Summary of benefits

This booklet gives you a summary of the benefits you can expect when you choose a **Priority**Medicare® Advantage with Part D (HMO-POS)

PriorityMedicare® Advantage with Part D (HMO-POS)

University of Michigan Nurses Union (LTD)

January 1, 2027 – December 31, 2027

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

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Overview of In-Network Benefits

Plan premium, deductible, part B rebate and maximum out-of-pocket (MOOP)	
Monthly plan premium (Part C and D premium combined)	Contact benefit administrator
Part B rebate	Not applicable
Deductible	$0
Maximum out-of-pocket responsibility (MOOP)	$3,000

Medical and hospital benefits	
Benefit	Your in-network costs
Inpatient Hospital (unlimited number of days covered by plan)	$0 copay
Outpatient Hospital	$0 copay
Ambulatory surgical center (ASC)	$0 copay

Primary Care provider (PCP), specialist, virtual and palliative care visits	
Benefit	Your in-network costs
PCP	$10 copay
Specialist	$10 copay
Virtual visits	$0 copay
Palliative care visit	$0 copay

Prior authorization may apply for some benefits. Contact the plan for more information.

Preventive services	
Preventative services covered but not limited to:	Your in-network costs - $0 copay for benefits listed below
• Abdominal Aortic Aneurysm Screening • Annual preventative physical exam - (Free to talk and anytime within the calendar year) • Annual wellness visit (Free to talk and anytime within the calendar year) • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training	• Hepatitis C screening • HIV screening • Immunizations • Medical nutrition therapy • Medicare diabetes prevention program • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with dose computed tomography • Screenings for sexually transmitted infections • Smoking and tobacco use cessation • Glaucoma screening • Annual diabetic retinopathy screening • Welcome to Medicare preventative visit

Emergency and urgent care	
Benefit	Your in- and out-of-network costs
Emergency care	$65 copay
Urgently needed services	$10 copay

Prior authorization may apply for some benefits. Contact the plan for more information.

Diagnostic services, x-rays, labs	
Benefit	Your in-network costs
Labs	$0 copay
Anticoagulant labs	$0 copay
Outpatient diagnostic tests/procedures	$0 copay
Diagnostic radiology	$0 copay
X-rays	$0 copay

Hearing services	
Benefit	Your in-network costs
Diagnostic exam	$10 copay
Routine exam	$0 copay
Hearing aids	Covered up to $2707 every three years for both ears Covered up to $1507 every three years for single

Dental services	
Benefit	Your in-network costs
Dental services	Medicare-covered: $10 copay with a PCP $10 copay with a specialist $0 copay in an outpatient hospital or ambulatory surgical center Routine dental: Not covered

Prior authorization may apply for some benefits. Contact the plan for more information.

Vision services	
Benefit	Your in-network costs
Diagnostic exam	$20 copay
Routine exam	$20 copay
Eyewear allowance	$0 copay for Medicare-covered eyewear following a cataract surgery.

Mental health services	
Benefit	Your in-network costs
Inpatient mental health	$0 copay
Outpatient mental health (individual or group)	$10 copay for group, $10 copay for individual
Outpatient substance abuse (individual or group)	$0 copay for group, $0 copay for individual

Skilled Nursing Facility (SNF)	
Benefit	Your in-network costs
Skilled Nursing Facility (SNF)	$0 copay

Rehabilitation services	
Benefit	Your in-network costs
Outpatient rehabilitation services (Physical, Occupational and Speech therapy)	$10 copay

Prior authorization may apply for some benefits. Contact the plan for more information.

Ambulance services	
Benefit	Your in- and out-of-network costs
Ambulance services covered by Original Medicare	$10 copay
Ambulance stabilization when there is no transport	$10 copay

Transportation	
Benefit	Your in-network costs
Transportation	Not covered

Part B drugs	
Benefit	Your in-network costs
Chemotherapy drugs	$0 Copay
Part B drugs Obtained in a provider's office or outpatient setting	$0 Copay
Part B drugs Obtained in a pharmacy or by mail order service	$0 Copay
Part B Insulin	$0 Copay

Prior authorization may apply for some benefits. Contact the plan for more information.

Part D prescription drug benefits

Prescription drug deductible: $0

Standard retail pharmacy		
Benefit	30-day	90-day
Tier 1 (Generic)**	$7 copay	$21 copay
Tier 2 (Preferred brand, Specialty*)	$15 copay	$30 copay
Tier 3 (Non-preferred-brand drug)	$30 copay	$90 copay

Mail order		
Benefit	30-day	90-day
Tier 1 (Generic)	$7 copay	$14 copay
Tier 2 (Preferred brand, Specialty*)	$15 copay	$30 copay
Tier 3 (Non-preferred-brand drug)	$30 copay	$60 copay

*Certain drugs are available only up to a 30-day supply. These are noted directly on the formulary.

**100-Day fills for Tier 1 drugs

As an employer sponsored plan beneficiary, you will continue to pay the copays listed above until you reach your $2,400 out of pocket maximum for prescription drug coverage. Once the maximum amount is met, you will pay $0 and the plan will pay 100% of your out-of-pocket Medicare prescription drug costs.

We offer additional coverage of some prescription drugs (enhanced drug coverage) not normally covered in a Medicare prescription drug plan. These drugs are noted with “ED” for “Excluded Drug” on our Formulary or Drug List and any limitations are indicated there as well. The amount you pay for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Prior authorization may apply for some benefits. Contact the plan for more information.

Additional benefits covered under your plan	
Benefit	Your in-network costs
Diabetic supplies	$0 copay
Dialysis	$0 copay
Podiatry (foot care)	$0 copay
Home health care	$0 copay
Durable medical equipment (DME)	$0 copay
Prosthetics	$0 copay
Cardiac rehab	$0 copay
Pulmonary rehab	$0 copay

Prior authorization may apply for some benefits. Contact the plan for more information.

Supplemental benefits covered under your plan	
Benefit	Your in-network costs
Medicare-covered acupuncture	$10 copay
Routine acupuncture	$10 copay, up to six visits per year
Medicare-covered chiropractor	$15 copay
Routine chiropractor and Routine chiropractic x-ray	$10 copay for routine visit $0 copay for chiropractic x-ray
Enhanced disease case management	$0 copay
Health and wellness education programs	$0 copay
In-home safety assessment	$0 copay
Nutritional education	$0 copay
Post-discharge in home medication reconciliation	$0 copay
Telemonitoring	$0 copay
Transplant – Lodging and transportation costs for you and a companion	The maximum total reimbursement for reasonable transportation and lodging related to the episode of care for a Medicare-approved transplant is $6,000*
One Pass fitness membership	$0 copay, that provides access to an extensive network of gym locations and online workout classes. CogniFit helps seniors with their mental, social and physical well-being.

Prior authorization may apply for some benefits. Contact the plan for more information.

Unlimited worldwide emergency coverage	
Benefit	Your in-network costs
Ambulance	$0 copay
Emergency room (ER)	$65 copay
Urgently needed services	$10 copay

Prior authorization may apply for some benefits. Contact the plan for more information.
*Deductible does not apply

Contact us

If you have questions, call one of our Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711). Call 888.216.6090.

Email us any time. Visit **prioritymedicare.com** and click on **Contact Us** to send a secure email.

Please note that this is just a summary of the plans' benefits; it does not list every service we cover or list every limitation or exclusion. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document or call our customer service team at 888.216.6090 (TTY users should call 711). Another resource available to you when researching your Medicare options is the ***Medicare & You*** handbook. View it online at ***medicare.gov*** or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week (TTY users should call 877.486.2048).

Priority Health™

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.

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