

Plan Facts

Health Plan NV Senior Dim. HMO	
Web site	seniordimensions.com
Member services	1-800-650-6232
Find a network provider	Find a Doctor or Hospital
Binding arbitration	No

Cost

Health Plan NV Senior Dim. HMO	
Health Reimbursement Arrangement--Account Information	
Eligible expenses for reimbursement	Not applicable
General Medical Expenses	
Deductible: Individual/Family	\$0 Individual; \$0 Family
Primary doctor office visit	\$3 copay
Specialist office visit	\$10 copay; PCP referral required
Out-of-pocket maximum: Individual/Family	\$1,500 Individual; \$0 Family
Lifetime coverage limit	Limit does not apply
Inpatient Hospital Care	
Hospital copay	100% covered
Hospital semi-private room	100% covered
Inpatient lab and X-ray	100% covered
Inpatient physician and surgeon services	100% covered
Outpatient Care	
Outpatient surgery	100% covered
Outpatient laboratory services	100% covered; preauthorization required
Outpatient X-ray	100% covered; preauthorization required
Emergency room (not followed by admission)	\$25 copay
Urgent care clinic visit	\$15 copay; in-area; \$25 copay out-of-area
Prescription Drug Expenses	
Prescription drug vendor	Same as medical plan
Prescription drug Web site	Same as medical plan
Prescription drug member services	Same as medical plan
Annual prescription deductible	Not applicable
Retail generic	\$5 copay; 30 day supply; at participating pharmacies only
Retail formulary brand	\$25 copay; 30 day supply; at participating pharmacies only
Retail nonformulary brand	\$45 copay; 30 day supply; at participating pharmacies only
Mail order generic	\$5 copay; 90 day supply
Mail order formulary brand	\$25 copay; 90 day supply
Mail order nonformulary brand	Not covered
Oral contraceptives	Not covered

Coverage

Health Plan NV Senior Dim. HMO	
Adult Preventive Care	

Physical exam	\$3 copay
Well-woman exam (includes pap)	\$3 copay
Mammogram	100% covered
Cancer screenings	100% covered; included in office visit copay
Cardiovascular screenings	100% covered; included in office visit copay
Family Planning	
Fertility drugs	Not covered
Fertility services	Not covered
Artificial insemination	Not covered
In vitro fertilization	Not covered
Male vasectomy	Not covered
Maternity Care	
Office visit: Pre/postnatal	\$3 copay
In-hospital delivery services	100% covered
Newborn nursery services	100% covered; baby covered for 31 days after birth
Prenatal care management	No
Well-Baby/Well-Child Preventive Care	
Well-child exams	Not covered
Immunizations (child)	Not covered
Mental Health Care	
Mental Health: Combined with substance abuse	No
Mental Health: Outpatient coverage	\$10 copay; preauthorization required
Mental Health: Inpatient coverage	100% covered; limited to 190 days per lifetime
Substance Abuse Care	
Detox: Outpatient coverage	\$10 copay; preauthorization required
Detox: Inpatient coverage	100% covered; limited to 190 days per lifetime; preauthorization required
Rehab: Outpatient coverage	\$10 copay; preauthorization required
Rehab: Inpatient coverage	100% covered; limited to 190 days per lifetime; preauthorization required
Dental Care	
Dental implants	Not covered
Accidental injury to teeth	Coverage based on type of service; check with Plan for details
Surgical removal of tumors, cysts, and impacted teeth	Coverage based on type of service; check with Plan for details
Vision Care	
Routine vision exams	Included in office visit copay; limited to 1 PCP screening at Plan facility/12 mths; \$10 copay for Medicare covered/non-routine exam; preauth. reqd
Regular lenses and frames	Not covered
Contact lenses	Not covered
Other Services	
Ambulance services	100% covered

Allergy tests and treatments	100% covered
Durable medical equipment	100% covered; 80% covered for insulin pumps and supplies

Hearing Care

Hearing evaluations	\$10 copay; Medicare covered or non-routine only; up to 40% discount with contracted providers for routine exam
Hearing aids	Up to 40% discount with contracted providers for hearing aids and batteries

Medical Therapy

Acupuncture	Not covered
Chiropractic	\$10 copay; manual manipulation of the spine to correct subluxation; preauthorization required
Outpatient physical therapy	\$10 copay; preauthorization required
Outpatient speech therapy	\$10 copay
Outpatient occupational therapy	\$10 copay

Care at Alternate Sites

Noncustodial home health care	100% covered; preauthorization required
Prescribed care in noncustodial skilled nursing facility	100% covered; days 1-20; \$25 copay per day for days 21-100; limited to 100 days per benefit period; preauth and 3 day prior hospital stay required
Hospice care	Covered under original Medicare program; check with Plan for details

Access

	Health Plan NV Senior Dim. HMO
Out-of-area dependent coverage	Yes; limitations apply; check with Plan for details
Out-of-area participant coverage	Yes; limitations apply; check with Plan for details

Ease of Use

	Health Plan NV Senior Dim. HMO
Need to file claims	No; except for non-routine, out-of-network, or emergency care
Number of PCP changes allowed/year	Not available
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	No

Care Management: Education and Assistance

	Health Plan NV Senior Dim. HMO
Asthma care management	No
Cancer care management	No
Diabetes care management	No
Heart disease care management	Yes; \$20 copay per class
Hypertension care management	No
Smoking cessation program	Yes; \$35 copay for target population; \$55 copay for non-target population

Weight control program

No
