

# Prominence<sup>®</sup> Health Plan

## 2024 Plans

### Medicare Advantage HMO



**PARTICIPATING AREAS INCLUDE:** Brooks, Cameron, Hidalgo, Jim Hogg, Starr, Webb, Willacy & Zapata

	PLUS	BEYOND	GIVEBACK \$130
<b>Inpatient Hospital</b>	\$0-\$50 /day, days 1-5	\$40-\$250 /day, days 1-5	\$300-\$375 /day, days 1-6
<b>Doctor Visits</b>	\$0 Primary Care \$0-\$10 Specialist	\$0 Primary Care \$25 Specialist	\$0 Primary Care \$45 Specialist
<b>Prescription Drug Coverage</b>	Many drugs for \$0	Many drugs for \$0	Many drugs for \$0
<b>Emergency Visits</b>	\$60-\$125	\$110-\$135	\$75-\$100
<b>X-rays, CT Scans &amp; MRIs</b>	\$0 X-rays \$0 CT & MRI	\$0 X-rays \$50 CT & MRI	\$0 X-rays \$100 CT & MRI
<b>Urgent Care</b>	\$0	\$0	\$35
<b>Chiropractic</b> <i>(Routine non-Medicare covered)</i>	\$0	\$10	\$15
<b>PLUS, ADDED VALUE!</b>			
<b>Dental Coverage</b>	\$3,000 and \$0 copays	\$4,000 and \$0 copays	\$1,000 and \$0 copays
<b>Premium Dental Coverage</b> <i>(Bigger network &amp; more coverage)</i>	\$7,500 total coverage \$30 monthly premium	\$7,500 total coverage \$24 monthly premium	\$7,500 total coverage \$31 monthly premium
<b>Transportation</b> <i>(Rides to health-related locations)</i>	Unlimited rides	Unlimited rides +20 one way trips non-medical	Unlimited rides
<b>Vision Care</b>	\$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
<b>Hearing Aid Coverage</b>	\$600 per ear hearing aid allowance + \$0 hearing exams	\$800 per ear hearing aid allowance + \$0 hearing exams	\$0 hearing exams
<b>Over-the-Counter (OTC)</b>	\$120 per quarter	\$135 per quarter	\$60 per quarter

## EXTRA HELP








Medicare Extra Help Required

## DUAL

Medicare & Medicaid Required

 <b>Inpatient Hospital</b>	\$0-\$50 /day, days 1-5	\$0
 <b>Doctor Visits</b>	\$0	\$0
 <b>Prescription Drug Coverage</b>	\$0	\$0
 <b>Emergency Visits</b>	\$60-\$125	\$0
 <b>X-rays, CT Scans &amp; MRIs</b>	\$0	\$0
 <b>Urgent Care</b>	\$0	\$0
 <b>Chiropractic</b> <i>(Routine &amp; Medicare covered)</i>	\$0	\$0

### PLUS, ADDED VALUE!

 <b>Dental Coverage</b>	\$3,000	\$4,000
 <b>Premium Dental Coverage</b> <i>(Bigger network &amp; more coverage)</i>	Not available	Not available
 <b>Healthy Food Benefit</b>	\$100 to \$250 per month food or utility payment	\$125 to \$275 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>	\$200 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>	\$120 per quarter	\$280 per quarter

Plan Highlights

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

**Prominence<sup>®</sup>**  
**Health Plan**

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