

Summary of benefits

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

PriorityMedicareSM Employer HMO

Christian Schools International (CSI)

January 1st, 2025 - December 31st, 2025

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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

Monthly plan premium (Part C and D premium combined)

Not applicable

Part B rebate

Not covered

Deductible	Maximum out-of-pocket responsibility	Inpatient hospital	Outpatient Hospital/ASC
\$425	\$1,500	20%	20%

Doctor visits

PCP:

\$20*

Specialist:

\$35*

Virtual visits:

\$0*

Palliative care visit:

\$0*

Preventive services

Preventive services such as mammograms, colonoscopy screening and immunizations:

\$0*

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

*Deductible does not apply

Overview of in-network benefits

Emergency care

Emergency care:

\$65*

Urgently needed services:

\$45*

Outpatient diagnostic services

Labs:

20%

Diagnostic tests/
procedures:

20%

Diagnostic
radiology:

20%

X-rays:

20%

Anticoagulant labs:

\$0*

Hearing services

Diagnostic exam:

\$0

Routine exam:

\$0

Hearing aids:

Covered up to \$300* every 3 years. No copay

Dental services

Not covered

Vision services

Diagnostic exam:

\$35*

Routine exam:

\$35*

Eyewear Allowance:

\$60* allowance per year for non-Medicare covered eyewear. \$0* for Medicare-covered eyewear after cataract surgery.

Mental Health services

Inpatient mental health:

20%

Outpatient mental health (individual or group):

\$35*

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

*Deductible does not apply

Overview of in-network benefits

Skilled nursing facility (SNF)	Outpatient rehabilitation services	Cardiac and Pulmonary rehab
20%	PT/OT/ST: \$35	\$0* Cardiac, \$15* Pulmonary

Ambulance Services are covered by Original Medicare.	Transportation
\$75*	Not covered

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*	Up to 20%*
Part B Insulin		
20% up to \$35*		

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

*Deductible does not apply

Overview of in-network benefits

Part D prescription drug benefits

Prescription drug deductible: \$0

	Standard retail pharmacy	
	30-day	90-day
Tier 1 (Preferred generic)	\$5	\$15
Tier 2 (Generic)	\$15	\$45
Tier 3 (Preferred brand)	\$50	\$150
Tier 4 (Non-preferred-brand drug)	\$80	\$240
Tier 5 (Specialty)	20% up to \$100	Not offered

	Mail Order	
	30-day	90-day
Tier 1 (Preferred generic)	\$5	\$10
Tier 2 (Generic)	\$15	\$30
Tier 3 (Preferred brand)	\$50	\$100
Tier 4 (Non-preferred-brand drug)	\$80	\$160
Tier 5 (Specialty)	20% up to \$100	Not offered

As an employer sponsored plan beneficiary, you will continue to pay the copays listed above until you reach your \$2,000 out of pocket maximum for prescription drug coverage. Once the maximum amount is met, you will pay \$0 and the plan will pay 100% of your out-of-pocket Medicare prescription drug costs

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

*Deductible does not apply

Overview of in-network benefits

Additional Medicare benefits covered under your plan

Dialysis	DME and prosthetics and orthotics	Diabetic supplies	Podiatry (foot care)
20%*	20%	\$0*	\$0*

Home health care

\$0

Supplemental benefits covered under your plan

\$0 copay* Health and Wellness Education Programs: health education, in-home safety assessment, nutritional education, post-discharge in-home medication reconciliation, enhanced disease management & telemonitoring, and Teladoc Health Mental Health

\$0 copay* One Pass® fitness membership and well-being network that provides access to an extensive network of gym locations and online workout classes. Helps seniors with their mental, social and physical well-being.

\$0 copay* Worldwide travel assistance through Assist America® when more than 100 miles from home.

\$20 copay* for 6 routine acupuncture visits.

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

*Deductible does not apply

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 (option 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 **2025 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.