

















PARTICIPATING AREAS INCLUDE: Washoe County

	PLUS	BEYOND	GIVEBACK \$75
Inpatient Hospital	\$0-\$100 /day, days 1-5 \$0 days 6-90	\$135- \$425/day, days 1-6	\$135- \$425/day, days 1-6
Doctor Visits	\$0 Primary Care \$20 Specialist	\$0 Primary Care \$45 Specialist	\$0 Primary Care \$45 Specialist
Prescription Drug Coverage	Many drugs for \$0	Many drugs for \$0	Many drugs for \$0
Emergency Visits	\$30-\$125	\$80-\$120	\$75-\$120
X-rays, CT Scans & MRIs	\$0 X-rays \$0-\$60 CT & MRI	\$0 X-rays \$60-\$100 CT & MRI	\$0 X-rays \$60-\$100 CT & MRI
Urgent Care	\$10	\$50	\$10
Chiropractic <i>(Routine & Medicare covered)</i>	\$10	\$20	\$20
PLUS, ADDED VALUE!			
Dental Coverage	\$2,000 and \$0 copays	\$4,000 and \$0 copays	\$1,000 and \$0 copays
Premium Dental Coverage <i>(Bigger network & more coverage)</i>	\$7,500 total coverage \$42 monthly premium	\$7,500 total coverage \$33 monthly premium	\$7,500 total coverage \$43 monthly premium
Transportation <i>(Rides to health-related locations)</i>	Unlimited rides	Unlimited rides +20 one way trips non-medical	Unlimited rides
Vision Care <i>(for glasses & contact lenses)</i>	\$200 allowance for glasses or contacts + \$0 eye exams	\$500 allowance for glasses or contacts + \$0 eye exams	\$200 allowance for glasses or contacts + \$0 eye exams
Hearing Aid Coverage	\$600 per ear hearing aid allowance + \$0 hearing exams	\$800 per ear hearing aid allowance + \$0 hearing exams	\$0 hearing exams
Over-the-Counter (OTC)	\$90 per quarter	\$110 per quarter	Not available

	HEART <i>Chronic Heart Condition Required</i>	EXTRA HELP <i>Medicare Extra Help Required</i>	DUAL <i>Medicare & Medicaid Required</i>
 Inpatient Hospital	\$0-\$100 /day, days 1-5	\$0-\$100 /day, days 1-5	\$0
 Doctor Visits	\$0 Primary Care \$0-\$20 Specialist	\$0 Primary Care \$15 Specialist	\$0
 Prescription Drug Coverage	Many drugs for \$0	\$0	\$0
 Emergency Visits	\$30-\$125	\$30-\$125	\$0
 X-rays, CT Scans & MRIs	\$0 X-rays \$0-\$60 CT & MRI	\$0 X-rays \$0-\$60 CT & MRI	\$0
 Urgent Care	\$10	\$10	\$0
 Chiropractic <i>(Routine & Medicare covered)</i>	\$10	\$10	\$0
PLUS, ADDED VALUE!			
 Dental Coverage	\$2,000	\$2,000	\$4,000
 Premium Dental Coverage	\$7,500 total coverage \$42 monthly premium	Not available	Not available
 Healthy Food Benefit	\$60 per month	\$60 per month	\$100 per month food or utility payment
 Transportation <i>(Rides to health-related locations)</i>	Unlimited rides	Unlimited rides	Unlimited rides +20 one way trips non-medical
 Vision Care <i>(for glasses & contact lenses)</i>	\$200 allowance for glasses or contacts + \$0 eye exams	\$200 allowance for glasses or contacts + \$0 eye exams	\$500 allowance for glasses or contacts + \$0 eye exams
 Hearing Aid Coverage	\$600 per ear hearing aid allowance + \$0 hearing exams	\$600 per ear hearing aid allowance + \$0 hearing exams	\$3,000 both ears hearing aid allowance + \$0 hearing exams
 Over-the-Counter (OTC)	\$90 per quarter	\$110 per quarter	\$140 per quarter

*Conditions and limitations apply.
Prominence Health Plan is an HMO with a Medicare contract.
Enrollment in Prominence Health Plan depends on contract renewal.

Prominence[®]
Health Plan