

2026

## Annual Notice of Changes

**Priority**Medicare® Dual Premier (HMO D-SNP)  
offered by Priority Health

**January 1, 2026 – December 31, 2026**

## PriorityMedicare Dual Premier (HMO D-SNP) offered by Priority Health

# Annual Notice of Change for 2026

## Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to your benefits, coverage, and costs. This Annual Notice of Change tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [priorityhealth.com/dual26](http://priorityhealth.com/dual26). You can also call Customer Care at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

## Additional resources

- **You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call Customer Care at 833.939.0983 (TTY: 711). 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 Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.-noon ET. The call is free.**

Our plan can also give you your important plan materials in languages other than English and in formats such as large print, braille, or audio. To get your important plan materials in one of these alternative formats, you can submit a request using any of the following methods:

- Contact our Customer Care team by calling 833.939.0983 (TTY: 711). 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 Mon.– Fri. from 8 a.m.–8 p.m. and Sat. 8 a.m.-Noon ET.
- Create and log in to your member account at [member.priorityhealth.com](http://member.priorityhealth.com) to send us a secure message.
- Send a written request to Priority Health  
1231 East Beltline Ave. NE  
MS: 1175  
Grand Rapids, MI 49525

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OMB Approval 0938-1444 (Expires: June 30, 2026)



**If you have questions**, please call **PriorityMedicare Dual Premier** at Customer Care at 833.939.0983 (TTY: 711). From 10/1–3/31, we're available seven days a week from 8 a.m.–8 p.m. ET. From 4/1–9/30, we're available Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.–noon ET. This call is free. **For more information**, visit [priorityhealth.com/dual26](http://priorityhealth.com/dual26).

Upon receiving your request, unless you indicate this is a one-time need, we will continue to send future mailings and communications in the preferred language and/or format. If at any time you would like to update or change your preferred preferences, you can use any of the above contact methods.



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## A. Disclaimers

Coverage under this Plan qualifies as Qualifying Health Coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [irs.gov/Affordable-Care-Act/Individuals-and-Families](https://irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

Priority Health is a health plan that has a D-SNP HMO plan with a Medicare contract and a contract with the State Medicaid program to provide benefits of both programs to enrollees. Enrollment depends on contract renewal.

<sup>1</sup>Help with certain chronic conditions 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)

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## B. Reviewing your Medicare and Michigan Medicaid (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Michigan Medicaid programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Michigan Medicaid and options in **Section G2**.

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## B1. Information about PriorityMedicare Dual Premier (HMO D-SNP)

- **Priority Health** is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means **PriorityMedicare Dual Premier**.

## B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit changes to make sure they’ll work for you next year.
  - Refer to **Section E1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section E2** for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
    - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?



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- Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

#### **If you decide to stay with PriorityMedicare Dual Premier:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in **PriorityMedicare Dual Premier**.

#### **If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

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## **C. Changes to our plan name**

On January 1, 2026, our plan name changes from **PriorityMedicare D-SNP** (HMO D-SNP) to **PriorityMedicare Dual Premier** (HMO D-SNP).

There is nothing you need to do, you will receive a new ID card before January 1, 2026, and can begin using your plan as you normally would.

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## **D. Changes to our network providers and pharmacies**

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies.

Our provider and pharmacy network has changed for 2026.



**If you have questions**, please call **PriorityMedicare Dual Premier** at Customer Care at 833.939.0983 (TTY: 711). From 10/1–3/31, we're available seven days a week from 8 a.m.–8 p.m. ET. From 4/1–9/30, we're available Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.–noon ET. This call is free. **For more information**, visit [priorityhealth.com/dual26](https://priorityhealth.com/dual26).

**Please review the 2026 *Provider and Pharmacy Directory*** to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [priorityhealth.com/dual26](https://priorityhealth.com/dual26). You may also call Customer Care at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Customer Care at the number at the bottom of the page for help.

## E. Changes to benefits for next year

### E1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
<b>Deductible</b>	<p>\$420, except for insulin furnished through an item of durable medical equipment.</p> <p>If you are eligible for Medicare-cost sharing help under Medicaid, you pay \$0.</p>	<p>\$545, except for insulin furnished through an item of durable medical equipment.</p> <p>If you are eligible for Medicare-cost sharing help under Medicaid, you pay \$0.</p>
<b>Maximum out-of-pocket amount</b>	<p>\$9,350</p> <p>If you are eligible for Medicare-cost sharing help under Medicaid, you are not responsible for any out-of-pocket costs towards the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$9,250</p> <p>If you are eligible for Medicare-cost sharing help under Medicaid, you are not responsible for any out-of-pocket costs towards the maximum out-of-pocket amount for covered Part A and Part B services.</p>

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	2025 (this year)	2026 (next year)
<b>Diabetic self-management training, diabetic services, and supplies</b>	\$0 copay for diabetic test strips limited to JJHCS (One Touch) and Bayer (Contour) products when dispensed by a retail or mail-order pharmacy.	\$0 copay for diabetic test strips limited to Bayer (Contour) products dispensed by a retail or mail-order pharmacy.
<b>Fitness</b>	\$0 copay for digital fitness experience provided by One Pass®	\$0 copay for in-person and digital fitness access provided by One Pass®.
<b>Memory Fitness (CogniFit®)</b>	Memory fitness is not covered.	\$0 copay for CogniFit®, online brain training to help improve memory and focus.
<b>Non-Medicare covered dental</b>	\$1,500 per year to use towards two cleanings, two exams, periodontal maintenance, bitewing x-rays, periapical radiographs and one fluoride treatment per year.	Non-Medicare covered dental is not covered.
<b>Non-Medicare covered hearing aids</b>	\$0 copay for two 'Advanced' aids from TruHearing, one per ear, every two years.	\$0 copay for two 'Advanced' aids from TruHearing, one per ear, every three years.
<b>PriorityFlex</b>	\$70 per month, no rollover to use towards over-the-counter (OTC) items, home and bathroom safety devices and modifications, select utilities, pest control, meal delivery	\$96/M (Barry County) or \$70/M (all other counties), no rollover (depending on your region) to use towards over the counter (OTC) items, home and bathroom safety devices and modifications.



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	2025 (this year)	2026 (next year)
	<p>and healthy food and produce.</p> <p>*Member must receive Extra Help to be eligible for benefits.</p>	<p>Additional benefits may be available under benefit <b>Help with certain chronic conditions</b><sup>1</sup></p>
<b>Help with certain chronic conditions</b> <sup>1</sup>	<p>Help with certain chronic conditions is not covered.</p>	<p><b>Help with certain chronic conditions</b> is a Special Supplemental Benefit for the Chronically Ill (SSBCI).</p> <p>If you qualify, you may use your PriorityFlex card monthly allowance towards select utilities, pest control, meal delivery, healthy food and produce, personal care items and household supplies.</p> <p>To qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) you must be diagnosed with one or more of the qualifying chronic condition(s), be at high risk for hospitalization or other adverse health outcomes and require intensive care coordination. To see a full list of qualifying chronic conditions, visit <a href="https://priorityhealth.com/dual26">priorityhealth.com/dual26</a>.</p>
<b>Inpatient hospital care</b>	\$1,800 copay per stay	\$2,000 copay per stay



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	2025 (this year)	2026 (next year)
	If you receive Medicare cost-sharing help through Medicaid, you pay \$0	If you receive Medicare cost-sharing help through Medicaid, you pay \$0
<b>Inpatient services in a psychiatric hospital</b>	\$1,800 copay per stay  If you receive Medicare cost-sharing help through Medicaid, you pay \$0	\$2,000 copay per stay  If you receive Medicare cost-sharing help through Medicaid, you pay \$0
<b>Transportation</b>	30 one-way trips to health-related locations up to 100 miles each way.	Transportation is not covered.
<b>Value Based Insurance Design (VBID) Model</b>	Members who qualified based on having Low Income Subsidy (LIS), also referred to as Extra Help, then you have access to:  Use your PriorityFlex card monthly allowance towards healthy food and produce, meal delivery, pest control services and select utilities.	VBID model is not covered.

## E2. Changes to drug coverage

### Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at [priorityhealth.com/dual26](https://priorityhealth.com/dual26). You may also call Customer Care at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.



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We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Customer Care at the numbers at the bottom of the page or contact your care coordinator to ask for a *List of Covered Drugs* that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
  - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Customer Care at the numbers at the bottom of the page.
  - If you need help asking for an exception, contact Customer Care or your care coordinator. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.
- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.



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- This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
- When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Current formulary exceptions may still be covered next year. Please refer to your approval notices for expiration dates.

### Changes to drug costs

There are three payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the three stages:

Stage 1 Deductible Stage	Stage 2 Initial Coverage Stage	Stage 3 Catastrophic Coverage Stage
<p>During this stage, you pay the full cost of drugs until you've reached the yearly Deductible.</p> <p>You begin this stage when you fill your first prescription of the year.</p> <p>In 2025, the deductible amount was \$590 for all drugs. In 2026, the deductible amount is \$615 for drugs on Tiers 3-5.</p> <p>If you qualify for Extra Help, this stage does not apply to you.</p>	<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2026.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>



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The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches \$2,100. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don't count toward out-of-pocket costs.

### **E3. Stage 2: "Initial Coverage Stage"**

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

**We moved some of the drugs on our *Drug List* to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our five drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

For information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions go to **Chapter 6, Section D** of your *Member Handbook*.



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	2025 (this year)	2026 (next year)
<p><b>Drugs in Tier 1</b></p> <p><i>(2025: All Drugs 2026: Preferred Generic Drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy</p>	<p>Your coinsurance for a one-month (30-day) supply is 25%</p> <p>Your copay for a one-month (30-day) supply for each covered insulin product is \$35.</p> <p>Your coinsurance for a one-month (30-day) mail-order prescription is 25%.</p> <p>Members who qualify based on having Low Income Subsidy (LIS), also referred to as Extra Help: your cost share for all covered drugs is \$0.</p>	<p>Your copay for a one-month (30-day) supply is \$0.</p> <p>30-day supply of insulin is not covered on Tier 1.</p> <p>Your copay for a one-month (30-day) supply mail-order prescription is \$0.</p>
<p><b>Drugs in Tier 2</b></p> <p><i>(Generic Drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy</p>	<p>In 2025, all drugs were covered under Tier 1.</p>	<p>Your copay for a one-month (30-day) supply is \$0.</p> <p>30-day supply of insulin is not covered on Tier 2.</p> <p>Your copay for a one-month (30-day) supply mail-order prescription is \$0</p>



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	2025 (this year)	2026 (next year)
<p><b>Drugs in Tier 3</b> (<i>Preferred Brand Drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy</p>	<p>In 2025, all drugs were covered under Tier 1.</p>	<p>Your coinsurance for a one-month (30-day) supply is 25%</p> <p>Your copay for a one-month (30-day) supply for each covered insulin product is \$35.</p> <p>Your coinsurance for a one-month (30-day) mail-order prescription is 25%.</p> <p>Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>
<p><b>Drugs in Tier 4</b> (<i>Non-Preferred Drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy</p>	<p>In 2025, all drugs were covered under Tier 1.</p>	<p>Your coinsurance for a one-month (30-day) supply is 25%</p> <p>Your copay for a one-month (30-day) supply for each covered insulin product is \$35.</p> <p>Your coinsurance for a one-month (30-day) mail-order prescription is 25%.</p> <p>Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>



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	2025 (this year)	2026 (next year)
<b>Drugs in Tier 5</b> <i>(Specialty Drugs)</i>  Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	In 2025, all drugs were covered under Tier 1.	Your coinsurance for a one-month (30-day) supply is 25%  Your copay for a one-month (30-day) supply for each covered insulin product is \$35.  Your coinsurance for a one-month (30-day) mail-order prescription is 25%.  Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,100**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

#### E4. Stage 3: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$2,100** for your drugs, the Catastrophic Coverage Stage begins, and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6, Section E**.

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## F. Administrative changes

On January 1, 2026, Priority Health Medicare will be closing the plan you are on and moving you to **PriorityMedicare Dual Premier (HMO D-SNP)**, a highly integrated dual eligible special needs plan that integrates Medicare, Priority Health Medicaid and long-term services and support (LTSS). There is nothing you need to do. The information in this document tells you

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**If you have questions**, please call **PriorityMedicare Dual Premier** at Customer Care at 833.939.0983 (TTY: 711). From 10/1–3/31, we're available seven days a week from 8 a.m.–8 p.m. ET. From 4/1–9/30, we're available Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.–noon ET. This call is free. **For more information**, visit [priorityhealth.com/dual26](https://priorityhealth.com/dual26).

about the differences between your current benefits in **PriorityMedicare D-SNP (HMO D-SNP)** and the benefits you will have on January 1, 2026, as a member of **PriorityMedicare Dual Premier (HMO D-SNP)**.

**If you do nothing in 2026, we will automatically enroll you in our PriorityMedicare Dual Premier (HMO D-SNP).** This means starting January 1, 2026, you will be getting your medical and prescription drug coverage through **PriorityMedicare Dual Premier (HMO D-SNP)**. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2026.

	2025 (this year)	2026 (next year)
<b>Medicare Prescription Payment Plan</b>	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December).	The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit <a href="http://www.medicare.gov/">www.medicare.gov/</a> .

## G. Choosing a plan

### G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

### G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Michigan Medicaid MICH plan, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

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- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Michigan Medicaid or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

### Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.



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**If you have questions**, please call **PriorityMedicare Dual Premier** at Customer Care at 833.939.0983 (TTY: 711). From 10/1–3/31, we're available seven days a week from 8 a.m.–8 p.m. ET. From 4/1–9/30, we're available Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.–noon ET. This call is free. **For more information**, visit [priorityhealth.com/dual26](https://priorityhealth.com/dual26).

<p><b>1. You can change to:</b></p> <p><b>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan if you qualify.</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 877.264.7223.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the <i>Michigan Medicare Assistance Program at 1.800.803.7174, Monday – Friday 8 a.m. to 5 p.m.</i> For more information or to find a local Michigan Medicare Assistance Program office in your area, please visit <a href="http://thesenioralliance.org">thesenioralliance.org</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new integrated D-SNP.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins. You can also contact the plan you wish to enroll in directly.</p>
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**If you have questions**, please call **PriorityMedicare Dual Premier** at Customer Care at 833.939.0983 (TTY: 711). From 10/1–3/31, we're available seven days a week from 8 a.m.–8 p.m. ET. From 4/1–9/30, we're available Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.–noon ET. This call is free. **For more information**, visit [priorityhealth.com/dual26](http://priorityhealth.com/dual26).

<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare drug plan</b></p> <p><b>To apply for Medicaid, complete an application online at <a href="http://www.michigan.gov/mibridges">www.michigan.gov/mibridges</a>.</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the <i>Michigan Medicare Assistance Program</i> at 1.800.803.7174, Monday – Friday 8 a.m. to 5 p.m. For more information or to find a local Michigan Medicare Assistance Program office in your area, please visit <a href="http://thesenioralliance.org">thesenioralliance.org</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>
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**If you have questions**, please call **PriorityMedicare Dual Premier** at Customer Care at 833.939.0983 (TTY: 711). From 10/1–3/31, we're available seven days a week from 8 a.m.–8 p.m. ET. From 4/1–9/30, we're available Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.–noon ET. This call is free. **For more information**, visit [priorityhealth.com/dual26](http://priorityhealth.com/dual26).

<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare drug plan</b></p> <p><b>To apply for Medicaid, complete an application online at <a href="http://www.michigan.gov/mibridges">www.michigan.gov/mibridges</a>.</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the <i>Michigan Medicare Assistance Program at 1.800.803.7174, Monday – Friday 8 a.m. to 5 p.m.</i></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the <i>Michigan Medicare Assistance Program at 1.800.803.7174, Monday – Friday 8 a.m. to 5 p.m.</i> For more information or to find a local Michigan Medicare Assistance Program office in your area, please visit <a href="http://thesenioralliance.org">thesenioralliance.org</a>.</li> </ul> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>
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**If you have questions**, please call **PriorityMedicare Dual Premier** at Customer Care at 833.939.0983 (TTY: 711). From 10/1–3/31, we're available seven days a week from 8 a.m.–8 p.m. ET. From 4/1–9/30, we're available Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.–noon ET. This call is free. **For more information**, visit [priorityhealth.com/dual26](http://priorityhealth.com/dual26).

<p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Annual Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in <b>Section A</b>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 855.445.4554</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the <i>Michigan Medicare Assistance Program at 1.800.803.7174, Monday – Friday 8 a.m. to 5 p.m.</i> For more information or to find a local Michigan Medicare Assistance Program office in your area, please visit <a href="http://thesenioralliance.org">thesenioralliance.org</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p>
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## Your Michigan Medicaid services

For questions about how to get your Michigan Medicaid services after you leave our plan, contact the Beneficiary Help Line: 1-800-642-3195 or [beneficiarysupport@michigan.gov](mailto:beneficiarysupport@michigan.gov). For more information log on to [www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/support](http://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/support). Ask how joining another plan or returning to Original Medicare affects how you get your Michigan Medicaid coverage.



**If you have questions**, please call **PriorityMedicare Dual Premier** at Customer Care at 833.939.0983 (TTY: 711). From 10/1–3/31, we're available seven days a week from 8 a.m.–8 p.m. ET. From 4/1–9/30, we're available Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.–noon ET. This call is free. **For more information**, visit [priorityhealth.com/dual26](http://priorityhealth.com/dual26).

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## H. Getting help

### H1. Our plan

We're here to help if you have any questions. Call Customer Care at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

#### **Read your *Member Handbook***

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2026 will be available by October 15. You can also review the *Member Handbook* to find out if other benefit or cost changes affect you. An up-to-date copy of the *Member Handbook* is available on our website at [priorityhealth.com/dual26](http://priorityhealth.com/dual26). You may also call Customer Care at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026.

#### **Our website**

You can visit our website at [priorityhealth.com/dual26](http://priorityhealth.com/dual26). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

### H2. Michigan Medicare/Medicaid Assistance Program (MMAP)

You can also call the state health insurance program (SHIP). In Michigan the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP) help you understand your plan choices and answer questions about switching plans. Michigan Medicare/Medicaid Assistance Program isn't connected with us or with any insurance company or health plan. Michigan Medicare/Medicaid Assistance Program has trained counselors every county and services are free. Michigan Medicare/Medicaid Assistance Program phone number is 800.803.7174.

### H3. The MICH Ombudsman

The MICH Ombudsman (MO) serves as an advocate and problem-solver for people enrolled in Michigan's MICH program. MO isn't connected with any insurance company or health plan and all of its services are free and it keeps all information confidential. Call the MO if you have trouble or delay with your MICH plan providing medical care, services, equipment, other benefits, or with the quality of care. MO can also help you learn about MICH and options for care in the community, including your rights. You can call MO if your MICH plan has denied medical care, services, equipment, or other benefits - including help with appeals.

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**If you have questions**, please call **PriorityMedicare Dual Premier** at Customer Care at 833.939.0983 (TTY: 711). From 10/1–3/31, we're available seven days a week from 8 a.m.–8 p.m. ET. From 4/1–9/30, we're available Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.–noon ET. This call is free. **For more information**, visit [priorityhealth.com/dual26](http://priorityhealth.com/dual26).





**Contact us at our toll-free hotline at: 1-888-746-6456**

#### **H4. Medicare**

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

#### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

#### **Medicare & You 2026**

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

#### **H5. Michigan Medicaid**

Michigan Medicaid is a health care program that provides comprehensive health care services to low income adults and children. Services covered by Medicaid are offered through what's called fee-for-service or through Medicaid Health Plans:

- Fee-for-service is the term for Medicaid paid services that aren't provided through a health plan. This means that Medicaid pays for the service. People under fee-for-service will use the [MIhealth](#) card to receive services.



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**If you have questions**, please call **PriorityMedicare Dual Premier** at Customer Care at 833.939.0983 (TTY: 711). From 10/1–3/31, we're available seven days a week from 8 a.m.–8 p.m. ET. From 4/1–9/30, we're available Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.–noon ET. This call is free. **For more information**, visit [priorityhealth.com/dual26](http://priorityhealth.com/dual26).

- Additional information regarding MIhealth can be found by accessing the following website <https://www.michigan.gov/mdhhs/assistance-programs/healthcare/adults/quicklinks/the-mihealth-card>.
- Most people must join a health plan. The health plan pays for most of the services. For people that need to join a health plan, Michigan Enrolls will send a letter with more information. After enrollment with a health plan, both the MIhealth card and the health plan card are needed to access services. For additional information regarding joining a health plan, please visit the following website [https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder2/Folder14/Folder1/Folder114/MHP\\_Service\\_Area\\_Listing.pdf?rev=fe2f344f7c46481fb39eb034a8601cd5&hash=D59C718240AE79F1F708D4103AD823A8](https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder2/Folder14/Folder1/Folder114/MHP_Service_Area_Listing.pdf?rev=fe2f344f7c46481fb39eb034a8601cd5&hash=D59C718240AE79F1F708D4103AD823A8).

## Costs

Enrollees don't have to pay the full cost of covered services; however, a small amount called a co-pay may be required. People age 21 and older may have a co-pay for the services listed in the Beneficiary Co-Payment Requirements. To see a list of co-pay amounts in this chart, please visit [https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder60/WebCo-PayTable\\_11-02-06.pdf?rev=39dfeae1839e4434b66f503f84d63e45&hash=18CE85BF53B120E81739BD1F781CE2B8](https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder60/WebCo-PayTable_11-02-06.pdf?rev=39dfeae1839e4434b66f503f84d63e45&hash=18CE85BF53B120E81739BD1F781CE2B8).

## H6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [www.Medicare.gov](http://www.Medicare.gov).



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**If you have questions**, please call **PriorityMedicare Dual Premier** at Customer Care at 833.939.0983 (TTY: 711). From 10/1–3/31, we're available seven days a week from 8 a.m.–8 p.m. ET. From 4/1–9/30, we're available Mon. – Fri. from 8 a.m.– 8 p.m. and Sat. 8 a.m.–noon ET. This call is free. **For more information**, visit [priorityhealth.com/dual26](http://priorityhealth.com/dual26).



**Hindi (हिंदी)** - ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 800.942.0954 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

**Italian (Italiano)** - ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'800.942.0954 (TTY: 711) o parla con il tuo fornitore.

**Japanese (日本語)** - 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。800.942.0954 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

**Korean (한국어)** - 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800.942.0954 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Polish (Polski)** - UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 800.942.0954 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

**Russian (Русский)** - ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800.942.0954 (TTY: 711) или обратитесь к своему поставщику услуг.

**Serbian (Srpski)** - ПАЖЊА: Ако говорите језиком који није енглески, доступне су вам услуге бесплатне помоћи у вези језика. Одговарајућа помоћна средства и услуге ради пружања информација у приступачном формату су такође доступни без накнаде. Позовите 800.942.0954 (TTY: 711) или разговарајте са пружаоцем услуга.

**Spanish (Español)** - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800.942.0954 (TTY: 711) o hable con su proveedor.

**Tagalog** - PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800.942.0954 (TTY: 711) o makipag-usap sa iyong provider.

**Urdu (اردو)** - توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں 800.942.0954 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

**Vietnamese (Tiếng Việt)** - LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800.942.0954 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Source: lep.gov and cms.gov Last updated: May 2025

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