2021 SUMMARY *of* BENEFITS

Benefits effective January 1, 2021

Prominence Plus
Medicare Advantage HMO

Florida Region
Palm Beach County

Y0109_FLSBF21_M CMS Accepted

2021 SUMMARY *of* BENEFITS

Prominence Plus (HMO)
H5945, Plan 008 (Florida)

This is a summary of health and drug services covered by Prominence Health Plan for January 1, 2021 through December 31, 2021.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the *2021 Evidence of Coverage* booklet by calling 1-855-969-5882 (TTY users should call 711). You can also view and download the *2021 Evidence of Coverage* booklet at ProminenceMedicare.com.

Prominence Plus (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for those services.

Prominence Health Plan is an HMO plan with a Medicare contract. Enrollment in Prominence Health Plan depends on contract renewal.

To join Prominence Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Florida:

H5945-008 (Florida): Palm Beach

For coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. You can view it online at www.medicare.gov or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users call 1-877-486-2048.)

This document is available in other formats such as Braille or large print.

For more information, please call us at 1-855-969-5882 (TTY users should call 711), 8:00 a.m. to 8:00 p.m. seven days a week from October 1 through March 31, and Monday through Friday from April 1 through September 30. You can also visit us at ProminenceMedicare.com.

Premiums and benefits	Prominence Plus (HMO) Palm Beach - 008	What you should know
Monthly plan premium	You pay $0.	You must continue to pay your Medicare Part B premium.
Deductible	You pay nothing.	This plan does not have a deductible.
Maximum out-of-pocket responsibility (Does not include prescription drug costs)	$2,000 annually	This is the most you pay for copayments, coinsurance and other costs for medical services covered under Medicare Parts A and B for the year.
Inpatient hospital coverage	You pay a $0 copayment per day.	Our plan covers an unlimited number of days for an inpatient stay. Your physician is required to notify the plan when you are admitted.
Outpatient hospital coverage • Outpatient surgery or other services received in an outpatient hospital setting	You pay a $0 copayment for outpatient hospital services.	Prior authorization is required for outpatient, observation services and ambulatory surgical center services.
• Observation care	You pay a $0 copayment for all services received during observation care.	
• Ambulatory surgical center services	You pay a $0 copayment for services received at an ambulatory surgical center.	
Doctor visits • Primary care providers	You pay $0 per primary care visit.	There are no referrals required for specialist visits.
• Specialists	You pay a $0 copayment per specialist visit.	

Premiums and benefits	Prominence Plus (HMO) Palm Beach - 008	What you should know
Preventive care	You pay $0 for Original Medicare preventive services.	Any additional preventive services approved by Medicare during the contract year will be covered. For more information, please see Chapter 4: “Medical Benefits Chart (what is covered and what you pay)” in the *2021 Evidence of Coverage*.
Annual physical exam	You pay $0 for the annual physical exam.	You pay the plan cost-sharing amount for screening exams and/or diagnostic tests received in preparation for this visit or ordered as a result of this visit.
Emergency care	You pay a $120 copayment per visit. You pay a $120 copayment for an emergency services visit outside the United States.	The copayment will be waived if you are admitted to the hospital as an inpatient for the same condition within three days of an emergency care visit. Annual maximum coverage-amount of $25,000 applies for emergency services and urgent care visits outside the United States.
Urgently needed services	You pay a $0 copayment per visit. You pay a $0 copayment for an urgent care visit outside the United States.	The copayment will be waived if you are admitted to the hospital as an inpatient for the same condition within three days of an urgent care visit. Annual maximum coverage-amount of $25,000 applies for emergency services and urgent care visits outside the United States.

Premiums and benefits	Prominence Plus (HMO) Palm Beach - 008	What you should know
Diagnostic services/ Labs/Imaging • Diagnostic procedures/ tests and lab services	You pay $0 for diagnostic procedures/tests and lab services.	Prior authorization is required for diagnostic and therapeutic radiological services and genetic testing lab services.
• Diagnostic radiological services (such as CT scans, MRIs)	You pay a $0 copayment for diagnostic radiological services, such as CT scans and MRIs.	
• Therapeutic radiological services	You pay a $50 copayment for therapeutic radiological services.	
• Outpatient x-rays	You pay a $0 copayment for x-ray services.	
Hearing services	You pay $0 for a routine hearing exam. (Exams for fitting hearing aids) One exam is covered annually.	Annual maximum coverage-amount of $600 for hearing aids (per ear) applies. You are responsible for any amount over the hearing aid coverage limit. All appointments must be scheduled through Hearing Care Solutions. All hearing aids must be purchased through Hearing Care Solutions. Prior authorization and referrals are not required.
	You pay a $0 copayment for Medicare-covered hearing services. (Diagnostic hearing and balance exams)	
Dental services (Medicare-covered)	You pay a $0 copayment for Medicare-covered dental services.	Prior authorization and referrals are not required.

Premiums and benefits	Prominence Plus (HMO) Palm Beach - 008	What you should know
Dental services (preventive and comprehensive)	Preventive and comprehensive dental services are included with no additional monthly premium. Covered services include: • teeth cleaning, once every six months • oral exam, once a year • dental x-rays, once a year • non-routine services • diagnostic services • restorative services • endodontics • periodontics • extractions • prosthodontics • other oral/maxillofacial surgery.	There is no deductible, copayment, or coinsurance for preventive and comprehensive dental services. $2,000 per year maximum coverage amount for preventive and comprehensive dental services. You are responsible for any amount over the dental coverage limit. Prior authorization and referrals are not required. You must use the Liberty Dental Plan network of providers.
Vision services	You pay a $0 copayment for Medicare-covered eye exams. (Exams to diagnose and treat diseases and conditions of the eye)	Prior authorization and referrals are not required. You must use the National Vision Administrators (NVA) vision network of providers. *You are eligible for up to two (2) pairs of eyeglasses in a benefit period.
	You pay a $0 copayment for a routine eye exam. (Eye refractions for eyeglasses or contact lenses) One exam is covered annually.	
	You receive a $150 annual allowance for eyewear (eyeglasses* (lenses and frames) and contact lenses).	

Premiums and benefits	Prominence Plus (HMO) Palm Beach - 008	What you should know
Mental health services • Inpatient visits	You pay a $0 copayment per day, days 1 through 5; $0 copayment per day, days 6 through 90 for inpatient mental health stays. For use of Medicare-covered lifetime reserve days (used if an inpatient stay for mental health services lasts longer than 90 days per benefit period), you pay a $0 copayment per day, for days 1 through 5; $0 copayment per day, days 6 through 60.	For inpatient mental health care stays, your physician is required to notify the plan when you are admitted. Prior authorization is required for individual or group psychiatric sessions; prior authorization is not required for mental health specialty services from a non-physician provider. Prior authorization is required for partial hospitalization services.
• Outpatient therapy visits	You pay a $0 copayment for individual or group mental health sessions	
• Partial hospitalization	You pay a $0 copayment per day for partial hospitalization services.	
Skilled nursing facility	You pay a $0 copayment per day, days 1 – 20; $50 copayment per day, days 21 – 100.	Prior authorization is required.
Physical therapy	You pay a $0 copayment per visit.	Prior authorization is required for visits over 12 annually.
Ambulance	You pay a $200 copayment per transportation segment.	Copayment applies per segment. A segment is transport by ambulance to the nearest appropriate facility. Another segment is incurred if the beneficiary is then transported by ambulance to another facility. Prior authorization is required for non-emergency transport. The copayment is waived if you are admitted to the hospital as an inpatient.

Premiums and benefits	Prominence Plus (HMO) Palm Beach - 008	What you should know
Transportation	You pay $0 for plan-approved transportation services.	Prior authorization is required. Members can access up to 20 one-way trips to plan-approved health-related locations. Transportation may include rides by taxi, bus/subway, van, or medical transport.
Medicare Part B drugs	You pay 20% of the total cost of chemotherapy and other Part B drugs.	Prior authorization is required for all Part B drugs with a cost greater than $100.
Medical equipment/ supplies • Durable medical equipment (e.g., wheelchairs, oxygen)	You pay 0% of the total cost of durable medical equipment.	Prior authorization is required for items with a purchase price greater than $500 or $38.50 per month, if rented.
• Prosthetics (e.g., braces, artificial limbs) and medical supplies	You pay 0% of the total cost of prosthetic devices. You pay 0% of the total cost of medical supplies.	Prior authorization is required for devices/supplies with a purchase price greater than $500 or $38.50 per month, if rented.
• Diabetic supplies	You pay 0% of the total cost of diabetic supplies. You pay 0% of the total cost of diabetic therapeutic shoes or inserts.	The only covered blood glucose monitors and test strips are CONTOUR® products manufactured by Ascensia Diabetes Care. Alternate brand products are not covered unless a request for prior authorization is approved.
Podiatry services (foot care)	You pay a $0 copayment for Medicare-covered podiatry services. You pay a $0 copayment for routine foot care.	Prior authorization and referrals are not required.
Chiropractic care • Manipulation of the spine to correct subluxation	You pay a $0 copayment for Medicare-covered and routine chiropractic services.	Prior authorization is required for all visits over 12 annually.

Premiums and benefits	Prominence Plus (HMO) Palm Beach - 008	What you should know
Meal program	You pay $0.	Prior authorization is required. You may qualify for up to 42 meals delivered to you over a 14-day period depending on your need.
Fitness benefit (The Silver&Fit® Healthy Aging and Exercise Program)	You pay $0.	A no-cost fitness center membership to a participating fitness center and one Stay Fit kit and up to two Home Fitness Kits per calendar year through the Silver&Fit Program.
Over-the-counter (OTC) medications and products	You receive a $35 allowance, every month for OTC items.	Unused balances do not carry over to the next period.

IN-NETWORK RETAIL PHARMACY OUTPATIENT PRESCRIPTION DRUGS	
	Prominence Plus (HMO) Palm Beach - 008
Retail Pharmacy 30-day Supply*	
Yearly deductible stage	No deductible.
Initial coverage stage Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Drugs Tier 5: Specialty Drugs Tier 6: Select Care Drugs	 You pay a $0 copayment You pay a $0 copayment You pay a $20 copayment You pay a $97 copayment You pay 33% of the total cost You pay a $0 copayment
Coverage gap stage (You enter the coverage gap stage when your total drug costs have reached $4,130).	For drugs in Tiers 3, 4 and 5, you pay: • 25% of the total cost of brand-name drugs • 25% of the total cost of generic drugs. Tier 1, 2 and 6 drugs are covered in the gap.
Catastrophic coverage stage (You enter the catastrophic coverage stage when your out-of-pocket drug costs reach $6,550).	For drugs in Tiers 1,2 3, 4, 5 and 6 you pay: • $3.70 copayment (for generic drugs, or drugs that are treated like a generic) **or** • $9.20 copayment (all other drugs) **or** • 5% coinsurance (whichever is larger).

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

MAIL ORDER OUTPATIENT PRESCRIPTION DRUGS	
	Prominence Plus (HMO) Palm Beach - 008
Mail Order 100-day Supply	
Yearly deductible stage	No deductible.
Initial coverage stage Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Drugs Tier 5: Specialty Drugs Tier 6: Select Care Drugs	 You pay a $0 copayment You pay a $0 copayment You pay a $40 copayment You pay a $281 copayment Not Available You pay a $0 copayment
Coverage gap stage (You enter the coverage gap stage when your total drug costs have reached $4,130).	For drugs in Tiers 3, 4 and 5, you pay: • 25% of the total cost of brand-name drugs • 25% of the total cost of generic drugs. Tier 1, 2 and 6 drugs are covered in the gap.
Catastrophic coverage stage (You enter the catastrophic coverage stage when your out-of-pocket drug costs reach $6,550).	For drugs in Tiers 1,2 3, 4, 5 and 6 you pay: • $3.70 copayment (for generic drugs, or drugs that are treated like a generic) **or** • $9.20 copayment (all other drugs) **or** • 5% coinsurance (whichever is larger).

Cost-Sharing may change when you enter another phase of the Part D benefit. For more specific information on the phases of the benefit, please call us or access our *2021 Evidence of Coverage* online at ProminenceMedicare.com.

*Prescription drugs may be up to a 100-day supply.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 855-969-5882 (TTY:711), 8 a.m.to 8 p.m., seven days a week from October 1 to March 31 and 8 a.m.to 8 p.m., Monday through Friday from April 1 to September 30.

Understanding the Benefits

- ❑ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit ProminenceMedicare.com or call 855-969-5882 (TTY:711) to view a copy of the EOC.
- ❑ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ❑ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ❑ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ❑ Benefits, premiums and/or copayments/co-insurance may change on January 1 of each plan year.
- ❑ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Prominence Health Plan is an HMO plan with a Medicare contract. Enrollment in Prominence Health Plan depends on contract renewal.

This information is not a complete description of benefits. For more information, call 1-855-969-5882 (TTY: 711) 8:00 a.m. – 8:00 p.m., seven days a week from October 1 to March 31, and Monday through Friday from April 1 to September 30.

Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

View our *Provider and Pharmacy Directory* on our website at: ProminenceMedicare.com.

You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website at ProminenceMedicare.com.

The Silver & Fit® program is provided by American Specialty Health Fitness, Incorporated (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-969-5882 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-969-5882 (TTY: 711).

Prominence Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Prominence Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Prominence Health Plan konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.