

# 2025 Summary of Benefits

Jan. 1, 2025–Dec. 31, 2025

**D-SNP**

**Priority**Medicare<sup>SM</sup> D-SNP (HMO)



# This booklet gives you a summary of the benefits you can expect when you choose the Priority Health Medicare Dual Eligible Special Needs Plan (D-SNP).



## Contact us



### BY PHONE

Speak with Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week.

#### Already a member?

Call 833.939.0983 (TTY users call 711)

#### Not a member yet?

Call 877. 230.1649 (TTY users call 711)



### ONLINE

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

Please note this is a summary of the plan's benefits; it doesn't list every service we cover. To get a complete list of services we cover—including any limitations or exclusions—review the Evidence of Coverage document online at [priorityhealth.com/dsnp](https://priorityhealth.com/dsnp), or call our customer service number. For additional information, call us toll-free at 877. 230.1649 (TTY 711).

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and full Medicaid and who don't pay anything for covered medical services. As a member of the Priority Health Medicare D-SNP, you will not be responsible for cost sharing for plan benefits\*. The medical and hospital benefit chart beginning on page five shows the benefits you will receive from Priority Health in conjunction with your Medicaid.

Be sure to show your Medicaid ID card in addition to your Priority Health member ID card to make your provider aware that you may have additional coverage. Your services are paid first by Priority Health and then by Medicaid.

*\*Applies to members with full Medicaid eligibility.*

## Get more from your Medicare plan

**In addition to Medicare Part A & Part B benefits, you will also receive these extra benefits to help you stay healthy:**

- ✓ Dental, vision and hearing coverage
- ✓ \$0 Copay for all covered drugs on the formulary\*
- ✓ A monthly allowance to use toward over-the-counter items, healthy food and produce, pest control services, meal delivery services and select utilities\*
- ✓ Personal Emergency Response System (PERS) device and services
- ✓ Transportation for up to 30 one-way trips per year or submit for mileage reimbursement. Up to 100 miles per trip.
- ✓ Emotional support with Teladoc Health Mental Health®
- ✓ Access to a digital fitness experience and a home fitness kit through One Pass®
- ✓ Unlimited caregiver support that can assist with topics such as social needs, housing insecurities and community resources through Carallel®

*\*Members must receive Extra Help (LIS) to receive this benefit*

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## Eligibility

### **You are eligible to join the Priority Health Medicare D-SNP if:**

- You are enrolled in Medicare Parts A and B
- You are eligible for full Medicaid benefits
- You live in the Priority Health Medicare service area — which includes all 68 counties in the Lower Peninsula of Michigan **and**
- You are 21 years of age or older

*It is important to read and respond to all mail that comes from Social Security and your state Medicaid office to maintain your Medicaid eligibility status. Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category.*

Your eligibility to enroll in this plan depends on your type of Medicaid. You can enroll in the Priority Health Medicare D-SNP if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts and you are eligible for full Medicaid benefits. You pay nothing, except for Part D prescription drug copays.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and you are eligible for full Medicaid benefits.
- **Full Benefits Dual Eligible (FBDE):** You are eligible for full Medicaid benefits. Medicaid will provide assistance in paying for your Medicare services. Generally your cost share is \$0 when the service is covered by both Medicare and Medicaid.

If you lose eligibility for one of the three Medicaid categories listed on the previous page, you will have a six month grace period to achieve Medicaid redetermination. You will be allowed to remain in this plan, but you will be responsible for the cost share of your Medicare benefits as described in your Evidence of Coverage document. All of your supplemental benefits will continue to be offered at \$0 along with any allowance you may have, for example, eyewear or your PriorityFlex card. If you do not regain Medicaid eligibility by the end of the six month grace period, your D-SNP coverage will be terminated.

## Provider network

The Priority Health Medicare D-SNP is an HMO plan. HMO stands for Health Maintenance Organization (HMO).

You'll need to choose a primary care physician (PCP) in the network to coordinate your care. You typically don't need a referral to see a specialist, but your doctor can sometimes help you get in to see one more quickly.

You can go to [priorityhealth.com/findadoc](https://priorityhealth.com/findadoc) to confirm that your doctor, clinic or hospital is part of the Priority Health Medicare network.

## Prescription coverage

This plan includes prescription drug coverage. You'll want to review our Provider/Pharmacy Directory because you generally need to use network pharmacies to fill your prescriptions for covered Part D drugs. You will also want to review our formulary, the list of drugs our plans cover. You can find in-network pharmacies and approved drugs on our website at [priorityhealth.com/dsnp](https://priorityhealth.com/dsnp), or call 833.939.0983 (TTY users call 711).



Get a free copy of the **2025 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 877.486.2048.

## PREMIUM AND BENEFITS\*\*

### PriorityMedicare D-SNP (HMO) Plan

Benefits <sup>1</sup> and what you should know	PriorityMedicare D-SNP (HMO)
<b>Plan availability</b>	Available in all 68 counties in the lower peninsula of Michigan.
<b>Monthly plan premium</b>	\$0 (there is no monthly premium)
<b>Annual medical deductible</b>	\$0 (there is no deductible)
<b>Maximum out-of-pocket amount</b> (does not include prescription drugs)	\$0 (there is no maximum responsibility for covered medical services)

\*\* Costs remaining after Medicare has paid its portion are covered by Medicaid.

<sup>1</sup>If you lose your Medicaid eligibility and fall into the grace period you are responsible for the cost share of your benefits. The most you will have to pay out-of-pocket for the plan services in 2025 is \$9,350. What you pay for Medicare-covered benefits (deductibles, copayments or coinsurance) count toward this maximum out of pocket amount.

## PRESCRIPTION DRUGS

	PriorityMedicare D-SNP (HMO)
If you receive Extra Help, you'll pay the following cost-share amounts for a 30-, 60-, or 90-day supply of prescription drugs*	
<b>Annual prescription deductible</b>	\$0 (you do not have a deductible)
<b>Tier 1 – All covered drugs**</b>	\$0

\*Specialty drugs are limited to a 30-day supply.

\*\*Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your LIS eligibility. If your LIS/Extra Help eligibility status changes and you lose LIS/Extra Help, your cost share may also change. See your Evidence of Coverage for more detail. If you lose Medicaid coverage entirely, you will be given a 6-month grace period so that you can reapply for Medicaid and become reinstated if you still qualify.

## MEDICAL AND HOSPITAL BENEFITS

Medical and hospital benefits	Priority Medicare D-SNP (HMO) In-network	Prior authorization may be required
<b>Inpatient hospital</b>	\$0 per stay	✓
<b>Outpatient hospital</b>	\$0 for each visit	✓
<b>Ambulatory surgery center</b>	\$0 for each service	✓
<b>Doctor visits</b>	<b>Primary care physician (PCP):</b> \$0 for each office visit <b>Specialist:</b> \$0 for each office visit	✓
<b>Preventive care</b> 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.	\$0 for each service A referral from your doctor may be required for some preventive services.	
<b>Emergency care</b> This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.	\$0 for each visit	
<b>Urgently needed services</b>	\$0 for each visit	
<b>Outpatient diagnostic services</b>	<b>Radiology/imaging:</b> \$0 for each service <b>Lab services:</b> \$0 for each service <b>Tests/procedures:</b> \$0 for each service <b>Radiation therapy:</b> \$0 for each service <b>X-rays:</b> \$0 for each service	✓
<b>Hearing services</b> Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues. Routine hearing services must be received from a TruHearing® provider.	<b>Medicare-covered hearing exams:</b> \$0 for each visit <b>Routine hearing (with a TruHearing® provider):</b> \$0 for up to two (2) TruHearing-branded 'Advanced' hearing aids, one per ear every two years. 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 extended warranty.	

\*\* Costs remaining after Medicare has paid its portion are covered by Medicaid.

Medical and hospital benefits	Priority Medicare D-SNP (HMO) In-network	Prior authorization may be required
<b>Dental services</b> Routine dental services provided by Delta Dental®	<b>Medicare-covered dental services:</b> \$0 for each visit <b>Non-Medicare covered routine dental:</b> <b>\$1,500 annual maximum that applies to the following:</b> \$0 for two exams and two cleanings (regular or periodontal maintenance) each year \$0 for one brush biopsy, one fluoride treatment and one set of bitewing x-rays each year \$0 for periapical radiographs as needed \$0 for radiographs (full-mouth or panoramic x-rays) once every 24 months. \$0 for two periodontal maintenance cleanings (two total each year)	✓
<b>Vision services</b> Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye, and additional Medicare-covered services. Routine vision services must be provided by an EyeMed "Select" provider.	<b>Medicare-covered vision:</b> \$0 for each visit or eyewear after cataract surgery <b>Routine vision (with an EyeMed provider):</b> \$0 for one exam each year \$200 allowance each year for eyeglasses or contact lenses	
<b>Mental health care</b> We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	<b>Inpatient visit:</b> \$0 per stay <b>Outpatient therapy (individual or group):</b> \$0 for each visit	✓
<b>Skilled Nursing Facility (SNF)</b>	\$0 per stay	✓
<b>Physical therapy, occupational therapy, and speech/language therapy</b>	\$0 for each visit	
<b>Ambulance</b>	\$0 for each trip	✓
<b>Transportation</b>	\$0 for up to 30 one-way trips every year to or from health-related locations, up to 100 miles max per one way trip, including mileage reimbursement.	

\*\* Costs remaining after Medicare has paid its portion are covered by Medicaid.

Medical and hospital benefits	Priority Medicare D-SNP (HMO) In-network	Prior authorization may be required
<b>Medicare Part B drugs</b>	<b>Chemotherapy drugs:</b> \$0 for each drug <b>Other Part B drugs:</b> \$0 for each drug <b>Insulin Part B drugs:</b> \$0 for each drug	✓
<b>Diabetes management</b>	<b>Diabetes monitoring supplies, self-management training and shoes or inserts:</b> \$0 for supplies and services. Diabetic test strips are limited to JJHCS and Bayer products when dispensed by a retail pharmacy or mail-order pharmacy.	
<b>Foot care (podiatry services)</b>	<b>Medicare-covered podiatry:</b> \$0 for each visit \$0 for nail debridement and callous removal for members with specific conditions (up to 6 of each per year) <b>Non-Medicare covered routine podiatry (up to 6 visits/services):</b> \$0 for each routine visit, routine nail debridement or callous removal service	
<b>Home health care</b>	\$0 for each visit	✓
<b>Hospice</b>	\$0 for initial hospice consultation	
<b>Kidney dialysis</b>	\$0 for each service	
<b>Medical equipment and supplies</b>	<b>Durable medical equipment (wheelchairs, oxygen, insulin pumps):</b> \$0 for each item <b>Prosthetics (braces, artificial limbs):</b> \$0 for each item	✓
<b>Outpatient substance abuse</b>	<b>Outpatient therapy (individual or group):</b> \$0 for each visit	

\*\* Costs remaining after Medicare has paid its portion are covered by Medicaid.



## ADDITIONAL BENEFITS COVERED UNDER YOUR PLAN

### PriorityMedicare D-SNP (HMO) Plan

Additional benefits and what you should know	PriorityMedicare D-SNP (HMO)
<b>Acupuncture</b>	<p><b>Medicare-covered acupuncture for lower chronic back pain:</b> \$0 per service</p> <p><b>Non-Medicare covered routine acupuncture for other conditions:</b> \$0 per visit (limit 6 per year)</p>
<b>Caregiver Support</b>	<p>\$0 copay for unlimited hours of caregiver support provided by Carallel®.</p> <p>Carallel's Care Advocates provide telephonic support and research on topics like health insurance, emotional support, stress management, housing and transportation, and guidance on financial matters and legal concerns.</p> <p>Carallel also offers online tools and resources that provide personalized support tailored to your unique situation.</p>
<b>Chiropractic care</b>	<p><b>Medicare-covered care:</b> \$0 for each visit</p> <p><b>Non-Medicare covered routine care:</b> \$0 for each visit (limit 24 per year) \$0 for x-ray services performed by a chiropractor, once per year</p>
<b>Personal Emergency Response System (PERS)</b>	<p>\$0 for Personal Emergency Response System (PERS) device and services.</p>
<b>PriorityFlex</b>	<p>\$70 allowance per month, allowance does not rollover. A PriorityFlex debit card will be issued for members to use on select utilities (water, sewer, gas, electric, trash, septic, internet, and phone bills), pest control services, healthy food and produce, meal delivery and over-the-counter (OTC) items.</p> <p>Shop in store for eligible OTC items, home and bathroom safety devices and modifications at participating stores ( Walmart, Kroger, Walgreens, CVS, Walmart and more). OTC items may also be purchased online at <a href="http://priorityhealth.com/shopOTC">priorityhealth.com/shopOTC</a>, by calling 833.415.2732 or by downloading the Priority Health OTC app.</p>

\*\* Costs remaining after Medicare has paid its portion are covered by Medicaid.

	<p>To order meals and schedule pest control services online at <a href="http://priorityhealth.com/shopOTC">priorityhealth.com/shopOTC</a>, by calling 833.415.4380, or by downloading the Priority Health app.</p> <p>The utilities listed above can be paid for as you would with any other Mastercard.</p> <p>*Members must receive Extra Help (LIS) to qualify for this benefit.</p>
<p><b>OnePass® (Fitness)</b></p>	<p>\$0 copay Discover the joy of whole-body health.</p> <p>At One Pass, we're on a mission to make fitness engaging for everyone. One Pass can help you reach your fitness goals while finding new passions along the way.</p> <p>One Pass includes:</p> <ul style="list-style-type: none"> <li>• Live, digital fitness classes and on-demand workouts</li> <li>• One at-home workout kit per member, per plan year.</li> </ul>
<p><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 or smart phone or tablet.  Available 24/7, virtual visits let you see a provider for and get treatment for non-emergency care.</p>	<p>\$0 for virtual visits with primary care, specialist, and behavioral health providers</p>

\*\* Costs remaining after Medicare has paid its portion are covered by Medicaid.

## MEDICAID BENEFITS

Your services are paid for first by Medicare and then by Medicaid. The benefits described below are covered by Medicaid. You can see what the Michigan Department of Health and Human Services covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the Michigan Department of Health and Human Services, 517.241.3740.

	Priority Medicare D-SNP (HMO)	Medicaid state plan
<b>OUTPATIENT CARE SERVICES</b>		
Routine acupuncture	Covered	Not Covered
Ambulance	Covered	Covered
Chiropractic care	Covered	Covered
Dental services	Covered	Covered
Diabetes management	Covered	Covered
Diagnostic tests, X-Rays, Lab and Radiology Services	Covered	Covered
Doctor visits	Covered	Covered
Durable medical equipment (wheelchairs, oxygen, etc.)	Covered	Covered
Emergency care	Covered	Covered
Hearing services	Covered	Covered
Home health care	Covered	Covered
Mental health	Covered	Covered
Outpatient hospital	Covered	Covered
Outpatient substance abuse	Covered	Covered through Community Mental Health Services program
Preventive care	Covered	Covered
Podiatry services	Covered	Covered
Prosthetic devices (braces, artificial limbs)	Covered	Covered
Urgently needed services	Covered	Covered
Transportation (Non-Emergency Medical Transportation Services)	Covered	Covered
Vision Services	Covered	Covered
<b>INPATIENT CARE</b>		
Inpatient hospital care	Covered	Covered
Inpatient mental health	Covered	Covered through Community Mental Health Services program





	<b>Priority Medicare D-SNP (HMO)</b>	<b>Medicaid state plan</b>
<b>Skilled nursing facility (SNF)</b>	Covered	Covered
<b>PRESCRIPTION DRUG BENEFITS</b>		
<b>Prescription drugs</b>	Covered	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 877.230.1649 from 8 a.m. to 8 p.m. (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 [priorityhealth.com/dsnp](https://priorityhealth.com/dsnp) or call 877.230.1649 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.
-  Review the formulary to make sure your drugs are covered.

## Understanding important rules

-  Rules, benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
-  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 full Medicaid.

# 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 get extra help, your monthly plan premium will be \$0 for the plan below. (This does not include any Medicare Part B premium you may have to pay.)

- **Priority**Medicare<sup>SM</sup> D-SNP (HMO)

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 call Customer Service at 833.939.0983 (TTY 711) from 8 a.m. to 8 p.m., seven days a week.





To utilize your \$0 cost share you must qualify. Members qualify by receiving a Low-Income Subsidy (LIS) also known as Extra Help.

To utilize your PriorityFlex card, you must qualify. Members qualify by receiving a Low-Income Subsidy (LIS) also known as Extra Help.

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.

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 D-SNP HMO plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Priority Health D-SNP (HMO) depends on contract renewal. This information is not a complete description of benefits. Call 833.939.0983 (TTY users call 711) for more information.