2023 SUMMARY *of* BENEFITS

Benefits effective January 1, 2023

Prominence Health Plan
Prominence Dual (HMO D-SNP)

Florida Region
Palm Beach County

Y0109_FLDSNPSB23-1_M CMS Accepted

2023 SUMMARY *of* BENEFITS

Prominence Dual (HMO D-SNP)
H5945, Plan 009 (Florida)

This is a summary of health and drug services covered by Prominence Health Plan for January 1, 2023, through December 31, 2023.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the *2023 Evidence of Coverage* booklet by calling 1-855-969-5882 (TTY users should call 711). You can also view and download the *2023 Evidence of Coverage* booklet at ProminenceMedicare.com.

Prominence Dual (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for those services.

Prominence Health Plan is an HMO and HMO SNP plan with a Medicare contract and a contract with the Medicaid program. Enrollment in Prominence Health Plan depends on contract renewal.

To join Prominence Dual (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and receive certain levels of assistance from Florida Medicaid (the state Medicaid program). Our service area includes the following county in Florida:

H5945-009 (Florida): Palm Beach

For coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. You can view it online at www.medicare.gov or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users call 1-877-486-2048.)

This document is available in other formats such as Braille or large print.

For more information, please call us at 1-855-969-5882 (TTY users should call 711), 8:00 a.m. to 8:00 p.m. seven days a week from October 1 through March 31, and Monday through Friday from April 1 through September 30. You can also visit us at ProminenceMedicare.com.

This is a Dual Eligible Special Needs Plan (D-SNP)

Prominence Dual (HMO D-SNP) is a Medicare Advantage Prescription drug plan. It includes hospital, medical and prescription drug benefits in one plan. To join this plan, you must

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B and Florida Medicaid (the state's Medicaid program) and
- Live in our service area.

Eligibility
Prominence Dual is available to anyone with both Medicare Parts A and B and who receives some level of Medical Assistance from Florida Medicaid (the state Medicaid program) as described below:

- Plan members with **full Medicaid coverage (Full Benefit Dual Eligible (FBDE))** status are eligible for the Florida Medicaid program, which may be responsible for payment of their Medicare cost sharing. These members are also eligible to receive the full Medicaid benefits.

- Plan members with **Qualified Medicare Beneficiary (QMB)** status are eligible for the Florida Medicaid program, which is responsible for payment of their Medicare Part B premium, deductibles and cost sharing.

- Plan members with **Qualified Medicare Beneficiary Plus (QMB+)** status are eligible for full benefits under the Florida Medicaid program, which is also responsible for payment of their Medicare Part A (if any) and Medicare Part B premiums, deductibles and cost sharing.

- Plan members with **Specified Low-Income Medicare Beneficiary Plus (SLMB+)** status are eligible for the Florida Medicaid program, which is responsible for payment of their Medicare Part B premium. Members are also eligible to receive full Medicaid benefits.

Cost sharing and cost-sharing protections
You pay no cost sharing for the Medicare-covered benefits described later in this Summary of Benefits. You will pay no or small copayments for prescriptions covered under the Part D prescription drug benefit. When you receive health services, the provider should only bill the plan for the cost of those services and cost-sharing amounts. The provider should not bill you for services or cost sharing.

Medicare coverage that goes beyond Original Medicare

- Like all Medicare Advantage health plans, we cover everything that Original Medicare covers — Part A (hospital services) and Part B (medical services). Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are covered in this Summary of Benefits.

- This plan covers Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).

Premiums and benefits	Prominence Dual HMO D-SNP) Palm Beach - 009	What you should know
Monthly plan premium	You pay $0.	You must continue to pay your Medicare Part B premium.
Deductible	You pay $0.	This plan does not have a deductible.
Maximum out-of-pocket responsibility (Does not include prescription drug costs)	$3,650 annually.	This is the most you pay for copayments, coinsurance and other costs for medical services covered under Medicare Parts A and B for the year.
Inpatient hospital coverage	You pay $0 per day.	Your physician is required to notify the plan when you are admitted.
Outpatient hospital coverage • Outpatient surgery or other services received in an outpatient hospital setting	You pay $0 for outpatient hospital services.	Prior authorization is required for outpatient, observation services and ambulatory surgical center services.
• Observation care	You pay $0 for all services received during observation care.	
• Ambulatory surgical center services	You pay $0 for services received at an ambulatory surgical center.	
Doctor visits • Primary care providers	You pay $0 per primary care visit.	There are no referrals required for specialist visits.
• Specialists	You pay $0 per specialist visit.	

Premiums and benefits	Prominence Dual HMO D-SNP) Palm Beach - 009	What you should know
Preventive care	You pay $0 for Original Medicare preventive services.	Any additional preventive services approved by Medicare during the contract year will be covered. For more information, please see Chapter 4: “Medical Benefits Chart (what is covered and what you pay)” in the *2023 Evidence of Coverage*.
Annual physical exam	You pay $0 for the annual physical exam.	You pay $0 for screening exams and/or diagnostic tests received in preparation for this visit or ordered as a result of this visit.
Emergency care	You pay $0 per visit.	Annual maximum coverage-amount of $25,000 applies for emergency services and urgent care visits outside the United States.
	You pay $0 for emergency services visits outside the United States.	
Urgently needed services	You pay $0 per visit.	Annual maximum coverage-amount of $25,000 applies for emergency services and urgent care visits outside the United States.
	You pay $0 for an urgent care visit outside the United States.	
Diagnostic services/ Labs/Imaging • Diagnostic procedures/ tests and lab services	You pay $0 for diagnostic procedures/tests and lab services.	Prior authorization is required for diagnostic and therapeutic radiological services and genetic testing lab services.
• Diagnostic radiological services (such as CT scans, MRIs)	You pay $0 for diagnostic radiological services, such as CT scans and MRIs.	
• Therapeutic radiological services	You pay $0 for therapeutic radiological services.	
• Outpatient x-rays	You pay $0 for x-ray services.	

Premiums and benefits	Prominence Dual HMO D-SNP) Palm Beach - 009	What you should know
Hearing services	You pay $0 for a routine hearing exam. (Exams for fitting hearing aids.) One exam is covered every six months. You pay $0 for Medicare-covered hearing services. (Diagnostic hearing and balance exams.)	Annual maximum coverage-amount of $3000 for hearing aids (both ears combined) applies. You are responsible for any amount over the hearing aid coverage limit. All appointments must be scheduled through Hearing Care Solutions. You can contact them at 866-344-7756. All hearing aids must be purchased through Hearing Care Solutions. Prior authorization and referrals are not required. Member out-of-pocket per hearing aid varies based on technology level the member selects.
Dental services - Medicare-covered	You pay $0 for Medicare-covered dental services.	Prior authorization and referrals are not required.
Dental services - preventive and comprehensive	Preventive and comprehensive dental services are included with no additional monthly premium. Covered services include: • Teeth cleaning, once every six months • Oral exam, once every six months • Dental x-rays, once a year • Non-routine services • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics • Other oral/maxillofacial surgery	There is no deductible, copayment, or coinsurance for preventive and comprehensive dental services. $4,000 per year maximum coverage amount for preventive and comprehensive dental services. You are responsible for any amount over the dental coverage limit. Prior authorization and referrals are not required.

Premiums and benefits	Prominence Dual HMO D-SNP) Palm Beach - 009	What you should know
Vision services	You pay $0 for Medicare-covered eye exams. (Exams to diagnose and treat diseases and conditions of the eye.)	Prior authorization and referrals are not required. You must use the National Vision Administrators network of providers.
	You pay $0 for a routine eye exam. (Eye refractions for eyeglasses or contact lenses.) One exam is covered every six months.	
	You receive a $500 annual allowance for eyewear (Eyeglasses (lenses and frames) and Contact Lenses).	
Mental health services • Inpatient visits	You pay $0 for inpatient mental health stays.	For inpatient mental health care stays, your physician is required to notify the plan when you are admitted.
• Outpatient therapy visits	You pay $0 for individual or group mental health sessions.	Prior authorization is required for individual or group psychiatric sessions; prior authorization is not required for mental health specialty services from a non-physician provider.
• Partial hospitalization	You pay $0 for partial hospitalization services.	Prior authorization is required for partial hospitalization services.
Skilled nursing facility	You pay $0 for skilled nursing facility.	Prior authorization is required.
Physical therapy	You pay $0 per visit.	Prior authorization is required.

Premiums and benefits	Prominence Dual HMO D-SNP) Palm Beach - 009	What you should know
Ambulance	You pay $0 per transportation segment.	Prior authorization is required for non-emergency transport. Copayment applies per segment. A segment is transport by ambulance to the nearest appropriate facility. Another segment is incurred if the member is then transported by ambulance to another facility.
Transportation	You pay $0 for plan-approved transportation services.	Mileage limits may apply.
• Health-related locations	Unlimited one-way trips to plan-approved health-related locations every calendar year.	Prior authorization is required.
• Non-health-related locations	Up to 20 one-way trips to plan-approved non-medical locations including grocery shopping, banking, fitness, community centers, and other social events.	To use the non-medical transportation benefit you must: 1) Be enrolled in a care management program with the plan. 2) Use this plan's contracted transportation providers. 3) Schedule transports 72 hours in advance.
Medicare Part B drugs	You pay $0 for chemotherapy and other Part B drugs.	Prior authorization is required.

Premiums and benefits	Prominence Dual HMO D-SNP) Palm Beach - 009	What you should know
Medical equipment/ supplies • Durable medical equipment (DME) (e.g., wheelchairs, oxygen)	You pay $0 for durable medical equipment.	Prior authorization is required.
• Prosthetics (e.g., braces, artificial limbs) and medical supplies	You pay $0 for prosthetic devices. You pay $0 for medical supplies.	Prior authorization is required.
• Diabetic supplies	You pay $0 for diabetic supplies. You pay $0 for diabetic therapeutic shoes or inserts.	The only covered blood glucose monitors and test strips are CONTOUR® products manufactured by Ascensia Diabetes Care. (No authorization is required unless quantity is greater than 150 strips per 30-day supply is requested) All continuous glucose monitoring supplies require prior authorization. The only brand covered is FREESTYLE LIBRE® products manufactured by Abbott Diabetes Care, Inc. Alternate brands for diabetic monitoring supplies requires a prior authorization with medical necessity. Coverage is limited to one meter or continuous glucose monitoring for every 365 days.
Podiatry services (Foot care)	You pay $0 for routine foot care.	Prior authorization is required. There is a limit of 12 visits per year.
	You pay $0 for Medicare-covered podiatry services.	Prior authorization is required.

Premiums and benefits	Prominence Dual HMO D-SNP) Palm Beach - 009	What you should know
Chiropractic care	You pay $0 for routine chiropractic services.	Prior authorization is required. There is a limit of 12 visits per year.
	You pay $0 for Medicare-covered services.	Prior authorization is required.
Meal program (Post hospital discharge)	You pay $0.	Prior authorization is required. You may qualify for up to 63 meals delivered to you over a 21-day period depending on your need.
Food benefit	Members with End Stage Renal Disease may qualify for $250 per month.	Prior authorization and Care Coordination approval may be required. Other chronic conditions include: Autoimmune disorders, cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic alcohol and other drug dependence, chronic heart failure, chronic lung disorders, dementia, diabetes, end-stage liver disease, heart arrythmias, HIV/AIDS, hypertension, morbid obesity, neurologic disorders, severe hematologic disorders, stroke.
	Members with other chronic conditions (e.g., hypertension, diabetes, and more) may qualify for $100 per month.	
	All members will also receive a $25 food allowance per month.	
Fitness benefit (The Silver&Fit® Healthy Aging and Exercise Program)	You pay $0.	Provides access to a fitness center membership at a location from the participating network and the option to select a Home Fitness kit, including, Fitbit, Garmin, yoga, strength kits and more.
Over the counter (OTC) medications and products	You receive $50 allowance every month for OTC items.	Unused balances do not carry over to the next period.
Telehealth Services	You pay $0 for Primary Care and $0 for Mental Health services.	For Primary Care Physician services and individual sessions for mental health specialty services.

IN-NETWORK RETAIL OUTPATIENT PRESCRIPTION DRUGS	
	Prominence Dual (HMO D-SNP) Palm Beach - 009
Retail Pharmacy 30-day Supply*	
Yearly deductible stage	No deductible.
Initial coverage stage Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Drugs Tier 5: Specialty Tier Tier 6: Select Care Drugs	• You pay $0.
Coverage gap stage (You enter the coverage gap stage when your total drug costs have reached $4,660).	• You pay $0.
Catastrophic coverage stage (You enter the catastrophic coverage stage when your out-of-pocket drug costs reach $7,400).	• You pay $0.

*Prescription drugs may be up to a 100-day supply.
If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

MAIL ORDER OUTPATIENT PRESCRIPTION DRUGS	
	Prominence Dual (HMO D-SNP) Palm Beach - 009
Mail Order 100-day Supply	
Yearly deductible stage	No deductible.
Initial coverage stage Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Drug Tier 5: Specialty Tier Tier 6: Select Care Drugs	• You pay $0. Tier 5 drugs not available through mail order.
Coverage gap stage (You enter the coverage gap stage when your total drug costs have reached $4,660).	• You pay $0.
Catastrophic coverage stage (You enter the catastrophic coverage stage when your out-of-pocket drug costs reach $7,400).	• You pay $0.

For more specific information on the phases of the benefit, please call us or access our *2023 Evidence of Coverage* online at ProminenceMedicare.com.

In addition to the Medicare Advantage services described in the "Additional benefits" section on the previous pages, Prominence Dual provides the following Medicaid benefits based on the level of your Medicaid coverage. For eligibility rules and additional information about these services, please visit: http://ahca.myflorida.com/Medicaid/flmedicaid.shtml

There may be instances when the Medicaid limit is greater than the Medicare Advantage limit. In those instances where the Medicare Advantage limit has been exhausted, Prominence Dual will cover the difference for those eligible members.

Medicaid Services to be provided when not covered by Medicare.

Benefit Category	Florida Medicaid
Allergy Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Benefit limits may apply. $0 co-pay for Medicaid-covered services.
Ambulatory Surgical Center (ASC) Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Anesthesia Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Assistive Care Services (ACS) (Medically necessary services)	For members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicarebenefit is exhausted. $0 co-pay for Medicaid-covered services.
Behavioral Health Overlay Services (Medically necessary services)	Behavioral health overlay services include mental health, substance abuse and supportive services to restore a recipient to the best possible functional level. Services must be medically necessary and part of an individualize treatment plan approved by a treating provider. For members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicarebenefit is exhausted. $0 co-pay for Medicaid-covered services.
Behavioral Health Assessment (Medically necessary services)	Behavioral health assessment services to recipients for screening and identification of mental health and substance use disorders in order to develop, plan, and maintain a schedule of services to restore a recipient to the best possible functional level. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.

Benefit Category	Florida Medicaid
	$0 co-pay for Medicaid-covered services.
Behavioral Health Community Support Services (Medically necessary services)	Behavioral health community support services to promote recovery from behavioral health disorders or cognitive symptoms by improving the ability of recipients to strengthen or regain skills necessary to function successfully. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Behavioral Health Intervention Services (Medically necessary services)	Behavioral health intervention services to enable recipients to function successfully in the community in the least restrictive environment and to restore or enhance ability for personal, social, and prevocational life management services. Medicaid pays for this service if it is not covered by Medicareor when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Behavioral Health Medication Management (BHMM) (Medically necessary services)	BHMM including medication assisted treatment in conjunction with psychiatric evaluations, counseling, and behavioral therapies for a comprehensive treatment approach to behavioral health and substance use disorders. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Behavioral Health Therapy Services (Medically necessary services)	Behavioral health therapy services consist of insight-oriented, cognitive behavioral, or supportive therapy interventions including, but not limited to, individual, family and/or group therapy services. For members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicarebenefit is exhausted. $0 co-pay for Medicaid-covered services.
Cardiovascular Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Benefit limits may apply. $0 co-pay for Medicaid-covered services.

Benefit Category	Florida Medicaid
Child Health Services Targeted Case Management (Medically necessary services)	For those that meet the criteria, Medicaid pays for adult health screening services, child health check-up services, custodial care facility services and nursing facility services, office visits and early and periodic screening, diagnosis and treatment (EPSDT). Benefit limits may apply. $0 co-pay for Medicaid-covered services.
Chiropractic Services (Medically necessary services)	The diagnosis and manipulative treatment of misalignments of the joints, especially those of the spinal column, which may cause other disorders by affecting the nerves, muscles, and organs. Benefit limits may apply. Medicaid pays for this service if it is not covered by Medicare o rwhen the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
County Health Department Services (Medically necessary services)	Services administered through a County Health Department Clinic (CHD) are covered through Medicaid. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Dental Services (Medically necessary services)	For members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicarebenefit is exhausted. Benefit limits may apply. $0 co-pay for Medicaid-covered services.
Dialysis Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Durable Medical Equipment (Includes incontinence supplies for individuals with an AIDS diagnosis or history of AIDS-related opportunistic infection**)** (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare orwhen the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.

Benefit Category	Florida Medicaid
Early Intervention Services (Medically necessary services)	EIS provide for the early identification and treatment of recipients under the age of three years (36 months) with developmental delays or related conditions. Benefit limits may apply. $0 co-pay for Medicaid-covered services.
Emergency Transportation Services (Medically necessary services; ground and air ambulance transportation)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Evaluation & Management Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare orwhen the Medicare benefit is exhausted. Benefit limits may apply. $0 co-pay for Medicaid-covered services.
Gastrointestinal Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Genitourinary Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare orwhen the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Hearing Services (Medically necessary services)	Screening, assessment and testing services, and appropriate hearing devices to recipients in order to detect and mitigate the impact of hearing loss. Medicaid pays for this service if it is not covered by Medicare orwhen the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Home Health Care (Includes medically necessary intermittent skilled nursing care and home health aide services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Benefit limits may apply. $0 co-pay for Medicaid-covered services.

Benefit Category	Florida Medicaid
Inpatient Hospital Care (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Integumentary Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Laboratory Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Medical Foster Care Services (MFC) (Medically necessary services)	MFC services provide care to recipients with complex medical needs to enable them to live in a foster care home. $0 co-pay for Medicaid-covered services.
Mental Health Targeted Case Management	Medicaid Mental Health Targeted Case Management services provide case management to eligible recipients assist them in gaining access to needed medical, social, educational, and other services. These services are covered by Medicaid. $0 co-pay for Medicaid-covered services.
Neurology Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Non-Emergency Transportation Services (NET) (Medically necessary services)	Non-Emergency Transportation (NET) services provide transport to recipients when the transport is related to Medicaid-compensable services and is not duplicated by another service. $0 co-pay for Medicaid-covered services.
Nursing Facility Services (Medically necessary services)	24-hour medical and nursing care in a residential setting, institution, or a distinct part of an institution. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.

Benefit Category	Florida Medicaid
Occupational Therapy Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Benefit limits may apply. $0 co-pay for Medicaid-covered services.
Oral and Maxillofacial Surgery Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Orthopedic Services (Medically necessary services)	Medicaid pays for certain surgical services if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Outpatient Hospital Services (Medically necessary services)	Medicaid pays for certain surgical services if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Pain Management Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Personal Care Services (Medically necessary services in the home or in the community with activities of daily living and age-appropriate instrumental activities of daily living)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Benefit limits may apply. $0 co-pay for Medicaid-covered services.
Physical Therapy Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Podiatry Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Prescription Drugs (Medicaid covered prescription drugs) (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare. Medicaid will not cover any Medicare Part D drug.

Benefit Category	Florida Medicaid
Private Duty Nursing Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Radiology and Nuclear Medicine Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Benefit limits may apply. $0 co-pay for Medicaid-covered services.
Regional Perinatal Intensive Care Center Services (RPICC) (Medically necessary services)	Obstetrical and neonatal services provided in a Regional Perinatal Intensive Care Center (RPICC) are covered through Medicaid for eligible recipients. $0 co-pay for Medicaid-covered services.
Reproductive Services (Medically necessary services)	Diagnostic and therapeutic procedures relating to the reproductive system, including obstetrical and family planning services. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Respiratory System Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Respiratory Therapy Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Benefit limits may apply. $0 co-pay for Medicaid-covered services.
Rural Health Clinic Services (RHC) (Medically necessary services)	Services administered through a Rural Health Clinic (RHC) are covered through Medicaid. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.

Benefit Category	Florida Medicaid
Specialized Therapeutic Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Benefit limits may apply. Benefit limits may apply. $0 co-pay for Medicaid-covered services.
Speech-Language Pathology Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Benefit limits may apply. $0 co-pay for Medicaid-covered services.
Statewide Inpatient Psychiatric Services (SIPP) (Medically necessary services)	SIPP services provide extended residential psychiatric treatment, with the goal of facilitating successful return to treatment in a community-based setting. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Transplant Services (Medically necessary services to replace bone marrow or vital solid organs with organs or bone marrow from a human)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Visual Aid Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Vision Care Services (Medically necessary services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.

Have Questions? What you pay for covered services may depend on your level of Medicaid. If you have questions about your Medicaid eligibility and what benefits you are entitled to, please call:1-855-969-5882 (TTY: 711

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 855-969-5882 (TTY:711), 8 a.m.to 8 p.m., seven days a week from October 1 to March 31 and 8 a.m.to 8 p.m., Monday through Friday from April 1 to September 30.

Understanding the Benefits

- ❑ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit ProminenceMedicare.com or call 855-969-5882 (TTY:711) to view a copy of the EOC.
- ❑ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ❑ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ❑ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ❑ Benefits, premiums and/or copayments/co-insurance may change on January 1 of each plan year.
- ❑ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ❑ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Prominence Health Plan is an HMO and HMO SNP plan with a Medicare contract and a contract with the Medicaid program. Enrollment in Prominence Health Plan depends on contract renewal.

This information is not a complete description of benefits. For more information, call 1-855-969-5882 (TTY: 711) 8:00 a.m. – 8:00 p.m., seven days a week from October 1 to March 31, and Monday through Friday from April 1 to September 30.

Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

View our *Provider and Pharmacy Directory* on our website at: ProminenceMedicare.com.

You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website at ProminenceMedicare.com.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-969-5882 (TTY: 711).