

















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

	DIABETES AND HEART <i>Chronic Heart Condition and/or Diabetes Required</i>	DIABETES AND HEART GIVEBACK <i>Chronic Heart Condition and/or Diabetes Required</i>	PLUS
Plan Premium	\$0 per month	\$0 per month	\$0 per month
Medical Deductible	\$0	\$0	\$0
Giveback	\$5	\$155	\$5
Inpatient Hospital	\$150 /stay	\$325-\$405/day, days 1-6	\$50/day, days 1-5
Doctor Visits	\$0 Primary Care \$0-\$10 Specialist	\$0 Primary Care \$0-\$45 Specialist	\$0 Primary Care \$20 Specialist
Prescription Drug Coverage	Many drugs for \$0	Many drugs for \$0	Many drugs for \$0
Emergency Visits	\$150	\$115	\$150
X-rays, CT Scans & MRIs	\$0	\$0 X-rays \$100 CT & MRI	\$0
Urgent Care	\$0	\$35	\$0
PLUS, ADDED VALUE!			
Dental Coverage	\$3,000	\$1,000	\$3,500
Transportation <i>(Rides to health-related locations)</i>	24 one-way trips per year	Not included	96 one-way trips per year
Vision Care	\$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	\$600 per ear hearing aid allowance + \$0 hearing exams
Extra Benefit Card	\$200 per quarter For over-the-counter (OTC) drugs & supplies & healthy food	\$160 per quarter For over-the-counter (OTC) drugs & supplies & healthy food	\$175 per quarter For over-the-counter (OTC) drugs & supplies & healthy food

DUAL
Medicare &
Medicaid Required

EXTRA HELP
Medicare Extra
Help Required

GIVEBACK

 Plan Premium	\$0 per month	\$0 per month	\$0 per month
 Medical Deductible	\$0	\$0	\$0
 Giveback	\$0	\$5	\$185
 Inpatient Hospital	\$0	\$50-\$100/day, days 1-5	\$325-\$405/day, days 1-6
 Doctor Visits	\$0	\$0 Primary Care \$0-\$5 Specialist	\$0 Primary Care \$45 Specialist
 Prescription Drug Coverage	\$0	\$0	Many drugs for \$0
 Emergency Visits	\$0	\$150	\$115
 X-rays, CT Scans & MRIs	\$0	\$0	\$0 X-rays \$100 CT & MRI
 Urgent Care	\$0	\$0	\$35
PLUS, ADDED VALUE!			
 Dental Coverage	\$4,000	\$3,000	\$1,000
 Transportation <i>(Rides to health-related locations)</i>	48 one-way trips per year +20 one way trips non-medical	48 one-way trips per year	Not included
 Vision Care	\$500 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	\$3,000 both ears hearing aid allowance + \$0 hearing exams	\$600 per ear hearing aid allowance + \$0 hearing exams	\$600 per ear hearing aid allowance + \$0 hearing exam
 Extra Benefit Card	\$555 per quarter For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$375 per quarter For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$65 per quarter For over-the-counter (OTC) drugs & supplies

*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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