



# Summary of Benefits

## THRIVE WELLNESS PLANS

**Priority**Medicare® Thrive (PPO)

**Priority**Medicare® Thrive Plus (PPO)

# 2026

Jan. 1, 2026–Dec. 31, 2026

The perfect Medicare plan is waiting for you in the next few pages.

Find a wellness plan that supports the whole you.



## Contact us

### BY PHONE

Speak with Priority Health Medicare experts. From Oct. 1–Mar. 31, we're available seven days a week from 8 a.m.–8 p.m. ET. From Apr. 1–Sept. 30, we're available Monday–Friday from 8 a.m.–8 p.m. and Saturday from 8 a.m.–noon ET.

#### Already a member?

Call 833.415.4381 (TTY 711)

#### Not a member yet?

Call 833.352.4330 (TTY 711)

### ONLINE

Visit **[prioritymedicare.com](https://prioritymedicare.com)** to learn more about our plans and how Medicare works.

This information is not a complete description of benefits. Call 833.415.4381 (TTY 711) for more information. This doesn't list every service we cover or tell you if a deductible must be met before you pay the amount listed in this document. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document online at **[prioritymedicare.com](https://prioritymedicare.com)**.



# Priority Health offers two kinds of Medicare plans: HMO-POS and PPO

**HMO-POS** stands for health maintenance organization (HMO) and point of service (POS). With this plan you can use providers in our network and pay less for services. The POS portion allows you to use out-of-network providers both within Michigan and across the United States, but you may pay more for these out-of-network services. You'll choose a primary care physician (PCP) to coordinate all your care. We don't require you to get a referral to see a specialist, but your PCP can sometimes help you see one more quickly.

**PPO** stands for preferred provider organization (PPO). With these plans, we don't require you to get a referral to see a specialist for care. You'll get the most value from your plan when using in-network providers, but you can see any provider who participates with Medicare. You don't have to choose a PCP, although selecting one can help you coordinate care.

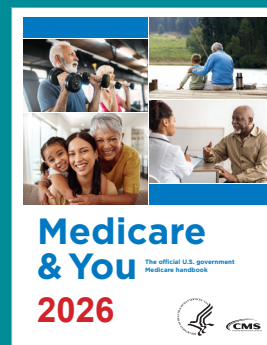
To confirm that your doctor, clinic or health center is part of the Priority Health Medicare network of providers, go to ***[priorityhealth.com/findadoc](https://priorityhealth.com/findadoc)***.

## Eligibility

In order to join any of our Medicare Advantage plans, you need to be enrolled in Medicare Part A and Part B and live in our service area—which includes all 68 counties in the Lower Peninsula. There are no exclusions for pre-existing conditions.

## Prescription coverage

All of our Medicare Advantage plans include prescription drug coverage. To make an informed decision about your Medicare plan, review our provider/pharmacy directory. You generally need to use network pharmacies to fill your prescriptions for covered Part D drugs. To save even more on your prescription costs, use a pharmacy in our preferred pharmacy network. Make sure to review the approved drug list, also called a formulary, to see which drugs are covered by our plans. You can find in-network pharmacies and approved drugs on our website at ***[prioritymedicare.com](https://prioritymedicare.com)***, or call the customer service number.



### Get a free copy of the 2026 Medicare & You handbook.

View it online at ***[medicare.gov](https://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 833.352.4330.

# Important health insurance terms to know

To help you better understand our plans, here are some common terms you'll come across while researching:



**Deductible:** This is the amount you pay each year before the health plan starts to pay for certain services, and you start paying a portion of the cost (copay or coinsurance).



**Coinsurance:** After you've paid your deductible, you may have a coinsurance as your portion of the cost for medical services or prescriptions. Coinsurance is a percentage of the cost of a medical service or prescription and is listed as a benefit in your health plan.

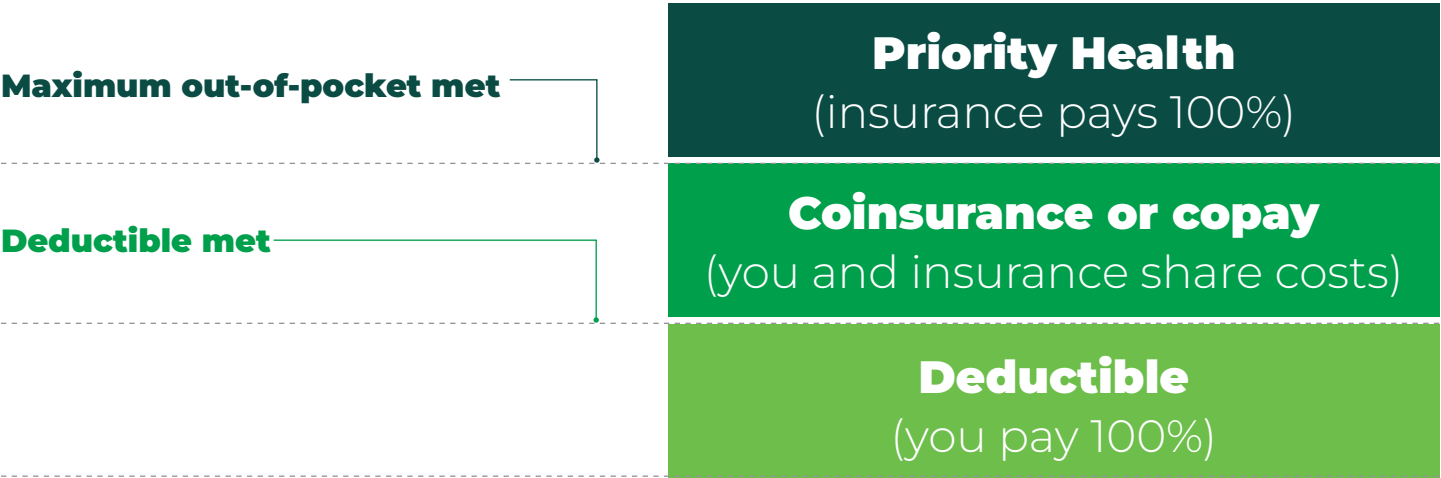


**Copay:** After you've paid your deductible, you may have a copay as your portion of the cost for medical services or prescriptions. This is a fixed amount you pay, generally at the time you receive a health care service or when you get a prescription filled.



**Maximum out-of-pocket:** This is the most you will pay for covered medical services for the year—this means Priority Health pays 100% of the cost after you hit this amount. Your coinsurance or copays count towards the maximum out-of-pocket; premiums and prescription costs do not.

# How do health insurance costs work?



## How does Original Medicare work with Medicare Advantage plans?

Original Medicare (health insurance from the federal government) may not be enough to cover all of your health care needs. Priority Health Medicare Advantage plans include everything that Original Medicare covers, plus extra benefits and services to help you save money and stay healthy.

	Original Medicare	Priority Health Medicare Advantage Plans
Covers your Medicare Part A and Part B services	●	●
Coverage in addition to Medicare Part A and B		●
Predictable copays and limits to what you'll pay out of pocket for medical care		●
Part D prescription drug coverage		●
Additional dental services		●
Free fitness membership		●
Routine vision, including eyewear allowance		●
Routine hearing, including hearing aid coverage		●



# Thrive Wellness Plans

Care and coverage that supports the whole you

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**Priority** Medicare Thrive (PPO)  
**Priority** Medicare Thrive Plus (PPO)



## Premiums and Benefits

Counties	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<b>Region 1:</b> Allegan, Barry, Kent, Lenawee, Ottawa	\$0	\$49
<b>Region 2:</b> Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford	\$0	\$49
<b>Region 3:</b> Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe	\$0	\$49
<b>Region 4:</b> Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph	\$0	\$49
<b>Region 5:</b> Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne	\$0	\$49

## Premiums and Benefits

	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<b>Monthly Premium, Deductible and Limits</b>		
<b>Monthly Plan Premium</b>	\$0 per month. In addition, you must keep paying your Medicare Part B premium.	\$49 per month. In addition, you must keep paying your Medicare Part B premium.
<b>Deductible</b> The amount you'll pay for most covered services before you start	<b>Medical services</b> <i>In-network</i> (combined): Regions 1, 2 & 5: \$270 Regions 3 & 4: \$600	<b>Medical services</b> <i>In-network</i> : \$0



	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<b>Deductible (continued)</b> paying only copays or coinsurance and Priority Health Medicare pays the balance.	<p>Deductible applies to hospital and medical services, except for, primary care visits, specialty provider visits, outpatient mental health, psychiatric services, substance abuse and opioid treatment program services, partial hospitalization, home health services, acupuncture, chiropractic services, physical therapy, occupational therapy, speech therapy, podiatry, outpatient tests and lab, emergency care, urgently needed services, observation, ambulance, durable medical equipment, prosthetic devices, medical supplies, diabetic supplies, diabetic therapeutic shoes/inserts, kidney disease education services, preventive services, Part B insulin furnished through an item of durable medical equipment, cardiac rehabilitation, pulmonary rehabilitation, and supervised exercise therapy.</p> <p><i>Out-of-network (combined):</i>            Regions 1, 2 &amp; 5: \$270            Regions 3 &amp; 4: \$600</p> <p>Applies to hospital and medical services except for acupuncture and insulin furnished through an item of durable medical equipment.</p> <p><b>Prescription drugs (Part D):</b>            Tiers 1-2: \$0            Tiers 3-5: \$250</p>	<p><i>In- and out-of-network (combined):</i>            \$0</p> <p><b>Prescription drugs (Part D):</b>            Tiers 1-2: \$0            Tiers 3-5: \$100</p>



	<b>Priority</b> Medicare Thrive (PPO)	<b>Priority</b> Medicare Thrive Plus (PPO)
<b>Maximum Out-of-Pocket Amount</b> This is the most you pay for covered medical services for the year, excluding Part D prescription drugs.	<i>In- and out-of-network (combined):</i> \$6,200	<i>In- and out-of-network (combined):</i> \$5,600
<b>Hospital</b>		
<b>Inpatient hospital coverage*</b> We cover an unlimited number of days for an inpatient hospital stay. *Prior authorization may be required.	<i>In- and out-of-network:</i> \$375 copay per day for days 1 - 7 \$0 for additional hospital days	<i>In- and out-of-network:</i> \$300 copay per day for days 1 - 7 \$0 copay for additional hospital days
<b>Outpatient hospital coverage*</b> <b>Outpatient hospital</b>	<i>In- and out-of-network:</i> \$0 copay for each visit at a rural health clinic \$40 copay for each Medicare-covered outpatient wound care services \$400 copay for each visit at all other locations	<i>In- and out-of-network:</i> \$0 copay for each visit at a rural health clinic \$40 copay for each Medicare-covered outpatient wound care services \$350 copay for each visit at all other locations
<b>Observation services</b> *Prior authorization may be required.	<i>In- and out-of-network:</i> \$130 copay per stay for each visit, including all services received	
<b>Ambulatory surgery center*</b> *Prior authorization may be required.	<i>In- and out-of-network:</i> \$400 copay for each visit	<i>In- and out-of-network:</i> \$350 copay for each visit
<b>Doctor Visits and Preventive Care</b>		
<b>Doctor visits</b> <b>Primary care physician (PCP)</b>	<i>In- and out-of-network:</i> \$0 copay for each office visit and surgical procedures performed in a PCP's office	
<b>Specialist visit*</b> *Prior authorization may be required for some specialist visits.	<i>In- and out-of-network:</i> \$0 copay for palliative care physician office visits \$0 copay for surgical procedures performed in a physician's office \$0 copay for one skin check at a dermatologist office per plan year	

	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
Doctor visits (continued)	\$40 copay for all other office visits	
Preventive care  Services that can help with prevention and early detection of many illnesses, disabilities, and diseases. Examples include annual wellness visit, breast cancer screening, diabetic screening, flu vaccine and more.	In- and out-of-network: \$0 copay for each service	
	Any additional preventive services approved by Medicare during the contract year will be covered.	
Emergency and Urgent Care		
Emergency care  This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.	In- and out-of-network: \$130 copay for each visit	
Urgently needed services  This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your urgent care visit.	In- and out-of-network: \$50 copay for each visit	
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs		
Diagnostic services/labs/imaging*  Radiology/imaging	In- and out-of-network:  \$275 copay per day, per provider	In- and out-of-network:  \$140 copay per day, per provider
Diagnostic tests and procedures	\$0 copay per day, per provider	\$0 copay per day, per provider
Lab services	\$0 copay for anticoagulant labs and all other Medicare-covered lab services	\$0 copay for anticoagulant labs and all other Medicare-covered lab services
Outpatient X-rays	\$0 copay for one diagnostic mammogram per plan year (following a routine mammogram)  \$20 copay per day, per provider	\$0 copay for one diagnostic mammogram per plan year (following a routine mammogram)  \$20 copay per day, per provider
Radiation therapy	\$40 copay per day, per provider	\$30 copay per day, per provider
*Prior authorization may be required for some services.		

	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<b>Hearing / Dental / Vision</b>		
<b>Hearing services</b>  <b>Medicare-covered diagnostic hearing exam</b> Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues.  <b>Routine hearing coverage and hearing aids</b> (TruHearing® provider) Routine hearing services and hearing aids must be received from a TruHearing® provider.	<i>In- and out-of-network:</i> \$0 - \$40 copay for each office visit	
	\$0 copay for one routine hearing exam, per year \$295 - \$1,495 copay, per ear every year, for hearing aids from top manufacturers depending on level selected. Hearing aid cost includes a 60-day trial period, one year of post-purchase follow-up visits, 80 batteries per non-rechargeable hearing aid and a full 3-year manufacturer warranty.	
<b>Dental services*</b>  <b>Medicare-covered dental services</b>  <b>Additional dental services</b> Delta Dental® is the preferred provider for additional dental services.  *Prior authorization may be required for Medicare-covered dental services.	<i>In- and out-of-network:</i> \$0 - \$400 copay for each visit, depending on the service performed	<i>In- and out-of-network:</i> \$0 - \$350 copay for each visit, depending on the service performed
	\$0 copay for two cleanings (regular or periodontal maintenance) per year \$0 copay for two exams per year \$0 copay for one set of bitewing X-rays per year \$0 copay for one brush biopsy per year \$0 copay for periapical radiographs as needed \$0 copay for radiographs (full-mouth or panoramic X-rays) once every 24 months \$1,500 annual maximum that applies for the following services:	\$0 copay for two cleanings (regular or periodontal maintenance) per year \$0 copay for two exams per year \$0 copay for one set of bitewing X-rays per year \$0 copay for one brush biopsy per year \$0 copay for periapical radiographs as needed \$0 copay for radiographs (full-mouth or panoramic X-rays) once every 24 months \$2,500 annual maximum that applies for the following services:

	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<b>Dental services* (continued)</b>  	\$0 copay for fillings (includes composite, resin, and amalgam), once per tooth, every 24 months  \$0 copay for crown repairs, once per tooth every 24 months  \$0 copay for simple extractions, once per tooth per lifetime  \$0 copay for anesthesia, when used in conjunction with qualifying dental services	\$0 copay for fillings (includes composite, resin, and amalgam), once per tooth, every 24 months  \$0 copay for crown repairs, once per tooth every 24 months  \$0 copay for simple extractions, once per tooth per lifetime  \$0 copay for anesthesia, when used in conjunction with qualifying dental services  50% for endodontics (root canals) once per tooth per lifetime
<b>Vision services</b>  <b>Medicare-covered services</b>  Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye and additional Medicare-covered services.	<i>In- and out-of-network:</i> \$40 copay for each visit  \$0 copay for eyeglasses or contact lenses after cataract surgery  \$0 copay for a yearly glaucoma screening	
<b>Routine Vision Services</b>  In-network routine vision services must be provided by an EyeMed® “Select” provider. If received by a non-EyeMed® “Select” provider (out-of-network), you must seek reimbursement. In-network and out-of-network benefits cannot be combined.	<i>In-network:</i> \$0 copay for one routine exam each year (includes dilation and refraction)  \$0 copay for one retinal imaging per year \$100 eyewear allowance per year  <i>Out-of-network:</i> Up to \$100 reimbursement for eyewear  Up to \$50 reimbursement for one routine exam  Up to \$20 reimbursement for retinal imaging	

	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
Mental Health Services		
<b>Inpatient visits*</b>  We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.  *Prior authorization may be required.	<i>In- and out-of-network:</i> \$350 copay per day, days 1-5  \$0 copay for additional hospital days	<i>In- and out-of-network:</i> \$290 copay per day, days 1-6  \$0 copay for additional hospital days
<b>Outpatient therapy</b>  (individual or group)	<i>In- and out-of-network:</i> \$5 copay for each visit	<i>In- and out-of-network:</i> \$0 copay for each visit
Skilled Nursing Facility (SNF)		
<b>Skilled nursing facility*</b>  Our plan covers up to 100 days each benefit period. A benefit period starts the day you go into a SNF and ends when you go for 60 days in a row without SNF care.  *Prior authorization may be required.	<i>In- and out-of-network:</i> \$0 copay per day, days 1 - 20  \$218 copay per day, days 21 - 100	
Outpatient Rehabilitation Services		
<b>Physical therapy</b>	<i>In- and out-of-network:</i> \$20 copay for each service	<i>In- and out-of-network:</i> \$15 copay for each service
Medical Transportation		
<b>Ambulance*</b>  *Prior authorization may be required.	<i>In- and out-of-network:</i> \$290 copay each way	<i>In- and out-of-network:</i> \$240 copay each way
<b>Transportation</b>	<u>Not</u> covered	
Medicare Part B Drugs*		
<b>Chemotherapy drugs</b>  <b>Other Part B drugs</b>  <b>Select home infusion drugs</b>  <b>Part B insulin</b>  *Prior authorization or step therapy may be required.	<i>In- and out-of-network:</i>  0% - 20% of the total cost for each drug  0% - 20% of the total cost for each drug  \$0 copay for each drug  0% - 20% of the total cost up to \$35 for a one-month supply of insulin administered through a durable medical equipment (DME) device item of durable medical equipment (such as insulin pumps or continuous glucose monitors (CGM)).	

## Prescription Drug Benefits

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, no matter what cost-sharing tier it's on.

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply and no more than \$105 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

PART D OUTPATIENT PRESCRIPTION DRUGS		
	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<b>Stage 1: Deductible stage</b> You'll pay this amount before you begin paying copays or coinsurance only.	Tier 1 - 2: \$0 Tier 3 - 5: \$250*	Tier 1 - 2: \$0 Tier 3 - 5: \$100*
	*The deductible doesn't apply to enhanced prescription drug coverage, covered insulins and most adult Part D vaccines. See initial coverage stage row for insulin cost-sharing.	
<b>Stage 2: Initial coverage stage</b> You are in this stage until your out-of-pocket Part D drug costs reach \$2,100.	You pay what is listed in the chart below.	

ENHANCED PRESCRIPTION DRUG COVERAGE (EXCLUDED DRUGS)		
	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
Tier 2 (sildenafil)	Follows Tier 2 cost sharing listed in the tables on the following pages.	
Tier 3 (tadalafil 10mg, 20mg; vardenafil)*	Follows Tier 3 cost sharing listed in the tables on the following pages.	
* These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.		

STANDARD RETAIL PHARMACY				
	PriorityMedicare Thrive (PPO)		PriorityMedicare Thrive Plus (PPO)	
Standard Retail	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1: Preferred generic	\$7	\$21	\$6	\$18
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 2: Generic	\$15	\$45	\$12	\$36
Tier 3: Preferred brand*	21%	21%	25%	25%
Tier 4: Non-preferred drug*	25%	25%	40%	40%
Tier 5: Specialty*	30%	N/A	31%	N/A

PREFERRED RETAIL PHARMACY				
	PriorityMedicare Thrive (PPO)		PriorityMedicare Thrive Plus (PPO)	
Preferred Retail	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1: Preferred generic	\$2	\$0	\$1	\$0
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 2: Generic	\$8	\$24	\$7	\$21
Tier 3: Preferred brand*	21%	21%	22%	22%
Tier 4: Non-preferred drug*	25%	25%	35%	35%
Tier 5: Specialty*	30%	N/A	31%	N/A
Your costs will be less for your covered drugs when you use a pharmacy in our preferred network (includes Meijer, Walgreens, Walmart, Family Fare Supermarkets, Costco and more), go to <a href="https://prioritymedicare.com">prioritymedicare.com</a> to view the list in the provider/pharmacy directory.				



PREFERRED MAIL ORDER				
	PriorityMedicare Thrive (PPO)		PriorityMedicare Thrive Plus (PPO)	
Preferred Mail Order	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1: Preferred generic	\$2	\$0	\$1	\$0
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 2: Generic	\$8	\$0	\$7	\$0
Tier 3: Preferred brand*	21%	21%	22%	22%
Tier 4: Non-preferred drug*	25%	25%	35%	35%
Tier 5: Specialty*	30%	N/A	31%	N/A
<p>Your costs will be less for your covered drugs when you use a pharmacy in our preferred network (includes Express Scripts and Amazon), go to <a href="https://prioritymedicare.com">prioritymedicare.com</a> to view the list in the provider/pharmacy directory.</p> <p>*Specialty drugs are limited to a 30-day supply.</p>				

	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<b>Catastrophic coverage stage</b>	Once your out-of-pocket drug costs reach \$2,100, the plan pays the full cost of your covered Part D drugs.	
<b>Long-term care (LTC)</b>	If you are a resident of a long-term care (LTC) facility, you may get your prescription drugs through the facility's pharmacy as long as it is part of our network.	

## Optional Enhanced Dental and Vision Package

Additional dental coverage, including coverage for dental services and an additional vision allowance for use on eyeglasses or contacts.

	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<b>Premium</b>	Additional \$43 per month. You must keep paying your Medicare Part B premium and your \$0 monthly plan premium.	Additional \$37 per month. You must keep paying your Medicare Part B premium and your \$49 monthly plan premium.
<b>Deductible</b>	\$0	
<b>Maximum plan benefit coverage amount</b>	\$2,500 for comprehensive dental services and an additional \$150 for eyewear, per calendar year	\$2,500 for (in addition to the embedded dental services benefit for a total of \$5,000 per year) in- and out-of-network comprehensive dental services and an additional \$150 for eyewear, per calendar year
<b>Dental services</b>  Delta Dental® is the preferred provider for additional dental services.	\$0 copay for one fluoride treatment and routine cleaning per year  \$0 copay for emergency treatment for dental pain at no limit and anesthesia when used in conjunction with qualifying dental services  50% of the total cost of onlays, crowns and associated substructures, once per tooth, per lifetime  50% of the total cost of endodontics (root canals), once per tooth per lifetime  50% of the total cost surgical extractions, once per tooth per lifetime  50% of the total cost of implants and implant repairs, per tooth, every 5 years	\$0 copay for one fluoride treatment and routine cleaning per year  \$0 copay for emergency treatment for dental pain at no limit and anesthesia when used in conjunction with qualifying dental services  50% of the total cost of onlays, crowns and associated substructures, once per tooth, per lifetime  50% of the total cost of surgical extractions, once per tooth per lifetime  50% of the total cost of implants and implant repairs, per tooth, every 5 years

	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<b>Dental services (continued)</b>	50% of the total cost of dentures, once every 60 months, denture relines and repairs, and bridge repairs, once every 36 months	50% of the total cost of dentures and bridges, once every 60 months, denture relines and repairs, and bridge repairs, once every 36 months
<b>Vision services</b>  In-network vision services must be provided by an EyeMed® “Select” provider. If received by a non-EyeMed® “Select” provider (out-of-network), you must seek reimbursement. In-network and out-of-network benefits cannot be combined.	\$150 allowance/reimbursement per year for additional eyewear.	

## Additional Benefits

	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<b>Additional Benefits</b>		
<b>Acupuncture</b>	<b>Medicare-covered acupuncture for lower chronic back pain</b> <i>In- and out-of-network:</i> \$20 copay per service  <b>Non-Medicare-covered routine acupuncture for other conditions</b> <i>In- and out-of-network:</i> \$20 copay per visit (limit 6 visits every year)	
<b>Annual preventive physical exam</b>	<i>In- and out-of-network:</i> \$0 copay for an exam  You're free to talk at your annual preventive exam. When we say no cost, we mean it — \$0 annual physical exam, without the worry of being charged for an office visit. This is an opportunity for you and your physician to discuss any concerns or questions you have.	
<b>Chiropractic services</b>	<b>Medicare-covered care</b> <i>In- and out-of-network:</i> \$15 copay for each service	

	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<b>Chiropractic services</b> (continued)	<b>Non-Medicare-covered routine care</b> <i>In- and out-of-network:</i> \$15 copay for each service  \$20 copay for x-ray services performed once per year  Limited to 12 non-Medicare-covered routine chiropractic visits and one routine x-ray service per year whether done in- or out-of-network	
<b>CogniFit®</b>	\$0 copay  Access to the CogniFit® brain health program. Simply set up an account through One Pass® to access a collection of brain games to keep you interested, challenged, and engaged.  CogniFit® works by training over 20 cognitive skills that we use daily such as working memory, perception, attention, reasoning and coordination.	
<b>Dialysis</b>	<i>In- and out-of-network:</i> 20% of the total cost for each service	
<b>Home health services*</b> *Prior authorization may be required.	<i>In- and out-of-network:</i> \$0 copay for each Medicare-covered service	
<b>Medical equipment and supplies*</b>  Examples include diabetic supplies (shoes/inserts, diabetic test strips), durable medical equipment (wheelchairs, oxygen, insulin pumps) and prosthetic devices (braces, artificial limbs).  Diabetic test strips are limited to Contour® and Acu-Chek® Guide products when dispensed by a retail pharmacy or mail-order pharmacy.  *Prior authorization may be required.	<b>Diabetes supplies</b> <i>In- and out-of-network:</i> \$0 copay for each item  <b>Durable medical equipment</b> <i>In- and out-of-network:</i> 20% of the total cost for each item  <b>Prosthetic devices</b> <i>In- and out-of-network:</i> \$0 - 20% of the total cost for each item, depending on the device	
<b>One Pass®</b>  Fitness membership	\$0 copay  One Pass® can help you reach your fitness goals while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym.  One Pass® includes:	

	Priority Medicare Thrive (PPO)	Priority Medicare Thrive Plus (PPO)
One Pass® (continued)	<ul style="list-style-type: none"> <li>Access to the largest nationwide network of gyms and fitness locations</li> <li>Live, digital fitness classes and on-demand workouts</li> <li>Online brain training to improve your memory and focus (see CogniFit® for more information)</li> </ul>	
Personalized health risk assessment	\$150 copay every other year	\$75 copay every other year
	<p>The Galleri® multi-cancer early detection test from GRAIL* tests for over 50+ types of cancer. This screening is available once every other year through your plan. Eligibility rules apply. For more information, please see your Evidence of Coverage (EOC).</p> <p><i>*Galleri is a registered trademark of GRAIL, LLC</i></p>	
Podiatry services	<p><b>Medicare-covered podiatry</b>  <i>In- and out-of-network:</i>            \$40 copay for each visit</p> <p>\$0 copay for nail debridement and callous removal for members with specific conditions (up to 6 of each)</p>	
Priority Health Travel Pass Out-of-area travel benefit	<p>You'll pay in-network prices when seeking care from Medicare-participating providers anywhere in the U.S. outside of the lower peninsula of Michigan. Go to <a href="https://priorityhealth.com/FindADoctor"><b><u>priorityhealth.com/FindADoctor</u></b></a> to find providers in our network.</p> <p>You may stay enrolled in the plan when outside of the service area for up to 12 months as long as your permanent residency remains in your plan's service area.</p>	
Worldwide urgent and emergent care	Unlimited worldwide emergent and urgent care coverage.	
Worldwide travel assistance program	<p>\$0 for emergency travel assistance services through Assist America® when you're more than 100 miles from home or in a foreign country. Assist America® provides pre-trip assistance to help you prepare for your travel, including finding a doctor or a pharmacy to fill your prescriptions at your destination and assistance while on your trip should a medical travel emergency arise, at no extra cost to you.</p> <p>You will still pay for benefits covered by Priority Health Medicare, such as emergency, urgent care, or prescription drug copays.</p>	





	<b>Priority</b> Medicare Thrive (PPO)	<b>Priority</b> Medicare Thrive Plus (PPO)
<b>Rehabilitation services</b>		
<b>Cardiac rehabilitation services</b>	<i>In- and out-of-network:</i> \$10 copay for each service	<i>In- and out-of-network:</i> \$10 copay for each service
<b>Pulmonary rehabilitation and supervised exercise therapy (SET) services</b>	<i>In- and out-of-network:</i> \$10 copay for each service	<i>In- and out-of-network:</i> \$10 copay for each service
<b>Physical therapy, occupational therapy, and speech therapy services</b>	<i>In- and out-of-network:</i> \$20 copay for each service	<i>In- and out-of-network:</i> \$15 copay for each service
<b>ThriveFlex</b>  A card designed to prioritize your overall wellness.	\$60 allowance per quarter for OTC items. Allowance does not rollover.  \$285 wellness allowance per year to use towards fitness facilities, equipment, and nutrition support.	\$50 allowance per quarter for OTC items. Allowance does not rollover.  \$385 allowance per year to use towards fitness facilities, equipment, and nutrition support.
	Shop in store for OTC items, home and bathroom safety devices and modifications at participating stores (Meijer, Walmart, Walgreens, CVS, Kroger and more). Or, online at <b><u><a href="https://www.priorityhealth.com/ShopOTC">PriorityHealth.com/ShopOTC</a></u></b> , by calling 833.415.4380, or by downloading the Priority Health OTC app.  Your wellness allowance can be used to purchase classes or memberships at various fitness locations. It can also be used to purchase fitness equipment or it can be used for nutrition support on mobile apps including Noom, Weight Watchers, myFitness Pal, Headspace, Calm, and Jenny Craig.	
<b>Virtual care</b>  Online care you receive from the comfort of your home, or wherever you may be, with a virtual visit via video on your computer, smart phone, or tablet.	<i>In-network:</i> \$0 copay virtual visits with primary care, specialist and behavioral health providers  Available 24/7, virtual visits let you see a provider for, and get treatment for, non-emergency care  <i>Out-of-network:</i> <u>Not</u> covered	

# 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 Medicare expert at 833.352.4194 from 8 a.m. to 8 p.m. ET, 7 days a week (TTY 711).

## Understanding the Benefits

-  The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **[prioritymedicare.com](https://prioritymedicare.com)** or call 833.352.4194 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 may pay a higher copay to see them.
-  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.
-  Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

-  In addition to your monthly plan premium, 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/coinsurance may change on Jan. 1, 2027.
-  Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.



# Priority Health Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare.

If you qualify for extra help from Medicare to pay the premium for your prescription drug coverage, here's how much your monthly premium could be for your Priority Health Medicare plan.

The premiums listed here don't include the monthly Medicare Part B premium that you may have to pay.

## PriorityMedicare® Thrive (PPO)

Region	Monthly premium if receiving Low Income Subsidy
<b>Region 1:</b> Allegan, Barry, Kent, Lenawee, Ottawa	\$0
<b>Region 2:</b> Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford	\$0
<b>Region 3:</b> Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe	\$0
<b>Region 4:</b> Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawasse, St. Joseph	\$0
<b>Region 5:</b> Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne	\$0

## PriorityMedicare® Thrive Plus (PPO)

Region	Monthly premium if receiving Low Income Subsidy
<b>Region 1:</b> Allegan, Barry, Kent, Lenawee, Ottawa	\$40.20
<b>Region 2:</b> Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford	\$40.20
<b>Region 3:</b> Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe	\$40.20
<b>Region 4:</b> Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph	\$40.20
<b>Region 5:</b> Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne	\$40.20

Priority Health's premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1.800.Medicare or TTY users call 1.877.486.2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1.800.772.1213. TTY users should call 1.800.325.0778 between 8 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please contact our Customer Care team by calling 833.415.4381 (TTY 711). From Oct. 1–Mar. 31, we're available seven days a week from 8 a.m.–8 p.m. ET. From Apr. 1–Sept. 30, we're available Monday–Friday from 8 a.m.–8 p.m. and Saturday from 8 a.m.–noon ET. You can also log in to your member account at [priorityhealth.com](https://priorityhealth.com) to send us a message.

## Notes

## Notes

## Notes

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Priority Health has been named to Newsweek's America's Best Customer Service 2025 list. Based on an independent survey of U.S. customers who have either made purchases, used services, or gathered information about products or services in the past three years.

The Galleri test is available by prescription only. Galleri does not detect a signal for all cancers and not all cancers can be detected in the blood. False positive and false negative results do occur. Galleri is a screening test and does not diagnose cancer. Diagnostic testing is needed to confirm cancer. The Galleri test identifies DNA in the bloodstream shed by cancer cells and does not predict future genetic risk for cancer. The Galleri test should be used in addition to healthcare provider recommended screening tests. Eligibility rules apply.

One Pass is a voluntary program. The One Pass program varies by plan/area. Information provided is not medical advice. Consult a health care professional before beginning any exercise program.

Priority Health's pharmacy network includes limited lower-cost, preferred pharmacies in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 888.389.6648, TTY users call 711, or consult the online pharmacy directory at [prioritymedicare.com](https://prioritymedicare.com).

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.

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