

FOR RESIDENTS OF  
Cooke, Deaf Smith, Fannin,  
Gray, Grayson, Moore, Potter,  
and Randall Counties

Prominence  
Medicare Advantage

## 2025 Benefit Highlights

Prominence Medicare  
Advantage Plans

Great coverage, from  
people who care



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

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# Benefit Highlights 2025

<b>PREMIUMS AND BENEFITS</b>	<b>Prominence Plus (HMO)</b>	<b>Prominence Beyond (HMO)</b>	<b>Prominence Giveback (HMO)</b>
<b>Monthly Plan Premium*</b> *You must continue to pay your Medicare Part B premium.	\$0	\$0	\$0
<b>Part B Rebate</b>	\$0	\$0	\$100
<b>Annual Plan Deductible</b>	\$0	\$0	\$0
<b>Medical Maximum Out-of-Pocket</b>	\$3,250 annually	\$4,700 annually	\$6,200 annually
<b>INPATIENT SERVICES</b>	<b>Prominence Plus (HMO)</b>	<b>Prominence Beyond (HMO)</b>	<b>Prominence Giveback (HMO)</b>
<b>Inpatient Hospital Coverage</b>	\$50 - \$250 per day for days 1-5	\$150 - \$350 per day for days 1-5	\$255 - \$375 per day for days 1-6
<b>Mental Health Hospital</b> • Inpatient  • Partial Hospitalization	\$330 per day for days 1- 5  \$55 per day for days 1- 5	\$330 per day for days 1- 5  \$55 per day for days 1- 5	\$330 per day for days 1- 5  \$55 per day for days 1-5
<b>Skilled Nursing Facility (SNF)</b> (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	\$10 per day for days 1-20  \$214 per day for days 21-100
<b>OUTPATIENT CARE</b>	<b>Prominence Plus (HMO)</b>	<b>Prominence Beyond (HMO)</b>	<b>Prominence Giveback (HMO)</b>
<b>Doctor Visits</b> • Primary Care • Specialists	\$0 per visit  \$20 per visit	\$0 per visit  \$50 per visit In-network  50% coinsurance out of network specialist	\$0 per visit  \$45 per visit
<b>Mental Health Outpatient</b>	\$10 per visit	\$10 per visit	\$30 per visit
<b>Telemedicine Services</b>	\$0 per visit	\$0 per visit	\$0 per visit
<b>Annual Comprehensive Physical Exam</b>	\$0 per visit	\$0 per visit	\$0 per visit
<b>Outpatient Surgery</b> • Outpatient Hospital • Ambulatory Surgery Center	\$350 per visit  \$25 per visit	\$350 per visit  \$25 per visit	\$350 per visit  \$25 per visit

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<b>PREMIUMS AND BENEFITS</b>	<b>Prominence Plus (HMO)</b>	<b>Prominence Beyond (HMO)</b>	<b>Prominence Giveback (HMO)</b>
<b>Urgent Care</b> Copay is waived if you are admitted to the hospital as an inpatient within 3 days	\$30 per visit	\$30 per visit	\$20 per visit
<b>Emergency Visits</b> Copay is waived if you are admitted to the hospital as an inpatient within 3 days	\$140 per visit	\$125 per visit	\$125 per visit
<b>Worldwide Emergency and Urgent Care</b> <ul style="list-style-type: none"> <li>• Emergency Care</li> <li>• Urgent Care</li> </ul> \$25,000 maximum coverage	\$125 per visit \$30 per visit	\$125 per visit \$30 per visit	\$125 per visit \$30 per visit
<b>Ambulance</b> Copay is waived if admitted to the hospital as an inpatient	\$300 per segment	\$300 per segment	\$325 per segment
<b>Diagnostic Services/Labs/Imaging</b> <ul style="list-style-type: none"> <li>• Lab Services</li> <li>• Diagnostic Tests and Procedures</li> <li>• Outpatient X-Rays</li> <li>• Diagnostic Radiology Service (e.g., CT, MRI)</li> </ul>	\$0 \$0 \$0 \$60	\$0 \$0 \$0 \$60	\$0 \$0 \$0 \$125
<b>Rehabilitation Services</b> <ul style="list-style-type: none"> <li>• Occupational Therapy Visit</li> <li>• Physical Therapy &amp; Speech Language Pathology Visits</li> </ul>	\$5 per visit \$10 per visit	\$5 per visit \$10 per visit	\$10 per visit \$10 per visit
<b>Medical Equipment/Supplies</b> <ul style="list-style-type: none"> <li>• Diabetes Supplies (meters and test strips)</li> <li>• Durable Medical Equipment (DME) (e.g., wheelchairs, oxygen)</li> <li>• Prosthetics (e.g., braces, artificial limbs)</li> </ul>	\$0 20% coinsurance 20% coinsurance	\$0 20% coinsurance 20% coinsurance	\$0 20% coinsurance 20% coinsurance
<b>Podiatry Services</b> <ul style="list-style-type: none"> <li>• Routine Foot Care Up to 12 visits per year</li> <li>• Medicare-covered Service</li> </ul>	Not included \$5 per visit	\$20 per visit \$5 per visit	Not included \$40 per visit
<b>Chiropractic Services</b> <ul style="list-style-type: none"> <li>• Routine Chiropractic Services Up to 12 visits per year</li> <li>• Medicare-covered Chiropractic Services</li> </ul>	Not included \$10 per visit	\$20 per visit \$10 per visit	Not included \$20 per visit

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.

# Benefit Highlights 2025

ADDITIONAL SUPPLEMENTAL BENEFITS	Prominence Plus (HMO)	Prominence Beyond (HMO)	Prominence Giveback (HMO)
<b>Dental Services</b> Included Dental	\$2,000 per year for preventive and comprehensive dental services \$0 - \$100 copayments	\$4,000 per year for preventive and comprehensive dental services \$0 - \$100 copayments Includes implants	\$1,000 per year for preventive and comprehensive dental services \$0 - \$100 copayments
<b>Dental – Optional Supplemental</b> <ul style="list-style-type: none"> <li>Available at an additional premium</li> <li>Extractions covered</li> </ul>	\$7,500 total allowance for preventive and comprehensive dental \$46 monthly premium Includes implants	\$7,500 total allowance for preventive and comprehensive dental \$42 monthly premium	\$7,500 total allowance for preventive and comprehensive dental \$47 monthly premium Includes implants
<b>Vision Services</b> <ul style="list-style-type: none"> <li>Routine Eye Exam</li> <li>Medicare-covered Eye Exam</li> <li>Eyewear</li> </ul>	\$0 \$30 Annual benefit limit of \$200	\$0 \$30 Annual benefit limit of \$300	\$0 \$30 Annual benefit limit of \$200
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>Routine Hearing Exam</li> <li>Medicare-covered Hearing Exam</li> <li>Hearing Aid</li> </ul>	\$0 \$10 Annual benefit limit of \$600 per ear	\$0 \$10 Annual benefit limit of \$600 per ear	\$0 \$10 Annual benefit limit of \$600 per ear
<b>Transportation</b> One-way trips to plan-approved locations. May include rides by taxi, bus/subway, van, or medical transport.	24 trips per year for plan-approved health-related transportation services	Not included	Not included
<b>Fitness Program</b> 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	No additional cost
<b>Extra Benefits Card</b>	\$85 per quarter For over-the-counter (OTC) drugs & supplies Unused balances do not carry over	\$100 per quarter For over-the-counter (OTC) drugs & supplies Unused balances do not carry over	Not included

## Part D Prescription Drug Coverage

<b>RETAIL RX 30-DAY SUPPLY</b>	<b>Prominence Plus (HMO)</b>	<b>Prominence Beyond (HMO)</b>	<b>Prominence Giveback (HMO)</b>
<b>Part D Deductible</b>	\$0	\$0	\$375 Applies to Tiers 3, 4 and 5 only
<b>Tier 1: Preferred Generic</b>	You pay \$0	You pay \$0	You pay \$0
<b>Tier 2: Generic</b>	You pay \$12	You pay \$15	You pay \$15
<b>Tier 3: Preferred Brand</b>	You pay \$45	You pay \$47	You pay \$47
<b>Tier 4: Non-Preferred Drugs</b>	You pay \$100	You pay \$100	You pay \$100
<b>Tier 5: Specialty Drugs</b>	You pay 33%	You pay 33%	You pay 28%
<b>Tier 6: Select Care Drugs</b>	You pay \$0	You pay \$0	You pay \$0
<b>Insulin</b>	You pay \$35 for each 30-day insulin supply covered by our plan.	You pay \$35 per each 30-day insulin supply covered by our plan.	You pay \$35 per each 30-day insulin supply covered by our plan.
<b>Vaccines</b>	Most Part D vaccinations are covered at \$0	Most Part D vaccinations are covered at \$0	Most Part D vaccinations are covered at \$0

<b>INITIAL COVERAGE STAGE</b>	<b>CATASTROPHIC COVERAGE STAGE</b>
You pay your share of the costs until your out-of-pocket costs reaches \$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).*

The logo for Prominence Health features the word "Prominence" in a dark blue, sans-serif font. A small, light blue diamond is positioned above the letter "i". Below "Prominence", the word "Health" is written in a light blue, sans-serif font.

[www.prominencemedicare.com](http://www.prominencemedicare.com)