

FOR RESIDENTS OF
**Brooks, Cameron, Hidalgo, Jim Hogg,
Starr, Webb, Willacy and Zapata Counties**

Prominence
Medicare Advantage

2025 Benefit Highlights Special Benefit Plans

Prominence Medicare Advantage

These plans have been created for people
who have specific extra coverage or conditions

**Great coverage, from
people who care**



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

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Benefit Highlights 2025 Special Benefit Plans

PREMIUMS AND BENEFITS	Prominence Diabetes & Heart (HMO-CSNP)	Prominence Extra Help (HMO)	Prominence Dual (HMO-DSNP)
Monthly Plan Premium* *You must continue to pay your Medicare Part B premium.	\$0 must have diabetes or a chronic heart condition	\$0 must have Medicare Extra Help in order to pay \$0	\$0 must have Medicare & full Medicaid
Annual Plan Deductible	\$0	\$0	\$0
Medical Maximum Out-of-Pocket	\$3,400 annually	\$3,400 annually	\$9,350 annually Because copayments are \$0 members will not reach this limit
INPATIENT SERVICES	Prominence Diabetes & Heart (HMO-CSNP)	Prominence Extra Help (HMO)	Prominence Dual (HMO-DSNP)
Inpatient Hospital Coverage	\$150 per stay	\$0 - \$50 per day for days 1-5	\$0 per visit
Mental Health Hospital • Inpatient • Partial Hospitalization	\$0 per day for days 1- 5 \$0 per day	\$0 per day for days 1- 5 \$0 per day	\$0 per visit \$0 per visit
Skilled Nursing Facility (SNF) (Per benefit period)	\$0 for days 1-20 \$50 per day for days 21-100	\$0 for days 1-20 \$50 per day for days 21-100	\$0 per visit
OUTPATIENT CARE	Prominence Diabetes & Heart (HMO-CSNP)	Prominence Extra Help (HMO)	Prominence Dual (HMO-DSNP)
Doctor Visits • Primary Care • Specialists	\$0 per visit \$0-\$10 per visit	\$0 per visit \$0-\$5 per visit	\$0 per visit \$0 per visit
Mental Health Outpatient	\$0 per visit	\$0 per visit	\$0 per visit
Telemedicine Services	\$0 per visit	\$0 per visit	\$0 per visit
Annual Comprehensive Physical Exam	\$0 per visit	\$0 per visit	\$0 per visit
Outpatient Surgery • Outpatient Hospital • Ambulatory Surgery Center	\$0 per visit \$0 per visit	\$0 per visit \$0 per visit	\$0 per visit \$0 per visit

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PREMIUMS AND BENEFITS	Prominence Diabetes & Heart (HMO-CSNP)	Prominence Extra Help (HMO)	Prominence Dual (HMO-DSNP)
Urgent Care Copay is waived if you are admitted to the hospital as an inpatient within 3 days	\$0 per visit	\$0 per visit	\$0 per visit
Emergency Visits Copay is waived if you are admitted to the hospital as an inpatient within 3 days	\$140 per visit	\$140 per visit	\$0 per visit
Worldwide Emergency and Urgent Care <ul style="list-style-type: none"> • Emergency Care • Urgent Care \$25,000 maximum coverage	\$125 per visit \$30 per visit	\$125 per visit \$0 per visit	\$125 per visit \$0 per visit
Ambulance Copay is waived if admitted to the hospital as an inpatient	\$275 per segment	\$275 per segment	\$0
Diagnostics /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
Rehabilitation Services <ul style="list-style-type: none"> • Occupational Therapy Visit • Physical Therapy & Speech Language Pathology Visits 	\$0 per visit	\$0 per visit	\$0 per visit
Medical Equipment/Supplies <ul style="list-style-type: none"> • Diabetes Supplies (e.g. meters and test strips) • Durable Medical Equipment (DME) (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) 	\$0	\$0	\$0
Podiatry Services <ul style="list-style-type: none"> • Routine Foot Care Up to 12 visits per year • Medicare-covered Services 	\$20 per visit	\$5 per visit	\$0 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	\$20 per visit	\$20 per visit

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ADDITIONAL SUPPLEMENTAL BENEFITS	Prominence Diabetes & Heart (HMO-CSNP)	Prominence Extra Help (HMO)	Prominence Dual (HMO-DSNP)
Dental Services Included Dental <ul style="list-style-type: none"> No copayments 	\$3,000 per year for preventive and comprehensive dental services	\$3,000 per year for preventive and comprehensive dental services	\$4,000 per year for preventive and comprehensive dental services
Dental – Optional Supplemental <ul style="list-style-type: none"> Available at an additional premium Extractions covered Includes implants 	\$7,500 total coverage \$44 per month	\$7,500 total coverage \$44 per month	Not included
Vision Services <ul style="list-style-type: none"> Routine Eye Exam Medicare-covered Eye Exam Eyewear 	\$0 \$0 Annual benefit limit of \$200	\$0 \$0 Annual benefit limit of \$200	\$0 \$0 Annual benefit limit of \$500
Hearing Services <ul style="list-style-type: none"> Routine Hearing Exam Medicare-covered Hearing Exam Hearing Aid 	\$0 \$0 Annual benefit limit of \$600 per ear	\$0 \$0 Annual benefit limit of \$600 per ear	\$0 \$0 Annual benefit limit of \$3,000 for both ears
Transportation One-way trips to plan-approved locations. May include rides by taxi, bus/subway, van or medical transport.	24 one-way trips per year to health-related locations	48 one-way trips per year to health-related locations	48 one-way trips per year to health-related locations + 20 one-way trips to non-medical
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	No additional cost
Extra Benefits Card	\$120 per quarter For over-the-counter (OTC) drugs & supplies & healthy food Unused balances do not carry over	\$120 per month For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water) Unused balances do not carry over	\$180 per month For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water) Unused balances do not carry over

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 Diabetes & Heart (HMO-CSNP)	Prominence Extra Help (HMO)*	Prominence Dual (HMO-DSNP)
Part D Deductible	\$0	\$0	\$0
Tier 1: Preferred Generic	You pay \$0	You pay \$0	You pay \$0
Tier 2: Generic	You pay \$15	You pay \$0	You pay \$0
Tier 3: Preferred Brand	You pay \$45	You pay \$0	You pay \$0
Tier 4: Non-Preferred Drugs	You pay \$100	You pay \$0	You pay \$0
Tier 5: Specialty Drugs	You pay 33%	You pay \$0	You pay \$0
Tier 6: Select Care Drugs	You pay \$0	You pay \$0	You pay \$0
Insulin	\$15 to \$35 with more common insulins available at \$15.	\$0	\$0
Vaccines	Most Part D vaccinations are covered at \$0	Most Part D vaccinations are covered at \$0	Most part D vaccinations are covered at \$0

***NOTE: to pay \$0 and no deductible for prescription drugs, you must have Medicare's Extra Help.**

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).

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 lighter blue, sans-serif font.

www.prominencemedicare.com