

Large Group Solutions Guide

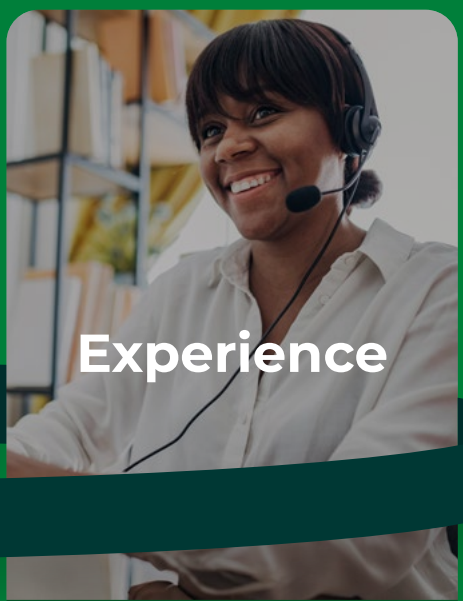
Priority Health™

At Priority Health, we understand that health benefits are more than a line item — they're a strategic lever for attracting and retaining top talent. They also represent a significant investment, second only to payroll. In today's climate of rising costs, global uncertainty and chronic health issues on the rise, organizations face increasingly complex decisions.

That's why we go beyond traditional coverage to ensure you're getting real return from your investment. We deliver truly valuable health coverage and sustainable savings by guiding members to the **highest-quality providers**, supporting the **holistic health needs of the individual**, all while creating an **effortless experience** that ultimately improves the lives of your employees.







AFFORDABILITY

Table of contents

CLICK ON THE PAGE NUMBER OR SECTION TO VISIT

PAGE 4

Funding options

Fully Funded
Self-funded
TPA

PAGE 6

Health plans

PriorityHMO℠
PriorityPOS℠
PriorityPPO℠

PAGE 9

Benefit designs

Copay Aligned
Tiered Copay
Traditional Copay
PriorityValue®
PriorityHSA℠
Minimum Value

PAGE 16

Network solutions

Southeast MI Partners
West MI Partners
PriorityIntegra®

PAGE 20

Additional coverage

Cancer Support Solutions
Carrot
HealthEquity FSA
HealthEquity HSA
MSK COE
Primary Care Connect
PriorityGPS®
PriorityHRA
PriorityPharmacy
PriorityVision
Sword Health
Teladoc Health Diabetes & Condition Management
Virta

PAGE 34

Partnerships

Guardian
Garner Health

PAGE 35

Riders

Deductible Riders
Medical Benefits Riders
Prescription Drug Riders
Nonstandard Eligibility Riders

PAGE 43

Solutions snapshot

Find the funding that fits

As costs rise and priorities shift, employers are balancing predictability with transparency, flexibility and control.

Priority Health offers a flexible range of funding options — helping employers choose the right approach based on their goals, risk tolerance and workforce needs.

Fully funded

An ideal choice for employers seeking predictability without compromise.

- Complete cost certainty
- Administrative simplicity
- Backed by our comprehensive network and award-winning customer service

Self-funding

A recent addition to our funding continuum that enables employers a smooth transition to self-funding.

- Offers cost savings and predictability with fixed monthly premiums and no risk of paying money back
- Groups can choose from a variety of plans and network options that best suit their needs with the choice of select buy-up options



Optimized Level Funding Option (OLFO)

Delivers a custom solution with a highly integrated model that gives employers greater visibility, control and the flexibility to shape their solution, without sacrificing the trusted services and support Priority Health is known for.

- Deep network discounts
- Seamless administration
- Comprehensive cost containment programs

HMA TPA

Our solution, in partnership with HMA, gives employers the ability to design and build a solution personalized to their workforce using a curated suite of options. This model delivers real, proven savings for employers.

- Includes access to 10+ stop-loss partners and 15+ PBMs
- Combines Priority Health's nationwide network and HMA's industry leading claim integrity programs

PHP TPA Services

As a part of Priority Health, PHP TPA Services offers a solution designed for employers in Michigan with 51-99 enrolled. By bringing together PHP's proven administration capabilities and our trusted local expertise, employers can build a plan that aligns to their needs with greater visibility, control and support.

- Select from 15 stop-loss partners
- Choice in PBM, with the ability to select the pharmacy model that best fits employer needs
- Access to Cigna's national provider network



Download the HMA TPA Overview

Download the PHP TPA Overview

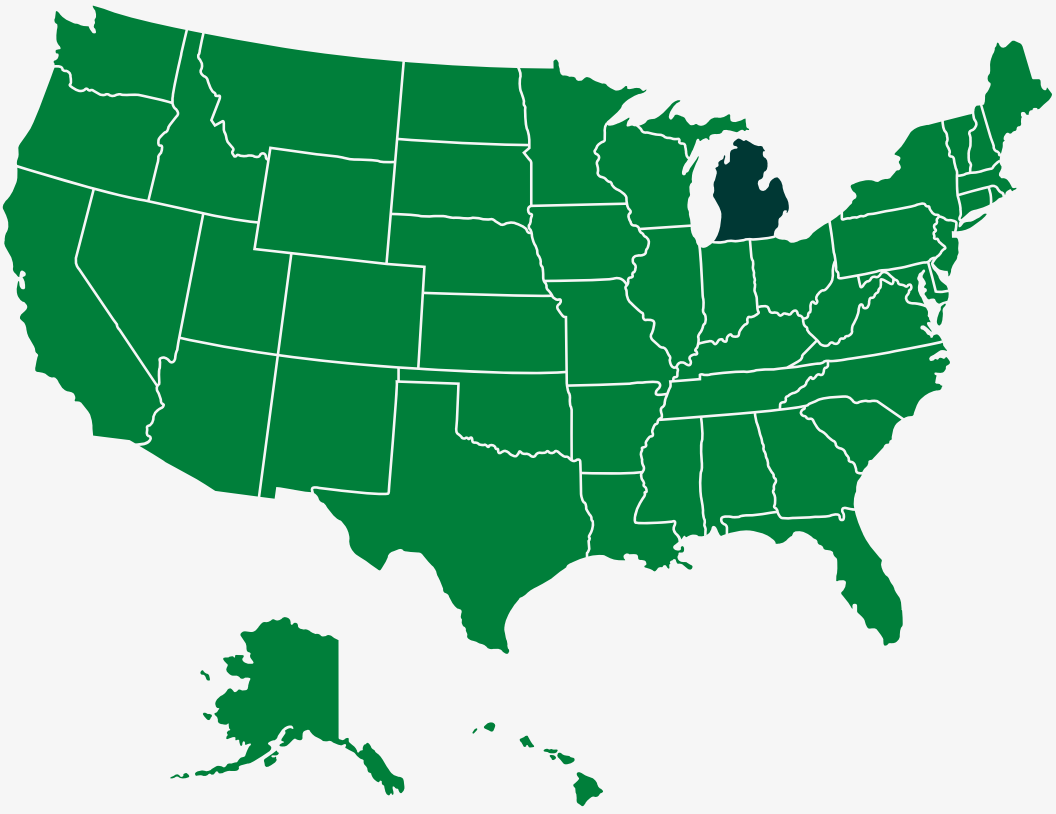
Compare our funding options.

VISIT NOW →

Health plans

Our strong network makes it easier for employees to get care at a cost they can afford. Because we contract with so many providers and medical facilities throughout the state, employers can choose the health plan that meets their specific need.

Priority Health has one of the strongest networks available to serve our members, with primary care doctors and hospitals across Michigan and **nearly 2 million providers nationwide**[1] through our Cigna partnership.



[1]Priority Health is an independent company and not an affiliate of Cigna. Any Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name and other Cigna marks are owned by Cigna Intellectual Property, Inc.

PriorityHMO

Health maintenance organization (HMO) plans offer cost savings with limited coverage outside the plan's network of participating providers. This is ideal for employers looking to manage medical costs, ensuring employees receive all the services they need but none that are unnecessary.

- Requires employees to choose a primary care physician (PCP)
- Does not require referrals to see specialists

PriorityPOS

Point of service (POS) plans combine the cost savings of an HMO with the flexibility of a PPO, with more coverage for services outside of network. This is ideal for employers who are looking for more flexible network benefits but want the cost savings of our HMO network.

- Participants must designate an in-network physician to be their primary care provider[2]
- Does not require referrals to see specialists
- Employees can choose to use preferred (in-network) benefits or pay a higher cost share for alternate (out-of-network) benefits
- Offers coverage for employees who reside outside the state of Michigan

PriorityPPO

Preferred provider organization (PPO) plans provide employees with access to the Priority Health provider network and to out-of-network providers of their choice. This is ideal for employers with members outside of Michigan or planning to expand operations outside of the state.

- No requirement to choose a primary care physician
- Does not require referrals to see specialists
- Employees can choose to use in- or out-of-network benefits; out-of-network benefits will have a higher employee cost share
- Offers coverage for employees who reside outside the state of Michigan

[2]If a member lives outside of Michigan, they are not required to have a designated PCP.

How our plans stack up

	HMO	POS	PPO
Summary	Offers cost savings with limited coverage outside the plan's network of participating providers.	Combines the cost savings of an HMO with the flexibility of a PPO, with more coverage for services outside of network.	Provides employees with access to Priority Health provider network and out-of-network providers of their choice.
PCP requirements	Member is required to have a designated PCP to receive in-network benefits. No referral required to see a specialist.	Member is required to have a designated PCP to receive in-network benefits.[2] No referral required to see a specialist.	Member is not required to have a PCP to receive in-network benefits. No referral required to see a specialist.
Out-of-network policy	Out-of-network care is not covered unless it's an emergency.	Out-of-network care is covered, but members pay higher out-of-pocket costs for out-of-network services. Services performed out of state through participating Cigna providers are covered at the in-network (preferred) benefit level.	
Enrollment requirements	Group must be headquartered in Michigan. 100% of employees enrolled must work or live in Michigan.	Group must be headquartered in Michigan. For large groups with 51+ employees, 50% of employees enrolled must live in Michigan. For small groups with 50 or fewer employees, 65% of employees enrolled must live in Michigan.	
New member continuity of care	New member continuity of care for the first 90 days. • New-to-Priority-Health members can receive services from out-of-network providers at the in-network benefit level for preauthorized services that were scheduled prior to enrollment with Priority Health. • A Priority Health nurse case manager will help members transition to an in-network provider following the services.		N/A

[2]If a member lives outside of Michigan, they are not required to have a designated PCP.

Benefit designs

When it comes to helping your clients put together their benefits packages, you have a partner in Priority Health. We can help you decide on the exact combination of plan benefits that are best for employers and employees.

Copay Aligned **pg. 10**

Tiered Copay **pg. 11**

Traditional Copay **pg. 12**

PriorityValue **pg. 13**

PriorityHSA **pg. 14**

Minimum Value **pg. 15**

Copay Aligned

Offers employees predictable copays before deductible for most services.

Offering a lower cost share for employees helps employers attract and retain top talent with a competitive, high-value benefits package that allows pre-deductible copay coverage for nearly all services, making it easier for employees to get care when they need it.

For employers who want to:

- Encourage a healthier workforce with straightforward, predictable copays before deductible.
- Attract and retain top talent with competitive benefits and a lower cost-share for employees.
- Make it easier for employees to get the level of care they need at the appropriate location of services (which leads to lower rates of absenteeism).
- Engage employees in their health through place-of-service cost transparency.

Benefit overview

PCP visit	Copay, before deductible
Specialist visit	Copay, before deductible
In-network virtual care	Covered in full[3]
Urgent care	Copay, before deductible
Advanced diagnostic imaging	Copay, before deductible
Emergency room services	Copay, before deductible
Ambulance	Copay, before deductible
Substance use/behavioral health services	Copay, before deductible
Physical/occupational/chiropractic/ speech therapy	Copay, before deductible
Inpatient services	Coinsurance, after deductible
Outpatient services	Coinsurance, after deductible

[3]Includes 100 percent coverage ($0 copay) for fully funded plans and opt-in for self-funded employers.

Tiered Copay

Offers employees predictable copays for most services — some before deductible, some after.

Provide employees with predictable copays for primary care, specialist and urgent care visits and prescription drugs before deductible, so they can get the right care at the right place, while helping lower premium costs by shifting higher-cost services to after the deductible.

For employers who want to:

- Support a healthier workforce by taking on some cost sharing at a lower overall cost than our Copay Aligned plan.
- Drive employees to the right site of care for lower-cost services.
- Manage the cost of premiums by moving higher-cost services after deductible.

Benefit overview

PCP visit	Copay, before deductible
Specialist visit	Copay, before deductible
In-network virtual care	Covered in full[3]
Urgent care	Copay, before deductible
Advanced diagnostic imaging	Copay, after deductible
Emergency room services	Copay, after deductible
Ambulance	Copay, after deductible
Substance use/behavioral health services	Copay, before deductible
Physical/occupational/chiropractic/ speech therapy	Copay, before deductible
Inpatient services	Coinsurance, after deductible
Outpatient services	Coinsurance, after deductible

[3]Includes 100 percent coverage ($0 copay) for fully funded plans and opt-in for self-funded employers.

Traditional Copay

Our tried-and-true primary-care-focused, primarily copay-based coverage.

Empower employees to take charge of their physical and behavioral well-being with pre-deductible copay coverage for all primary care visits, behavioral health and substance use services.

For employers who want to:

- Control spending with our lowest-cost, copay-based plan. Most services apply to the deductible, lowering the overall cost to the employer.
- Encourage employees to see their PCP and support healthier behaviors through behavioral health and substance use services.
- Offer rich benefits while keeping an eye on the bottom line - no need to sacrifice coverage for cost.

Benefit overview

PCP visit	Copay, before deductible
Specialist visit	Copay, after deductible
In-network virtual care	Covered in full[3]
Urgent care	Copay, after deductible
Advanced diagnostic imaging	Copay, after deductible
Emergency room services	Copay, after deductible
Ambulance	Copay, after deductible
Substance use/behavioral health services	Copay, before deductible
Physical/occupational/chiropractic/ speech therapy	Copay, after deductible
Inpatient services	Coinsurance, after deductible
Outpatient services	Coinsurance, after deductible

[3]Includes 100 percent coverage ($0 copay) for fully funded plans and opt-in for self-funded employers.

PriorityValue

A simple, coinsurance-based plan that helps employers save more.

Lower premiums and overall costs while still providing employees a straightforward health plan that makes it easy to access their PCP.

For employers who want to:

- Control costs by encouraging employees to see their PCP, with 100% coverage for most primary care visits, virtual care and preventive care.
- Offer a simple, easy-to-understand plan — most services apply to the same deductible and coinsurance.
- Pair their health plan with an FSA to help employees put aside money for unexpected expenses.
- Save on premiums compared to other higher-cost plans.

Benefit overview

PCP visit	Covered in full, for E&M[4] only
Specialist visit	Coinsurance, after deductible
In-network virtual care	Covered in full[3]
Urgent care	Coinsurance, after deductible
Advanced diagnostic imaging	Coinsurance, after deductible
Emergency room services	Coinsurance, after deductible
Ambulance	Coinsurance, after deductible
Substance use/behavioral health services	Coinsurance, after deductible
Physical/occupational/chiropractic/ speech therapy	Coinsurance, after deductible
Inpatient services	Coinsurance, after deductible
Outpatient services	Coinsurance, after deductible

[3]Includes 100 percent coverage ($0 copay) for fully funded plans and opt-in for self-funded employers.
[4]Evaluation and management, as determined by provider.

Pharmacy savings?

Our ValueRx plans offer complimentary coverage to the PriorityValue plan for prescription drugs. They have low, fixed copays on select drugs and coinsurance on all other medications, which are not subject to a deductible.

PriorityHSA

Save on premiums and gain tax advantages.

A high-deductible health plan (HDHP) that helps employers lower health care costs while giving employees the option to pair their plan with a tax-free savings account for medical expenses or future retirement needs. All ACA-compliant PriorityHSA plans cover preventive care in full, ahead of the deductible.

For employers who want to:

- Lower their premiums. HSA-qualified HDHPs typically have higher deductibles, meaning lower premiums.
- Attract and retain top talent with flexible benefits that help employees control their costs, take a more active role in their health care and invest for the future.
- Make tax-deductible HSA contributions, incentivizing employees to make contributions as well.
- Save on payroll taxes. HSA contributions made through payroll deductions are typically pre-tax for employees and reduce employer payroll tax liability.
- Pair their health plan with optional riders that cover medical services and prescriptions for chronic conditions ahead of the deductible.

Benefit overview

PCP visit	Coinsurance, after deductible
Specialist visit	Coinsurance, after deductible
In-network virtual care	Covered in full, after deductible[5]
Urgent care	Coinsurance, after deductible
Advanced diagnostic imaging	Coinsurance, after deductible
Emergency room services	Coinsurance, after deductible
Ambulance	Coinsurance, after deductible
Substance use/behavioral health services	Coinsurance, after deductible
Physical/occupational/chiropractic/ speech therapy	Coinsurance, after deductible
Inpatient services	Coinsurance, after deductible
Outpatient services	Coinsurance, after deductible

[5]Includes 100 percent coverage ($0 copay) after deductible for fully funded plans and opt-in for self-funded employers. 100% coverage before deductible is available through the Virtual Care $0 Before Deductible rider.

Employers have access to HealthEquity health savings accounts (HSA). These accounts offer employers and employees easy access to their HSA account information via online portals and a user-friendly mobile app. See page 24 for more information.

Minimum Value

Minimal coverage doesn't mean minimal benefits.

This plan includes minimum essential coverage (MEC) based on Michigan's benchmark plan and meets the Affordable Care Act's (ACA) 60% minimum value requirement for member cost sharing.

For employers who want to:

- Meet both MEC and minimum value coverage (MVC) requirements under the ACA's Employer Mandate.
- Explore HSA-compatible options to help employees and employers put aside funds for unexpected expenses.

Benefit overview

PCP visit	Coinsurance, after deductible
Specialist visit	Coinsurance, after deductible
In-network virtual care	Covered in full[6]
Urgent care	Coinsurance, after deductible
Advanced diagnostic imaging	Coinsurance, after deductible
Emergency room services	Coinsurance, after deductible
Ambulance	Coinsurance, after deductible
Substance use/behavioral health services	Coinsurance, after deductible
Physical/occupational/chiropractic/speech therapy	Coinsurance, after deductible
Inpatient services	Coinsurance, after deductible
Outpatient services	Coinsurance, after deductible

[6]Includes 100 percent coverage ($0 copay) for fully funded plans and opt-in for self-funded employers. For Minimum Value HSA plan, in-network virtual care is covered in full after deductible.

Network solutions

Network solutions can help both employers and their employees save on health care costs. It's a win-win for employers looking to lower their health care spend and better engage employees in health care decision-making.

Tiered network products

A tiered network can help employers save up to 11 percent on premiums and help employees save on deductibles, out-of-pocket limits and cost sharing — all by utilizing the selected Tier 1 provider network.

Providers are separated into two tiers, Tier 1 and Tier 2. We partner with our Tier 1 providers to lower member costs. If employees choose care through a Tier 1 provider, they'll benefit from lower coinsurance, copays and deductibles. Employees have access to our entire Priority Health network; however, if they choose to receive care from a Tier 2 provider, they will have a higher cost share.

Tiered networks are ideal for price-sensitive groups with employees who are geographically located within the Tier 1 service area.

Narrow networks

A narrow network can help reduce the cost of care by limiting choice of providers and facilities in exchange for lower premiums.

A narrow network is made up of a specific subset of providers and facilities from the carrier's broader network. These plans have a lower monthly premium compared to broad plans but come with a limited amount of provider choice. And care is only covered if it's received from the defined (narrow) provider network. Narrow networks can be a good choice for employers looking to reduce premium costs that are located near a specific network of providers and facilities.

Interested in learning more about network solutions?

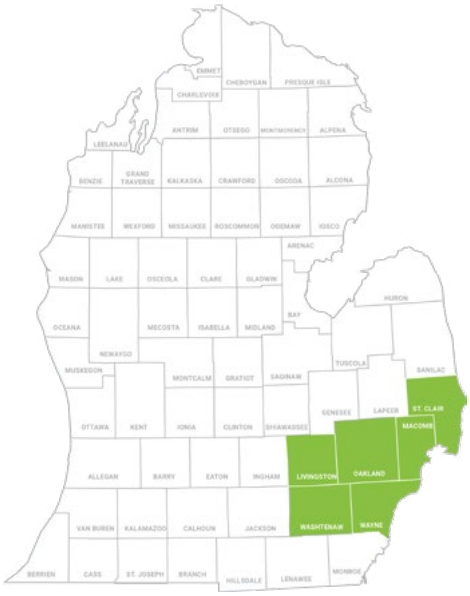
DOWNLOAD THIS GUIDE TO LEARN MORE →

Southeast MI Partners

An ideal solution for employers with employees who live and work in Southeast Michigan.

This tiered network plan is available to large employers within a six-county area and includes many of the region's top health care systems in Tier 1.

Southeast MI Partners is available to companies located in these six counties: Livingston, Macomb, Oakland, St. Clair, Washtenaw, Wayne



Tier 1 hospitals

- Corewell Health in Southeast Michigan (formerly Beaumont Health) and affiliated physicians
- Detroit Medical Center hospitals and affiliated physicians
- Lake Huron Medical Center and affiliated physicians
- Michigan Medicine for nonprimary care (with referral only)
- Trinity Health in Southeast Michigan and select affiliated physicians
- Statewide ancillary facilities in the Priority Health network, including labs, physical therapy, radiology and home health care
- All in-network pharmacies
- Emergency services

Tier 2

All non-Tier 1 providers currently covered under the Priority Health network

Tiered networks are offered in the Southeast and are available on the following plan designs:

- Copay Aligned
- PriorityHSA
- PriorityValue
- Tiered Copay
- Traditional Copay

Southeast MI Partners has more than twice as many available locations and two and half times as many providers as the competition.

Download the overview.

West MI Partners

An ideal solution for employers with employees who live and work in West and Southwest Michigan.



This tiered network plan is available to large employers within a 13-county area and includes Corewell Health in West Michigan[7], Holland Hospital and University of Michigan Health-West.

West MI Partners is available to companies located in these 13 counties: Allegan[8], Barry, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

Tier 1

- Corewell Health in West Michigan[7], University of Michigan Health-West, Holland Hospital and Bronson Healthcare[8] and providers with admitting privileges to these facilities
- Forest View Hospital
- Mary Free Bed Rehabilitation Hospital
- Orthopedic Associates of Michigan
- Pine Rest Christian Mental Health Services
- Ancillary providers in the Priority Health network, including physical therapists, social workers, labs and skilled nursing facilities
- All in-network pharmacies
- Emergency services

Tier 2

All non-Tier 1 providers currently covered under the Priority Health network

[7]With the exception of Corewell Health in Southwest Michigan (formerly Spectrum Health Lakeland). [8]All of Allegan County except 49010.

New Enhancements Added!

Built in navigation support to help members maximize their benefits.

ASO groups can select a copay-only plan for clear cohesive coverage.

Tiered networks are offered in West Michigan and are available on the following plan designs:

- Copay Aligned
- PriorityHSA
- PriorityValue
- Tiered Copay
- Traditional Copay

West MI Partners is the only tiered network solution in West Michigan.

Download the overview.

PriorityIntegra®

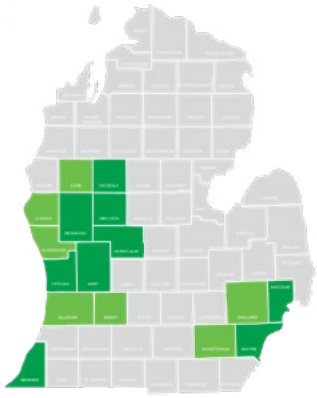
Healthcare complexity and poor coordination between providers and insurers often leads to consumer dissatisfation.[9] As the largest integrated health system in the state, we believe that taking down those barriers and building bridges between care and coverage benefits employers and employees by giving them a supported, coordinated and simple experience.

PriorityIntegra, leverages the unique integration points between Priority Health and Corewell Health to deliver value through a seamless and exceptional experience, a straightforward and comprehensive network and cost savings of up to 9.4%[10]! PriorityIntegra is available to self-funded employers.

Features:

- Access to 29,000+ providers, including all Corewell Health facilities and select affiliates
- Savings up to 9.4%[10] average claims savings
- A concierge experience with a dedicated support for members
- Zero-cost TytoCare kits for eligible families, enabling virtual exams from home
- Discounts of 12% on optional select on-site health services for employers

PriorityIntegra is best for groups with employees who live and work in one of the shaded counties. Counties shaded in dark green scored above the recommended provider adequacy threshold. Counties in light green are slightly below the threshold but still have good access.



Providers:

- Corewell Health East, West, South (including Lakeland)
- Corewell Health providers with admitting privileges to Holland Hospital
- Pine Rest Christian Mental Health Hospital
- Forest View Hospital
- Mary Free Bed Rehabilitation Hospital
- Emergency services
- In-network pharmacies
- Select physician organizations that provide primary and specialty care services

Learn more about how we've supported Shape Corp team members through integrated offerings and innovative solutions.

WATCH THE VIDEO HERE →

Download the PriorityIntegra overview.

[9]Forbes 2021. [10]Up to 9.4% average claims savings in comparison to an HMO. Actual savings dependent on demographics and utilization mix.

Additional coverage

Want more? With our broad suite of offerings, employers can build a benefits package that best suits their business needs while attracting and retaining top talent. Consider options that help employees pay for services before deductible or a solution that navigates them through the health care journey.

Cancer Support Solutions **pg. 21**	Carrot **pg. 22**	HealthEquity FSA **pg. 23**	HealthEquity HSA **pg. 24**	MSK COE **pg. 25**
Primary Care Connect **pg. 26**	PriorityGPS **pg. 27**	PriorityHRA **pg. 28**	Priority Pharmacy **pg. 29**	
PriorityVision **pg. 30**	Sword Health **pg. 31**	Teladoc Health Diabetes and Condition Management **pg. 32**	Virta **pg. 33**	

WHOLE-PERSON CARE

Cancer Support Solutions

Comprehensive cancer support from screening and navigation through survivorship care.

Four in 10 adults will develop cancer in their lifetime[11], and nearly 70% of cancers have no recommended screening.[12] Because cancer affects nearly every workforce, employers want to support employees while managing rising cancer-related costs.

That's why we're excited to partner with Color and GRAIL, leaders in cancer care who reflect our commitment to whole-person care, supporting employees' physical, emotional and long-term well-being with peace of mind and guidance throughout their entire cancer journey, if diagnosed.

For employers who:

- Have concerns about rising cancer costs
- Want a proactive approach beyond traditional screenings
- Are looking to support employees during serious diagnoses
- Want differentiated benefits to support attraction and retention

We are offering two solutions for employers to choose from to fit their employees' needs.

Cancer Navigation, Support & Screening with Color (Buy-Up)	Multi-Cancer Early Detection with GRAIL (Buy-Up)
Employers can choose one, two, or all three of Color's services: • Earlier Detection and Prevention • Active Treatment Management • Survivorship Care	Multi-Cancer Early Detection with GRAIL (Buy-Up) • The Galleri® test is the only MCED test proven through a randomized controlled trial (RCT) to detect cancer earlier and reduce stage IV diagnoses[13,14] • The Galleri® test screens for 50+ cancer types, including those without routine screening[15,16] • Support services for positive test results

Download the Cancer Support Solutions overview

[11]American Cancer Society. Cancer Facts & Figures 2025. American Cancer Society 2025. ***https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2025-cancer-facts-figures.html*** [12]Business Group on Health. 2025 Employer Health Care Strategy Survey Executive Summary. August 2024. ***https://www.businessgrouphealth.org/en/Resources/2025-Employer-Health-Care-Strategy-Survey-Executive-Summary*** [13]Swanton C, Johnson P, Round T, et al. NHS-Galleri: primary results from a randomised controlled trial to assess the clinical utility of a multi-cancer early detection (MCED) test in population screening [presentation]. American Society of Clinical Oncology (ASCO) Annual Meeting; 2026 May 30; Chicago. ***https://grail.com/wp-content/uploads/2026/05/Swanton_ASCO2026_NHS-Galleri_FINAL-Slides-05.26.2026.pdf*** [14]GRAIL, Inc. Demonstrated performance. [Data on file: GA-2025-0257 [15]Klein EA, Richards D, Cohn A, et al. Clinical validation of a targeted methylation-based multi-cancer early detection test using an independent validation set. Ann Oncol. 2021 Sep;32(9):1167-77. doi: 10.1016/j.annonc.2021.05.806 [16]US Preventive Services Task Force. A,B,C grade recommendations, cancer, screenings [cited 2023 Oct 23]. ***https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results***

Reproductive health, family-building and hormonal health with Carrot

WHOLE-PERSON CARE

One in six couples will experience infertility[17]. One in five women would consider changing jobs for better menopause support[18]. We know that members need more comprehensive support to address their whole self and help guide them through every stage of life.

That is why Priority Health has partnered with Carrot, the global leader in fertility health care and family-building support, offering comprehensive and personalized care for every journey.

For employers who want to:

- Attract and retain employees by offering reproductive and hormonal health benefits.
- Choose between two benefit designs based on employees needs, one of which is not offered if a client goes direct with Carrot.
- Save on fees. Employers save more than going directly through Carrot.
- Carrot can assist with:
  - Fertility treatments for those with or without a diagnosis of infertility
  - Pathfinding with education and exploration
  - Pregnancy
  - Postpartum
  - Doula support
  - Surrogacy
  - Adoption
  - Menopause
  - Low testosterone

How it works:

When employers purchase a Priority Health medical plan, they can choose to partner with Carrot to offer reproductive and hormonal health benefits. Employers can choose between two designs; Carrot Core & Carrot Pro.

Download the Carrot overview.



Carrot Core (Buy-Up)	Carrot Pro (Rider)
• Access to the Carrot platform, education resources and experts — 24/7 real-time support • Support from the Carrot nonfertility provider network — adoption, surrogacy • Access to the Carrot hormonal health network — menopause, low-testosterone and gender-affirming care • Fee only charged when a member creates a Carrot care plan — covered services hit medical plan and members can pay out of pocket for noncovered services	**Includes Core coverage plus additional benefits:** • Enhanced fertility coverage to provide coverage with and without an infertility diagnosis, including egg freezing, assisted reproduction and artificial conception services • Carrot nonmedical coverage reimbursement — adoption, surrogacy, doula support • Benefit allowance options — lifetime maximums of $15,000, $25,000, $40,000, $50,000 or unlimited. A benefit allowance maximum is selected separately for qualified as well as nonqualified medical expenses

[17]1 in 6 people globally affected by infertility, by World Health Organization, 2023. [18]Menopause in the Workplace, by Carrot Fertility, 2023.

SIMPLE EXPERIENCE

HealthEquity FSA

HealthEquity offers flexible spending accounts (FSAs) for qualified health and dependent care expenses. Employers can choose from a traditional FSA product, a limited-purpose FSA to complement their HSA plans and dependent care reimbursement accounts (DCRAs).

For employers who want to:

- Save employees money by allowing them to set aside tax-free dollars to pay for dependent care and/or certain health care expenses that are not paid for by their health insurance plan.
- Set the contribution limit for health care expenses and let employees decide how much money to set aside.
  - **For FSAs:** The entire annual amount an employee sets aside is available right away.
  - **For DCRAs:** The employee can be reimbursed only for what they have contributed to date.
- Provide employees with a convenient, easy-to-use Visa debit card for health spending.
- Give employees an easy way to track their account balance through the HealthEquity member portal and mobile app.

HealthEquity

HealthEquity® is dedicated to helping Americans thrive in today's health care system by empowering health savings while helping employers manage benefit costs. As a leader in their field, HealthEquity administers FSAs, HSAs and other consumer-directed benefits for over 14 million members in partnership with employers, benefits advisers, and health and retirement plan providers — including Priority Health.

Explore HealthEquity Engage360 to find its open enrollment toolkit, engagement packages and more. →

How it works

When employers purchase a Priority Health medical plan, they can choose to partner with HealthEquity to administer an FSA. Employers can access the employer portal to see reporting and manage contributions to employees.

Priority Health manages:

- Sending eligibility data to HealthEquity
- Sending employee claims data for reimbursement options
- Administrative fee billing

HealthEquity manages:

- New customer onboarding and education
- Setup for the funding arrangement
- Processing claims
- Creation of plan documents
- Customer service for employer and employee

SIMPLE EXPERIENCE

HealthEquity HSA

HealthEquity helps employees set up and manage their health savings accounts (HSAs). HealthEquity HSA is integrated with Priority Health eligibility and claims information, reducing the administrative burden of managing multiple vendors and providing a seamless experience for employees.

For employers who want to:

- Take advantage of tax savings. Neither employers nor employees are required to pay payroll taxes on HSA contributions deducted through payroll.
- Lower their premiums and apply cost savings to fund employee HSA contributions and make their benefits more attractive.
- Allow employees to save money through the triple-tax advantage of HSAs: tax-free contributions, tax-free growth and tax-free distributions for qualified medical expenses.
- Provide their employees with 24/7 customer service and a debit card linked to their HSA account, making it easier to pay for, or be reimbursed for, medical expenses.
- Allow employees to pay providers directly from their HSA accounts.
- Give employees the option to invest a portion of their HSA tax-free and save for retirement.

How it works

When employers purchase a PriorityHSA plan, they can choose to partner with HealthEquity. When they do, all their employees can enroll with HealthEquity at no cost. Employers can access the employer portal to see reporting and manage contributions to employees.

Priority Health manages:

- Sending eligibility data to HealthEquity
- Sending employee claims data for reimbursement options

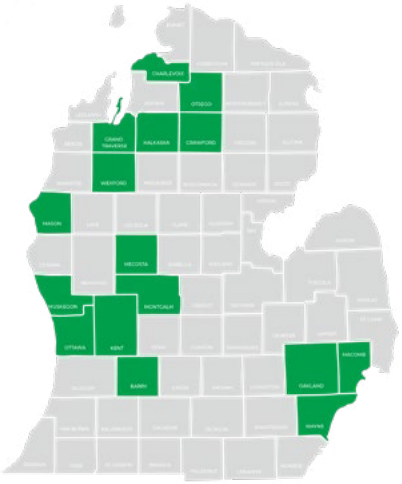
HealthEquity manages:

- New customer onboarding and education
- Customer service for employer and employee

QUALITY

Musculoskeletal Centers of Excellence

Offered on large group plans[19], this rider provides access to carefully curated physician groups who achieve the highest-quality outpatient surgical outcomes. This helps members achieve better care, cost savings and a streamlined surgical journey.



Physician groups are located in the shaded counties

For employers who want to:

- Prioritize quality. We selected the highest-quality, most cost-efficient providers for hip, knee and spinal surgeries based on internal and third-party quality data.
- Receive cost savings by leveraging high-value care.
- Provide their employees access to high-quality care with reduced cost share and travel expenses covered.

How it works:

The Musculoskeletal Centers of Excellence rider offers lower-cost surgeries at participating Centers of Excellence.

Professional and facility fees for eligible surgeries will be $0.[20] Anesthesia fees are subject to deductible and plan coinsurance.

Members will receive a proactive email outreach after applicable MRI claims to explain benefits and next steps.

Travel reimbursement

If members need to travel to a facility that is more than 50 miles from their residence, the embedded travel rider covers IRS eligible travel expenses up to $1,000 per contract year for covered services provided by a Priority Health Centers of Excellence provider.

- Prior authorization is required
- Travel reimbursement covers reasonable expenses for transportation, meals and lodging related to prior authorized services[21]
- Amounts reimbursed for travel expenses do not apply to member's deductible or out-of-pocket limit[22]

Download the MSK COE overview.



[19]Excludes PriorityIntegra and TPA.
[20]PriorityHSA plan deductibles apply.
[21]Alcohol and tobacco expenses are excluded from coverage.
[22]Eligible travel expense reimbursements will track toward the PriorityHSA deductible, pursuant to IRS rules governing health savings accounts.

SIMPLE EXPERIENCE

Primary Care Connect with Aligned Marketplace

Access to primary care can be challenging due to provider shortages, long wait times and limited appointment availability. Delayed care can lead to poorer health outcomes and increased healthcare costs.

Primary Care Connect with Aligned Marketplace helps connect employees and their covered family members to a nationwide network of participating primary care providers offering in-person and virtual care options. The solution makes it easier to establish a primary care relationship, access preventive care and manage ongoing health needs.

For employers who want to:

- Improve employee access to primary care.
- Increase primary care utilization and engagement.
- Support preventive care and chronic condition management.
- Address healthcare affordability concerns by reducing avoidable emergency department visits and high-cost claims.
- Provide a consistent primary care solution for geographically dispersed workforces.
- Offer employees access to unlimited $0 primary care visits through participating providers, including members enrolled in HSA-qualified health plans.

How it works

Self-funded groups can add Primary Care Connect to their Priority Health medical plan. Employees and covered dependents are connected to participating providers through Aligned Marketplace and receive support selecting and scheduling care with in-person or virtual providers that best meet their needs.

Participating providers are designed to deliver:

- Same-day or same-week appointment availability with many participating providers.
- Longer appointment times focused on prevention, chronic condition management and relationship-based care.
- Enhanced care navigation and support.
- Convenient virtual and in-person care options.

Download the Primary Care Connect with Aligned Marketplace overview to learn more.

SIMPLE EXPERIENCE

PriorityGPS®

PriorityGPS offers enhanced and personalized member concierge support to help members better understand and optimize their health benefits. Employees enrolled in PriorityGPS benefit from enhanced support and navigation delivered by dedicated and award-winning[23] PriorityGPS Care Navigators as the single point of contact. This team responds promptly, trained to address concerns on the first call and offers personalized direction toward care.

PriorityGPS is available to fully funded and self-funded employers with 300+ enrolled employees.

For employers who want to:

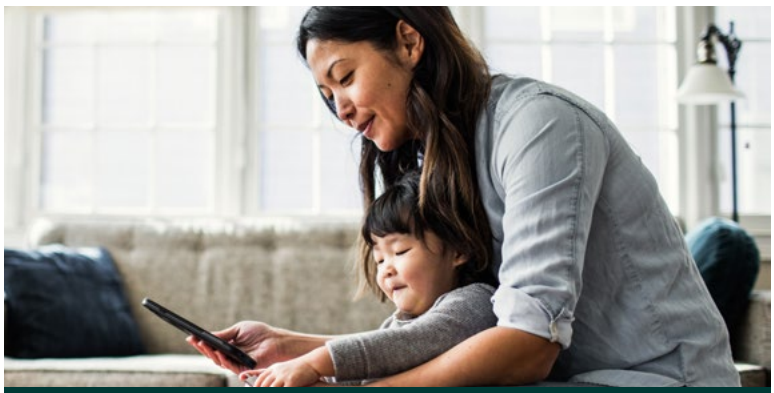
- Simplify their employees' health experience by providing guided support for specific health benefits, goals and needs.
- Help employees better understand their health benefits and available programs that may lead them to better outcomes.
- Provide peace of mind by giving employees access to proactive outreach on drug formulary changes, claims and prior authorization status.
- Support employees starting at pre-effective dates in understanding network coverage options and transition of care needs.

How it works

- PriorityGPS members call their dedicated phone number to contact our experienced and award-winning[23] PriorityGPS Care Navigators. They can also log in to the Priority Health member portal or app to message or chat with a Care Navigator.
- Members are promptly connected to a Care Navigator who can help them find and coordinate care, answer benefit questions and more!

Through their dedicated PriorityGPS phone number, members are assisted during extended services hours with:

- Finding a doctor anywhere in the United States
- Connecting with expert care teams in behavioral health, pharmacy and more
- Enrolling in health programs at no extra cost
- Understanding benefits and coverage



Download the PriorityGPS overview.

[23]Priority Health was recognized for America's Best Customer Service by USA TODAY in Financial Services (2026) and Newsweek (2024–2025).

SIMPLE EXPERIENCE

PriorityHRA

PriorityHRA[24] is a health reimbursement arrangement (HRA) that can be added to large group Priority Health medical plans to lower employers' total health care spending.

For employers who want to:

- Reduce their monthly fixed premiums by moving to a higher deductible plan without reducing their employees' benefits.
- Have the flexibility to choose the HRA design and features that work best for their employees and budget.
- Encourage employees to become more involved in their health care and make more informed spending decisions.
- Attract and retain employees by paying a portion of their eligible out-of-pocket medical expenses.
- Simplify administration of their HRA. Our integrated system takes care of all claims processing, tracking of HRA balances and more.

Download our PriorityHRA overview.



How it works

Employers can design how their HRA will reimburse employees for out-of-pocket costs.

Employers can choose:

- How much the employer will contribute
- Who pays first, employee or employer
- Whether the reimbursement applies before or after deductible
- What expenses are eligible
- Whether the account will carry over

PriorityHRA can be paired with a tiered network product and is compatible with the following plan types:

- Copay Aligned
- Tiered Copay
- Traditional Copay

[24]PriorityHRA cannot be combined with PriorityHSA, MVP, and Priority Value

PriorityPharmacy

QUALITY

Just like our medical coverage, our prescription drug benefit plan PriorityPharmacy can improve health and lower costs. By integrating pharmacy and medical benefits, Priority Health continues to beat the national pharmacy cost trend.

Large groups can choose from four different benefit designs:

- **Two-tier:** Two set copayments based on each drug tier
- **Three-tier:** Three set copayments for certain drugs based on their assigned tier
- **Five-tier with specialty drug management:** Three set copayments for certain drugs on their assigned tier, plus a coinsurance percentage for specialty (preferred and nonpreferred) drugs based on their assigned tier
- **ValueRx:** Set copayment for Tier 1 only, or Tier 1 and Tier 2 drugs, plus 25 percent plan coverage for all other drug tiers

For employers who want to:

- Save on fees. PriorityPharmacy offers minimal to no fees to employers.
- Provide impressive pharmacy options and drug discounts to employees, including a large network of pharmaciesand mail-order options.
- Choose from cost-sharing options that promote sensible prescription choices.
- Provide extra assistance for employees with chronic medical conditions, from administration to care management services.
- Simplify their health care administration. There's just one member ID card for both medical and prescription benefits.

Enjoy the benefits of a drug savings program. Priority Health and Greenback Health have partnered to offer PriceMyMeds, a first-of-its-kind pharmacy program that evaluates every prescription in real time for savings. Currently available to fully funded employers.

Formularies available to large groups:

Our traditional formulary is the standard for all large groups that expert resources — including Michigan physicians and pharmacists — collaborate on to build an approved list of safe and effective FDA-approved medications.

Our optimized formulary is a more restrictive, highly managed list of safe and effective FDA-approved medications. We use utilization management programs, like prior authorization and step therapy requirements, to steer providers and members to the most cost-effective drugs. We also exclude drugs from the formulary that are grossly overpriced relative to lower-cost alternatives.

Learn more about our approach to pharmacy. **LEARN MORE**

WHOLE-PERSON CARE

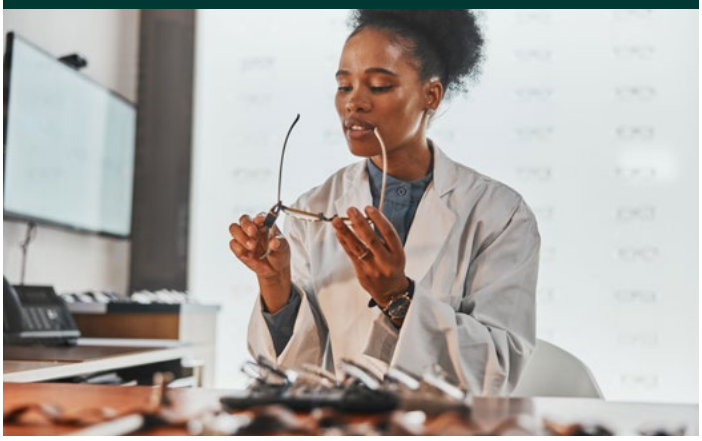
PriorityVision

PriorityVision is a suite of plans powered by EyeMed. Large groups can add a flexible, affordable PriorityVision plan to any Priority Health medical plan and get a range of vision benefits and discounts, including exam-only plans, exam and material packages and more.

For employers who want to:

- Simplify their benefits administration with one billing statement and no claim forms for in-network claims.
- Choose between voluntary and contributory plan designs to meet their needs based on group enrollment.
  - Contributory is ideal when employers want to share the cost of vision benefits with employees.
  - Voluntary is ideal when employers want employees to pay 100 percent of their vision coverage.
- Provide both medical and vision coverage from one carrier, streamlining the benefits process.
- Give employees access to the largest nationwide network of independent eye care professionals and retail chains, including LensCrafters®, Pearle Vision® and Target Optical®.
- Give employees access to online in-network provider options, including ***Contactsdirect.com***, ***Glasses.com***, ***LensCrafters.com***, ***TargetOptical.com*** and ***Ray-Ban.com***.
- Allow employees to access a complete list of nearby providers and schedule appointments by accessing ***eyedoclocator.eyemedvisioncare.com/prihealth/en-us.***
- Give employees access to EyeMed's award-winning call center, ranked among America's highest-rated call centers.

Download our employer overview.



How it works
Priority Health manages:

- Eligibility
- Billing
- Account management

EyeMed manages:

- Network management
- Claims administration
- Member customer service

Virtual physical therapy with Sword Health

WHOLE-PERSON CARE

Untreated pain is all too common, with over 50 percent of Americans suffering from musculoskeletal (MSK) pain.[25] That is why we are partnering with Sword Health. Sword is an industry leader in demonstrating the expanded reach of digitally enabled clinical-grade musculoskeletal care — without compromise to quality and clinical outcomes. Sword's solutions make it possible for people to get virtual care for preventive, acute and chronic musculoskeletal disorders, pelvic health conditions, fall prevention and post-surgical rehab.

For employers who want to:

- Offer unmatched member care with access to doctors of physical therapy who use proprietary AI.
- Receive unparalleled health care cost savings from Sword through their development of more technology patents and higher clinical results than any other company in the industry.
- Provide their employees the individualized treatment they need, from the comfort of their homes — freeing them from pain, while reducing your spend on surgical care and other costly interventions.

How it works

Everyone's pain is different and requires a tailored approach. Sword represents multiple treatment pathways, all interconnected but available under a single enrollment experience. Learn more about Sword's solutions below:

Thrive	Digital physical therapy with motion-sensing technology and a tablet. As good as in-person physical therapy, but much more convenient
Bloom	Clinical-grade pelvic health care that offers individualized care from pelvic health specialists, the Bloom Pod by Elvie and the Sword app
Move	Designed to help people with low pain and keep them healthy to avoid chronic conditions attributed to physical inactivity
Predict	Sword's AI-powered detection engine finds and engages high-risk members via personalized outreach before they become high-cost claimants
On Call	On-demand help for pain care 24/7 to avoid unnecessary visits to the ER or urgent care
Academy	Short-form videos from clinical experts to help understand pain, reduce risks and build healthy habits

Download the Sword Health overview.

[25]The Hidden Impact of Musculoskeletal disorders on Americans, Bone and Joint Initiative USA.

WHOLE-PERSON CARE

Teladoc Health Diabetes and Condition Management

About 1 in 10 Americans are living with the disease and 90–95% of those cases being type 2 diabetes.[26] Without effective management, diabetes can lead to serious complications and increased healthcare costs. That's why we've partnered with Teladoc Health to offer comprehensive support, and resources to manage diabetes effectively.

For employers who want to:

- Support employees with tools for managing diabetes.
- Reduce long-term healthcare costs through proactive, personalized care.
- Offer integrated solutions that include mental health, hypertension and weight management support.

How it works

When employers purchase a Priority Health medical plan, they can choose to offer Teladoc Health programs as a benefit. There are two solutions to choose from:

- **Diabetes Management** – Focused on supporting members with type 2 diabetes through connected technology and expert coaching.
- **Condition Management** – Includes all Diabetes Management features plus multi-condition support for hypertension, weight management and integrated mental health tools.

With Teladoc Health, members receive:

- A connected blood glucose meter and unlimited test strips and lancets.
- Personalized insights delivered when members are most receptive.
- Guidance on healthy habits and lifestyle changes.
- Expert coaching and real time support
- Mental health tools and live support (Condition Management only).
- Blood pressure monitor and connected scale (Condition Management only).

Download the Teladoc Health Diabetes and Condition Management Overview

[26]CDC Diabetes Quick Facts (2022) ***https://www.cdc.gov/diabetes/basics/quick-facts.htm***

WHOLE-PERSON CARE

Virta

Obesity is a complex and costly chronic condition affecting more than 40% of American adults[27]. Without major intervention, its prevalence is expected to rise[28]. Obesity is closely linked to chronic conditions including type 2 diabetes and heart disease[1]. Members need support that goes beyond GLP-1s to make lasting, meaningful changes to their health.

That's why Priority Health has partnered with Virta Health to offer a proven, sustainable solution for weight loss and type 2 diabetes remission.

For employers who want to:

- Attract and retain employees by offering proven weight loss solutions with or without GLP-1s.
- Reduce pharmacy spend by optimizing GLP-1 use and supporting clinically-monitored medication reduction
- Provide comprehensive support that helps employees achieve life-changing outcomes in obesity and diabetes remission.
- Save more. Priority Health employers pay less fees than going directly through Virta.

How it works

When employers purchase a Priority Health medical plan, they can choose to offer Virta as a benefit. There are three solutions to choose from:

- Sustainable Weight Loss
- Sustainable Weight Loss with Responsible Prescribing
- Diabetes Reversal[29]

With Virta, members receive:

- A Personalized, nutrition-first care plan
- Unlimited visits with Virta's clinician-led care team, including physicians, nurses and health coaches at $0 cost share
- Support from providers who use daily biomarkers to titrate and monitor medication off-ramp
- Access to Virta's digital platform, educational resources and community support
- Monitoring supplies, including connected weight scale, nutrition resources and recipes, at no cost to the member

Virta solutions are available to both fully funded and self-funded employers. Diabetes Reversal is a standard benefit to fully funded groups.

Download the Virta Solutions Overview

[27]Centers for Disease Control and Prevention. (2024, May). Adult obesity facts. U.S. Department of Health and Human Services. ***https://www.cdc.gov/obesity/data/adult.html***,

[28]Ward, Z. J., Bleich, S. N., Cradock, A. L., et al. (2019). Projected U.S. state-level prevalence of adult obesity and severe obesity. New England Journal of Medicine, 381, 2440–2450. ***https://www.nejm.org/doi/full/10.1056/NEJMsa1909301***

[29]Virta defines Type 2 Diabetes Reversal as achieving an A1c below 6.5% without using diabetes medications other than metformin. This is medically termed "remission," as diabetes can return if lifestyle changes aren't maintained.

Partnerships

Through our strategic partnerships, we ensure that employers receive health solutions that are both comprehensive and adaptable, all while providing cost savings, making it easier to meet your diverse needs.

Guardian

Priority Health has partnered with Guardian, a leading global mutual life insurance company, to create a comprehensive benefits package that meets group needs and reduces costs. New fully funded groups with 51–300 full-time equivalent employees (FTE qualify for a one time, first year medical premium reduction when paired with eligible Guardian ancillary benefits).

Available products in the partnership include life insurance, dental insurance, short-term and long-term disability insurance and various voluntary worksite insurance options and supplemental life insurance.

Important eligibility note: renewing groups may still purchase Guardian ancillary products, but they are not eligible for the medical premium reduction.

Download the Guardian overview.

Garner Health

Priority Health partnered with Garner to help employers lower plan costs and give employees a better way to find high-quality, cost-efficient care. Garner guides members to top-performing providers already in their network and covers eligible out-of-pocket costs when they choose one, helping improve outcomes and reduce cost barriers so members can seek care earlier.

Top Providers are identified using 550+ proprietary metrics across 80+ specialties, evaluating clinical outcomes, adherence to evidence-based care and cost efficiency.

Available as a supplemental benefit to large, self-funded and fully funded groups in a standard network, domestic tiered network and PriorityIntegra (except OLFO).

Download the Garner overview.

Riders

Every workplace is unique. That's why we offer a variety of riders so employers can customize their health plan to meet the unique needs of their workforce.

Types of riders

- **Deductible riders:** Alter the standard deductible
- **Medical benefits riders:** Make changes to standard coverage
- **Prescription drug riders:** Modify existing prescription benefits
- **Nonstandard eligibility riders:** Expand eligibility for nontraditional situations

Deductible riders

Rider description	Accepted plan type
Calendar-year deductible Changes the deductible to reset at the calendar year rather than the standard plan renewal month.	All except Minimum Value, Minimum Value HSA
Embedded deductible Changes standard deductible and out-of-pocket maximum from aggregate to embedded.	PriorityHSA only
Tiered Copay emergency room deductible waiver[30] Waives deductible on emergency room visits on Tiered Copay plans so that deductible does not apply. Copay will still apply.	Tiered Copay only

Medical benefits riders

Rider description	Accepted plan type
Breast MRI: covered in full[30] Covers breast MRIs in full, or in full after deductible on PriorityHSA plans, when received from a participating provider. Standard is plan cost share (copay or coinsurance).	All except PriorityHSA (100% only), Minimum Value and Minimum Value HSA
Carrot Pro[30] Provides medical and drug coverage for reproductive services, including hormonal health, fertility and the underlining cause of infertility and family building services at 50% coinsurance after deductible, with a lifetime maximum of $15,000, $25,000, $40,000, $50,000, or an unlimited lifetime maximum.	All except Minimum Value, Minimum Value HSA
Certain surgeries and treatments: physician fees only, $0 copayment[30] Covers physician fees at $0 and facility fees at plan cost share. Standard is physician fees at 50% or plan coinsurance and facility fees at plan cost share.	All except PriorityHSA, PriorityValue, Minimum Value, Minimum Value HSA
Certain surgeries and treatments: physician fees only, $0 copayment, excluding bariatric[31] Covers physician fees at $0 and facility fees at plan cost share. Excludes bariatric surgeries and treatments. Standard is physician fees at 50% or plan coinsurance and facility fees at plan cost share.	All except PriorityHSA, PriorityValue, Minimum Value, Minimum Value HSA
Cranial Prosthesis[30] Provides coverage at the plan's coinsurance rate after deductible for cranial prostheses (including wigs, toupees and headbands) used to address hair loss resulting from a medical condition. Prior authorization is required. Coverage is limited to either a contract year or lifetime maximum of $250, $500, $1,000, or may have no maximum per person, depending on the plan.	All except Minimum Value, Minimum Value HSA
Dental gap, coverage for accidental injury[30] Covers in full, or in full after deductible for PriorityHSA plans, any outpatient dental work, surgery or orthodontic treatment to remove, repair, replace, restore or reposition natural teeth that are damaged, lost or removed due to accidental injury.	All except Minimum Value, Minimum Value HSA
Diabetes supplies[30] Provides pre-deductible coverage at 50%, plan coinsurance or 100% for select diabetic supplies: blood glucose monitor, syringes, lancets, needles, test strips, insulin pumps, shoe inserts and special shoes. The deductible applies for PriorityHSA plans. Standard is durable medical equipment at 50% plan coverage after deductible.	All except Minimum Value, Minimum Value HSA

Download the diabetes supplies rider flyer.

Rider description	Accepted plan type	
Elective termination of pregnancy[30] Covers pregnancy termination by participating providers during first trimester, no referral required. Limit one procedure during any one 24-consecutive-month period.	All except Minimum Value, Minimum Value HSA	
Durable medical equipment, and prosthetics and orthotics — covered in full; after deductible on PriorityHSA[30] Modifies plan coverage to full coverage from the standard 50%.	All except PriorityHSA (100% only), Minimum Value, Minimum Value HSA	
Durable medical equipment, and prosthetics and orthotics[31] Modifies plan coverage to 80%, 90% or 100% after deductible from the standard 50% after deductible.	All except PriorityValue, PriorityHSA (100% only), Minimum Value, Minimum Value HSA	
Habilitation services (not relating to autism spectrum disorder)[30] This rider adds coverage for habilitation services (not related to autism spectrum disorder) for physical, occupational and speech therapy services. Cost share and visit limitations will follow the rehabilitation medicine services section in the schedule. Standard coverage is no coverage for habilitation services.	All except Minimum Value, Minimum Value HSA	
Hearing[30] Allows for one hearing test covered in full (in full after deductible on PriorityHSA) plus an allowance per hearing aid every 36 contract months. In-network-only coverage for HMO plans. POS and PPO plans include both in- and out-of-network coverage. Allowance amount options per hearing aid every 36 contract months are: $500, $750 or $1,000. Standard is no coverage for hearing aids.	All except Minimum Value, Minimum Value HSA	
IRS-allowed chronic condition services, supplies and prescription drugs rider[30] Covers durable medical equipment, lab tests and medications identified by the IRS as eligible for pre-deductible coverage on HSA-qualified high-deductible health plans. Groups may select only one IRS-allowed chronic condition rider.	PriorityHSA only	**Download the chronic condition rider comparison.**
IRS-allowed chronic condition services and supplies rider[30] Covers durable medical equipment and lab tests identified by the IRS as eligible for pre-deductible coverage on HSA-qualified high-deductible health plans. Groups may select only one IRS-allowed chronic condition rider.	PriorityHSA only	
Musculoskeletal (MSK) Centers of Excellence[30] Adds reduced musculoskeletal surgical cost sharing (after deductible for HSA) through the Musculoskeletal Centers of Excellence program.	All except PriorityIntegra	

Rider description	Accepted plan type
Musculoskeletal (MSK) Centers of Excellence with Travel[30] Adds reduced musculoskeletal surgical cost sharing and travel reimbursement (after deductible for HSA) through the Musculoskeletal Centers of Excellence program.	All except PriorityIntegra
Outpatient labs[30] Covers labs in full, or in full after deductible for PriorityHSA plans, including outpatient laboratory procedures (and associated professional fees) performed by a participating provider in: • A hospital outpatient care or hospital observation care facility, • A free-standing outpatient facility, • A physician's office, or • An independent laboratory. Standard is applicable plan cost-share.	All except PriorityHSA (100% only), Minimum Value, Minimum Value HSA
Private Duty Nursing[30] Provides coverage at plan coinsurance after deductible for private duty nursing services, up to a benefit maximum of 30, 60, or 90 days per contract year. Prior Authorization is required.	All except Minimum Value, Minimum Value HSA
PSA test[30] Covers the prostate-specific antigen (PSA) test in full, or in full after deductible for PriorityHSA plans, when obtained from a participating provider.	All except PriorityHSA (100% only), Minimum Value, Minimum Value HSA
Rehabilitative medicine[30] Offers 10, 20 or 30 additional visits over the standard 30-visit limit for physical therapy, occupational therapy, speech therapy and cardiac and pulmonary rehabilitation.	All except Minimum Value, Minimum Value HSA
Skilled nursing facility services: 90-day limit[30] Increases the day limit for skilled nursing services from 45 days per contract year to 90 days per contract year for in-network coverage.	PriorityHSA only
Skilled nursing facility services: 120-day limit[30] Increases the day limit for skilled nursing services to 120 days. Standard is 45 days per contract year.	All except Minimum Value, Minimum Value HSA
Skilled nursing facility services: lifetime benefit[30] Increases standard to 100% plan coverage for up to 730 days/lifetime. Includes nonhospital services at skilled nursing facility, subacute facility or hospice facility. Prior approval required. Out-of-pocket limit applies to these services.	All except PriorityHSA, PriorityValue, Minimum Value, Minimum Value HSA

Rider description	Accepted plan type
Standard radiology[30] Covers outpatient radiology examinations in full, or after deductible on PriorityHSA plans, including outpatient radiology examinations (and associate professional fees) performed by a participating provider in: • A hospital outpatient care or hospital observation care facility, • A free-standing outpatient facility, • A physician's office, or • An independent laboratory.	All except PriorityHSA (100% only), Minimum Value, Minimum Value HSA
Tooth extraction, bony impacted third molar or wisdom teeth, subject to copay[30] Provides coverage, subject to ambulatory surgery benefits, for the extraction of complete bony-impacted or partially bony-impacted third molars or wisdom teeth (no allowances for other extractions) if certain requirements are met.	All except Minimum Value, Minimum Value HSA
Travel expense reimbursement[30] Covers IRS eligible travel expenses up to $10,000 per contract or calendar/hybrid year for certain covered medical services that are not available in the state in which the member resides and requires the member to travel more than 100 miles.	All except Minimum Value, Minimum Value HSA
Virtual care at applicable in-person cost share[30] Virtual care will reflect the applicable in-person cost share. For example, a virtual PCP visit will reflect PCP cost share. Out-of-network virtual care will be covered at the applicable out-of-network plan coinsurance (POS and PPO) or not covered (HMO).	All except Minimum Value and Minimum Value HSA
Virtual care covered at a flat copay ($10/$15/$20)[30] Any in-network virtual care service will be covered at a $10/$15/$20 copayment (to be selected by the group, after deductible on PriorityHSA) regardless of provider type (PCP/specialist). Out-of-network virtual care will be covered at the applicable out-of-network plan coinsurance (POS and PPO) or not covered (HMO).	All except Minimum Value HSA
Virtual care $0 before deductible[30] Provides $0 virtual care before deductible on standard PriorityHSA plans. Excludes Minimum Value HSA plans.	PriorityHSA
Weight Management with responsible prescribing[30] Provides members with access to Virta's weight management program, including coverage for Virta physicians to prescribe or deprescribe GLP-1 medications listed on the formulary for the purpose of weight loss.	All except Minimum Value and Minimum Value HSA
Weight Management without responsible prescribing[30] Provides members with access to Virta's weight management program. This does not include coverage for GLP-1 prescribing or deprescribing for weight loss purposes.	All except Minimum Value and Minimum Value HSA

Prescription drug riders

Rider description	Accepted plan type
All coinsurance prescription drugs Changes prescription drug coverage benefit to coinsurance-based option that includes a minimum flat-dollar copay and removes the bill fee maximum.	All except Minimum Value, Minimum Value HSA
Infertility drug copay (family planning) Covers family planning medications at the applicable prescription drug cost-share. Standard is covered at 50%.	All except Minimum Value, Minimum Value HSA and PriorityValue Rx plans
Infertility drug exclusion Excludes from coverage drugs used for the purpose of treating infertility.	All except Minimum Value, Minimum Value HSA
IRS-allowed chronic condition prescription drugs rider Applies to pharmacy coverage only. Includes all categories of medications identified by the IRS as eligible for pre-deductible coverage on HSA-qualified high-deductible health plans. Groups may select only one IRS-allowed chronic condition rider.	PriorityHSA only
Mail-order prescription drugs 1x, 1.5x, 2.5x retail copay This rider allows a 90-day supply of medication for choice of 1x, 1.5x or 2.5x copayments, except in the case of specialty drugs or drugs that are prohibited by law (such as Accutane). Standard coverage is a 90-day supply of medication for two copayments.	All except Minimum Value, Minimum Value HSA
Prescription drug deductible $100/$200 or $200/$400 Adds an up-front annual deductible amount of $100/$200 or $200/$400 that must be met before Priority Health will pay prescription drug benefits.	All except PriorityHSA, Minimum Value, Minimum Value HSA
Retail pharmacy prescription drugs 2x copay Allows a 90-day supply of medication at the retail setting for two copayments (standard is three copayments), except in the case of specialty drugs or drugs that are prohibited by law (such as Accutane).	All except Minimum Value, Minimum Value HSA
Sexual dysfunction, oral and nonoral treatment: 50% copay Includes coverage for available FDA-approved injectable, oral and intraurethral pellet prescription drugs for the treatment of sexual dysfunction. Prescription must be certified by Priority Health and be filled by a participating provider. Standard is no coverage for sexual dysfunction medication treatment. Groups may select only one sexual dysfunction rider.	All except Minimum Value, Minimum Value HSA

Rider description	Accepted plan type
Sexual dysfunction, oral and nonoral treatment: matching drug copay Includes coverage for available FDA-approved injectable, intraurethral and oral tablets for the treatment of sexual dysfunction. Prescription must be certified by Priority Health and be filled by a participating provider. Standard is no coverage for sexual dysfunction medication treatment. Groups may select only one sexual dysfunction rider.	All except Minimum Value, Minimum Value HSA
Sexual dysfunction, nonoral treatment: 50% copay Includes coverage for available FDA-approved injectable and intraurethral treatment of sexual dysfunction. Prescription must be certified by Priority Health and be filled by a participating provider. Standard is no coverage for sexual dysfunction medication treatment. Groups may select only one sexual dysfunction rider.	All except Minimum Value, Minimum Value HSA
Sexual dysfunction, nonoral treatment: matching drug copay Includes coverage for available FDA-approved injectable and intraurethral treatment of sexual dysfunction. Prescription must be certified by Priority Health and be filled by a participating provider. Standard is no coverage for sexual dysfunction medication treatment. Groups may select only one sexual dysfunction rider.	All except Minimum Value, Minimum Value HSA
Weight-loss prescription drug Covers certain weight loss drugs at the corresponding cost share, including brand-name drugs Contrave and Lomaira (step therapy required) and generic drugs benzphetamine, diethylpropion, phendimetrazine and phentermine (no step therapy required). Drugs will have a copay or coinsurance associated with them. PriorityHSA plans will have these drugs covered at copayment after deductible. Standard is no coverage for these drugs.	All except Minimum Value, Minimum Value HSA **Download the weight-loss prescription rider for fully funded groups** **Download the weight-loss prescription rider for self-funded groups**

Nonstandard eligibility riders

Rider description	Accepted plan type
Domestic partner, limited Allows domestic partners of the same gender of eligible employees to receive benefits as a dependent on the plan.	Available on all plan types
Domestic partner, enhanced Allows domestic partners of the same or opposite gender of eligible employees to receive benefits as a dependent on the plan.	Available on all plan types
Early retiree Provides coverage for retired employees not yet eligible for Medicare.	Available on all plan types
Medicare retiree Provides coverage for Medicare retirees.	Available on all plan types
Sponsored dependent Provides coverage for dependents otherwise not covered.	Available on all plan types
Surviving spouse with dependents Allows, upon the death of a subscriber, coverage for the subscriber's spouse and dependents as a surviving spouse and dependents.	Available on all plan types
Surviving spouse without dependents Allows, upon the death of a subscriber, coverage for the subscriber's spouse as a surviving spouse.	Available on all plan types

[30]If chosen for a Tiered Network Plan, coverage under this rider applies to services from participating Tier 1 and Tier 2 providers.
[31]If chosen for a Tiered Network Plan, coverage under this rider applies only to Tier 1 participating providers. Tier 2 providers would be subjected to standard coverage cost share.

Solutions snapshot

		$	$$	$$$	$$$$	$$$$$	$$$$$$
	Health plans	**HMO/POS/PPO**	**HMO/POS/PPO**	**HMO/POS/PPO**	**HMO/POS/PPO**	**HMO/POS/PPO**	**HMO/POS/PPO**
	Benefit designs	**Minimum Value/ PriorityHSA Minimum Value**	**PriorityHSA**	**PriorityValue**	**Traditional Copay**	**Tiered Copay**	**Copay Aligned**
KEY BENEFITS	**PCP visit**	Coinsurance	Coinsurance	Covered in full (E&M only)	Copay	Copay	Copay
	Specialist visit	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	In-network virtual care	Covered in full[31]	Covered in full[31]	Covered in full[31]	Covered in full[31]	Covered in full[31]	Covered in full[31]
	Urgent care	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Advanced diagnostic imaging	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Emergency room services	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Ambulance	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Substance use/behavioral health services	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Physical/occupational/ chiropractic/speech therapy	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Inpatient services	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
	Outpatient services	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
ADDITIONAL SOLUTIONS AND COVERAGE	**Southeast MI Partners | West MI Partners**		X	X	X	X	X
	HealthEquity FSA	X	X	X	X	X	X
	HealthEquity HSA	X	X				
	PriorityGPS	X	X	X	X	X	X
	PriorityHRA				X	X	X
	Pharmacy	**ValueRx**	**PriorityPharmacy**	**PriorityPharmacy/ ValueRx**	**PriorityPharmacy**	**PriorityPharmacy**	**PriorityPharmacy**
	PriorityVision[32]	X	X	X	X	X	X
	PriorityIntegra	X	X	X	X	X	X

Before deductible

[31]Includes 100% coverage ($0 copay) for fully funded plans and opt-in for self-funded employers. PriorityHSA and PriorityHSA Minimum Value plans are covered in full after deductible. 100% coverage before deductible on PriorityHSA plans is available through the Virtual Care $0 Before Deductible rider.

[32]Powered by EyeMed.



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