

My**Priority** Balanced Silver Plan

Deductible \$3,600 Individual / \$7,200 Family

A smart balance between having coverage in case of a major health care need and the reassurance of access to routine and general care for just a copay before the annual deductible. With extra benefits and resources at low or zero cost, we'll help you balance saving money and staying healthy.

	My Priority Balanced Silver Plan
Deductible Individual / family	\$3,600 / \$7,200
Out-of-pocket maximum Individual / family	\$9,400 / \$18,800
Coinsurance	30% coinsurance, after deductible
Office visits Primary care	\$30 copay; office visits (evaluation only), before deductible
Office visits Urgent care	\$75 copay before deductible
Office visits Specialist	\$85 copay; office visits (evaluation only), before deductible
Office visits Mental health	\$30 copay; office visits only, before deductible
Limited virtual urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before
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Inpatient hospital care (includes labor and delivery)	deductible 30% coinsurance, after deductible
Inpatient hospital care	
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Inpatient hospital care (includes labor and delivery) Outpatient hospital care Emergency services Prescription drug coverage	 30% coinsurance, after deductible \$1,000 copay; 30% coinsurance, after deductible \$250 copay (waived if admitted); 30% coinsurance, after
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Inpatient hospital care (includes labor and delivery) Outpatient hospital care Emergency services Prescription drug coverage Want to find out if your prescription is covered?	30% coinsurance, after deductible \$1,000 copay; 30% coinsurance, after deductible \$250 copay (<i>waived if admitted</i>); 30% coinsurance, after deductible Visit <i>priorityhealth.com</i> and click on approved drug list
Inpatient hospital care (includes labor and delivery) Outpatient hospital care Emergency services Prescription drug coverage Want to find out if your prescription is covered? Tier la	 30% coinsurance, after deductible \$1,000 copay; 30% coinsurance, after deductible \$250 copay (waived if admitted); 30% coinsurance, after deductible Visit <i>priorityhealth.com</i> and click on approved drug list \$5 copay, before deductible
Inpatient hospital care (includes labor and delivery) Outpatient hospital care Emergency services Prescription drug coverage Want to find out if your prescription is covered? Tier la Tier lb	 30% coinsurance, after deductible \$1,000 copay; 30% coinsurance, after deductible \$250 copay (waived if admitted); 30% coinsurance, after deductible Visit priorityhealth.com and click on approved drug list \$5 copay, before deductible \$20 copay, before deductible

MyPriority Balanced Silver is also offered on four narrow network options:

- Corewell Health West Michigan Network
- Bronson Healthcare Partners
- Southeast Michigan Network
- Trinity Health East Network

Reasons to love your Balanced Silver Plan



A first-of-its-kind pharmacy program that searches for and applies discounts, so you pay a lower price if one is available.

If you're currently taking a qualifying medication, you'll receive an introductory letter about our specialty drug savings program through our partner, SaveOn^(SM).

If you have questions, please contact your agent or call the number on the back of your member ID card or visit *priorityhealth.com* and select **Contact Us**.