

MyPriority HSA

Annual deductible in-network ¹	– single – family	\$2,000 \$4,000	\$4,000 \$8,000	\$5,000 \$10,000
Annual deductible out-of-network ¹	– single – family	\$4,000 \$8,000	\$8,000 \$16,000	\$10,000 \$20,000
Annual in-network out-of-pocket maximum ²	– single – family	\$2,000 \$4,000	\$4,000 \$8,000	\$5,000 \$10,000
Annual out-of-network out-of-pocket maximum ²	– single – family	\$9,000 \$18,000	\$13,000 \$26,000	\$15,000 \$30,000
Annual benefit maximum (for in and out-of-network services combined)		\$2 million		

Benefit	In-network	Out-of-network
Preventive care ³	• \$0; 100% covered	• Not covered
	After the deductible is met the plan pays	
	In-network	Out-of-network
Doctor's office visits	• 100%	• 50%
Urgent care	• 100%	• 50%
Emergency room	• 100%	• 100%
Ambulance	• 100%	• 100%
Outpatient lab/X-ray	• 100%	• 50%
Outpatient surgery		
Hospitalization		
Outpatient speech therapy ⁴		
Outpatient occupational therapy ⁴		
Outpatient physical therapy/spinal manipulation ⁴		
Cardiac rehab ⁴		
Skilled nursing; Subacute; Inpatient rehab; Hospice ⁵		
Home health care ⁶		
Substance abuse		
Dietician services ⁷		
DME; P&O ⁸		
Prescription drug coverage	• 100% • Includes oral contraceptives	• Not covered
Medical specialty drugs ⁹	• 100%	• 50%
Transplants ¹⁰	• 100%	• 50%

Optional Coverage

Accident rider

Priority Health will pay the first \$1,000 for all covered expenses incurred within 60 days of an injury. After the \$1,000 or 60 days (whichever comes first) covered charges will apply towards the deductible.

Waiting period

Pre-existing condition exclusion

Benefits will be excluded for each illness or injury or condition not disclosed on the application, for which, during the six month period prior to the effective date, medical advice, diagnosis, care or treatment recommended by or received from a Health Professional. For purposes of this limitation, "treatment" includes the use of prescription drugs.

This Pre-Existing Condition exclusion will apply until the end of the twelve month period beginning on the effective date under the policy. The Pre-Existing Condition exclusion does not apply to a newborn who becomes a Covered Dependent under this Policy within 31 days after the birth.

Surgeries subject to the 90 day waiting period include: Tonsillectomy, Adenoidectomy, Hemorrhoidectomy, Hysterectomy and Bunionectomy, Surgical treatment of the following conditions are also subject to the 90 day waiting period: Cystocele, Enterocoele, Rectocele, Urethrocele, Uterine Prolapse, Inguinal Hernia (other than strangulated or incarcerated), Carpal Tunnel Syndrome and Varicose Veins.

Not covered

- Certain surgeries — bariatric surgery, blepharoplasty of upper eyelids, breast reduction, panniculectomy, surgical treatment of male gynecomastia and procedures to correct obstructive sleep apnea
- Family planning/infertility services — vasectomy, tubal ligation, diaphragm, infertility counseling and treatment of underlying cause of infertility
- TMJ, port wine stains, orthognathic surgery

****For complete plan details go to priorityhealth.com***

- 1 The family deductible may be met by 1 or more individuals in the family
- 2 Includes deductible and coinsurance
- 3 Within Priority Health Preventive Health Care Guidelines
- 4 30 visits combined for in and out-of-network services maximum per member each year
- 5 60-day combined for in and out-of-network services annual max per member
- 6 60-visits max per member each year
- 7 6 visits per member each year
- 8 \$2,000 max per member each year for in-network services; \$2,000 max per member each year for out-of-network services
- 9 \$25,000 maximum per member each year for services received out-of-network
- 10 At designated transplant facility