














 **PARTICIPATING AREAS INCLUDE: Palm Beach**

	PLUS	EXTRA HELP <i>Medicare Extra Help Required</i>	DUAL <i>Medicare & Medicaid Required</i>
 Inpatient Hospital	\$50/day, days 1-5	\$0	\$0
 Doctor Visits	\$0 Primary Care \$10-\$30 Specialist	\$0 Primary Care \$10-\$35 Specialist	\$0
 Prescription Drug Coverage	Many drugs for \$0	\$0	\$0
 Emergency Visits	\$140	\$140	\$0
 X-rays, CT Scans & MRIs	\$0 X-rays \$25 CT & MRI	\$0 X-rays \$25 CT & MRI	\$0
 Urgent Care	\$0	\$0	\$0
 Podiatry	\$0	\$0	\$0
PLUS, ADDED VALUE!			
 Dental Coverage	\$4,000 Includes implants	\$4,000 No copayments	\$4,000 No copayments
 Premium Dental Coverage	\$7,500 total coverage \$53 monthly premium	\$7,500 total coverage \$61 monthly premium Includes implants	Not included
 Transportation <i>(Rides to health-related locations)</i>	24 one-way trips	48 one-way trips	48 one-way trips + 20 one-way trips non-medical
 Vision Care	\$300 allowance for glasses or contacts + \$0 eye exams	\$300 allowance for glasses or contacts + \$0 eye exams	\$500 allowance for glasses or contacts + \$0 eye exams
 Hearing Aid Coverage	\$600 per ear hearing aid allowance + \$0 hearing exams	\$600 per ear hearing aid allowance + \$0 hearing exams	\$3,000 both ears hearing aid allowance + \$0 hearing exams
 Extra Benefit Card	\$150 per quarter For over-the-counter (OTC) drugs & supplies & healthy food	\$125 per month For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$700 per quarter For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)

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

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