

Medigap

Outline of Coverage
for Plans A, C, D, F, G and N





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Medicare that fits your priorities.

Make your Original Medicare coverage go further with a Priority Health Medigap (also known as a Medicare Supplement) plan. Get an affordable plan that includes lots of extras to help improve your health. No matter which plan you choose, you can depend on Priority Health for the right coverage at the right cost.

Service you can count on.

At Priority Health, we believe you deserve Medicare that's simple to use, easy to trust and honestly priced. We're a Michigan-based company with more than 30 years of experience, so we understand what Michigan residents want out of their Medicare coverage.



New Priority Health Medigap members who've never before had Priority Health coverage are eligible for a **6.5% reduction** in their monthly premium. Call our Medicare experts at 833.540.1347 (TTY 711), seven days a week from 8 a.m. to 8 p.m.

Why choose a Medigap plan?

Medigap plans work side-by-side with Original Medicare to cover costs like copays, coinsurance and deductibles—all things Original Medicare doesn't cover.

If you have Original Medicare, you're covered for most hospital and medical expenses—but you may be surprised how quickly your deductibles, copays and coinsurance can add up.

Coverage you need

Medigap plans don't include prescription drug coverage, but they do give you the flexibility to see any doctor who accepts Medicare. This type of plan might be right for you if:

- You don't mind paying a higher monthly premium in exchange for paying less—or even nothing—when you get medical care.
- You want the freedom to use any provider that accepts Medicare, with no network to worry about.
- You already have or don't mind having to purchase a standalone Part D prescription drug plan.
- You travel outside of Michigan for an extended period each year and want to seek routine health services when you're away.

Can you afford the coverage “gaps” in Original Medicare?

For example, in 2024, if you went to the hospital, you would need to pay a \$1,632 deductible before your coverage began. If you needed to be in the hospital for a long time, you'd pay \$408 per day for days 61–90, then \$816 each day after 90 days.

A Priority Health Medigap plan can help you avoid these costly coverage gaps.

Questions about our plans?

- Call us toll-free at 833.540.1347
- Visit prioritymedicare.com
- Contact your local agent

Coverage you need

When you select a Priority Health Medigap plan, you're choosing:



No hidden fees—no application or association fee on top of your monthly plan premium.



The freedom to go to any doctor or hospital that accepts Medicare.



Virtually no claims paperwork.



Discounts on essentials like hearing aids and eyewear.



Worldwide emergency coverage* and Assist America® travel assistance.



A guarantee that your rate can only change once every 12 months.

Enjoy easy renewal

Once you enroll in a Priority Health Medigap plan, the rest is easy. Your claims are processed automatically, and we'll pay your providers directly. Your coverage will automatically renew each year as long as you pay your monthly plan premiums.

**Plans C, D, F, G and N*

You can purchase one of 12 standardized Medicare Supplement insurance plans sold in your state. To see a full list of all plans available in Michigan, see page 11. Some plans may not be available in your state.

Priority Health offers Plans A, C, D, F, G and N.

Only beneficiaries first eligible for Medicare before Jan. 1, 2020 may purchase Plans C and F.

Basic benefits included in all Medigap plans:

- **Hospitalization:** Part A copayments plus coverage for 365 additional days after Medicare benefits end.
- **Medical expenses:** Part B coinsurance (20% of Medicare-approved expenses) or copays. Plans K, L and N require you to pay a portion of the Part B coinsurance or copayments.
- **Medicare preventive care:** Part B coinsurance (20% of Medicare-approved expenses) when applicable.
- **Blood transfusion:** The first three pints of blood each year (Original Medicare covers additional pints).
- **Hospice:** Part A coinsurance for inpatient respite care and copays for outpatient prescription drugs.

Additional benefits available on select Medigap plans:

- **Hospitalization:** Part A deductible per benefit period (\$1,632 in 2024).
- **Skilled nursing facility care:** Part A daily copayments for days 21 through 100 of each benefit period.
- **Medical expenses:** Part B deductible per calendar year (\$240 in 2024).
- **Part B excess charges:** All costs above Medicare-approved amounts.
- **Foreign travel emergency care:** 80% of Medicare-eligible expenses for emergency care services received outside the U.S. after you meet a foreign travel deductible.

Benefits you want

Hearing and Vision

Priority Health Medigap members are eligible to participate in the hearing aid program through TruHearing®. Members are also eligible to receive vision discounts through EyeMed®.

Hearing

As a part of your Priority Health Medigap plan you have a hearing aid program available through TruHearing®.

The program includes:

- \$0 copay for one comprehensive hearing exam, per year
- Up to two hearing aids per ear, per year, for hearing aids from top manufacturers depending on level selected
- Hearing aid cost includes a 60-day trial period, one year of post-purchase follow-up visits and 80 batteries per hearing aid (rechargeable not included).

	Average Retail Price	Member Copay
Basic: For quiet or mild environments, like 1-on-1 conversations	\$1,850	\$495
Standard: For predictable environments, like at home	\$2,000	\$895
Advanced: For more challenging environments, like offices or when in motion	\$2,450	\$1,295
Premium: For the most challenging environments, like restaurants or when in large groups of people	\$3,100	\$1,695

Vision

Priority Health Medigap members can get discounts on vision through the EyeMed Discount Plan.

Discounts include:

- \$5 off retail cost for eye exams
- 35% off the retail price for frames and lenses
- 15% off the retail price for conventional contact lenses
- 20% off the retail price of additional lens add-ons and services
- 15% off the retail price of LASIK or 5% off a promotional price

Vision discounts are subject to change.

Please visit prioritymedicare.com for the most accurate discount information.



Assist America emergency travel services

Priority Health Medigap members have access to Assist America for global emergency travel assistance when more than 100 miles from home or in a foreign country.

Services include:

- Medical referrals, critical care monitoring, emergency evacuation, help returning home and other support measures.
- Worldwide access, regardless of geography or political climate.
- Access to multilingual, medically-trained employees.
- Replacement of forgotten or lost medication.
- Return of lost luggage and assistance with replacement of essential travel documents.
- Retrieval of vehicles or other valuable property left stranded because of your medical situation.
- Pre-trip information, including visa requirements, immunization regulations and security advisories.

Visit [prioritymedicare.com](https://www.prioritymedicare.com) for more information on Assist America.



12% household discount

As a Priority Health Medigap member, you may be eligible for a **12% reduction** in premium if another person in your household currently has or is enrolling in a Priority Health Medigap plan. The discounted rate will apply as long as each policy considered for the discount remains in effect and policyholders remain in the same household.

A household is defined as a condominium unit, a single-family home or an apartment unit within an apartment complex. Assisted living facilities, group homes, adult day care facilities, nursing homes or any other health residential facilities are not included in the definition of a household. You do not need to be related to the other qualifying members of your household to receive this discount.

Don't forget, **new** Priority Health Medigap members who've never before had Priority Health Medigap coverage are eligible for a **6.5% discount** on their monthly premium.



Choose the benefits
most important to you.

Benefits included in all Medigap plans

Only beneficiaries first eligible for Medicare before Jan. 1, 2020 may purchase Plans C and F

Benefits	Plans									Plans		
	A	B	D	G	G*	K**	L**	M	N	C	F	F*
Inpatient hospital services Medicare Part A daily copayments plus an additional 365 days of coverage after Medicare benefits end	•	•	•	•	•	•	•	•	•	•	•	•
Hospice care Medicare Part A coinsurance and copayments	•	•	•	•	•	50%	75%	•	•	•	•	•
Medicare preventive care Medicare Part B coinsurance when applicable	•	•	•	•	•	•	•	•	•	•	•	•
Medical expenses Medicare Part B coinsurance	•	•	•	•	•	50%	75%	•	100% except up to a \$20 office visit copayment and up to a \$50 emergency visit copayment	•	•	•
Blood First three pints under Medicare Parts A and B	•	•	•	•	•	50%	75%	•	•	•	•	•
Skilled nursing facility care Medicare Part A daily copayments			•	•	•	50%	75%	•	•	•	•	•
Medicare Part A deductible		•	•	•	•	50%	75%	50%	•	•	•	•
Medicare Part B deductible										•	•	•
Medicare Part B excess charges				•	•					•	•	•
Foreign travel Emergency services			80%	80%	80%			80%	80%	80%	80%	80%
Out-of-pocket annual limit***						\$6,620	\$3,310					

All benefits listed are covered at 100% unless the chart indicates otherwise. The Medigap plan covers copays/coinsurance only after the deductible is met unless the plan covers it. *Plans F and G also have a high deductible option that requires first paying a plan deductible of \$2,800 (in 2024) before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible. **Plans K and L include the same basic benefits as the other Medigap plans, but the cost-sharing you pay for the basic benefits is at different levels. Once you reach the out-of-pocket annual limit, the plan pays 100% of the Medicare copays, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does not include charges from your provider that exceed Medicare-approved amounts, called “excess charges.” You will be responsible for paying excess charges. ***The out-of-pocket annual limit will increase each year for inflation.

Medigap Plans A, C, D, F, G and N

All dollar amounts shown are the 2024 Original Medicare numbers.

The benefits and costs shown below are for plans effective on or after January 1, 2024.

Services	Original Medicare pays	Plan A		Plan C		Plan D	
		Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare (Part A) hospital services per benefit period¹							
Hospitalization: Semiprivate room and board, general nursing and miscellaneous services and supplies							
First 60 days	All but \$1,632	Nothing	\$1,632 (Part A deductible)	\$1,632 (Part A deductible)	Nothing	\$1,632 (Part A deductible)	Nothing
61st through 90th day	All but \$408 a day	\$408 a day	Nothing	\$408 a day	Nothing	\$408 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$816 a day	\$816 a day	Nothing	\$816 a day	Nothing	\$816 a day	Nothing
Once lifetime reserve days are used; additional 365 days	Nothing	100% of Medicare-eligible expenses	Nothing ²	100% of Medicare-eligible expenses	Nothing ²	100% of Medicare-eligible expenses	Nothing ²
Beyond the additional 365 days	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Skilled nursing facility care¹: You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital							
First 20 days	100%	Nothing					
21st through 100th day	All but \$204 a day	Nothing	Up to \$204 a day	Up to \$204 a day	Nothing	Up to \$204 a day	Nothing
101st day and after	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing					
Hospice care: Available as long as your doctor certifies that you are terminally ill and you elect to receive these services							
Hospice care	100%	Nothing					
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing	\$5 per prescription	Nothing	\$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare-eligible expenses	Nothing	5% of Medicare-eligible expenses	Nothing	5% of Medicare-eligible expenses	Nothing
Medicare (Part B) medical services per calendar year							
Medical expenses: In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment							
First \$240 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$240	\$240	Nothing	Nothing	\$240
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Part B excess charges (above Medicare-approved amounts)	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs

		Plan F		Plan G		Plan N	
Services	Original Medicare pays	Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare (Part A) hospital services per benefit period¹							
Hospitalization: Semiprivate room and board, general nursing and miscellaneous services and supplies							
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	Nothing	\$1,632 (Part A deductible)	Nothing	\$1,632 (Part A deductible)	Nothing
61st through 90th day	All but \$408 a day	\$408 a day	Nothing	\$408 a day	Nothing	\$408 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$816 a day	\$816 a day	Nothing	\$816 a day	Nothing	\$816 a day	Nothing
Once lifetime reserve days are used; additional 365 days	Nothing	100% of Medicare-eligible expenses	Nothing ²	100% of Medicare-eligible expenses	Nothing ²	100% of Medicare-eligible expenses	Nothing ²
Beyond the additional 365 days	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Skilled nursing facility care¹: You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital							
First 20 days	100%	Nothing					
21st through 100th day	All but \$204 a day	Up to \$204 a day	Nothing	Up to \$204 a day	Nothing	Up to \$204 a day	Nothing
101st day and after	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing					
Hospice care: Available as long as your doctor certifies that you are terminally ill and you elect to receive these services							
Hospice care	100%	Nothing					
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing	\$5 per prescription	Nothing	\$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare-eligible expenses	Nothing	5% of Medicare-eligible expenses	Nothing	5% of Medicare-eligible expenses	Nothing
Medicare (Part B) medical services per calendar year							
Medical expenses: In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment							
First \$240 of Medicare- approved amounts (Part B deductible ³)	Nothing	\$240	Nothing	Nothing	\$240	Nothing	\$240
Remainder of Medicare- approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20% except up to a \$20 office visit and up to a \$50 emergency visit copay	Up to \$20 per office visit and up to \$50 per emergency room visit ⁴
Part B excess charges (above Medicare-approved amounts)	Nothing	All costs	Nothing	All costs	Nothing	Nothing	All costs

Medigap Plans A, C, D, F, G and N (continued)

All dollar amounts shown are the 2024 Original Medicare numbers.

The benefits and costs shown below are for plans effective on or after January 1, 2024.

Services	Original Medicare pays	Plan A		Plan C		Plan D	
		Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare preventive care							
First \$240 of Medicare-approved amounts (Part B deductible ³) when applicable	Nothing	Nothing	\$240	\$240	Nothing	Nothing	\$240
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	Nothing	20%	Nothing	20%	Nothing
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Next \$240 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$240	\$240	Nothing	Nothing	\$240
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Clinical laboratory services							
Tests for diagnostic services	100%	Nothing					
Parts A & B Home health care: Medicare-approved services							
Medically necessary skilled care services and medical supplies	100%	Nothing					
Durable medical equipment first \$240 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$240	\$240	Nothing	Nothing	\$240
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Other Benefits: Services not covered by Medicare							
Foreign travel: Emergency care services beginning during the first 60 days of each trip outside the U.S.							
\$250 foreign travel deductible that must be met once each calendar year	Nothing	Nothing	All costs	Nothing	\$250	Nothing	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁵	Nothing	Nothing	All costs	80%	20%	80%	20%

Services	Original Medicare pays	Plan F		Plan G		Plan N	
		Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare preventive care							
First \$240 of Medicare-approved amounts (Part B deductible ³) when applicable	Nothing	\$240	Nothing	Nothing	\$240	Nothing	\$240
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	Nothing	20%	Nothing	20%	Nothing
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Next \$240 of Medicare-approved amounts (Part B deductible ³)	Nothing	\$240	Nothing	Nothing	\$240	Nothing	\$240
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Clinical laboratory services							
Tests for diagnostic services	100%	Nothing					
Parts A & B Home health care — Medicare-approved services							
Medically necessary skilled care services and medical supplies	100%	Nothing					
Durable medical equipment, first \$240 of Medicare-approved amounts (Part B deductible ³)	Nothing	\$240	Nothing	Nothing	\$240	Nothing	\$240
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Other Benefits: Services not covered by Medicare							
Foreign travel: Emergency care services beginning during the first 60 days of each trip outside the U.S.							
\$250 foreign travel deductible that must be met once each calendar year	Nothing	Nothing	\$250	Nothing	\$250	Nothing	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁵	Nothing	80%	20%	80%	20%	80%	20%

¹A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row. ²NOTICE: When your Medicare Part A hospital benefits are exhausted, Priority Health stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid. ³The Part B deductible needs to be met only once each calendar year (January 1 – December 31). Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with a '1'), your Part B deductible will have been met for the calendar year. ⁴Emergency visit copay waived and visit covered as a Part A expense if you are admitted to any hospital. ⁵Member pays all amounts over \$50,000.

Still have questions?

We're available to help over the phone, online or in person. Ask a question, research your options or watch helpful videos to learn which Priority Health Medigap plan is right for you.



Over the phone

Call our Medigap experts at 833.540.1347 (TTY 711), 8 a.m. – 8 p.m. seven days a week.



Online

Visit prioritymedicare.com to view plan options and learn more in our Medicare Learning Center.



In Person

Visit priorityhealth.com/medicare/information-centers to find an information center near you.



Understanding your premiums

Certain factors may affect your monthly premium. The following information and charts will help you determine your Priority Health Medigap plan premium, effective Jan. 1, 2024.

Your premium is based on:

- The county where you live.
 - Your age at the end of your effective month.
 - Your gender.
 - Your health status, height, weight and whether you use tobacco could also affect your premium if you are not enrolling within an open enrollment or guaranteed issue period.
-

Premiums are divided into Preferred, Tier 1 and Tier 2 price categories. You will be charged the preferred premium if you enroll during your open enrollment period or if you have a guaranteed issue right. Your open enrollment period is a one-time, six-month period that starts in the first month that you're covered under Medicare Part B and are 65 or older. In most cases, you have a guaranteed issue right when you have other health coverage that ends or changes in some way. This premium may also apply if you meet certain medical criteria.

You may be charged a Tier 1 or Tier 2 premium if you enroll outside of your open enrollment period and/or do not have a guaranteed issue right. These premiums are based on your age, where you live, health status and whether or not you use tobacco products.

Once enrolled, your premium is guaranteed for 12 months.

You will receive one premium adjustment annually on the anniversary of your effective date.

This adjustment will include an increase based on being one year older. It will also include any potential premium changes (increase or decrease). We may change plan premiums each year, but only if we change the premium for all members in the same plan (all premium changes are subject to state approval). Your premium could also change if you move to a different county.

Area 1

Counties:

Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Saint Joseph, Van Buren

Attained age	Plan A						Plan C						Plan D					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	\$267.59	\$250.10	\$275.74	\$257.71	\$408.42	\$381.73	\$471.67	\$440.84	\$486.02	\$454.26	\$719.92	\$672.86	\$347.21	\$324.51	\$357.77	\$334.39	\$529.95	\$495.32
65	\$116.51	\$108.90	\$120.06	\$112.21	\$177.84	\$166.21	\$205.36	\$191.93	\$211.61	\$197.79	\$313.45	\$292.96	\$151.18	\$141.29	\$155.77	\$145.59	\$230.74	\$215.66
66	\$122.94	\$113.92	\$126.69	\$117.38	\$187.65	\$173.87	\$216.70	\$200.79	\$223.30	\$206.89	\$330.76	\$306.46	\$159.52	\$147.80	\$164.38	\$152.30	\$243.48	\$225.60
67	\$131.15	\$120.24	\$135.16	\$123.89	\$200.19	\$183.52	\$231.18	\$211.93	\$238.22	\$218.38	\$352.87	\$323.48	\$170.18	\$156.01	\$175.36	\$160.76	\$259.76	\$238.12
68	\$137.54	\$124.85	\$141.72	\$128.65	\$209.92	\$190.57	\$242.42	\$220.06	\$249.80	\$226.77	\$370.02	\$335.89	\$178.46	\$162.00	\$183.88	\$166.93	\$272.37	\$247.27
69	\$143.91	\$129.46	\$148.29	\$133.41	\$219.65	\$197.62	\$253.66	\$228.20	\$261.38	\$235.15	\$387.16	\$348.30	\$186.72	\$167.99	\$192.40	\$173.10	\$285.00	\$256.41
70	\$150.27	\$134.07	\$154.85	\$138.17	\$229.37	\$204.66	\$264.88	\$236.33	\$272.95	\$243.52	\$404.32	\$360.73	\$194.99	\$173.98	\$200.93	\$179.27	\$297.62	\$265.54
71	\$156.66	\$138.70	\$161.42	\$142.91	\$239.11	\$211.69	\$276.12	\$244.47	\$284.53	\$251.92	\$421.46	\$373.13	\$203.26	\$179.97	\$209.45	\$185.44	\$310.26	\$274.67
72	\$163.03	\$143.31	\$167.99	\$147.67	\$248.84	\$218.73	\$287.36	\$252.60	\$296.11	\$260.29	\$438.61	\$385.56	\$211.54	\$185.94	\$217.98	\$191.62	\$322.88	\$283.82
73	\$169.19	\$148.24	\$174.34	\$152.76	\$258.25	\$226.28	\$298.23	\$261.31	\$307.30	\$269.27	\$455.18	\$398.85	\$219.53	\$192.36	\$226.21	\$198.21	\$335.08	\$293.60
74	\$175.35	\$153.19	\$180.69	\$157.85	\$267.64	\$233.82	\$309.07	\$270.01	\$318.48	\$278.24	\$471.75	\$412.13	\$227.52	\$198.76	\$234.45	\$204.82	\$347.27	\$303.39
75	\$181.51	\$158.12	\$187.03	\$162.94	\$277.04	\$241.36	\$319.93	\$278.73	\$329.67	\$287.20	\$488.32	\$425.42	\$235.51	\$205.17	\$242.68	\$211.42	\$359.47	\$313.16
76	\$187.67	\$163.07	\$193.38	\$168.03	\$286.44	\$248.89	\$330.79	\$287.43	\$340.86	\$296.17	\$504.91	\$438.71	\$243.51	\$211.58	\$250.93	\$218.02	\$371.67	\$322.95
77	\$193.83	\$168.01	\$199.72	\$173.12	\$295.84	\$256.44	\$341.65	\$296.13	\$352.05	\$305.15	\$521.47	\$451.99	\$251.50	\$218.00	\$259.15	\$224.63	\$383.87	\$332.73
78	\$198.98	\$171.89	\$205.03	\$177.14	\$303.71	\$262.36	\$350.72	\$302.99	\$361.39	\$312.21	\$535.31	\$462.47	\$258.17	\$223.04	\$266.03	\$229.84	\$394.06	\$340.43
79	\$204.12	\$175.78	\$210.33	\$181.14	\$311.56	\$268.31	\$359.78	\$309.84	\$370.75	\$319.28	\$549.15	\$472.94	\$264.85	\$228.09	\$272.92	\$235.03	\$404.25	\$348.14
80	\$209.26	\$179.68	\$215.65	\$185.15	\$319.41	\$274.24	\$368.86	\$316.71	\$380.09	\$326.34	\$563.00	\$483.38	\$271.52	\$233.14	\$279.80	\$240.23	\$414.44	\$355.85
81	\$214.41	\$183.57	\$220.94	\$189.16	\$327.27	\$280.18	\$377.93	\$323.55	\$389.43	\$333.40	\$576.86	\$493.86	\$278.20	\$238.18	\$286.67	\$245.43	\$424.65	\$363.54
82	\$219.56	\$187.46	\$226.24	\$193.17	\$335.12	\$286.12	\$387.01	\$330.41	\$398.78	\$340.46	\$590.70	\$504.31	\$284.90	\$243.22	\$293.56	\$250.64	\$434.84	\$371.24
83	\$226.06	\$192.51	\$232.95	\$198.37	\$345.06	\$293.84	\$398.48	\$339.32	\$410.61	\$349.65	\$608.21	\$517.94	\$293.34	\$249.80	\$302.27	\$257.39	\$447.73	\$381.26
84	\$232.58	\$197.57	\$239.66	\$203.58	\$355.01	\$301.57	\$409.96	\$348.25	\$422.43	\$358.86	\$625.73	\$531.54	\$301.78	\$256.36	\$310.97	\$264.16	\$460.63	\$391.28
85+	\$239.09	\$202.64	\$246.37	\$208.81	\$364.93	\$309.29	\$421.42	\$357.17	\$434.26	\$368.04	\$643.24	\$545.15	\$310.23	\$262.92	\$319.67	\$270.93	\$473.52	\$401.31



**You may be eligible for a discount
on your monthly premium.**

See page 9 for more information.

Attained age	Plan F						Plan G						Plan N					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	\$215.65	\$201.54	\$222.20	\$207.68	\$329.14	\$307.63	\$167.18	\$156.25	\$172.27	\$161.01	\$255.18	\$238.50	\$136.17	\$127.26	\$140.31	\$131.14	\$207.83	\$194.24
66	\$227.55	\$210.84	\$234.48	\$217.25	\$347.31	\$321.80	\$176.41	\$163.45	\$181.79	\$168.43	\$269.27	\$249.50	\$143.68	\$133.13	\$148.06	\$137.19	\$219.31	\$203.21
67	\$242.76	\$222.54	\$250.14	\$229.32	\$370.53	\$339.68	\$188.21	\$172.54	\$193.93	\$177.78	\$287.27	\$263.34	\$153.28	\$140.52	\$157.95	\$144.79	\$233.97	\$214.48
68	\$254.55	\$231.07	\$262.30	\$238.12	\$388.54	\$352.71	\$197.36	\$179.16	\$203.36	\$184.61	\$301.24	\$273.46	\$160.73	\$145.91	\$165.63	\$150.36	\$245.34	\$222.71
69	\$266.35	\$239.63	\$274.46	\$246.92	\$406.54	\$365.75	\$206.51	\$185.77	\$212.80	\$191.43	\$315.20	\$283.56	\$168.18	\$151.32	\$173.31	\$155.91	\$256.71	\$230.95
70	\$278.15	\$248.16	\$286.62	\$255.71	\$424.55	\$378.78	\$215.66	\$192.39	\$222.21	\$198.25	\$329.15	\$293.67	\$175.64	\$156.70	\$180.99	\$161.48	\$268.08	\$239.18
71	\$289.95	\$256.70	\$298.77	\$264.51	\$442.56	\$391.83	\$224.79	\$199.03	\$231.64	\$205.08	\$343.11	\$303.77	\$183.08	\$162.09	\$188.66	\$167.03	\$279.46	\$247.42
72	\$301.75	\$265.25	\$310.93	\$273.32	\$460.56	\$404.86	\$233.94	\$205.65	\$241.06	\$211.90	\$357.07	\$313.89	\$190.53	\$167.50	\$196.34	\$172.58	\$290.82	\$255.65
73	\$313.15	\$274.39	\$322.67	\$282.75	\$477.97	\$418.81	\$242.79	\$212.73	\$250.17	\$219.20	\$370.56	\$324.70	\$197.74	\$173.26	\$203.74	\$178.54	\$301.81	\$264.46
74	\$324.55	\$283.53	\$334.42	\$292.16	\$495.37	\$432.76	\$251.63	\$219.83	\$259.28	\$226.51	\$384.05	\$335.53	\$204.93	\$179.03	\$211.17	\$184.49	\$312.79	\$273.27
75	\$335.95	\$292.67	\$346.18	\$301.58	\$512.78	\$446.72	\$260.46	\$226.90	\$268.38	\$233.81	\$397.55	\$346.34	\$212.14	\$184.81	\$218.58	\$190.43	\$323.78	\$282.08
76	\$347.35	\$301.82	\$357.92	\$311.00	\$530.17	\$460.67	\$269.30	\$234.00	\$277.49	\$241.12	\$411.04	\$357.15	\$219.33	\$190.58	\$226.01	\$196.38	\$334.78	\$290.90
77	\$358.75	\$310.95	\$369.67	\$320.43	\$547.57	\$474.63	\$278.13	\$241.09	\$286.61	\$248.43	\$424.53	\$367.97	\$226.52	\$196.35	\$233.43	\$202.33	\$345.76	\$299.71
78	\$368.27	\$318.16	\$379.49	\$327.83	\$562.12	\$485.62	\$285.52	\$246.67	\$294.22	\$254.17	\$435.81	\$376.50	\$232.54	\$200.90	\$239.63	\$207.01	\$354.94	\$306.63
79	\$377.80	\$325.36	\$389.31	\$335.26	\$576.65	\$496.61	\$292.91	\$252.25	\$301.82	\$259.92	\$447.07	\$385.01	\$238.55	\$205.44	\$245.82	\$211.70	\$364.12	\$313.58
80	\$387.33	\$332.56	\$399.12	\$342.68	\$591.20	\$507.59	\$300.29	\$257.83	\$309.44	\$265.68	\$458.35	\$393.54	\$244.58	\$209.99	\$252.01	\$216.38	\$373.30	\$320.51
81	\$396.86	\$339.75	\$408.93	\$350.10	\$605.73	\$518.58	\$307.68	\$263.42	\$317.05	\$271.43	\$469.62	\$402.05	\$250.59	\$214.54	\$258.22	\$221.06	\$382.49	\$327.46
82	\$406.38	\$346.95	\$418.74	\$357.51	\$620.26	\$529.57	\$315.06	\$268.99	\$324.65	\$277.18	\$480.89	\$410.56	\$256.60	\$219.07	\$264.42	\$225.74	\$391.67	\$334.39
83	\$418.42	\$356.31	\$431.17	\$367.17	\$638.67	\$543.85	\$324.40	\$276.25	\$334.28	\$284.66	\$495.16	\$421.66	\$264.21	\$225.00	\$272.25	\$231.85	\$403.28	\$343.42
84	\$430.48	\$365.68	\$443.58	\$376.82	\$657.05	\$558.15	\$333.74	\$283.51	\$343.90	\$292.14	\$509.41	\$432.73	\$271.82	\$230.90	\$280.10	\$237.94	\$414.89	\$352.44
85+	\$442.52	\$375.05	\$455.99	\$386.46	\$675.45	\$572.45	\$343.09	\$290.78	\$353.54	\$299.62	\$523.66	\$443.81	\$279.44	\$236.82	\$287.94	\$244.03	\$426.51	\$361.47

Area 2

Counties:

Arenac, Bay, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Isabella, Jackson, Lapeer, Lenawee, Livingston, Macomb, Midland, Monroe, Oakland, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne

Attained age	Plan A						Plan C						Plan D					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	\$251.54	\$235.10	\$259.19	\$242.26	\$383.94	\$358.85	\$443.37	\$414.39	\$456.86	\$427.01	\$676.73	\$632.51	\$326.39	\$305.05	\$336.31	\$314.33	\$498.17	\$465.61
65	\$109.52	\$102.36	\$112.85	\$105.48	\$167.17	\$156.24	\$193.04	\$180.42	\$198.92	\$185.91	\$294.65	\$275.39	\$142.10	\$132.83	\$146.43	\$136.87	\$216.90	\$202.72
66	\$115.56	\$107.08	\$119.09	\$110.35	\$176.40	\$163.43	\$203.70	\$188.74	\$209.89	\$194.49	\$310.92	\$288.09	\$149.95	\$138.93	\$154.52	\$143.17	\$228.88	\$212.07
67	\$123.29	\$113.03	\$127.04	\$116.47	\$188.19	\$172.52	\$217.32	\$199.22	\$223.93	\$205.29	\$331.70	\$304.07	\$159.98	\$146.66	\$164.85	\$151.11	\$244.18	\$223.84
68	\$129.28	\$117.37	\$133.22	\$120.94	\$197.34	\$179.14	\$227.88	\$206.86	\$234.81	\$213.16	\$347.82	\$315.75	\$167.74	\$152.27	\$172.86	\$156.92	\$256.04	\$232.44
69	\$135.28	\$121.70	\$139.40	\$125.41	\$206.48	\$185.75	\$238.45	\$214.52	\$245.69	\$221.04	\$363.94	\$327.42	\$175.53	\$157.91	\$180.87	\$162.71	\$267.91	\$241.03
70	\$141.27	\$126.04	\$145.57	\$129.88	\$215.62	\$192.37	\$249.00	\$222.16	\$256.59	\$228.91	\$380.07	\$339.09	\$183.31	\$163.54	\$188.88	\$168.52	\$279.78	\$249.62
71	\$147.25	\$130.38	\$151.74	\$134.35	\$224.77	\$199.00	\$259.57	\$229.80	\$267.47	\$236.80	\$396.18	\$350.76	\$191.07	\$169.17	\$196.89	\$174.32	\$291.65	\$258.20
72	\$153.25	\$134.72	\$157.92	\$138.83	\$233.91	\$205.63	\$270.13	\$237.46	\$278.35	\$244.68	\$412.31	\$362.43	\$198.85	\$174.81	\$204.90	\$180.13	\$303.50	\$266.79
73	\$159.05	\$139.36	\$163.88	\$143.60	\$242.76	\$212.71	\$280.33	\$245.64	\$288.86	\$253.12	\$427.88	\$374.92	\$206.36	\$180.83	\$212.65	\$186.33	\$314.98	\$276.00
74	\$164.84	\$144.01	\$169.85	\$148.38	\$251.59	\$219.79	\$290.53	\$253.82	\$299.39	\$261.54	\$443.46	\$387.41	\$213.87	\$186.85	\$220.39	\$192.53	\$326.45	\$285.19
75	\$170.61	\$148.65	\$175.82	\$153.18	\$260.43	\$226.88	\$300.74	\$262.00	\$309.90	\$269.98	\$459.04	\$399.90	\$221.39	\$192.87	\$228.13	\$198.74	\$337.92	\$294.39
76	\$176.41	\$153.28	\$181.79	\$157.95	\$269.27	\$233.97	\$310.95	\$270.18	\$320.41	\$278.41	\$474.62	\$412.39	\$228.90	\$198.90	\$235.87	\$204.95	\$349.39	\$303.58
77	\$182.20	\$157.93	\$187.75	\$162.73	\$278.10	\$241.05	\$321.16	\$278.37	\$330.93	\$286.84	\$490.19	\$424.89	\$236.40	\$204.92	\$243.62	\$211.16	\$360.86	\$312.77
78	\$187.04	\$161.58	\$192.74	\$166.51	\$285.49	\$246.64	\$329.69	\$284.81	\$339.72	\$293.49	\$503.21	\$434.72	\$242.69	\$209.67	\$250.09	\$216.04	\$370.42	\$320.03
79	\$191.88	\$165.24	\$197.71	\$170.27	\$292.86	\$252.22	\$338.22	\$291.26	\$348.52	\$300.13	\$516.23	\$444.56	\$248.97	\$214.40	\$256.54	\$220.93	\$380.01	\$327.26
80	\$196.71	\$168.89	\$202.70	\$174.04	\$300.26	\$257.80	\$346.74	\$297.71	\$357.29	\$306.77	\$529.24	\$454.39	\$255.25	\$219.15	\$263.01	\$225.83	\$389.59	\$334.50
81	\$201.55	\$172.56	\$207.69	\$177.82	\$307.64	\$263.38	\$355.27	\$304.15	\$366.08	\$313.41	\$542.26	\$464.23	\$261.52	\$223.89	\$269.48	\$230.71	\$399.18	\$341.74
82	\$206.39	\$176.21	\$212.68	\$181.57	\$315.02	\$268.95	\$363.79	\$310.60	\$374.87	\$320.05	\$555.27	\$474.06	\$267.80	\$228.64	\$275.95	\$235.61	\$408.75	\$348.98
83	\$212.52	\$180.98	\$218.99	\$186.48	\$324.37	\$276.21	\$374.58	\$318.97	\$385.99	\$328.69	\$571.74	\$486.87	\$275.75	\$234.81	\$284.13	\$241.96	\$420.87	\$358.41
84	\$218.63	\$185.72	\$225.29	\$191.37	\$333.71	\$283.48	\$385.37	\$327.37	\$397.09	\$337.32	\$588.21	\$499.66	\$283.68	\$240.98	\$292.31	\$248.31	\$433.00	\$367.81
85+	\$224.76	\$190.48	\$231.60	\$196.28	\$343.05	\$290.74	\$396.16	\$335.74	\$408.21	\$345.97	\$604.67	\$512.46	\$291.63	\$247.15	\$300.49	\$254.68	\$445.11	\$377.24



**You may be eligible for a discount
on your monthly premium.**

See page 9 for more information.

Attained age	Plan F						Plan G						Plan N					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	\$202.70	\$189.47	\$208.87	\$195.22	\$309.41	\$289.18	\$146.17	\$136.60	\$150.61	\$140.76	\$223.08	\$208.51	\$128.00	\$119.63	\$131.89	\$123.27	\$195.37	\$182.60
66	\$213.89	\$198.19	\$220.41	\$204.22	\$326.48	\$302.51	\$154.23	\$142.90	\$158.92	\$147.25	\$235.40	\$218.12	\$135.06	\$125.14	\$139.18	\$128.96	\$206.15	\$191.02
67	\$228.19	\$209.20	\$235.15	\$215.56	\$348.30	\$319.30	\$164.54	\$150.84	\$169.55	\$155.42	\$251.14	\$230.22	\$144.09	\$132.10	\$148.49	\$136.12	\$219.95	\$201.63
68	\$239.30	\$217.21	\$246.56	\$223.84	\$365.23	\$331.56	\$172.54	\$156.62	\$177.78	\$161.39	\$263.34	\$239.06	\$151.09	\$137.17	\$155.69	\$141.34	\$230.63	\$209.36
69	\$250.38	\$225.24	\$258.00	\$232.11	\$382.16	\$343.81	\$180.54	\$162.41	\$186.03	\$167.36	\$275.54	\$247.90	\$158.10	\$142.23	\$162.91	\$146.57	\$241.32	\$217.11
70	\$261.47	\$233.29	\$269.43	\$240.38	\$399.08	\$356.06	\$188.52	\$168.21	\$194.26	\$173.32	\$287.76	\$256.74	\$165.10	\$147.30	\$170.12	\$151.78	\$252.00	\$224.84
71	\$272.57	\$241.32	\$280.85	\$248.66	\$416.01	\$368.33	\$196.52	\$174.00	\$202.51	\$179.28	\$299.96	\$265.58	\$172.10	\$152.37	\$177.34	\$157.01	\$262.69	\$232.57
72	\$283.65	\$249.34	\$292.28	\$256.94	\$432.95	\$380.57	\$204.52	\$179.77	\$210.74	\$185.25	\$312.16	\$274.42	\$179.11	\$157.44	\$184.56	\$162.24	\$273.37	\$240.32
73	\$294.36	\$257.94	\$303.32	\$265.78	\$449.31	\$393.70	\$212.25	\$185.99	\$218.71	\$191.64	\$323.96	\$283.86	\$185.88	\$162.87	\$191.53	\$167.83	\$283.70	\$248.59
74	\$305.09	\$266.52	\$314.37	\$274.64	\$465.66	\$406.81	\$219.98	\$192.18	\$226.67	\$198.03	\$335.75	\$293.32	\$192.65	\$168.30	\$198.51	\$173.42	\$294.04	\$256.87
75	\$315.80	\$275.12	\$325.41	\$283.49	\$482.02	\$419.93	\$227.70	\$198.37	\$234.64	\$204.40	\$347.55	\$302.78	\$199.40	\$173.72	\$205.49	\$179.01	\$304.38	\$265.16
76	\$326.51	\$283.72	\$336.45	\$292.35	\$498.37	\$433.04	\$235.44	\$204.56	\$242.60	\$210.80	\$359.35	\$312.24	\$206.17	\$179.15	\$212.45	\$184.60	\$314.68	\$273.45
77	\$337.24	\$292.30	\$347.49	\$301.22	\$514.74	\$446.17	\$243.15	\$210.75	\$250.55	\$217.18	\$371.13	\$321.70	\$212.95	\$184.58	\$219.42	\$190.20	\$325.03	\$281.73
78	\$346.19	\$299.08	\$356.73	\$308.17	\$528.41	\$456.49	\$249.62	\$215.65	\$257.20	\$222.20	\$381.00	\$329.14	\$218.60	\$188.85	\$225.24	\$194.60	\$333.65	\$288.25
79	\$355.14	\$305.84	\$365.95	\$315.15	\$542.07	\$466.82	\$256.08	\$220.53	\$263.86	\$227.23	\$390.85	\$336.59	\$224.25	\$193.12	\$231.07	\$199.00	\$342.28	\$294.78
80	\$364.09	\$312.61	\$375.19	\$322.12	\$555.74	\$477.15	\$262.53	\$225.40	\$270.51	\$232.26	\$400.71	\$344.04	\$229.90	\$197.39	\$236.90	\$203.40	\$350.91	\$301.29
81	\$373.06	\$319.38	\$384.41	\$329.10	\$569.41	\$487.48	\$268.99	\$230.29	\$277.17	\$237.30	\$410.55	\$351.48	\$235.55	\$201.67	\$242.72	\$207.81	\$359.54	\$307.82
82	\$382.01	\$326.14	\$393.64	\$336.08	\$583.07	\$497.81	\$275.44	\$235.16	\$283.82	\$242.32	\$420.41	\$358.93	\$241.21	\$205.95	\$248.55	\$212.21	\$368.18	\$314.33
83	\$393.33	\$334.95	\$405.31	\$345.14	\$600.37	\$511.25	\$283.61	\$241.51	\$292.24	\$248.85	\$432.88	\$368.62	\$248.37	\$211.50	\$255.94	\$217.95	\$379.09	\$322.81
84	\$404.66	\$343.75	\$416.98	\$354.21	\$617.65	\$524.68	\$291.78	\$247.85	\$300.66	\$255.41	\$445.34	\$378.30	\$255.52	\$217.05	\$263.30	\$223.66	\$390.01	\$331.30
85+	\$415.99	\$352.56	\$428.66	\$363.29	\$634.94	\$538.11	\$299.94	\$254.19	\$309.07	\$261.95	\$457.81	\$388.00	\$262.67	\$222.62	\$270.66	\$229.39	\$400.92	\$339.79

Area 3

Counties:

Alcona, Alger, Alpena, Antrim, Baraga, Benzie, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, Dickinson, Emmet, Gogebic, Grand Traverse, Houghton, Iosco, Iron, Kalkaska, Keweenaw, Leelanau, Luce, Mackinac, Manistee, Marquette, Menominee, Missaukee, Montmorency, Ogemaw, Ontonagon, Oscoda, Otsego, Presque Isle, Roscommon, Schoolcraft, Wexford

Attained age	Plan A						Plan C						Plan D					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	\$256.19	\$239.46	\$264.00	\$246.76	\$391.05	\$365.50	\$451.59	\$422.07	\$465.34	\$434.92	\$689.28	\$644.23	\$332.43	\$310.71	\$342.55	\$320.16	\$507.41	\$474.24
65	\$111.55	\$104.25	\$114.94	\$107.44	\$170.26	\$159.14	\$196.63	\$183.76	\$202.62	\$189.36	\$300.11	\$280.49	\$144.74	\$135.28	\$149.13	\$139.40	\$220.91	\$206.49
66	\$117.71	\$109.07	\$121.29	\$112.39	\$179.66	\$166.47	\$207.48	\$192.24	\$213.80	\$198.09	\$316.67	\$293.42	\$152.73	\$141.51	\$157.38	\$145.82	\$233.12	\$216.00
67	\$125.58	\$115.12	\$129.40	\$118.62	\$191.67	\$175.71	\$221.34	\$202.91	\$228.07	\$209.09	\$337.85	\$309.72	\$162.94	\$149.37	\$167.89	\$153.92	\$248.70	\$227.99
68	\$131.69	\$119.54	\$135.69	\$123.18	\$200.99	\$182.46	\$232.10	\$210.70	\$239.17	\$217.12	\$354.27	\$321.60	\$170.86	\$155.10	\$176.05	\$159.83	\$260.78	\$236.74
69	\$137.78	\$123.95	\$141.98	\$127.73	\$210.30	\$189.20	\$242.85	\$218.49	\$250.26	\$225.14	\$370.69	\$333.49	\$178.77	\$160.84	\$184.22	\$165.73	\$272.87	\$245.49
70	\$143.89	\$128.38	\$148.26	\$132.28	\$219.62	\$195.95	\$253.61	\$226.28	\$261.33	\$233.17	\$387.10	\$345.38	\$186.70	\$166.57	\$192.38	\$171.65	\$284.96	\$254.25
71	\$149.99	\$132.78	\$154.55	\$136.84	\$228.94	\$202.69	\$264.37	\$234.06	\$272.43	\$241.19	\$403.52	\$357.25	\$194.62	\$172.31	\$200.54	\$177.55	\$297.05	\$262.99
72	\$156.09	\$137.21	\$160.84	\$141.38	\$238.25	\$209.42	\$275.14	\$241.85	\$283.50	\$249.21	\$419.94	\$369.14	\$202.53	\$178.03	\$208.70	\$183.46	\$309.14	\$271.75
73	\$161.99	\$141.93	\$166.92	\$146.25	\$247.25	\$216.66	\$285.52	\$250.18	\$294.23	\$257.81	\$435.82	\$381.87	\$210.18	\$184.17	\$216.58	\$189.77	\$320.81	\$281.11
74	\$167.88	\$146.67	\$173.00	\$151.13	\$256.26	\$223.87	\$295.93	\$258.52	\$304.93	\$266.39	\$451.67	\$394.59	\$217.84	\$190.31	\$224.47	\$196.09	\$332.49	\$290.48
75	\$173.78	\$151.40	\$179.07	\$156.01	\$265.26	\$231.09	\$306.31	\$266.86	\$315.64	\$274.99	\$467.54	\$407.32	\$225.49	\$196.43	\$232.35	\$202.42	\$344.18	\$299.84
76	\$179.69	\$156.12	\$185.16	\$160.88	\$274.25	\$238.31	\$316.72	\$275.19	\$326.36	\$283.57	\$483.42	\$420.03	\$233.15	\$202.57	\$240.23	\$208.74	\$355.86	\$309.21
77	\$185.58	\$160.86	\$191.22	\$165.75	\$283.26	\$245.52	\$327.10	\$283.53	\$337.07	\$292.16	\$499.28	\$432.76	\$240.80	\$208.71	\$248.13	\$215.06	\$367.53	\$318.58
78	\$190.51	\$164.58	\$196.31	\$169.59	\$290.78	\$251.21	\$335.79	\$290.10	\$346.02	\$298.93	\$512.53	\$442.78	\$247.19	\$213.55	\$254.71	\$220.04	\$377.29	\$325.95
79	\$195.42	\$168.31	\$201.38	\$173.43	\$298.30	\$256.88	\$344.47	\$296.66	\$354.97	\$305.69	\$525.79	\$452.80	\$253.58	\$218.38	\$261.30	\$225.03	\$387.05	\$333.31
80	\$200.36	\$172.03	\$206.46	\$177.26	\$305.82	\$262.58	\$353.17	\$303.23	\$363.91	\$312.45	\$539.05	\$462.82	\$259.98	\$223.21	\$267.88	\$230.01	\$396.81	\$340.70
81	\$205.29	\$175.75	\$211.54	\$181.09	\$313.34	\$268.26	\$361.86	\$309.78	\$372.86	\$319.22	\$552.30	\$472.84	\$266.36	\$228.04	\$274.48	\$234.98	\$406.57	\$348.07
82	\$210.22	\$179.48	\$216.62	\$184.93	\$320.87	\$273.94	\$370.53	\$316.34	\$381.82	\$325.97	\$565.57	\$482.86	\$272.77	\$232.88	\$281.07	\$239.96	\$416.34	\$355.45
83	\$216.45	\$184.32	\$223.04	\$189.93	\$330.38	\$281.34	\$381.53	\$324.89	\$393.13	\$334.78	\$582.34	\$495.89	\$280.84	\$239.17	\$289.40	\$246.44	\$428.68	\$365.05
84	\$222.69	\$189.17	\$229.47	\$194.92	\$339.89	\$288.73	\$392.51	\$333.42	\$404.45	\$343.58	\$599.10	\$508.93	\$288.94	\$245.45	\$297.74	\$252.93	\$441.02	\$374.63
85+	\$228.91	\$194.01	\$235.88	\$199.91	\$349.41	\$296.12	\$403.50	\$341.97	\$415.78	\$352.37	\$615.87	\$521.96	\$297.02	\$251.74	\$306.07	\$259.39	\$453.36	\$384.23



You may be eligible for a discount on your monthly premium.

See page 9 for more information.

Attained age	Plan F						Plan G						Plan N					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	\$206.46	\$192.97	\$212.74	\$198.84	\$315.14	\$294.53	\$160.07	\$149.61	\$164.94	\$154.17	\$244.33	\$228.35	\$130.38	\$121.85	\$134.34	\$125.56	\$198.99	\$185.99
66	\$217.86	\$201.86	\$224.49	\$208.01	\$332.54	\$308.12	\$168.90	\$156.51	\$174.05	\$161.26	\$257.81	\$238.88	\$137.57	\$127.46	\$141.75	\$131.35	\$209.98	\$194.55
67	\$232.43	\$213.07	\$239.50	\$219.56	\$354.76	\$325.22	\$180.20	\$165.20	\$185.68	\$170.22	\$275.04	\$252.14	\$146.76	\$134.55	\$151.23	\$138.63	\$224.01	\$205.36
68	\$243.71	\$221.25	\$251.14	\$227.99	\$372.00	\$337.70	\$188.96	\$171.54	\$194.70	\$176.75	\$288.41	\$261.82	\$153.90	\$139.71	\$158.58	\$143.95	\$234.90	\$213.24
69	\$255.01	\$229.43	\$262.78	\$236.40	\$389.25	\$350.18	\$197.71	\$177.87	\$203.73	\$183.28	\$301.77	\$271.49	\$161.04	\$144.87	\$165.93	\$149.27	\$245.79	\$221.13
70	\$266.31	\$237.61	\$274.43	\$244.83	\$406.49	\$362.67	\$206.48	\$184.21	\$212.75	\$189.82	\$315.15	\$281.17	\$168.16	\$150.04	\$173.28	\$154.60	\$256.67	\$229.00
71	\$277.61	\$245.79	\$286.07	\$253.27	\$423.72	\$375.15	\$215.23	\$190.55	\$221.78	\$196.35	\$328.52	\$290.84	\$175.30	\$155.20	\$180.63	\$159.92	\$267.57	\$236.88
72	\$288.91	\$253.96	\$297.71	\$261.69	\$440.98	\$387.62	\$223.99	\$196.89	\$230.80	\$202.88	\$341.88	\$300.52	\$182.43	\$160.36	\$187.99	\$165.24	\$278.45	\$244.77
73	\$299.82	\$262.71	\$308.94	\$270.71	\$457.63	\$401.00	\$232.46	\$203.68	\$239.52	\$209.88	\$354.79	\$310.89	\$189.32	\$165.88	\$195.08	\$170.94	\$288.97	\$253.19
74	\$310.74	\$271.47	\$320.20	\$279.74	\$474.29	\$414.35	\$240.92	\$210.47	\$248.25	\$216.87	\$367.71	\$321.24	\$196.21	\$171.41	\$202.19	\$176.63	\$299.48	\$261.63
75	\$321.65	\$280.21	\$331.44	\$288.76	\$490.95	\$427.71	\$249.37	\$217.25	\$256.97	\$223.87	\$380.63	\$331.61	\$203.11	\$176.93	\$209.29	\$182.33	\$310.00	\$270.08
76	\$332.57	\$288.97	\$342.70	\$297.76	\$507.62	\$441.06	\$257.84	\$224.04	\$265.69	\$230.86	\$393.55	\$341.96	\$210.00	\$182.47	\$216.39	\$188.03	\$320.53	\$278.51
77	\$343.48	\$297.73	\$353.93	\$306.78	\$524.28	\$454.43	\$266.30	\$230.82	\$274.42	\$237.85	\$406.47	\$352.31	\$216.89	\$188.00	\$223.49	\$193.72	\$331.05	\$286.95
78	\$352.60	\$304.61	\$363.34	\$313.89	\$538.19	\$464.95	\$273.36	\$236.17	\$281.69	\$243.36	\$417.25	\$360.47	\$222.65	\$192.35	\$229.43	\$198.20	\$339.83	\$293.59
79	\$361.73	\$311.50	\$372.73	\$320.98	\$552.11	\$475.47	\$280.45	\$241.51	\$288.98	\$248.86	\$428.04	\$368.63	\$228.41	\$196.70	\$235.36	\$202.69	\$348.62	\$300.24
80	\$370.84	\$318.40	\$382.13	\$328.09	\$566.04	\$485.99	\$287.51	\$246.85	\$296.27	\$254.37	\$438.85	\$376.78	\$234.17	\$201.05	\$241.29	\$207.17	\$357.42	\$306.88
81	\$379.96	\$325.30	\$391.54	\$335.20	\$579.95	\$496.51	\$294.58	\$252.20	\$303.56	\$259.87	\$449.64	\$384.94	\$239.93	\$205.40	\$247.23	\$211.66	\$366.21	\$313.51
82	\$389.09	\$332.20	\$400.92	\$342.29	\$593.87	\$507.02	\$301.66	\$257.54	\$310.84	\$265.37	\$460.43	\$393.10	\$245.68	\$209.75	\$253.16	\$216.14	\$375.00	\$320.16
83	\$400.62	\$341.15	\$412.82	\$351.54	\$611.49	\$520.72	\$310.60	\$264.49	\$320.06	\$272.54	\$474.09	\$403.71	\$252.97	\$215.42	\$260.67	\$221.98	\$386.11	\$328.80
84	\$412.17	\$350.12	\$424.70	\$360.77	\$629.09	\$534.40	\$319.54	\$271.45	\$329.27	\$279.70	\$487.73	\$414.33	\$260.26	\$221.07	\$268.17	\$227.81	\$397.23	\$337.44
85+	\$423.69	\$359.08	\$436.59	\$370.02	\$646.70	\$548.09	\$328.49	\$278.40	\$338.49	\$286.86	\$501.38	\$424.93	\$267.54	\$226.74	\$275.68	\$233.65	\$408.36	\$346.09

Area 4

Outside the state of Michigan

After you become a member, you may continue your coverage if you permanently move outside the state of Michigan. If you reside in Michigan for less than six months of the year, we will consider you to have permanently moved out of the state. Your premium will change to the Area 4 premium upon your renewal date. If you remain living in the United States or one of its territories, you may continue your coverage provided all other eligibility requirements continue to be satisfied. If you move outside of the United States or its territories, your Priority Health Medigap plan will be terminated.

Attained age	Plan A						Plan C						Plan D					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	\$270.78	\$253.09	\$279.02	\$260.78	\$413.31	\$386.28	\$477.28	\$446.08	\$491.80	\$459.66	\$728.48	\$680.87	\$351.34	\$328.38	\$362.04	\$338.38	\$536.26	\$501.21
65	\$117.90	\$110.20	\$121.48	\$113.54	\$179.94	\$168.18	\$207.81	\$194.22	\$214.13	\$200.14	\$317.18	\$296.45	\$152.96	\$142.96	\$157.63	\$147.33	\$233.49	\$218.23
66	\$124.40	\$115.27	\$128.19	\$118.78	\$189.88	\$175.93	\$219.28	\$203.18	\$225.95	\$209.36	\$334.69	\$310.12	\$161.41	\$149.56	\$166.33	\$154.11	\$246.37	\$228.29
67	\$132.72	\$121.67	\$136.76	\$125.38	\$202.57	\$185.71	\$233.94	\$214.45	\$241.05	\$220.99	\$357.06	\$327.33	\$172.20	\$157.86	\$177.44	\$162.68	\$262.85	\$240.96
68	\$139.17	\$126.34	\$143.41	\$130.18	\$212.42	\$192.83	\$245.30	\$222.69	\$252.78	\$229.47	\$374.41	\$339.89	\$180.58	\$163.93	\$186.07	\$168.91	\$275.62	\$250.21
69	\$145.62	\$131.01	\$150.05	\$135.00	\$222.27	\$199.96	\$256.67	\$230.91	\$264.48	\$237.95	\$391.76	\$352.45	\$188.94	\$169.99	\$194.69	\$175.16	\$288.40	\$259.45
70	\$152.07	\$135.68	\$156.70	\$139.80	\$232.11	\$207.09	\$268.04	\$239.14	\$276.20	\$246.43	\$409.13	\$365.02	\$197.32	\$176.04	\$203.33	\$181.40	\$301.17	\$268.70
71	\$158.52	\$140.35	\$163.35	\$144.61	\$241.96	\$214.22	\$279.41	\$247.37	\$287.92	\$254.91	\$426.48	\$377.58	\$205.68	\$182.09	\$211.95	\$187.65	\$313.94	\$277.95
72	\$164.98	\$145.02	\$170.00	\$149.43	\$251.80	\$221.34	\$290.78	\$255.61	\$299.63	\$263.39	\$443.84	\$390.15	\$214.05	\$188.17	\$220.57	\$193.89	\$326.72	\$287.20
73	\$171.20	\$150.02	\$176.41	\$154.57	\$261.31	\$228.98	\$301.76	\$264.42	\$310.95	\$272.47	\$460.61	\$403.59	\$222.14	\$194.65	\$228.90	\$200.57	\$339.07	\$297.10
74	\$177.43	\$155.02	\$182.84	\$159.73	\$270.82	\$236.61	\$312.75	\$273.23	\$322.27	\$281.55	\$477.36	\$417.04	\$230.22	\$201.13	\$237.23	\$207.25	\$351.41	\$307.00
75	\$183.67	\$160.01	\$189.25	\$164.88	\$280.34	\$244.23	\$323.75	\$282.04	\$333.59	\$290.63	\$494.13	\$430.48	\$238.32	\$207.63	\$245.56	\$213.95	\$363.75	\$316.90
76	\$189.90	\$165.01	\$195.68	\$170.03	\$289.85	\$251.85	\$334.73	\$290.84	\$344.91	\$299.71	\$510.92	\$443.94	\$246.40	\$214.11	\$253.89	\$220.62	\$376.09	\$326.79
77	\$196.13	\$170.01	\$202.11	\$175.18	\$299.38	\$259.48	\$345.72	\$299.66	\$356.23	\$308.78	\$527.67	\$457.38	\$254.50	\$220.58	\$262.25	\$227.31	\$388.44	\$336.70
78	\$201.35	\$173.94	\$207.48	\$179.23	\$307.31	\$265.49	\$354.89	\$306.60	\$365.69	\$315.93	\$541.68	\$467.97	\$261.26	\$225.70	\$269.20	\$232.57	\$398.75	\$344.48
79	\$206.55	\$177.88	\$212.84	\$183.30	\$315.27	\$271.50	\$364.07	\$313.53	\$375.16	\$323.08	\$555.70	\$478.55	\$268.01	\$230.80	\$276.17	\$237.83	\$409.07	\$352.28
80	\$211.75	\$181.81	\$218.20	\$187.35	\$323.22	\$277.51	\$373.25	\$320.47	\$384.61	\$330.23	\$569.71	\$489.15	\$274.77	\$235.92	\$283.12	\$243.09	\$419.38	\$360.07
81	\$216.97	\$185.75	\$223.57	\$191.40	\$331.16	\$283.51	\$382.43	\$327.41	\$394.07	\$337.38	\$583.73	\$499.74	\$281.52	\$241.02	\$290.09	\$248.35	\$429.70	\$367.88
82	\$222.17	\$189.68	\$228.94	\$195.47	\$339.11	\$289.52	\$391.60	\$334.34	\$403.53	\$344.53	\$597.73	\$510.32	\$288.28	\$246.12	\$297.05	\$253.61	\$440.01	\$375.67
83	\$228.77	\$194.81	\$235.73	\$200.73	\$349.16	\$297.33	\$403.22	\$343.38	\$415.50	\$353.81	\$615.45	\$524.09	\$296.82	\$252.76	\$305.87	\$260.46	\$453.06	\$385.80
84	\$235.35	\$199.92	\$242.51	\$206.01	\$359.22	\$305.15	\$414.83	\$352.40	\$427.46	\$363.11	\$633.18	\$537.88	\$305.38	\$259.41	\$314.66	\$267.31	\$466.11	\$395.94
85+	\$241.94	\$205.05	\$249.30	\$211.29	\$369.27	\$312.96	\$426.45	\$361.42	\$439.42	\$372.42	\$650.90	\$551.65	\$313.92	\$266.05	\$323.48	\$274.15	\$479.15	\$406.08



You may be eligible for a discount on your monthly premium.

See page 9 for more information.

Attained age	Plan F						Plan G						Plan N					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	\$218.20	\$203.95	\$224.85	\$210.15	\$333.06	\$311.29	\$169.17	\$158.11	\$174.33	\$162.93	\$258.22	\$241.34	\$137.78	\$128.77	\$141.98	\$132.70	\$210.31	\$196.56
66	\$230.24	\$213.34	\$237.26	\$219.84	\$351.44	\$325.64	\$178.51	\$165.40	\$183.94	\$170.44	\$272.47	\$252.46	\$145.39	\$134.72	\$149.82	\$138.83	\$221.91	\$205.63
67	\$245.65	\$225.19	\$253.13	\$232.04	\$374.94	\$343.72	\$190.46	\$174.58	\$196.24	\$179.90	\$290.68	\$266.48	\$155.11	\$142.20	\$159.84	\$146.52	\$236.76	\$217.03
68	\$257.59	\$233.83	\$265.43	\$240.95	\$393.17	\$356.91	\$199.70	\$181.30	\$205.79	\$186.81	\$304.82	\$276.71	\$162.66	\$147.65	\$167.59	\$152.16	\$248.26	\$225.36
69	\$269.52	\$242.48	\$277.74	\$249.85	\$411.38	\$370.10	\$208.96	\$188.00	\$215.32	\$193.72	\$318.94	\$286.94	\$170.19	\$153.10	\$175.36	\$157.77	\$259.76	\$233.69
70	\$281.46	\$251.12	\$290.02	\$258.76	\$429.60	\$383.29	\$218.21	\$194.69	\$224.86	\$200.63	\$333.07	\$297.16	\$177.73	\$158.56	\$183.14	\$163.39	\$271.28	\$242.03
71	\$293.40	\$259.76	\$302.33	\$267.66	\$447.82	\$396.49	\$227.47	\$201.39	\$234.39	\$207.52	\$347.20	\$307.40	\$185.27	\$164.02	\$190.90	\$169.02	\$282.78	\$250.36
72	\$305.33	\$268.41	\$314.63	\$276.58	\$466.04	\$409.68	\$236.73	\$208.09	\$243.94	\$214.42	\$361.32	\$317.62	\$192.81	\$169.48	\$198.67	\$174.64	\$294.28	\$258.69
73	\$316.88	\$277.65	\$326.51	\$286.11	\$483.65	\$423.80	\$245.67	\$215.27	\$253.15	\$221.82	\$374.97	\$328.57	\$200.08	\$175.32	\$206.17	\$180.66	\$305.41	\$267.61
74	\$328.41	\$286.91	\$338.41	\$295.64	\$501.27	\$437.91	\$254.61	\$222.44	\$262.36	\$229.20	\$388.62	\$339.52	\$207.37	\$181.17	\$213.69	\$186.68	\$316.51	\$276.51
75	\$339.95	\$296.15	\$350.29	\$305.17	\$518.87	\$452.04	\$263.57	\$229.61	\$271.59	\$236.61	\$402.28	\$350.46	\$214.66	\$187.01	\$221.19	\$192.69	\$327.64	\$285.43
76	\$351.48	\$305.41	\$362.19	\$314.71	\$536.48	\$466.15	\$272.50	\$236.78	\$280.80	\$243.99	\$415.93	\$361.40	\$221.94	\$192.84	\$228.70	\$198.71	\$338.75	\$294.35
77	\$363.03	\$314.65	\$374.07	\$324.24	\$554.10	\$480.28	\$281.45	\$243.96	\$290.01	\$251.38	\$429.58	\$372.36	\$229.22	\$198.69	\$236.20	\$204.73	\$349.88	\$303.27
78	\$372.66	\$321.94	\$384.01	\$331.75	\$568.80	\$491.40	\$288.93	\$249.60	\$297.72	\$257.19	\$441.00	\$380.97	\$235.32	\$203.29	\$242.48	\$209.49	\$359.17	\$310.29
79	\$382.29	\$329.23	\$393.93	\$339.25	\$583.52	\$502.51	\$296.40	\$255.26	\$305.42	\$263.02	\$452.39	\$389.59	\$241.39	\$207.88	\$248.76	\$214.22	\$368.46	\$317.31
80	\$391.93	\$336.52	\$403.87	\$346.75	\$598.23	\$513.64	\$303.86	\$260.90	\$313.12	\$268.84	\$463.81	\$398.21	\$247.49	\$212.50	\$255.02	\$218.96	\$377.74	\$324.33
81	\$401.58	\$343.80	\$413.80	\$354.27	\$612.94	\$524.75	\$311.33	\$266.54	\$320.81	\$274.65	\$475.20	\$406.84	\$253.58	\$217.09	\$261.29	\$223.70	\$387.04	\$331.36
82	\$411.22	\$351.08	\$423.73	\$361.77	\$627.66	\$535.88	\$318.81	\$272.19	\$328.52	\$280.48	\$486.62	\$415.47	\$259.66	\$221.69	\$267.57	\$228.44	\$396.33	\$338.38
83	\$423.41	\$360.56	\$436.30	\$371.53	\$646.26	\$550.34	\$328.26	\$279.53	\$338.26	\$288.06	\$501.05	\$426.68	\$267.35	\$227.67	\$275.49	\$234.61	\$408.08	\$347.49
84	\$435.61	\$370.04	\$448.86	\$381.29	\$664.88	\$564.79	\$337.72	\$286.90	\$348.01	\$295.61	\$515.47	\$437.88	\$275.06	\$233.65	\$283.43	\$240.77	\$419.83	\$356.63
85+	\$447.80	\$379.52	\$461.43	\$391.06	\$683.49	\$579.26	\$347.18	\$294.24	\$357.74	\$303.18	\$529.91	\$449.10	\$282.76	\$239.64	\$291.36	\$246.94	\$431.58	\$365.77

How to apply

To apply for any of our Priority Health Medigap plans you must be enrolled in Medicare Part A and Part B. Remember, you are only eligible to apply for Plans C and F if you were first eligible for Medicare before Jan. 1, 2020.

Once you've chosen a plan, there are four easy ways to apply:



Online

Go to **prioritymedicare.com** and follow the directions to complete and submit the application.



Call

Contact one of our Medicare experts at 833.540.1347 (TTY 711), seven days a week from 8 a.m. to 8 p.m.



Mail

Fill out the application included in this packet. After you complete it, mail it back to us in the enclosed self-addressed envelope. If you don't have the envelope, you can mail it to:

Priority Health Enrollment Department, MS1175
1231 East Beltline NE
Grand Rapids, MI 49525



Fax

Fill out the application included in this packet, then fax it to us at 616.942.7204.

Note: Be detailed and complete when applying for coverage. When you fill out your application, be sure to answer all questions truthfully and completely. Priority Health may cancel your plan and refuse to pay any claims if you leave out information or falsify important information. Review your application carefully before you sign it to be sure that all information has been recorded properly.

Important information

Medigap eligibility

You must be:

- 65 or older at the time of enrollment.*
- Enrolled in Medicare Parts A and B.
- A permanent resident of the state of Michigan.
- For Plans C and F: must be eligible for Medicare before Jan. 1, 2020.

**If you're under age 65 and meet the eligibility requirements you may be eligible to enroll in Plans A, C or D.*

Eligibility for conversion rights when under 65

If you're applying for Medigap Plan A or D because you've lost or are losing coverage under an individual or group policy after becoming eligible for Medicare, we consider you eligible as a conversion member. This means that if you apply for one of these plans within 180 days after losing coverage and can provide proof of having health care coverage within the last six months, you will not be denied coverage with Priority Health. Your rate will be determined by underwriting.

Replacing your current coverage

If you are replacing your current health insurance policy with a Priority Health Medigap plan, do not cancel your current insurance right away. Wait until you have received your new Medigap certificate and are sure you want to keep it.

Understand your plan

You can use this outline of coverage to compare benefits and premiums among different policies, certificates and contracts. Please keep in mind that this is only an outline of the most important features of the plans. The certificate is your insurance contract. Be sure to read the certificate itself so you understand all of the rights and duties that come with your health plan.

If you change your mind

We want you to be satisfied with your coverage, so please take time to review it carefully.

- If you are not satisfied with your certificate, you may return it to:
Priority Health
Enrollment Department, MS 1175
1231 East Beltline NE
Grand Rapids, MI 49525

- If you send the certificate back to us within 30 days after you receive it, we will act as though the certificate was never issued, and we will return all of your payments. We can, however, collect from you all costs for covered services that you received.

Notice: Please be aware that this outline of coverage does not include all the details of your Medigap (Medicare Supplement) coverage, and this plan may not fully cover all of your medical costs.

This outline of coverage does not give all the details of your Medicare coverage. For information about your Part A and Part B coverage, contact your local Social Security Office, go to **medicare.gov** or consult the *Medicare and You* handbook for more details.

Neither Priority Health Medigap plans nor agents authorized to sell Priority Health Medigap plans are connected with or endorsed by the United States government or the federal Medicare program.

