





























 PARTICIPATING AREAS INCLUDE: Northern Nevada Rural Region

	DUAL <i>Medicare & Medicaid Required</i>	EXTRA HELP <i>Medicare Extra Help Required</i>
 Plan Premium	\$0 per month	\$0 per month
 Medical Deductible	\$0	\$0
 Giveback	\$0	\$25
 Inpatient Hospital	\$0	\$0-\$300/day, days 1-6
 Doctor Visits	\$0	\$0 Primary Care \$20 Specialist
 Prescription Drug Coverage	\$0	Many drugs for \$0 or Extra Help copay
 Emergency Visits	\$0	\$150
 X-rays, CT Scans & MRIs	\$0	\$0 X-rays \$20-\$60 CT & MRI
 Urgent Care	\$0	\$10
PLUS, ADDED VALUE!		
 Dental Coverage	\$2,000	\$2,000
 Transportation <i>(Rides to health-related locations)</i>	48 one-way trips + 20 one-way trips non-medical	48 one-way trips
 Vision Care <i>(for glasses & contact lenses)</i>	\$475 allowance for glasses or contacts + \$0 eye exams	\$200 allowance for glasses or contacts + \$0 eye exams
 Hearing Aid Coverage	\$3,000 both ears hearing aid allowance + \$0 hearing exams	\$600 per ear hearing aid allowance + \$0 hearing exams
 Extra Benefit Card <i>(OTC catalog and online only)</i>	\$100 per quarter For over-the-counter (OTC) drugs & supplies \$100 per quarter For healthy food & utilities (power & water)	\$50 per quarter For over-the-counter (OTC) drugs & supplies \$50 per quarter For healthy food & utilities (power & water)

PLUS

VETERANS PLAN

 Plan Premium	\$0 per month	\$0 per month
 Medical Deductible	\$0	\$0
 Giveback	\$0	\$140
 Inpatient Hospital	\$100-\$300/day, days 1-6	\$350-\$425/day, days 1-6
 Doctor Visits	\$0 Primary Care \$0-\$50 Specialist	\$0 Primary Care \$0-\$45 Specialist
 Prescription Drug Coverage	Many drugs for \$0	Not available
 Emergency Visits	\$150	\$130
 X-rays, CT Scans & MRIs	\$0 X-rays \$20-\$60 CT & MRI	\$0 X-rays \$60 CT & MRI
 Urgent Care	\$30	\$30
PLUS, ADDED VALUE!		
 Dental Coverage	\$2,000	\$3,000
 Transportation <i>(Rides to health-related locations)</i>	48 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
 Hearing Aid Coverage	\$600 per ear hearing aid allowance + \$0 hearing exams	\$600 per ear hearing aid allowance + \$0 hearing exams
 Extra Benefit Card <i>(OTC catalog and online only)</i>	\$82 per quarter For over-the-counter (OTC) drugs and supplies	Not available

*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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