



Summary of benefits

This booklet gives you a summary of the benefits you can expect when you choose a **Priority**Medicare® Employer plan.

PriorityMedicare®

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

Overview of in-network benefits



Plan premium, deductible, part B rebate and maximum out-of-pocket (MOOP)

Monthly plan premium (Part C and D premium combined)	
Part B rebate	
Deductible	
Maximum out-of-pocket responsibility (MOOP)	



Medical and hospital benefits

Benefit	Your in-network costs
Inpatient Hospital (unlimited number of days covered by plan)	
Outpatient Hospital	
Ambulatory surgical center (ASC)	



Primary Care provider (PCP), specialist, virtual and palliative care visits

Benefit	Your in-network costs
PCP	
Specialist	
Virtual visits	
Palliative care visit	

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

*Deductible does not apply

Overview of in-network benefits



Preventive services

Benefit	Your in-network costs
Preventative services covered but not limited to:	\$0 copay*
<ul style="list-style-type: none">• Abdominal Aortic Aneurysm Screening• Annual preventative physical exam - (Free to talk and anytime within the calendar year)• Annual wellness visit (Free to talk and anytime within the calendar year)• Bone mass measurement• Breast cancer screening (mammograms)• Cardiovascular disease risk reduction• Cardiovascular disease testing• Cervical and vaginal cancer screening• Colorectal cancer screening• Depression screening• Diabetes screening• Diabetes self-management training• Hepatitis C screening• HIV screening• Immunizations• Medical nutrition therapy• Medicare diabetes prevention program• Obesity screening and therapy to promote sustained weight loss• Prostate cancer screening• Screening and counseling to reduce alcohol misuse• Screening for lung cancer with dose computed tomography• Screenings for sexually transmitted infections• Smoking and tobacco use cessation• Glaucoma screening• Annual diabetic retinopathy screening• Welcome to Medicare preventative visit	

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

*Deductible does not apply

Overview of in-network benefits



Emergency and urgent care

Benefit	Your in- and out-of-network costs
Emergency care	
Urgently needed services	



Diagnostic services, x-rays, labs

Benefit	Your in-network costs
Labs	
Anticoagulant labs	
Outpatient diagnostic tests/procedures	
Diagnostic radiology	
X-rays	



Hearing services

Benefit	Your in-network costs
Diagnostic exam	
Routine exam	
Hearing aids	

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

*Deductible does not apply

Overview of in-network benefits



Dental services

Benefit	Your in-network costs
Dental services	



Vision services

Benefit	Your in-network costs
Diagnostic exam	
Routine exam	
Eyewear allowance	



Mental health services

Benefit	Your in-network costs
Inpatient mental health	
Outpatient mental health (individual or group)	
Outpatient substance abuse (individual or group)	

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

*Deductible does not apply

Overview of in-network benefits



Skilled Nursing Facility (SNF)

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



Rehabilitation services

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



Ambulance services

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



Transportation

Benefit	Your in-network costs
Transportation	

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

*Deductible does not apply

Overview of in-network benefits



Part B drugs

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

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

*Deductible does not apply

Overview of in-network benefits



Part D prescription drug benefits

Prescription drug deductible:

	Standard retail pharmacy	
	30-day	90-day
Tier 1 (Preferred generic) at 100-day fills)		
Tier 2 (Generic)		
Tier 3 (Preferred brand)		
Tier 4 (Non-preferred-brand drug)		
Tier 5 (Specialty)		Not offered

	Mail Order	
	30-day	90-day
Tier 1 (Preferred generic) at 100-day fills)		
Tier 2 (Generic)		
Tier 3 (Preferred brand)		
Tier 4 (Non-preferred-brand drug)		
Tier 5 (Specialty)		Not offered

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

*Deductible does not apply

Overview of in-network benefits

Part D prescription drug benefits continued

--

Additional benefits covered under your plan



Diabetic supplies

Benefit	Your in-network costs
Diabetic supplies	



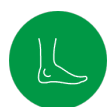
Services to treat kidney disease

Benefit	Your in-network costs
Dialysis	

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

*Deductible does not apply

Overview of in-network benefits



Foot care

Benefit	Your in-network costs
Podiatry (foot care)	



Home care

Benefit	Your in-network costs
Home health care	



Medical equipment and supplies

Benefit	Your in-network costs
Durable medical equipment (DME)	
Prosthetics	



Cardiac and pulmonary rehabilitation

Benefit	Your in-network costs
Cardiac rehab	
Pulmonary rehab	

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

*Deductible does not apply

Overview of in-network benefits



Supplemental benefits covered under your plan

Benefit	Your in-network costs
Medicare-covered acupuncture	
Routine acupuncture	
Medicare-covered chiropractor	
Routine chiropractor and Routine chiropractic x-ray	
Enhanced disease case management	
Health and wellness education programs	
In-home safety assessment	
Nutritional education	
Post-discharge in home medication reconciliation	
Telemonitoring	
Transplant – Lodging and transportation costs for you and a companion	

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

*Deductible does not apply

Overview of in-network benefits



Unlimited worldwide emergency coverage

Benefit	Your in- and out-of-network costs
Ambulance	
Emergency room (ER)	
Urgently needed services	



Other supplemental benefits covered under your plan

Contact us



If you have questions, call one of our Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711). Call 888.389.6648, option #3.



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

Please note that this is just a summary of the plans' benefits; it does not list every service we cover or list every limitation or exclusion. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document or call our customer service team at 888.389.6648, option 3 (TTY users should call 711). Another resource available to you when researching your Medicare options is the **2026 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).



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