



PARTICIPATING AREAS INCLUDE: North Texas Region

**DIABETES
AND HEART
GIVEBACK**

*Chronic Heart Condition and/or
Diabetes Required*

PLUS

GIVEBACK

Plan Premium	\$0 per month	\$0 per month	\$0 per month
Max Out-Of-Pocket	\$3,100	\$3,000	\$7,000
Giveback	\$50	\$0	\$140
Inpatient Hospital	\$100/day, days 1-5	\$75/day, days 1-5	\$275/day, days 1-6
Doctor Visits	\$0 Primary Care \$0 Endo & Cardio \$35 Other Specialists	\$0 Primary Care \$25 Specialist	\$0 Primary Care \$45 Specialist
Prescription Drug Coverage	Tier 1&6 drugs for \$0	Tier 1&6 drugs for \$0	Tier 1&6 drugs for \$0
Emergency Visits <i>(Waived if admitted to hospital)</i>	\$150	\$150	\$130
X-rays & CT Scans & MRIs	\$0 X-rays \$60 CT & MRI	\$0 X-rays \$60 CT & MRI	\$0 X-rays \$175 CT & MRI
Urgent Care	\$30	\$30	\$20

PLUS, ADDED VALUE!

Dental Coverage	\$2,000	\$2,000	\$750
Transportation <i>(Rides to health-related locations)</i>	24 trips	24 trips	Not included
Vision Care <i>(for glasses & contact lenses)</i>	\$100 allowance for glasses or contacts + \$0 eye exams	\$150 allowance for glasses or contacts + \$0 eye exams	\$100 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	Not included

	BEYOND	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
 Max Out-Of-Pocket	\$4,700	\$3,250	\$0
 Giveback	\$0	\$0	\$0
 Inpatient Hospital	\$200/day, days 1-5	\$100-\$250/day, days 1-5	\$0
 Doctor Visits	\$0 Primary Care \$45 Specialist	\$0 Primary Care \$15 Specialist	\$0
 Prescription Drug Coverage	Tier 1&6 drugs for \$0	Extra Help Copays apply	Extra Help Copays apply
 Emergency Visits <i>(Waived if admitted to hospital)</i>	\$130	\$150	\$0
 X-rays, CT Scans & MRIs	\$0 X-rays \$60 CT & MRI	\$0 X-rays \$60 CT & MRI	\$0
 Urgent Care	\$30	\$20	\$0
PLUS, ADDED VALUE!			
 Dental Coverage	\$3,050	\$2,000	\$3,400
 Transportation <i>(Rides to health-related locations)</i>	Not included	32 trips	34 trips
 Vision Care	\$150 allowance for glasses or contacts + \$0 eye exams	\$175 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	\$1,200 for both ears hearing aid allowance + \$0 hearing exams
 Extra Benefit Card	Not included	\$165 per quarter For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$525 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.

Prominence
Health

For more information visit us at: prominencemedicare.com