

FOR RESIDENTS OF
Carson City, Churchill, Douglas, Lyon
and Storey Counties

Prominence
Medicare Advantage

2025 Benefit Highlights

Prominence Medicare
Advantage Plans

Great coverage, from people who care



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

Y0109_NNVBH25_M_CMS ACCEPTED

Benefit Highlights 2025

PREMIUMS AND BENEFITS	Prominence Plus (HMO)	Prominence Veterans (HMO)
Monthly Plan Premium* *You must continue to pay your Medicare Part B premium.	\$0	\$0
Annual Plan Deductible	\$0	\$0
Part B Rebate	\$0	\$140
Medical Maximum Out-of-Pocket	\$3,400 annually	\$6,500 annually
INPATIENT SERVICES	Prominence Plus (HMO)	Prominence Veterans (HMO)
Inpatient Hospital Coverage	\$50-\$250 per day for days 1-6	\$350- \$425 per day for days 1-6
Mental Health Hospital • Inpatient	\$330 per day for days 1-5	\$330 per day for days 1-5
Skilled Nursing Facility (SNF) (Per benefit period)	\$20 per day for days 1-20 \$214 per day for days 21-100	\$10 per day for days 1-20 \$214 per day for days 21-100
OUTPATIENT CARE	Prominence Plus (HMO)	Prominence Veterans (HMO)
Doctor Visits • Primary Care • Specialists	\$0 per visit \$25-\$35 per visit	\$0 per visit \$45 per visit
Mental Health Outpatient	\$10 per visit	\$10 per visit
Telemedicine Services	\$0 per visit	\$0 per visit
Annual Comprehensive Physical Exam	\$0 per visit	\$0 per visit
Outpatient Surgery • Outpatient Hospital • Ambulatory Surgery Center	\$350 per visit \$25 per visit	\$350 per visit \$25 per visit
Urgent Care Copay is waived if you are admitted to the hospital as an inpatient within 3 days	\$30 per visit	\$30 per visit
Emergency Visits Copay is waived if you are admitted to the hospital as an inpatient within 3 days	\$140 per visit	\$125 per visit

Benefit Highlights 2025

PREMIUMS AND BENEFITS	Prominence Plus (HMO)	Prominence Veterans (HMO)
Worldwide Emergency and Urgent Care <ul style="list-style-type: none"> • Emergency Care • Urgent Care 	\$125 per visit \$30 per visit \$25,000 maximum coverage	\$125 per visit \$30 per visit \$25,000 maximum coverage
Ambulance Copay is waived if admitted to the hospital as an inpatient	\$300 per segment	\$300 per segment
Diagnostic Services/Labs/ Imaging <ul style="list-style-type: none"> • Lab Services • Diagnostic Tests and Procedures • Outpatient X-Rays • Diagnostic Radiology Service (e.g., CT, MRI) 	\$0 \$0 \$0 \$20-\$60	\$0 \$0 \$0 \$60
Rehabilitation Services <ul style="list-style-type: none"> • Occupational Therapy Visit • Physical Therapy & Speech Language Pathology Visits 	\$5 per visit \$10 per visit	\$10 per visit \$10 per visit
Medical Equipment/Supplies <ul style="list-style-type: none"> • Diabetes Supplies (meters and test strips) • Durable Medical Equipment (DME) (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) 	\$0 20% coinsurance 20% coinsurance	\$0 20% coinsurance 20% coinsurance
Podiatry Services <ul style="list-style-type: none"> • Routine Foot Care - Up to 12 visits per year • Medicare-covered Service 	\$20 per visit \$20 per visit	\$20 per visit \$5 per visit
Chiropractic Services <ul style="list-style-type: none"> • Routine Chiropractic Services - Up to 12 visits per year • Medicare-covered Chiropractic Services 	\$20 per visit \$10 per visit	\$20 per visit \$10 per visit

Benefit Highlights 2025

ADDITIONAL SUPPLEMENTAL BENEFITS	Prominence Plus (HMO)	Prominence Veterans (HMO)
Dental Services Included Dental	\$2,000 per year for preventive and comprehensive dental services \$0-\$100 copayments	\$3,000 per year for preventive and comprehensive dental services \$0-\$100 copayments
Dental – Optional Supplemental <ul style="list-style-type: none"> • Available at an additional premium • Extractions covered 	\$7,500 total allowance for preventive and comprehensive dental \$60 monthly premium Includes implants	\$7,500 total allowance for preventive and comprehensive dental \$59 monthly premium Includes implants
Vision Services <ul style="list-style-type: none"> • Routine Eye Exam • Medicare-covered Eye Exam • Eyewear 	\$0 \$30 Annual benefit limit of \$200	\$0 \$30 Annual benefit limit of \$200
Hearing Services <ul style="list-style-type: none"> • Routine Hearing Exam • Medicare-covered Hearing Exam • Hearing Aid 	\$0 \$10 Annual benefit limit of \$600 per ear	\$0 \$10 Annual benefit limit of \$600 per ear
Transportation One-way trips to plan-approved locations. May include rides by taxi, bus/ subway, van, or medical transport.	24 trips per year for health-related transportation services	24 trips per year for health-related transportation services
Fitness Program Access to a fitness center membership or Home Fitness kit through the Silver&Fit® Healthy Aging and Exercise program.	No additional cost	No additional cost
Extra Benefits Card	\$75 per quarter For over-the-counter (OTC) drugs & supplies Unused balances do not carry over	Not included

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein.

Part D Prescription Drug Coverage

RETAIL RX 30-DAY SUPPLY	Prominence Plus (HMO)	Prominence Veterans (HMO)
Part D Deductible	\$0	Prescription drug coverage is not included.
Tier 1: Preferred Generic	You pay \$0	
Tier 2: Generic	You pay \$12	
Tier 3: Preferred Brand	You pay \$45	
Tier 4: Non-Preferred Drugs	You pay \$100	
Tier 5: Specialty Drugs	You pay 33%	
Tier 6: Select Care Drugs	You pay \$0	
Insulin	No more than \$35 per each 30-day insulin supply covered by our plan.	
Vaccines	Most Part D vaccinations are covered at \$0	

INITIAL COVERAGE STAGE	CATASTROPHIC COVERAGE STAGE
You pay your share of the costs until your out-of-pocket costs reach \$2,000.	Once you move onto this last stage, you will pay \$0 for your covered Part D drugs for the rest of the year.

Prominence Health Plan is an HMO with a Medicare contract.

Enrollment in Prominence Health Plan depends on contract renewal.

For questions, please contact our Member Services number at 1-855-969-5882 (TTY: 711).

Hours are 8 a.m. to 8 p.m. seven days a week from October 1 to March 31.

From April 1 through September 30, hours are 8 a.m. to 8 p.m. Monday through Friday.

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

Prominence
Health

www.prominencemedicare.com