

Summary of benefits

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

PriorityMedicareSM (Employer HMO-POS)

Christian Schools International (CSI)

January 1, 2024 - December 31, 2024

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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

Deductible	Maximum out-of-pocket responsibility	Primary care physician (PCP)	Inpatient hospital
\$200	\$1,500	\$10*	\$0*

Virtual care	Emergency and urgent care	Ambulance and observation	Specialist and palliative care
PCP: \$0*	Emergency care: \$65*	Ambulance: \$75*	Specialist visit: \$25*
Specialist: \$0*	Urgently needed services: \$40*	Observation: \$65*	Palliative care visit: \$0*
Mental health: \$0*			

Outpatient hospital and diagnostic radiology	Outpatient tests, labs and x-rays	Anticoagulant labs
Outpatient hospital: \$0*	Outpatient tests and labs: \$0*	Lab services required to manage blood thinner drugs such as Warfarin or Coumadin. \$0*
Outpatient diagnostic radiology: \$150	Outpatient x-rays: \$0*	

Rehabilitation services	Outpatient mental health and opioid treatment	Chiropractic care and acupuncture
PT/OT/ST: \$25*	Outpatient mental health: \$25* group and individual	Chiropractic care: \$20*
Cardiac and pulmonary rehab: \$0* Cardiac / \$15* Pulmonary	Opioid treatment: \$25*	Acupuncture: \$20*

Dialysis	DME and prosthetics and orthotics	Diabetic supplies	Podiatry (foot care)
\$0*	20%	\$0*	\$0*

Preventive care: Services that Medicare pays for to keep you healthy	
Preventive services such as mammograms, colonoscopy screening and immunizations:	\$0*

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)	Inpatient Services in a psychiatric hospital	Hospice care Services are covered by Original Medicare.	Home health care
\$0*	\$0*	\$0*	\$0

Hearing services	Vision services
Diagnostic exam: \$0*	Diagnostic exam: \$25*
Routine exam: \$0*	Routine exam: \$25*
Hearing aids: Covered up to \$300* (combined) every 3 years.	Eyewear: \$60* allowance per year for non-Medicare covered eyewear. \$0* for Medicare-covered eyewear after cataract surgery.

Supplemental benefits
<p>\$0* for health and nutrition education, myStrength, BrainHQ, telemonitoring, and additional benefits to manage chronic illness and keep you safe at home.</p> <p>\$0* membership with 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 SilverSneakers GO™ fitness app or SilverSneakers home fitness kits.</p> <p>\$0* for emergency travel assistance services through Assist America.</p>

Out-of-network benefits:

- 30% for most benefits when using out-of-network services
- \$200 out-of-network deductible
- \$3,000 out-of-network maximum out of pocket

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

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
\$0*	\$0*	Up to 20%*

Part D prescription drug benefits

Prescription drug deductible: \$0

	Standard retail pharmacy	
	30-day	90-day
Tier 1	\$5	\$15
Tier 2	\$10	\$30
Tier 3	\$40	\$120
Tier 4	\$70	\$210
Tier 5	20% up to \$100	Not offered

	Mail order	
	30-day	90-day
Tier 1	\$5	\$10
Tier 2	\$10	\$20
Tier 3	\$40	\$80
Tier 4	\$70	\$140
Tier 5	20% up to \$100	Not offered

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

*Deductible does not apply

Contact us



If you have questions, call one of our Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711). Call 888.389.6648 (press #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 doesn't 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 by calling our customer service number. For additional information, call us at 888.389.6648, option 3 (TTY users should call 711). Another resource available to you when researching your Medicare options is the **2023 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.

As an employer sponsored plan beneficiary, if you enter the coverage gap or the catastrophic coverage stage you will continue to pay the same cost share as you did in your initial coverage stage. (Amounts listed in the chart above).

We offer additional coverage for some prescription drugs not normally covered by a Medicare prescription drug plan. These drugs are noted in your formulary with "ED" (excluded drug)



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.