



PARTICIPATING AREAS INCLUDE: Washoe County

	PLUS	DIABETES AND HEART <i>Chronic Heart Condition and/or Diabetes Required</i>	GIVEBACK
Plan Premium	\$0 per month	\$0 per month	\$0 per month
Medical Deductible	\$0	\$0	\$0
Giveback	\$0	\$0	\$135
Inpatient Hospital	\$200/day, days 1-5	\$200/day, days 1-5	\$325/day, days 1-6
Doctor Visits	\$0 Primary Care \$35 Specialist	\$0 Primary Care \$0 Preferred Specialist	\$0 Primary Care \$0 Rheumatologist \$50 Other Specialists
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 \$20-\$250 CT & MRI	\$0 X-rays \$20-\$275 CT & MRI	\$0 X-rays \$60-\$100 CT & MRI
Urgent Care	\$10	\$10	\$10
PLUS, ADDED VALUE!			
Dental Coverage	\$2,000	\$2,000	\$1,000
Transportation <i>(Rides to health-related locations)</i>	24 trips	20 trips	24 trips
Vision Care <i>(for glasses & contact lenses)</i>	\$100 allowance for glasses or contacts + \$0 eye exams	\$100 allowance for glasses or contacts + \$0 eye exams	\$200 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	Not included
Extra Benefit Card	\$125 per quarter For over-the-counter (OTC) drugs & supplies & healthy food	\$125 per quarter For over-the-counter (OTC) drugs & supplies & healthy food	\$50 per quarter For over-the-counter (OTC) drugs & supplies

	VETERANS PLAN	EXTRA HELP <i>Medicare Extra Help Required</i>	DUAL <i>Medicare & Medicaid Required</i>	MERIDIAN
 Plan Premium	\$0 per month	\$0 per month	\$0 per month	\$159 per month
 Medical Deductible	\$0	\$0	\$0	\$500
 Giveback	\$202.90	\$0	\$0	\$0
 Inpatient Hospital	\$350/day, days 1-6	\$100/day, days 1-5	\$0	\$75/day, days 1-5
 Doctor Visits	\$0 Primary Care \$0 Rheumatologist \$45 Other Specialists	\$0 Primary Care \$0-\$25 Specialist	\$0	\$0 Primary Care \$20 Specialist
 Prescription Drug Coverage	Not available	Extra Help copays apply	Extra Help copays apply	Tier 1&6 drugs for \$0
 Emergency Visits <i>(Waived if admitted to hospital)</i>	\$130	\$150	\$0	\$150
 X-rays, CT Scans & MRIs	\$0 X-rays \$60 CT & MRI	\$0 X-rays \$20-\$200 CT & MRI	\$0 X-rays \$0 CT & MRI	\$0 X-rays \$15-\$50 CT & MRI
 Urgent Care	\$30	\$10	\$0	\$10
PLUS, ADDED VALUE!				
 Dental Coverage	\$3,000	\$2,000	\$4,000	Not included
 Transportation <i>(Rides to health-related locations)</i>	24 trips	48 trips	42 trips	24 Trips
 Vision Care	\$200 allowance for glasses or contacts + \$0 eye exams	\$200 allowance for glasses or contacts + \$0 eye exams	\$150 allowance for glasses or contacts + \$0 eye exams	Not included
 Hearing Aid Coverage	\$600 per ear hearing aid allowance + \$0 hearing exams	\$600 per ear hearing aid allowance + \$0 hearing exams	\$3,000 both ears hearing aid allowance + \$0 hearing exam	Not included
 Extra Benefit Card	Not available	\$150 per quarter For over-the-counter (OTC) drugs & supplies, healthy food & utilities	\$425 per quarter For over-the-counter (OTC) drugs & supplies, healthy food & utilities	Not included

*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

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