














 PARTICIPATING AREAS INCLUDE: North Texas Region

	PLUS	GIVEBACK \$80
 Inpatient Hospital	\$50-\$250/day, days 1-5	\$275-\$375/day, days 1-6
 Doctor Visits	\$0 Primary Care \$20 Specialist	\$0 Primary Care \$30 Specialist
 Prescription Drug Coverage	Many drugs for \$0	Many drugs for \$0
 Emergency Visits	\$110-\$135	\$90-\$120
 X-rays, CT Scans & MRIs	\$0 X-rays \$60 CT & MRI	\$0 X-rays \$75 CT & MRI
 Urgent Care	\$30	\$20
 Chiropractic <i>(Routine & Medicare covered)</i>	\$10	\$20
PLUS, ADDED VALUE!		
 Dental Coverage	\$2,000	\$1,500
 Premium Dental Coverage	\$7,500 total coverage \$30 monthly premium	\$7,500 total coverage \$31 monthly premium
 Transportation <i>(Rides to health-related locations)</i>	Unlimited rides	Unlimited rides
 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
 Hearing Aid Coverage	\$600 per ear hearing aid allowance + \$0 hearing exams	\$0 hearing exams
 Over-the-Counter (OTC)	\$85 per quarter	\$60 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.

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