

Prominence

Medicare Advantage

2027 Plans

Medicare Advantage HMO



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

	PLUS	EXTRA HELP <i>Medicare Extra Help Required</i>	BRIDGE <i>Medicare & Medicaid Required SLMB, QL, QDWI</i>	DUAL <i>Medicare & Medicaid Required QMB, QMB+, SLMB+, FBDE QMB only eligible in Hidalgo Co.</i>
Plan Premium	\$0 per month	\$0 per month	\$0 per month	\$0 per month
Medical Deductible	\$0	\$0	\$0	\$0
Giveback	\$0	\$0	\$0	\$0
Inpatient Hospital	\$50/day, days 1-5	\$75/day, days 1-5	\$75/day, days 1-5	\$0
Doctor Visits	\$0 Primary Care \$20 Specialist	\$0 Primary Care \$0 Endo & Cardio \$20 Other Specialists	\$0 Primary Care \$0 Endo & Cardio \$10 Other Specialists	\$0
Prescription Drug Coverage	Tier 1&6 drugs for \$0	Extra Help Copays apply	Extra Help Copays apply	Extra Help Copays apply
Emergency Visits <i>(Waived if admitted to hospital)</i>	\$150	\$150	\$150	\$0
X-rays, CT Scans & MRIs	\$0	\$0	\$0 X-rays \$0 CT & MRI	\$0
Urgent Care	\$0	\$0	\$0	\$0
PLUS, ADDED VALUE!				
Dental Coverage <i>(Coins. applies to some svcs)</i>	\$2,600	\$2,500	\$2,500	\$3,400
Transportation <i>(Rides to health-related locations)</i>	24 trips	36 trips	36 Trips	44 trips
Vision Care	\$200 allowance for glasses or contacts + \$0 eye exams	\$175 allowance for glasses or contacts + \$0 eye exams	\$115 allowance for glasses or contacts + \$0 eye exams	\$300 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 exam	\$1,200 both ears hearing aid allowance + \$0 hearing exams
Extra Benefit Card	\$150 per quarter For over-the-counter (OTC) drugs & supplies & healthy food	\$325 per quarter For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$350 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)

**DIABETES
AND HEART**
*Chronic Heart Condition and/
or Diabetes Required*

**DIABETES
AND HEART
GIVEBACK**
*Chronic Heart Condition and/
or Diabetes Required*

GIVEBACK

 Plan Premium	\$0 per month	\$0 per month	\$0 per month
 Medical Deductible	\$0	\$0	\$0
 Giveback	\$0	\$202.90	\$202.90
 Inpatient Hospital	\$75/day, days 1-5	\$350/day, days 1-6	\$350/day, days 1-6
 Doctor Visits	\$0 Primary Care \$0 Endo & Cardio \$20 Other Specialists	\$0 Primary Care \$0 Endo & Cardio \$55 Other Specialists	\$0 Primary Care \$55 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	\$115	\$115
 X-rays, CT Scans & MRIs	\$0	\$0 X-rays \$225 CT & MRI	\$0 X-rays \$150 CT & MRI
 Urgent Care	\$0	\$35	\$35
PLUS, ADDED VALUE!			
 Dental Coverage <i>(Coinsurance applies to some services)</i>	\$2,500	\$750 <i>(Preventive only)</i>	\$750
 Transportation <i>(Rides to health-related locations)</i>	20 trips	Not included	Not included
 Vision Care	\$100 allowance for glasses or contacts + \$0 eye exams	\$100 allowance for glasses or contacts + \$0 eye exams	\$100 allowance for glasses or contacts + \$0 eye exams
 Hearing Aid Coverage	\$300 per ear hearing aid allowance + \$0 hearing exams	\$300 per ear hearing aid allowance + \$0 hearing exams	\$600 per ear hearing aid allowance + \$0 hearing exam
 Extra Benefit Card	\$195 per quarter For over-the-counter (OTC) drugs & supplies & healthy food	\$100 per quarter For over-the-counter (OTC) drugs & supplies & healthy food	\$25 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.*

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**Prominence
Health**

For more information visit us at: prominencemedicare.com