

Summary of benefits

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

PriorityMedicareSM (Employer HMO)

City of Detroit Police and Fire Retiree Healthcare Trust

January 1, 2024 - December 31, 2024

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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	\$1,500 (\$1,000 COIN)	\$0	\$0

Virtual care	Emergency and urgent care	Ambulance and observation	Specialist and palliative care
PCP: \$0	Emergency care: \$65	Ambulance: \$100	Specialist visit: \$15
Specialist: \$0	Urgently needed services: \$25	Observation: \$65	Palliative care visit: \$0
Mental health: \$0			

Outpatient hospital and diagnostic radiology	Outpatient tests, labs and x-rays	Anticoagulant labs
Outpatient hospital: \$0	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: \$0	Outpatient x-rays: \$15	

Rehabilitation services	Outpatient mental health and opioid treatment	Chiropractic care and acupuncture
PT/OT/ST: \$10	Outpatient mental health: \$10 group and individual	Chiropractic care: \$15
Cardiac and pulmonary rehab: 10% cardiac and pulmonary	Opioid treatment: \$10	Acupuncture: \$20

Dialysis	DME and prosthetics and orthotics	Diabetic supplies	Podiatry (foot care)
\$0	\$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	\$0	\$0 for the initial consultation	\$0

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

Supplemental benefits
<p>\$50/Month Part B credit.</p> <p>\$25/quarterly allowance for over-the-counter 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>Routine chiropractic care: \$15 for each visit (12 total) and \$15 for one set of x-rays each year.</p>

Coinsurance maximum:

Your in-network coinsurance (%) maximum is \$1,000. After you pay this amount you do not have to pay anything for your benefits with a coinsurance (%) cost-share for the remainder of the year.

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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
\$0	\$0	\$0

Part D prescription drug benefits

Prescription drug deductible: \$0

	Standard retail pharmacy	
	30-day	90-day
Tier 1	\$3	\$3
Tier 2	\$15	\$15
Tier 3	\$30	\$90
Tier 4	30%	30%
Tier 5	30%	Not offered

	Mail order	
	30-day	90-day
Tier 1	\$3	\$0
Tier 2	\$15	\$0
Tier 3	\$30	\$60
Tier 4	30%	30%
Tier 5	30%	Not offered

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.

**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.



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.