

















PARTICIPATING AREAS INCLUDE: Washoe County

	PLUS	DIABETES AND HEART GIVEBACK <i>Chronic Heart Condition and/or Diabetes Required</i>	VETERANS PLAN
Plan Premium	\$0 per month	\$0 per month	\$0 per month
Medical Deductible	\$0	\$0	\$0
Giveback	\$0	\$25	\$140
Inpatient Hospital	\$100-\$200/day, days 1-5	\$50-\$150/day, days 1-5	\$350-\$425/day, days 1-6
Doctor Visits	\$0 Primary Care \$0-\$40 Specialist	\$0 Primary Care \$0-\$35 Specialist	\$0 Primary Care \$45 Specialist
Prescription Drug Coverage	Many drugs for \$0	Many drugs for \$0	Not available
Emergency Visits	\$150	\$150	\$130
X-rays, CT Scans & MRIs	\$0 X-rays \$20-\$60 CT & MRI	\$0 X-rays \$20-\$60 CT & MRI	\$0 X-rays \$60 CT & MRI
Urgent Care	\$10	\$10	\$30
PLUS, ADDED VALUE!			
Dental Coverage	\$2,000	\$2,000	\$3,000
Transportation <i>(Rides to health-related locations)</i>	96 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	\$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>	\$62.50 per quarter For over-the-counter (OTC) drugs & supplies \$62.50 per quarter For healthy food	\$45 per quarter For over-the-counter (OTC) drugs & supplies \$45 per quarter For healthy food	Not available

	GIVEBACK	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
 Medical Deductible	\$0	\$0	\$0
 Giveback	\$105	\$25	\$0
 Inpatient Hospital	\$325-\$450/day, days 1-6	\$0-\$150/day, days 1-5	\$0
 Doctor Visits	\$0 Primary Care \$0-\$45 Specialist	\$0 Primary Care \$0-\$15 Specialist	\$0
 Prescription Drug Coverage	Many drugs for \$0	Many drugs for \$0 or Extra Help copay	\$0
 Emergency Visits	\$130	\$150	\$0
 X-rays, CT Scans & MRIs	\$0 X-rays \$60-\$100 CT & MRI	\$0 X-rays \$20-\$60 CT & MRI	\$0
 Urgent Care	\$10	\$10	\$0
PLUS, ADDED VALUE!			
 Dental Coverage	\$1,000	\$2,000	\$4,000
 Transportation <i>(Rides to health-related locations)</i>	24 one-way trips	46 one-way trips	48 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	\$510 allowance for glasses or contacts + \$0 eye exams
 Hearing Aid Coverage	Not available	\$600 per ear hearing aid allowance + \$0 hearing exams	\$3,000 both ears hearing aid allowance + \$0 hearing exams
 Extra Benefit Card <i>(OTC catalog and online only)</i>	\$50 per quarter For over-the-counter (OTC) drugs & supplies	\$75 per quarter For over-the-counter (OTC) drugs & supplies \$75 per quarter For healthy food & utilities (power & water)	\$231 per quarter For over-the-counter (OTC) drugs & supplies \$231 per quarter For 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

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