





























 **PARTICIPATING AREAS INCLUDE: Palm Beach**

	PLUS	DIABETES AND HEART GIVEBACK <i>Chronic Heart Condition and/or Diabetes Required</i>	GIVEBACK
 Medical Deductible	\$0	\$0	\$0
 Giveback	\$0	\$155	\$185
 Inpatient Hospital	\$50/day, days 1-5	\$100/day, days 1-5	\$225/day, days 1-5
 Doctor Visits	\$0 Primary Care \$5-\$10 Specialist	\$0 Primary Care \$0-\$10 Specialist	\$0 Primary Care \$45 Specialist
 Prescription Drug Coverage	Many drugs for \$0	Many drugs for \$0	Many drugs for \$0
 Emergency Visits	\$150	\$150	\$115
 X-rays, CT Scans & MRIs	\$0 X-rays \$25 CT & MRI	\$0 X-rays \$25 CT & MRI	\$0 X-rays \$100 CT & MRI
 Urgent Care	\$0	\$0	\$35
 Podiatry	\$0	\$0	\$0
PLUS, ADDED VALUE!			
 Dental Coverage	\$4,000	\$4,000	\$1,000
 Transportation <i>(Rides to health-related locations)</i>	24 one-way trips	24 one-way trips	Not Included
 Vision Care	\$300 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
 Hearing Aid Coverage	\$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
 Extra Benefit Card	\$115 per quarter For over-the-counter (OTC) drugs & supplies & healthy food	\$125 per quarter For over-the-counter (OTC) drugs & supplies & healthy food	Not Included

EXTRA HELP*Medicare Extra Help
Required***DUAL***Medicare & Medicaid Required*

 Medical Deductible	\$0	\$0
 Giveback	\$0	\$0
 Inpatient Hospital	\$0	\$0
 Doctor Visits	\$0 Primary Care \$5-\$10 Specialist	\$0
 Prescription Drug Coverage	\$0	\$0
 Emergency Visits	\$150	\$0
 X-rays, CT Scans & MRIs	\$0 X-rays \$25 CT & MRI	\$0
 Urgent Care	\$0	\$0
 Podiatry	\$0	\$0
PLUS, ADDED VALUE!		
 Dental Coverage	\$4,000	\$4,000
 Transportation <i>(Rides to health-related locations)</i>	46 one-way trips	44 one-way trips + 20 one-way trips non-medical
 Vision Care	\$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	\$3,000 both ears hearing aid allowance + \$0 hearing exams
 Extra Benefit Card	\$300 per quarter For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$675 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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Prominence
Health

For more information visit us at: prominencemedicare.com