# My**Priority**

2014 individual and family health insurance plans



# Looking for a full range of benefits, customizable for your family?

Say hello to MyPriority individual insurance!

# My**Priority**

Priority Health is an award-winning health plan, serving Michigan for 30 years. We have affordable, comprehensive plans for every stage of life! We've got you covered whether you're self-employed, do not currently have health insurance or no longer get health coverage through your employer.

### Why choose a MyPriority plan?

My**Priority**<sup>SM</sup> health insurance for individual buyers is the fastest-growing individual plan in the state. We were selected by Michigan as the "benchmark" plan all other carriers on the Health Insurance Marketplace must model.

### With every MyPriority plan you get:



- Top-rated customer service
- D Access to **discounts** on products and services you use every day
  - Regular **communications** to help you stay healthy
    - Online tools to help you manage costs
    - An insurance company **dedicated** to improving your health and life

"Priority Health has always been there and willing to work with me. I can't say enough good things!"

Donald Snyder, satisfied Priority Health customer for more than 15 years.

Health Insurance Marketplace

*My***Priority** is a Qualified Health Plan on the Health Insurance Marketplace.

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**3 out of 4 people** say they would recommend Priority Health to their family and friends. National Quality Compass

### Free preventive care

Even if you haven't met your deductible, **you pay \$0**. Examples:

- ✓ Routine physical exams
- ✓ Well-child visits
- ✓ Mammograms
- ✓ Colonoscopies
- ✓ Flu shots
- ✓ Cholesterol screenings

# How to enroll

It's easy to enjoy the affordable security of My**Priority**. Just pick a plan and enroll in one of several ways:



Speak to an enrollment specialist toll-free at 855.697.7467

☆ Contact a licensed Priority Health agent

# Plan highlights

### We offer:

- Comprehensive HMO and PPO plans
- Plans that work with a health savings account (HSA)
- Special coverage for people under 30
- Multiple products and plan types on the Health Insurance Marketplace across three metal tiers
- Multiple deductibles to choose from

# All MyPriority plans include:



# Curious about your monthly premium?

For an instant quote:

- Visit mypriority.com
- Contact your local agent
- Call 855.697.7467

# What to know before you buy

- The type of plan you choose affects how much you share in the cost when you seek medical services.
- Plans with a lower monthly premium generally have higher out-of-pocket costs.
- All plans for health services offer essential benefits such as preventive care, but other specific benefits and how your plan pays for out-of-network services can vary.

# The details

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# What plan is right for me?



If you lost health insurance through your employer, you might be like Adam.

#### Adam, age 33

*Family situation*: Married to Sarah, 29, who stays at home to care for their 2-year-old daughter, Madison. He needs insurance for the whole family. *Job*: A supervisor at a small, family-owned plumbing company. The owner has decided to stop providing health insurance and has instead given Adam a one-time cash bonus to help Adam buy his own individual plan.

*Health*: Both Adam and Sarah are healthy, but Madison gets ear infections, and they want to have another baby soon.

**Prescription drug needs**: Occasional prescriptions when Madison gets sick (sometimes antibiotics given out for free by the pharmacy).

#### **Recommended coverage:**

A MyPriority MyHealth (HMO) plan or MyPriority MyHealth Access (PPO) plan.

#### Why?

Because Adam is used to getting health insurance through his employer and these are the type of comprehensive plans businesses provide. Plus, the family will get FOUR office visits for a \$20 co-payment before they have to start paying their deductible.



If you need coverage for ongoing medical care, you might be like Bob.

#### **Bob**, age 58

Family situation: Needs health insurance just for himself. His wife, Carol, already gets insurance through her employer, and their son, Jack, is an adult.
Job: Retired early after handing over family-owned print shop to Jack.
Health: Needs to see a specialist for occasional back pain. Recently ill and worries about getting sick again.

**Prescription drug needs**: Takes daily high blood pressure medication.

#### **Recommended coverage:**

A My**Priority** My**Health** (HMO) plan or My**Priority** My**Health** Access (PPO) plan with a separate prescription deductible.

#### Why?

Because both plan types come with FOUR office visits before Bob has to start paying his deductible. That means he can visit his back specialist before he starts paying out-of-pocket costs. Because he takes regular medication, a plan with a separate prescription deductible would give him access to his prescription drug coverage before he meets his medical deductible.



Need help narrowing your options? Here are four examples to help you choose.



If you need solid coverage with a low monthly premium, you might be like Gabriella.

#### Gabriella, age 36

Family situation: Single mom to 9-year-old, Henry, and 11-year-old, Thomas.
She is hoping she'll be able to afford health insurance now because of federal health care reform changes.
Job: Part-time employee at neighborhood grocery store.
Health: Cost is primary concern because she and the boys are healthy.

Prescription drug needs: None.

#### **Recommended coverage:**

A MyPriority Health Savings Account (HSA) plan.

#### Why?

Because Gabriella just wants to know she's well covered if anything unexpected happens, and our HSA plans come with the most affordable monthly premiums. Because all My**Priority** plans include free preventive care, she and the boys can get annual check-ups, flu shots and other services to stay healthy. Plus, with this plan she can save money in a tax-free bank account to help pay for any unexpected medical bills.



If you need to purchase coverage just in case of catastrophic situations, you might be like Alyssa.

#### Alyssa, age 27

*Family situation*: A recent college graduate and can no longer get health insurance through her parents because she's over the age of 26. *Job*: Works at a local coffee shop that does not offer health insurance to employees.

*Health*: Very healthy, but worried about the unexpected – her best friend was recently badly injured in a bike riding accident and ended up with \$25,000 in medical bills.

Prescription drug needs: None.

#### **Recommended coverage:**

A My**Priority** Vida plan.

#### Why?

This plan is only available to people under 30 years of age and has a low monthly premium. The deductible is high, but Alyssa just wants the peace of mind of knowing that if something unexpected happens she won't get stuck with a \$33,079 medical bill—the average cost of a typical U.S. hospital visit. Plus, if she gets a bad cold, she can still see the doctor because this plan type comes with three visits to your primary doctor with only a \$20 co-payment.



\* \*

# My**Priority** My**Health** Access PPO

#### **Choose from six PPO plans:**

My**Health** Access Gold 1000 My**Health** Access Gold 1500 My**Health** Access Silver 1500 My**Health** Access Silver 2000 My**Health** Access Silver 2500 My**Health** Access Bronze 5000

Compare plan options on pages 9-11

# Is this the right plan for you?

Our preferred provider organization (PPO) plan options cover you with a large network of highquality doctors and hospitals. If you receive out-of-network care, you are still covered at a slightly higher cost. You don't need prior approval to see a specialist, in or out of network.

Choose any one of our six PPO plan options. How much you pay will be a combination of three factors listed below: deductible, co-insurance and out-of-pocket max. Use the charts on the next few pages to help you decide which plan is right for you.

Deductible	Plans	In-network deductible		Out-of-network deductible	
		Individual	Family	Individual	Family
What's a deductible?	My <b>Health</b> Access Gold 1000*	\$1,000	\$2,000	\$2,000	\$4,000
This is the amount you pay for in-network covered health care services before Priority Health begins to pay. Deductibles start over every year.	My <b>Health</b> Access Gold 1500*	\$1,500	\$3,000	\$3,000	\$6,000
	My <b>Health</b> Access Silver 1500	\$1,500	\$3,000	\$3,000	\$6,000
<b>Example</b> : If your deductible is \$2,000, Priority Health won't pay anything until you've paid \$2,000 (or \$1,000 per family member not to exceed \$2,000 total) for covered health care services. The deductible may not apply to all services.	My <b>Health</b> Access Silver 2000	\$2,000	\$4,000	\$4,000	\$8,000
	My <b>Health</b> Access Silver 2500*	\$2,500	\$5,000	\$5,000	\$10,000
	My <b>Health</b> Access Bronze 5000	\$5,000	\$10,000	\$10,000	\$20,000

Co-insurance	Plans	In-network co-insurance	Out-of-network co-insurance
What is co-insurance?	My <b>Health</b> Access Gold 1000	You pay 10%	You pay 30%
Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance after any deductibles you owe.	My <b>Health</b> Access Gold 1500	You pay 10%	You pay 30%
	My <b>Health</b> Access Silver 1500	You pay 20%	You pay 40%
	My <b>Health</b> Access Silver 2000	You pay 20%	You pay 40%
Example: If the allowed amount for an office visit is	My <b>Health</b> Access Silver 2500	You pay 30%	You pay 50%
\$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. Priority	My <b>Health</b> Access Bronze 5000	You pay 30%	You pay 50%

Out-of-pocket maximum	Plans	In-network out-of- pocket maximum		Out-of-network out- of-pocket maximum	
		Individual	Family	Individual	Family
What is out-of-pocket max?	My <b>Health</b> Access Gold 1000	\$2,500	\$5,000	\$5,000	\$10,000
This is the most you pay during a policy period (usually a year) before Priority Health begins to pay	My <b>Health</b> Access Gold 1500	\$2,500	\$5,000	\$5,000	\$10,000
100% of the allowed amount. This includes your co- payments, deductibles and co-insurance payments. This limit does not include your monthly premium.	My <b>Health</b> Access Silver 1500	\$5,000	\$10,000	\$10,000	\$20,000
	My <b>Health</b> Access Silver 2000	\$5,000	\$10,000	\$10,000	\$20,000
	My <b>Health</b> Access Silver 2500	\$5,000	\$10,000	\$10,000	\$20,000
<b>Example</b> : If your out-of-pocket max is \$10,000, Priority Health will pay 100% after you reach that number for covered health care services normally	My <b>Health</b> Access Bronze 5000	\$6,300	\$12,600	\$15,000	\$30,000

\*These plans have a separate prescription deductible. See page 11.

Health pays the rest of the allowed amount.

subject to the deductible.

# MyPriority MyHealth Access PPO plan benefits

The features and benefits explained in this section are intended to give you an overview of your coverage and do not include or explain every detail of what is and is not covered. Visit *mypriority.com* to view a summary of benefits and coverage.

#### **FREE** preventive care

Most preventive services are covered 100% innetwork. "Preventive" basically means "before symptoms." Even if you haven't met your d you pay \$0-no co-payment, no co-insura

#### Examples:

**PPO Plans** 

- Routine physical exams Flu shots
- Well-child visits
- Mammograms
- Colonoscopies
- Cholesterol Contracepti
- women's health services

efore you have deductible,	My <b>Health</b> Access Gold 1500	FREE	You pay 30%
ance.	My <b>Health</b> Access Silver 1500	FREE	You pay 40%
	MyHealth Access Silver 2000	FREE	You pay 40%
	My <b>Health</b> Access Silver 2500	FREE	You pay 50%
l screenings tives and other	My <b>Health</b> Access Bronze 5000	FREE	You pay 50%
nealth services			

In-network

co-insurance

FREE

Out-of-network

co-insurance

You pay 30%

Office visits	Plans	In-network co-insurance	Out-of-network co-insurance
Unlike other health plans, ours offer four	My <b>Health</b> Access Gold 1000	You pay 10%	You pay 30%
office visits before you even start paying your deductible!	My <b>Health</b> Access Gold 1500	You pay 10%	You pay 30%
You pay a <b>\$20</b> co-payment before deductible	My <b>Health</b> Access Silver 1500	You pay 20%	You pay 40%
per visit per member per contract year for first <b>4</b> <b>visits</b> . This includes any combination of visits to	My <b>Health</b> Access Silver 2000	You pay 20%	You pay 40%
your primary doctor, a specialist, urgent care and	My <b>Health</b> Access Silver 2500	You pay 30%	You pay 50%
outpatient mental health services.	My <b>Health</b> Access Bronze 5000	You pay 30%	You pay 50%

Plans

MyHealth Access Gold 1000

After first four visits you pay co-insurance after you meet your deductible.

Emergency room visits	Plans	In-network co-insurance	Out-of-network co-insurance
With all plans you pay a \$150 co-payment per visit	My <b>Health</b> Access Gold 1000	You pay 10% You pay 10%	
(waived if admitted to the hospital as an inpatient within 24 hours). Non-emergency use of the	My <b>Health</b> Access Gold 1500		
emergency room is not covered.	My <b>Health</b> Access Silver 1500 You pay 20%		y 20%
You pay co-insurance for all services you receive after	My <b>Health</b> Access Silver 2000	You pay 20%	
you meet your deductible.	My <b>Health</b> Access Silver 2500	You pay 30%	
	My <b>Health</b> Access Bronze 5000	You pa	y 30%

#### Curious about your monthly premium?

For an instant quote:

- Visit mypriority.com
- Contact your local agent
- Call 855.697.7467

Hospital services	Plans	In-network co-insurance	Out-of-network co-insurance
Your plan covers inpatient and outpatient care such as:	My <b>Health</b> Access Gold 1000	You pay 10%	You pay 30%
<ul> <li>Long-term acute care</li> <li>X-ray examinations</li> </ul>	My <b>Health</b> Access Gold 1500	You pay 10%	You pay 30%
Lab services	My <b>Health</b> Access Silver 1500	You pay 20%	You pay 40%
<ul><li>Observation care services</li><li>Outpatient surgery center facility charges</li></ul>	My <b>Health</b> Access Silver 2000	You pay 20%	You pay 40%
	My <b>Health</b> Access Silver 2500	You pay 30%	You pay 50%
You pay co-insurance for all services you receive after you meet your deductible.	My <b>Health</b> Access Bronze 5000	You pay 30%	You pay 50%

Maternity	Plans	In-network co-insurance	Out-of-network co-insurance
In-network routine prenatal and postnatal visits are	My <b>Health</b> Access Gold 1000	You pay 10%	You pay 30%
covered in full. Out-of-network services are not covered, including physicians' fees and any other related charges.	My <b>Health</b> Access Gold 1500	You pay 10%	You pay 30%
	My <b>Health</b> Access Silver 1500	You pay 20%	You pay 40%
For in-patient hospital services for delivery and nursery you pay co-insurance for all services you receive after you meet your deductible.	My <b>Health</b> Access Silver 2000	You pay 20%	You pay 40%
	My <b>Health</b> Access Silver 2500	You pay 30%	You pay 50%
	My <b>Health</b> Access Bronze 5000	You pay 30%	You pay 50%

Prescription drug coverage	Prescription type	In-network
You must meet your deductible before the co-	Generic drugs	\$20 co-payment per prescription after deductible
payments shown will apply. If you pick a plan with a separate prescription drugs deductible this allows you to get access to prescription drugs before you meet your medical deductible.	Preferred brand-name drugs	\$60 co-payment per prescription after deductible
	Non-preferred brand-name drugs	\$80 co-payment per prescription after deductible
	Preferred specialty drugs	<b>20%</b> co-payment per prescription up to a maximum co-payment of <b>\$200</b> per fill after deductible
	Non-preferred specialty drugs	<b>20%</b> co-payment per prescription up to a maximum co-payment of <b>\$400</b> per fill after deductible
	Infertility drugs	50% co-payment per prescription after deductible

### Separate prescription deductible plans

Plans	Individual deductible	Family deductible
My <b>Health</b> Access Gold 1000	alth Access Gold 1000	
My <b>Health</b> Access Gold 1500	\$500	\$1,000
My <b>Health</b> Access Silver 2500		

Key plan feature! Unlike other carriers, our HMO plans come with four office visits and urgent care for a \$20 co-payment before you even start paying your deductible.

# My**Priority** My**Health** HMO

#### Choose from six HMO plans:

My**Health** Gold 1000 My**Health** Gold 1500 My**Health** Silver 1500 My**Health** Silver 2000 My**Health** Silver 2500 My**Health** Bronze 5000

Compare plan options on pages 13-15

# Is this the right plan for you?

Your HMO plan is designed to help you stay healthy by making sure you have a personal doctor to coordinate any care you may need, including free preventive care. We have built a large network of high-quality doctors and hospitals to cover any type of care at reasonable prices. You also don't need prior approval from us to see a specialist in your network.

Choose any one of our six HMO plan options. How much you pay will be a combination of three factors listed below: deductible, co-insurance and out-of-pocket max. Use the charts on the next few pages to help you decide which plan is right for you.

Deductible	Diama	In-network deductible		Out-of-network	
	Plans	Individual	Family	deductible	
What's a deductible?	My <b>Health</b> Gold 1000*	\$1,000	\$2,000		
This is the amount you pay for in-network covered health care services before Priority Health begins to pay. Deductibles start over every year.	My <b>Health</b> Gold 1500*	\$1,500	\$3,000	You pay 100%	
	My <b>Health</b> Silver 1500	\$1,500	\$3,000	unless it's an	
<b>Example</b> : If your deductible is \$2,000, Priority Health won't pay anything until you've paid \$2,000 (or \$1,000 per family	My <b>Health</b> Silver 2000	\$2,000	\$4,000	emergency or you get prior	
	My <b>Health</b> Silver 2500*	\$2,500	\$5,000	approval	
member not to exceed \$2,000 total) for covered health care services. The deductible may not apply to all services.	My <b>Health</b> Bronze 5000	\$5,000	\$10,000		

Co-insurance	Plans	In-network co-insurance	Out-of-network co-insurance
What is co-insurance?	My <b>Health</b> Gold 1000	You pay 10%	
Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance after any deductibles you owe.	My <b>Health</b> Gold 1500	You pay 10%	You pay 100%
	My <b>Health</b> Silver 1500	You pay 20%	unless it's an
	My <b>Health</b> Silver 2000	You pay 20%	emergency or you get prior
<b>Example:</b> If the allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. Priority Health pays the rest of the	My <b>Health</b> Silver 2500	You pay 30%	approval
	My <b>Health</b> Bronze 5000	You pay 30%	

Out-of-pocket maximum	Plans	In-network out-of- pocket maximum		Out-of-network out-of-pocket	
		Individual	Family	maximum	
<ul> <li>What is out-of-pocket max?</li> <li>This is the most you pay during a policy period (usually a year) before Priority Health begins to pay 100% of the allowed amount. This includes your co-payments, deductibles and co-insurance payments. This limit does not include your monthly premium.</li> <li>Example: If your out-of-pocket max is \$10,000, Priority Health will pay 100% after you reach that number for covered health care services normally subject to</li> </ul>	My <b>Health</b> Gold 1000	\$2,500	\$5,000		
	My <b>Health</b> Gold 1500	\$2,500	\$5,000	You pay 100%	
	My <b>Health</b> Silver 1500	\$5,000	\$10,000	unless it's an	
	My <b>Health</b> Silver 2000	\$5,000	\$10,000	emergency or you get prior	
	My <b>Health</b> Silver 2500	\$5,000	\$10,000	approval	
	My <b>Health</b> Bronze 5000	\$6,300	\$12,600		

\*These plans have a separate prescription deductible. See page 15.

the deductible.

allowed amount.

# MyPriority MyHealth HMO plan benefits

The features and benefits explained in this section are intended to give you an overview of your coverage and do not include or explain every detail of what is and is not covered. Visit *mypriority.com* to view a summary of benefits and coverage.

#### **FREE** preventive care

Most preventive services are covered 100% in-network. "Preventive" basically means "before you have symptoms." Even if you haven't met your deductible, you pay \$0-no co-payment, no co-insurance.

#### Examples:

Routine physical exams

- Well-child visits
   Cholesterol screenings
- Mammograms
- Colonoscopies

- Flu shots
- Contraceptives and other women's health services

Plans	In-network co-insurance	Out-of-network co-insurance
My <b>Health</b> Gold 1000	FREE	
My <b>Health</b> Gold 1500	FREE	
My <b>Health</b> Silver 1500	FREE	You pay 100%
My <b>Health</b> Silver 2000	FREE	100 pay 10070
My <b>Health</b> Silver 2500	FREE	
My <b>Health</b> Bronze 5000	FREE	

combination of visits to your primary doctor, a specialist, urgent care and outpatient mental health services.	My <b>Health</b>
member per contract year for first 4 visits. This includes any	My <b>Health</b>
You pay a \$20 co-payment before deductible per visit per	

Office visits	Plans	In-network co-insurance	Out-of-network co-insurance
Unlike other health plans, ours offer four office visits	My <b>Health</b> Gold 1000	You pay 10%	
<b>before you even start paying your deductible!</b> You pay a \$20 co-payment before deductible per visit per member per contract year for first 4 visits. This includes any combination of visits to your primary doctor, a specialist, urgent care and outpatient mental health services.	My <b>Health</b> Gold 1500	You pay 10%	
	My <b>Health</b> Silver 1500	You pay 20%	You pay 100%
	My <b>Health</b> Silver 2000	You pay 20%	100 pay 100 %
	My <b>Health</b> Silver 2500	You pay 30%	
After first four visits you pay co-insurance after you meet your deductible.	My <b>Health</b> Bronze 5000	You pay 30%	

Emergency room visits	Plans	In-network co-insurance	Out-of-network co-insurance
With all plans you pay a \$150 co-payment per visit (waived if admitted to the hospital as an inpatient within 24 hours).	My <b>Health</b> Gold 1000	You pay 10%	
	My <b>Health</b> Gold 1500	You pay 10%	
meet your deductible.	My <b>Health</b> Silver 1500	You pay 20%	Covered as "in-network" for
	My <b>Health</b> Silver 2000	You pay 20%	emergency care
	My <b>Health</b> Silver 2500	You pay 30%	
	My <b>Health</b> Bronze 5000	You pay 30%	

**HMO Plans** 

#### Curious about your monthly premium?

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- Contact your local agent
- Call 855.697.7467

Hospital services	Plans	In-network co-insurance	Out-of-network co-insurance
Your plan covers inpatient and outpatient care such as:	My <b>Health</b> Gold 1000	You pay 10%	
<ul><li>Long-term acute care</li><li>X-ray examinations</li></ul>	My <b>Health</b> Gold 1500	You pay 10%	You pay 100% until you reach
Lab services	My <b>Health</b> Silver 1500	You pay 20%	the out-of-pocket
<ul><li>Observation care services</li><li>Outpatient surgery center facility charges</li></ul>	My <b>Health</b> Silver 2000	You pay 20%	max unless it's an emergency
	My <b>Health</b> Silver 2500	You pay 30%	or you get prior
You pay co-insurance for all services you receive after you meet your deductible.	My <b>Health</b> Bronze 5000	You pay 30%	approval

Maternity	Plans	In-network co-insurance	Out-of-network co-insurance
In-network routine prenatal and postnatal visits are covered	My <b>Health</b> Gold 1000	You pay 10%	
in full. Out-of-network services are not covered, including physicians' fees and any other related charges.	My <b>Health</b> Gold 1500	You pay 10%	You pay 100% until you reach
	My <b>Health</b> Silver 1500	You pay 20%	the out-of-pocket
For in-patient hospital services for delivery and nursery you pay co-insurance for all services you receive after you meet	My <b>Health</b> Silver 2000	You pay 20%	max unless it's an emergency
your deductible.	My <b>Health</b> Silver 2500	You pay 30%	or you get prior
	My <b>Health</b> Bronze 5000	You pay 30%	approval

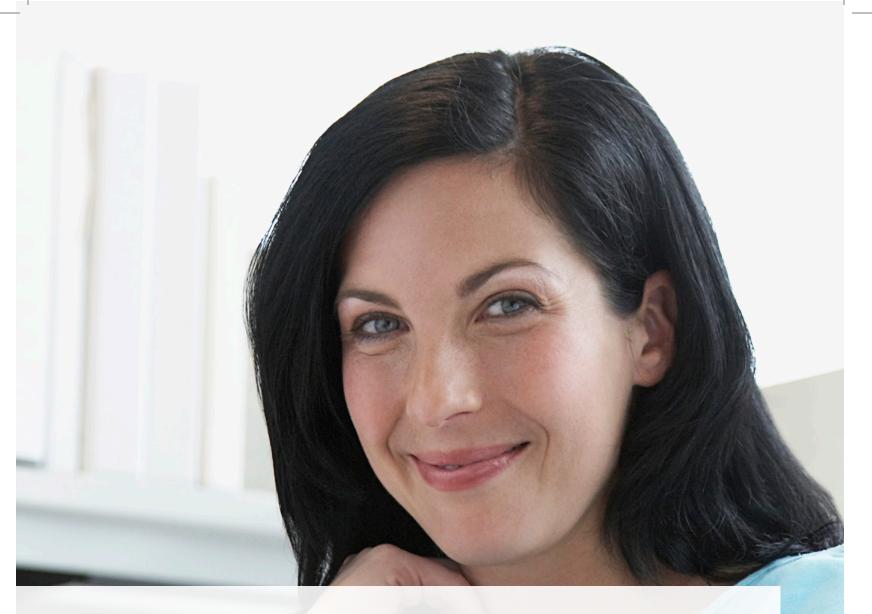
Prescription drug coverage	Prescription type	In-network
You must meet your deductible before the co-payments shown will apply. If you pick a plan with a separate prescription drugs deductible this allows you to get access to prescription drugs before you meet your medical deductible.	Generic drugs	\$20 co-payment per prescription after deductible
	Preferred brand-name drugs	\$60 co-payment per prescription after deductible
	Non-preferred brand-name drugs	\$80 co-payment per prescription after deductible
	Preferred specialty drugs	<b>20%</b> co-payment per prescription up to a maximum co-payment of <b>\$200</b> per fill after deductible
	Non-preferred specialty drugs	<b>20%</b> co-payment per prescription up to a maximum co-payment of <b>\$400</b> per fill after deductible

Infertility drugs

#### Separate prescription deductible plans

Plans	Individual deductible	Family deductible
My <b>Health</b> Gold 1000		
My <b>Health</b> Gold 1500	\$500	\$1,000
My <b>Health</b> Silver 2500	-	

**50%** co-payment per prescription after deductible



# My**Priority** HMO-HSA My**Priority** Access PPO-HSA

#### Choose from six HSA plans:

My**Priority** HSA Gold 1250 (HMO) My**Priority** HSA Silver 2000 (HMO) My**Priority** HSA Bronze 6000 (HMO) My**Priority** Access HSA Gold 1250 (PPO) My**Priority** Access HSA Silver 2000 (PPO) My**Priority** Access HSA Bronze 6000 (PPO)

Compare plan options on pages 17-19

Key plan feature! HSA plans allow you to save money in a taxfree bank account to help pay for unexpected medical bills.

### Is this the right plan for you?

We offer HMO and PPO plans that work with a health savings account (HSA). The account belongs to you, and any unused money automatically rolls over from year to year. The tax-advantaged savings can help you pay for medical expenses throughout the year, including to help meet your deductible.

Choose any one of our six HSA plan options. How much you pay will be a combination of three factors listed below: deductible, co-insurance and out-of-pocket max. Use the charts on the next few pages to help you decide which plan is right for you.

Deductible	Plans	In-network deductible		Out-of-network deductible	
		Individual	Family	Individual	Family
What's a deductible?	My <b>Priority</b> HSA Gold 1250 (HMO)	\$1,250	\$2,500	You pay 100%	
This is the amount you pay for in-network covered health care services before Priority Health begins to pay. Deductibles start over every year.	My <b>Priority</b> HSA Silver 2000 (HMO)	\$2,000	\$4,000		
	My <b>Priority</b> HSA Bronze 6000 (HMO)	\$6,000	\$12,000		
	My <b>Priority</b> Access HSA Gold 1250 (PPO)	\$1,250	\$2,500	\$2,500	\$5,000
Example: If your deductible is \$2,000,	My <b>Priority</b> Access HSA Silver 2000 (PPO)	\$2,000	\$4,000	\$4,000	\$8,000
Priority Health won't pay anything until you've paid \$2,000 (or \$1,000 per family	My <b>Priority</b> Access HSA Bronze 6000 (PPO)	\$6,000	\$12,000	\$15,000	\$30,000

member not to exceed \$2,000 total) for covered health care services.

20% would be \$20. Priority Health pays

you reach that number for covered health

care services normally subject to

the rest of the allowed amount.

Co-insurance	Plans	In-network co-insurance	Out-of-network co-insurance	
What is co-insurance?	My <b>Priority</b> HSA Gold 1250 (HMO)	You pay 10%		
Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance after any deductibles you owe.	My <b>Priority</b> HSA Silver 2000 (HMO)	You pay 20%	You pay 100%	
	My <b>Priority</b> HSA Bronze 6000 (HMO)	N/A*	-	
	My <b>Priority</b> Access HSA Gold 1250 (PPO)	You pay 10%	You pay 30%	
<i>Example</i> : If the allowed amount for an office visit is \$100 and you've met your	My <b>Priority</b> Access HSA Silver 2000 (PPO)	You pay 20%	You pay 40%	
	My <b>Priority</b> Access HSA Bronze 6000 (PPO)	N/A*	N/A*	
deductible, your co-insurance payment of				

\*N/A = You do not have co-insurance because once you meet your deductible you have already met the out-of-pocket max

Out-of-pocket maximum	Plans	In-network out-of- pocket maximum		Out-of-network out- of-pocket maximum	
		Individual	Family	Individual	Family
What is out-of-pocket max?	My <b>Priority</b> HSA Gold 1250 (HMO)	\$2,000	\$4,000		
This is the most you pay during a policy period (usually a year) before Priority Health	My <b>Priority</b> HSA Silver 2000 (HMO)	\$4,000	\$8,000	You pay	/ 100%
begins to pay 100% of the allowed amount.	My <b>Priority</b> HSA Bronze 6000 (HMO)	\$6,000	\$12,000	-	
This includes your co-payments, deductibles and co-insurance payments. This limit does	My <b>Priority</b> Access HSA Gold 1250 (PPO)	\$2,000	\$4,000	\$4,000	\$8,000
not include your monthly premium.	My <b>Priority</b> Access HSA Silver 2000 (PPO)	\$4,000	\$8,000	\$8,000	\$16,000
Example: If your out-of-pocket max is	My <b>Priority</b> Access HSA Bronze 6000 (PPO)	\$6,000	\$12,000	\$15,000	\$30,000
\$8,000, Priority Health will pay 100% after	L				

the deductible.

# MyPriority HMO-HSA and MyPriority Access PPO-HSA plan benefits

The features and benefits explained in this section are intended to give you an overview of your coverage and do not include or explain every detail of what is and is not covered. To see full terms and conditions of this plan, visit *mypriority.com* to view policy documents and a summary of benefits and coverage.

FREE preventive care	Plans	In-network co-insurance	Out-of- network co-insurance	
Most preventive services are covered 100% in-	My <b>Priority</b> HSA Gold 1250 (HMO)	FREE		
network. "Preventive" basically means "before you have symptoms." Even if you haven't met your deductible,	My <b>Priority</b> HSA Silver 2000 (HMO)	FREE	You pay 100%	
you pay \$0—no co-payment, no co-insurance.	My <b>Priority</b> HSA Bronze 6000 (HMO)	FREE		
Examples:	My <b>Priority</b> Access HSA Gold 1250 (PPO)	FREE	You pay 30%	
Routine physical exams     Flu shots	My <b>Priority</b> Access HSA Silver 2000 (PPO)	FREE	You pay 40%	
<ul> <li>Well-child visits</li> <li>Mammograms</li> <li>Contraceptives and other</li> </ul>	My <b>Priority</b> Access HSA Bronze 6000 (PPO)	FREE	N/A*	

- women's health services
- Colonoscopies

\*N/A = You do not have co-insurance because once you meet your deductible you have already met the out-of-pocket max

Office visits	Plans	In-network co-insurance	Out-of-network co-insurance
After you meet your deductible, this plan	My <b>Priority</b> HSA Gold 1250 (HMO)	You pay 10%	
covers in-network and some out-of- network offices visits to see your primary doctor, a specialist, urgent care and out-	MyPriority HSA Silver 2000 (HMO)	You pay 20%	You pay 100%
	My <b>Priority</b> HSA Bronze 6000 (HMO)	N/A*	
patient mental health.	My <b>Priority</b> Access HSA Gold 1250 (PPO)	You pay 10%	You pay 30%
You pay co-insurance after you meet	My <b>Priority</b> Access HSA Silver 2000 (PPO)	You pay 20%	You pay 40%
your deductible.	My <b>Priority</b> Access HSA Bronze 6000 (PPO)	N/A*	N/A*

\*N/A = You do not have co-insurance because once you meet your deductible you have already met the out-of-pocket max

Emergency room visits	Plans	In-network co-insurance	Out-of-network co-insurance
With all plans you pay a \$150 co-payment per visit (waived if admitted to the hospital	My <b>Priority</b> HSA Gold 1250 (HMO)	You pay 10%	
as an inpatient within 24 hours). Non-	My <b>Priority</b> HSA Silver 2000 (HMO)	You pay 20%	
emergency use of the emergency room is not covered.	My <b>Priority</b> HSA Bronze 6000 (HMO)	N/A*	
Vou pour de industrance for all considere vou	MyPriority Access HSA Gold 1250 (PPO)	You pay 10%	
You pay co-insurance for all services you receive after you meet your deductible.	My <b>Priority</b> Access HSA Silver 2000 (PPO)	You pay 20%	
	My <b>Priority</b> Access HSA Bronze 6000 (PPO)	N/A*	

\*N/A = You do not have co-insurance because once you meet your deductible you have already met the out-of-pocket max

#### Curious about your monthly premium?

For an instant quote:

- Visit mypriority.com
- Contact your local agent
- Call 855.697.7467

Hospital visits	Plans	In-network co-insurance	Out-of-network co-insurance
<ul> <li>care such as:</li> <li>Long-term acute care</li> <li>X-ray examinations</li> <li>Lab services</li> <li>Observation care services</li> <li>Outpatient surgery center facility charges</li> <li>You pay co-insurance for all services you</li> </ul>	My <b>Priority</b> HSA Gold 1250 (HMO)	You pay 10%	
	My <b>Priority</b> HSA Silver 2000 (HMO)	You pay 20%	You pay 100% unless it's an emergency
	My <b>Priority</b> HSA Bronze 6000 (HMO)	N/A*	
	My <b>Priority</b> Access HSA Gold 1250 (PPO)	You pay 10%	You pay 30%
	My <b>Priority</b> Access HSA Silver 2000 (PPO)	You pay 20%	You pay 30%
	My <b>Priority</b> Access HSA Bronze 6000 (PPO)	N/A*	N/A*
receive after you meet your deductible.	*NI/A - You do not have an insurance because	anaa yay maat yayr d	aduatible you beyo

\*N/A = You do not have co-insurance because once you meet your deductible you have already met the out-of-pocket max

Maternity	Plans	In-network co-insurance	Out-of-network co-insurance	
visits are covered in full. Out-of-network services are not covered, including physicians' fees and any other related charges.	My <b>Priority</b> HSA Gold 1250 (HMO)	You pay 10%		
	My <b>Priority</b> HSA Silver 2000 (HMO)	You pay 20%	You pay 100% unless it's an emergency	
	My <b>Priority</b> HSA Bronze 6000 (HMO)	N/A*		
	My <b>Priority</b> Access HSA Gold 1250 (PPO)	You pay 10%	You pay	
For in-patient hospital services for delivery and nursery you pay co-insurance for all	My <b>Priority</b> Access HSA Silver 2000 (PPO)	You pay 20%	100% until out-of-pocket max	
services you receive after you meet your	My <b>Priority</b> Access HSA Bronze 6000 (PPO)	N/A*	N/A*	
deductible.	*N/A - You do not have an insurance baseline	a anaa way maat yayr d		

\*N/A = You do not have co-insurance because once you meet your deductible you have already met the out-of-pocket max

Prescription drug coverage	Prescription type	In-network
You must meet your deductible before the co-	Generic drugs	\$20 co-payment per prescription after deductible
payments shown will apply.	Preferred brand-name drugs	\$60 co-payment per prescription after deductible
	Non-preferred brand-name drugs	\$80 co-payment per prescription after deductible
	Preferred specialty drugs	<b>20%</b> co-payment per prescription up to a maximum co- payment of <b>\$200</b> per fill after deductible
	Non-preferred specialty drugs	<b>20%</b> co-payment per prescription up to a maximum co- payment of <b>\$400</b> per fill after deductible
	Infertility drugs	50% co-payment per prescription after deductible

# MyPriority Vida

### Did you know?

The cost of the average American hospital stay was \$33,079 in 2010.\* You can't afford to go without coverage.

\*Source: FacetheFactsUSA.org (a project of The George Washington University)

Key plan feature! Three visits to primary doctor for \$20 co-payment before you meet your deductible.

# Is this the right plan for you?

It's important to have health insurance, no matter what. That's where My**Priority** Vida comes in. If you're under 30, this plan protects you from having to pay tens of thousands of dollars in hospital bills from unexpected "catastrophic" health situations because once you reach your out-of-pocket maximum, you will never pay another cent. You'll have the security of knowing that if you do have to see the doctor or visit the emergency room, you'll pay less than if you had no insurance because we've negotiated significant discounts for services with our solid network of doctors and hospitals.

# How your MyPriority Vida plan works

Deductible and out-of-pocket maximum		Individual	Family
What's a deductible? This is the amount you pay for in-network covered health care services	Plan	deductible and out-of-pocket maximum	deductible and out-of-pocket maximum
before Priority Health begins to pay. Deductibles start over every year.	My <b>Priority</b> Vida	\$6,350	\$12,700
<b>Example</b> : If your deductible is \$12,700, Priority Health won't pay anything until you've paid \$12,700 (or \$6,350 per family member not to exceed \$10,000 total) for covered health care services. The deductible may not apply to all services.			
What is out-of-pocket max? This is the most you pay during a policy period (usually a year) before Priority Health begins to pay 100% of the allowed amount. This includes your co-payments, deductibles and co-insurance payments. This limit does not include your monthly premium.			
<b>Example</b> : If your out-of-pocket max is \$12,700, Priority Health will pay 100% after you reach that number for covered health care services normally subject to the deductible.			

We want you to stay healthy. That's why this plan includes THREE primary doctor visits before deductible! With My**Priority** Vida, there is a **\$20** co-payment for the first three visits, per member, per year.

FREE preventive care	Plans	In-network	Out-of-network
Most preventive services are covered 100% in- network. "Preventive" basically means "before you have symptoms." Even if you haven't met your deductible, you pay \$0—no co-payment, no co-insurance.	My <b>Priority</b> Vida	FREE	You pay 100%
Examples: • Routine physical exams • Well-child visits • Mammograms • Colonoscopies • Flu shots • Cholesterol screenings • Contraceptives and other women's health services			

# My**Priority** Dental and Dental Pro

Protect your smile by adding one of our affordable, optional dental plans to your coverage.

Overview of benefits	My <b>Priority</b> Dental	My <b>Priority</b> Dental Pro
Deductibles	You pay	You pay
Annual deductible	\$50 per person on the plan, \$150 per family	None
Benefits	You pay	You pay
Exams, cleanings (limit two per year)	0%	0%
Fluoride treatments (limit one per year)	0%	0%
Emergency treatment to temporarily relieve pain	20%	20%
X-rays (limit one per 24 months)	20%	20%
Sealants to prevent decay of permanent molars (to age nine on first molars and age 14 on second molars, limit one per lifetime)	20%	20%
Oral surgery services, extractions and dental surgery (six month waiting period before coverage starts) Includes preoperative and postoperative care	50% after deductible	25%
Minor restorative services (like fillings) to repair teeth damaged by disease or injury (six month waiting period before coverage starts)	50% after deductible	25%
Endodontics (like root canals) to treat teeth with diseased or damaged nerves (six month waiting period before coverage starts)	50% after deductible	50%
Periodontics — used to treat diseases of the gums and supporting structures of the teeth (six month waiting period before coverage starts)	50% after deductible	50%
Bridges, dentures, implants, crowns (six month waiting period before coverage starts)	50% after deductible	50%
Orthodontic diagnostic procedures (to age 19, six month waiting period before coverage starts), \$1,500 per person per lifetime	Not covered	50%

Annual benefit maximum		
*Maximums apply per individual for preventive, basic and major dental	\$1,000 per person on the	\$1,500 per person on the
treatment. Maximums for orthodontic services are calculated separately.	plan	plan

# Things to know

### Network

My**Priority** plans come with a network. Priority Health signs agreements with doctors, hospitals, pharmacies, laboratories and other health care providers to offer their services to our members.

#### In-network vs. out-of-network

**In-network**: We have a large network of health care providers who have signed an agreement to care for Priority Health members.

**Out-of-network**: Health care providers who have NOT signed an agreement to care for Priority Health members.

#### When you use your plan's network, you save.

Because in-network providers agree to give Priority Health a discount on their services, Priority Health can share that savings with you. Depending on your plan, you may pay a smaller co-insurance (20% instead of 30%, for example).

### Health Savings Account (HSA)

#### An HSA saves you money on taxes in three ways!

- When an HSA earns interest, you do not have to pay taxes on the interest.
- Any income you put into a health savings account is not taxed, so you pay less income tax.
- When you use an HSA to pay health care bills, you don't pay taxes on what you take out.

### How to enroll

It's easy to enjoy the affordable security of MyPriority. Just pick a plan and enroll in one of several ways:

🔶 Visit *mypriority.com* 



The speak to an enrollment specialist toll-free at 855.697.7467

Contact a licensed Priority Health agent





Looking to learn more? Visit priorityhealth.com/ mypriority



Priority Health is a nationally recognized, health benefits company that has been providing access to affordable health care for more than 30 years. Visit us online at *priorityhealth.com*.