

FOR RESIDENTS OF

**Brooks, Cameron, Hidalgo, Jim Hogg, Starr,
Webb, Willacy & Zapata Counties**

Welcome to your

2024 Member Guide

Great coverage, from people who care



Prominence
Medicare Advantage

[ProminenceMedicare.com](https://www.ProminenceMedicare.com)

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Prominence

Medicare Advantage

Great coverage, from people who care.

ProminenceMedicare.com

Welcome

THANK YOU FOR BEING A MEMBER

Dear Member,

Thank you for choosing Prominence Medicare Advantage as your healthcare partner. We know you have many options to choose from and are thankful that you trusted us with your healthcare journey.

If you are a new member, welcome! We are excited to have you be a part of our plan. If you are an existing member, thanks again for trusting us, and welcome back! We have some exciting new plan options for you for 2024!

Our goal is to help create healthier and more empowered communities by providing you access to compassionate, affordable and high-quality care.

We understand that your healthcare needs are unique, and we're dedicated to providing products and services that can help you take the first (or next) step towards living a healthier life.

This member guide will serve as a resource for you to learn the best way to improve your quality of life through the services and benefits provided to you as a valued member.

We are here to give great coverage and peace of mind. Should you have any questions, please call our dedicated Care Advocate team at 1-855-969-5882 (TTY: 711).

Thank you,

A stylized, handwritten signature in dark ink, appearing to read 'KJ'.

Kamal Jemmoua
CEO, Prominence Health Plan

I Have My Member Guide What Should I Expect Next?

WELCOME AND WELCOME BACK CALL

To kick-off 2024 with a great start, we want to walk you through the highlights of our new benefits with our 2024 Welcome or Welcome Back Call. During the call, a member of our outreach team will:

- Confirm your contact information, communication preferences and Primary Care Provider (PCP)
- Give an overview of your plan, additional services and benefits
- Schedule your annual Prominence Health Assessment
- Give you options to complete your Health Risk Assessment Tool

To complete your 2024 Welcome Call, please call us promptly upon the receipt of your 2024 Member Guide at 877-397-7320 (TTY: 711).

YOUR MEMBER ID CARD

You will receive your Prominence ID card separately in the mail. Your membership ID card includes important information, such as:

- Your plan benefits and information for your pharmacy
- Your Prominence Health Plan identification number
- Your plan number
- Member Services toll-free number
- Plan information for your doctor

OVER-THE-COUNTER (OTC) CARD (Not available with the Giveback Plan)

If you are a returning member, please keep your current OTC card.

For new members, you will be receiving your OTC card in the mail. Please call the phone number included on your card to activate it as soon as you receive it so you can unlock all the amazing benefits we have for you in 2024.

DENTAL CARD

For information about dental benefits, visit ProminenceMedicare.com/dental. Our dental partner is Delta Dental Medicare Advantage PPO. Find out more about our dental plans in our dental section. You will receive a new dental ID card that you can show to your dentist.

Your Member Guide

What's new for 2024? Options!

In 2024 we introduced many new plan options.

EXISTING MEMBERS

This year, in addition to our Plus plan, you have 4 new options to choose from in Our South Texas region. You have the **opportunity to switch to one of our new plans** during the annual enrollment period from October 15 through December 7. (Note: there may be other times during the year when you can switch.)

QUICK STEPS

1. **Review** your plan options below to see which plan is right for you
2. **Decide** if you want to switch plans and/or upgrade to our **Premium Dental Plan** (available on most plans.)
3. **To switch** to a new plan, contact your broker, call us at **956-269-0248** or enroll online at prominencemedicare.com/enroll.

NEW PLANS FOR 2024:

GIVEBACK \$130 PLAN – This plan gives you money each month to pay for your Medicare Part B premium!

- \$130 sent to Medicare each month for your Medicare premium, which means more money in your pocket each month
- \$0 doctor office visits, low urgent care copays
- Inpatient, outpatient and prescription drug coverage
- Coverage for dental, eyeglasses and more
- Option to buy up to our premium dental plan with more dentists and covered services, and \$7,500 worth of coverage with no copayments

BEYOND PLAN – More supplemental benefit coverage and worldwide travel

- More coverage for dental, eyeglasses and hearing aids than our standard plans.
- Transportation to non-health related locations like grocery shopping, banking, fitness or community centers and social events
- More coverage for worldwide emergencies or urgent care
- \$0 primary care provider visits with slightly higher specialist copays
- Option to buy up to our premium dental plan with more dentists and covered services, and \$7,500 worth of coverage with no copayments

EXTRA HELP – Medicare has an Extra Help for Prescription Drugs Program, for members who have too much income to qualify for Medicaid.

- Must have Medicare's Extra Help (which is estimated to be worth about \$5,300 per year*), to pay \$0 monthly premium and get prescription drug discounts
- \$0 for all covered Part D prescription drugs
- No deductibles or donut hole for covered prescriptions.
- Monthly plan premium is covered with no cost to you
- \$0 primary care provider and low specialist copays
- Lower or no hospital fees
- Coverage for dental, eyeglasses and hearing aids.

DUAL – This plan is for people with both Medicare and Medicaid

- No copayments on covered medical services
- No copayments on prescription drugs
- Enhanced benefits for dental, vision, OTC & hearing aids
- Coverage for food and/or utilities if you have certain conditions
- No copayment for covered Part D prescription drugs
- Monthly plan premium is covered with no cost to you
- \$0 primary care provider and specialist copays
- \$0 hospital fees
- Extra coverage for dental, eyeglasses and hearing aids.
- Coverage for transportation to health-related, and non-health related locations.
- Allowance for healthy foods, which can also be used for utilities like electricity and water

If you are happy with your plan, don't forget our Member Referral Program! Help your friends get the great service and coverage that Prominence provides by having them request more information at prominencemedicare.com/refer. They could also call 877-733-8542 (TTY: 711). We're happy to answer their questions, discuss their needs and see if Prominence is right for them too.

All plans have a fitness, dental and transportation benefit. Contact your broker or call Prominence Medicare Advantage at 956-269-0248 (TTY: 711) for more information.

This is a highlight of the changes from last year. There may be additional changes for 2024. See your Annual Notice of Changes (existing members), your 2024 enrollment book (new members) or contact our Care Advocate team.

*<https://www.ssa.gov/pubs/EN-05-10508.pdf>

Welcome New Members!

Welcome to Prominence Health Plan. We are happy you've chosen to join the Prominence family.

You may have received an enrollment book that included a page for important phone numbers. Feel free to use that full-size sheet to keep track of contact information you might need. We have also included a smaller version of that document in this booklet as well.

Continuity of Care Form

As a new member, we want to make sure we have the most updated information about the care you are currently receiving and anything you may need to complete or transition as you start your Prominence Medicare Advantage coverage.

IN THIS GUIDE YOU WILL FIND:

- Continuity of Care
- How to Use Our Network – What Kind of Care is Right for You
- Prominence Health Plan Care Management Team
- Important 2024 Pharmacy Information
- Prominence Perks Program – Rewarding You for Keeping Healthy
- Prominence Health Assessment
- Exclusive Benefits Just for Prominence Members
- Member Portal – Taking Ownership of Your Health at Your Fingertips
- Prominence is Here to Help

Continuity of Care

If you are a new Medicare Advantage member, we need some information to make sure your transition from your prior insurer to Prominence (or from your old provider to your new provider) is as smooth as possible.

What is Continuity of Care?

Our Continuity of Care program helps ensure that you continue to get the care you need while you are switching health plans. Our team of nurses and medical directors will review the prior authorization for medical necessity and work with you and your provider to redirect services to an in-network provider.

The attached Continuity of Care form is for you to fill out and return to help us get to know you and your medical needs better.

Fill out the form completely, and do not leave any blanks. Please use N/A if the information requested does not apply to your situation.

If you have internet access, please visit our member portal at **ProminenceMedicare.com** to complete the Continuity of Care form.



Plan effective date: _____

This form is for new members with ongoing health care needs. This information will assist us in transitioning your care when you become effective. Please print and complete all sections of this form. Thank you.

General Information

Please select one: <input type="checkbox"/> New Prominence Member <input type="checkbox"/> Existing Prominence Member Whose Provider Is No Longer on Plan		
Member Name:		Member Date of Birth (mm/dd/yyyy):
Relationship to Employee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
Cell Phone: (include area code):		Home Phone (include area code):
Mailing Address:		City:
State:	Zip:	Your Email Address:
Employer:		
Select your Prominence plan: <input type="checkbox"/> HMO <input type="checkbox"/> PPO		Primary Care Provider:
Are you covered by any other health insurance, including Medicare? If so, please complete the information below:		
Insurance Carrier:		Plan Name:
Group #:		Policy #:

Medical Information

1	Have you been hospitalized in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, what were you hospitalized for?	
2	Do you expect to be in the hospital when coverage with PHP begins or in the next 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Are you currently being treated for any illness or condition. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes to above, please list the illness and conditions below, as well as the treating provider(s) for each.	
	Illness or Condition:	Treating Provider:
	1)	4)
	2)	5)
4	Do you have a surgery scheduled after your effective date of coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes to above, what type of surgery?	
	If yes to above, when is your surgery scheduled?	
	If yes to above, who is your surgeon?	
	If yes to above, where is your surgery taking place?	
5	Are you scheduled for high tech imaging (CT, MRI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes to above, what type of imaging?	
	If yes to above, when is your high tech imaging scheduled?	
	If yes to above, who is ordering physician?	

5	If yes to above, where is your high tech imaging procedure taking place?	
6	Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your due date:
	If pregnant, who is your OB doctor?	
	If pregnant, which hospital are you scheduled to deliver at?	
7	If pregnant, is your pregnancy considered high risk (e.g., twins, diabetes, age) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you currently receiving chemotherapy or radiation oncology therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, who is your treating doctor?	
8	If yes, where are you receiving chemotherapy or radiation therapy?	
	Are you currently receiving dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, what type of dialysis?	
9	If yes, where are you receiving dialysis?	
	Are you currently a candidate for an organ transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, what type of organ?	
	If yes, which facility?	

Please list any questions that you may have for our nurses in regards to your transition of care

NOTE: If you need continuity of care for ongoing general medical outpatient services have your provider fax a request to **888-393-2335**.

If you have ongoing Radiation/Medical Oncology, physical therapy, speech therapy, Chiropractic services, sleep services, or neck, back or joint services, have your provider call **884-224-0495**.

Your providers can call 775.770.9350 to obtain a prior authorization form or visit our website at ProminenceMedicare.com.

Pharmacy Information

Prior to your effective date, please make sure you have enough medication refills. Contact your primary care provider if you have any questions about your ongoing medication needs. You should understand your pharmacy benefit for generic versus brand drugs.

10	If your are currently taking a drug that requires prior authorization (approval from the health plan), do you have any questions about these? <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Would you like a paper copy of the Preferred Drug list? <input type="checkbox"/> Yes <input type="checkbox"/> No

For a complete list of the Preferred and Specialty Drugs, please visit www.prominencehealthplan.com

Behavioral Health Information

For questions about your behavioral health benefits, please call Prominence Health Plan at 866-500-2741.

Signature of Member (Required)

I hereby authorize the above provider to give Prominence Health Plan or any affiliated Prominence company any and all information and medical records necessary to make an informed decision concerning my request for Continuity of Care Benefits under Prominence Health Plan. I understand I am entitled to a copy of this authorization form.

Signature of Member, Parent or Guardian

Date (mm/dd/yyyy)

Submit this form to Prominence Health Plan using our secure fax line: 888-393-2335. If you need to contact Customer Services call 866-500-2741. Continuity of Care requests will be reviewed within 10 days of receipt. For new Prominence members, review will occur within 10 days of participants' effective date. Review for organ transplant requests may take longer than 10 days.

What Kind of Care Is Right for Me?

When an unexpected illness or emergency happens, it is important to remember that as a Prominence Medicare Advantage member you have several options for where you can go for care.

Prominence Health Plan contracts with specific providers, urgent care facilities and hospitals to provide in-network healthcare services. For more information, refer to our online directory at [ProminenceMedicare.com](https://www.ProminenceMedicare.com). Understanding your provider network can reduce your out-of-pocket costs significantly. In the event of a serious or life-threatening emergency, call 9-1-1 or go straight to the nearest ER.

YOUR PRIMARY CARE PROVIDER (PCP)

Your PCP can diagnose, treat and manage healthcare problems, coordinate services, and track your health and wellness. Your medical condition will typically determine how often you should see your PCP. Those with chronic medical conditions are usually seen routinely every three to six months. This frequency increases as you age or as your condition changes. PCP visits are at no cost to you. Following are some of the common health services your PCP can provide:

- Treat patients with flu, colds, strep throat and other infectious diseases
- Prescribe medications and give advice about over-the-counter medications
- Treat patients with lacerations, sprains, back pain and other injuries
- Help manage chronic conditions, including hypertension, asthma, diabetes and high cholesterol
- Conduct routine health exams and physicals
- Treat anxiety, depression and other mild to moderate behavioral health conditions
- Perform screening and diagnostic tests
- Discuss treatment options and make recommendations for the most appropriate care
- Give acute care for symptoms such as high fever, stomach pain or cough

Where To Get Care?

Make the right choice when your PCP is not available. You have access to quality, convenient healthcare.



Provides access to board-certified doctors, pediatricians and behavioral health specialists by phone or video 24-hours a day, every day of the year. Some of the things that can be treated are:

- Allergies
- Cold or flu
- Coughs
- Earaches
- Sore throat or cough
- Sinus infection
- Bronchitis
- Pink eye
- Non-severe allergic reactions

For treatment, call 1-800-TELADOC (835-2362).

Visit teladoc.com to establish your health history before you need care.

Cost: \$0

EMERGENCY CARE

Call 911 or go to the nearest emergency room for life-threatening illness and injuries, such as serious trauma, poisoning, serious breathing issues, severe bleeding, chest pain, sudden loss of body function or consciousness.

Cost varies by plan. Some emergency rooms may offer less expensive options for emergency care.

URGENT CARE

Receive prompt in-person care for non-life threatening medical conditions, such as:

- Rashes
- Cuts
- Burns
- Sprains and strains
- Colds
- Most stomach pain
- Headaches
- Urinary tract infections
- Nausea, vomiting and diarrhea

For the closest urgent care location, visit ProminenceMedicare.com or call the Prominence Care Advocate team at:

1-855-969-5882 (TTY:711)

Cost varies by plan.



Quality Healthcare When and Where You Need It

As a Prominence Health Plan member, you have phone or video access to Teladoc's® national network of U.S. board-certified doctors and therapists. They are available anywhere, 24/7 to treat many of your medical issues.

Telemedicine services provided by Teladoc have a \$0 copay.

Teladoc is a convenient and affordable option that allows you to talk to a doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many medical issues including:

- Sinus problems
- Bronchitis
- Allergies
- Cold and flu
- Respiratory infection
- Ear infection
- Pink eye

In addition, if the challenges of everyday life are affecting your well-being, talking to a therapist can help you regain your sense of happiness and improve your overall mental health. Teladoc's licensed therapists are available seven days a week.

Choose one that's right for you, pick a convenient time and then have a private conversation from your home or anywhere you feel comfortable.

Teladoc therapists can help treat:

- Anxiety
- Depression
- Panic disorder
- Stress/post-traumatic stress disorder (PTSD)
- Family and marriage issues

It's quick and easy to set up an account online or over the phone.

Visit teladoc.com and provide the required information.

You can also call Teladoc at 1-800-TELADOC (835-2362).

Prominence Health Plan Care Management Team

Healthcare today can be confusing, especially when dealing with serious or complex illnesses. Each person has a unique situation and personal set of goals and ideas.

Care Management is a process used to identify and coordinate the appropriate aspects of individualized care. The goal of care management is to help you manage your health and bring about a better quality of life.

Prominence offers this program to members who might need extra help managing complex health problems and/or in navigating the healthcare system. This program is offered at no cost to Prominence Health Plan members and is voluntary. If you decide to participate, you can opt out at any time. Opting out does not affect your health plan benefits.

The care management program allows you to work closely with a care manager, who is a Registered Nurse or a Licensed Clinical Social Worker. The care manager can assist you in figuring out ways to make changes to your health, ensure that all your healthcare providers understand your needs, and help you deal with some of the stresses that may be interfering with you achieving your healthcare goals. We will assess your needs and work closely with you and your physician(s) to create a care plan to help you improve your overall health.

Your care manager will be in regular contact with you to check how your plan is working and, with your input, make changes if needed. As your health improves and you gain confidence in your own self-management, care management services will no longer be necessary.

In order to qualify you must complete a health risk assessment. To learn more about our care management program, please call our Care Advocate team at **1-855-969-5882 (TTY: 711)**.

Your 2024 Pharmacy Benefits

\$0 PRESCRIPTION DRUGS

We know that paying for prescriptions can sometimes be a challenge and that is why we have made more prescription drugs available at a \$0 copay. Medications in Tier 1 (Preferred Generic) and Tier 6 (Select Care Drugs) are a **\$0 copay for 2024**.

SAVINGS ON INSULIN (FORMERLY THE PROMINENCE SENIOR SAVINGS PROGRAM)

To ensure our members have affordable access to the prescriptions they need, we have created the Prominence Senior Savings Program. Our Senior Savings program has been replaced by the federal Inflation Reduction Act. As part of this program, insulins are covered at no more than \$35 (for a 30-day supply).

DON'T RUN OUT OF YOUR MEDICATIONS — TAKE ADVANTAGE OF OUR 100-DAY SUPPLY PROGRAM

We have created a convenient 100-day supply program where you can get ten (10) more days of your prescription drug supply for the same copayment as the usual 90-day supply. This applies to Tier 1, 2, 3, 4 and 6 drugs (excludes Tier 5). The copayment is the same whether you go to your local retail pharmacy or you choose mail order. Ask your provider about this option, so you can prevent lapses in refills and save time waiting to fill prescriptions monthly!

WHY GO TO THE PHARMACY IF YOU CAN GET YOUR PRESCRIPTIONS MAILED TO YOUR HOME?

Don't miss out on a convenient way to easily refill your prescription drugs. As a Prominence Medicare Advantage member, you may obtain a 100-day supply of ongoing medication(s) by mail. With mail order, you can save time by having prescriptions for maintenance medication(s) conveniently delivered right to your home.

Important Note: You will need a 100-day supply prescription for your first custom delivery order and will need to register with BirdiRx, formerly MedImpact Direct, our mail-order pharmacy partner.

Three ways to get prescriptions by mail:

1

CALL 833-775-MEDS (6337)

Monday - Friday is 8 a.m. to 8 p.m. (Eastern)

Saturday 9 a.m. to 1 p.m. (Eastern)

With a simple call, BirdiRx will contact your provider or your local pharmacy to help transfer your prescription.

2

MAIL IN YOUR PRESCRIPTION

Download and complete the Medication Order Form available on the "Prescription Drug Forms and Resources" page under the "Prescription Drugs" section at ProminenceMedicare.com.

You must mail your paper prescription and any payment with the form.

3

FROM YOUR PRESCRIBER







Ask your doctor to send your prescription to BirdiRx electronically or via fax: 877-395-4836.



2024 Prominence Perks Program

Earn rewards* while getting healthier. We want you to be your healthiest this year. Part of that means completing certain screenings and managing your chronic conditions.

From January 1 to December 31, 2024, you can earn gift cards for completing recommended preventive screenings based on your current health status, age and past medical history, including:

Health Screening	Eligible Gift Card Amount	Description
 Prominence Health Assessment (PHA)	\$50	A 60 minute visit performed by an approved PHA provider in 2024
 Flu Shot	\$10	Annual flu shot, applicable starting in September 2024
 Breast Cancer Screening	\$50	Mammography performed in 2024
 Colorectal Cancer Screening – Colonoscopy	\$75	Colonoscopy performed in 2024
Colorectal Cancer Screening – FIT/ FOBT/ Colonoscopy completed in 2023 or earlier	\$20	Specific to FIT lab test/FOBT and/or previously performed service, such as an older colonoscopy
 Diabetic Exam Bundle**	\$30	Diabetic patients who complete all of the following in 2024: diabetic eye exam, A1C and kidney health evaluation
 Annual Medication Review	\$50	Consultation with a Pharmacy Expert to go over all medications taken and complete key milestones for the year. Terms and eligibility apply.*
 Health Screening: Health Risk Assessment Tool (HRAT)***	\$10	Complete Health Risk Assessment Tool via mail or the online member portal.

For more information about the program, visit ProminenceMedicare.com/perks.

*Rewards are non-transferable and may be subject to applicable restrictions. Individual rewards based on current eligibility status. Prominence Health Plan may discontinue this program at any time.

**Consult with your doctor about the appropriateness of these services based on your risk factors and medical history.

***For Dual plan members only.

What is the Prominence Health Assessment (PHA)?

It is a no-cost health assessment that is part of your benefits as a Prominence member. It is an opportunity for our skilled providers to develop a personalized preventive care plan, ensure you get any needed care and complete your screenings.

What happens during your PHA?

- We review your medical and family history
- We develop or update your list of providers and prescriptions
- We assess any changes in your ability to remember or process things, which may impact decision making
- We evaluate your risk factors and treatment options
- We perform preventive care screenings – making it easier for you to redeem your Prominence Perks Rewards
- We complete routine measures like height, weight and blood pressure
- We provide personalized health advice

Added bonus: The PHA is so important to us that we will give you a **\$50 gift card** just for completing it!*

Please note: Your Prominence Health Assessment does not replace your annual physical exam with your Primary Care Provider (PCP). We collaborate with your PCP to provide you the appropriate care and this assessment helps support your overall wellness. The information from the visit will be shared with your PCP.

Take advantage of your Welcome Call and schedule your PHA early in the year to start your personalized care plan right away.

You can also call our outreach team at 877-397-7320 (TTY: 711) to schedule your Prominence Health Assessment. Our outreach team is available Monday to Friday from 8:00 a.m. to 5:00 p.m. (PT).

*Prominence Health Plan will send you a \$50 gift card in the mail 4-6 weeks after you complete your PHA. Only one \$50 gift card per member per calendar year.

Exclusive Benefits Just for Prominence Members

Dental Benefit

Good dental care is an important part of overall health. This year Prominence is offering you options for your dental coverage.

All plans have dental coverage, but this year we've introduced a new premium dental plan with even more dental coverage!

Included Dental Plan

Our Included Dental Plan covers preventive and comprehensive dental at no additional premium and covers routine dental checkups, including cleanings and examinations.

The amount of dental coverage in our Included Plan varies by the health plan you are enrolled in. Washoe County has the following annual coverage maximums for preventive & comprehensive dental:

- Plus Plan - \$3,000
- Beyond Plan - \$4,000
- Giveback \$130 Plan - \$1,000
- Extra Help Plan - \$3,000
- Dual Plan - \$4,000

You must use a Delta Dental Medicare Advantage PPO network provider. To find a network dentist near you, visit: ProminenceMedicare.com/dental.

	Included Dental Plan
<ul style="list-style-type: none">• No Deductible• Frequencies and Limitations Apply• In-Network Benefits Only	Calendar Year Maximum Varies by Plan
Covered Services	Member Cost
Preventive Services Oral evaluations, prophylaxis, fluoride, radiological images	\$0
Restorative Services Amalgam restorations, resin-based composites, denture repairs and adjustments	\$0
Endodontic Services Endodontic therapy, retreatment of endodontic therapy, treatment of root canal obstruction	\$0
Periodontal Services Periodontal scaling and root planing, periodontal maintenance	\$0
Prosthodontic Services Complete dentures, partial dentures, crowns, implants (Beyond plan only)	\$0
Oral & Maxillofacial Services Extractions, alveoloplasty	\$0
Other Services Oral hygiene instruction, sealant, inhalation of nitrous oxide	\$0

Premium Dental Plan – Even More Dental!

New for 2024; we have added an option to buy extra dental coverage*

This extra benefit covers more preventive & comprehensive dental services including:

- \$7,500 annual benefit (preventive & comprehensive care)
- Implants for all plans
- Additional extractions
- Even more dentists to choose from

The monthly premium for this coverage varies by plan.

- Plus Plan - \$30 per month
- Beyond Plan - \$24 per month
- Giveback \$75 Plan - \$31 per month

It's easy to add premium dental coverage to your existing plan. Go to ProminenceMedicare.com/enroll and search for our online plan change form (Short Enrollment Form.) You can also call our Care Advocates at 855-969-5882 (TTY: 711).

You can only enroll in the Premium dental plan during certain times of the year, including, but not limited to, the Open Enrollment Period from October 15 to December 7 of each year, so check out [Prominence Medicare.com/dental](https://ProminenceMedicare.com/dental) for more information.

You must use a dentist in the Delta Dental Medicare Advantage network for the Premium Dental Plan. You can find a dentist online at ProminenceMedicare.com/dental.

*Available for all plans except Extra Help and Dual plans.

Frequently Asked Questions (FAQs)

My dentist is not part of the Delta Dental network. Can I still see him/her?

You must utilize a contracted dental provider in order to receive the benefits outlined in the 2024 Evidence of Coverage.

My dental office is not part of Delta Dental and wants to join. What should they do?

Your dental provider should contact Delta Dental at 855-251-9778 to initiate the credentialing process.

I want to join the premium dental plan, what do I do?

Go to ProminenceMedicare.com/enroll and search for our online plan change form (Short Enrollment Form) You can also call our Care Advocates at 855-969-5882 (TTY: 711).

Note: Enrollment is only open certain times of the year. Visit our website for more information.

Are cosmetic dental procedures covered?

Cosmetic procedures are not a covered benefit.

What if I paid for dental services, vision hardware, or hearing aids out of pocket. What is the reimbursement process?

The process varies based on the type of service. Please contact our Care Advocate team at 1-855-969-5882 (TTY: 711) to discuss the process and steps. Do not proceed with any out-of-pocket payments until you discuss the specifics with a Care Advocate team member.

Additional Extra Benefits

Transportation Benefit

All plans include unlimited transportation to health-related locations. Plus, our Beyond and Dual plans also offer 20 one-way trips to non-health related locations. Conditions and limitations apply.

Vision Benefit

- Prominence Medicare Advantage Members must use the National Vision Administrators (NVA) network.
- You are entitled to one \$0 copay routine eye exam each calendar year with an NVA in-network provider.
- For Plus, Giveback and Extra Help plans, your vision benefit covers either eyeglasses or contact lenses up to \$200 total. Beyond and Dual plans provide \$500 per year. You will be responsible to pay any costs exceeding that amount.

Please note: You will also be responsible for all costs for services and/or materials from a provider not in the network.

If during the year, you would like an additional routine eye examination or additional eyeglasses or contact lenses, you may obtain the services or materials at a discounted rate.

To find an NVA in-network provider, please call 1-888-429-4550 (TTY:711) or visit www.E-NVA.com.

Hearing Aid Coverage (not available on the Giveback plan)

Hearing aid allowance: \$600 per ear/per year for the Plus and Extra Help plans. The Beyond plan offers \$800 per ear for hearing aids and the Dual plan offers \$3,000 for both ears combined.

Your plan covers a routine hearing exam and the hearing aid benefit is included with no additional monthly premium.

You must receive your hearing tests from a Hearing Care Solutions network provider, where as a Prominence member you can receive:

- Comprehensive hearing exam at no charge
- Hearing aid evaluation at no charge
- Fixed, discounted pricing at multiple levels of technology
- A wide selection of fully digital instruments
- A choice of up to 9 major manufacturers
- Access to an audiology physician and product specialists to respond to your questions or make recommendations
- A choice of more than 4,500 locations nationwide

All instruments purchased through Hearing Care Solutions include:

- Hearing aid fitting at no charge
- Three year manufacturer's warranty including loss, damage & repair
- Two year supply of batteries (up to 64 cells per ear, per year)
- 60-day evaluation period
- 12 month interest-free financing available to qualified applicants.

To schedule an appointment or talk to a representative call 866-344-7756 (TTY:711).

Member out-of-pocket per hearing aid amount varies based on technology level selected.

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Over-the-Counter (OTC) Debit Card*



No charge for OTC drugs and supplies!

You can use this card to buy eligible OTC drugs and supplies at major retail stores, such as Walgreens, Walmart, Dollar General, HEB or Rite Aid.

Visit [ProminenceMedicare.com/OTC](https://www.ProminenceMedicare.com/OTC) or call 833-569-2328 for more information on how to place an order.

Examples of Eligible OTC Items

- Acid controllers
- Adult cough, cold & flu treatments
- Adult pain relief
- Bandages (Band-Aids®)
- External pain relief
- First aid treatments
- Sleep aids, stimulants & motion sickness
- Stomach remedies
- Vitamins, multi-vitamins & minerals

Examples of Non-Eligible Items

- Alternative medicines; botanicals, herbals, probiotics, and nutraceuticals
- Cosmetic products of any kind
- Diabetic test strips
- Grooming devices
- Hair color/hair products
- Teeth whitening products
- Toiletries of any kind

For more information on the types of items covered or to find a participating retailer, call our Care Advocate team at 833-569-2328 (TTY:711) or visit [ProminenceMedicare.com/OTC](https://www.ProminenceMedicare.com/OTC).

* Note: Not available on the Giveback plan

The Silver&Fit® Healthy Aging and Exercise Program



The Silver&Fit program offers Prominence Medicare Advantage members a no-cost, broad-based, healthy aging and exercise program.

You can enjoy:

- Fitness Center Membership: You can visit a participating fitness center or YMCA near you that takes part in the program.*
- Home Fitness Kits: You are eligible to receive one Home Fitness Kit per benefit year from a variety of fitness categories.
- Well-Being Club: By setting your preferences for well-being topics on the website, you will see resources tailored to your interests and healthy aging goals, including articles, videos, live virtual classes and events, and social groups.**
- Workout Plans: By answering a few online questions about your areas of interest, you will receive a customized workout plan, including instructions on how to get started and suggested workout videos.
- Digital Workouts: You can view on-demand videos through the website's digital workout library, including Silver&Fit Signature Series Classes.®
- FitnessCoach® Virtual Personal Fitness Training: You can participate in up to 8 live virtual sessions per year with a certified personal fitness trainer.
- Healthy Aging Coaching: You can participate in sessions by phone, video or chat with a trained coach, where you can discuss topics like exercise, nutrition, social isolation and brain health.
- Silver&Fit Connected!™: This digital tool can assist with tracking your activity.***
- Rewards: Earn a hat and pins for reaching new activity milestones.

You choose how you want to get healthy! Learn more at www.SilverandFit.com

** Many participating fitness centers may also offer low-impact classes focused on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination.*

***American Specialty Health Fitness, Inc. (ASH Fitness) has no affiliations, interest, endorsements or sponsorships with any of the organizations or clubs. Some social groups may require a fee to join. Such fees are not part of the Silver&Fit programs and will not be reimbursed by ASH Fitness.*

****Purchase of a wearable fitness tracker or app may be required to use the Connected! tool and is not reimbursable by the Silver&Fit program.*

Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity and use that data to process and administer available rewards to you under the program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit and Silver&Fit Connected! are trademarks of ASH and used with permission herein. Participating facilities and fitness chains may vary by locations and are subject to change.

Manage Your Health Online

SECURE MEDICARE MEMBER PORTAL

The Prominence Health Plan Medicare member portal is designed to help you easily manage your plan benefits and see your personal health information in a secure online setting.

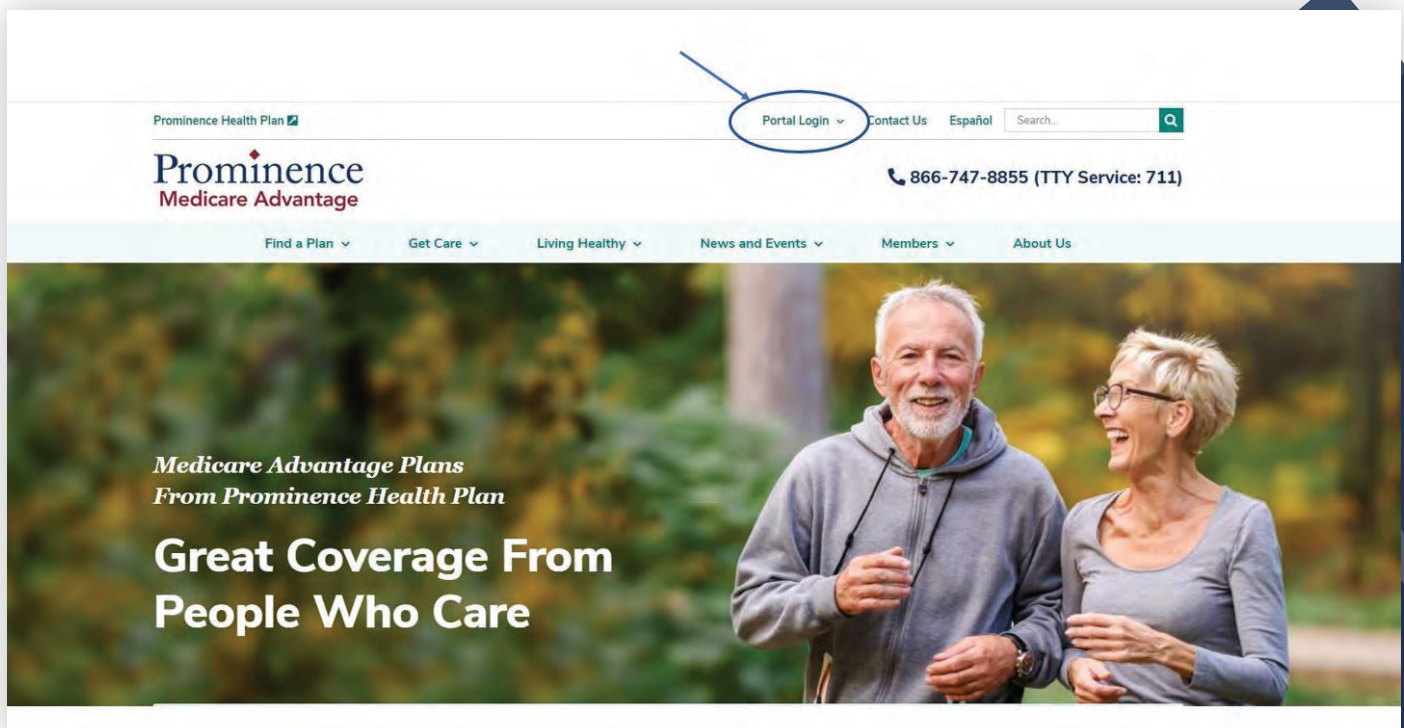
Registered users have access to:

- Online Health Risk Assessment Tool
- Continuity of Care Form (New Members Only)
- Reorder member ID cards
- Recent claims information and history
- Out-of-pocket balances
- Prior authorization status

You can also change or update your Primary Care Provider (PCP) selection and connect to your Teladoc telemedicine benefit.

If you aren't already registered for our online portal, you can do so by going to ProminenceMedicare.com and clicking on the Portal Login button at the top of the page.

To create a new account, you will be asked for your first name, last name, date of birth, member ID number and to create a password. You will then be sent a confirmation code to finalize your account set-up.



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Prominence[®] Health Plan

Important Information

Thank you for enrolling in Prominence Health Plan. Keep this document for important phone numbers and other information.

My Agent:

Name: _____ Phone: _____

My Plan Name: _____

My Primary Care Provider (PCP)

Name: _____ Phone: _____

Urgent Care Near Me:

Name: _____ Phone: _____

Name: _____ Phone: _____

IMPORTANT PHONE NUMBERS:

Care Advocate Team (Member Services)

855-969-5882 (TTY: 711)

Feel free to call this number with any questions you might have. If you have a specific question, we have other resources below.

Telemedicine – 24/7 phone or video – Teladoc – Teladoc.com

800-Teladoc (835-2362)

Prescription Drug Questions – ProminenceMedicare.com/RX

833-775-MEDS (6337)

Dental Benefits – Delta Dental – ProminenceMedicare.com/dental

855-251-9778

Vision Benefits – NVA – ProminenceMedicare.com/vision

888-429-4550

Fitness Benefit – Silver&Fit – silverandfit.com

877-427-4788

Transportation

855-969-5882

The following benefits may not be available on all plans:

Hearing Benefit – Hearing Care Solutions – hearingcaresolutions.com/prominencemedicare 866-344-7756

OTC Benefit – athome.medline.com/prominence 833-569-2328



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Prominence Is Here to Help!

If you need additional support, we have staff at an office in your service area who can help you.

Our team is trained to provide you with the service and assistance that you deserve.

Don't hesitate to visit if you need assistance or have questions about your benefits.

South Texas Office Locations

McAllen Texas
1700 S. 10th Street, Suite 115,
McAllen, TX 78503
Phone: 956-928-1971

Laredo Texas
9114 McPherson Road, Suite 2520
Laredo, TX 78045
Phone: 956-370-7975

Great coverage, from people who care.

ProminenceMedicare.com

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Important Plan Documents Available

- **MEDICARE ADVANTAGE PROVIDER AND PHARMACY DIRECTORY**

The Provider and Pharmacy Directory includes a list of Prominence Health Plan's network providers.

- **MEDICARE ADVANTAGE FORMULARY INFORMATION**

The formulary is a list of prescription drugs covered by Prominence Health Plan.

- **EVIDENCE OF COVERAGE (EOC)**

The EOC contains detailed information about your plan coverage.

You can access any of these documents online at ProminenceMedicare.com or have a copy of any of these documents mailed to you by calling Member Services at the number below.

If you need help finding a provider or pharmacy, information about prescription drugs or general plan information, please call Member Services at: 1-855-969-5882 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week from October 1 to March 31 and Monday through Friday from April 1 through September 30. These documents will be available by October 15.

Thank you.

Prominence Health Plan is an HMO plan with a Medicare contract. Enrollment in Prominence Health Plan depends on contract renewal.

Prominence Health Plan complies with applicable Federal civil rights laws and does not discriminate based on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-969-5882 (TTY: 711).

CONTACT US

1-855-969-5882

TTY: call 711

Contact Us

1-855-969-5882

(TTY: 711)

HOURS:

October 1 to March 31

7 days a week, 8 a.m. – 8 p.m.

April 1 to September 30

Monday through Friday

8 a.m. – 8 p.m.



Prominence
Medicare Advantage
[ProminenceMedicare.com](https://www.ProminenceMedicare.com)