



2025 Summary of Benefits

Jan. 1, 2025–Dec. 31, 2025

THRIVE WELLNESS PLANS

-  **Priority**MedicareSM Thrive (PPO)
-  **Priority**MedicareSM Thrive Plus (PPO)



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 8 a.m. to 8 p.m., seven days a week.

Already a member?

Call 888.389.6648 (TTY users call 711)

Not a member yet?

Call 877.230.1624 (TTY users call 711)



ONLINE

Visit prioritymedicare.com to learn more about our plans and how Medicare works.

This information is not a complete description of benefits. Call 888.389.6648 (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.

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.

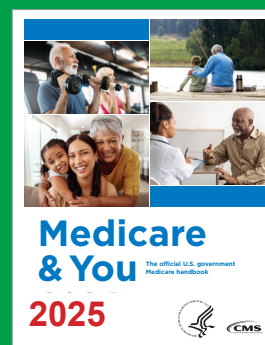
To confirm that your doctor, clinic or health center is part of the Priority Health Medicare network of providers, go to **priorityhealth.com/findadoc**.

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**, or call the customer service number.



Get a free copy of 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.

Important health insurance terms to know

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



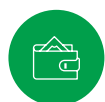
Deductible: This is the amount you pay each year before the health plan starts to pay for certain services, and you start paying a portion of the cost (copay or coinsurance).



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.

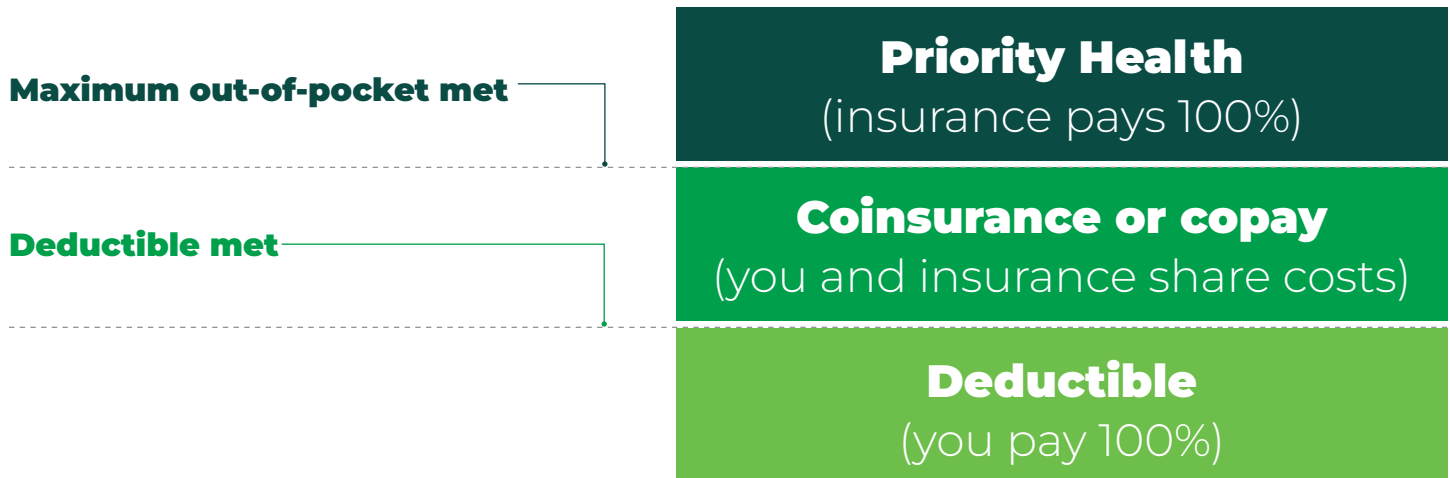


Copay: After you've paid your deductible, you may have a copay as your portion of the cost for medical services or prescriptions. This is a fixed amount you pay, generally at the time you receive a health care service or when you get a prescription filled.



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

PriorityMedicareSM Thrive (PPO)
PriorityMedicareSM Thrive Plus (PPO)

PREMIUMS AND BENEFITS |

Benefits and what you should know	Priority Medicare Thrive (PPO)	Priority Medicare Thrive Plus (PPO)
<p>Plan availability Plans are available in the regions listed. <i>See table later in this document for a listing of counties by region.</i></p>	Regions 1, 2, 3, 4, and 5	
<p>Monthly plan premium</p>	<p>\$0 per month. In addition, you must keep paying your Medicare Part B premium.</p>	<p>\$39 per month. In addition, you must keep paying your Medicare Part B premium.</p>
<p>Deductible The amount you'll pay for most covered services before you start paying only copays or coinsurance and Priority Health pays the balance.</p>	<p>Medical services <i>In-network: Region 1, 2 & 5:</i> \$240 <i>Regions 3 & 4:</i> \$570 Applies to hospital and medical services, except for, primary care visits, specialty provide 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 and Part B insulin furnished through an item of durable medical equipment. <i>In- and out-of-network (combined): Region 1, 2 & 5:</i> \$240</p>	<p>Medical services <i>In-network and out-of-network (combined):</i> \$0 Prescription Drug Deductible (Part D): \$0</p>

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
	<p>Regions 3 & 4: \$570</p> <p>Applies to everything except acupuncture and insulin furnished through an item of durable medical equipment.</p> <p>See table later in this document for a list of counties by region.</p> <p>Prescription Drug Deductible (Part D): \$0</p>	
<p>Maximum out-of-pocket amount</p> <p>This is the most you pay for covered medical services for the year, excluding Part D prescription drugs.</p>	<p><i>In-network and out-of-network services (combined)</i></p> <p>Regions 1, 2 and 5: \$5,700</p> <p>Regions 3 and 4: \$5,900</p> <p>See table later in this document for a list of counties by region.</p>	<p><i>In-network and out-of-network services (combined): \$5,600</i></p>

MEDICAL BENEFITS COVERED UNDER YOUR PLAN

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<p>Inpatient hospital coverage</p> <p>We cover an unlimited number of days for an inpatient hospital stay.</p> <p>Prior authorization may be required.</p>	<p><i>In- and out-of-network:</i></p> <p>\$320 copay per day, days 1-7</p> <p>\$0 for additional days</p>	<p><i>In-network:</i></p> <p>\$300 copay per day, days 1-7</p> <p>\$0 for additional days</p> <p><i>Out-of-network:</i> 45% of the total cost per stay</p>

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<p>Outpatient hospital coverage Prior authorization may be required.</p>	<p>Outpatient hospital <i>In-and out-of-network:</i> \$0 for each rural health clinic visit</p> <p>\$400 for each Medicare-covered outpatient hospital facility visit</p> <p>Observation <i>In- and out-of-network:</i> \$120 copay per stay for each visit, including all services received</p>	<p>Outpatient hospital <i>In-network:</i> \$0 for each rural health clinic visit</p> <p>\$350 for each Medicare-covered outpatient hospital facility visit</p> <p><i>Out-of-network:</i> 45% of the total cost for each visit</p> <p>Observation <i>In- and out-of-network:</i> \$120 copay per stay for each visit, including all services received</p>
<p>Ambulatory surgical center coverage Prior authorization may be required.</p>	<p><i>In- and out-of-network:</i> \$400 copay for each visit</p>	<p><i>In-network:</i> \$350 copay for each visit</p> <p><i>Out-of-network:</i> 45% of the total cost for each visit</p>
<p>Doctor visits Prior authorization may be required for some specialist visits.</p>	<p>Primary care physician (PCP) <i>In-and out-of-network:</i> \$0 copay for each office visit and for surgical procedures performed in a PCP's office.</p> <p>Specialist visit <i>In- and out-of-network:</i> \$0 copay for palliative care physician office visit</p> <p>\$0 copay for surgical procedures performed in a specialist's office</p> <p>\$0 copay for one skin check per plan year, with a dermatologist</p> <p>\$40 copay for all other office visits</p>	<p>Primary care physician (PCP) <i>In-network:</i> \$0 copay for each office visit and for surgical procedures performed in a PCP's office.</p> <p><i>Out-of-network:</i> 45% of the total cost for each visit</p> <p>Specialist visit <i>In-network:</i> \$0 copay for palliative care physician office visit</p> <p>\$0 copay for surgical procedures performed in a specialist's office</p> <p>\$0 copay for one skin check per plan year, with a dermatologist</p> <p>\$40 copay for all other office visits</p> <p><i>Out-of-network:</i> 45% of the total cost for each visit</p>

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<p>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.</p>	<p><i>In-and out-of-network:</i> \$0 copay for each service</p>	<p><i>In-network:</i> \$0 copay for each service <i>Out-of-network:</i> 45% of the total cost for each service</p>
	<p>A referral from your doctor may be required for some preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.</p>	
<p>Emergency care This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.</p>	<p><i>In- and out-of-network:</i> \$120 copay for each visit</p>	
<p>Urgently needed services This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your urgent care visit.</p>	<p><i>In- and out-of-network:</i> \$40 copay for each visit</p>	<p><i>In- and out-of-network:</i> \$50 copay for each visit</p>
<p>Outpatient diagnostic services (labs, radiology/imaging, and X-rays) Prior authorization may be required for some services.</p>	<p>Radiology/ imaging <i>In-and out-of-network:</i> \$275 copay per day, per provider</p> <p>Tests/procedures <i>In- and out-of-network:</i> \$0 copay per day, per provider</p> <p>Lab services <i>In-and out-of-network:</i> \$0 copay per day, per provider (\$0 copay for anticoagulant lab services)</p> <p>Outpatient X-rays <i>In- and out-of-network:</i> \$0 for one diagnostic mammogram per plan year (following a routine mammogram) \$20 copay per day, per provider</p>	<p>Radiology/ imaging <i>In-network:</i> \$140 copay per day, per provider</p> <p>Tests/procedures <i>In-network:</i> \$15 copay per day, per provider</p> <p>Lab services <i>In-network:</i> \$15 copay per day, per provider (\$0 copay for anticoagulant lab services)</p> <p>Outpatient X-rays <i>In-network:</i> \$0 for one diagnostic mammogram per plan year (following a routine mammogram) \$40 copay per day, per provider</p>

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
	<p>Radiation therapy <i>In-and out-of-network:</i> \$40 copay per day, per provider</p>	<p>Radiation therapy <i>In-network:</i> \$30 copay per day, per provider</p> <p><i>For all out-of-network services listed above:</i> 45% of the total cost per day, per provider (\$0 copay for anticoagulant lab services)</p>
<p>Hearing services Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues.</p> <p>Routine hearing services must be received from a TruHearing® provider.</p>	<p>Medicare-covered diagnostic hearing exam <i>In- and out-of-network:</i> \$0- \$40 copay for each office visit</p> <p>Routine hearing coverage (TruHearing® provider) \$0 copay for one routine hearing exam, per year</p> <p>\$295, \$695, \$1,095 or \$1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected.</p> <p>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.</p>	<p>Medicare-covered diagnostic hearing exam <i>In-network:</i> \$0- \$40 copay for each office visit</p> <p><i>Out-of-network:</i> 45% of the total cost for each visit.</p>
<p>Dental services Prior authorization may be required for Medicare-covered dental services.</p> <p>Delta Dental® is the preferred provider for additional dental services.</p>	<p>Medicare-covered dental services <i>In-network:</i> \$0- \$400 copay for each visit, depending on the service performed.</p> <p>Additional dental services \$0 copay for two cleanings (regular or periodontal maintenance) per year \$0 copay for two exams per year</p>	<p>Medicare-covered dental services <i>In-network:</i> \$0- \$350 copay for each visit, depending on the service performed.</p> <p><i>Out-of-network:</i> 45% of the total cost for each service performed</p> <p>Additional dental services \$0 copay for two cleanings (regular or periodontal maintenance) per year \$0 copay for two exams per year</p>

Benefits and what you should know	Priority Medicare Thrive (PPO)	Priority Medicare Thrive Plus (PPO)
	<p>\$0 copay for one set of bitewing X-rays per year</p> <p>\$0 copay for one brush biopsy per year.</p> <p>\$0 copay for periapical radiographs as needed</p> <p>\$0 copay for radiographs (full-mouth or panoramic x-rays) once every 24 months</p> <p>\$1,500 annual maximum that applies for the following services:</p> <p>\$0 copay for fillings (includes composite, resin, and amalgam), once per tooth, every 24 months</p> <p>\$0 copay for crown repairs, once per tooth every 24 months</p> <p>\$0 copay for simple extractions, once per tooth per lifetime</p> <p>\$0 copay for anesthesia, when used in conjunction with qualifying dental services.</p>	<p>\$0 copay for one set of bitewing X-rays per year</p> <p>\$0 copay for one brush biopsy per year.</p> <p>\$0 copay for periapical radiographs as needed</p> <p>\$0 copay for radiographs (full-mouth or panoramic x-rays) once every 24 months</p> <p>\$2,000 annual maximum that applies for the following services:</p> <p>\$0 copay for fillings (includes composite, resin, and amalgam), once per tooth, every 24 months.</p> <p>\$0 copay for crown repairs, once per tooth every 24 months</p> <p>\$0 copay for simple extractions, once per tooth per lifetime.</p> <p>50% of the total cost of root canals, once per tooth per lifetime</p> <p>\$0 copay for anesthesia, when used in conjunction with qualifying dental services.</p>
<p>Vision services Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye and additional Medicare-covered service.</p>	<p>Medicare-covered services <i>In-and out-of-network:</i> \$40 copay for each visit</p> <p>\$0 copay for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for a yearly glaucoma screening</p>	<p>Medicare-covered services <i>In-network:</i> \$40 copay for each visit</p> <p>\$0 copay for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 copay for a yearly glaucoma screening</p>

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<p>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.</p>	<p>Routine vision services <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</p> <p><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</p>	<p><i>Out-of-network:</i> 45% of the total cost for each visit, eyeglasses or contact lenses after cataract surgery, or for a yearly glaucoma screening</p>
<p>Mental health care We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>Prior authorization may be required.</p>	<p>Inpatient visit <i>In- and out-of-network:</i> \$350 copay per day, days 1-5.</p> <p>\$0 copay for additional hospital days.</p> <p>Outpatient therapy (individual or group) <i>In-and out-of-network:</i> \$5 copay for each visit</p>	<p>Inpatient visit <i>In-network:</i> \$290 copay per day, days 1-6.</p> <p>\$0 copay additional days. <i>Out-of-network:</i> 45% of the total cost per stay.</p> <p>Outpatient therapy (individual or group) <i>In-network:</i> \$0 copay for each visit. <i>Out-of-network:</i> 45% of the total cost for each visit</p>
<p>Skilled Nursing Facility (SNF) Our plan covers up to 100 days each benefit period. A benefit period starts the day you go into a SNF and ends</p>	<p><i>In- and out-of-network:</i> Days 1-20: \$0 copay each day. Days 21-100: \$203 copay each day.</p>	<p><i>In-network:</i> Days 1-20: \$0 copay each day. Days 21-100: \$203 copay each day.</p> <p><i>Out-of-network:</i> 45% of the total cost per stay for each stay.</p>

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
when you go for 60 days in a row without SNF care. Prior authorization may be required.		
Physical therapy	<i>In- and out-of-network:</i> \$25 copay for each service	<i>In-network:</i> \$15 copay for each service <i>Out-of-network:</i> 45% of the total cost for each service
Ambulance 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
Transportation	Not covered.	

PRESCRIPTION DRUG BENEFITS

Prescription drug benefits	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
Medicare Part B drugs Prior authorization or step therapy may be required.	Chemotherapy drugs <i>In- and out-of-network:</i> 0% to 20% of the total cost for each drug Other Part B drugs <i>In- and out-of-network:</i> 0% to 20% of the total cost for each drug Select home infusion drugs <i>In- and out-of-network:</i> \$0 copay for each drug. Part B insulin <i>In- and out-of-network:</i> 0% to 20% up to \$35 of the total cost for a one-month supply of insulin administered through a durable medical equipment (DME) device (such as insulin pumps or continuous glucose monitors (CGM)).	

PART D OUTPATIENT PRESCRIPTION DRUGS

Prescription drug benefits	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
Deductible stage You'll pay this amount before you begin paying copays or coinsurance only.	\$0	\$0
Initial coverage stage You are in this stage until your drug total reaches \$2,000, which includes what you pay out-of-pocket and what we pay for your covered drugs.	You pay what is listed in the charts on the following pages.	

ENHANCED PRESCRIPTION DRUG COVERAGE (EXCLUDED DRUGS)

Generic Erectile Dysfunction	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.

PREFERRED RETAIL PHARMACY

Prescription drug benefits	PriorityMedicare Thrive (PPO)			PriorityMedicare Thrive Plus (PPO)		
	30-day	60-day	90-day	30-day	60-day	90-day
Tier 1 (Preferred generic)	\$3	\$6	\$0	\$4	\$8	\$0
Tier 2 (Generic)	\$10	\$20	\$30	\$13	\$26	\$39
Tier 3 (Preferred brand)	\$35 for insulin and 25% for other drugs	\$70 for insulin and 25% for other drugs	\$105 for insulin and 25% for other drugs	\$35 for insulin and 25% for other drugs	\$70 for insulin and 25% for other drugs	\$105 for insulin and 25% for other drugs
Tier 4 (Non-preferred drug)	\$35 for insulin and 45% for other drugs	\$70 for insulin and 45% for other drugs	\$105 for insulin and 45% for other drugs	\$35 for insulin and 40% for other drugs	\$70 for insulin and 40% for other drugs	\$105 for insulin and 40% for other drugs
Tier 5 (Specialty)	\$35 for insulin and 33% for other drugs	N/A	N/A	\$35 for insulin and 33% for other drugs	N/A	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 prioritymedicare.com to view the list in the provider/pharmacy directory.

STANDARD RETAIL PHARMACY						
Prescription drug benefits	PriorityMedicare Thrive (PPO)			PriorityMedicare Thrive Plus (PPO)		
	30-day	60-day	90-day	30-day	60-day	90-day
Tier 1 (Preferred generic)	\$11	\$22	\$33	\$9	\$18	\$27
Tier 2 (Generic)	\$18	\$36	\$54	\$18	\$36	\$54
Tier 3 (Preferred brand)	\$35 for insulin and 25% for other drugs	\$70 for insulin and 25% for other drugs	\$105 for insulin and 25% for other drugs	\$35 for insulin and 25% for other drugs	\$70 for insulin and 25% cost for other drugs	\$105 for insulin and 25% for other drugs
Tier 4 (Non-preferred drug)	\$35 for insulin and 50% for other drugs	\$70 for insulin and 50% for other drugs	\$105 for insulin and 50% for other drugs	\$35 for insulin and 45% for other drugs	\$70 for insulin and 45% for other drugs	\$105 for insulin and 45% for other drugs
Tier 5 (Specialty)	\$35 for insulin and 33% for other drugs	N/A	N/A	\$35 for insulin and 33% for other drugs	N/A	N/A

MAIL ORDER THROUGH EXPRESS SCRIPTS (ESI)

Prescription drug benefits	PriorityMedicare Thrive (PPO)			PriorityMedicare Thrive Plus (PPO)		
	30-day	60-day	90-day	30-day	60-day	90-day
Tier 1 (Preferred generic)	\$3	\$6	\$0	\$4	\$8	\$0
Tier 2 (Generic)	\$10	\$20	\$0	\$13	\$26	\$0
Tier 3 (Preferred brand)	\$35 for insulin and 25% for other drugs	\$70 for insulin and 25% for other drugs	\$105 for insulin and 25% for other drugs	\$35 for insulin and 25% for other drugs	\$70 for Insulin and 25% for other drugs	\$105 for insulin and 25% for other drugs
Tier 4 (Non-preferred drug)	\$35 for insulin and 45% for other drugs	\$70 for insulin and 45% for other drugs	\$105 for insulin and 45% for other drugs	\$35 for insulin and 40% for other drugs	\$70 for insulin and 40% for other drugs	\$105 for insulin and 40% for other drugs
Tier 5 (Specialty)	\$35 for Insulin and 33% for other drugs	N/A	N/A	\$35 for insulin and 33% for other drugs	N/A	N/A

Prescription drug benefits	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
Catastrophic coverage stage	Once your out-of-pocket drug costs reach \$2,000, the plan pays the full cost of your covered Part D drugs.	
Long-term care (LTC)	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

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
Benefits	Additional dental coverage, including coverage for dental services and an additional vision allowance for use on eyeglasses or contacts.	
Premium	Additional \$39 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 \$39 monthly plan premium.
Deductible	\$0	
Maximum plan benefit coverage amount	2,500 for dental services and an additional \$150 for eyewear, per calendar year.	\$2,500 (in addition to the embedded dental services benefit for \$4,500) for combined in- and out-of-network comprehensive dental services and an additional \$150 for eyewear, per calendar year.
Dental services Delta Dental® is the preferred provider for additional dental services.	\$0 copay for one fluoride treatment 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 of surgical extractions, once per tooth per lifetime 50% of the total cost of implants and implant repairs, per tooth, every 5 years 50% of the total cost of dentures, once every 60	\$0 copay for one fluoride treatment 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 50% of the total cost of dentures and bridges, once every 60 months, denture relines and repairs, and bridge repairs, once every 36 months

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
	months, denture relines and repairs, and bridge repairs, once every 36 months	
Vision services 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 MEDICAL BENEFITS COVERED UNDER YOUR PLAN

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
Acupuncture	Medicare-covered acupuncture for lower chronic back pain <i>In- and out-of-network: \$20 copay per service</i> Non-Medicare covered routine acupuncture for other conditions <i>In- and out-of-network: \$20 copay per visit (limit 6 visits every year)</i>	
Annual preventive physical exam	<i>In- and out-of-network: \$0 copay for an exam</i>	<i>In-network: \$0 copay for an exam</i> <i>Out-of-network: 45% of the total cost for an exam</i>
CogniFit®	\$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	

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
	training over 20 cognitive skills that we use daily such as working memory, perception, attention, reasoning, and coordination.	
Chiropractic care	<p>Medicare-covered care <i>In- and out-of-network:</i> \$20 copay for each covered service</p> <p>Non-Medicare covered routine care <i>In-and out-of-network:</i> \$20 copay for each visit</p> <p>\$20 copay for X-ray services performed once per year (you would pay this in addition to your visit)</p> <p>Limited to 12 non-Medicare covered routine visits per year whether done in- or out-of-network.</p>	<p>Medicare-covered care <i>In-network:</i> \$20 copay for each covered service</p> <p><i>Out-of-network:</i> 45% of the total cost for each covered service</p> <p>Non-Medicare covered routine care <i>In-network:</i> \$20 copay for each visit.</p> <p>\$40 copay for X-ray services performed once per year (you would pay this in addition to your visit)</p> <p><i>Out-of-network:</i> 45% of the total cost for each visit and for X-ray services performed once per year</p> <p>Limited to 12 non-Medicare covered routine visits per year whether done in- or out-of-network.</p>
Dialysis	<i>In- and out-of-network:</i> 20% of the total cost for each service	<p><i>In-network:</i> 20% of the total cost for each service</p> <p><i>Out-of-network:</i> 45% of the total cost for each service</p>
Home health services Prior authorization may be required.	<i>In- and out-of-network:</i> \$0 copay for each Medicare-covered service	
Medical equipment and supplies Examples include diabetic supplies (shoes/inserts,	Diabetes supplies <i>In- and out-of-network:</i> \$0 copay for each item	Diabetes supplies <i>In-network:</i> \$0 copay for each item <i>Out-of-network:</i> 45% of the total cost for each item

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<p>diabetic test strips), durable medical equipment (wheelchairs, oxygen, insulin pumps) and prosthetic devices (braces, artificial limbs).</p> <p>Diabetic test strips are limited to JJHCS and Bayer products when dispensed by a retail pharmacy or mail-order pharmacy.</p> <p>Prior authorization may be required.</p>	<p>Durable medical equipment <i>In-and out-of-network:</i> 20% of the total cost for each item</p> <p>Prosthetic devices <i>In-and out-of-network:</i> \$0-20% for each item, depending on the device</p>	<p>Durable medical equipment <i>In-network:</i> 20% of the total cost for each item <i>Out-of-network:</i> 30% of the total cost for each item</p> <p>Prosthetic devices <i>In-network:</i> \$0-20% for each item, depending on the device. <i>Out-of-network:</i> 30% of the total cost for each device</p>
<p>ThriveFlex A card designed to prioritize your overall wellness.</p>	<p>\$60 allowance per quarter for OTC items. Allowance does not rollover.</p> <p>\$185 wellness allowance per year to use towards fitness facilities, equipment, and nutrition support.</p>	<p>\$50 allowance per quarter for OTC items. Allowance does not rollover.</p> <p>\$285 allowance per year to use towards fitness facilities, equipment, and nutrition support.</p>
<p>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 PriorityHealth.com/shopOTC, by calling 833.415.4380, or by downloading the Priority Health OTC app.</p> <p>Your wellness allowance can be used to purchase classes or memberships at various fitness locations. It can also be used to purchase equipment at participating retailers like Walmart or it can be used for nutrition support on mobile apps including Noom, Weight Watchers, myFitness Pal, Headspace, Calm, and Jenny Craig. For a full list of retailers please visit PriorityHealth.com/ShopOTC.</p>		
<p>Personalized Health Risk Assessment</p>	<p>\$150 copay every other year</p>	<p>\$75 copay every other year</p>
<p>The Galleri[®] multi-cancer early detection test from GRAIL* tests for over 50+ types of cancer. This screening is available once every</p>		

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
	<p>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>Medicare-covered podiatry:</p> <p><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>	<p>Medicare-covered podiatry:</p> <p><i>In-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> <p><i>Out-of-network:</i> 45% of the total cost for each visit and service</p>
Priority Health Travel Pass	<p>Out-of-area travel benefit 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. Our partnership with Multiplan[®] can make accessing Medicare-participating providers even easier.</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> <p>Worldwide urgent and emergent care Unlimited worldwide emergent and urgent care coverage.</p> <p>Worldwide travel assistance program \$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>	

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
Rehabilitation services	<p>Cardiac rehabilitation <i>In- and out-of-network: \$20 copay for each service</i></p> <p>Pulmonary rehabilitation services and supervised exercise therapy (SET) services <i>In- and out-of-network: \$15 copay for each service</i></p> <p>Physical therapy, occupational therapy, and speech therapy services <i>In- and out-of-network: \$25 copay for each service</i></p>	<p>Cardiac, pulmonary rehabilitation services and supervised exercise therapy (SET) services <i>In-network: \$10 copay for each service</i></p> <p><i>Out-of-network: 45% of the total cost for each service</i></p> <p>Physical therapy, occupational therapy, and speech therapy services <i>In-network: \$15 copay for each service</i></p> <p><i>Out-of-network: 45% of the total cost for each service</i></p>
One Pass® Fitness membership	<p>\$0 copay</p> <p>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. Find a routine that's right for you whether you work out at home or at the gym.</p> <p>One Pass includes:</p> <ul style="list-style-type: none"> • Access to the largest nationwide network of gyms and fitness locations. • Live, digital fitness classes and on-demand workouts. • Online brain training is made just for you to improve your memory and focus (see Cognifit for more information). • Meal delivery services to make healthy eating easy. 	

Benefits and what you should know	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<p>Virtual care 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.</p>	<p><i>In-network:</i> \$0 copay virtual visits with primary care, specialist, and behavioral health providers.</p> <p>Available 24/7, virtual visits let you see a provider for, and get treatment for, non-emergency care.</p> <p><i>Out-of-network:</i> Not covered</p>	

PREMIUMS AND BENEFITS | Monthly Premiums





Counties	PriorityMedicare Thrive (PPO)	PriorityMedicare Thrive Plus (PPO)
<p>Region 1: Allegan, Barry, Kent, Lenawee, Ottawa</p>	\$0	\$39
<p>Region 2: Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford</p>	\$0	\$39
<p>Region 3: Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe</p>	\$0	\$39
<p>Region 4: Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph</p>	\$0	\$39
<p>Region 5: Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne</p>	\$0	\$39

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 877.230.1624 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 prioritymedicare.com or call 877.230.1624 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

-  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/co-insurance may change on Jan. 1, 2026.
-  Our plan allows you to see providers outside of our network (non-contracted providers), however the provider must agree to treat you and you may pay a higher copay/coinsurance for services. Except in an emergency or urgent situation, non-contracted providers may deny care.

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.

PriorityMedicareSM Thrive (PPO)

Region 1: Allegan, Barry, Kent, Lenawee, Ottawa

If you receive Low Income Subsidy, your monthly premium will be \$0.

Region 2: Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford

If you receive Low Income Subsidy, your monthly premium will be \$0.

Region 3: Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe

If you receive Low Income Subsidy, your monthly premium will be \$0.

Region 4: Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawasse, St. Joseph

If you receive Low Income Subsidy, your monthly premium will be \$0.

Region 5: Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne

If you receive Low Income Subsidy, your monthly premium will be \$0.

Priority MedicareSM Thrive Plus (PPO)

Region 1: Allegan, Barry, Kent, Lenawee, Ottawa

If you receive Low Income Subsidy, your monthly premium will be \$12.40.

Region 2: Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford

If you receive Low Income Subsidy, your monthly premium will be \$12.40.

Region 3: Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe

If you receive Low Income Subsidy, your monthly premium will be \$12.40.

Region 4: Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph

If you receive Low Income Subsidy, your monthly premium will be \$12.40.

Region 5: Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne

If you receive Low Income Subsidy, your monthly premium will be \$12.40.

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 Michigan 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 888.389.6648 (TTY 711) from 8 a.m. to 8 p.m., seven days a week.



Priority Health has been named to Newsweek's America's Best Customer Service 2024 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.

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.