



Summary of Benefits

Dual Eligible Special Needs Plan

PriorityMedicare® D-SNP (HMO)

2026

Jan. 1, 2026–Dec. 31, 2026



This is a summary of the benefits that come with the Priority Health Medicare Dual Eligible Special Needs Plan (D-SNP).

Contact us

BY PHONE

Speak with Priority Health Medicare experts. From Oct. 1–Mar. 31, we're available seven days a week from 8 a.m.–8 p.m. ET.

From Apr. 1–Sept. 30, we're available Monday– Friday from 8 a.m.–8 p.m. and Saturday from 8 a.m.–noon ET.

Already a member?

Call 833.939.0983 (TTY 711)

Not a member yet?

Call 833.352.4364 (TTY 711)



ONLINE

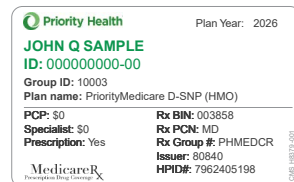
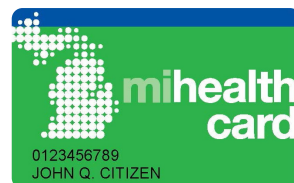
Visit priorityhealth.com/dsnp to learn more about our plans and how Medicare works.

Please note, this is a summary of the plan's benefits. It does not list every service we cover.

To see a full list of services we cover — including any limitations or exclusions — review your Evidence of Coverage (EOC) online at priorityhealth.com/dsnp or call our Customer Care team toll-free at 833.352.4364 (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**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 along with your Medicaid.

Be sure to show your Medicaid ID card and your Priority Health member ID card to let your doctor know 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 Tier 1 and Tier 2 drugs
- ✓ A monthly allowance to use toward over-the-counter items and, if eligible, personal care items, household supplies, healthy food and produce, pest control services, meal delivery services and select utilities¹
- ✓ Personal Emergency Response System (PERS) device and services
- ✓ Transportation for up to 30 one-way trips per year or mileage reimbursement. Up to 100 miles per trip.
- ✓ Emotional support with Teladoc Health Mental Health[®]
- ✓ Access to a the largest network of gyms and fitness centers through One Pass[®]
- ✓ Unlimited caregiver support that can help with social needs, housing insecurities and community resources through Carallel[®]

Eligibility

You are eligible to join the PriorityMedicare D-SNP if:

- You are enrolled in Medicare Parts A and B
- You are eligible for full Medicaid benefits
- You live in the **PriorityMedicare D-SNP** service area — which includes 58 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. We will, as required by CMS, check the status of your Medicaid eligibility as well as your dual eligibility category.

Your eligibility to enroll in this plan depends on your type of Medicaid. You can enroll in the **PriorityMedicare 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.

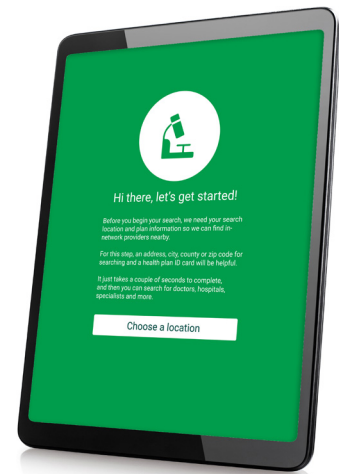
If you lose eligibility for one of the three Medicaid categories listed on the previous page, you will have a six-month grace period to achieve Medicaid redetermination. You will be allowed to remain in this plan, but you will be responsible for the cost-share of your Medicare benefits as described in 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.¹ 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 a Health Maintenance Organization (HMO) plan.

You'll need to choose an in-network primary care physician (PCP). You typically don't need a referral to see a specialist, but your PCP 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. To make an informed decision about your Medicare plan, review our provider/pharmacy directory. You generally need to use in-network pharmacies to fill your prescriptions for covered Part D drugs. 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**](https://prioritymedicare.com), or call the Customer Care number.



Get a free copy of the **2026 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 833.352.4364.

Premiums and Benefits**

Benefits ¹ and what you should know	Priority Medicare D-SNP (HMO)	Prior authorization may be required
Monthly Premium, Deductible and Limits		
Monthly plan premium	\$0 per month.	
Plan availability	Available in 58 counties in the lower peninsula of Michigan.	
Deductible	\$0 (there is no deductible)	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$0 (there is no maximum responsibility for covered medical services)	
Hospital		
Inpatient hospital coverage	\$0 per stay	✓
Outpatient hospital coverage Outpatient hospital Observation services	\$0 copay for each visit \$0 copay for each visit	✓
Ambulatory surgery center	\$0 copay for each visit	✓
Doctor Visits and Preventive Care		
Doctor visits Primary care physician (PCP) Specialist visit	\$0 copay for each office visit \$0 copay for each office visit	✓
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.	\$0 copay for each service A referral from your doctor may be required for some preventive services.	

Benefits ¹ and what you should know	Priority Medicare D-SNP (HMO)	Prior authorization may be required
Emergency and Urgent Care		
Emergency care This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.	\$0 copay for each visit	
Urgently needed services	\$0 copay for each visit	
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs		
Diagnostic services/labs/imaging Radiology/imaging Diagnostic tests and procedures Lab services Outpatient X-rays Radiation therapy	\$0 copay for each service \$0 copay for each service \$0 copay for each service \$0 copay for each service \$0 copay for each service	✓
Hearing / Dental / Vision		
Hearing services Medicare-covered diagnostic hearing exam Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues.	\$0 copay for each office visit	
Routine hearing coverage and hearing aids (TruHearing [®] provider) Routine hearing services and hearing aids must be received from a TruHearing [®] provider.	\$0 copay for one routine hearing exam, per year \$0 copay, for up to two (2) TruHearing [®] -branded 'Advanced' hearing aids, one per ear, every two years Benefit is limited to TruHearing-branded Advanced Aids, which come in various styles and colors. Hearing aid purchase includes: First year of follow-up provider visits 60-day trial period	

Benefits ¹ and what you should know	Priority Medicare D-SNP (HMO)	Prior authorization may be required
Hearing services (continued)	3-year extended warranty 80 batteries per aid	
Dental services Medicare-covered dental services Additional dental services Routine dental services provided by Delta Dental®.	\$0 copay for each visit \$1,500 annual maximum that applies for the following services: \$0 copay for two exams and two cleanings (regular or periodontal maintenance) and one fluoride treatment every year \$0 copay for one brush biopsy, one fluoride treatment and one set of bitewing x-rays every year \$0 copay for periapical radiographs as needed \$0 copay for radiographs (full-mouth or panoramic x-rays) once every 24 months.	✓
Vision services Medicare-covered services 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 Routine vision services must be provided by an EyeMed® “Select” provider.	\$0 copay for each visit \$0 copay for eyeglasses or contact lenses after cataract surgery \$0 copay for one routine exam each year (includes dilation and refraction as necessary) \$200 eyewear allowance per year	
Mental Health Services		
Inpatient visits We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	\$0 per stay	✓

Benefits ¹ and what you should know	Priority Medicare D-SNP (HMO)	Prior authorization may be required
Outpatient therapy (individual or group)	\$0 copay for each visit	
Skilled Nursing Facility (SNF)		
Skilled nursing facility	\$0 per stay	✓
Outpatient Rehabilitation Services		
Physical therapy, occupational therapy, and speech/language therapy	\$0 copay for each service	
Medical Transportation		
Ambulance	\$0 copay each way	✓
Transportation	\$0 copay for up to 30 one-way trips every year to or from health-related locations, up to 100 miles per one way trip, including mileage reimbursement.	
Medicare Part B Drugs		
Chemotherapy drugs	\$0 copay for each drug	✓
Other Part B drugs	\$0 copay for each drug	
Select home infusion drugs	\$0 copay for each drug	
Part B insulin	\$0 copay for each drug	

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

¹ 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 2026 is \$9,250. What you pay for Medicare-covered benefits (deductibles, copayments or coinsurance) count toward this maximum out of pocket amount. See your Evidence of Coverage for more detail on your cost-share in the grace period.

Prescription Drug Benefits

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, no matter what cost-sharing tier it's on.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply and no more than \$105 for a three-month supply of each insulin product covered by our plan, no matter what cost sharing tier it's on.

	PriorityMedicare D-SNP (HMO)
Annual prescription deductible	\$615 ¹ (tiers 3-5)
Tier 1 (Preferred generic)	\$0
Tier 2 (Generic)	\$0
Tier 3 (Preferred brand) ¹	25%
Tier 4 (Non-preferred drug) ¹	25%
Tier 5 (Specialty) ¹⁺²	25%

¹ If you receive Extra Help, your cost-share will be less.

² 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.*

Additional Benefits

Benefits and what you should know	Priority Medicare D-SNP (HMO)	Prior authorization may be required
Additional Benefits		
Acupuncture	Medicare-covered acupuncture for lower chronic back pain \$0 copay per service Non-Medicare-covered routine acupuncture for other conditions \$0 copay per visit (limit 6 visits every year)	
Caregiver Support 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. Carallel also offers online tools and resources that provide personalized support tailored to your unique situation.	\$0 copay for unlimited hours of caregiver support provided by Carallel®.	
Chiropractic services	Medicare-covered care \$0 copay for each service Non-Medicare-covered routine care \$0 copay for each visit (limit 24 per year) \$0 copay for X-ray services performed once per year	
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 training over 20 cognitive skills that we use daily such as working memory, perception, attention, reasoning and coordination.	

Benefits and what you should know	PriorityMedicare D-SNP (HMO)	Prior authorization may be required
Diabetes self-management training Diabetic test strips are limited to Contour products when dispensed by a retail pharmacy or mail-order pharmacy.	Diabetes monitoring supplies, self-management training and shoes or inserts: \$0 copay for diabetic services and supplies	
Dialysis	\$0 copay for each service	
Home health care	\$0 copay for each Medicare-covered service	
Hospice	\$0 copay for initial hospice consultation	
Medical equipment and supplies Examples include diabetic supplies (shoes/inserts, diabetic test strips), durable medical equipment (wheelchairs, oxygen, insulin pumps) and prosthetic devices (braces, artificial limbs).	Durable medical equipment: \$0 copay for each item Prosthetics: \$0 copay for each item	
One Pass® Fitness membership	\$0 copay 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. One Pass® includes: • Access to the largest nationwide network of gyms and fitness locations • Live, digital fitness classes and on-demand workouts • Online brain training to improve your memory and focus (see CogniFit® for more information)	
Outpatient substance abuse services	Outpatient therapy (individual or group): \$0 copay for each visit	
Personal Emergency Response Services (PERS)	\$0 copay for Personal Emergency Response System (PERS) device and services.	

Benefits and what you should know	PriorityMedicare D-SNP (HMO)	Prior authorization may be required
Podiatry services	Medicare-covered podiatry: \$0 copay for each visit \$0 copay for nail debridement and callous removal for members with specific conditions (up to 6 of each) Non-Medicare covered routine podiatry (up to 6 visits/services): \$0 copay for each routine visit, routine nail debridement or callous removal service	
PriorityFlex Shop in store for eligible OTC items, home and bathroom safety devices and modifications, personal care items and household supplies at participating stores (Walmart, Kroger, Walgreens, CVS, Walmart and more). OTC items may also be purchased online at <u>priorityhealth.com/shopOTC</u> , by calling 833.415.4380 or by downloading the Priority Health OTC app. To order meals and schedule pest control services online at <u>priorityhealth.com/shopOTC</u> by calling 833.415.4380, or by downloading the Priority Health app. Utilities can be paid for as you would with any other Mastercard. * Members must qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) to receive all benefits outside of OTC/ home and bathroom safety devices and	\$70 allowance every 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, personal care items, household supplies, meal delivery and over-the-counter (OTC) items. ¹	

Benefits and what you should know	PriorityMedicare D-SNP (HMO)	Prior authorization may be required
modifications. See your Evidence of Coverage for more information.		
Rehabilitation services Cardiac rehabilitation services Pulmonary rehabilitation and supervised exercise therapy (SET) services	\$0 copay for each service \$0 copay for each service	
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.	\$0 copay virtual visits with primary care, specialist and behavioral health providers Available 24/7, virtual visits let you see a provider for, and get treatment for, non-emergency care	

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.

	PriorityMedicare D-SNP (HMO)	Medicaid state plan
Outpatient Care Services		
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

	Priority Medicare D-SNP (HMO)	Medicaid state plan
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
Transportation (Non-Emergency Medical Transportation Services)	Covered	Covered
Urgently needed services	Covered	Covered
Vision Services	Covered	Covered
Inpatient Care		
Inpatient hospital care	Covered	Covered
Inpatient mental health	Covered	Covered through Community Mental Health Services program
Skilled nursing facility (SNF)	Covered	Covered
Prescription Drug Benefits		
Prescription drugs	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 833.352.4364 from 8 a.m. to 8 p.m. ET, 7 days a week (TTY 711).

Understanding the Benefits

-  The Evidence of Coverage (EOC) provides a full 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 833.352.4364 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 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 is in network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
-  Review the approved drug list to make sure your drugs are covered.

Understanding Important Rules

-  Rules, benefits, premiums and/or copayments/coinsurance may change on January 1, 2027.
-  Except in emergency or urgent situations, we do not cover services by out-of-network providers.
-  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 any of the plan(s) below. (This does not include any Medicare Part B premium you may have to pay.)

- **PriorityMedicare® 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 Care at 833.939.0983 (TTY 711) seven days a week from 8 a.m. – 8 p.m. ET. From Apr. 1 – Sept. 30, we're available Mon. – Fri. from 8 a.m. – 8 p.m. and Sat. 8 a.m. – noon ET.

Notes

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¹Benefit mentioned is part of a special supplemental benefit for chronically ill members with one of the following conditions: diabetes, chronic obstructive pulmonary disease (COPD), arrhythmias, depression, heart failure, prostate/breast/other cancers and bipolar disorder. This is not a complete list of qualifying conditions. Even if you have a qualifying condition, you will not necessarily qualify to receive the benefit because coverage of the item or service depends on if you are chronically ill as defined by CMS and meet all applicable eligibility requirements. To see if you qualify, contact our Customer Care team by calling 833.939.0983 (TTY 711).

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 a 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.