



**PARTICIPATING AREAS INCLUDE: North Texas Region**

**DIABETES  
AND HEART  
GIVEBACK**

*Chronic Heart Condition and/or  
Diabetes Required*

**PLUS**

**BEYOND**

<b>Plan Premium</b>	\$0 per month	\$0 per month	\$0 per month
<b>Medical Deductible</b>	\$0	\$0	\$0
<b>Giveback</b>	\$50	\$0	\$0
<b>Inpatient Hospital</b>	\$100-\$250/day, days 1-5	\$75-\$250/day, days 1-5	\$150-\$350/day, days 1-5
<b>Doctor Visits</b>	\$0 Primary Care \$0-\$35 Specialist	\$0 Primary Care \$25 Specialist	\$0 Primary Care \$50 Specialist
<b>Prescription Drug Coverage</b>	Many drugs for \$0	Many drugs for \$0	Many drugs for \$0
<b>Emergency Visits</b>	\$150	\$150	\$130
<b>X-rays &amp; CT Scans &amp; MRIs</b>	\$0 X-rays \$60 CT & MRI	\$0 X-rays \$60 CT & MRI	\$0 X-rays \$60 CT & MRI
<b>Urgent Care</b>	\$30	\$30	\$30

**PLUS, ADDED VALUE!**

<b>Dental Coverage</b>	\$2,000	\$2,000	\$4,000
<b>Transportation</b> <i>(Rides to health-related locations)</i>	24 one-way trips	96 one-way trips	Not included
<b>Vision Care</b> <i>(for glasses &amp; contact lenses)</i>	\$200 allowance for glasses or contacts + \$0 eye exams	\$225 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	\$600 per ear hearing aid allowance + \$0 hearing exams
<b>Extra Benefit Card</b>	\$115 per quarter For over-the-counter (OTC) drugs & supplies & healthy food	\$95 per quarter For over-the-counter (OTC) drugs & supplies	\$130 per quarter For over-the-counter (OTC) drugs & supplies










## GIVEBACK

## EXTRA HELP

Medicare Extra Help  
Required

## DUAL

Medicare &  
Medicaid Required

 <b>Plan Premium</b>	\$0 per month	\$0 per month	\$0 per month
 <b>Medical Deductible</b>	\$0	\$0	\$0
 <b>Giveback</b>	\$130	\$0	\$0
 <b>Inpatient Hospital</b>	\$250-\$375/day, days 1-6	\$50-\$250/day, days 1-5	\$0
 <b>Doctor Visits</b>	\$0 Primary Care \$45 Specialist	\$0 Primary Care \$15 Specialist	\$0
 <b>Prescription Drug Coverage</b>	Many drugs for \$0	\$0	\$0
 <b>Emergency Visits</b>	\$130	\$150	\$0
 <b>X-rays, CT Scans &amp; MRIs</b>	\$0 X-rays \$125 CT & MRI	\$0 X-rays \$60 CT & MRI	\$0
 <b>Urgent Care</b>	\$20	\$20	\$0

## PLUS, ADDED VALUE!

 <b>Dental Coverage</b>	\$1,000	\$2,000	\$4,000
 <b>Transportation</b> <i>(Rides to health-related locations)</i>	Not included	44 one-way trips	42 one-way trips
 <b>Vision Care</b>	\$200 allowance for glasses or contacts + \$0 eye exams	\$195 allowance for glasses or contacts + \$0 eye exams	\$290 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>	Not included	\$220 per quarter For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$555 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](http://prominencemedicare.com)