



























 **PARTICIPATING AREAS INCLUDE: North Texas Region**

	<b>PLUS</b>	<b>BEYOND</b>	<b>GIVEBACK</b>
 <b>Plan Premium</b>	\$0 per month	\$0 per month	\$0 per month + \$100 monthly credit for Medicare Part B
 <b>Inpatient Hospital</b>	\$50-\$250/day, days 1-5	\$150-\$350/day, days 1-5	\$255-\$375/day, days 1-6
 <b>Doctor Visits</b>	\$0 Primary Care \$20 Specialist	\$0 Primary Care \$50 Specialist	\$0 Primary Care \$45 Specialist
 <b>Prescription Drug Coverage</b>	Many drugs for \$0	Many drugs for \$0	Many drugs for \$0
 <b>Emergency Visits</b>	\$140	\$125	\$125
 <b>X-rays &amp; CT Scans &amp; MRIs</b>	\$0 X-rays \$60 CT & MRI	\$0 X-rays \$60 CT & MRI	\$0 X-rays \$125 CT & MRI
 <b>Urgent Care</b>	\$30	\$30	\$20
<b>PLUS, ADDED VALUE!</b>			
 <b>Dental Coverage</b>	\$2,000	\$4,000 Includes implants	\$1,000
 <b>Premium Dental Coverage</b>	\$7,500 total coverage \$46 monthly premium Includes implants	\$7,500 total coverage \$42 monthly premium	\$7,500 total coverage \$47 monthly premium Includes implants
 <b>Transportation</b> <i>(Rides to health-related locations)</i>	24 one-way trips	Not included	Not included
 <b>Vision Care</b> <i>(for glasses &amp; contact lenses)</i>	\$200 allowance for glasses or contacts + \$0 eye exams	\$300 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	\$600 per ear hearing aid allowance + \$0 hearing exams
 <b>Extra Benefit Card</b>	\$85 per quarter For over-the-counter (OTC) drugs & supplies	\$100 per quarter For over-the-counter (OTC) drugs & supplies	Not included

**DIABETES  
AND HEART****EXTRA HELP**  
*Medicare Extra Help  
Required***DUAL**  
*Medicare &  
Medicaid Required*

 <b>Plan Premium</b>	\$0 per month	\$0 per month	\$0 per month
 <b>Inpatient Hospital</b>	\$50-\$250/day, days 1-5	\$50-\$250/day, days 1-5	\$0
 <b>Doctor Visits</b>	\$0 Primary Care \$0-\$20 Specialist	\$0 Primary Care \$15 Specialist	\$0
 <b>Prescription Drug Coverage</b>	Many drugs for \$0	\$0	\$0
 <b>Emergency Visits</b>	\$140	\$140	\$0
 <b>X-rays, CT Scans &amp; MRIs</b>	\$0 X-rays \$60 CT & MRI	\$0 X-rays \$60 CT & MRI	\$0
 <b>Urgent Care</b>	\$30	\$30	\$0
<b>PLUS, ADDED VALUE!</b>			
 <b>Dental Coverage</b>	\$2,000 Low or no copayments	\$2,000 No copayments	\$4,000 No copayments
 <b>Premium Dental Coverage</b> <i>(Includes implants)</i>	\$7,500 total coverage \$46 monthly premium	\$7,500 total coverage \$46 monthly premium	<b>Not included</b>
 <b>Transportation</b> <i>(Rides to health-related locations)</i>	24 trips per year	48 trips per year	48 trips per year
 <b>Vision Care</b>	\$200 allowance for glasses or contacts + \$0 eye exams	\$200 allowance for glasses or contacts + \$0 eye exams	\$300 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	\$3,000 both ears hearing aid allowance + \$0 hearing exams
 <b>Extra Benefit Card</b>	\$100 per quarter For over-the-counter (OTC) drugs & supplies	\$100 per month For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$175 per month For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)

Plan Highlights

\*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

Y0109\_ONE25NTX\_M\_Draft Confidential

242628421-2655624\_NTX 7/24

For more information visit us at: [prominencemedicare.com](http://prominencemedicare.com)