

BENEFICIARY ELIGIBILITY: **Must reside in Nevada** and have Medicare Parts A & B. This is a partial list of the benefits available. For a complete list of benefits see your Explanation of Coverage.



2026 WASHOE COUNTY PLAN BENEFITS

HMO Benefits	2026 Value Group / Washoe County - 803
Maximum Out-of-Pocket	\$2,500 per year
PHYSICIAN OFFICE VISITS	
Primary Care Provider (PCP) Visit	\$10 per visit
Specialist Visit	\$25 per visit
Preventive (ACA Covered) Screenings	\$0 per visit
LAB, IMAGING AND DIAGNOSTICS	
Routine Lab Services	\$0 per visit
X-Ray Services	\$20 per test
Imaging (CT / PET / MRI)	\$40 / \$60 / \$60 per test
FACILITY / SURGICAL	
Inpatient Hospital Services	\$175 / 3 days (*per period)
Outpatient Rehabilitation Services	\$10 per visit
Skilled Nursing	\$20 days 1-20, \$100 days 21-34
Same Day Surgery	\$175 per visit
EMERGENCY AND URGENT CARE	
Urgent Care Center Services	\$10 / \$20 per visit
Emergency Room Services	\$125 per visit
Ambulance Services (ground / air)	\$225 per trip
Rx	
Part D - Maximum Out-of-Pocket	\$2,000 per year
Rx - Annual Deductible**	No Deductible
Rx - Preferred Generic (1)**	\$2 per prescription
Rx - Non-Preferred Generic (2)**	\$8 per prescription
Rx - Preferred Brand (3)**	\$41 per prescription
Rx - Non-Preferred Brand (4)**	50% Coinsurance
Rx - Specialty (5)**	33% Coinsurance
Rx - Select Drugs (6)**	\$0 per prescription / \$0 (Mail Order)
Rx-90-day Retail / Rx-90-day Mail	2.5 times 30-day / 2 times 30-day
OTHER	
Transportation	24 one-way trips
Diabetic Supply	10% per supply
Durable Medical Equipment	10% per item
Chiropractic Services	\$10 per visit
Vision (Routine Coverage)	\$0 per exam / \$250 allowance
Hearing Exam / Hearing Aid Coverage	\$0 per exam (yearly) / 2 hearing aids per year; \$495 - \$1,970
Fitness Club Access	Included - see list of gyms at SeniorCarePlus.com
Over-the-Counter Benefit (NationsOTC®)	\$30 per quarter
Acupuncture (All Needs)	\$35 per visit

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 **775-982-3232** to request a copy.

**Service Period - There are not additional copayments for inpatient Hospital-Acute Services when readmitted to a contracted facility during a "service" period or within 60 day of last discharge. A "service" period starts the day you go into a hospital and ends when you go for 60 days without hospital care. If you go into the hospital after one "service" period has ended, a new "service" period begins. You must pay the inpatient hospital copayments for each "service" period. There is no limit to the number of service periods you can have in one year. This is a partial list of the benefits available. **All copays are for a 30-day supply unless otherwise noted.* Material ID: H2960_2026_WashoeCo_BenefitInfo_C LADD/2510-3864697