE

Patient Parking





Reno, NV 89521





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.

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.

Renown Mail Order Pharmacy



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

LOCATION: 21 Locust St., Reno, NV 89502

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

Renown Pharmacy offers best in class service by delivering directly to your door!

	HOW TO SIGN UP – RENOWN MAIL ORDER PHARMACY
Setting up service and placing your first order	 Call 775-982-5280 or visit the Pharmacy at 21 Locust St. BE SURE TO HAVE THE FOLLOWING INFORMATION READY: Your address List of current prescriptions and the pharmacy name and location where you have been filling them The prescriber (Doctor's) name PHONE: Have your doctor call in new prescriptions to 775-982-5280. 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. 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 St., Reno, NV 89502 REMIND THE PRESCRIBER'S OFFICE to state whether your prescription is to be mailed.
To order refills from the Renown Pharmacy	 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. BY INTERNET: 1. Log into MyChart. 2. Go to the medications Tab from the menu at the top of the screen. 3. From the medication list, click Request Refills. 4. Select the check box next to the medication you need refilled and enter any comments. Click Next. 5. Select a delivery method, pharmacy, and pickup date and time that's convenient for you, if applicable. Click Next. 6. Review the details of your refill request and click Submit.

Optum Rx Home Delivery (mail order) Optum RX®



Setting up Optum Rx® Home Delivery to receive mail order prescription drug in a convenient and cost-effective way is easy.

Create your account at OptumRx.com.

It takes just minutes to register on OptumRx.com and access your health plan. You'll need to:

- 1. Enter the number on your health plan ID card.
- 2. Choose a username and password.
- 3. Enter an email address.
- **4.** Enter a phone number or choose security questions.

ONCE YOUR OPTUM RX ACCOUNT IS CREATED, YOU CAN THEN TRANSFER AND ADD EXISTING PRESCRIPTIONS TO HOME DELIVERY BY CLICKING ON Medication List.

Optum Home deliver offers the following benefits:

- 24/7 pharmacist access to answer your questions
- A 90-day supply to help you stay on track
- An average savings of \$10-12 per order with free shipping.

Medications usually arrive 2-5 days after the order is received. Eligible medications can also be enrolled in auto-refill for your convenience. Track your order status online or with the Optum Rx mobile app.





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 customer portal		
	Contact the pharmacy via phone or their dedicated online patient 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.		
	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.	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.		
Other Provider	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.	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**.

If you choose to fill your prescriptions at a Renown pharmacy or Renown mail order pharmacy, you will receive a MyChart notification when your prescription is ready for pick up or when it has been sent out for delivery.



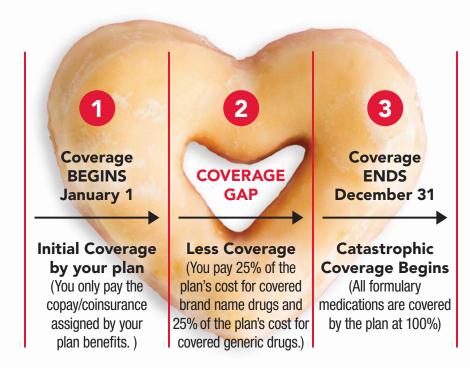
How will I know if my Formulary is changing?

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 \$545 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 1**.

Check your Evidence of Coverage

Check your Evidence of Coverag for more information.

2. Initial Coverage Stage

You only pay the copay/coinsurance assigned by your plan benefits until your out of pocket costs total \$5,030.

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

IN THE INITIAL COVERAGE 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 2024 it is \$8,000**), at which point you enter the catastrophic coverage stage.

IN THE COVERAGE GAP PHASE



4. Catastrophic Coverage Stage

Once you have reached the catastrophic coverage phase, your plan pays **100%** of the cost of your covered drugs. You pay **0%**.

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IN THE CATASTROPHIC COVERAGE PHASE



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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 stage you are in.

You can also find your up to date EOB through your Optum Rx® account. Go online to **OptumRx.com** with your insurance card to register today!

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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 in this booklet on pages 43 45.
- 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 thiswho can help me?	Senior Care Plus (SCP) Call toll free, 888-775-7003	Medical Provider	Pharmacy/Pharmacist
My medication is not covered	is not coverage exception.		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.

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How do I get my prescriptions delivered?	Sign up for one of our preferred mail order pharmacies. See pages 38-45 for contact information.		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.		

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. All attempts have been made to ensure the accuracy of the information in this document, but errors may occur. Please refer to your Evidence of Coverage for detailed benefit information. Material ID: H2960_2024_BestStartWelcome1_C (CMS Accepted)

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Senior Care Plus

10315 Professional Cir. • Reno, NV 89521 Lobby Hours: Mon. – Fri. • 8 a.m. to 5 p.m. **775-982-3112 • 888-775-7003** (Toll-Free)

Información en español 775-982-3242

(TTY: 711 / Toll-Free)

Call Center Hours: Mon. – Sun. • 7 a.m. to 8 p.m. Email: **Customer Service@HometownHealth.com**

SeniorCarePlus.com



775-982-5000

You can call Renown Health 24 hours a day, seven days per week.

Renown Pharmacy

775-982-5280

Mon. – Fri. • 8 a.m. to 5 p.m.

LIBERTY Dental Plan

888-442-3193 (Toll-Free) **877-855-8039** (TTY / Toll-Free) Mon. – Fri. • 8 a.m. to 8 p.m.

NationsHearing®

877-200-4189 (Toll-Free) (TTY: 711 / Toll-Free) You can call NationsHearing®

8 a.m. to 8 p.m. (PST), seven days per week.



EyeMed

866-723-0513

Mon. – Sat. • 7:30 a.m. to 11 p.m. (EST) Sun. • 11 a.m. to 8 p.m. (EST)

Optum Rx

844-368-3139

You can call Optum Rx 24 hours a day, seven days per week.

TELADOC

800-835-2362

You can call TELADOC 24 hours a day, seven days per week.

Doctoroo

888-888-9930

You can call Doctoroo 7 a.m. to midnight, seven days per week.