
















 **PARTICIPATING AREAS INCLUDE: Northern Nevada Region**







	<b>PLUS</b>	<b>VETERANS PLAN</b>
 <b>Plan Premium</b>	\$0 per month	\$0 per month + \$140 monthly credit for Medicare Part B
 <b>Inpatient Hospital</b>	\$50-\$250 /day, days 1-6	\$350-\$425/day, days 1-6
 <b>Doctor Visits</b>	\$0 Primary Care \$25-\$35 Specialist	\$0 Primary Care \$45 Specialist
 <b>Prescription Drug Coverage</b>	Many drugs for \$0	Not included
 <b>Emergency Visits</b>	\$140	\$125
 <b>X-rays, CT Scans &amp; MRIs</b>	\$0 X-rays \$20-\$60 CT & MRI	\$0 X-rays \$60 CT
 <b>Urgent Care</b>	\$30	\$30
 <b>Chiropractic/Podiatry</b> <i>(Routine, non-Medicare covered)</i>	\$20	\$20
<b>PLUS, ADDED VALUE!</b>		
 <b>Dental Coverage</b>	\$2,000	\$3,000
 <b>Premium Dental Coverage</b> <i>(Includes implants)</i>	\$7,500 total coverage \$60 monthly premium	\$7,500 total coverage \$59 monthly premium
 <b>Transportation</b> <i>(Rides to health-related locations)</i>	24 one-way trips	24 one-way trips
 <b>Vision Care</b> <i>(for glasses &amp; contact lenses)</i>	\$200 allowance for glasses or contacts + \$0 eye exams	\$200 allowance for glasses or contacts + \$0 eye exams
 <b>Hearing Aid Coverage</b>	\$600 per ear hearing aid allowance + \$0 hearing exams	\$600 per ear hearing aid allowance + \$0 hearing exams
 <b>Extra Benefit Card</b>	\$75 per quarter For over-the-counter (OTC) drugs and supplies	Not included

**EXTRA HELP**  
Medicare Extra Help  
Required

**DUAL**  
Medicare & Medicaid  
Required

 <b>Plan Premium</b>	\$0 per month	\$0 per month
 <b>Inpatient Hospital</b>	\$0-\$250 /day, days 1-6	\$0
 <b>Doctor Visits</b>	\$0 Primary Care \$20 Specialist	\$0
 <b>Prescription Drug Coverage</b>	Many drugs for \$0 or Extra Help copay	\$0
 <b>Emergency Visits</b>	\$140	\$0
 <b>X-rays, CT Scans &amp; MRIs</b>	\$0 X-rays \$20-\$60 CT & MRI	\$0
 <b>Urgent Care</b>	\$10	\$0
 <b>Chiropractic/Podiatry</b> <i>(Routine &amp; Medicare covered)</i>	\$10	\$10

**PLUS, ADDED VALUE!**

 <b>Dental Coverage</b>	\$2,000	\$2,000
 <b>Premium Dental Coverage</b> <i>(Includes implants)</i>	\$7,500 total coverage \$60 monthly premium	Not included
 <b>Transportation</b> <i>(Rides to health-related locations)</i>	48 one-way trips	48 one-way trips + 20 one-way trips non-medical
 <b>Vision Care</b> <i>(for glasses &amp; contact lenses)</i>	\$200 allowance for glasses or contacts + \$0 eye exams	\$500 allowance for glasses or contacts + \$0 eye exams
 <b>Hearing Aid Coverage</b>	\$600 per ear hearing aid allowance + \$0 hearing exams	\$3,000 both ears hearing aid allowance + \$0 hearing exams
 <b>Extra Benefit Card</b>	\$50 per month For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$200 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.

**Prominence**  
Health