



SUMMARY OF BENEFITS

Senior Dimensions Greater Nevada (HMO)

H2931-004

CMS Approval Date: 11/2009 Material ID: H2931_004_21NVSD09232R

Introduction to the Summary of Benefits for Senior Dimensions Greater Nevada Plan (HMO)

January 1, 2010 – December 31, 2010
Lyon, Mineral, Esmeralda and portions of Washoe

Thank you for your interest in Senior Dimensions Greater Nevada Plan (HMO). Our plan is offered by HEALTH PLAN OF NEVADA, INC., a Medicare Advantage 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 Dimensions Greater Nevada Plan (HMO) and ask for the "Evidence of Coverage".

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 Dimensions Greater Nevada Plan (HMO). 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 Dimensions Greater Nevada Plan (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD 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 Dimensions Greater Nevada Plan (HMO) 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 Dimensions Greater Nevada Plan (HMO) Available?

The service area for this plan includes: Washoe*, Esmeralda, Lyon, Mineral Counties, NV. You must live in one of these areas to join the plan.

*Indicates partial county – zip codes included in service area for Washoe county are 89431, 89432, 89433, 89434, 89435, 89436, 89441, 89442, 89501, 89502, 89503, 89504, 89505, 89506, 89507, 89508, 89509, 89510, 89511, 89512, 89513, 89515, 89519, 89520, 89521, 89523, 89533, 89555, 89557, 89570, 89595, 89599

Who is Eligible to Join Senior Dimensions Greater Nevada Plan (HMO)?

You can join Senior Dimensions Greater Nevada Plan (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with

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End Stage Renal Disease are generally not eligible to enroll in Senior Dimensions Greater Nevada Plan (HMO) unless they are members of our organization and have been since their dialysis began.

Can I Choose My Doctors?

Senior Dimensions Greater Nevada Plan (HMO) 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 or for an up-to-date list visit us at www.seniordimensions.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 Dimensions Greater Nevada Plan (HMO) nor the Original Medicare Plan will pay for these services.

Does My Plan Cover Medicare Part B or Part D Drugs?

Senior Dimensions Greater Nevada Plan (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Where Can I Get My Prescriptions If I Join This Plan?

Senior Dimensions Greater Nevada Plan (HMO) 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 pharmacy directory or visit us at www.seniordimensions.com. Our customer service number is listed at the end of this introduction.

What Is A Prescription Drug Formulary?

Senior Dimensions Greater Nevada Plan (HMO) 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 www.seniordimensions.com.

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

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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 My Prescription Drug Plan Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

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 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Senior Dimensions Greater Nevada Plan (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state: HealthInsight, 702-385-9933 or 800-748-6773.

As a member of Senior Dimensions Greater Nevada Plan (HMO), 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. 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

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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. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state: HealthInsight, 702-385-9933 or 800-748-6773.

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 Dimensions Greater Nevada Plan (HMO) for more details.

What Types Of Drugs May Be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Senior Dimensions Southern Nevada Plan (HMO) 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.

Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare

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Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at (702)-242-7301 or (800)-650-6232 to obtain a copy of the plan ratings for this plan. TTY users call (800)-349-3538.

Please call Health Plan of Nevada, Inc. for more information about
Senior Dimensions Greater Nevada Plan (HMO).

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

Customer Service Hours:
Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8:00 a.m. - 8:00 p.m. Pacific

Current members should call toll-free (800)-650-6232 for questions related to the Medicare Advantage Program and Part D Prescription Drug program. (TTY/TDD (800)-349-3538)
Prospective members should call toll-free (800)-274-6648 for questions related to the Medicare Advantage Program and Part D Prescription Drug program. (TTY/TDD (800)-349-3538)

Current members should call locally (702)-242-7301 for questions related to the Medicare Advantage Program and Part D Prescription Drug program. (TTY/TDD (702)-242-9214)
Prospective members should call locally (702)-821-2300 for questions related to the Medicare Advantage Program and Part D Prescription Drug program. (TTY/TDD (702)-242-9214)

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.

If you have any questions about this plan's benefits or costs, please contact Member Services

Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
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IMPORTANT INFORMATION		
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<p>1 - Premium and Other Important Information</p>	<p>In 2010 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$155.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,000 out-of-pocket limit.</p> <p>There is no limit on cost sharing for the following services: Medicare Services:</p> <ul style="list-style-type: none"> - Doctor Office Visits - Chiropractic Services - Podiatry Services - Outpatient Mental Health Care - Outpatient Substance Abuse Care - Dental Services - Hearing Services - Vision Services - Other Health Care Professional <p>This limit includes only Medicare-covered services.</p>
<p>2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

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INPATIENT CARE

<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010 the amounts for each benefit period⁽³⁾ are: Days 1 - 60: \$1100 deductible Days 61 - 90: \$275 per day Days 91 - 150: \$550 per lifetime reserve day.⁽⁴⁾</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.⁽⁴⁾</p>	<p>In-Network For Medicare-covered hospital stays: Days 1 - 5: \$125 copay per day Days 6 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>4 - Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network For Medicare-covered hospital stays: Days 1 - 5: \$125 copay per day Days 6 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010 the amounts for each benefit period⁽³⁾ after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$137.50 per day</p> <p>100 days for each benefit period.⁽³⁾</p>	<p>General Authorization rules may apply.</p> <p>In-Network For Medicare-covered SNF stays: Days 1 - 10: \$0 copay per day Days 11 - 100: \$50 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>3-day prior hospital stay is required.</p>

³ A "benefit period" starts the day you go into a hospital or skilled nursing facility. 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.

⁴ Lifetime reserve days can only be used once.

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6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>
7 - Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>
OUTPATIENT CARE		
8 - Doctor Office Visits	20% coinsurance. ⁽¹⁾⁽²⁾	<p>General See "Physical Exams," for more information.</p> <p>Authorization rules may apply.</p> <p>In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$25 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$35 copay for each specialist visit for Medicare-covered benefits.</p>
9 - Chiropractic Services	<p>Routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.⁽¹⁾⁽²⁾</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if</p>

¹ Each year, you pay a total of one \$155 deductible.

² If a doctor or supplier does not accept assignment, their costs are often higher, which means you may pay more.

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		you get it from a chiropractor or other qualified providers.
10 - Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. ⁽¹⁾⁽²⁾	General Authorization rules may apply. In-Network \$35 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services. ⁽¹⁾⁽²⁾	General Authorization rules may apply. In-Network \$35 copay for each Medicare-covered individual or group therapy visit.
12 - Outpatient Substance Abuse Care	20% coinsurance. ⁽¹⁾⁽²⁾	General Authorization rules may apply. In-Network \$35 copay for Medicare-covered individual or group visits.
13 - Outpatient Services/Surgery	20% coinsurance for the doctor. ⁽¹⁾⁽²⁾ 20% of outpatient facility charges. ⁽¹⁾⁽²⁾	General Authorization rules may apply. In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered outpatient hospital facility visit.
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance. ⁽¹⁾⁽²⁾	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered

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Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
		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. ⁽¹⁾⁽²⁾ 20% of facility charge, or a set copay per emergency room visit. ⁽¹⁾⁽²⁾ 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. ⁽¹⁾⁽²⁾ NOT covered outside the U.S. except under limited circumstances.	General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. ⁽¹⁾⁽²⁾ NOT covered outside the U.S. except under limited circumstances.	General \$50 copay for Medicare-covered urgently needed care visits.
17 - Outpatient Rehabilitation Services. (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance. ⁽¹⁾⁽²⁾	General Authorization rules may apply. In-Network \$35 copay for Medicare-covered Occupational Therapy visits. \$35 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

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OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance. ⁽¹⁾⁽²⁾	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance. ⁽¹⁾⁽²⁾	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	<p>20% coinsurance.⁽¹⁾⁽²⁾</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 to \$35 copay for Diabetes self-monitoring training. \$10 to \$35 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. (See page 25 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies.)</p>
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays.⁽¹⁾⁽²⁾</p> <p>\$0 copay for Medicare-covered lab services.⁽¹⁾⁽²⁾</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical</p>	<p>General Authorization rules may apply</p> <p>In-Network 20% to 50% of the cost for Medicare-covered lab services. 20% of the cost for Medicare-covered diagnostic procedures and tests. 20% of the cost for Medicare-covered X-rays.</p>

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Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
	Laboratory Improvement 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.	20% of the cost for Medicare-covered diagnostic radiology services. 20% of the cost for Medicare-covered therapeutic radiology services. (See page 26 for additional information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services.)

PREVENTIVE SERVICES		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance. ⁽¹⁾⁽²⁾ Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered bone mass measurement.
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance. ⁽¹⁾⁽²⁾ Covered when you are high risk or when you are age 50 and older.	General Authorization rules may apply. In-Network \$10 to \$35 copay (or 20% of the cost) for Medicare-covered colorectal screenings. Separate Office Visit cost sharing of \$10 copay may apply. (See page 26 for additional information about Colorectal Screening Exams.)

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Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
24 – Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	<p>\$0 copay for Flu and Pneumonia vaccines. ⁽¹⁾⁽²⁾</p> <p>20% coinsurance for Hepatitis B vaccine. ⁽¹⁾⁽²⁾</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p>20% of the cost for Hepatitis B vaccine.</p>
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	<p>20% coinsurance. ⁽¹⁾⁽²⁾</p> <p>No referral needed.</p> <p>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.</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered screening mammograms.</p>
26 - Pap Smears and Pelvic Exams (for women with Medicare)	<p>\$0 copay for Pap smears.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk. ⁽²⁾</p> <p>20% coinsurance for Pelvic Exams. ⁽²⁾</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered Pap smears and pelvic exams.</p> <p>20% of the cost for up to 1 additional Pap smear and pelvic exam every year.</p>
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	<p>20% coinsurance for the digital rectal exam. ⁽²⁾</p> <p>\$0 for the PSA test; 20% coinsurance for other related services. ⁽²⁾</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>

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28 - End-Stage Renal Disease	<p>20% coinsurance for renal dialysis.⁽¹⁾⁽²⁾</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.⁽¹⁾⁽²⁾</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for renal dialysis.</p> <p>\$10 to \$35 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>(See page 26 for additional information about End-Stage Renal Disease.)</p>
29 - Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.seniordimensions.com on the web.</p> <p>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 Service).</p> <p>Your in-network prescription coverage</p>

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If you have any questions about this plan's benefits or costs, please contact Member Services

Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
		<p>may be limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Senior Dimensions Greater Nevada Plan (HMO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Senior Dimensions Greater Nevada (HMO) approves the exception, you will pay Non-preferred cost sharing for that drug.</p> <p>In-Network</p>

If you have any questions about this plan's benefits or costs, please contact Member Services

Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
		<p>\$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy</p> <p>Preferred Generic/Some Brand Maintenance - \$6 copay for a one-month (30-day) supply of drugs in this tier - \$18 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Preferred Brand - \$35 copay for a one-month (30-day) supply of drugs in this tier - \$105 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Non-preferred - \$85 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Special Coverage - Generic - \$6 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Special Coverage - Brand - \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy</p> <p>Preferred Generic/Some Brand Maintenance - \$6 copay for a one-month (31-day)</p>

If you have any questions about this plan's benefits or costs, please contact Member Services

Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
		<p>supply of drugs in this tier</p> <p>Preferred Brand -\$35 copay for a one-month(31-day) supply of drugs in this tier</p> <p>Non-preferred - \$85 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Specialty - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Special Coverage - Generic - \$6 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Special Coverage - Brand - \$35 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Pharmacy</p> <p>Preferred Generic/Some Brand Maintenance - \$12 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Preferred Brand - \$70 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Specialty - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Coverage Gap</p> <p>The plan covers many generics (65%-99% of formulary generic drugs) AND few brands (less than 10% of formulary brand drugs) through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy</p>

If you have any questions about this plan's benefits or costs, please contact Member Services

Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
		<p>Preferred Generic/Some Brand Maintenance - \$6 copay for a one-month (30-day) supply of all drugs covered in this tier - \$18 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Special Coverage - Generic - \$6 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Long Term Care Pharmacy</p> <p>Preferred Generic/Some Brand Maintenance - \$6 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p>Special Coverage - Generic - \$6 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p>Mail Order Pharmacy</p> <p>Preferred Generic/Some Brand Maintenance - \$12 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of: - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance.</p> <p>Out-of-Network</p>

If you have any questions about this plan's benefits or costs, please contact Member Services

Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
		<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Senior Dimensions Greater Nevada Plan (HMO).</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Preferred Generic/Some Brand Maintenance - \$6 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand - \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Non-preferred - \$85 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Special Coverage - Generic - \$6 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Special Coverage - Brand - \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap</p>

If you have any questions about this plan's benefits or costs, please contact Member Services

Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
		<p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Preferred Generic/Some Brand Maintenance - \$6 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Preferred Brand -After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Senior Dimensions Greater Nevada Plan (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Senior Dimensions Greater Nevada Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Non-preferred -After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Senior Dimensions Greater Nevada Plan (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Senior Dimensions Greater Nevada Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Specialty -After your total yearly drug costs reach \$2,830; you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket</p>

If you have any questions about this plan's benefits or costs, please contact Member Services

Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
		<p>drug costs reach \$4,550. You will not be reimbursed by Senior Dimensions Greater Nevada Plan (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Senior Dimensions Greater Nevada Plan (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Special Coverage - Generic - \$6 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Special Coverage - Brand -After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Senior Dimensions Greater Nevada Plan (HMO) for out-of-network purchases when you are in the coverage gap.</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance.</p> <p>(See pages 26 & 27 for additional information about Prescription Drugs.)</p>
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>General Authorization rules may apply.</p> <p>In-Network In general, preventive dental benefits</p>

If you have any questions about this plan's benefits or costs, please contact Member Services

Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
		(such as cleaning) not covered. \$35 copay for Medicare-covered dental benefits.
31 - Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. ⁽¹⁾⁽²⁾	General Authorization rules may apply. In-Network In general, routine hearing exams and hearing aids not covered. \$35 copay for Medicare-covered diagnostic hearing exams
32 - Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. ⁽¹⁾⁽²⁾ Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. ⁽¹⁾⁽²⁾ Annual glaucoma screenings covered for people at risk. ⁽¹⁾⁽²⁾	General Authorization rules may apply. In-Network Non-Medicare-covered eye exams and glasses not covered. - 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery. - \$35 copay for exams to diagnose and treat diseases and conditions of the eye.
33 - Physical Exams	20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. ⁽¹⁾⁽²⁾ When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.	In-Network \$10 copay for routine exams. No limit on the number of covered exams. \$10 copay for Medicare-covered benefits.

¹ Each year, you pay a total of one \$155 deductible.

² If a doctor or supplier does not accept assignment, their costs are often higher, which means you may pay more.

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Benefit Category	Original Medicare	Senior Dimensions Greater Nevada Plan (HMO)
34 - Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	<p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Additional Smoking Cessation - Nursing Hotline <p>\$35 to \$60 copay for each Medicare-covered smoking cessation counseling session</p> <p>(See page 28 for additional information about Health/Wellness Education.)</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network This plan does not cover Acupuncture.</p>

If you have any questions about this plan's benefits or costs, please contact Member Services

The Advantages of Being a Senior Dimensions Member

Your Very Own Personal Assistant Team

When you have questions or concerns about your plan or benefits, call our Member Services Department. You will be connected to a Personal Assistant. He or she can find answers to your claims questions, help you select a physician, assist with community resources, and assist you in any way they can with your Senior Dimensions benefits and services.

You can call your Personal Assistant at (702) 242-7301 or (800) 650-6232, TTY: (702) 242-9214 or (800) 349-3538:

- From November 15, 2009 through March 1, 2010, 7 days/week from 8am to 8pm
- From March 2, 2010 through November 14, 2010 - Monday through Friday from 8am to 8pm

Calls on Saturday, Sunday and holidays will be received by our automated phone system (where you can leave a detailed message, and a representative will return your call as soon as possible).

Si usted habla español y necesita asistencia con esta forma o tiene alguna pregunta acerca de su cobertura con Senior Dimensions tenemos representantes disponibles para asistirle. Puede llamarnos al servicio del cliente de Senior Dimensions al (702) 242-7301 o (800) 650-6232 (TTY/TDD: (702) 242-9214 o (800) 349-3538):

- De noviembre 15, 2009 hasta marzo 1, 2010 - 7 días de la semana de 8:00am-8:00pm.
- Comenzando en marzo 2, 2010 hasta noviembre 14, 2010 - lunes a viernes de 8:00am-8:00pm.

Llamadas recibidas los sábados, domingos y los días festivos serán contestadas por nuestro sistema de teléfono automatizado (donde usted podrá dejar un mensaje detallado, y un representante le regresará su llamada lo más pronto posible.)

Additional Information

Premium & Other Important Information

All office visit cost-sharing is excluded from the annual Out-of-Pocket Maximum.

Medical Supplies

There should be no cost for medical supplies routinely used in the course of an office visit (such as bandages, cotton swabs, etc.). However, there is a 20% coinsurance for supplies for which an appropriate separate charge is made (such as chemical agents used in certain diagnostic procedures).

Diabetes Self-Monitoring Training and Supplies

- Diabetes self-monitoring training (this is Medicare-covered training to help you understand what diabetes is and how to manage it)
 - \$10 copay/PCP
 - \$35 copay/specialist
- Part B diabetic supplies (Part B diabetic supplies include test strips/agents, lancets/lancet devices and glucose solutions)

If you have any questions about this plan's benefits or costs, please contact Member Services

- 20% coinsurance/Part B diabetic supplies
- Blood sugar (glucose) monitors (this is DME available through the Plan's DME vendor)
 - 20% coinsurance
- Part D diabetic supplies (Part D diabetic supplies include insulin, syringes, needles, alcohol swabs and gauze. Part D diabetic supplies are available from network pharmacies and the plan's Part D pharmacy mail order vendor.)
 - \$6/generic 30-day supply from a network pharmacy
 - \$35/preferred brand-name 30-day supply from a network pharmacy
 - \$12/generic 90-day supply from the plan's mail order vendor
 - \$70/preferred brand-name 90-day supply from the plan's mail order vendor

If you need assistance with ordering Part D diabetic supplies via mail order, please call your Personal Assistant before ordering and they will be glad to help.

Nutrition Training for people with End Stage Renal Disease (ESRD) or Diabetes

- \$10 copay/PCP
- \$35 copay/specialist

Diagnostic Tests, X-Rays, and Lab Services

- Lab Services
 - 20% coinsurance/lab services, except
 - 50% of the cost for Medicare-covered BRACAnalysis®, COLARIS and COLARIS AP genetic testing only
- X-rays
 - 20% coinsurance
- Diagnostic procedures and tests, including PET scans
 - 20% coinsurance
- Radiation therapy
 - 20% coinsurance

Colorectal Screening Exams

- \$10 copay/colonoscopy or sigmoidoscopy performed by a PCP
- \$35 copay/colonoscopy or sigmoidoscopy performed by a specialist
- 20% of the cost/fecal occult lab test
- 20% of the cost/barium enema
- 20% facility copay/outpatient hospital services/ambulatory surgical services

End Stage Renal Disease

- 20% coinsurance/dialysis services

Out of area renal dialysis services do not require prior authorization. However, if you are traveling out of the service area or on vacation and will need renal dialysis services, we recommend that you call your Personal Assistant to help you with your health care arrangements and to assist the plan in monitoring your care.

Prescription Drugs

Generally, drugs obtained at an out-of-network pharmacy are not covered. In rare circumstances, drugs *may* be covered, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You will likely have to pay the pharmacy's full charge for

If you have any questions about this plan's benefits or costs, please contact Member Services the drug and submit documentation to receive reimbursement. Please refer to your Evidence of Coverage for more information.

There is no deductible.

Initial Coverage:

- Preferred Generic/Some Brand Maintenance:
 - \$6/30-day supply from a network pharmacy
 - \$18/90-day supply from a network pharmacy
 - \$12/90-day supply from the Plan's mail order vendor

- Preferred Brand drugs:
 - \$35/30-day supply from a network pharmacy
 - \$105/90-day supply from a network pharmacy
 - \$70/90-day supply from the Plan's mail order vendor

- Non-Preferred drugs:
 - \$85/30-day supply from a network pharmacy

- Specialty Drugs:
 - 33% coinsurance (regardless of the supply or whether they were obtained from a network pharmacy or the Plan's mail order vendor). Examples of Specialty drugs include Copaxone, Rebif, Humira, Enbrel, Tarceva, and Neupogen.

Coverage Gap (this is the period between when your drug costs reach \$2,830 and when they reach \$4,550, the catastrophic coverage level):

- When your total yearly drug costs reach \$2,830, the plan will cover all drugs in the following drug tiers:
 - Preferred Generic/Some Brand Maintenance
 - Special Coverage - Generic

There is no gap coverage for the Brand, Non-preferred, Specialty and Special Coverage - Brand drug tiers.

Catastrophic Coverage:

After your yearly total drug expenses (paid by both you and the plan) reach \$4,550* you pay the greater of:

- \$2.50/generic (including brand drugs treated as generic) and,
- \$6.30/all other drugs, or
- 5% coinsurance

*There will be further details on the Explanation of Benefits that will be provided to you each month that you access pharmacy benefits.

Drugs that are covered under Part B Medicare benefits have a 20% coinsurance. Medicare-covered Part B drugs do not apply towards the Medicare Part D maximums. Please refer to your Evidence of Coverage for additional information regarding your prescription drug coverage.

If you have any questions about this plan's benefits or costs, please contact Member Services
Health Education and Wellness (HEW) Programs

The Tobacco Cessation Program charges are based upon whether a person is in a target population. The target population consists of someone with cancer, COPD, heart failure, diabetes, pregnancy, asthma, bi-polar disorder, coronary artery disease, Hepatitis C, HIV, stroke, if a person is a parent with an asthmatic child, or if the patient is an adolescent in the target population. Target population patients pay \$35, which includes the first consult and any number of follow-up visits within the program's timeframe. Non-target population patients pay \$60, which includes the first consult and any number of follow-up visits within the program's timeframe. Tobacco Cessation medication for a 3 month supply is available for no copayment to the target population through the HEW Program. All others may get these medications for their brand-name copayment or generic copayment dependent upon the drug.

For more information and registration for the telephonic counseling sessions, call (702) 877-5356, TTY: (800) 349-3538

Senior Dimensions is a Medicare Advantage (MA) HMO plan offered by Health Plan of Nevada, Inc., a UnitedHealthcare Company. Health Plan of Nevada, Inc. is an MA organization with a Medicare contract. Anyone with Medicare Parts A & B may apply. Members must continue to pay Medicare premiums and use plan providers for routine care. Prescription coverage is subject to limitations.