

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.



# 2025 WASHOE COUNTY PLAN BENEFITS

HMO Benefits	2025 Value Group / Washoe County - 803
<b>Maximum Out-of-Pocket</b>	\$2,500 per year
<b>PHYSICIAN OFFICE VISITS</b>	
<b>Primary Care Provider (PCP) Visit</b>	\$10 per visit
<b>Specialist Visit</b>	\$25 per visit
<b>Preventive (ACA Covered) Screenings</b>	\$0 per visit
<b>LAB, IMAGING AND DIAGNOSTICS</b>	
<b>Routine Lab Services</b>	\$0 per visit
<b>X-Ray Services</b>	\$20 per test
<b>Imaging (CT / PET / MRI)</b>	\$40 / \$60 / \$60 per test
<b>FACILITY / SURGICAL</b>	
<b>Inpatient Hospital Services</b>	\$175 / 3 days (*per period)
<b>Outpatient Rehabilitation Services</b>	\$10 per visit
<b>Skilled Nursing</b>	\$20 days 1-20, \$100 days 21-34
<b>Same Day Surgery</b>	\$175 per visit
<b>EMERGENCY AND URGENT CARE</b>	
<b>Urgent Care Center Services</b>	\$10 / \$20 per visit
<b>Emergency Room Services</b>	\$125 per visit
<b>Ambulance Services (ground / air)</b>	\$225 per trip
<b>Rx</b>	
<b>Rx - Annual Deductible**</b>	No Deductible
<b>Rx - Preferred Generic (1)**</b>	\$2 per prescription
<b>Rx - Non-Preferred Generic (2)**</b>	\$8 per prescription
<b>Rx - Preferred Brand (3)**</b>	\$41 per prescription
<b>Rx - Non-Preferred Brand (4)**</b>	50% Coinsurance
<b>Rx - Specialty (5)**</b>	33% Coinsurance
<b>Rx - Select Drugs (6)**</b>	\$0 per prescription / \$0 (Mail Order)
<b>Rx-90-day Retail / Rx-90-day Mail</b>	2.5 times 30-day / 2 times 30-day
<b>OTHER</b>	
<b>Transportation</b>	24 one-way trips
<b>Diabetic Supply</b>	10% per supply
<b>Durable Medical Equipment</b>	10% per item
<b>Chiropractic Services</b>	\$10 per visit
<b>Vision (Routine Coverage)</b>	\$0 per exam / \$250 allowance
<b>Hearing Exam / Hearing Aid Coverage</b>	\$0 per exam (yearly) / 2 hearing aids per year; \$495 - \$1,970
<b>Fitness Club Access</b>	Included - see list of gyms at <a href="https://www.SeniorCarePlus.com">SeniorCarePlus.com</a>
<b>Over-the-Counter Benefit (NationsOTC®)</b>	\$30 per quarter
<b>Acupuncture (All Needs)</b>	\$35 per visit

View the notice of privacy practices at [HometownHealth.com](https://www.HometownHealth.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\_2025\_WashoeCo\_BenefitInfo\_C LADD/2409-3062702