



2025

# PRODUCT GUIDE *for* **PROVIDERS**



**Priority  
Health**<sup>TM</sup>

# 2025 product guide for providers



This guide gives you an at-a-glance view of our new and updated commercial and Medicare products for 2025. For more detail, we've reviewed all product updates you need to know at our 2025 product updates [Virtual Office Advisory \(VOA\) webinar](#).

Click below for more information on a specific product or update.

## General product updates

- Cost Estimator (price transparency tool)
- PriceMyMeds™ (prescription drug cost savings program)
- PriorityBABY™
- Teladoc Health Mental Health®

## Commercial group products

- HMA (TPA product)
- PriorityIntegra™
- Musculoskeletal Centers of Excellence
- Virtual physical therapy with Sword®
- Carrot Fertility®

## Individual (MyPriority) products

- Reminder about narrow networks

## PriorityMedicare products

- Benefit changes
- Wellness line
- Supplemental benefit changes
- Inflation Reduction Act (IRA) changes
- Low-income subsidy (LIS) benefits



Find January 1 formulary changes in our [Provider Manual](#) beginning in November.

[See our formulary](#)



Note that Medicaid product changes are not covered in this guide. For information on changes related to the recent Medicaid rebid, click the button below.

[Medicaid rebid info](#)

For general product information for each plan type, including Medicaid, see our [Provider Manual](#).

[See Provider Manual](#)

# General product updates

## Cost Estimator

Reminder: Our Cost Estimator tool is [available](#) to be used for **all covered procedures and services** for commercial group and individual members. To use this tool, log in to prism and select “Cost Estimator” from the Resources menu. You’ll be able to see what your patients see and what their specific out-of-pocket costs are for procedures and services.

## PriceMyMeds

Launched in April 2024, PriceMyMeds™ is a pharmacy program available to our commercial (group and individual) members to help them save on prescription medications by automatically finding the best price for a prescription at nearby in-network pharmacies. This benefit is part of our ongoing goal to better support our members in getting the care they need by making sure prescription drug costs are not a barrier to the care you provide. See our [provider manual](#) for more details.



## PriorityBABY

Launched in [March 2024](#), PriorityBABY™ is a program designed to support children and their caregivers during a child’s first two years, available to all commercial (group and individual) and Medicaid members with a child under six months old. It is a continuation of the successful PriorityMOM™ program and includes health care information, gifts and incentives.

## Teladoc Health Mental Health

Formerly called myStrength, [Teladoc Health Mental Health](#)® is a **free, self-help mental wellness program for all Priority Health members ages 13+**. Available to use as an app or through the website, the program features more than 1,400 activities on a variety of mental wellness topics including depression, anxiety, stress, chronic pain, sleep problems, substance use and more, as well as crisis outreach and live virtual coaching. Encourage your patients to sign up for a free account today.



# Commercial group products

## HMA

HMA is a new product launching on **Jan. 1, 2025**. It's a third-party administrator (TPA) product available to self-funded employers—groups who pay out claims themselves—through a strategic collaboration with [Healthcare Management Administrators, Inc.](#) (HMA®).

A third-party administrator (TPA) is a company that provides operational services, such as prior authorizations, claims processing, etc. This TPA product will be administered by HMA, while the member maintains access to the Priority Health network. It is **not** a leased network.

This product will use our broad network PPO rates within our existing provider agreements, so **your reimbursement won't be impacted**.

There's no need to get credentialed separately with HMA. If you're a credentialed provider with Priority Health, you're all set to serve HMA plan members.

Follow the instructions on the patient's member ID card to submit claims and obtain prior authorizations.

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<b>Employee Name:</b> JOHN SMITH <b>Employee ID:</b> 426000XXXXXX	<b>Dependent(s):</b> SALLY SMITH ROY SMITH
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<b>ABC COMPANY, INC.</b> <b>Group Number:</b> 050XXX <b>RxID</b> 000XXXXXX <b>RxBIN</b> XXXX <b>RxPCN</b> XXXX <b>RxGRP</b> XXXX	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Generic Rx</td> <td style="width: 50%;">\$XX</td> </tr> <tr> <td>Preferred Rx</td> <td>\$XX</td> </tr> <tr> <td>Non-Preferred Rx</td> <td>\$XX</td> </tr> <tr> <td>Office Visit</td> <td>\$XX</td> </tr> <tr> <td>Emergency Room</td> <td>\$XX</td> </tr> </table>	Generic Rx	\$XX	Preferred Rx	\$XX	Non-Preferred Rx	\$XX	Office Visit	\$XX	Emergency Room	\$XX
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Emergency Room	\$XX										

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Dental OOP	\$XXXX/\$XXXX	\$XXXX/\$XXXX														

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<p><b>Healthcare Management Administrators, Inc. (HMA)</b></p> <p>Important - Preauthorization may be a plan requirement. To avoid potential benefit penalties, call Pre-Authorization.</p> <p>Please submit EDI claims to Availity, using payer ID: <b>HMA01</b>.</p> <p>Please submit paper claims to the address below:</p> <p>HMA                  PO Box 85008                  Bellevue, WA 98015</p> <p>This card is not an authorization for services or a guarantee of payment.</p>	<p><b>Find a provider and access Customer Care at: <a href="http://www.accesshma.com">www.accesshma.com</a></b></p> <p>Customer Care: <b>833-865-0141</b></p> <p>Pre-Authorization: <b>833-865-0144</b></p> <p>Pharmacy Benefits: <b>XXX-XXX-XXXX</b></p> <p>Buy-Up Product #1: <b>XXX-XXX-XXXX</b></p> <p>Buy-Up Product #2: <b>XXX-XXX-XXXX</b></p> <hr/> <p>Priority Health provides network access in Michigan. Cigna OAP provides network access in all other states.</p>
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	Pharmacy benefits administrator
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# Commercial group products

## HMA, continued

Register for the [HMA provider portal](#) (or [priorityhealth.com/provider/HMAproviderportal](https://priorityhealth.com/provider/HMAproviderportal)) by clicking on the [Not Registered](#) link and go through the steps to create an account. The portal is used for:

- Viewing patient eligibility
- Viewing Explanations of Payment (remittance advice) on closed claims
- Reviewing plan summaries
- Submitting prior authorization requests
- Updating provider information
- Asking questions (Express Requests)

For details about using the portal for each of these, see our HMA [provider portal training guide](#).

You can also call **833.865.0141** for support, especially for:

- Member eligibility and benefits information
- Claims status
- Prior authorizations

# HMA

Make sure when you call in that you have your NPI and your Tax ID number, as well as the member's ID number and birth date. You should also have your fax number ready if you want the information you're seeking faxed to you afterward.

See our [HMA plan one-pager](#) for this information on one convenient, printable document, and see our [provider FAQs](#) for more details.

## Attention PCPs



An increasing number of our plans across lines of business incentivize annual wellness visits as part of our ongoing mission to help our members stay healthy by promoting preventive care. Please partner with us in this mission by **reaching out to your existing patients to schedule an appointment**, and be **open to new patients** whenever capacity allows. You can switch your status from closed to open in prism under the **Enrollments & Changes** tab.

# Commercial group products

## PriorityIntegra

PriorityIntegra™ is a narrow network product that leverages the unique integration points between Priority Health and Corewell Health to deliver an exceptional member experience, integrated whole-person care and access to a user-friendly network with Corewell Health providers and select affiliate providers for self-funded employers effective **Jan. 1, 2025**.

The provider network includes:

- Corewell East, West and South (including Lakeland)
- Answer Health
- We Are For Children
- Beaumont ACO
- Olympia Medical Services
- United Physicians
- United Outstanding Physicians
- Medical Network One
- Pine Rest Christian Mental Health Services
- Forest View Hospital
- Mary Free Bed Rehabilitation Hospital
- Emergency services
- In-network pharmacies

**See our PriorityIntegra one-pager for more details.**

Care received outside of the network as described above is *not* covered, so be sure to refer your patients on PriorityIntegra plans to in-network providers whenever possible. Use the [Find a Doctor](#) tool to help determine which providers are in-network for your patient. (Ensure the PriorityIntegra plan is selected, using the “Change your location or plan” link in the upper right corner.) Request authorization for instances where services are not available within their network.

## Diabetes prevention programs (DPPs)

We offer multiple [DPPs](#) to help reduce the risk of developing type 2 diabetes. Beginning on Jan. 1, 2025, members will be covered for participation in DPPs, even if they’ve already previously participated. (They must still qualify by having one or more measures that puts them at risk for developing type 2 diabetes.)



# Commercial group products

## Musculoskeletal Centers of Excellence

Our optional Musculoskeletal (MSK) Centers of Excellence (COE) rider will offer groups and their employees a comprehensive and coordinated approach to the diagnosis, treatment, and management of MSK conditions, including:

- Total hip replacement
- Total knee replacement
- Lumbar fusion
- Lumbar laminectomy
- Cervical fusion
- Cervical laminectomy

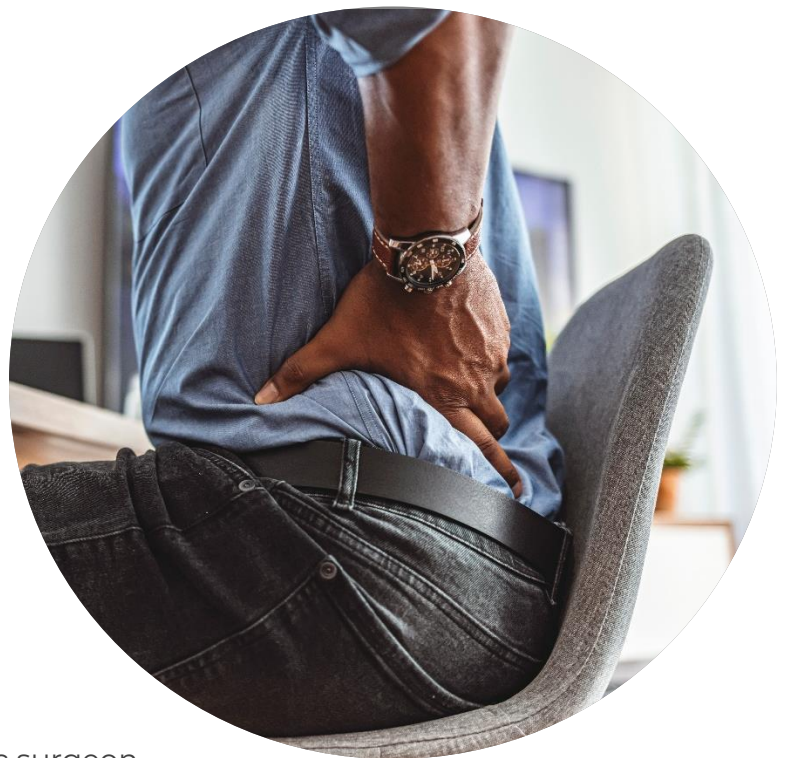
COEs include:

- Corewell Health Orthopedics
- Great Lakes Orthopaedic Group
- Michigan Orthopaedic Surgeons
- Munson Healthcare Orthopedic Institute
- Orthopaedic Associates of Michigan
- Orthopaedic Associates of Muskegon
- Shoreline Orthopaedics

This is an optional program. Members with the rider are still free to see their preferred orthopedic surgeon, even if the provider isn't included in the MSK COE. Their care will be covered according to their plan.

Benefits include reduced member cost share and travel cost coverage. Note that **prior authorization is still required**. Members covered by this rider will receive a proactive email outreach after applicable MRI claims. No action is needed by providers, including those included in the MSK COE.

The embedded travel rider covers IRS eligible travel expenses up to \$1,000 per contract year for Covered Services provided by a Priority Health Centers of Excellence Provider when a member travels more than 50 miles from their residence. Amounts reimbursed for travel expenses do not apply to member's deductible or out-of-pocket limit.



# Commercial group products

## Virtual physical therapy with Sword

Our new partnership with Sword Health®, taking effect Nov. 1, 2024, will provide Priority Health commercial group members (self-funded) whose employers purchase this optional service with access to digital physical therapy (PT) from the comfort and privacy of their home. Sword Health uses the first FDA-approved digital PT sensor technology to guide members as they perform their exercises, while providing them with real-time feedback and support from licensed PTs.

Note that this solution is primarily intended to supplement, not replace, the care provided by our in-network PTs. Utilization scenarios include:

- When members can't get a prompt appointment in a PT clinic
- When members need urgent PT triage
- When members need increased continuity in their PT treatment



You can check to see if your patient has access to Sword by clicking the Rehabilitative Medicine Services option on the Medical Benefits dropdown menu in prism's Member Inquiry.

## Carrot Fertility

To supplement our in-network fertility services, we're offering a buy-up and rider in partnership with Carrot Fertility® for inclusive and comprehensive support for fertility, family-forming and hormonal health journeys. The program, going into effect Jan. 1, 2025, offers members additional options for:

- Fertility treatment for those with or without a diagnosis of infertility
- Access to expert guidance, reliable education and support
- Pregnancy, postpartum and doula support
- Gestational surrogacy
- Adoption
- Menopause and low testosterone





# Commercial group products

## Carrot Fertility, continued

You can check to see if your patient has access to Carrot by clicking the Infertility Services/Family Planning option on the Medical Benefits dropdown menu in prism's Member Inquiry. Note that only Carrot Pro Rider coverage will be visible. Customers can call the customer service line listed on their card if they want know about Carrot Core Buy-Up coverage.

If the member has the Carrot Core Buy-Up, that includes:

- Access to the Carrot platform, with educational resources and 24/7 real-time expert support
- Support from the Carrot non-fertility provider network for adoption and surrogacy
- Access to the Carrot hormonal health network for menopause, low testosterone and gender-affirming care

If the member has the Carrot Pro Rider, they have all the benefits of the Carrot Core Buy-Up, plus these additional benefits:

- Enhanced fertility coverage for members with or without an infertility diagnosis, including egg freezing, assisted reproduction and artificial conception services
- Carrot non-medical coverage reimbursement for adoption, surrogacy and doula support
- Benefit allowance options, with lifetime maximums of \$15,000, \$25,000, \$40,000, \$50,000 or unlimited.

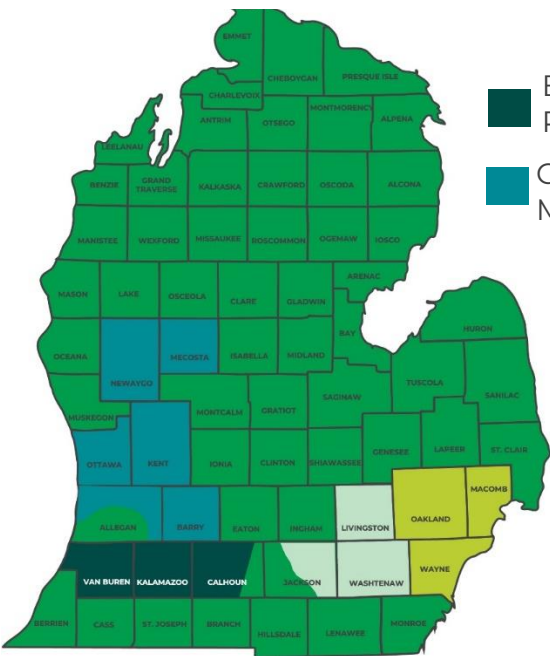
Members receive communications about buy-ups and riders such as this, including all details listed above.



# Individual (MyPriority) products

## Narrow network plan reminders

Narrow network plans are available to individuals and families under age 65 who purchase their own health plan coverage. See the map below for the locations of availability for these products.



- Bronson Healthcare Partners
- Corewell Health West Michigan Network
- Trinity Health East Network
- Southeast Michigan Network

All member ID cards will say “Narrow Network in the **Health Plan** field, such as in the sample card below.

**Contract number: 900000000-00**  
**Name: JOHN Q SAMPLE**  
**Group # and name: 200026 MY PRIORITY PPACA**  
**Health plan: Narrow Network - MyPriorityHMO Standard Silver Southeast Michigan Network**

**Dependents:**  
 900000000-01 SUZIE S SAMPLE  
 900000000-02 BRANDON J SAMPLE  
 900000000-03 OLIVIA M SAMPLE  
 900000000-04 PAIGE L SAMPLE

Deductible				Total out of pocket limits			
In-network		Out-of-network		In-network		Out-of-network	
Indiv.	Family	Indiv.	Family	Indiv.	Family	Indiv.	Family
\$0000	\$00000	N/A	N/A	\$0000	\$00000	N/A	N/A

[priorityhealth.com](http://priorityhealth.com)

MyPriority core benefit changes, effective Jan. 1, 2025

- MyPriority plans will change the medical policy requirement for bariatric counseling from 12 months to 6 months, per Michigan Association of Health Plans (MAHP) guidelines.
- All MyPriorityHMO broad and narrow network plans will cover 30 chiropractic/osteopathic care visits, including maintenance visits separate from the 30 combined visits for physical and occupational therapy.

# Individual (MyPriority) products

## Narrow network plan reminders, continued

See our [provider manual](#) for more information, including which exact physician groups and ancillary facilities are included in each narrow network. If you're a participating provider in a narrow network, you must refer to one of the hospitals listed below under the narrow network that you participate in (keep in mind some hospitals may still also be known by previous/legacy names):

### Bronson Healthcare Partners

- Bronson Battle Creek Hospital
- Bronson Lakeview Hospital
- Bronson Methodist Hospital
- Bronson South Haven Hospital

### Trinity Health East Network

- Trinity Health Ann Arbor Hospital
- Trinity Health Chelsea Hospital
- Trinity Health Livingston Hospital
- Trinity Health Livonia Hospital
- Trinity Health Oakland Hospital

### Corewell Health West Michigan Network

- Corewell Health Big Rapids Hospital
- Corewell Health Gerber Hospital
- Corewell Health Grand Rapids Hospitals – Blodgett
- Corewell Health Grand Rapids Hospitals – Butterworth
- Corewell Health Grand Rapids Hospitals – Helen DeVos Children's Hospital
- Corewell Health Greenville Hospital
- Corewell Health Ludington Hospital
- Corewell Health Pennock Hospital
- Corewell Health Reed City Hospital
- Corewell Health Zeeland Hospital

### Southeast Michigan Network

- Corewell Health Beaumont Grosse Pointe Hospital
- Corewell Health Beaumont Troy Hospital
- Corewell Health Dearborn Hospital
- Corewell Health Farmington Hills Hospital
- Corewell Health Taylor Hospital
- Corewell Health Trenton Hospital
- Corewell Health Wayne Hospital
- Corewell Health William Beaumont University Hospital
- Trinity Health Ann Arbor Hospital
- Trinity Health Chelsea Hospital
- Trinity Health Livingston Hospital
- Trinity Health Livonia Hospital
- Trinity Health Oakland Hospital

Use [Find a Doctor](#) to see which providers are in your patient's network for all other referrals.

# Priority Medicare products

## Benefit changes

We're streamlining our plan offerings going into 2025. Beginning January 1, we'll be offering four premium plans and six \$0 premium plans (including our dual-eligible special needs plan, or D-SNP). Here's an overview of some common aspects of our new Medicare plan offerings:

- **All plans now have \$0 PCP copays.**
- All \$0 premium plans except for Vintage and D-SNP will now have an in-network deductible. Most deductibles are less than a one-day inpatient hospital stay.
- Most plans will have lower physical, occupational and speech therapy copays.

## Wellness line

We're making two of our plans, Thrive and Thrive Plus, part of our new Wellness product line. The goal of Wellness plans is to provide members who are actively engaged in their health benefits that support preventive health measures. This includes:

- The Galleri® multi-cancer early detection test from GRAIL\*, offered every other year with copays
- No-cost annual skin checks and diagnostic mammograms
- Fitness memberships, including boutique gyms
- Even lower physical therapy copays
- A ThriveFlex card to use towards over-the-counter (OTC) items and fitness equipment, fitness facilities and nutrition support
- Low-to-no cost mental health visits
- A supplemental drug list to cover erectile dysfunction drugs



*\*Galleri is a multi-cancer early detection test that looks for a signal shared by 50+ types of cancer with a single blood test. Only five cancers have recommended screening tests. Using Galleri in addition to these tests can increase the chance of finding cancer early, to allow for earlier treatment.*

# Priority Medicare products

## Supplemental benefit changes

We're ending certain supplemental benefits on Jan. 1, 2025, including:

- Mobile health conversation recording with Abridge®
- Mental health activities with BrainHQ®
- Meal delivery with Mom's Meals® (although similar activities will be offered through CogniFit®)
- Social support services with Papa®

In addition, we're changing our vendor partnerships for many other supplemental benefits. See the table below for a partial list of supplemental benefits along with the associated vendor.

Supplemental Benefit	Medicare	Merit	Value	Thrive Plus	Edge	Key	Vital	Thrive	Vintage	D-SNP
Teladoc Health Mental Health®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
OTC only (Lynx®)	-	-	\$50/Q (1) \$25/Q (2-5)	\$50/Q	\$25/M	\$75/Q (1,2) \$45/Q (3/4) \$80/Q (5)	\$25/M	\$60/Q	-	-
Multiplan®	✓	✓	✓	✓	✓	✓	✓	✓	✓	-
Assist America®	✓	✓	✓	✓	✓	✓	✓	✓	✓	-
Optum®	✓	✓	✓	✓	✓	✓	✓	✓	-	Digital only
PERs (Connect America®)	-	-	-	-	-	-	-	-	-	✓
Caregiver Support (Caralle®)	-	-	-	-	✓	-	-	-	✓	✓
Transportation (Saferide®)	-	-	-	-	-	-	-	-	✓	✓
Flex Card (Lynx®)				\$50/Q OTC \$285/Year to use on fitness facilities, equipment and nutrition support				\$60/Q OTC \$185/Year to use on fitness facilities, equipment and nutrition support.		\$70/M to use on OTC, food, meals, select utilities and pest control

# Priority Medicare products

## Supplemental benefit changes, ctd.

A few additional notes on supplemental benefits changes:

- On Jan. 1, 2025, Medicare members will move from SilverSneakers® to **One Pass™**. This will apply to all plans except for Vintage, while D-SNP members will have access to a digital-only fitness experience.
- D-SNP, Edge and Vintage members will have unlimited caregiver support, as well as virtual support groups, through **Carallel®**.
- Through **SafeRide®**, D-SNP and Vintage members will have access to transportation services to and from related health locations, including up to 30 one-way trips per year, each limited to 100 miles. Trips don't need authorization, but they do need to be scheduled at least 48 hours before desired pickup time. Members can also submit for mileage reimbursement if they'd prefer to utilize their trip allowance this way.

## Inflation Reduction Act (IRA) changes

A few changes from the IRA are taking effect on Jan. 1, 2025. These include:

- The member's true out-of-pocket (TrOOP) limit for drug costs will drop to \$2,000. Once a member pays \$2,000, they will pay \$0 for drugs the remainder of the plan year.
- The new **Medicare Prescription Payment Plan (M3P)** allows some members the option to pay out-of-pocket prescription drug costs in monthly payments instead of all at once.



**#1 in Customer Satisfaction among Medicare Advantage Plans in Michigan**

# PriorityMedicare products

## Low-income subsidy (LIS) benefits

Do your Medicare patients qualify for [Extra Help](#)? The Centers for Medicare & Medicaid Services (CMS) offers assistance to Medicare members for prescription drug coverage known as the Low-Income Subsidy (LIS) or Extra Help. Many members who qualify for LIS routinely don't apply and receive it. You can help your Medicare patients afford the care they need by raising awareness of this program.

LIS was expanded as part of the Inflation Reduction Act in 2022. Medicare members who qualify can receive benefits up to and including:

- \$0 Medicare drug plan premium
- \$0 health plan deductible
- Paying no more than \$4.50 for each generic drug
- Paying no more than \$11.20 for each brand-name drug
- Paying \$0 for each covered drug once total drug costs (including certain payments made on the member's behalf, like through LIS) reach \$8,000

Care managers and other providers can help Medicare patients determine if they may qualify and apply for LIS benefits. More information and the link to the application can be found at [medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs).

## Annual requirement for Medicare providers



Providers play an integral role in the care teams that support our dual-eligible special needs (D-SNP) members. **That's why the Centers for Medicare and Medicaid Services (CMS) requires us to make sure providers who are contracted with us to see PriorityMedicare patients are trained on our Model of Care (MOC).**

[Complete D-SNP MOC training now](#)

All providers who are part of the Priority Health Medicare Advantage network need to complete training by **Dec. 31, 2024**. Don't wait; it only takes 15 minutes.