SECTION 1

Introduction to the Summary of Benefits Report for SENIOR CARE PLUS:
STATE OF NEVADA (PEBP) VALUE HMO PLAN
November 1, 2009 – June 30, 2010
WASHOE COUNTY, NEVADA

Thank you for your interest in Senior Care Plus: State of Nevada (PEBP) Value HMO Plan. Our plans are offered by HOMETOWN HEALTH PLAN, a Medicare Advantage (MA) and Medicare Advantage – Prescription Drug (MA-PD), Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Senior Care Plus: State of Nevada (PEBP) Value HMO Plan and ask for the "Evidence of Coverage" (EOC).

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Senior Care Plus: State of Nevada (PEBP) Value HMO Plan. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Senior Care Plus: State of Nevada (PEBP) Value HMO Plan at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Senior Care Plus: State of Nevada (PEBP) Value HMO Plan and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS SENIOR CARE PLUS AVAILABLE?

The service area for this plan includes: Washoe County, Nevada. You must live in this area to join Senior Care Plus.

WHO IS ELIGIBLE TO JOIN SENIOR CARE PLUS:

You can join Senior Care Plus: State of Nevada (PEBP) Value HMO Plan if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Senior Care Plus: State of Nevada (PEBP) Value HMO Plan, unless they are members of our organization and have been since their dialysis began.

SECTION 1

Introduction to the Summary of Benefits Report for SENIOR CARE PLUS:
STATE OF NEVADA (PEBP) VALUE HMO PLAN
November 1, 2009 – June 30, 2010
WASHOE COUNTY, NEVADA

CAN I CHOOSE MY DOCTORS?

Senior Care Plus: State of Nevada (PEBP) Value HMO Plan has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at www.SeniorCarePlus.com. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Senior Care Plus nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Senior Care Plus: State of Nevada (PEBP) Value HMO Plan, covers both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Outpatient prescription drugs that may be covered under Medicare Part B include, but are not limited to, the following types of drugs. Contact Senior Care Plus for more details.

-- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.

-- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.

-- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

-- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.

-- Injectable Drugs: Most injectable drugs administered incident to a physician's service.

-- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

-- Some Oral Cancer Drugs: If the same drug is available in injectable form.

-- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

SECTION 1

Introduction to the Summary of Benefits Report for SENIOR CARE PLUS:
STATE OF NEVADA (PEBP) VALUE HMO PLAN
November 1, 2009 – June 30, 2010
WASHOE COUNTY, NEVADA

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THE STATE OF NEVADA (PEBP) VALUE HMO PLAN?

Senior Care Plus: State of Nevada (PEBP) Value HMO Plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at www.SeniorCarePlus.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Senior Care Plus: State of Nevada (PEBP) Value HMO Plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at http://www.hometownhealth.com/scplus/scp_m_prescriptions.asp.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Senior Care Plus: State of Nevada (PEBP) Value HMO Plan, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. As a member of Senior Care Plus: State of Nevada (PEBP) Value HMO Plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered.

SECTION 1

Introduction to the Summary of Benefits Report for SENIOR CARE PLUS:
STATE OF NEVADA (PEBP) VALUE HMO PLAN
November 1, 2009 – June 30, 2010
WASHOE COUNTY, NEVADA

An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Senior Care Plus: State of Nevada (PEBP) Value HMO Plan for more details.

Please call Senior Care Plus for more information about this plan.

Visit us at www.SeniorCarePlus.com or, call us:

Customer Service Hours:

Beginning November 15, 2009 through March 1, 2010, Customer Services hours will be:
Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday, 8 a.m.–8 p.m. Pacific Time.

Beginning March 2, 2010, Customer Services will continue their regular hours:
Monday, Tuesday, Wednesday, Thursday, Friday, 8 a.m.– 8 p.m. Pacific Time.

Current and Prospective members should call (800)-336-0123 for questions related to the Medicare Advantage program. (TTY/TDD (775)-982-3240)

Current members should call (888)-341-8576 for questions about your HMO Medicare Part D Prescription Drug (TTY/TDD 888-206-8041)

Current members should call (800)-261-6634 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-899-2114)

Prospective members should call (800)-336-0123 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (775)-982-3240)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.
Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

Directions to the Senior Care Plus office

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
1 - Premium and Other Important Information	$96.40 2009 monthly Medicare Part B premium. $135 2009 annually Medicare Part B deductible. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.	**$42.99** is your premium per month including your Medicare Part D prescription drug benefit. You or PEBP will also continue to pay the Medicare Part B premium of **$96.40** each month. Standard Vision Plan included. **In-Network** **$3,500** out-of-pocket limit. Contact the plan for services that apply. **Out-of-Network** Unless otherwise noted, out-of-network services not covered.
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	**In-Network** You must go to network doctors, specialist, and hospitals. **NO** referral required for network doctors, and specialist. You may have to pay a separate copay for certain doctor office visit. See page 23 for additional information about Doctor and Hospital Choice and Visitor/Travel program.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
SUMMARY OF BENEFITS		
INPATIENT CARE		
3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	For each benefit period: Days 1-60: $1,068 deductible Days 61-90: $267 per day Days 91-150: $534 per lifetime Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	**In-Network** For hospital stays. Days 1 - 4: **$200** copay per day Days 5 – 90: **$0** copay per day **$0** copay for additional hospital days. No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 23 for additional information about Inpatient Hospital Care.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
4 - Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day limit in a Psychiatric Hospital	**In-Network** For hospital stays: **Days 1 – 4: $200** copay per day **Days 5 – 90: $0** copay per day Plan covers 60 lifetime reserve days. Cost per lifetime reserve day, $0 to: **Days 1 – 4: $200** copay per day **Days 5 – 60: $0** copay per day You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 23 for additional information about Inpatient Mental Health Care.
5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	For each benefit period after, at least, a 3-day covered hospital stay: Days 1-20: $0 per day Days 21- 100: $133.50 per day 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	**General** Prior authorization is required. **In-Network** **$200** each SNF stay. **For SNF stays:** Days 1-34: **$0** copay per day Days 35-100 **$50** copay per day 100 days covered for each benefit period. No prior hospital stay is required

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
6 - Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	$0 copay	**General** Authorization rules may apply Custodial Care is non-skilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include care that most people do themselves, like using eye drops. **In-Network** **$0** copay for each Medicare-covered home health visit. **$150** copay for custodial care. See page 23 for additional information about Custodial Care.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice.	**In-Network** You must receive care from a Medicare-certified hospice.
OUTPATIENT CARE		
8 - Doctor Office Visits	20% coinsurance	**General** See "Routine Physical Exams" for more information. **In-Network** **$15** copay for each primary care doctor visit for Medicare-covered benefits. **$40** copay for each specialist visit for Medicare-covered benefits. See page 23 for additional information about specialist visits.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
9 - Chiropractic Services	Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider.	**In-Network** **$40** copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part. See page 23 for additional information about Chiropractic Services.
10 - Podiatry Services	20% coinsurance Routine care not covered 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	**In-Network** **$40** copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care. See page 23 for additional information Podiatry Services.
11 - Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services.	**In-Network** **$40** copay for each Medicare-covered individual or group therapy visit. See page 23 for additional information about Outpatient Mental Health Care.
12 - Outpatient Substance Abuse Care	20% coinsurance	**In-Network** **$40** for each Medicare-covered individual or group therapy visit. See page 23 for additional information about Outpatient Substance Abuse Care.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
13 - Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility	**General** Authorization rules may apply **In-Network** **$200** copay for each Medicare-covered ambulatory surgical center visit. **$0 to $200** copay for each Medicare-covered hospital facility visit. See page 23 for additional information about Outpatient Services/Surgery.
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance	**In-Network** **$150** copay for Medicare-covered ambulance benefits.
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor 20% of facility charge, or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.	**In-Network** **$50** copay for Medicare-covered emergency room visits **Out-of-Network** Worldwide coverage
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or set copay NOT covered outside the U.S. except under limited circumstances.	**General** **$20** for Medicare-covered urgently needed care visits. If you are immediately admitted to the hospital, you pay $0 for the urgent-care visit. See page 23 for additional information about Urgently Needed Care.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	**In-Network** **$25** copay for Medicare-covered Occupational Therapy, Physical and/or Speech/Language Therapy visit.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance	**General** Authorization rules may apply **In-Network** **20%** of the cost for Medicare-covered items.
19 - Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	20% coinsurance	**General** Authorization rules may apply **In-Network** **20%** of the cost for Medicare-covered items.
20 - Diabetes Self-Monitoring Training and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance	**In-Network** **$0** copay for Diabetes self-monitoring training. **$0** copay for Nutrition Therapy for Diabetes. **0% to 20%** of the cost for Diabetes supplies. See page 23 for additional information about Diabetes Self-Monitoring Training and Supplies.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
21 - Diagnostic Tests, X-Rays, and Lab Services	20% coinsurance for diagnostic tests and x-rays. $0 copay for Medicare-covered lab services. Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvements Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	**In-Network** **$50** copay for Medicare-covered lab services. **$0 to $50** copay for Medicare-covered diagnostic procedures and tests. **$0 to $50** copay for Medicare-covered X-rays. **$50** copay for Medicare-covered radiology services. **$50** copay for Medicare-covered therapeutic radiology services. See page 23 for additional information about Diagnostic Tests, X-rays, and Lab Services.
PREVENTIVE SERVICES		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	**General** Authorization rules may apply. **In-Network** **$0** copay See page 23 for additional information about Bone Mass Measurement.
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	**In-Network** **$50** copay for Medicare-covered colorectal screening. See page 23 for additional information about Colorectal Screening Exams.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	$0 copay for Flu and Pneumonia vaccines. 20% coinsurance for Hepatitis B vaccines. You may only need the Pneumonia vaccines once in your lifeline. Call your doctor for more information	**In-Network** **$0** copay for Flu and Pneumonia vaccines. **$0** copay for Hepatitis B vaccines. **No** referral needed for Flu and Pneumonia vaccines. See page 23 for additional information about Immunizations.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	**In-Network** **$0** copay for Medicare-covered mammograms, and additional screening mammograms **No** limit on the number of covered screening mammograms. See page 23 for additional information about Mammograms.
26 - Pap Smears and Pelvic Exams (for women with Medicare)	$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams	**In-Network** **$0** copay for Medicare-covered pap smears and pelvic exams and additional pap smears and pelvic exams. **No** limit on the number of covered pap smears and pelvic exams. See page 23 for additional information about Pap Smears and Pelvic Exams.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. $0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	**In-Network** **$0** copay for Medicare-covered prostate cancer screening and additional screenings. **No** limit on the number of covered prostate cancer screening. See page 23 for additional information about Prostate Cancer Screening Exams.
28 - End Stage Renal Disease (ESRD)	20% coinsurance for dialysis	**In-Network** **20%** of the cost for in and out of area dialysis. **$0** copay for Nutrition Therapy for Renal Disease. See page 23 for additional information about ESRD.
29 - Outpatient Prescription Drugs Drugs covered under Medicare Part B Original Medicare.	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug plan.)	**DRUGS COVERED UNDER MEDICARE PART B** **General** **20%** of the cost for Part B covered drugs (not including Part B covered chemotherapy drugs). **20%** of the cost for Part B covered chemotherapy drugs.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
29 - Outpatient Prescription Drugs continued		**DRUGS COVERED UNDER MEDICARE PART D** This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.hometownhealth.com/SCPlus/scp_m_prescriptions.asp on the web. Different out-of-pocket costs may apply for people who: - have limited incomes - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Services).
		The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). Total yearly drug costs are the total drug costs paid by both you and the plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quality limits. Your provider must get prior authorization from Senior Care Plus: PEBP Value HMO Plan for certain drugs. If the actual cost of the drug is less than the normal copay amount for the drug, you will pay the actual cost, not the higher copay amount.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
29 - Outpatient Prescription Drugs continued		**In-Network** **$0** deductible Some covered drugs don't count toward your out-of-pocket costs. **INITIAL COVERAGE** You pay the following: **RETAIL PHARMACY** **Generic** **$4** copay for a one-month **(30-day)** supply of drugs **$10** copay for a three-month **(90-day)** supply of drugs **Preferred Brand Name** **$40** copay for a one-month **(30-day)** supply of drugs. **$100** copay for a three-month **(90-day)** supply of drugs **Non-Preferred Brand Name** **$70** copay for a one-month **(30-day)** supply of drugs. **$175** copay for a three-month **(90-day)** supply of drugs **Special Pharmaceutical** **$100** copay for a one-month **(30-day)** supply of drugs. **$250** copay for a three-month **(90-day)** supply of drugs.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
29 - Outpatient Prescription Drugs continued		**LONG TERM CARE PHARMACY** **Generic** **$4** copay for a one-month **(31-day)** supply of drugs **Preferred Brand Name** **$40** copay for a one-month **(31-day) supply** of drugs. **Non-Preferred Brand Name** **$70** copay for a one-month **(31-day)** supply of drugs **Special Pharmaceutical** **$100** copay for a one-month **(31-day)** supply of drugs. **MAIL ORDER** **Generic** **$10** copay for a three-month **(90-day)** supply of drugs **Preferred Brand Name** **$100** copay for a three-month **(90-day)** supply of drugs **Non-Preferred Brand Name** **$175** copay for a three-month **(90-day)** supply of drugs. **Special Pharmaceutical** **$250** copay for a three-month **(90-day)** supply of drugs. **COVERAGE GAP** You pay the following: The Plan covers All Drugs on your Formulary through the gap.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
29 - Outpatient Prescription Drugs continued		**CATASTROPHIC COVERAGE** After your yearly out-of-pocket drug costs reach **$ 4,350** you pay the greater of: **$2.40** for generic (including brand drugs treated as generic) and **$6.00** for all other drugs, or **5%** coinsurance. **OUT-OF-NETWORK** Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is not network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network Pharmacy.
		OUT-OF-NETWORK INITIAL COVERAGE You pay the following: **Generic** **$4** copay for a one-month **(30-day)** supply of drugs **Preferred Brand Name** **$40** copay for a one-month **(30-day) supply** of drugs. **Non-Preferred Brand Name** **$70** copay for a one-month **(30-day)** supply of drugs. **Special Pharmaceutical** **$100** copay for a one-month **(30-day)** supply of drugs. **OUT-OF-NETWORK COVERAGE GAP** You pay the following: The Plan covers All Drugs on your Formulary through the gap.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
29 - Outpatient Prescription Drugs continued		**OUT-OF-NETWORK CATASTROPHIC COVERAGE** After your yearly out-of-pocket drug cost reach $4,050, you pay the greater of: $2.25 copay for generic (including brand drugs treated as generic) and $5.60 copay for all other drugs, or 5% coinsurance.
ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)		
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	**In-Network** **$40** copay for Medicare-covered dental benefit. In general, preventive dental benefits (such as cleanings) are not covered.
31 - Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	**In-Network** In general, routine hearing exams and hearing aids not covered **$40** copay for diagnostic hearing exams
32 - Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	**In-Network** **20%** of the cost for one pair of eyeglasses or contacts lenses after each cataract surgery. **$20** copay for exams to diagnose and treat diseases and conditions of the eye. **$20** copay for up to 1 routine eye exam every year. **0%** of the cost for up to 1 pair of contacts every two years. **0%** of the cost for up to 1 pair of lenses every two years. **0%** of the cost for up to 1 pair of frames every two years. **$125** limit for eye wear.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan
33 - Physical Exams	20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage. When you get Medicare Part B, you can get a one time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.	**In-Network** **$0** copay for routine exams. Limited to 1 exam every year. See page 23 for additional information about Physical Exams.
Health/Wellness Education	Not Covered	**In-Network** This plan covers health/wellness education benefits. - Written health education materials - Newsletter - Nutrition Training - Nutrition benefit - Smoking Cessation - Nursing Hotline See page 23 for additional information about Health/Wellness Education
Over-the-Counter (OTC) medications Covered OTC drugs include: • Omeprazole (QLL#42) (Prilosec OTC) • Loratadine (QLL#30) (Claritin) • Cetirizine (QLL#30) (Zyrtec)	Not Covered	**$5** Generic copayment per one-month supply.

HMO Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Senior Care Plus.

SECTION 2 Benefit Category	Original Medicare	State Of Nevada (PEBP) Value HMO Plan

Fitness Club/Exercise program
The Silver&Fit Basic Program offers the following:
• A “no-cost” fitness club membership at participating fitness clubs ($0 membership made available by the fitness club)
• Silver&Fit Rewards program
• Access to SilverandFit.com
• Silver&Fit Home Fitness Program, providing the following two components:
  • Exercise kit, which provided two handheld dumbbells, exercise cord, and two Silver&Fit DVD
  • Walking kit, which provides a pedometer and instructional brochure
Members must call Silver&Fit Customer Service to enroll in the program at 877-427-4788, or enroll online at www.SilverandFit.com
	Not Covered	There is **no** copayment for fitness club/exercise program.

Transportation (Routine)	Not Covered	**General** Authorization rules may apply. **In-Network** **$0** copay for each routine trip to plan-approved location.

SECTION 3

State of Nevada (PEBP)
Value HMO Plan

Further Explanation of 2009/2010 Benefits

Visitor/Travel Program
Emergency Care, including Ambulance Services, is covered world-wide. Copayments are the same as if the services were provided by network providers.

Inpatient Hospital Care
You pay **$200** each day for day(s) **1-4** in a network hospital each **"Service Period"**. There is no copayment for additional days received at a network hospital. There are no additional copayments for Inpatient Hospital-Acute Services when readmitted to a contracted acute facility during a "service" period or within **30** days of last discharge.

A **"Service Period"** starts the day you go into a hospital and ends when you go for 30 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 copayment for each "service" period. There is no limit to the number of "service" periods you can have in one year.

Inpatient Mental Health Care
You pay **$200** each day for day(s) 1-4 in a network hospital.

Custodial Care
Custodial care may be provided in a Skilled Nursing Facility or as Home Health Care. Custodial Care requires prior authorization and is limited to five days per year. There is a copayment of **$150** for Custodial Care.

Outpatient Services/Services
For Routine Lab, there is no copayment.

For Cardiac Rehabilitation, there is a **$15** copayment per visit.

For Physical Therapy, Occupational Therapy and Language Therapy, there is a **$25** copayment per visit.

For Observation Admissions, there is a **$200** copayment.

For Colorectal Screening exams, including Colonoscopy, flexible sigmoidoscopy and endoscopy procedures only preformed during screening, there is a **$50** copayment.

Specialist Office Visits
There is no referral to see a Specialist.

Urgently Needed Care
For services received in an Urgent Care Facility, there is a **$20** copayment. For urgently needed care received in an Emergency Room, the Emergency copayment applies.

Over-the-Counter (OTC) Medications
$5 Generic copayment per one-month supply

- Omeprazole (QLL #42)
- Loratadine (QLL #30)
- Cetirizine (QLL #30)

Diabetes Supplies
For blood glucose monitors, there is no copayment or coinsuranc
For all other diabetic supplies, you pay
20% of the cost.

Diagnostic Tests, X-rays and Lab Services
For Routine Lab, there is no copayment.

Preventive Services
There is no separate copay charged for the following preventive services: Mammograms, Pap Smears, Pelvic Exams, Prostate Cancer Screening Exams, Bone Density Tests and on Physical Exams per year. (Routine Physical Exams must be provided by your Primary Care Physician). However, Doctor's Office Visit Copayments apply if the service is provided in the physician's office.

Prescription Drugs – Medicare Part B Drugs
Original Medicare covers a limited number of prescription drugs and self-administered drugs. Examples of self-administered drugs that are covered include blood clotting factors, drugs used in immunosuppressive therapy, certain oral cancer drugs. Medicare Part B drugs are covered with **20%** coinsurance. A Doctor's Office Visit Copayment may apply.

Prescription Drugs – Medicare Part D Drugs
After your yearly out-of-pocket drug costs reach **$4,350** you pay the greater of: **$2.40** for generic (including brand drugs treated as generic) and **$6.00** for all other drugs, or 5% coinsurance.

Health/Wellness Education
- Congestive Heart Program
- Disease Management

Smart Health Connection
You're automatically enrolled in Smart Health Connection and receive the following benefits and more.
- Hearing Aid Repair & Batteries
- Health Screenings
- Newsletter

Silver&Fit Club Membership
Get your exercise, in the privacy of your home or as a Club member at convenient locations in your area.