SUMMARY OF BENEFITS

PriorityMedicare Key℠ (HMO-POS)
PriorityMedicare Edge℠ (PPO)
PriorityMedicare Compass℠ (PPO)

PriorityMedicare Vital℠ (PPO)

PriorityMedicare Ideal℠ (PPO)
PriorityMedicare Value℠ (HMO-POS)

PriorityMedicare Merit℠ (PPO)
PriorityMedicare℠ (HMO-POS)
PriorityMedicare Select℠ (PPO)

JANUARY 1, 2021 – DECEMBER 31, 2021

PriorityHealth®
THINK SMART. LIVE SMART.™

This booklet gives you a summary of the benefits you can expect when you choose a Priority Health Medicare Advantage HMO-POS or PPO plan. Inside you'll find information you can use to make a Medicare decision you'll feel good about.

This information is not a complete description of benefits. Call 888.389.6648 (TTY 711) for more information. This doesn't list every service we cover or tell you if a deductible must be met before you pay the amount listed in this document. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document available online at ***prioritymedicare.com***.

Priority Health Medicare offers two kinds of plans – HMO-POS and PPO. Here's information to help you understand the difference.

HMO-POS stands for Health Maintenance Organization (HMO) and Point of Service (POS). With this plan you can use providers in our network and pay less for services. The POS portion allows you to use out-of-network providers both within Michigan and across the United States, but you may pay more for these out-of-network services. You'll choose a primary care physician (PCP) to coordinate all your care. You typically don't need a referral to see a specialist, but your doctor can sometimes help you get in to see one more quickly.

PPO stands for Preferred Provider Organization (PPO). With these plans, you generally don't need referrals for care. You'll get the most value from your plan when using in-network providers, but you can see any provider who participates with Medicare. You don't have to choose a PCP, although selecting one can help you coordinate care.

To confirm that your doctor, clinic or health center is part of the Priority Health Medicare network of providers, go to ***priorityhealth.com/findadoc***.

Prescription coverage

All of our Medicare Advantage plans include prescription drug coverage. To make an informed decision about your Medicare plan, you'll want to review our Provider/Pharmacy Directory because you generally need to use network pharmacies to fill your prescriptions for covered Part D drugs. To save even more on your prescription costs, use a pharmacy in our preferred pharmacy network. You will also want to review our formulary, or the list of drugs our plans cover. You can find in-network pharmacies and approved drugs on our website at ***prioritymedicare.com***, or call our customer service number.

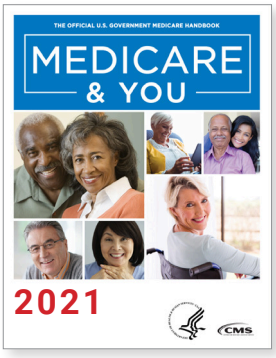
Eligibility

In order to join any of our Medicare Advantage plans, you need to be enrolled in Medicare Part A and Part B, and live in our service area—which includes all 68 counties in the lower peninsula of Michigan.

Contact us

If you have questions, call one of our Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711):
Already a member? Call 888.389.6648
Not a member yet? Call 888.481.0598

Visit ***prioritymedicare.com*** and learn more about our plans and how Medicare works.



Another resource available to you when researching your Medicare options is the ***2021 Medicare & You*** *handbook. View it online at* ***medicare.gov*** *or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week. TTY users should call 877.486.2048.*

Important health insurance terms to know

To help you better understand our plans, here are some common terms that will help you make a smart decision about your Medicare plan.

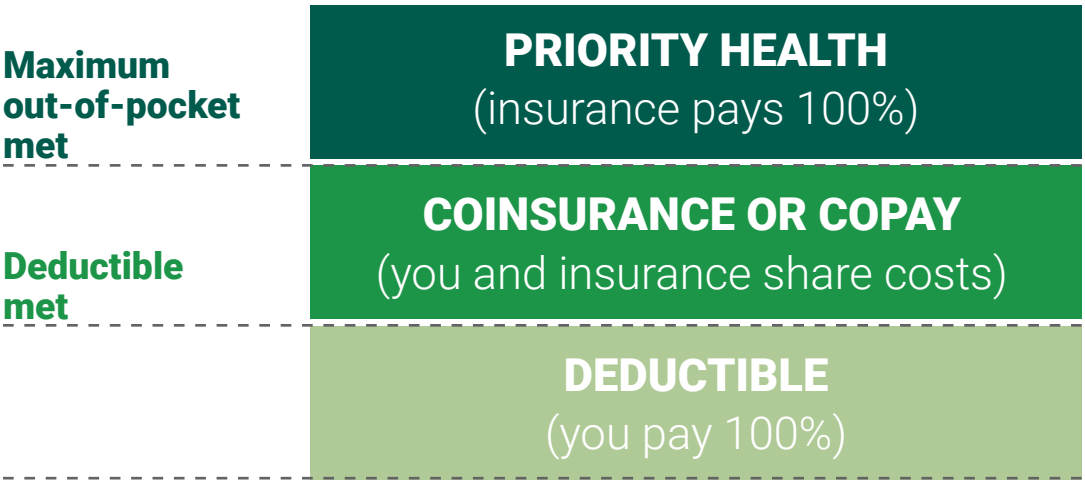
Deductible: This is the amount you pay each year before the health plan starts to pay for certain services, and you start paying a portion of the cost (copay or coinsurance). Priority Health Medicare Advantage plans do not have an in-network medical deductible, so you'll start paying only your copay or coinsurance right away. Some plans don't have an out-of-network medical deductible either.

Coinsurance: After you've paid your deductible, you may have a coinsurance as your portion of the cost for medical services or prescriptions. Coinsurance is a percentage of the cost of a medical service or prescription and is listed as a benefit in your health plan.

Copay: After you've paid your deductible, you may have a copay as your portion of the cost for medical services or prescriptions. This is a fixed amount you pay, generally at the time you receive a health care service or when you get a prescription filled.

Maximum out-of-pocket: This is the most you will pay for covered medical services for the year. Your coinsurance or copays count towards the maximum out-of-pocket; premiums and prescription costs do not.

How do health insurance costs work?



How does Original Medicare work with Medicare Advantage plans?

Original Medicare—health insurance from the federal government—may not be enough to cover all of your health care needs in retirement. Priority Health Medicare Advantage plans include everything that Original Medicare covers, plus extra benefits and services to help you save money and stay healthy.

	Original Medicare	Priority Health Medicare Advantage Plans
Covers your Medicare Part A and Part B services	✓	✓
Coverage in addition to Medicare Part A and B		✓
Predictable copays and limits to what you'll pay out-of-pocket for medical care		✓
Part D prescription drug coverage		✓
Preventive dental services		✓
Free gym membership		✓
Routine vision, including eyewear allowance		✓
Routine hearing, including hearing aid coverage		✓

MOST POPULAR $0 PLANS

KEY ■ EDGE ■ COMPASS

Our $0 premium plans include the benefits you need and the extras you want – hearing, vision, dental, fitness membership and an OTC allowance – to name a few.

Premiums and benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Plan availability Plans are available in regions listed. See page 19 for a listing of counties by region.	Regions 1 - 5	Regions 1, 2 & 5	Regions 3 & 4
Monthly plan premium	$0 per month. You must keep paying your Medicare Part B premium.		
Deductible The amount you'll pay for most covered services before you start paying only copays or coinsurance and Priority Health pays the balance.	**Medical services** *In-network:* $0 *Out-of-network:* $1,500 **Prescription drugs (Part D)** Tiers 1 – 2: $0 Tiers 3 – 5: $100	**Medical services** *In-network and out-of-network (combined):* $0 **Prescription drugs (Part D)** Tiers 1 – 5: $0	**Medical services** *In-network and out-of-network (combined):* $0 **Prescription drugs (Part D)** Tiers 1 – 2: $0 Tiers 3 – 5: $100
Maximum out-of-pocket responsibility This is the most you pay for covered medical services for the year, excluding Part D prescription drugs.	*In-network:* $5,500	*In-network and out-of-network services (combined):* $5,300	*In-network and out-of-network services (combined):* $5,500

Medical benefits covered under your plan

Medical benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Inpatient hospital coverage We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	*In-network:* Days 1-6: $325 each day Days 7 and beyond: $0 each day *Out-of-network:* 50% for each stay	*In-network:* Days 1-5: $350 each day Days 6 and beyond: $0 each day *Out-of-network:* 40% for each stay	*In-network:* Days 1-5: $350 each day Days 6 and beyond: $0 each day *Out-of-network:* 45% for each stay

Medical benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Outpatient hospital coverage Prior authorization may be required.	**Ambulatory surgical center** *In-network:* $290 for each visit *Out-of-network:* 50% for each visit **Outpatient hospital** *In-network:* $290 for each visit *Out-of-network:* 50% for each visit	**Ambulatory surgical center** *In-network:* $325 for each visit *Out-of-network:* 40% for each visit **Outpatient hospital** *In-network:* $325 for each visit *Out-of-network:* 40% for each visit	**Ambulatory surgical center** *In-network:* $325 for each visit *Out-of-network:* 45% for each visit **Outpatient hospital** *In-network:* $325 for each visit *Out-of-network:* 45% for each visit
	Observation *In-network and out-of-network:* $90 for each visit, including all services received		
Doctor visits Prior authorization may be required for some specialist visits.	**Primary care physician (PCP)** *In-network:* $10 for each office visit $0 for surgical procedures performed in a PCP's office *Out-of-network:* 50% for each visit **Specialist visit** *In-network:* $45 for each office visit $0 for surgical procedures performed in a specialist's office *Out-of-network:* 50% for each visit	**Primary care physician (PCP)** *In-network:* $0 for each office visit $0 for surgical procedures performed in a PCP's office *Out-of-network:* 40% for each visit **Specialist visit** *In-network:* $40 for each office visit $0 for surgical procedures performed in a specialist's office *Out-of-network:* 40% for each visit	**Primary care physician (PCP)** *In-network:* $0 for each office visit $0 for surgical procedures performed in a PCP's office *Out-of-network:* 45% for each visit **Specialist visit** *In-network:* $50 for each office visit $0 for surgical procedures performed in a specialist's office *Out-of-network:* 45% for each visit

Medical benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Preventive care	*In-network:* $0 for each service *Out-of-network:* 50% for each service	*In-network:* $0 for each service *Out-of-network:* 40% for each service	*In-network:* $0 for each service *Out-of-network:* 45% for each service
	A referral from your doctor may be required for some preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.		
Emergency care This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.	*In-network and out-of-network:* $90 for each visit		
Urgently needed services This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your urgent care visit.	*In-network and out-of-network:* $50 for each visit	*In-network and out-of-network:* $30 for each visit	*In-network and out-of-network:* $30 for each visit
Outpatient diagnostic services (labs, radiology/imaging and x-rays) Prior authorization may be required for some services.	**Radiology/imaging** *In-network:* $150 per day, per provider **Tests/procedures** *In-network:* $10 per day, per provider **Lab services** *In-network:* $10 per day, per provider **Outpatient x-rays** *In-network:* $35 per day, per provider **Radiation therapy** *In-network:* $25 per day, per provider *For all out-of-network services listed above:* 50% per day, per provider	**Radiology/imaging** *In-network:* $275 per day, per provider **Tests/procedures** *In-network:* $0 per day, per provider **Lab services** *In-network:* $0 per day, per provider **Outpatient x-rays** *In-network:* $20 per day, per provider **Radiation therapy** *In-network:* $40 per day, per provider *For all out-of-network services listed above:* 40% per day, per provider	**Radiology/imaging** *In-network:* $275 per day, per provider **Tests/procedures** *In-network:* $20 per day, per provider **Lab services** *In-network:* $20 per day, per provider **Outpatient x-rays** *In-network:* $20 per day, per provider **Radiation therapy** *In-network:* $40 per day, per provider *For all out-of-network services listed above:* 45% per day, per provider

Medical benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Hearing services Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues. Routine hearing coverage must be received from a TruHearing™ provider.	**Medicare-covered diagnostic hearing exam** *In-network:* $10 – $45 for each exam *Out-of-network:* 50% for each exam	**Medicare-covered diagnostic hearing exam** *In-network:* $0 – $40 for each exam *Out-of-network:* 40% for each exam	**Medicare-covered diagnostic hearing exam** *In-network:* $0 – $50 for each exam *Out-of-network:* 45% for each exam
	Routine hearing coverage (TruHearing provider) $0 for one routine hearing exam, per year $295, $695, $1,095 or $1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected Hearing aid cost includes 3 fitting and follow-up evaluations within the first year and 48 batteries per hearing aid		
Dental services Prior authorization may be required for Medicare-covered dental services. In-network preventive (routine) dental services provided by Delta Dental. See the Delta Dental Certificate of Coverage for details.	**Medicare-covered dental services** *In-network:* $10 – $290 for each visit, depending on the service performed *Out-of-network:* 50% for each visit	**Medicare-covered dental services** *In-network:* $0 – $325 for each visit, depending on the service performed *Out-of-network:* 40% for each visit	**Medicare-covered dental services** *In-network:* $0 – $325 for each visit, depending on the service performed *Out-of-network:* 45% for each visit
	Preventive (routine) dental services *In-network and out-of-network:* $0 for two cleanings (regular or periodontal maintenance) per year $0 for two exams per year $0 for one set of bitewing x-rays per year		

Medical benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Vision services Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye, and additional Medicare-covered services. Routine vision services must be provided by an EyeMed "Select" provider.	**Medicare-covered services** *In-network:* $45 for each visit $0 for eyeglasses or contact lenses after cataract surgery $0 for a yearly glaucoma screening *Out-of-network:* 50% for each visit, eyeglasses or contact lenses after cataract surgery, or for a yearly glaucoma screening	**Medicare covered services** *In-network:* $40 for each visit $0 for eyeglasses or contact lenses after cataract surgery $0 for a yearly glaucoma screening *Out-of-network:* 40% for each visit, eyeglasses or contact lenses after cataract surgery, or for a yearly glaucoma screening	**Medicare-covered services** *In-network:* $50 for each visit $0 for eyeglasses or contact lenses after cataract surgery $0 for a yearly glaucoma screening *Out-of-network:* 45% for each visit, eyeglasses or contact lenses after cataract surgery, or for a yearly glaucoma screening
	Routine vision services $0 for one routine exam each year (includes dilation and refraction) $0 for one retinal imaging per year $100 eyewear allowance per year		
Mental health care We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Prior authorization may be required.	**Inpatient visit** *In-network:* Days 1 – 6: $275 each day Days 7 and beyond: $0 each day *Out-of-network:* 50% for each stay **Outpatient therapy (individual or group)** *In-network:* $20 for each visit *Out-of-network:* 50% for each visit	**Inpatient visit** *In-network:* Days 1 – 5: $350 each day Days 6 and beyond: $0 each day *Out-of-network:* 40% for each stay **Outpatient therapy (individual or group)** *In-network:* $20 for each visit *Out-of-network:* 40% for each visit	**Inpatient visit** *In-network:* Days 1 – 5: $350 each day Days 6 and beyond: $0 each day *Out-of-network:* 45% for each stay **Outpatient therapy (individual or group)** *In-network:* $20 for each visit *Out-of-network:* 45% for each visit
Skilled Nursing Facility (SNF) Our plan covers up to 100 days each benefit period. A benefit period starts the day you go into a SNF and ends when you go for 60 days in a row without SNF care. Prior authorization may be required.	*In-network:* Days 1 – 20: $0 each day Days 21 – 100: $178 each day *Out-of-network:* 50% for each stay	*In-network:* Days 1 – 20: $0 each day Days 21 – 100: $178 each day *Out-of-network:* 40% for each stay	*In-network:* Days 1 – 20: $0 each day Days 21 – 100: $178 each day *Out-of-network:* 45% for each stay

Medical benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Physical therapy	*In-network:* $30 for each visit *Out-of-network:* 50% for each visit	*In-network:* $40 for each visit *Out-of-network:* 40% for each visit	*In-network:* $40 for each visit *Out-of-network:* 45% for each visit
Ambulance Prior authorization may be required.	*In-network and out-of-network (POS):* $250 each way	*In-network and out-of-network:* $275 each way	*In-network and out-of-network:* $275 each way
Transportation	Not covered		

Prescription drug benefits covered under your plan

Prescription drug benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Medicare Part B drugs Prior authorization may be required.	**Chemotherapy drugs** *In-network and out-of-network:* 20% for each drug **Other Part B drugs** *In-network and out-of-network:* 20% for each drug **Home infusion drugs** *In-network and out-of-network:* $0 for each drug		

PART D OUTPATIENT PRESCRIPTION DRUGS			
Deductible stage You'll pay this amount before you begin paying copays or coinsurance only.	Tiers 1 – 2: $0 Tiers 3 – 5: $100	Tiers 1 – 5: $0	Tiers 1 – 2: $0 Tiers 3 – 5: $100
Initial coverage stage You are in this stage until your drug total reaches $4,130, which includes what you pay out-of-pocket and what we pay for your covered drugs.	Once you have paid your deductible (only required for drugs in Tiers 3 – 5) you pay what is listed in the chart below.	You pay what is listed in the chart below.	Once you have paid your deductible (only required for drugs in Tiers 3 – 5) you pay what is listed in the chart below.

Prescription drug benefits	**Priority**Medicare Key (HMO-POS)			**Priority**Medicare Edge (PPO)			**Priority**Medicare Compass (PPO)		
PREFERRED RETAIL PHARMACY									
Initial coverage stage	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$4	$8	$12	$2	$4	$6	$4	$8	$12
Tier 2 (Generic)	$15	$30	$45	$8	$16	$24	$15	$30	$45
Tier 3 (Preferred brand)	$42	$84	$126	$38	$76	$114	$42	$84	$126
Tier 4 (Non-preferred)	45%	45%	45%	40%	40%	40%	45%	45%	45%
Tier 5 (Specialty tier)	31%	N/A	N/A	33%	N/A	N/A	31%	N/A	N/A
Your costs will be less for your covered drugs when you use a pharmacy in our preferred network (includes Meijer, Walgreens, Walmart, Rite Aid, Kroger, Family Fare Supermarkets, Costco and more), go to *prioritymedicare.com* to view the list in the Provider/Pharmacy Directory.									

STANDARD RETAIL PHARMACY									
Initial coverage stage	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$10	$20	$30	$6	$12	$18	$10	$20	$30
Tier 2 (Generic)	$20	$40	$60	$13	$26	$39	$20	$40	$60
Tier 3 (Preferred brand)	$47	$94	$141	$43	$86	$129	$47	$94	$141
Tier 4 (Non-preferred)	50%	50%	50%	45%	45%	45%	50%	50%	50%
Tier 5 (Specialty tier)	31%	N/A	N/A	33%	N/A	N/A	31%	N/A	N/A

Prescription drug benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)

MAIL ORDER									
Initial coverage stage	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$4	$8	$0	$2	$4	$0	$4	$8	$0
Tier 2 (Generic)	$15	$30	$0	$8	$16	$0	$15	$30	$0
Tier 3 (Preferred brand)	$42	$84	$105	$38	$76	$95	$42	$84	$105
Tier 4 (Non-preferred)	45%	45%	45%	40%	40%	40%	45%	45%	45%
Tier 5 (Specialty tier)	31%	N/A	N/A	33%	N/A	N/A	31%	N/A	N/A
Coverage gap stage (also known as the "donut hole")	Once the total yearly drug costs (what you've paid plus what we've paid) reach $4,130 you enter the coverage gap and then you pay a percentage of the cost we have negotiated for the drug: • 25% of what we would pay for the covered brand name drug • 25% of what we would pay for the covered generic drug When your drug costs reach $6,550, this is the end of the coverage gap stage.								
Catastrophic coverage stage	Once your drug costs reach $6,550 you will pay the larger amount, which is either: • 5% of the cost of the drug, or • $3.70 for generic, and • $9.20 for all other drugs								
Long-term care (LTC)	If you are a resident of a long-term care (LTC) facility, you may get your prescription drugs through the facility's pharmacy as long as it is part of our network. Check the Provider/Pharmacy Directory available at *prioritymedicare.com* or call Customer Service if you have questions.								

Optional enhanced dental and vision package

Dental and vision package	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Benefits	Includes advanced dental work and an additional vision allowance.		
Premium	$37 per month. You must keep paying your Medicare Part B premium.		
Deductible	$0		

Dental and vision package	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Dental services In-network preventive (routine) dental services provided by Delta Dental. See the Delta Dental Certificate of Coverage for details.	*In-network and out-of-network:* $0 copay for fillings, one brush biopsy, one other x-ray (i.e. panoramic) and anesthesia. 50% of the cost for implants and implant related services, crowns, root canals, simple extractions, films/tests and relines and repairs to bridges and dentures. 30% of the cost for surgical extractions and other oral surgery. You will be covered for $1,500 of dental services. Once this is reached you will pay all costs.		
Vision services Services must be provided by an EyeMed "Select" provider.	$150 additional eyewear allowance per year		

Additional medical benefits covered under your plan

Additional medical benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Acupuncture Medicare-covered acupuncture for lower chronic back pain. Routine acupuncture services for other conditions (up to 6 visits).	**Medicare-covered acupuncture** *In-network and out-of-network:* $20 per visit **Routine acupuncture** *In-network:* $20 per visit *Out of network:* Not covered	**Medicare-covered acupuncture** *In-network and out-of-network:* $20 per visit **Routine acupuncture** *In-network and out-of-network:* $20 per visit	**Medicare-covered acupuncture** *In-network and out-of-network:* $20 per visit **Routine acupuncture** *In-network and out-of-network:* $20 per visit
Annual preventive physical exam You're free to talk at your annual preventive exam. You will not be charged for the office visit no matter what or how much is discussed. This is an opportunity for you and your physician to discuss any concerns or questions you have.	*In-network:* $0 for an exam *Out-of-network:* 50% for an exam	*In-network:* $0 for an exam *Out-of-network:* 40% for an exam	*In-network:* $0 for an exam *Out-of-network:* 45% for an exam
BrainHQ®	A $0 personal gym for the brain. You can access online exercises that improve memory, attention, brain speed and more. Go to *prioritymedicare.com* to learn more.		

Additional medical benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Chiropractic care	**Medicare-covered care** *In-network:* $20 for each visit *Out-of-network:* 50% for each visit **Routine care** *In-network:* $20 for each visit (limit 12 per year) $35 for x-ray services performed once per year *Out-of-network:* Not covered	**Medicare-covered care** *In-network:* $20 for each visit *Out-of-network:* 40% for each visit **Routine care** *In-network:* $20 for each visit (limit 12 per year) $20 for x-ray services performed once per year *Out-of-network:* 40% for each visit and for x-ray services performed once per year	**Medicare-covered care** *In-network:* $20 for each visit *Out-of-network:* 45% for each visit **Routine care** *In-network:* $20 for each visit (limit 12 per year) $20 for x-ray services performed once per year *Out-of-network:* 45% for each visit and for x-ray services performed once per year
Companion care with Papa Papa connects college students ("Papa Pals") to Medicare members who need assistance with transportation, house chores, technology lessons, grocery delivery, companionship, and other services.	Not covered	$0 for up to 8 hours of in-person or virtual companion care visits each month.	Not covered
Dialysis	*In-network:* 20% for each service *Out-of-network:* 50% for each service	*In-network:* 20% for each service *Out-of-network:* 40% for each service	*In-network:* 20% for each service *Out-of-network:* 45% for each service

Additional medical benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Medical equipment and supplies Examples include diabetic supplies (shoes/inserts, diabetic test strips), durable medical equipment (wheelchairs, oxygen, insulin pumps), and prosthetic devices (braces, artificial limbs). Diabetic test strips are limited to JJHCS and Bayer products when dispensed by a retail pharmacy or mail-order pharmacy. Prior authorization may be required.	**Diabetes supplies** *In-network:* $0 for each item *Out-of-network:* 50% for each item	**Diabetes supplies** *In-network:* $0 for each item *Out-of-network:* 40% for each item	**Diabetes supplies** *In-network:* $0 for each item *Out-of-network:* 45% for each item
	Durable medical equipment *In-network:* 20% for each item *Out-of-network:* 30% for each item **Prosthetic devices** *In-network:* 0–20% for each item, depending on the device *Out-of-network:* 30% for each device		
Out-of-state travel benefit	You'll pay in-network prices when seeking care from Medicare-participating providers anywhere in the U.S. outside of Michigan. Our partnership with MultiPlan can make accessing Medicare-participating providers even easier. We'll help you locate a Medicare-participating provider or a provider in MultiPlan's Medicare network. Call Customer Service or go online to ***prioritymedicare.com*** and search Find a Doctor. You may stay enrolled in the plan when outside of the service area for up to 12 months, as long as your permanent residency remains in your plans service area.		

Additional medical benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Over-the-counter (OTC) allowance + Healthy Savings Program	$75 allowance per quarter (regions 1, 2, 5) $50 allowance per quarter (regions 3 and 4) **See page 19 for a list of counties by region.**	$50 allowance per quarter	$25 allowance per quarter
	Over-the-counter items are drugs and health related products that do not need a prescription such as; allergy medication, eye drops, cough drops, nasal spray, vitamins and more. Items can be purchased in participating stores (Walmart, Walgreens, CVS, Kroger and more). Or, online at ***HealthyBenefitsPlus.com/PHMOTC*** or by phone, with free 2-day shipping included. After signing up for this benefit, you'll receive a separate OTC card in the mail that will be automatically reloaded with your allowance each quarter. The Healthy Savings Program allows members to save on healthier foods with up to $2,500 a year in discounts on healthier food options in-store at Walmart, Walgreens, CVS, Kroger and more. Just scan your OTC card at check-out to take advantage of the savings.		
SilverSneakers®	$0 for membership at participating SilverSneakers fitness centers with access to online educational programs and SilverSneakers On-Demand™ workout videos. Even more workout options with the SilverSneakers GO™ fitness app or SilverSneakers Steps® home fitness kits. SilverSneakers locations are nationwide. To find a participating fitness center go to ***silversneakers.com*** and search for one near you, or call toll-free 833.236.0190 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. For assistance on Saturday or Sunday, call Priority Health Medicare at 888.389.6648 (TTY 711), from 8 a.m. to 8 p.m. You can also sign up for Tuition Rewards® through SilverSneakers. For full program details, please visit *silversneakers.tuitionrewards.com.* The SilverSneakers program is provided by Tivity Health®. All programs and services may not be available in all areas.		

Additional medical benefits	**Priority**Medicare Key (HMO-POS)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Virtual care	$0 virtual visits with primary care providers, specialists and behavioral health providers. You can receive care from the comfort of your home, or wherever you may be, with a virtual visit via video on your computer, smart phone or tablet. Available 24/7, virtual visits let you see a provider for a $0 copay and get treatment for nonemergency care.		
Worldwide assistance program	$0 for emergency travel assistance services through Assist America® when you're more than 100 miles from home or in a foreign country. You will still pay for benefits covered by Priority Health Medicare, such as emergency, urgent care or prescription drugs.		

2021 Monthly premiums

Most popular $0 plans

Counties	**Priority**Medicare Key (PPO)	**Priority**Medicare Edge (PPO)	**Priority**Medicare Compass (PPO)
Region 1 Allegan, Barry, Kent, Lenawee, Ottawa	$0	$0	**Priority**Medicare Compass is not available in these counties.
Region 2 Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford	$0	$0	
Region 3 Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe	$0	**Priority**Medicare Edge is not available in these counties.	$0
Region 4 Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph	$0		$0
Region 5: Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne	$0	$0	**Priority**Medicare Compass is not available in these counties.

WAY MORE THAN ORIGINAL MEDICARE FOR $0

VITAL

A hassle-free, open network $0 plan that works like Original Medicare but offers you so much more – the protection of a maximum out-of-pocket limit, drug coverage, hearing, vision, dental, fitness membership and an OTC allowance. Plus, a $360 per year Part B premium credit.

Premiums and benefits	**Priority**Medicare Vital (PPO)
Plan availability Plans are available in regions listed. See page 29 for a listing of counties by region.	1, 2 and 5
Monthly plan premium	$0 per month. You must keep paying your Medicare Part B premium, but will **receive a $360 Part B premium credit each year ($30 per month) if you enroll in this plan**.
Deductible The amount you'll pay for most covered services before you start paying only copays or coinsurance and Priority Health pays the balance.	**Medical services** *In-network and out-of-network (combined):* $0 **Prescription drugs (Part D)** Tiers 1 – 2: $0 Tiers 3 – 5: $350
Maximum out-of-pocket responsibility This is the most you pay for covered medical services for the year, excluding Part D prescription drugs.	*In-network and out-of-network (combined):* $6,000

Medical benefits covered under your plan

Medical benefits	**Priority**Medicare Vital (PPO)
Inpatient hospital coverage We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	*In-network and out-of-network:* Days 1-4: $400 each day Days 5 and beyond: $0 each day
Outpatient hospital coverage Prior authorization may be required.	**Ambulatory surgical center** *In-network and out-of-network:* 20% for each visit **Outpatient hospital** *In-network and out-of-network:* 20% for each visit **Observation** *In-network and out-of-network:* 20% for each visit, including all services received

Medical benefits	**Priority**Medicare Vital (PPO)
Doctor visits Prior authorization may be required for some specialist visits.	**Primary care physician (PCP)** *In-network and out-of-network:* 20% for each office visit **Specialist visit** *In-network and out-of-network:* 20% for each office visit
Preventive care	*In-network and out-of-network:* $0 for each service
	A referral from your doctor may be required for s ome preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency care This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.	*In-network and out-of-network:* 20% for each visit
Urgently needed services This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your urgent care visit.	*In-network and out-of-network:* 20% for each visit
Outpatient diagnostic services (labs, radiology/imaging and x-rays) Prior authorization may be required for some services.	**Radiology/imaging** *In-network and out-of-network:* 20% per day, per provider **Tests/procedures** *In-network and out-of-network:* 20% per day, per provider **Lab services** *In-network and out-of-network:* $0 per day, per provider **Outpatient x-rays** *In-network and out-of-network:* 20% per day, per provider **Radiation therapy** *In-network and out-of-network:* 20% per day, per provider
Hearing services Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues. Routine hearing coverage must be received from a TruHearing provider.	**Medicare-covered diagnostic hearing exam** *In-network and out-of-network:* 20% for each exam **Routine hearing coverage (TruHearing provider)** $0 for one routine hearing exam, per year $0 copay for up to 2 TruHearing-branded 'Advanced' hearing aids, one per ear per year Hearing aid cost includes 3 fitting and follow-up evaluations within the first year and 48 batteries per hearing aid

Medical benefits	**Priority**Medicare Vital (PPO)
Dental services Prior authorization may be required for Medicare-covered dental services. In-network preventive (routine) dental services provided by Delta Dental. See the Delta Dental Certificate of Coverage for details.	**Medicare-covered dental services** *In-network and out-of-network:* 20% for each visit **Preventive (routine) dental services** *In-network and out-of-network:* $0 for two cleanings (regular or periodontal maintenance) per year $0 for two exams per year $0 for one set of bitewing x-rays per year
Vision services Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye, and additional Medicare-covered services. Routine vision services must be provided by an EyeMed "Select" provider.	**Medicare-covered services** *In-network and out-of-network:* 20% for each visit $0 for eyeglasses or contact lenses after cataract surgery $0 for a yearly glaucoma screening **Routine vision services** $0 for one routine exam each year (includes dilation and refraction) $0 for one retinal imaging per year $100 eyewear allowance per year
Mental health care We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Prior authorization may be required.	**Inpatient visit** *In-network and out-of-network:* Days 1 – 4: $400 each day Days 5 and beyond: $0 each day **Outpatient therapy (individual or group)** *In-network and out-of-network:* 20% for each visit
Skilled Nursing Facility (SNF) Our plan covers up to 100 days each benefit period. A benefit period starts the day you go into a SNF and ends when you go for 60 days in a row without SNF care. Prior authorization may be required.	*In-network:* Days 1 – 20: $0 each day Days 21 – 100 : $178 each day *Out-of-network:* 20% for each stay
Physical therapy	*In-network and out-of-network:* 20% for each visit
Ambulance Prior authorization may be required.	*In-network and out-of-network:* 20% each way
Transportation	Not covered

Prescription drug benefits covered under your plan

Prescription drug benefits	**Priority**Medicare Vital (PPO)
Medicare Part B drugs Prior authorization may be required.	**Chemotherapy drugs** *In-network and out-of-network:* 20% for each drug **Other Part B drugs** *In-network and out-of-network:* 20% for each drug **Home infusion drugs** *In-network and out-of-network:* $0 for each drug

PART D OUTPATIENT PRESCRIPTION DRUGS	
Deductible stage You'll pay this amount before you begin paying copays or coinsurance only.	Tiers 1 – 2: $0 Tiers 3 – 5: $350
Initial coverage stage You are in this stage until your drug total reaches $4,130, which includes what you pay out-of-pocket and what we pay for your covered drugs.	Once you have paid your deductible (only required for drugs in Tiers 3 – 5) you pay what is listed in the chart below.

PREFERRED RETAIL PHARMACY			
Initial coverage stage	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$1	$2	$3
Tier 2 (Generic)	$4	$8	$12
Tier 3 (Preferred brand)	$42	$84	$126
Tier 4 (Non-preferred)	45%	45%	45%
Tier 5 (Specialty tier)	26%	N/A	N/A
Your costs will be less for your covered drugs when you use a pharmacy in our preferred network (includes Meijer, Walgreens, Walmart, Rite Aid, Kroger, Family Fare Supermarkets, Costco and more), go to *prioritymedicare.com* to view the list in the Provider/Pharmacy Directory.			

STANDARD RETAIL PHARMACY			
Initial coverage stage	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$6	$12	$18
Tier 2 (Generic)	$10	$20	$30
Tier 3 (Preferred brand)	$47	$94	$141
Tier 4 (Non-preferred)	50%	50%	50%
Tier 5 (Specialty tier)	26%	N/A	N/A

MAIL ORDER			
Initial coverage stage	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$1	$2	$0
Tier 2 (Generic)	$4	$8	$0
Tier 3 (Preferred brand)	$42	$84	$105
Tier 4 (Non-preferred)	45%	45%	45%
Tier 5 (Specialty tier)	26%	N/A	N/A

Prescription drug benefits	**Priority**Medicare Vital (PPO)
Coverage gap stage (also known as the "donut hole")	Once the total yearly drug costs (what you've paid plus what we've paid) reach $4,130 you enter the coverage gap and then you pay a percentage of the cost we have negotiated for the drug: • 25% of what we would pay for the covered brand name drug • 25% of what we would pay for the covered generic drug When your drug costs reach $6,550, this is the end of the coverage gap stage.
Catastrophic coverage stage	Once your drug costs reach $6,550 you will pay the larger amount, which is either: • 5% of the cost of the drug, or • $3.70 for generic, and • $9.20 for all other drugs
Long-term care (LTC)	If you are a resident of a long-term care (LTC) facility, you may get your prescription drugs through the facility's pharmacy as long as it is part of our network. Check the Provider/ Pharmacy Directory available at ***prioritymedicare.com*** or call Customer Service if you have questions.

Optional enhanced dental and vision package

Dental and vision package	**Priority**Medicare Vital (PPO)
Benefits	Includes advanced dental work and an additional vision allowance.
Premium	$37 per month. You must keep paying your Medicare Part B premium.
Deductible	$0
Dental services In-network preventive (routine) dental services provided by Delta Dental. See the Delta Dental Certificate of Coverage for details.	*In-network and out-of-network:* $0 copay for fillings, one brush biopsy, one other x-ray (i.e. panoramic) and anesthesia. 50% of the cost for implants and implant related services, crowns, root canals, simple extractions, films/tests and relines and repairs to bridges and dentures. 30% of the cost for surgical extractions and other oral surgery. You will be covered for $1,500 of dental services. Once this is reached you will pay all costs.
Vision services Services must be provided by an EyeMed "Select" provider.	$150 additional eyewear allowance per year.

Additional medical benefits covered under your plan

Additional medical benefits	**Priority**Medicare Vital (PPO)
Acupuncture Medicare-covered acupuncture for lower chronic back pain. Routine acupuncture services for other conditions (up to 6 visits) must be provided by an in-network provider.	**Medicare-covered acupuncture** *In-network and out-of-network:* $20 per visit **Routine acupuncture** *In-network and out-of-network:* $20 per visit
Annual preventive physical exam You're free to talk at your annual preventive exam. You will not be charged for the office visit no matter what or how much is discussed. This is an opportunity for you and your physician to discuss any concerns or questions you have.	*In-network and out-of-network:* $0 for an exam
BrainHQ®	A $0 personal gym for the brain. You can access online exercises that improve memory, attention, brain speed and more. Go to ***prioritymedicare.com*** to learn more.
Chiropractic care	**Medicare-covered care** *In-network and out-of-network:* 20% for each visit **Routine care** *In-network and out-of-network:* 20% for each visit (limit 12 per year) 20% for x-ray services performed once per year
Dialysis	*In and out-of-network:* 20% for each service
Medical equipment and supplies Examples include diabetic supplies (shoes/inserts, diabetic test strips), durable medical equipment (wheelchairs, oxygen, insulin pumps), and prosthetic devices (braces, artificial limbs). Diabetic test strips are limited to JJHCS and Bayer products when dispensed by a retail pharmacy or mail-order pharmacy. Prior authorization may be required.	**Diabetes supplies** *In-network and out-of-network:* $0 for each item **Durable medical equipment** *In-network and out-of-network:* 20% for each item **Prosthetic devices** *In-network and out-of-network:* 20% for each device

Additional medical benefits	**Priority**Medicare Vital (PPO)
Out-of-state travel benefit	You'll pay in-network prices when seeking care from Medicare-participating providers anywhere in the U.S. outside of Michigan. Our partnership with MultiPlan can make accessing Medicare-participating providers even easier. We'll help you locate a Medicare-participating provider or a MultiPlan provider. Call Customer Service or go online to ***prioritymedicare.com*** and search Find a Doctor. You may stay enrolled in the plan when outside of the service area for up to 12 months, as long as your permanent residency remains in your plans service area.
Over-the-counter (OTC) allowance + Healthy Savings Program	$40 allowance per quarter
	Over-the-counter items are drugs and health related products that do not need a prescription such as; allergy medication, eye drops, cough drops, nasal spray, vitamins and more. Items can be purchased in participating stores (Walmart, Walgreens, CVS, Kroger and more). Or, online at ***HealthyBenefitsPlus.com/PHMOTC*** or by phone, with free 2-day shipping included. After signing up for this benefit, you'll receive a separate OTC card in the mail that will be automatically reloaded with your allowance each quarter. The Healthy Savings Program allows members to save on healthier foods with up to $2,500 a year in discounts on healthier food options in-store at Walmart, Walgreens, CVS, Kroger and more. Just scan your OTC card at check-out to take advantage of the savings.
SilverSneakers®	$0 for membership at participating SilverSneakers fitness centers with access to online educational programs and SilverSneakers On-Demand™ workout videos. Even more workout options with the SilverSneakers GO™ fitness app or SilverSneakers Steps® home fitness kits. SilverSneakers locations are nationwide. To find a participating fitness center go to ***silversneakers.com*** and search for one near you, or call toll-free 833.236.0190 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. For assistance on Saturday or Sunday, call Priority Health Medicare at 888.389.6648 (TTY 711), from 8 a.m. to 8 p.m. You can also sign up for Tuition Rewards® through SilverSneakers. For full program details, please visit *silversneakers.tuitionrewards.com.* The SilverSneakers program is provided by Tivity Health®. All programs and services may not be available in all areas.

Additional medical benefits	**Priority**Medicare Vital (PPO)
Virtual care	20% for virtual visits with primary care providers, specialists and behavioral health providers. You can receive care from the comfort of your home, or wherever you may be, with a virtual visit via video on your computer, smart phone or tablet. Available 24/7, virtual visits let you see a provider for a 20% copay and get treatment for nonemergency care.
Worldwide assistance program	$0 for emergency travel assistance services through Assist America® when you're more than 100 miles from home or in a foreign country. You will still pay for benefits covered by Priority Health Medicare, such as emergency, urgent care or prescription drugs.

2021 Monthly premiums

Way more than Original Medicare for $0

Counties	**Priority**Medicare Vital (PPO)
Region 1 Allegan, Barry, Kent, Lenawee, Ottawa	$0
Region 2 Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford	$0
Region 3 Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe	**Priority**Medicare Vital not available in these counties.
Region 4 Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph	
Region 5 Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne	$0

BEST PLANS FOR CHRONIC CONDITION MANAGEMENT

IDEAL ■ VALUE

The best plans for helping you manage your chronic conditions – with insulin coverage in the "donut hole" (included on Value) and companion care with our partner, Papa, for those who need help with grocery delivery, using technology and more (included on Ideal).

Premiums and benefits	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Plan availability Plans are available in regions listed. See page 41 for a listing of counties by region.	Regions 1 – 5	
Monthly plan premium	$19.00 – $25.00 per month. In addition, you must keep paying your Medicare Part B premium.	$13.00 – $73.00 per month. In addition, you must keep paying your Medicare Part B premium.
Deductible The amount you'll pay for most covered services before you start paying only copays or coinsurance and Priority Health pays the balance.	**Medical services** *In-network and out-of-network (combined):* $0 **Prescription drugs (Part D)** Tiers 1 – 2: $0 Tiers 3 – 5: $125	**Medical services** *In-network:* $0 *Out-of-network:* $1,000 **Prescription drugs (Part D)** Tiers 1 – 2: $0 Tiers 3 – 5: $75
Maximum out-of-pocket responsibility This is the most you pay for covered medical services for the year, excluding Part D prescription drugs.	*In-network and out-of-network services (combined):* $5,800	*In-network:* $4,900

Medical benefits covered under your plan

Medical benefits	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Inpatient hospital coverage We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	*In-network:* Days 1-6: $300 each day Days 7 and beyond: $0 each day *Out-of-network:* 45% for each stay	*In-network:* Days 1-5: $325 each day Days 6 and beyond: $0 each day *Out-of-network:* 40% for each stay
Outpatient hospital coverage Prior authorization may be required.	**Ambulatory surgical center** *In-network:* $250 for each visit Out-of-network: 45% for each visit **Outpatient hospital** *In-network:* $250 for each visit Out-of-network: 45% for each visit **Observation** *In-network and out-of-network:* $90 for each visit, including all services received	**Ambulatory surgical center** *In-network:* $225 for each visit *Out-of-network:* 40% for each visit **Outpatient hospital** *In-network:* $225 for each visit *Out-of-network:* 40% for each visit **Observation** *In-network and out-of-network:* $90 for each visit, including all services received

Medical benefits	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Doctor visits Prior authorization may be required for some specialist visits.	**Primary care physician (PCP)** *In-network:* $15 for each office visit $0 for surgical procedures performed in a PCP's office *Out-of-network:* 45% for each visit **Specialist visit** *In-network:* $45 for each office visit $0 for surgical procedures performed in a specialist's office *Out-of-network:* 45% for each visit	**Primary care physician (PCP)** *In-network:* $5 for each office visit $0 for surgical procedures performed in a PCP's office *Out-of-network:* 40% for each visit **Specialist visit** *In-network:* $45 for each office visit $0 for surgical procedures performed in a specialist's office *Out-of-network:* 40% for each visit
Preventive care	*In-network:* $0 for each service *Out-of-network:* 45% for each service	*In-network:* $0 for each service *Out-of-network:* 40% for each service
	A referral from your doctor may be required for some preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.	
Emergency care This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.	*In-network and out-of-network:* $90 for each visit	
Urgently needed services This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your urgent care visit.	*In-network and out-of-network:* $50 for each visit	*In-network and out-of-network:* $55 for each visit
Outpatient diagnostic services (labs, radiology/imaging and x-rays) Prior authorization may be required for some services.	**Radiology/imaging** *In-network:* $150 per day, per provider **Tests/procedures** *In-network:* $15 per day, per provider **Lab services** *In-network:* $15 per day, per provider **Outpatient x-rays** *In-network:* $40 per day, per provider **Radiation therapy** *In-network:* $30 per day, per provider *For all out-of-network services listed above:* 45% per day, per provider	**Radiology/imaging** *In-network:* $225 per day, per provider **Tests/procedures** *In-network:* $10 per day, per provider **Lab services** *In-network:* $10 per day, per provider **Outpatient x-rays** *In-network:* $35 per day, per provider **Radiation therapy** *In-network:* $25 per day, per provider *For all out-of-network services listed above:* 40% per day, per provider

Medical benefits	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Hearing services Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues. Routine hearing coverage must be received from a TruHearing provider.	**Medicare-covered diagnostic hearing exam** *In-network:* $15 – $45 for each exam *Out-of-network:* 45% for each exam	**Medicare-covered diagnostic hearing exam** *In-network:* $5 – $45 for each exam *Out-of-network:* 40% for each exam
	Routine hearing coverage (TruHearing provider) $0 for one routine hearing exam, per year $295, $695, $1,095 or $1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected Hearing aid cost includes 3 fitting and follow-up evaluations within the first year and 48 batteries per hearing aid	
Dental services Prior authorization may be required for Medicare-covered dental services. In-network preventive (routine) dental services provided by Delta Dental. See the Delta Dental Certificate of Coverage for details.	**Medicare-covered dental services** *In-network:* $15 – $250 for each visit, depending on the service performed *Out-of-network:* 45% for each visit **Preventive (routine) dental services** *In-network and out-of-network:* $0 for two cleanings (regular or periodontal maintenance) per year $0 for two exams per year $0 for one set of bitewing x-rays per year	**Medicare-covered dental services** *In-network:* $5 – $225 for each visit, depending on the service performed *Out-of-network:* 40% for each visit **Preventive (routine) dental services** *In-network and out-of-network:* $0 for two cleanings (regular or periodontal maintenance) per year $0 for two exams per year $0 for one set of bitewing x-rays per year $0 for one brush biopsy per year $0 all other x-rays (one every 2 years)

Premiums and benefits	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Vision services Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye, and additional Medicare-covered services. Routine vision services must be provided by an EyeMed "Select" provider.	**Medicare-covered services** *In-network:* $45 for each visit $0 for eyeglasses or contact lenses after cataract surgery $0 for a yearly glaucoma screening *Out-of-network:* 45% for each visit, eyeglasses or contact lenses after cataract surgery or a yearly glaucoma screening.	**Medicare-covered services** *In-network:* $45 for each visit $0 for eyeglasses or contact lenses after cataract surgery $0 for a yearly glaucoma screening *Out-of-network:* 40% for each visit, eyeglasses or contact lenses after cataract surgery or a yearly glaucoma screening.
	Routine vision services $0 for one routine exam each year (includes dilation and refraction) $0 for one retinal imaging per year $100 eyewear allowance per year	
Mental health care We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Prior authorization may be required.	**Inpatient visit** *In-network:* Days 1 – 6: $290 each day Days 7 and beyond: $0 each day *Out-of-network:* 45% for each stay **Outpatient therapy (individual or group)** *In-network:* $20 for each visit *Out-of-network:* 45% for each visit	**Inpatient visit** *In-network:* Days 1 – 5: $325 each day Days 6 and beyond: $0 each day *Out-of-network:* 40% for each stay **Outpatient therapy (individual or group)** *In-network:* $20 for each visit *Out-of-network:* 40% for each visit
Skilled Nursing Facility (SNF) Our plan covers up to 100 days each benefit period. A benefit period starts the day you go into a SNF and ends when you go for 60 days in a row without SNF care. Prior authorization may be required.	*In-network:* Days 1 – 20: $0 each day Days 21 – 100: $178 each day *Out-of-network:* 45% for each stay	*In-network:* Days 1 – 20: $0 each day Days 21 – 100: $178 each day *Out-of-network:* 40% for each stay
Physical therapy	*In-network:* $40 for each visit *Out-of-network:* 45% for each visit	*In-network:* $40 for each visit *Out-of-network:* 40% for each visit
Ambulance Prior authorization may be required.	*In-network and out-of-network:* $275 each way	*In-network and out-of-network:* $250 each way
Transportation	Not covered	

Prescription drug benefits covered under your plan

Prescription drug benefits	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Medicare Part B drugs Prior authorization may be required.	**Chemotherapy drugs** *In-network and out-of-network:* 20% for each drug **Other Part B drugs** *In-network and out-of-network:* 20% for each drug **Home infusion drugs** *In-network and out-of-network:* $0 for each drug	

PART D OUTPATIENT PRESCRIPTION DRUGS		
Deductible stage You'll pay this amount before you begin paying copays or coinsurance only.	Tiers 1 – 2: $0 Tiers 3 – 5: $125	Tiers 1 – 2: $0 Tiers 3 – 5: $75* *Insulins Lantus & Toujeo in Tier 3 do not apply to deductible.
Initial coverage stage You are in this stage until your drug total reaches $4,130, which includes what you pay out-of-pocket and what we pay for your covered drugs.	Once you have paid your deductible (only required for drugs in Tiers 3 – 5) you pay what is listed in the chart below.	

PREFERRED RETAIL PHARMACY						
Initial coverage stage	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$4	$8	$12	$2	$4	$6
Tier 2 (Generic)	$13	$26	$39	$10	$20	$30
Tier 3 (Preferred brand)	$42	$84	$126	$35 Lantus/ Toujeo insulins $42 All other drugs	$70 Lantus/ Toujeo insulins $84 All other drugs	$105 Lantus/ Toujeo insulins $126 All other drugs
Tier 4 (Non-preferred)	50%	50%	50%	50%	50%	50%
Tier 5 (Specialty tier)	30%	N/A	N/A	31%	N/A	N/A
Your costs will be less for your covered drugs when you use a pharmacy in our preferred network (includes Meijer, Walgreens, Walmart, Rite Aid, Kroger, Family Fare Supermarkets, Costco and more), go to *prioritymedicare.com* to view the list in the Provider/Pharmacy Directory.						

Prescription drug benefits	**Priority**Medicare Ideal (PPO)			**Priority**Medicare Value (HMO-POS)		
STANDARD RETAIL PHARMACY						
Initial coverage stage	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$9	$18	$27	$7	$14	$21
Tier 2 (Generic)	$18	$36	$54	$15	$30	$45
Tier 3 (Preferred brand)	$47	$94	$141	$35 Lantus/ Toujeo insulins $47 All other drugs	$70 Lantus/ Toujeo insulins $94 All other drugs	$105 Lantus/ Toujeo insulins $141 All other drugs
Tier 4 (Non-preferred)	50%	50%	50%	50%	50%	50%
Tier 5 (Specialty tier)	30%	N/A	N/A	31%	N/A	N/A
MAIL ORDER						
Initial coverage stage	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$4	$8	$0	$2	$4	$0
Tier 2 (Generic)	$13	$26	$0	$10	$20	$0
Tier 3 (Preferred brand)	$42	$84	$105	$35 Lantus/ Toujeo insulins $42 All other drugs	$70 Lantus/ Toujeo insulins $84 All other drugs	$87.50 Lantus/ Toujeo insulins $105 All other drugs
Tier 4 (Non-preferred)	50%	50%	50%	50%	50%	50%
Tier 5 (Specialty tier)	30%	N/A	N/A	31%	N/A	N/A

Prescription drug benefits	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Coverage gap stage (also known as the "donut hole")	Once the total yearly drug costs (what you've paid plus what we've paid) reach $4,130 you enter the coverage gap and then you pay a percentage of the cost we have negotiated for the drug: • 25% of what we would pay for the covered brand name drug • 25% of what we would pay for the covered generic drug When your drug costs reach $6,550, this is the end of the coverage gap stage.	Once the total yearly drug costs (what you've paid plus what we've paid) reach $4,130 you enter the coverage gap and then you pay a percentage of the cost we have negotiated for the drug: • 25% of what we would pay for the covered brand name drug • 25% of what we would pay for the covered generic drug This plan offers additional gap coverage for select insulins; Humalog, Humalin 100 unit/ml products, Lantus & Toujeo. During the Coverage Gap stage, your out-of-pocket costs for these drugs will be: **30-day supply** • $10 (preferred retail pharmacy) for Humalog or Humalin 100 unit/ml products • $15 (standard retail pharmacy) for Humalog or Humalin 100 unit/ml products • $35 (preferred or standard retail pharmacy) for Lantus or Toujeo **90-day mail-order supply** • $0 for Humalog or Humalin 100 unit/ml products • $87.50 for Lantus or Toujeo When your drug costs reach $6,550, this is the end of the coverage gap stage.
Catastrophic coverage stage	Once your drug costs reach $6,550 you will pay the larger amount, which is either: • 5% of the cost of the drug, or • $3.70 for generic, and • $9.20 for all other drugs	
Long-term care (LTC)	If you are a resident of a long-term care (LTC) facility, you may get your prescription drugs through the facility's pharmacy as long as it is part of our network. Check the Provider/Pharmacy Directory available at ***prioritymedicare.com*** or call Customer Service if you have questions.	

Optional enhanced dental and vision package

Dental and vision	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Benefits	Includes advanced dental work and an additional vision allowance.	
Premium	Additional $37 per month. You must keep paying your Medicare Part B premium and your $19.00-$25.00 monthly plan premium.	Additional $36 per month. You must keep paying your Medicare Part B premium and your $13.00-$73.00 monthly plan premium.
Deductible	$0	
Dental services In-network preventive (routine) dental services provided by a Delta Dental. See the Delta Dental Certificate of Coverage for details.	*In-network and out-of-network:* $0 copay for fillings, one brush biopsy, one other x-ray (i.e. panoramic) and anesthesia. 50% of the cost for implants and implant related services, crowns, root canals, simple extractions, films/tests and relines and repairs to bridges and dentures. 30% of the cost for surgical extractions and other oral surgery. You will be covered for $1,500 of dental services. Once this is reached you will pay all costs.	*In-network and out-of-network:* $0 copay for fillings and anesthesia. 50% of the cost for implants and implant related services, crowns, root canals, simple extractions, films/tests and relines and repairs to bridges and dentures. 30% of the cost for surgical extractions and other oral surgery. You will be covered for $1,500 of dental services. Once this is reached you will pay all costs.
Vision services Services must be provided by an EyeMed "Select" provider.	$150 additional eyewear allowance per year.	

Additional medical benefits covered under your plan

Additional medical benefits	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Acupuncture Medicare-covered acupuncture for lower chronic back pain. Routine acupuncture services for other conditions (up to 6 visits).	**Medicare-covered acupuncture** *In-network and out-of-network:* $20 per visit **Routine acupuncture** *In-network and out-of-network:* $20 per visit	**Medicare-covered acupuncture** *In-network and out-of-network:* $20 per visit **Routine acupuncture** *In-network:* $20 per visit *Out-of-network:* Not covered

Additional medical benefits	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Annual preventive physical exam You're free to talk at your annual preventive exam. You will not be charged for the office visit no matter what or how much is discussed. This is an opportunity for you and your physician to discuss any concerns or questions you have.	*In-network:* $0 for an exam *Out-of-network:* 45% for an exam	*In-network:* $0 for exam *Out-of-network:* 40% for an exam
BrainHQ®	A $0 personal gym for the brain. You can access online exercises that improve memory, attention, brain speed and more. Go to *prioritymedicare.com* to learn more.	
Chiropractic care	**Medicare-covered care** *In-network:* $20 for each visit *Out-of-network:* 45% for each visit **Routine care** *In-network:* $20 for each visit (limit 12 per year) $40 for x-ray services performed once per year *Out-of-network:* 45% for each visit 45% for x-ray services performed once per year	**Medicare-covered care** *In-network:* $20 for each visit *Out-of-network:* 40% for each visit
Companion care with Papa Papa connects college students ("Papa Pals") to Medicare members who need assistance with transportation, house chores, technology lessons, grocery delivery, companionship, and other senior services.	$0 for up to 8 hours of in-person or virtual companion care visits each month.	Not covered
Dialysis	*In-network:* 20% for each service *Out-of-network:* 45% for each service	*In-network:* 20% for each service *Out-of-network:* 40% for each service
Medical equipment and supplies Examples include diabetic supplies (shoes/inserts, diabetic test strips), durable medical equipment (wheelchairs, oxygen, insulin pumps), and prosthetic devices (braces, artificial limbs). Diabetic test strips are limited to JJHCS and Bayer products when dispensed by a retail pharmacy or mail-order pharmacy. Prior authorization may be required.	**Diabetes supplies** *In-network:* $0 for each item *Out-of-network:* 45% for each item	**Diabetes supplies** *In-network:* $0 for each item *Out-of-network:* 40% for each item
	Durable medical equipment *In-network:* 20% for each item *Out-of-network:* 30% for each item **Prosthetic devices** *In-network:* 0 – 20% for each item, depending on the device *Out-of-network:* 30% for each device	

Additional medical benefits	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Out-of-state travel benefit	You'll pay in-network prices when seeking care from Medicare-participating providers anywhere in the U.S. outside of Michigan. Our partnership with MultiPlan can make accessing Medicare-participating providers even easier. We'll help you locate a Medicare-participating provider or a provider in MultiPlan's Medicare network. Call Customer Service or go online to *prioritymedicare.com* and search Find a Doctor. You may stay enrolled in the plan when outside of the service area for up to 12 months, as long as your permanent residency remains in your plans service area.	
Over-the-counter (OTC) allowance + Healthy Savings Program	$75 allowance per quarter	$25 allowance per quarter
	Over-the-counter items are drugs and health related products that do not need a prescription such as; allergy medication, eye drops, cough drops, nasal spray, vitamins and more. Items can be purchased in participating stores (Walmart, Walgreens, CVS, Kroger and more). Or, online at *HealthyBenefitsPlus.com/PHMOTC* or by phone, with free 2-day shipping included. After signing up for this benefit, you'll receive a separate OTC card in the mail that will be automatically reloaded with your allowance each quarter. The Healthy Savings Program allows members to save on healthier foods with up to $2,500 a year in discounts on healthier food options in-store at Walmart, Walgreens, CVS, Kroger and more. Just scan your OTC card at check-out to take advantage of the savings. For full details, refer to *prioritymedicare.com* or the Evidence of Coverage (EOC) document.	
SilverSneakers®	$0 for membership at participating SilverSneakers fitness centers with access to online educational programs and SilverSneakers On-Demand™ workout videos. Even more workout options with the SilverSneakers GO™ fitness app or SilverSneakers Steps® home fitness kits. SilverSneakers locations are nationwide. To find a participating fitness center go to *silversneakers.com* and search for one near you, or call toll-free 833.236.0190 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. For assistance on Saturday or Sunday, call Priority Health Medicare at 888.389.6648 (TTY 711), from 8 a.m. to 8 p.m. You can also sign up for Tuition Rewards® through SilverSneakers. For full program details, please visit *silversneakers.tuitionrewards.com.* The SilverSneakers program is provided by Tivity Health®. All programs and services may not be available in all areas.	

Additional medical benefits	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Virtual care	$0 virtual visits with primary care providers, specialists and behavioral health providers. You can receive care from the comfort of your home, or wherever you may be, with a virtual visit via video on your computer, or smart phone or tablet. Available 24/7, virtual visits let you see a board-certified doctor for a $0 copay and get treatment for nonemergency care.	
Worldwide assistance program	$0 for emergency travel assistance services through Assist America® when you're more than 100 miles from home or in a foreign country. You will still pay for benefits covered by Priority Health Medicare, such as emergency, urgent care or prescription drugs.	

2021 Monthly premiums

Best plans for chronic condition management

Counties	**Priority**Medicare Ideal (PPO)	**Priority**Medicare Value (HMO-POS)
Region 1 Allegan, Barry, Kent, Lenawee, Ottawa	$23	$13
Region 2 Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford	$19	$32
Region 3 Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe	$25	$73
Region 4 Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph	$23	$68
Region 5 Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne	$20	$45

HIGHEST COVERAGE PLANS

MERIT ■ MEDICARE ■ SELECT

The highest coverage plans with lower copays, no prescription drug deductible and a low maximum out-of-pocket limit for total peace of mind.

Premiums and benefits	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
Plan availability Plans are available in regions listed. See page 53 for a listing of counties by region.	Regions 1 – 5		
Monthly plan premium	$55.00 – $114.00 per month. In addition, you must keep paying your Medicare Part B premium.	$86.00 – $170.00 per month. In addition, you must keep paying your Medicare Part B premium.	$140.00 – $216.00 per month. In addition, you must keep paying your Medicare Part B premium.
Deductible The amount you'll pay for most covered services before you start paying only copays or coinsurance and Priority Health pays the balance.	**Medical services** *In-network and out-of-network (combined):* $0 **Prescription drugs (Part D)** Tiers 1 – 5: $0	**Medical services** *In-network:* $0 *Out-of-network:* $500 **Prescription drugs (Part D)** Tiers 1 – 5: $0	**Medical services** *In-network and out-of-network (combined):* $0 **Prescription drugs (Part D)** Tiers 1 – 5: $0
Maximum out-of-pocket responsibility This is the most you pay for covered medical services for the year, excluding Part D prescription drugs.	*In-network and out-of-network services (combined):* $4,100	*In-network:* $4,500	*In-network and out-of-network services (combined):* $3,500

Medical benefits covered under your plan

Medical benefits	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
Inpatient hospital coverage We cover an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	*In-network:* Days 1 – 5: $375 each day Days 6 and beyond: $0 each day *Out-of-network:* 30% for each stay	*In-network:* Days 1 – 6: $225 each day Days 7 and beyond: $0 each day *Out-of-network:* 30% for each stay	*In-network:* Days 1 – 6: $200 each day Days 7 and beyond: $0 each day *Out-of-network:* 30% for each stay

Medical benefits	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
Outpatient hospital coverage Prior authorization may be required.	**Ambulatory surgical center** *In-network:* $225 for each visit *Out-of-network:* 30% for each visit **Outpatient hospital** *In-network:* $225 for each visit *Out-of-network:* 30% for each visit	**Ambulatory surgical center** *In-network:* $175 for each visit *Out-of-network:* 30% for each visit **Outpatient hospital** *In-network:* $175 for each visit *Out-of-network:* 30% for each visit	**Ambulatory surgical center** *In-network:* $200 for each visit *Out-of-network:* 30% for each visit **Outpatient hospital** *In-network:* $200 for each visit *Out-of-network:* 30% for each visit
	Observation *In-network and out-of-network:* $90 for each visit, including all services received		
Doctor visits Prior authorization may be required for some specialist visits.	**Primary care physician (PCP)** *In-network:* $20 for each office visit $0 for surgical procedures performed in a PCP's office *Out-of-network:* 30% for each visit **Specialist visit** *In-network:* $45 for each office visit $0 for surgical procedures performed in a specialist's office *Out-of-network:* 30% for each visit	**Primary care physician (PCP)** *In-network:* $10 for each office visit $0 for surgical procedures performed in a PCP's office *Out-of-network:* 30% for each visit **Specialist visit** *In-network:* $40 for each office visit $0 for surgical procedures performed in a specialist's office *Out-of-network:* 30% for each visit	**Primary care physician (PCP)** *In-network:* $15 for each office visit $0 for surgical procedures performed in a PCP's office *Out-of-network:* 30% for each visit **Specialist visit** *In-network:* $40 for each office visit $0 for surgical procedures performed in a specialist's office *Out-of-network:* 30% for each visit
Preventive care	*In-network:* $0 for each service *Out-of-network:* 30% for each service		
	A referral from your doctor may be required for some preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.		

Medical benefits	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
Emergency care This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.	*In-network and out-of-network:* $90 for each visit		
Urgently needed services This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your urgent care visit.	*In-network and out-of-network:* $55 for each visit	*In-network and out-of-network:* $50 for each visit	*In-network and out-of-network:* $50 for each visit
Outpatient diagnostic services (labs, radiology/imaging and x-rays) Prior authorization may be required for some services.	**Radiology/imaging** *In-network:* $125 per day, per provider **Tests/procedures** *In-network:* $20 per day, per provider **Lab services** *In-network:* $20 per day, per provider **Outpatient x-rays** *In-network:* $35 per day, per provider **Radiation therapy** *In-network:* $30 per day, per provider *For all out-of-network services listed above:* 30% per day, per provider	**Radiology/imaging** *In-network:* $125 per day, per provider **Tests/procedures** *In-network:* $30 per day, per provider **Lab services** *In-network:* $30 per day, per provider **Outpatient x-rays** *In-network:* $35 per day, per provider **Radiation therapy** *In-network:* $20 per day, per provider *For all out-of-network services listed above:* 30% per day, per provider	**Radiology/imaging** *In-network:* $75 per day, per provider **Tests/procedures** *In-network:* $20 per day, per provider **Lab services** *In-network:* $20 per day, per provider **Outpatient x-rays** *In-network:* $30 per day, per provider **Radiation therapy** *In-network:* $25 per day, per provider *For all out-of-network services listed above:* 30% per day, per provider

Medical benefits	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
Hearing services Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues. Routine hearing coverage must be received from a TruHearing provider.	**Medicare-covered diagnostic hearing exam** *In-network:* $20 – $45 for each exam *Out-of-network:* 30% for each exam	**Medicare-covered diagnostic hearing exam** *In-network:* $10 – $40 for each exam *Out-of-network:* 30% for each exam	**Medicare-covered diagnostic hearing exam** *In-network:* $15 – $40 for each exam Out-of-network: 30% for each exam
	Routine hearing coverage (TruHearing provider) $0 for one routine hearing exam, per year $295, $695, $1,095 or $1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected Hearing aid cost includes 3 fitting and follow-up evaluations within the first year and 48 batteries per hearing aid		
Dental services Prior authorization may be required for Medicare-covered dental services. In-network preventive (routine) dental services provided by Delta Dental. See the Delta Dental Certificate of Coverage for details.	**Medicare-covered dental services** *In-network:* $20 – $225 for each visit, depending on the service performed *Out-of-network:* 30% for each visit	**Medicare-covered dental services** *In-network:* $10 – $175 for each visit, depending on the service performed *Out-of-network:* 30% for each visit	**Medicare-covered dental services** *In-network:*$15 – $200 for each visit, depending on the service performed *Out-of-network:* 30% for each visit
	Preventive (routine) dental services *In-network and out-of-network:* $0 for two cleanings (regular or periodontal maintenance) per year $0 for two exams per year $0 for one set of bitewing x-rays per year $0 for one brush biopsy per year $0 all other x-rays (one every 2 years)		
Vision services Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye, and additional Medicare-covered services. Routine vision services must be provided by an EyeMed "Select" provider.	**Medicare-covered services** *In-network:* $45 for each visit $0 for eyeglasses or contact lenses after cataract surgery $0 for a yearly glaucoma screening	**Medicare-covered services** *In-network:* $40 for each visit $0 for eyeglasses or contact lenses after cataract surgery $0 for a yearly glaucoma screening	**Medicare-covered services** *In-network:* $40 for each visit $0 for eyeglasses or contact lenses after cataract surgery $0 for a yearly glaucoma screening
	Out-of-network: 30% for each visit, eyeglasses or contact lenses after cataract surgery, or for a yearly glaucoma screening **Routine vision services** $0 for one routine exam each year (includes dilation and refraction) $0 for one retinal imaging per year $100 eyewear allowance per year		

Medical benefits	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
Mental health care We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Prior authorization may be required.	**Inpatient visit** *In-network:* Days 1 – 5: $350 each day Days 6 and beyond: $0 each day *Out-of-network:* 30% for each stay	**Inpatient visit** *In-network:* Days 1 – 6: $225 each day Days 7 and beyond: $0 each day *Out-of-network:* 30% for each stay	**Inpatient visit** *In-network:* Days 1 – 6: $200 each day Days 7 and beyond: $0 each day *Out-of-network:* 30% for each stay
	Outpatient therapy (individual or group) *In-network:* $20 for each visit *Out-of-network:* 30% for each visit		
Skilled Nursing Facility (SNF) Our plan covers up to 100 days each benefit period. A benefit period starts the day you go into a SNF and ends when you go for 60 days in a row without SNF care. Prior authorization may be required.	*In-network:* Days 1 – 20: $0 each day Days 21 – 100: $178 each day *Out-of-network:* 30% for each stay		
Physical therapy	*In-network:* $35 for each visit *Out-of-network:* 30% for each visit	*In-network:* $35 for each visit *Out-of-network:* 30% for each visit	*In-network:* $30 for each visit *Out-of-network:* 30% for each visit
Ambulance Prior authorization may be required.	*In-network and out-of-network:* $250 each way	*In-network and out-of-network:* $200 each way	*In-network and out-of-network:* $200 each way
Transportation	Not covered		

Prescription drug benefits covered under your plan

Prescription drug benefits	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
Medicare Part B drugs Prior authorization may be required.	**Chemotherapy drugs** *In-network and out-of-network:* 20% for each drug **Other Part B drugs** *In-network and out-of-network:* 20% for each drug **Home infusion drugs** *In-network and out-of-network:* $0 for each drug		

Prescription drug benefits	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
PART D OUTPATIENT PRESCRIPTION DRUGS			
Deductible stage You'll pay this amount before you begin paying copays or coinsurance only.	Tiers 1 – 5: $0		
Initial coverage stage You are in this stage until your drug total reaches $4,130, which includes what you pay out-of-pocket and what we pay for your covered drugs.	You pay what is listed below.		

PREFERRED RETAIL PHARMACY									
Initial coverage stage	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$2	$4	$6	$1	$2	$3	$1	$2	$3
Tier 2 (Generic)	$10	$20	$30	$8	$16	$24	$7	$14	$21
Tier 3 (Preferred brand)	$42	$84	$126	$38	$76	$114	$37	$74	$111
Tier 4 (Non-preferred)	50%	50%	50%	45%	45%	45%	45%	45%	45%
Tier 5 (Specialty tier)	33%	N/A	N/A	33%	N/A	N/A	33%	N/A	N/A
Your costs will be less for your covered drugs when you use a pharmacy in our preferred network (includes Meijer, Walgreens, Walmart, Rite Aid, Kroger, Family Fare Supermarkets, Costco and more), go to *prioritymedicare.com* to view the list in the Provider/Pharmacy Directory.									

STANDARD RETAIL PHARMACY									
Initial coverage stage	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$7	$14	$21	$6	$12	$18	$6	$12	$18
Tier 2 (Generic)	$15	$30	$45	$13	$26	$39	$12	$24	$36
Tier 3 (Preferred brand)	$47	$94	$141	$43	$86	$129	$42	$84	$126
Tier 4 (Non-preferred)	50%	50%	50%	45%	45%	45%	50%	50%	50%
Tier 5 (Specialty tier)	33%	N/A	N/A	33%	N/A	N/A	33%	N/A	N/A

Prescription drug benefits	**Priority**Medicare Merit (PPO)			**Priority**Medicare (HMO-POS)			**Priority**Medicare Select (PPO)		
MAIL ORDER									
Initial coverage stage	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply	30 day supply	60 day supply	90 day supply
Tier 1 (Preferred generic)	$2	$4	$0	$1	$2	$0	$1	$2	$0
Tier 2 (Generic)	$10	$20	$0	$8	$16	$0	$7	$14	$0
Tier 3 (Preferred brand)	$42	$84	$105	$38	$76	$95	$37	$74	$92.50
Tier 4 (Non-preferred)	50%	50%	50%	45%	45%	45%	45%	45%	45%
Tier 5 (Specialty tier)	33%	N/A	N/A	33%	N/A	N/A	33%	N/A	N/A
Coverage gap stage (also known as the "donut hole")	Once the total yearly drug costs (what you've paid plus what we've paid) reach $4,130 you enter the coverage gap and then you pay a percentage of the cost we have negotiated for the drug: • 25% of what we would pay for the covered brand name drug • 25% of what we would pay for the covered generic drug When your drug costs reach $6,550, this is the end of the coverage gap stage.								
Catastrophic coverage stage	Once your drug costs reach $6,550 you will pay the larger amount, which is either: • 5% of the cost of the drug, or • $3.70 for generic, and • $9.20 for all other drugs								
Long-term care (LTC)	If you are a resident of a long-term care (LTC) facility, you may get your prescription drugs through the facility's pharmacy as long as it is part of our network. Check the Provider/Pharmacy Directory available at *prioritymedicare.com* or call Customer Service if you have questions.								

Optional enhanced dental and vision package

Dental and vision	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
Benefits	Includes advanced dental work and an additional vision allowance.		
Premium	Additional $36 per month. You must keep paying your Medicare Part B premium and your $55.00-$114.00 monthly plan premium	Additional $36 per month. You must keep paying your Medicare Part B premium and your $86.00-$170.00 monthly plan premium.	Additional $36 per month. You must keep paying your Medicare Part B premium and your $140.00-$216.00 monthly plan premium
Deductible	$0		
Dental services In-network preventive (routine) dental services provided by Delta Dental. See the Delta Dental Certificate of Coverage for details.	*In-network and out-of-network:* $0 copay for fillings and anesthesia. 50% of the cost for implants and implant related services, crowns, root canals, simple extractions, films/tests and relines and repairs to bridges and dentures. 30% of the cost for surgical extractions and other oral surgery. You will be covered for $1,500 of dental services. Once this is reached you will pay all costs.		
Vision services Services must be provided by an EyeMed “Select” provider.	$150 additional eyewear allowance per year		

Additional medical benefits covered under your plan

Additional medical benefits	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
Acupuncture Medicare-covered acupuncture for lower chronic back pain. Routine acupuncture services for other conditions (up to 6 visits).	**Medicare-covered acupuncture** *In-network and out-of-network:* $20 per visit **Routine acupuncture** *In-network and out-of-network:* $20 per visit	**Medicare-covered acupuncture** *In-network and out-of-network:* $20 per visit **Routine acupuncture** *In-network:* $20 per visit *Out-of-network:* Not covered	**Medicare-covered acupuncture** *In-network and out-of-network:* $20 per visit **Routine acupuncture** *In-network and out-of-network:* $20 per visit
Annual preventive physical exam You're free to talk at your annual preventive exam. You will not be charged for the office visit no matter what or how much is discussed. This is an opportunity for you and your physician to discuss any concerns or questions you have.	*In-network:* $0 for an exam *Out-of-network:* 30% for an exam		
BrainHQ®	A $0 personal gym for the brain. You can access online exercises that improve memory, attention, brain speed and more. Go to *prioritymedicare.com* to learn more.		
Chiropractic care	**Medicare-covered care** *In-network:* $20 for each visit *Out-of-network:* 30% for each visit		
Dialysis	*In-network:* 20% for each service *Out-of-network:* 30% for each service		
Medical equipment and supplies Examples include diabetic supplies (shoes/inserts, diabetic test strips), durable medical equipment (wheelchairs, oxygen, insulin pumps), and prosthetic devices (braces, artificial limbs). Diabetic test strips are limited to JJHCS and Bayer products when dispensed by a retail pharmacy or mail-order pharmacy. Prior authorization may be required.	**Diabetes supplies** *In-network:* $0 for each item *Out-of-network:* 30% for each item **Durable medical equipment** *In-network:* 20% for each item *Out-of-network:* 30% for each item **Prosthetic devices** *In-network:* 0 – 20% for each item, depending on the device *Out-of-network:* 30% for each device		

Additional medical benefits	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
Out-of-state travel benefit	You'll pay in-network prices when seeking care from Medicare-participating providers anywhere in the U.S. outside of Michigan. Our partnership with MultiPlan makes accessing Medicare-participating providers even easier. We'll help you locate a Medicare-participating provider or a MultiPlan provider. Call Customer Service or go online to ***prioritymedicare.com*** and search Find a Doctor. You may stay enrolled in the plan when outside of the service area for up to 12 months, as long as your permanent residency remains in your plans service area.		
SilverSneakers®	$0 for membership at participating SilverSneakers fitness centers with access to online educational programs and SilverSneakers On-Demand™ workout videos. Even more workout options with the SilverSneakers GO™ fitness app or SilverSneakers Steps® home fitness kits. SilverSneakers locations are nationwide. To find a participating fitness center go to ***silversneakers.com*** and search for one near you, or call toll-free 833.236.0190 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. For assistance on Saturday or Sunday, call Priority Health Medicare at 888.389.6648 (TTY 711), from 8 a.m. to 8 p.m. You can also sign up for Tuition Rewards® through SilverSneakers. For full program details, please visit *silversneakers.tuitionrewards.com.* The SilverSneakers program is provided by Tivity Health®. All programs and services may not be available in all areas.		
Virtual care	$0 virtual visits with primary care providers, specialists and behavioral health providers. You can receive care from the comfort of your home, or wherever you may be, with a virtual visit via video on your computer, smart phone or tablet. Available 24/7, virtual visits let you see a provider for a $0 copay and get treatment for nonemergency care.		
Worldwide assistance program	$0 for emergency travel assistance services through Assist America® when you're more than 100 miles from home or in a foreign country. You will still pay for benefits covered by Priority Health Medicare, such as emergency, urgent care or prescription drugs.		

2021 Monthly premiums

Highest coverage plans

Counties	**Priority**Medicare Merit (PPO)	**Priority**Medicare (HMO-POS)	**Priority**Medicare Select (PPO)
Region 1 Allegan, Barry, Kent, Lenawee, Ottawa	$55.00	$86.00	$149.00
Region 2 Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford	$69.00	$99.00	$140.00
Region 3 Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe	$100.00	$170.00	$199.00
Region 4 Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph	$114.00	$170.00	$216.00
Region 5 Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne	$90.00	$120.00	$206.00

Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. Use the checklist to help you make a smart decision about your health care. If you have any questions, you can call and speak to a customer service representative at 888.481.0598 from 8 a.m. to 8 p.m. (TTY 711).

Understanding the benefits

Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit ***prioritymedicare.com*** or call 888.481.0598 to view a copy of the EOC.

Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network or you may pay more.

Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.

Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services for HMO-POS plans that are provided by a non-contracted provider, the provider may not [or would need to] agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.

PriorityHealth

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Priority Health's pharmacy network includes limited lower-cost, preferred pharmacies in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 888.389.6648, TTY users call 711, or consult the online pharmacy directory at prioritymedicare.com.

Out-of-network/non-contracted providers are under no obligation to treat Priority Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.