

Summary of benefits

This booklet gives you a summary of the benefits you can expect when you choose a **PriorityMedicare** Employer plan.

PriorityMedicareSM Employer PPO

City of Detroit Police and Fire Retiree Healthcare Trust

January 1, 2024- December 31, 2024

H4875_NCMS100010992406H_M 03232023

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

Overview of in-network benefits

| Deductible | Maximum out-of-pocket responsibility | Primary care physician (PCP) | Inpatient hospital |
|------------|--------------------------------------|------------------------------|--------------------|
| \$0 | \$750 | \$0 | \$0 per stay |

| Virtual care | Emergency and urgent care | Ambulance and observation | Specialist and palliative care |
|-----------------------|-----------------------------------|---------------------------|--------------------------------|
| PCP: \$0 | Emergency care: \$75 | Ambulance: \$100 | Specialist visit: \$15 |
| Specialist: \$0 | Urgently needed services: \$25 | Observation: \$75 | Palliative care visit: \$0 |
| Mental health: \$0 | | | |

| Outpatient hospital and diagnostic radiology | Outpatient tests, labs and x-rays | Anticoagulant labs |
|--|---|--|
| Outpatient hospital: \$100 | Outpatient tests and labs: 10% tests/ \$0 labs | Lab services required to manage blood thinner drugs such as Warfarin or Coumadin. \$0 |
| Outpatient diagnostic radiology: 10% | Outpatient x-rays: \$25 | |

| Rehabilitation services | Outpatient mental health and opioid treatment | Chiropractic care and acupuncture |
|--------------------------------------|--|-----------------------------------|
| PT/OT/ST: \$10 | Outpatient mental health: \$15 group and individual | Chiropractic care: \$15 |
| Cardiac and pulmonary rehab: \$10 | Opioid treatment: \$15 | Acupuncture: \$15 |

| Dialysis | DME and prosthetics and orthotics | Diabetic supplies | Podiatry (foot care) |
|----------|-----------------------------------|-------------------|----------------------|
| 10% | \$0 | \$0 | \$15 |

| Preventive care: Services that Medicare pays for to keep you healthy | |
|--|-----|
| Preventive services such as mammograms, colonoscopy screening and immunizations: | \$0 |

Prior authorization may apply for some benefits. Contact the plan for more information.

Overview of in-network benefits

| Skilled nursing facility (SNF) | Inpatient Services in a psychiatric hospital | Hospice care Services are covered by Original Medicare. | Home health care |
|----------------------------------|--|--|------------------|
| \$0 days 1-20 10% days 21-100 | \$0 per stay | \$0 for the initial consultation | \$0 |

| Hearing services | Vision services |
|--|--|
| Diagnostic exam: \$15 PCP or specialist | Diagnostic exam: \$15 PCP or specialist |
| Routine exam: \$0 | Routine exam: \$0 |
| Hearing aids: \$0 for one hearing aid per ear, per plan year. Member must use a TruHearing provider. | Eyewear: \$0 for Medicare-covered eyewear after cataract surgery. |

| Supplemental benefits |
|---|
| <p>\$50/monthly Part B credit.</p> <p>\$50/quarter allowance for over-the-counter (OTC) items</p> <p>\$0 for health and nutrition education, myStrength, BrainHQ, telemonitoring, and additional benefits to manage chronic illness and keep you safe at home.</p> <p>\$0 for a membership at any participating SilverSneakers fitness centers and access to online videos and classes.</p> <p>\$0 for emergency travel assistance through Assist America.</p> <p>\$15 for routine chiropractice care (12 visits) and \$25 for one set of x-rays each year.</p> |

Out-of-network benefits:

You will pay in-network prices when seeking care from Medicare-participating providers anywhere in the U.S. outside the lower peninsula of Michigan. Our partnership with Multiplan can make accessing Medicare-participating providers easier.

\$0 combined in-network and out-of-network deductible

\$750 combined in-network and out-of-network maximum out-of-pocket

Prior authorization may apply for some benefits. Contact the plan for more information.

Overview of in-network benefits

Part B drugs

| Chemotherapy drugs | Part B drugs Obtained in a provider's office or outpatient setting | Part B drugs Obtained in a pharmacy or by mail order service |
|---------------------------|--|--|
| Up to 10% | Up to 10% | Up to 10% |

Part D prescription drug benefits

Prescription drug deductible: \$0

| | Standard retail pharmacy | |
|---------------|---------------------------------|--------------------------|
| | 30-day | 90-day |
| Tier 1 | \$10 | \$20 |
| Tier 2 | \$10 | \$20 |
| Tier 3 | \$30 | \$60 |
| Tier 4 | 50% (min \$60/ max \$120) | 50% (min \$60/max \$120) |
| Tier 5 | 33% (min \$100/ max \$600) | Not offered |

| | Perferred retail pharmacy | |
|---------------|----------------------------------|---------------------------|
| | 30-day | 90-day |
| Tier 1 | \$5 | \$0 |
| Tier 2 | \$5 | \$0 |
| Tier 3 | \$30 | \$60 |
| Tier 4 | 50% (min \$60/ max \$120) | 50% (min \$60/ max \$120) |
| Tier 5 | 33% (min \$100/ max \$600) | Not offered |

Prior authorization may apply for some benefits. Contact the plan for more information.

Overview of in-network benefits

Part D prescription drug benefits

| | Mail order | |
|---------------|----------------------------|---------------------------|
| | 30-day | 90-day |
| Tier 1 | \$5 | \$0 |
| Tier 2 | \$5 | \$0 |
| Tier 3 | \$30 | \$60 |
| Tier 4 | 50% (min \$60/ max \$120) | 50% (min \$60/ max \$120) |
| Tier 5 | 33% (min \$100/ max \$600) | Not offered |

This plan provides Coverage Gap and Catastrophic stage benefit enhancements.
This plan includes Part D insulin cost to never exceed \$35 for a one month supply.

During the Coverage gap Stage, covered beneficiaries pay no more than the copays or coinsurance applied in the initial coverage stage, for covered prescription in tiers 1-5.

And no more than \$35 for a one-month supply for covered insulin's.

If your co-pay is lower than \$35 for one month supply of covered insulin, you will pay the lower co-pay.

When you enter the catastrophic stage, you pay nothing. The plan pays all costs for prescription drugs.

Prior authorization may apply for some benefits. Contact the plan for more information.

Contact us



If you have questions, call one of our Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711). Call 888.389.6648 (press #3).



Email us any time. Visit prioritymedicare.com and click on **Contact Us** to send a secure email.

Please note that this is just a summary of the plans' benefits; it doesn't list every service we cover or list every limitation or exclusion. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document. Or by calling our customer service number. For additional information, call us at 888.389.6648, option 3 (TTY users should call 711). Another resource available to you when researching your Medicare options is the **2023 Medicare & You** handbook. View it online at medicare.gov or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week. TTY users should call 877.486.2048.



Out-of-network/non-contracted providers are under no obligation to treat Priority Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.