

 PARTICIPATING AREAS INCLUDE: Northern Nevada Rural Region

	VETERANS PLAN	SILVER PEAK
 Plan Premium	\$0 per month	\$79 per month
 Medical Deductible	\$0	\$500 <i>(Inpatient Hospital copay)</i>
 Giveback	\$202.90	\$0
 Inpatient Hospital	\$350-\$425/day, days 1-6	\$0
 Doctor Visits	\$0 Primary Care \$0 Rheumatologist \$45 Other Specialists	\$0 Primary Care \$35 Specialist
 Prescription Drug Coverage	Not Included	Tier 1&6 drugs for \$0
 Emergency Visits <i>(Waived if admitted to hospital)</i>	\$130	\$130
 X-rays, CT Scans & MRIs	\$0 X-rays \$60 CT & MRI	\$15 X-rays \$75-\$350 CT & MRI
 Urgent Care	\$30	\$25
PLUS, ADDED VALUE!		
 Dental Coverage	\$3,000	\$1,500 <i>(Preventive only)</i>
 Transportation <i>(Rides to health-related locations)</i>	24 trips	24 trips
 Vision Care <i>(for glasses & contact lenses)</i>	\$200 allowance for glasses or contacts + \$0 eye exams	\$150 allowance for glasses or contacts + \$0 eye exams
 Hearing Aid Coverage	\$600 per ear hearing aid allowance + \$0 hearing exams	\$500 per ear hearing aid allowance + \$0 hearing exams
 Extra Benefit Card	Not Included	\$25 per quarter For over-the-counter (OTC) drugs & supplies

DUAL*Medicare & Medicaid
Required***EXTRA HELP***Medicare Extra Help
Required*

 Plan Premium	\$0 per month	\$0 per month
 Medical Deductible	\$0	\$0
 Giveback	\$0	\$0
 Inpatient Hospital	\$0	\$250-\$450/day, days 1-6
 Doctor Visits	\$0	\$0 Primary Care \$0 Rheumatologist \$30 Other Specialists
 Prescription Drug Coverage	\$0	Many drugs for \$0 or Extra Help copay
 Emergency Visits <i>(Waived if admitted to hospital)</i>	\$0	\$150
 X-rays, CT Scans & MRIs	\$0	\$0 X-rays \$20-\$300 CT & MRI
 Urgent Care	\$0	\$10
PLUS, ADDED VALUE!		
 Dental Coverage	\$2,000	\$2,000
 Transportation <i>(Rides to health-related locations)</i>	48 trips	48 trips
 Vision Care <i>(for glasses & contact lenses)</i>	\$150 allowance for glasses or contacts + \$0 eye exams	\$100 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
 Extra Benefit Card	\$150 per quarter For over-the-counter (OTC) drugs & supplies, healthy food & utilities (power & water)	\$100 per quarter For over-the-counter (OTC) drugs & supplies, healthy food & utilities

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**