

Product guide

For providers

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Employer group plans

An overview for providers

Fully funded vs. self-funded

There are two main types of employer group plans: fully funded and self-funded (sometimes also called administrative services only, or ASO). Fully funded plans are arrangements with employer groups where the group pays a monthly premium for their employees' health care coverage while Priority Health pays all claims and administers the plan. In self-funded arrangements, the employer pays for the claims while Priority Health administers the plan.

Both fully funded and self-funded plans have access to the same networks listed below, but there will be some difference in benefits between the two types, all of which will be indicated in this guide. Benefit eligibility for specific members can always be determined through eligibility checks using our [Member Inquiry tool](#) on prism or by calling our provider helpline.

Members on self-funded plans will often have the logo of their employer group in the upper-right corner of their member ID card. You can also see their plan type in Member Inquiry in the Plan Information box.

Standard plans

See the table below for a list of standard plans available to members with health care coverage through their employer. A member's plan will always be listed in the "Health plan" field on their member ID card and in the Plan Information box of a member's profile in prism's Member Inquiry. (Note: None of these plans require referrals to see specialists.)

Product	Description
PriorityHMO	Health maintenance organization (HMO) plans offer members access to Priority Health's HMO network but has limited coverage beyond that. These plans require the member to choose an in-network PCP.
PriorityPPO	Preferred provider organization (PPO) plans provide members with access to the Priority Health PPO network and to out-of-network providers of their choice. These plans do not require the member choose a PCP. PPO plans also offer coverage to members who reside outside the state of Michigan.
PriorityPOS	Point of service (POS) plans combine features of HMO and PPO plans. Members with these plans must designate an in-network physician to be their PCP, but they can choose to go out of network for other providers at a higher cost share. These members are also covered if they live outside of Michigan.

From these starting structures, employer groups can customize their plans with custom network arrangements, benefit riders and buy-ups, different member coinsurance levels, etc.



Contract number: 900000000-00

Name: FORDSON H SAMPLE

Group # and name: 000000, GROUP NAME

Health plan: PriorityHMO

Dependents:

900000000-01	CLARA B SAMPLE
900000000-02	HENRY F SAMPLE
900000000-03	FORDSON H SAMPLE JR
900000000-04	EDSEL F SAMPLE

Deductible				Total out of pocket limits			
In-network		Out-of-network		In-network		Out-of-network	
Indiv.	Family	Indiv.	Family	Indiv.	Family	Indiv.	Family
\$000	\$0000	N/A	N/A	\$9000	\$00000	N/A	N/A

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Cigna Strategic Alliance

Since 2018, Priority Health and Cigna have partnered to offer Priority Health commercial group members living or traveling outside Michigan access to Cigna's nationwide network of providers through a Strategic Alliance.

- Cigna commercial employer-sponsored group members and Cigna affiliated members that get care in Michigan's lower peninsula can access the Priority Health preferred provider organization (PPO) network. This means other Cigna Strategic Alliances with other health plans can access our network. ID cards will indicate Cigna Open Access Plus (OAP) on the front or back of the card.
- If a patient presents an ID card with the Cigna OAP logo, they are covered under the Priority Health network. However, claims for Cigna members should be submitted to Cigna, not Priority Health.
- Priority Health commercial group members that get care outside of Michigan have access to the Cigna OAP network. All Priority Health member claims should be submitted to Priority Health, not Cigna. Simply follow any instructions on the member ID card for submitting claims, submitting prior authorization requests or calling for assistance.

More information on seeing Cigna members can be found on our Provider Manual at priorityhealth.com/provider/manual/cigna-strategic-alliance.

Tiered and narrow network plans

Tiered and narrow network plans offer employer groups and their members alternative provider networks for additional savings and a simplified experience. In general, tiered networks separates our network into tiers, with a top tier of providers available to members at a lower cost share. Members still have access to the rest of the network, but at a higher cost share. Narrow networks are similar but *only* offer coverage for a subset of the whole Priority Health provider network. Care received from other providers is *not* covered.

While we offer a number of custom versions of these plans, see below for a list of our standard tiered and narrow network offerings.

Product	Description
Southeast Michigan Partners	This tiered network plan is available to employer groups in these six counties: Livingston, Macomb, Oakland, St. Clair, Washtenaw, Wayne. Tier 1 includes providers affiliated with Corewell Health in Southeast Michigan (formerly Beaumont Health), Detroit Medical Center, Lake Huron Medical Center, Michigan Medicine and Trinity Health. It also includes statewide ancillary facilities (including labs, physical therapy, radiology, home health care, social workers and skilled nursing facilities), all in-network pharmacies and emergency services.
West Michigan Partners	This tiered network plan is available to employer groups in these counties: Allegan, Barry, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa. Tier 1 includes providers affiliated with Corewell Health in West Michigan, University of Michigan Health-West, Holland Hospital, Forest View Hospital, Mary Free Bed Rehabilitation Hospital, Orthopedic Associates of Michigan and Pine Rest Christian Mental Health Services. It also includes statewide ancillary facilities (including labs, physical therapy, radiology, home health care, social workers and skilled nursing facilities), all in-network pharmacies and emergency services.
PriorityIntegra	This narrow network plan is generally available to groups in West and Southeast Michigan. Providers in the PriorityIntegra networks include those affiliated with Corewell Health, Holland Hospital (Main Campus only), Answer Health, We Are For Children, Arvon CIN, Olympia Medical Services, United Physicians, United Outstanding Physicians, Medical Network One, Pine Rest Christian Mental Health Services, Forest View Hospital and Mary Free Bed Rehabilitation Hospital. It also includes in-network pharmacies and emergency services.
Corewell Health Employer Group	This tiered network plan is available to Corewell Health employees and their dependents. Tier 1 includes all Corewell Health hospitals, Holland Hospital and affiliated surgery centers and free-standing campus locations that provide diagnostic services. Physicians from the following groups are included: Corewell Health Medical Group; Holland Physician Hospital Organization; Answer Health shareholders and affiliates; Health Pointe; Mary Free Bed; We Are For Children; Neonatal Associates; Pediatric Surgeons of West Michigan; pathology, anesthesiology, radiology and emergency room physicians serving a Corewell Health or Holland hospital and all behavioral health providers. Ancillary facilities include: acute rehabilitation facilities, ambulance services, chiropractors, dialysis facilities, durable medical equipment (DME), health departments, home infusion, infusion associates, Mary Free Bed at Home and prosthetics and orthotics. Also included are all in-network pharmacies and emergency services.
Other Domestic Tiered Networks and Custom Narrow Networks	We offer employer groups the opportunity to build their own custom tiered and narrow networks from the standard Priority Health network. Provider tiering can always be determined by using the Find a Doctor tool and selecting the member's specific plan before searching a particular provider.



Contract number: 900000000-00

Name: SUSAN D SAMPLE

Group # and name: 000000, GROUP NAME

Health plan: PriorityHMO West MI Partners

Dependents:

900000000-01	AARON D SAMPLE
900000000-02	JOSIAH J SAMPLE
900000000-03	JESSE L SAMPLE
900000000-04	GERALD L SAMPLE

Deductible				Total out of pocket limits			
In-network		Out-of-network		In-network		Out-of-network	
Indiv.	Family	Indiv.	Family	Indiv.	Family	Indiv.	Family
\$0000	\$0000	N/A	N/A	\$0000	\$0000	N/A	N/A

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PriorityHRA plans

Priority Health plans may include a health reimbursement arrangement (HRA). An HRA is an employer-owned and funded account that helps members pay for eligible healthcare expenses. Priority Health utilizes a fully integrated system to simplify the administration of claims processing and reimburses eligible expenses directly to providers. PriorityHRA gives employers flexibility and allows customization. For instance, the HRA may pay for a member's medical deductible, medical coinsurance or both, and employers can determine who pays first—the member or the HRA. When applicable, Priority Health pays the provider directly for eligible medical expenses from the HRA until the HRA is exhausted. This process eliminates paperwork and promotes accurate billing, preventing unnecessary upfront member payments and ensuring providers are paid as intended.

Providers should NOT collect estimated deductible or coinsurance payments from PriorityHRA members in advance of billing Priority Health. Instead, collect any required copays at the time of service and submit claims for other costs of care to Priority Health first. Priority Health will pay providers directly from the member's HRA for eligible expenses. If the member has a remaining balance, you will be notified, and the member will be informed through the Explanation of Benefits (EOB).

See the following page for a sample member ID card with PriorityHRA added.

 Priority Health

Contract number: 900000000-00
 Name: DEREK A SAMPLE
 Group # and name: 000000, GROUP NAME
 Health plan: PriorityHMO + HRA

Deductible				Total out of pocket limits			
In-network		Out-of-network		In-network		Out-of-network	
Indiv.	Family	Indiv.	Family	Indiv.	Family	Indiv.	Family
\$0000	\$0000	N/A	N/A	\$0000	\$0000	N/A	N/A

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HMA (third-party administrator) plan

HMA is a Priority Health third-party administrator (TPA) product that a select few employer groups have purchased. HMA plan members use Priority Health's PPO network*, but you'll work with these members differently than you would other Priority Health members. See our HMA provider landing page at priorityhealth.com/provider/manual/provider-plans/hma for more details on working with HMA members.

**Excluding Bronson Healthcare and affiliated providers*

HMA

Employee Name:
JOHN SMITH
Employee ID: 426000XXXXXX

ABC COMPANY, INC.

Dependent(s):
SALLY SMITH
ROY SMITH

ABC COMPANY, INC.		Generic Rx \$XX
Group Number:	050XXX	Preferred Rx \$XX
RxID	000XXXXXX	Non-Preferred Rx \$XX
RxPCN	XXXX	Office Visit \$XX
Medical Deductible	In-Network	Emergency Room \$XX
Medical/Rx OOP	Out-Network	

 cigna
Open Access Plus Network

MyPriority plans

An overview for providers

Individual plans

MyPriority plans are available to individuals under age 65 (and their dependents) who purchase their own health coverage, either on or off the Affordable Care Act (ACA) Marketplace. These plans are available to members anywhere in the Lower Peninsula of Michigan. They are generally organized into three metal levels, as described in the table below. (Note: Our plans don't require members to get a referral to see a specialist in our network. However, some specialists independently require referrals from the member's primary care physician (PCP) or other primary health care provider.)

Metal level	Description
Bronze	These plans have the lowest member premiums and the highest member cost-sharing levels.
Silver	These plans have mid-range premiums and mid-range member cost-sharing levels.
Gold	These plans have the highest member premiums and the lowest member cost-sharing levels.



Contract number: 900000000-00
Name: SARAH C SAMPLE
Group # and name: 200026 MY PRIORITY PPACA
Health plan: MyPriorityHMO Premier Silver

Dependents:

900000000-01	JUSTIN P SAMPLE
900000000-02	ROBERT T SAMPLE
900000000-03	WALTER C SAMPLE
900000000-04	JOSHUA T SAMPLE

Deductible				Total out of pocket limits			
In-network		Out-of-network		In-network		Out-of-network	
Indiv.	Family	Indiv.	Family	Indiv.	Family	Indiv.	Family
\$0000	\$00000	N/A	N/A	\$0000	\$00000	N/A	N/A

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Travel plans

These plans, for members who are frequently traveling outside Michigan's Lower Peninsula, offer the same member cost-sharing levels when members see participating Cigna Open Access Plus (OAP) providers outside of Michigan.

Narrow networks

There are four MyPriority narrow network plan types that only offer coverage for a subset of the whole Priority Health provider network. Care received from other providers is *not* covered. See below for a description of each.

Product	Description
Corewell Health West Michigan Network	Available to members in Ottawa, Newaygo, Mecosta, Kent, Barry and parts of Allegan County, this network includes all Corewell Health hospitals in West Michigan and affiliated providers. It also includes all in-network ancillary providers, in-network pharmacies and emergency services.
Southeast Michigan Network	Available to members in Macomb, Oakland and Wayne counties, this network includes all Corewell Health and Trinity Health hospitals in Southeast Michigan, as well as affiliated providers. It also includes all in-network ancillary providers, in-network pharmacies and emergency services.
Bronson Healthcare Partners	Available to members in Kalamazoo, Van Buren and parts of Calhoun County, this network includes all Bronson hospitals and affiliated providers. It also includes all non-Borgess ancillary providers, in-network pharmacies and emergency services.
Trinity Health East Network	Available to members in Livingston, Washtenaw and parts of Jackson County, this network includes all Trinity Health hospitals in Southeast Michigan and affiliated providers. It also includes all ancillary providers, in-network pharmacies and emergency services.

 **Priority Health**

Contract number: 900000000-00

Name: MARK A SAMPLE

Group # and name: 200026 MY PRIORITY PPACA

Health plan: Narrow Network - MyPriorityHMO Premier Silver

Corewell Health West Michigan Network

Dependents:

900000000-01	BONNIE A SAMPLE
900000000-02	JULIE R SAMPLE
900000000-03	JAIME O SAMPLE
900000000-04	EDWARD A SAMPLE

Deductible				Total out of pocket limits			
In-network		Out-of-network		In-network		Out-of-network	
Indiv.	Family	Indiv.	Family	Indiv.	Family	Indiv.	Family
\$0000	\$00000	N/A	N/A	\$0000	\$00000	N/A	N/A

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All MyPriority plans

The following is a complete list of all available MyPriority plans. A member's plan will always be listed in the "Health plan" field on their member ID card and in the Plan Information box of a member's profile in prism's Member Inquiry.

- MyPriority Value Bronze
- MyPriority Value Bronze HSA

- MyPriority Essential Bronze Off Marketplace
- MyPriority Standard Bronze Travel
- MyPriority Standard Bronze
- MyPriority Premier Silver
- MyPriority Premier Silver Off Marketplace
- MyPriority Balanced Silver
- MyPriority Balanced Silver Off Marketplace
- MyPriority Prime Silver HSA Off Marketplace
- MyPriority Silver Travel HSA Off Marketplace
- MyPriority Standard Silver Travel
- MyPriority Standard Silver
- MyPriority Standard Gold
- MyPriority Value Bronze Corewell Health West Michigan Network
- MyPriority Value Bronze HSA Corewell Health West Michigan Network
- MyPriority Essential Bronze Off Marketplace Corewell Health West Michigan Network
- MyPriority Standard Bronze Corewell Health West Michigan Network
- MyPriority Premier Silver Corewell Health West Michigan Network
- MyPriority Premier Silver Off Marketplace Corewell Health West Michigan Network
- MyPriority Balanced Silver Corewell Health West Michigan Network
- MyPriority Balanced Silver Off Marketplace Corewell Health West Michigan Network
- MyPriority Prime Silver HSA Off Marketplace Corewell Health West Michigan Network
- MyPriority Standard Silver Corewell Health West Michigan Network
- MyPriority Enhanced Gold Corewell Health West Michigan Network
- MyPriority Standard Gold Corewell Health West Michigan Network
- MyPriority Value Bronze Bronson Healthcare Partners
- MyPriority Value Bronze HSA Bronson Healthcare Partners
- MyPriority Essential Bronze Off Marketplace Bronson Healthcare Partners
- MyPriority Standard Bronze Bronson Healthcare Partners
- MyPriority Premier Silver Bronson Healthcare Partners
- MyPriority Premier Silver Off Marketplace Bronson Healthcare Partners
- MyPriority Balanced Silver Bronson Healthcare Partners
- MyPriority Balanced Silver Off Marketplace Bronson Healthcare Partners
- MyPriority Prime Silver HSA Off Marketplace Bronson Healthcare Partners
- MyPriority Standard Silver Bronson Healthcare Partners
- MyPriority Enhanced Gold Bronson Healthcare Partners
- MyPriority Standard Gold Bronson Healthcare Partners
- MyPriority Value Bronze Southeast Michigan Network
- MyPriority Value Bronze HSA Southeast Michigan Network
- MyPriority Essential Bronze Off Marketplace Southeast Michigan Network
- MyPriority Standard Bronze Southeast Michigan Network
- MyPriority Premier Silver Off Marketplace Southeast Michigan Network
- MyPriority Balanced Silver Southeast Michigan Network
- MyPriority Balanced Silver Off Marketplace Southeast Michigan Network
- MyPriority Prime Silver HSA Off Marketplace Southeast Michigan Network
- MyPriority Standard Silver Southeast Michigan Network
- MyPriority Enhanced Gold Southeast Michigan Network
- MyPriority Standard Gold Southeast Michigan Network
- MyPriority Value Bronze Trinity Health East Network
- MyPriority Value Bronze HSA Trinity Health East Network
- MyPriority Essential Bronze Off Marketplace Trinity Health East Network
- MyPriority Standard Bronze Trinity Health East Network
- MyPriority Premier Silver Trinity Health East Network
- MyPriority Premier Silver Off Marketplace Trinity Health East Network
- MyPriority Balanced Silver Trinity Health East Network

- MyPriority Balanced Silver Off Marketplace Trinity Health East Network
- MyPriority Prime Silver HSA Off Marketplace Trinity Health East Network
- MyPriority Standard Silver Trinity Health East Network
- MyPriority Enhanced Gold Trinity Health East Network
- MyPriority Standard Gold Trinity Health East Network

Medicare plans

An overview for providers

MAPD plans

We offer a number of Medicare Advantage with Prescription Drug (MAPD) plans to individuals 65 and older. MAPD plans are an alternative to Original Medicare. They include coverage for Medicare Parts A and B (hospital and medical), as well as prescription drug coverage.

Our MAPD plans have varying levels of member cost-sharing and can have limited availability depending on the region where the member lives. Two main types are HMO-POS plans and PPO plans. HMO-POS plans require members to designate a PCP to coordinate their care. Both allow members to see providers outside the Priority Health network, but HMO-POS members will pay more for doing so.

See below for a full list of Priority Health MAPD plans. A member's plan will always be listed in the "Health plan" field on their member ID card and in the Plan Information box of a member's profile in prism's Member Inquiry. (Note: None of these plans require referrals to see specialists.)

Plan	Network
PriorityMedicare	HMO-POS
PriorityMedicare Vintage	HMO-POS
PriorityMedicare Value	HMO-POS
PriorityMedicare Key	HMO-POS
PriorityMedicare Smart Savings	HMO-POS
PriorityMedicare Edge	PPO
PriorityMedicare Vital	PPO
PriorityMedicare Merit	PPO
PriorityMedicare Thrive	PPO
PriorityMedicare Thrive Plus	PPO

For details on each plan, see the Summary of Benefits documents on the [Medicare Benefits page](#) of our provider manual.



Plan Year: 2025

OLIVIA B SAMPLE

ID: 000000000-00

Group ID: 10003

Plan name: PriorityMedicare (HMO-POS)

PCP: \$0

Rx BIN: 003858

Specialist: \$40

Rx PCN: MD

ER: \$120

Rx Group #: PHMEDCR

Prescription: Yes

Issuer: 80840

MedicareRx
Prescription Drug Coverage

HPID#: 7962405198

CMS H23320-028

Dual Premier and D-SNP

Members who are eligible for both Medicare and Medicaid qualify for either Dual Premier, our Highly Integrated Dual-Eligible Special Needs Plan (HIDE-SNP), or our coordination-only Dual-eligible Special Needs Plan (D-SNP). These are HMO plans with no premiums, no deductibles and \$0 maximum out-of-pocket. One or the other plan is available to qualifying members in all 68 counties in Michigan's Lower Peninsula. See our provider manual for more information on [Dual Premier](#) and [D-SNP](#).



PriorityMedicare Dual Premier

A plan that contracts with both Medicare and Medicaid



Member name: JOHN Q SAMPLE

Member ID: 900000000-00

Care Manager Phone: 833.939.0983

Copays: PCP/Specialist - \$0

MedicareRx
Prescription Drug Coverage

Rx BIN: 003858

Rx PCN: MD

Rx Group #: PHMEDCR

Rx ID: 80840

CMS H8379-003



Plan Year: 2025

BRANDON J SAMPLE

ID: 000000000-00

Group ID: 10003

Plan name: PriorityMedicare D-SNP (HMO)

PCP: \$0

Rx BIN: 003858

Specialist: \$0

Rx PCN: MD

Prescription: Yes

Rx Group #: PHMEDCR

Issuer: 80840

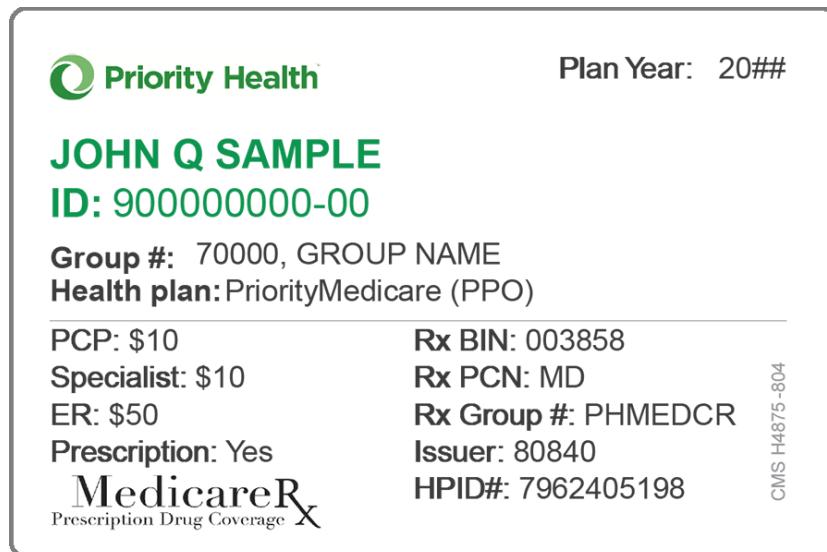
HPID#: 7962405198

CMS H8379-001

Note: D-SNP members need a separate Medicaid card. Dual Premier members do **not** need an additional member ID card.

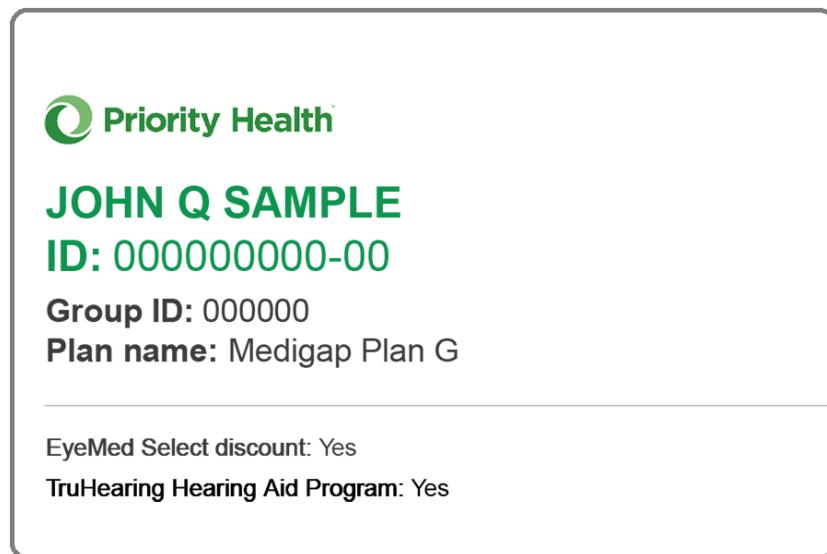
EGWP

We offer Employer Group Waiver Plans (EGWP) to employer groups for their retirees. These should be treated the same as other MAPD plans. The only difference you'll notice on the member ID card is that the employer group name will be listed after the group number.

**Medigap plans**

Our Medigap plans work in conjunction with Original Medicare providing members supplemental coverage for things Original Medicare doesn't cover. It does *not* include prescription coverage, which would need to be purchased separately. Medigap plans are standard across health plans. Priority Health offers Medigap Plans A, C, D, F, G and N. We also have some members with Plans C and F if their Part B coverage was effective before Jan. 1, 2020.

Members with Medigap plans can see any provider who accepts Original Medicare. Providers should bill Original Medicare first.



Medicaid plans

An overview for providers

Medicaid can be identified by the word "Choice" in the "Health plan" field on their member ID card and in the Plan Information box of a member's profile in prism's Member Inquiry. The following are our Medicaid plans:

Name	Plan
Choice MDC	Medicaid
Choice HMI	Healthy Michigan Plan

These two offerings are standard across Michigan health plans.

For information on working with our Medicaid members, see our [Medicaid Provider Manual](#).

 Priority Health

Contract number: 1111111111
Name: LISA L SAMPLE
Group number: 10001
Health plan: Choice MDC

Copays

Non-emergent ER:	\$0
Hospital Urgent Care:	\$0
Prescription:	\$0
Office visit:	\$0

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 Priority Health

Contract number: 1111111111
Name: PAIGE L SAMPLE
Group number: 10001
Health plan: Choice HMI

Copays

Non-emergent ER:	No
Hospital Urgent Care:	No
Prescription:	No
Office visit:	No

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Programs & benefits

An overview for providers

Below you will find a detailed, though not exhaustive, list of the programs and benefits we offer our members.

Feel free to refer your patients to these programs and benefits if they're eligible. We're also including this list so you can be aware of other organizations that may be contacting you about your patient(s) and why. For more details, visit our [Provider Manual](#).

Program/benefit	Vendor partner	Description	Eligibility
Advanced illness and chronic disease care	Tandem365	A variety of advanced illness care programs provide in-home care, services and supports are available to members in advanced stages of chronic disease.	Any member in any plan type in advanced stages of chronic disease
Behavioral health self-care	Teladoc Health	Teladoc Health Mental Health is an online mental health tool powered by Teladoc Health that offers coping tools, inspirational resources, community support and one-on-one coaching for depression, anxiety, substance abuse, stress and chronic pain.	All Priority Health members
Behavioral health support		All members' benefits include free, 24/7 access to licensed behavioral health clinicians. They can help with emotional distress, substance use concerns and even connect members with a therapist. We're continually expanding our network of virtual providers to meet unique mental health needs. New additions include Backpack Healthcare, offering pediatric (ages 4+) and family mental health services, and Folx Health, which specializes in LGBTQIA+ care with the largest network of experienced providers in this space. Learn more at priorityhealth.com/behavioralhealth .	All members
Brain games	CogniFit	We offer an online brain exercise tool called CogniFit that provides brain training for members to help improve memory and focus.	Members with certain eligible PriorityMedicare plans

Program/benefit	Vendor partner	Description	Eligibility
Care after inpatient admission		Care managers educate patients with complex medical needs on disease self-management, assist with coordination of care and navigating the health care system, and connect patients with social, medical and behavioral health care to reduce avoidable hospital admissions, readmissions and emergency department visits.	Members are proactively targeted using Johns Hopkins ACG model. All D-SNP members have a care manager. Children with special needs who need extra support are also automatically included.
Care management		Our care management program pairs eligible members with licensed nurses or social workers trained to help them manage chronic conditions including asthma, diabetes and depression. They can also help with new diagnoses, recent hospitalizations and more. Learn more at priorityhealth.com/caremanagement	Any member with a chronic condition
Caregiver support services	Caralrel	<p>Members/caregivers are matched with Care Advocates who have a vast knowledge of topics such as:</p> <ul style="list-style-type: none"> • Social needs • Housing insecurities and resources • Family communication coaching • Community services • Legal aid • Making sense of legal documents • Key financial planning • And more... <p>These Care Advocates, who have all been caregivers themselves, will be matched to specific advocates based on their unique needs.</p>	Members with D-SNP and other eligible PriorityMedicare plans
Clinical trial enrollment	Medzown	Medzown helps eligible members with complex cancers and rare diseases enroll in cutting-edge therapies and clinical trials when they need options beyond standard care.	PriorityMedicare (except for Dual Premier) and individual ACA plan members
Community care management		Community Care Management is a program that offers individuals and families time-sensitive treatment and support to help avert a crisis or	Any non-Medicaid member (except for D-SNP) who is at risk of rehospitalization and/or

Program/benefit	Vendor/partner	Description	Eligibility
		allow for a successful transition back home after a mental health hospitalization.	have experienced psychosocial barriers accessing outpatient therapy
Cost Estimator	Healthcare Bluebook	Cost Estimator is Priority Health's transparency tool that takes provider and facility pricing information combined with member benefit and deductible balances to calculate anticipated out-of-pocket costs. Learn more at priorityhealth.com/cost-estimator .	All commercial (group and individual) members
Dental benefits	Delta Dental	Our Delta Dental plans offer access to two of the largest national dental provider networks: Delta Dental PPO and Delta Dental Premier.	Available to all plan types
Diabetes management	Livongo (Teladoc Health)	We offer a digital diabetes management program called Livongo, now owned by Teladoc Health, that provides a personalized experience for our members to better manage their type 2 diabetes. It includes telephonic health coaching, an app with 24/7 monitoring and support, a blood glucose meter that offers real-time feedback and unlimited test strips, a Bluetooth-connected weight scale and a blood pressure cuff.	Non-Medicaid members 18 or older with type 2 diabetes who are not pregnant
Diabetes management	Virta	<p>Virta is a digital solution that offers customized care plans with dedicated coaching based on biomarker data and on-demand access to clinician-led care teams.</p> <p>Virta's Diabetes Reversal* program offers members a way to put their type 2 diabetes into remission and reduce their blood sugar and diabetes medication through nutrition therapy.</p> <p>Virta's solution focuses on nutrition therapy and lifestyle changes, personalized to each member's preferences, budget and unique metabolic needs. All enrollees have 24/7 access to the tools and resources on Virta's platform.</p>	Any commercial group member at least 18 years old with an A1c of 6.5%+ and diagnosed with type 2 diabetes

Program/benefit	Vendor partner	Description	Eligibility
		<p><i>*Type 2 Diabetes Reversal on Virta is defined as reaching an A1c below 6.5% without the use of diabetes medications beyond metformin. Diabetes and related issues can return if lifestyle changes are not maintained.</i></p>	
Diabetes prevention	Omada	We offer a one-year virtual program that helps patients with healthy lifestyle changes like eating healthy, exercising and managing stress. The program provides a coach, lessons and access to a peer support group. Virtual DDP programs are available to commercial and individual members, which also provide a scale.	Any member in any plan diagnosed with pre-diabetes
Digestive health support	Ayble	Ayble's platform provides GI-specialized nutrition guidance, behavioral skills training, health coaching and additional care team support to a wide range of digestive health patients.	Members on group commercial or MyPriorityHMO plans who are 18 or older with digestive health symptoms and/or diagnoses
Early cancer detection testing	Galleri (GRAIL)	The Galleri multi-cancer early detection test from GRAIL is a proactive blood test that screens for a "fingerprint" of 50+ cancers, including many with no recommended screening currently available.	To be eligible for the screening members must be on either PriorityMedicare Thrive or Thrive Plus plans, be 65 years or older and not be pregnant or in active cancer treatment.
Fertility support	Carrot Fertility	<p>The Carrot buy-up and rider offers members additional options for:</p> <ul style="list-style-type: none"> • Fertility treatment for those with or without a diagnosis of infertility • Access to expert guidance, reliable education and support • Pregnancy, postpartum and doula support • Gestational surrogacy • Adoption • Menopause and low testosterone 	Commercial members whose employer groups have purchased the Carrot Core Buy-Up or the Carrot Pro Rider

Program/benefit	Vendor partner	Description	Eligibility
Fitness and physical wellness program	One Pass (Optum)	<p>Priority Health Medicare members with One Pass will have access to a number of fitness locations and other benefits, including:</p> <ul style="list-style-type: none"> • A brain health partnership through CogniFit • Fitness Kits designed for members who prefer to workout at home • Strength, yoga or dance kit • Healthy meal delivery through Mom's Meals® (out-of-pocket for members, not a Priority Health benefit) • Access to the Fitbit community and Fitbit Premium (no Fitbit needed) 	Most Medicare members
Fitness center discounts	Active&Fit Direct	<p>Through Active&Fit Direct, members can choose from 11,000+ participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and taxes). Members can choose from 11,000+ participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and taxes).</p>	All commercial (group and individual) members
Health Savings Accounts (HSAs)	HealthEquity	HSAs, linked with high-deductible health plans, offer members the opportunity to set aside money, pre-tax, into an interest-bearing savings account that can be used to cover qualified medical expenses.	Any member covered by a high-deductible health plan
Healthy Rewards program	Lynx	<p>The Healthy Rewards program is designed to encourage and celebrate PriorityMedicare members' commitment to wellness. When the member completes eligible healthy activities like getting flu shot or annual physical, they earn rewards they can spend at popular retailers. More information can be found at priorityhealth.com/member/getting-care/healthy-rewards.</p>	All Medicare members are invited to sign up at priorityhealth.com/rewards .
Hearing care discounts	TruHearing	This program provides members and their extended family access to a \$75 discounted hearing examination with a TruHearing hearing provider and discounts on hearing aids.	All non-Medicaid members

Program/benefit	Vendor partner	Description	Eligibility
In-home health assessments	Signify Health	A health care provider visits the member in their home and reviews medical history, medications and answers questions. All results from the visit are shared with their primary care provider.	Any member with a Medicare, Medicaid or MyPriority plan
LGBTQIA+ support	Folk Health	Folk offers virtual care for LGBTQIA+ members, including mental health care and prescription management for anxiety and depression, as well as gender-affirming care. When appropriate, Folk providers refer members to in-person care.	All commercial (group and individual) members
Member portal		We offer all members a member portal at member.priorityhealth.com , where they can see coverage information, provider information, EOBS and much more.	All members
Musculo-skeletal Centers of Excellence (MSK COE)		<p>Our optional MSK COE rider will offer groups and their employees a comprehensive and coordinated approach to the diagnosis, treatment, and management of MSK conditions, including:</p> <ul style="list-style-type: none"> • Total hip replacement • Total knee replacement • Lumbar fusion • Lumbar laminectomy • Cervical fusion • Cervical laminectomy <p>This is an optional program. Members with the rider are still free to see their preferred orthopedic surgeon, even if the provider isn't included in the MSK COE. Their care will be covered according to their plan. Benefits include reduced member cost share and travel cost coverage.</p>	Commercial members whose employer groups have purchased the MSK COE Rider
Over-the-counter allowance	Lynx	Select PriorityMedicare members will have an over-the-counter (OTC) benefit with which they can purchase OTC medications and health and wellness products such as bathroom safety bars, toothpaste, sunscreen, incontinence supplies, etc. All cards include access to an easy-to-use mobile app called Priority Health OTC.	Members with D-SNP and other eligible PriorityMedicare plans

Program/benefit	Vendor partner	Description	Eligibility
Pain management	Flowly	Flowly is a virtual clinic delivering the latest in pain science for members who have struggled to find relief.	All commercial (group and individual) and Medicare members
Pathways community connections		Community health workers connect high risk patients to medical, social and behavioral health services to reduce risk factors.	Any Medicare or Medicaid members identified by Priority Health care managers as standing to benefit from this program
Pediatric mental health care	Backpack Healthcare	Backpack Healthcare offers comprehensive pediatric (4+ years) and family mental health care through a virtual platform.	All members
Perks and discounts (BenefitHub)		Members can enjoy discounts, rewards, and other perks on thousands of brands from apparel to entertainment. Learn more at priorityhealth.com/member/plan-features/benefithub .	All non-Medicare members
Personal emergency response for falls	Connect America	<p>Connect America® provides 24/7 connection for members to family, caregivers, emergency services or their caring center team. Through their PERS device, members can:</p> <ul style="list-style-type: none"> • Connect to a real person who can call a relative, caregiver, doctor, emergency services and more • Access Social Care Advisors who can connect members to community resources and services, utilities, food delivery and mental health, or address safety concerns, advocacy needs and more • Have 24/7 access to urgent response agents trained in emergency and non-emergency situations • Receive real-time assistance to schedule doctor appointments or refill prescriptions • Utilize social isolation support <p>Connect America can also assist in triaging calls to help prevent unnecessary emergency room visits,</p>	D-SNP members and other non-Medicaid members identified by Priority Health care managers according to set criteria

Program/benefit	Vendor/partner	Description	Eligibility
		hospitalizations, frequent physician office visits and premature institutionalization.	
Postnatal support		PriorityBABY is a program designed to support children and their caregivers during a child's first two years. It is a continuation of the successful PriorityMOM program (see below) and includes health care information, gifts and incentives.	All members with a child under six months old
Pregnancy support		PriorityMOM supports expectant mothers in their pregnancy journey. The goal is to reduce OB costs, preterm births, postpartum readmissions and improve health outcomes for mom and baby.	Pregnant members
Prescription discount program	PriceMyMeds	PriceMyMeds allows our commercial members to compare the cost of their medications across local, in-network pharmacies to get the lowest available price for their prescriptions.	All commercial (group and individual) members
Priority Health Connect	Aunt Bertha	With attention to social determinants of health, this program connects members with free and reduced-cost programs and social services. Members can search for resources like housing support, legal assistance, access to health foods and childcare, within their zip code.	Any non-Medicaid member identified by Priority Health care managers as standing to benefit from this program.
Remote health condition monitoring		Members who need close clinical monitoring are provided devices specific to their illness, like a blood pressure cuff, scale or pulse oximeter.	Members who meet clinical criteria for telemonitoring (i.e. congestive heart failure, COPD, diabetes)
Substance Use Disorder treatment and support	Boulder Care	Boulder Care is a virtual platform that offers holistic telehealth treatment and support for Substance Use Disorder (SUD), particularly for opioid addiction, alcohol addiction and any co-occurring conditions like nicotine dependence, depression, anxiety and insomnia.	Any commercial group member at least 18 years old* <i>*Some self-funded employer groups may opt out of this core benefit.</i>
Transportation	SafeRide	SafeRide covers up to 30 one-way trips per calendar year to take members to and from health-related locations such as network providers	Members with Medicaid, D-SNP or select Medicare plans

Program/benefit	Vendor/partner	Description	Eligibility
		and pharmacies. Each one-way trip is limited to 100 miles. Members can also submit for mileage reimbursement if they'd prefer to utilize their trip allowance this way.	
Travel coverage	Assist America	We offer global emergency medical services for members powered by Assist America. If someone becomes ill or injured while traveling more than 100 miles from home, Assist America provides support with medical referrals, monitoring, evacuation, repatriation and much more.	All commercial (group and individual) and Medicare members
Virtual physical therapy	Sword Health	Sword Health provides members whose employer groups have purchased this rider with access to digital physical therapy (PT) from the comfort and privacy of their home.	Commercial members whose employer groups have purchased the virtual PT rider
Vision benefits	EyeMed (PriorityVision)	PriorityVision plans include a range of vision benefits and discounts, including exam-only plans, exam and material packages and more.	Available to all plan types (Employer groups and individuals who purchase their own insurance must opt in.)
Weight loss and type 2 diabetes management	Virta	<p>Virta is a digital solution that offers our employers two different programs, each including customized care plans with dedicated coaching based on biomarker data and on-demand access to clinician-led care teams:</p> <ul style="list-style-type: none"> Sustainable Weight Loss: Helps members lose weight sustainably through nutrition therapy without medications Sustainable Weight Loss with Responsible Prescribing: Includes features of Sustainable Weight Loss and adds optimized GLP-1 use for weight loss via Virta's Trusted Prescriber Network, with a path to a clinically monitored offramp 	<p>Any commercial group member at least 18 years old meeting specific eligibility criteria for one of the following programs:</p> <ul style="list-style-type: none"> Sustainable Weight Loss: BMI of 25+ or A1c of 5.7%–6.4% Sustainable Weight Loss with Responsible Prescribing: Meets FDA criteria for GLP-1s, including having a BMI of 30+ or 27+ with comorbidities
<p>Note that members will only have one of the two plans above.</p>			

Program/benefit	Vendor partner	Description	Eligibility
		Members should check with their employer or their plan documents to see which, if either, they have.	
		Virta solutions focuses on nutrition therapy and lifestyle changes, personalized to each member's preferences, budget and unique metabolic needs. All enrollees have 24/7 access to the tools and resources on Virta's platform.	