










PARTICIPATING AREAS INCLUDE: Northern Nevada Region








	PLUS	BEYOND
Inpatient Hospital	\$0-\$250 /day, days 1-6	\$145-\$335 /day, days 1-6
Doctor Visits	\$0 Primary Care \$20 Specialist	\$0 Primary Care \$45 Specialist
Prescription Drug Coverage	Many drugs for \$0	Many drugs for \$0
Emergency Visits	\$30-\$125	\$80-\$120
X-rays, CT Scans & MRIs	\$0 X-rays \$0-\$60 CT & MRI	\$0 X-rays \$60-\$100 CT & MRI
Urgent Care	\$30	\$50
Chiropractic <i>(Routine & Medicare covered)</i>	\$10	\$20
PLUS, ADDED VALUE!		
Dental Coverage	\$2,000 and \$0 copays	\$4,000 and \$0 copays
Premium Dental Coverage <i>(Bigger network & more coverage)</i>	\$7,500 total coverage \$41 monthly premium	\$7,500 total coverage \$32 monthly premium
Transportation <i>(Rides to health-related locations)</i>	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	\$500 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
Over-the-Counter (OTC)	\$75 per quarter	\$110 per quarter

EXTRA HELP
Medicare Extra Help
Required

DUAL
Medicare & Medicaid
Required

 Inpatient Hospital	\$0-\$250 /day, days 1-6	\$0
 Doctor Visits	\$0 Primary Care \$20 Specialist	\$0
 Prescription Drug Coverage	\$0	\$0
 Emergency Visits	\$30-\$125	\$0
 X-rays, CT Scans & MRIs	\$0 X-rays \$0-\$60 CT & MRI	\$0
 Urgent Care	\$10	\$0
 Chiropractic <i>(Routine & Medicare covered)</i>	\$10	\$0

PLUS, ADDED VALUE!

 Dental Coverage	\$2,000	\$2,000
 Premium Dental Coverage	Not available	Not available
 Healthy Food Benefit	Limited conditions only	\$20 to \$250 per month for qualifying condition
 Transportation <i>(Rides to health-related locations)</i>	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	\$500 allowance for glasses or contacts + \$0 eye exams
 Hearing Aid Coverage	\$600 per ear hearing aid allowance + \$0 hearing exams	\$3,000 for both ears hearing aid allowance + \$0 hearing exams
 Over-the-Counter (OTC)	\$90 per quarter	\$100 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