









 **PARTICIPATING AREAS INCLUDE:** Brooks, Cameron, Hidalgo, Jim Hogg, Starr, Webb, Willacy & Zapata







**PLUS**















**BEYOND**

**GIVEBACK**

 <b>Plan Premium</b>	\$0 per month	\$0 per month	\$0 per month + \$165 monthly credit for Medicare Part B
 <b>Inpatient Hospital</b>	\$150 /stay	\$175 - \$350 /day, days 1-5	\$285-\$375 /day, days 1-6
 <b>Doctor Visits</b>	\$0 Primary Care \$10 Specialist	\$0 Primary Care \$45 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	\$140	\$110
 <b>X-rays, CT Scans &amp; MRIs</b>	\$0 X-rays \$0 CT & MRI	\$0 X-rays \$50 CT & MRI	\$0 X-rays \$100 CT & MRI
 <b>Urgent Care</b>	\$0	\$0	\$35
 <b>Chiropractic/Podiatry</b> <i>(Routine non-Medicare covered)</i>	\$20	\$20	Not included

**PLUS, ADDED VALUE!**

 <b>Dental Coverage</b>	\$3,000 No copayments	\$4,000 No copayments Includes implants	\$1,000
 <b>Premium Dental Coverage</b>	\$7,500 total coverage \$44 monthly premium Includes implants	\$7,500 total coverage \$43 monthly premium	\$7,500 total coverage \$47 monthly premium Includes implants
 <b>Transportation</b> <i>(Rides to health-related locations)</i>	24 trips per year	Not included	Not included
 <b>Vision Care</b>	\$200 allowance for glasses or contacts + \$0 eye exams	\$500 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	\$800 per ear hearing aid allowance + \$0 hearing exams	\$600 per ear hearing aid allowance + \$0 hearing exam
 <b>Extra Benefit Card</b>	\$120 per quarter For over-the-counter (OTC) drugs & supplies, & healthy food	\$135 per quarter For over-the-counter (OTC) drugs & supplies	Not included

	<b>DIABETES AND HEART</b>	<b>EXTRA HELP</b> <i>Medicare Extra Help Required</i>	<b>DUAL</b> <i>Medicare &amp; Medicaid Required</i>
 <b>Plan Premium</b>	\$0 per month	\$0 per month	\$0 per month
 <b>Inpatient Hospital</b>	\$150 /stay	\$0-\$50 /day, days 1-5	\$0
 <b>Doctor Visits</b>	\$0 Primary Care \$0-\$10 Specialist	\$0 Primary Care \$0-\$5 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	\$0	\$0
 <b>Urgent Care</b>	\$0	\$0	\$0
 <b>Podiatry</b> <i>(Routine non-Medicare Covered)</i>	\$20	\$5	\$0
<b>PLUS, ADDED VALUE!</b>			
 <b>Dental Coverage</b> <i>(No copayments)</i>	\$3,000	\$3,000	\$4,000
 <b>Premium Dental Coverage</b>	\$7,500 total coverage \$44 monthly premium Includes implants	\$7,500 total coverage \$44 monthly premium Includes implants	<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 +20 one way trips non-medical
 <b>Vision Care</b>	\$200 allowance for glasses or contacts + \$0 eye exams	\$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	\$600 per ear hearing aid allowance + \$0 hearing exams	\$3,000 both ears hearing aid allowance + \$0 hearing exams
 <b>Extra Benefit Card</b>	\$120 per quarter For over-the-counter (OTC) drugs & supplies, & healthy food	\$120 per month For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$180 per month 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**

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