















 **PARTICIPATING AREAS INCLUDE: Washoe County**

	PLUS	GIVEBACK	VETERANS PLAN
 Plan Premium	\$0 per month	\$0 per month + \$75 monthly credit for Medicare Part B	\$0 per month + \$140 monthly credit for Medicare Part B
 Inpatient Hospital	\$50-\$150 /day, days 1-5	\$350-\$425 /day, days 1-6	\$275-\$425 /day, days 1-6
 Doctor Visits	\$0 Primary Care \$25-\$35 Specialist	\$0 Primary Care \$45 Specialist	\$0 Primary Care \$45 Specialist
 Prescription Drug Coverage	Many drugs for \$0	Many drugs for \$0	Not available
 Emergency Visits	\$140	\$125	\$125
 X-rays, CT Scans & MRIs	\$0 X-rays \$20-\$60 CT & MRI	\$0 X-rays \$60-\$100 CT & MRI	\$0 X-rays \$60 CT & MRI
 Urgent Care	\$10	\$10	\$30
 Chiropractic/Podiatry <i>(Routine, non-Medicare covered)</i>	\$10	\$20	\$20
PLUS, ADDED VALUE!			
 Dental Coverage	\$2,000	\$1,000	\$3,000
 Premium Dental Coverage <i>(Includes implants)</i>	\$7,500 total coverage \$59 monthly premium	\$7,500 total coverage \$64 monthly premium	\$7,500 total coverage \$59 monthly premium
 Transportation <i>(Rides to health-related locations)</i>	24 one-way trips	24 one-way trips	24 one-way trips
 Vision Care <i>(for glasses & contact lenses)</i>	\$200 allowance for glasses or contacts + \$0 eye exams	\$200 allowance for glasses or contacts + \$0 eye exams	\$200 allowance for glasses or contacts + \$0 eye exams
 Hearing Aid Coverage	\$600 per ear hearing aid allowance + \$0 hearing exams	Not available	\$600 per ear hearing aid allowance + \$0 hearing exams
 Extra Benefit Card	\$110 per quarter For over-the-counter (OTC) drugs & supplies, & healthy food	Not available	Not available

	HEART <i>Chronic Heart Condition Required</i>	EXTRA HELP <i>Medicare Extra Help Required</i>	DUAL <i>Medicare & Medicaid Required</i>
 Plan Premium	\$0 per month	\$0 per month	\$0 per month
 Inpatient Hospital	\$50-\$150 /day, days 1-5	\$0-\$150 /day, days 1-5	\$0
 Doctor Visits	\$0 Primary Care \$0-\$35 Specialist	\$0 Primary Care \$15 Specialist	\$0
 Prescription Drug Coverage	Many drugs for \$0	Many drugs for \$0 or Extra Help copay	\$0
 Emergency Visits	\$140	\$140	\$0
 X-rays, CT Scans & MRIs	\$0 X-rays \$20-\$60 CT & MRI	\$0 X-rays \$20-\$60 CT & MRI	\$0
 Urgent Care	\$10	\$10	\$0
 Chiropractic/Podiatry <i>(Routine & Medicare covered)</i>	\$10	\$10	\$0
PLUS, ADDED VALUE!			
 Dental Coverage	\$2,000	\$2,000	\$4,000
 Premium Dental Coverage <i>(Includes implants)</i>	\$7,500 total coverage \$59 monthly premium	\$7,500 total coverage \$59 monthly premium	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 <i>(for glasses & contact lenses)</i>	\$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
 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	\$110 per quarter For over-the-counter (OTC) drugs & supplies, & healthy food	\$75 a month For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$140 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**