

2024 Summary of Benefits

Jan. 1, 2024–Dec. 31, 2024

- Priority**Medicare IdealSM (PPO)
- Priority**Medicare ValueSM (HMO-POS)
- Priority**MedicareSM (HMO-POS)
- Priority**Medicare MeritSM (PPO)
- Priority**Medicare SelectSM (PPO)

**Premium
Plans**



The perfect Medicare plan is waiting for you in the next few pages. Whether you're considering an HMO-POS or PPO plan, inside you'll find information to help you decide on the right Medicare plan.

Contact us



Speak with Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week.

Already a member?

Call 888.389.6648
(TTY users call 711)

Not a member yet?

Call 833.540.1348
(TTY users call 711)



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

This information is not a complete description of benefits. Call 888.389.6648 (TTY 711) for more information. This doesn't list every service we cover or tell you if a deductible must be met before you pay the amount listed in this document. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document available online at **prioritymedicare.com**.

Priority Health offers two kinds of Medicare plans: HMO-POS and PPO.

HMO-POS stands for health maintenance organization (HMO) and point of service (POS). With this plan you can use providers in our network and pay less for services. The POS portion allows you to use out-of-network providers both within Michigan and across the United States, but you may pay more for these out-of-network services. You'll choose a primary care physician (PCP) to coordinate all your care. We don't require you to get a referral to see a specialist, but your PCP can sometimes help you see one more quickly.

PPO stands for preferred provider organization (PPO). With these plans, we don't require you to get a referral to see a specialist for care. You'll get the most value from your plan when using in-network providers, but you can see any provider who participates with Medicare. You don't have to choose a PCP, although selecting one can help you coordinate care.

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

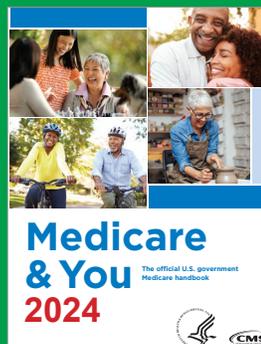
Eligibility

In order to join any of our Medicare Advantage plans, you need to be enrolled in Medicare Part A and Part B and live in our service area—which includes all 68 counties in the Lower Peninsula. There are no exclusions for pre-existing conditions.

Prescription coverage

All of our Medicare Advantage plans include prescription drug coverage. To make an informed decision about your Medicare plan, review our provider/pharmacy directory. You generally need to use network pharmacies to fill your prescriptions for covered Part D drugs. To save even more on your prescription costs, use a pharmacy in our preferred pharmacy network. Make sure to review the approved drug list, also called a formulary, to see which drugs are covered by our plans. You can find in-network pharmacies and approved drugs on our website at **prioritymedicare.com**, or call the customer service number.

Get a free copy of the 2024 Medicare & You handbook.



View it online at **medicare.gov** or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week. TTY users should call 877.486.2048.

Important health insurance terms to know

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



Deductible: This is the amount you pay each year before the health plan starts to pay for certain services, and you start paying a portion of the cost (copay or coinsurance). Priority Health Medicare Advantage plans do not have an in-network medical deductible, so you'll start paying only your copay or coinsurance right away. Some plans, like our PPO plans, don't have an out-of-network medical deductible either.



Coinsurance: After you've paid your deductible, you may have a coinsurance as your portion of the cost for medical services or prescriptions. Coinsurance is a percentage of the cost of a medical service or prescription and is listed as a benefit in your health plan.

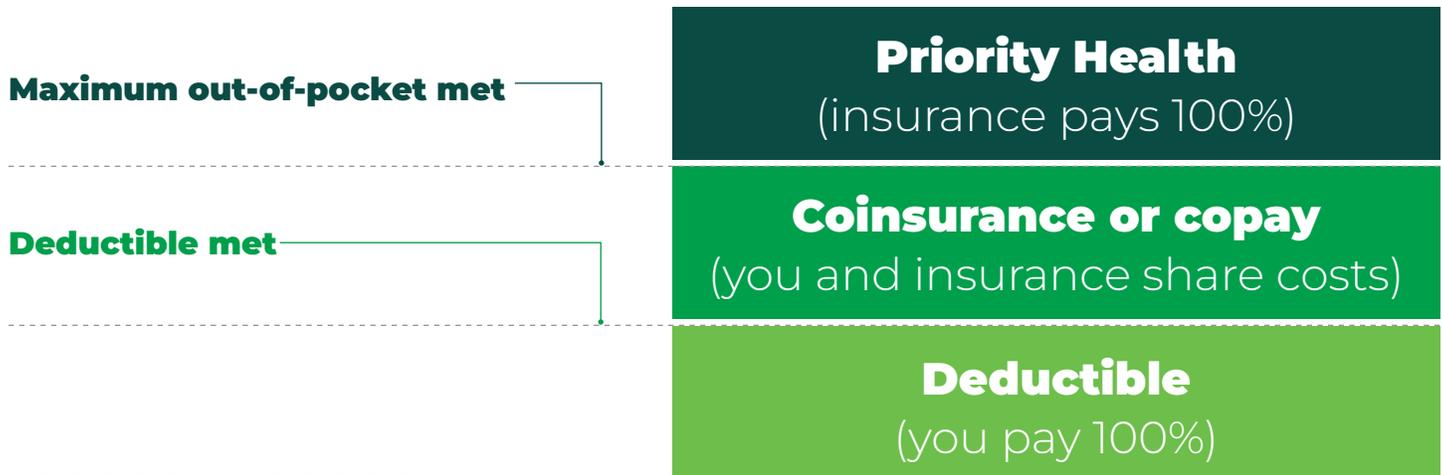


Copay: After you've paid your deductible, you may have a copay as your portion of the cost for medical services or prescriptions. This is a fixed amount you pay, generally at the time you receive a health care service or when you get a prescription filled.



Maximum out-of-pocket: This is the most you will pay for covered medical services for the year—this means Priority Health pays 100% of the cost after you hit this amount. Your coinsurance or copays count towards the maximum out-of-pocket; premiums and prescription costs do not.

How do health insurance costs work?



How does Original Medicare work with Medicare Advantage plans?

Original Medicare (health insurance from the federal government) may not be enough to cover all of your health care needs in retirement. Priority Health Medicare Advantage plans include everything that Original Medicare covers, plus extra benefits and services to help you save money and stay healthy.

	Original Medicare	Priority Health Medicare Advantage Plans
Covers your Medicare Part A and Part B services	●	●
Coverage in addition to Medicare Part A and B		●
Predictable copays and limits to what you'll pay out of pocket for medical care		●
Part D prescription drug coverage		●
Additional dental services		●
Free gym membership		●
Routine vision, including eyewear allowance		●
Routine hearing, including hearing aid coverage		●

Mid-tier plans

More care and coverage

Priority Medicare Ideal (PPO)

Extra care and services, including PriorityCare and a quarterly over-the-counter allowance, for an affordable monthly premium.

Priority Medicare Value (HMO-POS)

Get more care to manage conditions for an affordable cost, including \$5 PCP visit copays, a quarterly over-the-counter allowance and low-cost rehab options.

PREMIUMS AND BENEFITS | Mid-tier plans

Benefits and what you should know	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
Plan availability Plans are available in regions listed. See table later in this document for a listing of counties by region.	Regions 1, 2, 3, 4 and 5	
Monthly plan premium	\$19 per month. In addition, you must keep paying your Medicare Part B premium.	\$12-\$68 per month. In addition, you must keep paying your Medicare Part B premium.
Deductible The amount you'll pay for most covered services before you start paying only copays or coinsurance and Priority Health pays the balance.	Medical services <i>In-network-</i> and <i>out-of-network (combined):</i> \$0 Prescription drugs (Part D) Tiers 1-2: \$0 Tiers 3-5: \$125	Medical services <i>In-network:</i> \$0 <i>Out-of-network:</i> \$1,000 Prescription drugs (Part D) Tiers 1-2: \$0 Tiers 3-5: \$75
Maximum out-of-pocket amount This is the most you pay for covered medical services for the year, excluding Part D prescription drugs.	<i>In-network-</i> and <i>out-of-network services (combined):</i> \$5,800	<i>In-network:</i> \$4,900

MEDICAL BENEFITS COVERED UNDER YOUR PLAN

Benefits and what you should know	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
Inpatient hospital coverage We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	<i>In-network:</i> Days 1-6: \$300 each day Days 7 and beyond: \$0 each day <i>Out-of-network:</i> 45% per stay	<i>In-network:</i> Days 1-5: \$325 each day Days 6 and beyond: \$0 each day <i>Out-of-network:</i> 40% per stay
Outpatient hospital coverage Prior authorization may be required.	Outpatient hospital <i>In-network:</i> \$15 for each visit at a rural health clinic \$250 for each visit at all other locations <i>Out-of-network:</i> 45% for each visit Observation <i>In- and out-of-network:</i> \$120 for each visit, including all services received	Outpatient hospital <i>In-network:</i> \$5 for each visit at a rural health clinic \$225 for each visit at all other locations <i>Out-of-network:</i> 40% for each visit Observation <i>In- and out-of-network:</i> \$120 for each visit, including all services received

Benefits and what you should know	Priority Medicare Ideal (PPO)	Priority Medicare Value (HMO-POS)
<p>Ambulatory surgical center coverage Prior authorization may be required.</p>	<p><i>In-network:</i> \$250 for each visit <i>Out-of-network:</i> 45% for each visit</p>	<p><i>In-network:</i> \$225 for each visit <i>Out-of-network:</i> 40% for each visit</p>
<p>Doctor visits Prior authorization may be required for some specialist visits.</p>	<p>Primary care physician (PCP) <i>In-network:</i> \$15 for each office visit \$0 for surgical procedures performed in a PCP's office <i>Out-of-network:</i> 45% for each visit Specialist visit <i>In-network:</i> \$0 for palliative care physician office visit \$0 for surgical procedures performed in a specialist's office \$45 for all other office visits <i>Out-of-network:</i> 45% for each visit</p>	<p>Primary care physician (PCP) <i>In-network:</i> \$5 for each office visit \$0 for surgical procedures performed in a PCP's office <i>Out-of-network:</i> 40% for each visit Specialist visit <i>In-network:</i> \$0 for palliative care physician office visit \$0 for surgical procedures performed in a specialist's office \$45 for all other office visits <i>Out-of-network:</i> 40% for each visit</p>
<p>Preventive care Services that can help with prevention and early detection of many illnesses, disabilities and diseases. Examples include annual wellness visit, breast cancer screening, diabetic screening, flu vaccine and more.</p>	<p><i>In-network:</i> \$0 for each service <i>Out-of-network:</i> 45% for each service</p>	<p><i>In-network:</i> \$0 for each service <i>Out-of-network:</i> 40% for each service</p>
<p>Emergency care This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.</p>	<p>A referral from your doctor may be required for some preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.</p>	
<p>Urgently needed services This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your urgent care visit.</p>	<p><i>In- and out-of-network:</i> \$50 for each visit</p>	<p><i>In- and out-of-network:</i> \$55 for each visit</p>

Benefits and what you should know	Priority Medicare Ideal (PPO)	Priority Medicare Value (HMO-POS)
<p>Outpatient diagnostic services (labs, radiology/imaging and X-rays) Prior authorization may be required for some services.</p>	<p>Radiology/ imaging <i>In-network:</i> \$140 per day, per provider</p> <p>Tests/procedures <i>In-network:</i> \$15 per day, per provider</p> <p>Lab services <i>In-network:</i> \$0-\$15 per day, per provider (\$0 for anticoagulant lab services)</p> <p>Outpatient X-rays <i>In-network:</i> \$40 per day, per provider</p> <p>Radiation therapy <i>In-network:</i> \$30 per day, per provider</p> <p><i>For all out-of-network services listed above:</i> \$0-45% per day, per provider (\$0 for anticoagulant lab services)</p>	<p>Radiology/ imaging <i>In-network:</i> \$225 per day, per provider</p> <p>Tests/procedures <i>In-network:</i> \$10 per day, per provider</p> <p>Lab services <i>In-network:</i> \$0-\$10 per day, per provider (\$0 for anticoagulant lab services)</p> <p>Outpatient X-rays <i>In-network:</i> \$35 per day, per provider</p> <p>Radiation therapy <i>In-network:</i> \$25 per day, per provider</p> <p><i>For all out-of-network services listed above:</i> \$0-40% per day, per provider (\$0 for anticoagulant lab services)</p>
<p>Hearing services Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues.</p> <p>Routine hearing services must be received from a TruHearing® provider.</p>	<p>Medicare-covered diagnostic hearing exam <i>In-network:</i> \$15-\$45 for each office visit</p> <p><i>Out-of-network:</i> 45% for each visit</p> <p>Routine hearing coverage (TruHearing® provider) \$0 for one routine hearing exam, per year</p> <p>\$295, \$695, \$1,095 or \$1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected</p> <p>Hearing aid cost includes a 60-day trial period, one year of post-purchase follow-up visits, 80 batteries per non-rechargeable hearing aid and a full 3-year manufacturer warranty</p>	<p>Medicare-covered diagnostic hearing exam <i>In-network:</i> \$5-\$45 for each office visit</p> <p><i>Out-of-network:</i> 40% for each visit</p>
<p>Dental services Prior authorization may be required for Medicare-covered dental services.</p> <p>Delta Dental® is the preferred provider for additional dental services.</p>	<p>Medicare-covered dental services <i>In-network:</i> \$15-\$250 for each visit, depending on the service performed</p> <p><i>Out-of-network:</i> 45% for each service</p>	<p>Medicare-covered dental services <i>In-network:</i> \$5-\$225 for each visit, depending on the service performed</p> <p><i>Out-of-network:</i> 40% for each service</p>

Benefits and what you should know	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
<p>Dental services (continued)</p>	<p>Additional dental services \$0 for two cleanings (regular or periodontal maintenance) per year \$0 for two exams per year \$0 for one set of bitewing X-rays per year \$0 for one brush biopsy per year \$0 for periapical radiographs as needed \$0 for radiographs (full-mouth or panoramic x-rays) once every 24 months</p>	
<p>Vision services Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye and additional Medicare-covered services.</p> <p>In-network routine vision services must be provided by an EyeMed® “Select” provider. If received by a non-EyeMed “Select” provider (out-of-network), you must seek reimbursement. In-network and out-of-network benefits cannot be combined.</p>	<p>Medicare-covered services <i>In-network:</i> \$45 for each visit \$0 for eyeglasses or contact lenses after cataract surgery \$0 for a yearly glaucoma screening <i>Out-of-network:</i> 45% for each visit, eyeglasses or contact lenses after cataract surgery, or for a yearly glaucoma screening</p>	<p>Medicare-covered services <i>In-network:</i> \$45 for each visit \$0 for eyeglasses or contact lenses after cataract surgery \$0 for a yearly glaucoma screening <i>Out-of-network:</i> 40% for each visit, eyeglasses or contact lenses after cataract surgery, or for a yearly glaucoma screening</p>
	<p>Routine vision services <i>In-network:</i> \$0 for one routine exam each year (includes dilation and refraction) \$0 for one retinal imaging per year \$100 eyewear allowance per year <i>Out-of-network:</i> Up to \$100 reimbursement for eyewear Up to \$50 reimbursement for one routine exam Up to \$20 reimbursement for retinal imaging</p>	
<p>Mental health care We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>Prior authorization may be required.</p>	<p>Inpatient visit <i>In-network:</i> Days 1-6: \$290 each day Days 7 and beyond: \$0 each day <i>Out-of-network:</i> 45% per stay</p>	<p>Inpatient visit <i>In-network:</i> Days 1-5: \$325 each day Days 6 and beyond: \$0 each day <i>Out-of-network:</i> 40% per stay</p>

Benefits and what you should know	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
Mental health care (continued)	Outpatient therapy (individual or group) <i>In-network:</i> \$20 for each visit <i>Out-of-network:</i> 45% for each visit	Outpatient therapy (individual or group) <i>In-network:</i> \$20 for each visit <i>Out-of-network:</i> 40% for each visit
Skilled Nursing Facility (SNF) Our plan covers up to 100 days each benefit period. A benefit period starts the day you go into a SNF and ends when you go for 60 days in a row without SNF care. Prior authorization may be required.	<i>In-network:</i> Days 1-20: \$0 each day Days 21-100: \$203 each day <i>Out-of-network:</i> 45% for each stay	<i>In-network:</i> Days 1-20: \$0 each day Days 21-100: \$203 each day <i>Out-of-network:</i> 40% for each stay
Physical therapy	<i>In-network:</i> \$40 for each service <i>Out-of-network:</i> 45% for each service	<i>In-network:</i> \$40 for each service <i>Out-of-network:</i> 40% for each service
Ambulance Prior authorization may be required.	<i>In- and out-of-network:</i> \$240 each way	<i>In- and out-of-network:</i> \$265 each way
Transportation	Not covered	

PRESCRIPTION DRUG BENEFITS

Prescription drug benefits	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
Medicare Part B drugs Prior authorization or step therapy may be required.	Chemotherapy drugs <i>In- and out-of-network:</i> Up to 20% for each drug Other Part B drugs <i>In- and out-of-network:</i> Up to 20% for each drug Select home infusion drugs <i>In- and out-of-network:</i> \$0 for each drug Part B insulin <i>In- and out-of-network:</i> 20% up to a \$35 copayment for a one-month supply of insulin administered through an item of durable medical equipment (such as insulin pumps or continuous glucose monitors (CGM)).	

PART D OUTPATIENT PRESCRIPTION DRUGS

Prescription drug benefits	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
Deductible stage You'll pay this amount before you begin paying copays or coinsurance only.	Tiers 1-2: \$0 Tiers 3-5: \$125* *The deductible doesn't apply to covered insulins. See initial coverage stage row for insulin cost sharing.	Tiers 1-2: \$0 Tiers 3-5: \$75* *The deductible doesn't apply to covered insulins. See initial coverage stage row for insulin cost sharing.
Initial coverage stage You are in this stage until your drug total reaches \$5,030, which includes what you pay out-of-pocket and what we pay for your covered drugs.	Once you have paid your deductible (only required for drugs in tiers 3-5) you pay what is listed in the chart below.	

PREFERRED RETAIL PHARMACY

Prescription drug benefits	PriorityMedicare Ideal (PPO)			PriorityMedicare Value (HMO-POS)		
Initial coverage stage	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred generic)	\$4	\$8	\$0	\$2	\$4	\$0
Tier 2 (Generic)	\$13 for insulins and other drugs	\$26 for insulins and other drugs	\$39 for insulins and other drugs	\$10 for insulins and other drugs	\$20 for insulins and other drugs	\$30 for insulins and other drugs
Tier 3 (Preferred brand)	\$35 for insulins and \$42 for other drugs	\$70 for insulins and \$84 for other drugs	\$105 for insulins and \$126 for other drugs	\$35 for insulins and \$42 for other drugs	\$70 for insulins and \$84 for other drugs	\$105 for insulins and \$126 for other drugs
Tier 4 (Non-preferred drug)	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs
Tier 5 (Specialty)	\$35 for insulins and 30% for other drugs	N/A	N/A	\$35 for insulins and 31% for other drugs	N/A	N/A

Your costs will be less for your covered drugs when you use a pharmacy in our preferred network (includes Meijer, Walgreens, Walmart, Rite Aid, Family Fare Supermarkets, Costco and more), go to prioritymedicare.com to view the list in the provider/pharmacy directory.

STANDARD RETAIL PHARMACY						
Prescription drug benefits	Priority Medicare Ideal (PPO)			Priority Medicare Value (HMO-POS)		
	Initial coverage stage	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply
Tier 1 (Preferred generic)	\$9	\$18	\$27	\$7	\$14	\$21
Tier 2 (Generic)	\$18 for insulins and other drugs	\$36 for insulins and other drugs	\$54 for insulins and other drugs	\$15 for insulins and other drugs	\$30 for insulins and other drugs	\$45 for insulins and other drugs
Tier 3 (Preferred brand)	\$35 for insulins and \$47 for other drugs	\$70 for insulins and \$94 for other drugs	\$105 for insulins and \$141 for other drugs	\$35 for insulins and \$47 for other drugs	\$70 for insulins and \$94 for other drugs	\$105 for insulins and \$141 for other drugs
Tier 4 (Non-preferred drug)	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs
Tier 5 (Specialty)	\$35 for insulins and 30% for other drugs	N/A	N/A	\$35 for insulins and 31% for other drugs	N/A	N/A

MAIL ORDER THROUGH EXPRESS SCRIPTS (ESI)

Prescription drug benefits	PriorityMedicare Ideal (PPO)			PriorityMedicare Value (HMO-POS)		
	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred generic)	\$4	\$8	\$0	\$2	\$4	\$0
Tier 2 (Generic)	\$13 for insulins and other drugs	\$26 for insulins and other drugs	\$0 for insulins and other drugs	\$10 for insulins and other drugs	\$20 for insulins and other drugs	\$0 for insulins and other drugs
Tier 3 (Preferred brand)	\$35 for insulins and \$42 for other drugs	\$70 for insulins and \$84 for other drugs	\$105 for insulins and other drugs	\$35 for insulins and \$42 for other drugs	\$70 for insulins and \$84 for other drugs	\$105 for insulins and other drugs
Tier 4 (Non-preferred drug)	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs
Tier 5 (Specialty)	\$35 for insulins and 30% for other drugs	N/A	N/A	\$35 for insulins and 31% for other drugs	N/A	N/A

Prescription drug benefits	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
Coverage gap stage (also known as the “donut hole”)	<p>Once the total yearly drug costs (what you’ve paid plus what we’ve paid) reach \$5,030 you enter the coverage gap and then you pay a percentage of the cost we have negotiated for the drug:</p> <ul style="list-style-type: none"> • 25% of what we would pay for the covered brand name drug • 25% of what we would pay for the covered generic drug <p>When your out-of-pocket drug costs reach \$8,000, this is the end of the coverage gap stage.</p>	
Catastrophic coverage stage	<p>Once your out-of-pocket drug costs reach \$8,000, the plan pays the full cost of your covered Part D drugs.</p>	
Long-term care (LTC)	<p>If you are a resident of a long-term care (LTC) facility, you may get your prescription drugs through the facility’s pharmacy as long as it is part of our network.</p>	

OPTIONAL ENHANCED DENTAL AND VISION PACKAGE

Benefits and what you should know	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
Benefits	Additional dental coverage, including coverage for dental services and an additional vision allowance for use on eyeglasses or contacts	
Premium	Additional \$42.00 per month. You must keep paying your Medicare Part B premium and your \$19 monthly plan premium.	Additional \$42.00 per month. You must keep paying your Medicare Part B premium and your \$12-\$68 monthly plan premium.
Deductible	\$0	
Maximum plan benefit coverage amount	\$2,500 for dental services and an additional \$150 for eyewear, per calendar year	
<p>Dental services Delta Dental® is the preferred provider for additional dental services.</p>	<p>\$0 for fillings, including composite resin and amalgam, once per tooth, every 24 months, crown repairs once per tooth every 12 months and one fluoride treatment per year</p> <p>\$0 for emergency treatment for dental pain at no limit and anesthesia when used in conjunction with qualifying dental services</p> <p>50% of the cost of onlays, crowns and associated substructures, once per tooth per lifetime</p> <p>50% of the cost of endodontics (root canals), once per tooth per lifetime</p> <p>50% of the cost of simple (non-surgical) and surgical extractions, once per tooth per lifetime</p> <p>50% of the cost for implants & implant repairs per tooth every 5 years</p> <p>50% of the cost of dentures once every 60 months, denture relines and repairs and bridge repairs, once every 36 months</p>	
<p>Vision services In-network vision services must be provided by an EyeMed® “Select” provider. If received by a non- EyeMed “Select” provider (out-of-network), you must seek reimbursement. In-network and out-of-network benefits cannot be combined.</p>	\$150 allowance/reimbursement per year for additional eyewear	

ADDITIONAL MEDICAL BENEFITS COVERED UNDER YOUR PLAN

Benefits and what you should know	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
Abridge	<p>\$0</p> <p>A smartphone-based application that securely records medical conversations during patient appointments.* Once the recording is complete the Abridge app will transcribe the conversation and pull out any key information (prescription refills, follow up appointments, etc.). The app also allows members to share the transcripts with caregivers/family as they wish.</p> <p><i>*Medical professionals must verbally consent to being recorded.</i></p>	
Acupuncture	<p>Medicare-covered acupuncture for lower chronic back pain <i>In- and out-of-network: \$20 per service</i></p> <p>Non-Medicare covered routine acupuncture for other conditions <i>In- and out-of-network: \$20 per visit (limit 6 visits each year)</i></p>	
Annual preventive physical exam	<p><i>In-network: \$0 for an exam</i></p> <p><i>Out-of-network: 45% for an exam</i></p>	<p><i>In-network: \$0 for an exam</i></p> <p><i>Out-of-network: 40% for an exam</i></p> <p>You're free to talk at your annual preventive exam. When we say no cost, we mean it - \$0 annual physical exam, without the worry of being charged for an office visit. This is an opportunity for you and your physician to discuss any concerns or questions you have.</p>
BrainHQ	<p>\$0</p> <p>Access to online exercises and games that improve memory, attention, brain speed and more. Train on any device like a computer, tablet or smartphone. To register, go to <i>priority.brainhq.com</i> or contact BrainHQ Customer Service at 877.673.9059.</p>	
Chiropractic care	<p>Medicare-covered care <i>In-network: \$20 for each visit</i></p> <p><i>Out-of-network: 45% for each visit</i></p>	<p>Medicare-covered care <i>In-network: \$20 for each visit</i></p> <p><i>Out-of-network: 40% for each visit</i></p>

Benefits and what you should know	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
Chiropractic care (continued)	Non-Medicare covered routine care <i>In-network:</i> \$20 for each visit \$40 for X-ray services performed once per year <i>Out-of-network:</i> 45% for each visit and for X-ray services performed once per year Limited to 12 non-Medicare covered routine visits per year whether done in- or out-of-network.	Non-Medicare covered routine care Not covered
PriorityCare Services provided by Papa, including: <ol style="list-style-type: none"> <i>Companion care-</i> Papa provides you with access to Papa Pals, a network of friendly helpers available both in-person and virtually via a phone call. Papa Pals offer companionship and can assist with everyday tasks such as transportation, grocery shopping and much more. <i>Social Care Navigation-</i> Papa pals are supported by social care specialists who provide an extra layer of help when issues arise with things like navigating your benefits, the health care system, or community resources. 	\$0 for up to 48 hours of in-person or virtual companion care visits per year plus unlimited Social Care Navigation.	Not covered
Dialysis	<i>In-network:</i> 20% for each service <i>Out-of-network:</i> 45% for each service	<i>In-network:</i> 20% for each service <i>Out-of-network:</i> 40% for each service
Home health services Prior authorization may be required.	<i>In- and out-of-network:</i> \$0 for each Medicare-covered service	
Meal benefit Home-delivered meals, provided through Mom's Meals following a discharge from a hospital (acute or psychiatric) or Skilled Nursing Facility (SNF) stay.	\$0 for 28 meals following a discharge (limit 4 times per year)	

Benefits and what you should know	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
<p>Medical equipment and supplies</p> <p>Examples include diabetic supplies (shoes/inserts, diabetic test strips), durable medical equipment (wheelchairs, oxygen, insulin pumps) and prosthetic devices (braces, artificial limbs).</p> <p>Diabetic test strips are limited to JJHCS and Bayer products when dispensed by a retail pharmacy or mail-order pharmacy.</p> <p>Prior authorization may be required.</p>	<p>Diabetes supplies <i>In-network:</i> \$0 for each item <i>Out-of-network:</i> 45% for each item</p> <p>Durable medical equipment <i>In-network:</i> 20% for each item <i>Out-of-network:</i> 30% for each item</p> <p>Prosthetic devices <i>In-network:</i> \$0-20% for each item, depending on the device <i>Out-of-network:</i> 30% for each device</p>	<p>Diabetes supplies <i>In-network:</i> \$0 for each item <i>Out-of-network:</i> 40% for each item</p> <p>Durable medical equipment <i>In-network:</i> 20% for each item <i>Out-of-network:</i> 30% for each item</p> <p>Prosthetic devices <i>In-network:</i> \$0-20% for each item, depending on the device <i>Out-of-network:</i> 30% for each device</p>
<p>Over-the-counter (OTC) allowance</p> <p>Over-the-counter items are drugs and health related products that do not need a prescription such as; allergy medication, eye drops, cough drops, nasal spray, vitamins and more.</p>	<p>\$80 allowance per quarter for OTC items</p>	<p>\$40 allowance per quarter for OTC items</p>
<p>Podiatry services</p>	<p><i>In-network:</i> \$45 for each visit</p> <p>\$0 for nail debridement and callous removal for members with specific conditions (up to 6 of each)</p> <p><i>Out-of-network:</i> 45% for each visit and service</p>	<p><i>In-network:</i> \$45 for each visit</p> <p>\$0 for nail debridement and callous removal for members with specific conditions (up to 6 of each)</p> <p><i>Out-of-network:</i> 40% for each visit and service</p>
<p>Priority Health Travel Pass</p>	<p>Out-of-area travel benefit</p> <p>You'll pay in-network prices when seeking care from Medicare-participating providers anywhere in the U.S. outside of the lower peninsula of Michigan. Our partnership with Multiplan® can make accessing Medicare-participating providers even easier.</p> <p>You may stay enrolled in the plan when outside of the service area for up to 12 months; as long as your permanent residency remains in your plan's service area.</p>	

Benefits and what you should know	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
Priority Health Travel Pass (continued)	<p>Worldwide urgent and emergent care Unlimited worldwide emergent and urgent care coverage.</p> <p>Worldwide travel assistance program \$0 for emergency travel assistance services through Assist America® when you're more than 100 miles from home or in a foreign country. Assist America® provides pre-trip assistance to help you prepare for your travel, including finding a doctor or a pharmacy to fill your prescriptions at your destination and assistance while on your trip should a medical travel emergency arise, at not extra cost to you. You will still pay for benefits covered by Priority Health Medicare, such as emergency, urgent care or prescription drug copays.</p>	
Rehabilitation services	<p>Cardiac, pulmonary rehabilitation services and supervised exercise therapy (SET) services <i>In-network:</i> \$10 for each service</p> <p><i>Out-of-network:</i> 45% for each service</p> <p>Physical therapy, occupational therapy and speech therapy services <i>In-network:</i> \$40 for each service</p> <p><i>Out-of-network:</i> 45% for each service</p>	<p>Cardiac, pulmonary rehabilitation services and supervised exercise therapy (SET) services <i>In-network:</i> \$10 for each service</p> <p><i>Out-of-network:</i> 40% for each service</p> <p>Physical therapy, occupational therapy and speech therapy services <i>In-network:</i> \$40 for each service</p> <p><i>Out-of-network:</i> 40% for each service</p>
SilverSneakers® Fitness membership	<p>\$0 membership at thousands of participating SilverSneakers fitness centers nationwide. Plus, options for working out from the comfort of your home with access to members-only virtual exercise classes and online workshops with the SilverSneaker GO™ fitness app or SilverSneakers home fitness kits.</p> <p>You can also sign up for Tuition Rewards® through SilverSneakers to earn money towards college tuition for family members.</p> <p>The SilverSneakers® program is provided by Tivity Health®. All programs and services may not be available in all areas.</p>	
Virtual care Online care you receive from the comfort of your home, or wherever you may be, with a virtual visit via video on your computer, smart phone or tablet.	<p><i>In-network:</i> \$0 virtual visits with primary care, specialist and behavioral health providers.</p> <p>Available 24/7, virtual visits let you see a provider for, and get treatment for, non-emergency care.</p> <p><i>Out-of-network:</i> Not covered</p>	

PREMIUMS AND BENEFITS | Monthly Premiums

Counties	PriorityMedicare Ideal (PPO)	PriorityMedicare Value (HMO-POS)
Region 1: Allegan, Barry, Kent, Lenawee, Ottawa	\$19	\$12
Region 2: Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford	\$19	\$31
Region 3: Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe	\$19	\$68
Region 4: Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph	\$19	\$43
Region 5: Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne	\$19	\$31

Highest coverage plans

More coverage for more peace of mind

PriorityMedicare (HMO-POS)

This is our longest standing Medicare option, and for good reason. This plan offers great medical coverage, a \$0 prescription drug deductible and a quarterly over-the-counter allowance to use on health and wellness products.

PriorityMedicare Merit (PPO)

This plan was built to offer affordable costs, a \$0 prescription drug deductible and extra perks like dental, vision, hearing and a quarterly over-the-counter allowance to use on health and wellness products.

PriorityMedicare Select (PPO)

This plan is our highest-coverage option that offers low maximum out-of-pocket costs, lower copays and a \$0 prescription drug deductible, plus a quarterly over-the-counter allowance to use on health and wellness products.

PREMIUMS AND BENEFITS | Highest coverage plans

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
Plan availability Plans are available in regions listed. See table later in this document for a listing of counties by region.	Regions 1, 2, 3, 4 and 5		
Monthly plan premium	\$59-\$113 per month. In addition, you must keep paying your Medicare Part B premium.	\$60-\$118 per month. In addition, you must keep paying your Medicare Part B premium.	\$147-\$223 per month. In addition, you must keep paying your Medicare Part B premium.
Deductible The amount you'll pay for most covered services before you start paying only copays or coinsurance and Priority Health pays the balance.	Medical services <i>In-network-</i> and <i>out-of-network (combined):</i> \$0 <i>Out-of-network:</i> \$500 Prescription drugs (Part D) \$0	Medical services <i>In-network-</i> and <i>out-of-network (combined):</i> \$0 Prescription drugs (Part D) \$0	Medical services <i>In-network-</i> and <i>out-of-network (combined):</i> \$0 Prescription drugs (Part D) \$0
Maximum out-of-pocket amount This is the most you pay for covered medical services for the year, excluding Part D prescription drugs.	<i>In-network:</i> \$4,500	<i>In-network-</i> and <i>out-of-network services (combined):</i> \$4,100	<i>In-network-</i> and <i>out-of-network services (combined):</i> \$3,500

MEDICAL BENEFITS COVERED UNDER YOUR PLAN

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
Inpatient hospital coverage We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	<i>In-network:</i> Days 1-6: \$225 each day Days 7 and beyond: \$0 each day <i>Out-of-network:</i> 30% per stay	<i>In-network:</i> Days 1-5: \$375 each day Days 6 and beyond: \$0 each day <i>Out-of-network:</i> 30% per stay	<i>In-network:</i> Days 1-6: \$200 each day Days 7 and beyond: \$0 each day <i>Out-of-network:</i> 30% per stay

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
<p>Outpatient hospital coverage Prior authorization may be required.</p>	<p>Outpatient hospital <i>In-network:</i> \$10 for each visit at a rural health clinic \$175 for each visit at all other locations <i>Out-of-network:</i> 30% for each visit Observation <i>In- and out-of-network:</i> \$120 for each visit, including all services received</p>	<p>Outpatient hospital <i>In-network:</i> \$20 for each visit at a rural health clinic \$225 for each visit at all other locations <i>Out-of-network:</i> 30% for each visit Observation <i>In- and out-of-network:</i> \$120 for each visit, including all services received</p>	<p>Outpatient hospital <i>In-network:</i> \$15 for each visit at a rural health clinic \$200 for each visit at all other locations <i>Out-of-network:</i> 30% for each visit Observation <i>In- and out-of-network:</i> \$120 for each visit, including all services received</p>
<p>Ambulatory surgical center coverage Prior authorization may be required.</p>	<p><i>In-network:</i> \$175 for each visit <i>Out-of-network:</i> 30% for each visit</p>	<p><i>In-network:</i> \$225 for each visit <i>Out-of-network:</i> 30% for each visit</p>	<p><i>In-network:</i> \$200 for each visit <i>Out-of-network:</i> 30% for each visit</p>
<p>Doctor visits Prior authorization may be required for some specialist visits.</p>	<p>Primary care physician (PCP) <i>In-network:</i> \$10 for each office visit \$0 for surgical procedures performed in a PCP's office <i>Out-of-network:</i> 30% for each visit Specialist visit <i>In-network:</i> \$0 for palliative care physician office visit \$0 for surgical procedures performed in a specialist's office \$40 for all other office visits <i>Out-of-network:</i> 30% for each visit</p>	<p>Primary care physician (PCP) <i>In-network:</i> \$20 for each office visit \$0 for surgical procedures performed in a PCP's office <i>Out-of-network:</i> 30% for each visit Specialist visit <i>In-network:</i> \$0 for palliative care physician office visit \$0 for surgical procedures performed in a specialist's office \$45 for all other office visits <i>Out-of-network:</i> 30% for each visit</p>	<p>Primary care physician (PCP) <i>In-network:</i> \$15 for each office visit \$0 for surgical procedures performed in a PCP's office <i>Out-of-network:</i> 30% for each visit Specialist visit <i>In-network:</i> \$0 for palliative care physician office visit \$0 for surgical procedures performed in a specialist's office \$40 for all other office visits <i>Out-of-network:</i> 30% for each visit</p>

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
<p>Preventive care Services that can help with prevention and early detection of many illnesses, disabilities and diseases. Examples include annual wellness visit, breast cancer screening, diabetic screening, flu vaccine and more.</p>	<p><i>In-network:</i> \$0 for each service <i>Out-of-network:</i> 30% for each service</p> <p>A referral from your doctor may be required for some preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.</p>		
<p>Emergency care This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.</p>	<p><i>In- and out-of-network:</i> \$120 for each visit</p>		
<p>Urgently needed services This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your urgent care visit.</p>	<p><i>In- and out-of-network:</i> \$50 for each visit</p>	<p><i>In- and out-of-network:</i> \$55 for each visit</p>	<p><i>In- and out-of-network:</i> \$50 for each visit</p>
<p>Outpatient diagnostic services (labs, radiology/imaging and X-rays) Prior authorization may be required for some services.</p>	<p>Radiology/ imaging <i>In-network:</i> \$125 per day, per provider</p> <p>Tests/procedures <i>In-network:</i> \$30 per day, per provider</p> <p>Lab services <i>In-network:</i> \$0-\$30 per day, per provider (\$0 for anticoagulant lab services)</p> <p>Outpatient X-rays <i>In-network:</i> \$35 per day, per provider</p> <p>Radiation therapy <i>In-network:</i> \$20 per day, per provider</p> <p><i>For all out-of-network services listed above:</i> \$0-30% per day, per provider (\$0 for anticoagulant lab services)</p>	<p>Radiology/ imaging <i>In-network:</i> \$125 per day, per provider</p> <p>Tests/procedures <i>In-network:</i> \$20 per day, per provider</p> <p>Lab services <i>In-network:</i> \$0-\$20 per day, per provider (\$0 for anticoagulant lab services)</p> <p>Outpatient X-rays <i>In-network:</i> \$35 per day, per provider</p> <p>Radiation therapy <i>In-network:</i> \$30 per day, per provider</p> <p><i>For all out-of-network services listed above:</i> \$0-30% per day, per provider (\$0 for anticoagulant lab services)</p>	<p>Radiology/ imaging <i>In-network:</i> \$75 per day, per provider</p> <p>Tests/procedures <i>In-network:</i> \$20 per day, per provider</p> <p>Lab services <i>In-network:</i> \$0-\$20 per day, per provider (\$0 for anticoagulant lab services)</p> <p>Outpatient X-rays <i>In-network:</i> \$30 per day, per provider</p> <p>Radiation therapy <i>In-network:</i> \$25 per day, per provider</p> <p><i>For all out-of-network services listed above:</i> \$0-30% per day, per provider (\$0 for anticoagulant lab services)</p>

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
<p>Hearing services Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues.</p> <p>Routine hearing services must be received from a TruHearing® provider.</p>	<p>Medicare-covered diagnostic hearing exam <i>In-network:</i> \$10-\$40 for each office visit</p> <p><i>Out-of-network:</i> 30% for each visit</p>	<p>Medicare-covered diagnostic hearing exam <i>In-network:</i> \$20-\$45 for each office visit</p> <p><i>Out-of-network:</i> 30% for each visit</p>	<p>Medicare-covered diagnostic hearing exam <i>In-network:</i> \$15-\$40 for each office visit</p> <p><i>Out-of-network:</i> 30% for each visit</p>
<p>Routine hearing coverage (TruHearing® provider) \$0 for one routine hearing exam, per year</p> <p>\$295, \$695, \$1,095 or \$1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected</p> <p>Hearing aid cost includes a 60-day trial period, one year of post-purchase follow-up visits, 80 batteries per non-rechargeable hearing aid and a full 3-year manufacturer warranty</p>			
<p>Dental services Prior authorization may be required for Medicare-covered dental services.</p> <p>Delta Dental® is the preferred provider for additional dental services.</p>	<p>Medicare-covered dental services <i>In-network:</i> \$10-\$175 for each visit, depending on the service performed</p> <p><i>Out-of-network:</i> 30% for each service</p>	<p>Medicare-covered dental services <i>In-network:</i> \$20-\$225 for each visit, depending on the service performed</p> <p><i>Out-of-network:</i> 30% for each service</p>	<p>Medicare-covered dental services <i>In-network:</i> \$15-\$200 for each visit, depending on the service performed</p> <p><i>Out-of-network:</i> 30% for each service</p>
<p>Additional dental services \$0 for two cleanings (regular or periodontal maintenance) per year</p> <p>\$0 for two exams per year</p> <p>\$0 for one set of bitewing X-rays per year</p> <p>\$0 for one brush biopsy per year</p> <p>\$0 for periapical radiographs as needed</p> <p>\$0 for radiographs (full-mouth or panoramic x-rays) once every 24 months</p>			
<p>Vision services Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye and additional Medicare-covered services.</p>	<p>Medicare-covered services <i>In-network:</i> \$40 for each visit</p> <p>\$0 for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 for a yearly glaucoma screening</p>	<p>Medicare-covered services <i>In-network:</i> \$45 for each visit</p> <p>\$0 for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 for a yearly glaucoma screening</p>	<p>Medicare-covered services <i>In-network:</i> \$40 for each visit</p> <p>\$0 for eyeglasses or contact lenses after cataract surgery</p> <p>\$0 for a yearly glaucoma screening</p>

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
<p>Vision services (continued) In-network routine vision services must be provided by an EyeMed® “Select” provider. If received by a non-EyeMed “Select” provider (out-of-network), you must seek reimbursement. In-network and out-of-network benefits cannot be combined.</p>	<p><i>Out-of-network:</i> 30% for each visit, eyeglasses or contact lenses after cataract surgery, or for a yearly glaucoma screening</p> <hr/> <p>Routine vision services <i>In-network:</i> \$0 for one routine exam each year (includes dilation and refraction) \$0 for one retinal imaging per year \$100 eyewear allowance per year</p> <p><i>Out-of-network:</i> Up to \$100 reimbursement for eyewear Up to \$50 reimbursement for one routine exam Up to \$20 reimbursement for retinal imaging</p>		
<p>Mental health care We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>Prior authorization may be required.</p>	<p>Inpatient visit <i>In-network:</i> Days 1-6: \$225 each day Days 7 and beyond: \$0 each day <i>Out-of-network:</i> 30% per stay</p> <p>Outpatient therapy (individual or group) <i>In-network:</i> \$20 for each visit <i>Out-of-network:</i> 30% for each visit</p>	<p>Inpatient visit <i>In-network:</i> Days 1-5: \$350 each day Days 6 and beyond: \$0 each day <i>Out-of-network:</i> 30% per stay</p> <p>Outpatient therapy (individual or group) <i>In-network:</i> \$20 for each visit <i>Out-of-network:</i> 30% for each visit</p>	<p>Inpatient visit <i>In-network:</i> Days 1-6: \$200 each day Days 7 and beyond: \$0 each day <i>Out-of-network:</i> 30% per stay</p> <p>Outpatient therapy (individual or group) <i>In-network:</i> \$20 for each visit <i>Out-of-network:</i> 30% for each visit</p>
<p>Skilled Nursing Facility (SNF) Our plan covers up to 100 days each benefit period. A benefit period starts the day you go into a SNF and ends when you go for 60 days in a row without SNF care.</p> <p>Prior authorization may be required.</p>	<p><i>In-network:</i> Days 1-20: \$0 each day Days 21-100: \$203 each day <i>Out-of-network:</i> 30% for each stay</p>		

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
Physical therapy	<i>In-network:</i> \$35 for each service <i>Out-of-network:</i> 30% for each service	<i>In-network:</i> \$35 for each service <i>Out-of-network:</i> 30% for each service	<i>In-network:</i> \$30 for each service <i>Out-of-network:</i> 30% for each service
Ambulance Prior authorization may be required.	<i>In- and out-of-network:</i> \$210 each way	<i>In- and out-of-network:</i> \$270 each way	<i>In- and out-of-network:</i> \$215 each way
Transportation	Not covered		

PRESCRIPTION DRUG BENEFITS

Prescription drug benefits	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
Medicare Part B drugs Prior authorization or step therapy may be required.	<p>Chemotherapy drugs <i>In- and out-of-network:</i> Up to 20% for each drug</p> <p>Other Part B drugs <i>In- and out-of-network:</i> Up to 20% for each drug</p> <p>Select home infusion drugs <i>In- and out-of-network:</i> \$0 for each drug</p> <p>Part B insulin <i>In- and out-of-network:</i> 20% up to a \$35 copayment for a one-month supply of insulin administered through an item of durable medical equipment (such as insulin pumps or continuous glucose monitors (CGM)).</p>		

PART D OUTPATIENT PRESCRIPTION DRUGS

Prescription drug benefits	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
Deductible stage You'll pay this amount before you begin paying copays or coinsurance only.	\$0	\$0	\$0
Initial coverage stage You are in this stage until your drug total reaches \$5,030, which includes what you pay out-of-pocket and what we pay for your covered drugs.	You pay what is listed in the chart below.		

PREFERRED RETAIL PHARMACY

Prescription drug benefits	PriorityMedicare (HMO-POS)			PriorityMedicare Merit (PPO)			PriorityMedicare Select (PPO)		
	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred generic)	\$1	\$2	\$0	\$2	\$4	\$0	\$1	\$2	\$0
Tier 2 (Generic)	\$8 for insulins and other drugs	\$16 for insulins and other drugs	\$24 for insulins and other drugs	\$10 for insulins and other drugs	\$20 for insulins and other drugs	\$30 for insulins and other drugs	\$7 for insulins and other drugs	\$14 for insulins and other drugs	\$21 for insulins and other drugs
Tier 3 (Preferred brand)	\$35 for insulins and \$38 for other drugs	\$70 for insulins and \$76 for other drugs	\$105 for insulins and \$114 for other drugs	\$35 for insulins and \$42 for other drugs	\$70 for insulins and \$84 for other drugs	\$105 for insulins and \$126 for other drugs	\$35 for insulins and \$37 for other drugs	\$70 for insulins and \$74 for other drugs	\$105 for insulins and \$111 for other drugs
Tier 4 (Non-preferred drug)	\$35 for insulins and 45% for other drugs	\$70 for insulins and 45% for other drugs	\$105 for insulins and 45% for other drugs	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs	\$35 for insulins and 45% for other drugs	\$70 for insulins and 45% for other drugs	\$105 for insulins and 45% for other drugs
Tier 5 (Specialty)	\$35 for insulins and 33% for other drugs	N/A	N/A	\$35 for insulins and 33% for other drugs	N/A	N/A	\$35 for insulins and 33% for other drugs	N/A	N/A

Your costs will be less for your covered drugs when you use a pharmacy in our preferred network (includes Meijer, Walgreens, Walmart, Rite Aid, Family Fare Supermarkets, Costco and more), go to prioritymedicare.com to view the list in the provider/pharmacy directory.

STANDARD RETAIL PHARMACY									
Prescription drug benefits	Priority Medicare (HMO-POS)			Priority Medicare Merit (PPO)			Priority Medicare Select (PPO)		
Initial coverage stage	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred generic)	\$6	\$12	\$18	\$7	\$14	\$21	\$6	\$12	\$18
Tier 2 (Generic)	\$13 for insulins and other drugs	\$26 for insulins and other drugs	\$39 for insulins and other drugs	\$15 for insulins and other drugs	\$30 for insulins and other drugs	\$45 for insulins and other drugs	\$12 for insulins and other drugs	\$24 for insulins and other drugs	\$36 for insulins and other drugs
Tier 3 (Preferred brand)	\$35 for insulins and \$43 for other drugs	\$70 for insulins and \$86 for other drugs	\$105 for insulins and \$129 for other drugs	\$35 for insulins and \$47 for other drugs	\$70 for insulins and \$94 for other drugs	\$105 for insulins and \$141 for other drugs	\$35 for insulins and \$42 for other drugs	\$70 for insulins and \$84 for other drugs	\$105 for insulins and \$126 for other drugs
Tier 4 (Non-preferred drug)	\$35 for insulins and 45% for other drugs	\$70 for insulins and 45% for other drugs	\$105 for insulins and 45% for other drugs	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs
Tier 5 (Specialty)	\$35 for insulins and 33% for other drugs	N/A	N/A	\$35 for insulins and 33% for other drugs	N/A	N/A	\$35 for insulins and 33% for other drugs	N/A	N/A

MAIL ORDER THROUGH EXPRESS SCRIPTS (ESI)									
Prescription drug benefits	Priority Medicare (HMO-POS)			Priority Medicare Merit (PPO)			Priority Medicare Select (PPO)		
	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred generic)	\$1	\$2	\$0	\$2	\$4	\$0	\$1	\$2	\$0
Tier 2 (Generic)	\$8 for insulins and other drugs	\$16 for insulins and other drugs	\$0 for insulins and other drugs	\$10 for insulins and other drugs	\$20 for insulins and other drugs	\$0 for insulins and other drugs	\$7 for insulins and other drugs	\$14 for insulins and other drugs	\$0 for insulins and other drugs
Tier 3 (Preferred brand)	\$35 for insulins and \$38 for other drugs	\$70 for insulins and \$76 for other drugs	\$95 for insulins and other drugs	\$35 for insulins and \$42 for other drugs	\$70 for insulins and \$84 for other drugs	\$105 for insulins and other drugs	\$35 for insulins and \$37 for other drugs	\$70 for insulins and \$74 for other drugs	\$92.50 for insulins and other drugs
Tier 4 (Non-preferred drug)	\$35 for insulins and 45% for other drugs	\$70 for insulins and 45% for other drugs	\$105 for insulins and 45% for other drugs	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs	\$35 for insulins and 45% for other drugs	\$70 for insulins and 45% for other drugs	\$105 for insulins and 45% for other drugs
Tier 5 (Specialty)	\$35 for insulins and 33% for other drugs	N/A	N/A	\$35 for insulins and 33% for other drugs	N/A	N/A	\$35 for insulins and 33% for other drugs	N/A	N/A

Prescription drug benefits	PriorityMedicare Merit (PPO)	PriorityMedicare (HMO-POS)	PriorityMedicare Select (PPO)
Coverage gap stage (also known as the “donut hole”)	<p>Once the total yearly drug costs (what you’ve paid plus what we’ve paid) reach \$5,030 you enter the coverage gap and then you pay a percentage of the cost we have negotiated for the drug:</p> <ul style="list-style-type: none"> • 25% of what we would pay for the covered brand name drug • 25% of what we would pay for the covered generic drug <p>During this stage, cost sharing for insulin drugs is the same as in the initial coverage stage.</p> <p>When your out-of-pocket drug costs reach \$8,000, this is the end of the coverage gap stage.</p>		
Catastrophic coverage stage	Once your out-of-pocket drug costs reach \$8,000, the plan pays the full cost of your covered Part D drugs.		
Long-term care (LTC)	If you are a resident of a long-term care (LTC) facility, you may get your prescription drugs through the facility’s pharmacy as long as it is part of our network.		

OPTIONAL ENHANCED DENTAL AND VISION PACKAGE

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
Benefits	Additional dental coverage, including coverage for dental services and an additional vision allowance for use on eyeglasses or contacts		
Premium	Additional \$42.00 per month. You must keep paying your Medicare Part B premium and your \$59-\$113 monthly plan premium.	Additional \$42.00 per month. You must keep paying your Medicare Part B premium and your \$60-\$118 monthly plan premium.	Additional \$42.00 per month. You must keep paying your Medicare Part B premium and your \$147-\$223 monthly plan premium.
Deductible	\$0		
Maximum plan benefit coverage amount	\$2,500 for dental services and an additional \$150 for eyewear, per calendar year		
Dental services Delta Dental® is the preferred provider for additional dental services.	<p>\$0 for fillings, including composite resin and amalgam, once per tooth, every 24 months, crown repairs once per tooth every 12 months and one fluoride treatment per year</p> <p>\$0 for emergency treatment for dental pain at no limit and anesthesia when used in conjunction with qualifying dental services</p> <p>50% of the cost of onlays, crowns and associated substructures, once per tooth, every 60 months</p> <p>50% of the cost of endodontics (root canals), once per tooth per lifetime</p>		

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
Dental services (continued)	50% of the cost of simple (non-surgical) and surgical extractions, once per tooth per lifetime 50% of the cost for implants & implant repairs per tooth every 5 years 50% of the cost of dentures once every 60 months, denture relines and repairs and bridge repairs, once every 36 months		
Vision services In-network vision services must be provided by an EyeMed® “Select” provider. If received by a non- EyeMed “Select” provider (out-of-network), you must seek reimbursement. In-network and out-of-network benefits cannot be combined.	\$150 allowance/reimbursement per year for additional eyewear		

ADDITIONAL MEDICAL BENEFITS COVERED UNDER YOUR PLAN

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
Abridge	\$0 A smartphone-based application that securely records medical conversations during patient appointments.* Once the recording is complete the Abridge app will transcribe the conversation and pull out any key information (prescription refills, follow up appointments, etc.). The app also allows members to share the transcripts with caregivers/family as they wish. <i>*Medical professionals must verbally consent to being recorded.</i>		
Acupuncture	Medicare-covered acupuncture for lower chronic back pain <i>In- and out-of-network: \$20 per service</i> Non-Medicare covered routine acupuncture for other conditions <i>In- and out-of-network: \$20 per visit (limit 6 visits each year)</i>		
Annual preventive physical exam	<i>In-network: \$0 for an exam</i> <i>Out-of-network: 30% for an exam</i> You're free to talk at your annual preventive exam. When we say no cost, we mean it - \$0 annual physical exam, without the worry of being charged for an office visit. This is an opportunity for you and your physician to discuss any concerns or questions you have.		

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
BrainHQ	\$0 Access to online exercises and games that improve memory, attention, brain speed and more. Train on any device like a computer, tablet or smartphone. To register, go to <i>priority.brainhq.com</i> or contact BrainHQ Customer Service at 877.673.9059.		
Chiropractic care	Medicare-covered care <i>In-network:</i> \$20 for each visit <i>Out-of-network:</i> 30% for each visit		
Dialysis	<i>In-network:</i> 20% for each service <i>Out-of-network:</i> 30% for each service		
Home health services Prior authorization may be required.	<i>In- and out-of-network:</i> \$0 for each Medicare-covered service		
Meal benefit Home-delivered meals, provided through Mom's Meals following a discharge from a hospital (acute or psychiatric) or Skilled Nursing Facility (SNF) stay.	\$0 for 28 meals following a discharge (limit 4 times per year)		
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). Diabetic test strips are limited to JJHCS and Bayer products when dispensed by a retail pharmacy or mail-order pharmacy. Prior authorization may be required.	Diabetes supplies <i>In-network:</i> \$0 for each item <i>Out-of-network:</i> 30% for each item Durable medical equipment <i>In-network:</i> 20% for each item <i>Out-of-network:</i> 30% for each item Prosthetic devices <i>In-network:</i> \$0-20% for each item, depending on the device <i>Out-of-network:</i> 30% for each device		

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
<p>Over-the-counter (OTC) allowance</p> <p>Over-the-counter items are drugs and health related products that do not need a prescription such as; allergy medication, eye drops, cough drops, nasal spray, vitamins and more.</p>	<p>\$40 allowance per quarter for OTC items</p>	<p>\$25 allowance per quarter for OTC items</p>	<p>\$25 allowance per quarter for OTC items</p>
<p>Podiatry services</p>	<p><i>In-network:</i> \$40 for each visit</p> <p>\$0 for nail debridement and callous removal for members with specific conditions (up to 6 of each)</p> <p><i>Out-of-network:</i> 30% for each visit and service</p>	<p><i>In-network:</i> \$45 for each visit</p> <p>\$0 for nail debridement and callous removal for members with specific conditions (up to 6 of each)</p> <p><i>Out-of-network:</i> 30% for each visit and service</p>	<p><i>In-network:</i> \$40 for each visit</p> <p>\$0 for nail debridement and callous removal for members with specific conditions (up to 6 of each)</p> <p><i>Out-of-network:</i> 30% for each visit and service</p>
<p>Priority Health Travel Pass</p>	<p>Out-of-area travel benefit You'll pay in-network prices when seeking care from Medicare-participating providers anywhere in the U.S. outside of the lower peninsula of Michigan. Our partnership with Multiplan® can make accessing Medicare-participating providers even easier.</p> <p>You may stay enrolled in the plan when outside of the service area for up to 12 months; as long as your permanent residency remains in your plan's service area.</p> <p>Worldwide urgent and emergent care Unlimited worldwide emergent and urgent care coverage.</p> <p>Worldwide travel assistance program \$0 for emergency travel assistance services through Assist America® when you're more than 100 miles from home or in a foreign country. Assist America® provides pre-trip assistance to help you prepare for your travel, including finding a doctor or a pharmacy to fill your prescriptions at your destination and assistance while on your trip should a medical travel emergency arise, at not extra cost to you.</p> <p>You will still pay for benefits covered by Priority Health Medicare, such as emergency, urgent care or prescription drug copays.</p>		

Benefits and what you should know	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
Rehabilitation services	<p>Cardiac rehabilitation services and supervised exercise therapy (SET) services <i>In-network:</i> \$20 for each service</p> <p><i>Out-of-network:</i> 30% for each service</p> <p>Pulmonary rehabilitation services <i>In-network:</i> \$15 for each service</p> <p><i>Out-of-network:</i> 30% for each service</p> <p>Physical therapy, occupational therapy and speech therapy services <i>In-network:</i> \$35 for each service</p> <p><i>Out-of-network:</i> 30% for each service</p>	<p>Cardiac rehabilitation services and supervised exercise therapy (SET) services <i>In-network:</i> \$20 for each service</p> <p><i>Out-of-network:</i> 30% for each service</p> <p>Pulmonary rehabilitation services <i>In-network:</i> \$15 for each service</p> <p><i>Out-of-network:</i> 30% for each service</p> <p>Physical therapy, occupational therapy and speech therapy services <i>In-network:</i> \$35 for each service</p> <p><i>Out-of-network:</i> 30% for each service</p>	<p>Cardiac rehabilitation services and supervised exercise therapy (SET) services <i>In-network:</i> \$15 for each service</p> <p><i>Out-of-network:</i> 30% for each service</p> <p>Pulmonary rehabilitation services <i>In-network:</i> \$15 for each service</p> <p><i>Out-of-network:</i> 30% for each service</p> <p>Physical therapy, occupational therapy and speech therapy services <i>In-network:</i> \$30 for each service</p> <p><i>Out-of-network:</i> 30% for each service</p>
SilverSneakers® Fitness membership	<p>\$0 membership at thousands of participating SilverSneakers fitness centers nationwide. Plus, options for working out from the comfort of your home with access to members-only virtual exercise classes and online workshops with the SilverSneaker GO™ fitness app or SilverSneakers home fitness kits.</p> <p>You can also sign up for Tuition Rewards® through SilverSneakers to earn money towards college tuition for family members.</p> <p>The SilverSneakers® program is provided by Tivity Health®. All programs and services may not be available in all areas.</p>		
Virtual care Online care you receive from the comfort of your home, or wherever you may be, with a virtual visit via video on your computer, smart phone or tablet.	<p><i>In-network:</i> \$0 virtual visits with primary care, specialist and behavioral health providers.</p> <p>Available 24/7, virtual visits let you see a provider for, and get treatment for, non-emergency care.</p> <p><i>Out-of-network:</i> Not covered</p>		

PREMIUMS AND BENEFITS | Monthly Premiums

Counties	PriorityMedicare (HMO-POS)	PriorityMedicare Merit (PPO)	PriorityMedicare Select (PPO)
Region 1: Allegan, Barry, Kent, Lenawee, Ottawa	\$74	\$60	\$157
Region 2: Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford	\$79	\$73	\$147
Region 3: Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe	\$113	\$104	\$206
Region 4: Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph	\$103	\$118	\$223
Region 5: Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne	\$59	\$95	\$212

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 833.540.1348 from 8 a.m. to 8 p.m. (TTY 711).

Understanding the benefits

-  The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [prioritymedicare.com](https://www.prioritymedicare.com) or call 833.540.1348 to view a copy of the EOC.
-  Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
-  Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
-  Review the formulary to make sure your drugs are covered.

Understanding important rules

-  In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
-  Benefits, premiums and/or copayments/co-insurance may change on Jan. 1, 2025.
-  Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services for HMO-POS plans that are provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.

Priority Health Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare.

If you qualify for extra help from Medicare to pay the premium for your prescription drug coverage, here's how much your monthly premium could be for your Priority Health Medicare plan.

The premiums listed here don't include the monthly Medicare Part B premium that you may have to pay.

Priority Medicare IdealSM (PPO)

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

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

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

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

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

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

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

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

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

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

Priority Medicare ValueSM (HMO-POS)

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

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

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

If you receive Low Income Subsidy, your monthly premium will be \$3.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$40.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$15.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$3.10.

Priority Medicare^M (HMO-POS)

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

If you receive Low Income Subsidy, your monthly premium will be \$38.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$43.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$77.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$67.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$23.10.

Priority Medicare MeritSM (PPO)

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

If you receive Low Income Subsidy, your monthly premium will be \$24.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$37.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$68.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$82.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$59.10.

Priority Medicare SelectSM (PPO)

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

If you receive Low Income Subsidy, your monthly premium will be \$121.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$111.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$170.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$187.10.

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

If you receive Low Income Subsidy, your monthly premium will be \$176.10.

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 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Customer Service at 888.389.6648 (TTY 711) from 8 a.m. to 8 p.m., seven days a week.



Priority Health's pharmacy network includes limited lower-cost, preferred pharmacies in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 888.389.6648, TTY users call 711, or consult the online pharmacy director at [prioritymedicare.com](https://www.prioritymedicare.com).

Out-of-network/non-contracted providers are under no obligation to treat Priority Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost of sharing that applies to out-of-network services.

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