















 PARTICIPATING AREAS INCLUDE: Palm Beach

	<b>PLUS</b>	<b>DUAL</b> <i>Medicare &amp; Medicaid Required</i>
 <b>Inpatient Hospital</b>	\$0/day, days 1-5	\$0
 <b>Doctor Visits</b>	\$0 Primary Care \$10-\$35 Specialist	\$0
 <b>Prescription Drug Coverage</b>	Many drugs for \$0	\$0
 <b>Emergency Visits</b>	\$125	\$0
 <b>X-rays, CT Scans &amp; MRIs</b>	\$0 X-rays \$25 CT & MRI	\$0
 <b>Urgent Care</b>	\$0	\$0
 <b>Podiatry</b>	\$0	\$0
<b>PLUS, ADDED VALUE!</b>		
 <b>Dental Coverage</b>	\$4,000	\$4,000
 <b>Premium Dental Coverage</b>	\$7,500 total coverage \$36 monthly premium	Not available
 <b>Healthy Food Benefit</b>	Limited conditions only	\$125 per month food or utility payment
 <b>Transportation</b> <i>(Rides to health-related locations)</i>	Unlimited rides	Unlimited rides +20 one way trips non-medical
 <b>Vision Care</b>	\$300 allowance for glasses or contacts + \$0 eye exams	\$500 allowance for glasses or contacts + \$0 eye exams
 <b>Hearing Aid Coverage</b>	\$600 per ear hearing aid allowance + \$0 hearing exams	\$3,000 both ears hearing aid allowance + \$0 hearing exams
 <b>Over-the-Counter (OTC)</b>	\$140 per quarter	\$300 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.

231850771-1857227\_FL 7/23

0109\_ONE24FL\_M\_CMS Accepted

For more information and events close to you, visit us at: [prominencemedicare.com](https://prominencemedicare.com)