

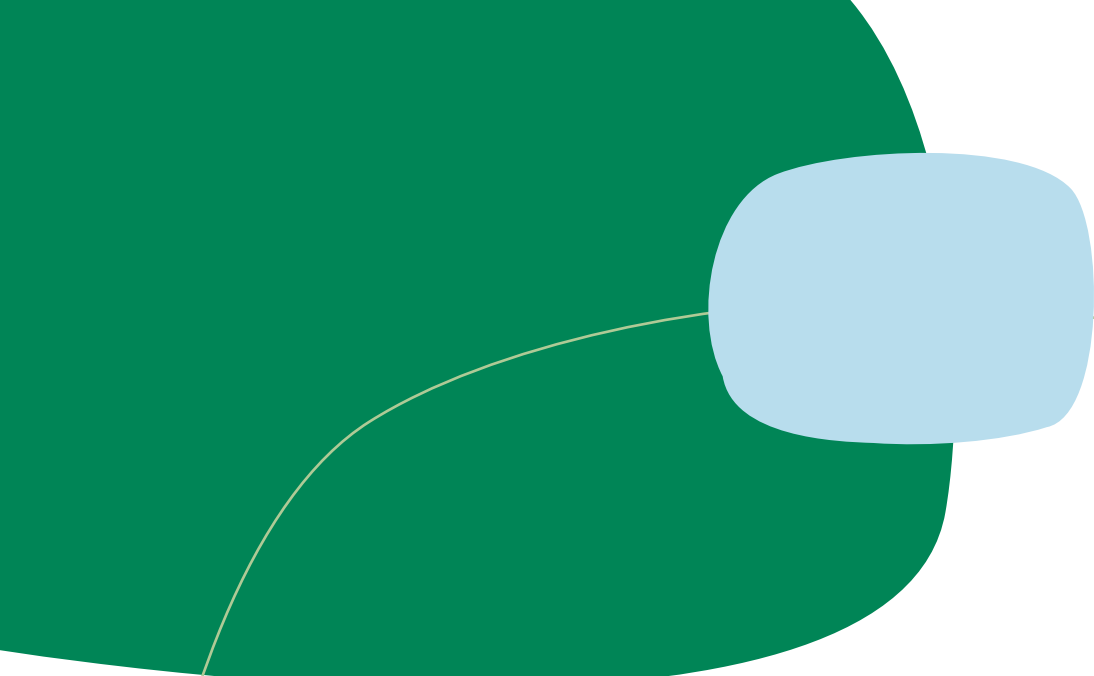
**20
23**

OPEN
ENROLLMENT
PERIOD

My**Priority** Agent guidebook

Better, together

PriorityHealth 



Whether you're a new or returning agent selling My**Priority** plans, we're excited to have you on our team. Our goal is to provide you with the information and resources you need to sell My**Priority** plans and support your clients.

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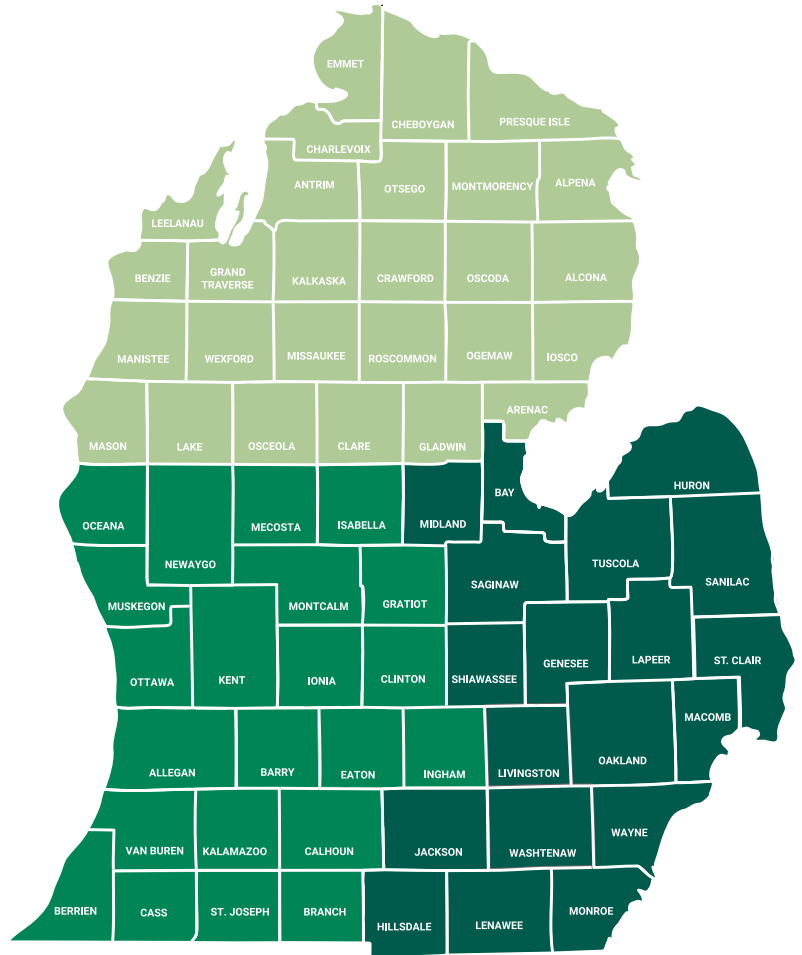
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MyPriority sales team



Sales Manager

Dwayne Judson

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East region

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Sales Consultant, Individual Market

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■ East region



West and North regions

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Sales Consultant, Individual Market

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■ North region ■ West region

Rates and commissions

Rates

You can access our 2023 rates in the Agent Center; simply download and print individual rating areas for you and your clients. Rates are also available in PriorityQuote.

Commissions

Effective Jan. 1, 2023, the MyPriority Individual agent commission schedule will reflect the following payment schedule:

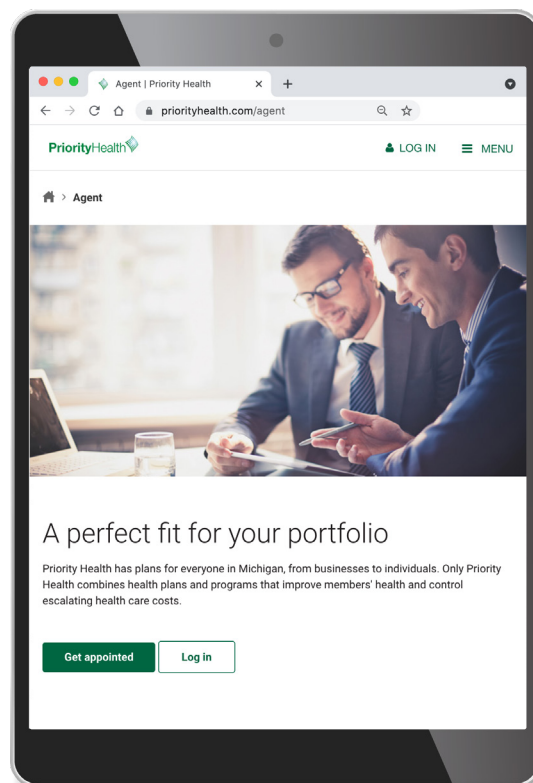
New contracts, first year* (<i>SEP and OEP</i>)	5%
For all contracts renewing 01/01/2023 with an original effective date of 01/01/2022 and later	4%
Renewing contracts, with an original effective date of 01/01/2018 and before	2%
Dental and vision coverage	2%
Short-term	20%

**The 5% applies to new members only. We will accept a member as new if they have not been covered with us for the last 12 months.*



Agent resources and required certifications

Making sure you have the right tools and resources needed to support your clients during the upcoming open enrollment period, and into 2023, is our top priority.



Agent Center

The Agent Center is Priority Health's online portal that provides you quick and easy access to valuable information, including plan documents, rate sheets, marketing materials and more.

Be sure to bookmark the Agent Center for easy access—priorityhealth.com/agent

Agent services

The agent services team is available to help answer questions about products and benefits, application status, provider network, membership, billing and claims Monday–Friday, 8:30 a.m.–5 p.m.

Call 800.970.7379, option 1.

Commissions and licensing

Contact the commissions and licensing team with questions about agent agreements and account creation, commissions and licensing information.

For questions, please call 800.471.2504, option 3, then option 1 or send an email to commissions-licensing@priorityhealth.com

PriorityQuote

You can download your book of business directly from PriorityQuote. Please note that it takes 2–3 business days for ABOB to be updated with new business policy IDs.

For questions or technical assistance with PriorityQuote, please call 844.548.2574 or send an email to pqsupport@priorityhealth.com

MyPriority submissions

Please use one of the following options for submitting changes:

Mail

Priority Health, Individual Market—MS FH10
27777 Franklin Road, Ste. 1300
Southfield, MI 48034-2337

Fax

248.324.2973
Attention: Individual Market

Email

mypriority@priorityhealth.com

Agent Priorities monthly email digest

Be sure to read Agent Priorities, our monthly agent-exclusive e-newsletter. Every issue includes important updates and information specific to the Individual market, in addition to Priority Health news and more. We will send important, time-sensitive agent bulletins in addition to the monthly digest.

Note: If you “unsubscribe” from the Agent Priorities email, you will no longer receive any agent communications from Priority Health (e.g. important business updates, event invitations and general information).

Federally Facilitated Marketplace (FFM) certification requirement

CMS requires that FFM certification be completed for **each plan year** (prior to the sale of a policy, or prior to an active change).

Priority Health commissions will not be earned or paid for a policy that is sold or had active changes made if the broker is not properly certified for the applicable plan year.

Visit cms.gov for registration and training sessions for both returning and new agents and brokers.

My**Priority** 2023 products: What's new, what's changed

Our goal with the 2023 My**Priority** product offering is to streamline benefits within our current product portfolio, continue to offer a range of network options, provide competitive services and offer an optimized formulary while maintaining affordable premiums for our members.



What's new

Broad network expansion

Effective 01/01/23, University of Michigan (Michigan Medicine) has been added to the My**Priority** broad network. This network expansion continues to strengthen our commitment to providing members with access to care when and where they need it.

- Available for non-primary care with a referral only
- Not applicable for primary care (PCP) visits
- Prior authorization is required for select specialty care
- Participating facilities: Michigan Medicine (University of Michigan and health centers)

Narrow network expansions

We've expanded two popular narrow network plans, ensuring that more members have access to cost-effective plans.

- **Spectrum Health Partners:** Kent, Barry, Mecosta, Newaygo, Allegan*, Ottawa
- **Trinity Health East Network (previously St. Joseph Mercy Health System Network):** Jackson*, Wayne, Oakland, Macomb, Livingston, Washtenaw

**Partial county coverage*

Introduction of standard plans

The Department of Health & Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) have created standard plans, with a goal to strengthen the coverage offered by qualified health plans (QHPs) on the federal Marketplace. These standard plans also ensure that consumers can more easily find the right form of quality, affordable coverage for their circumstances.

My**Priority** Standard Bronze 7500

My**Priority** Standard Silver 5800

My**Priority** Standard Gold 2000

*My**Priority** standard plans are also available on all five narrow networks*

What sets Priority Health standard plans apart

In addition to offering the CMS required coverage on standard plans, Priority Health has chosen to add the following to our My**Priority** standard plans:

- Chronic condition management on all standard plans. This coverage allows members access to a variety of medications, supplies and services, before deductible, to keep chronic conditions under control.

What's changed

Discontinuation of two plans

- My**Priority**Silver 2500 (crosswalk to My**Priority**Silver 3600)
- My**Priority**Gold 1100 (crosswalk to My**Priority**Standard Gold 2000)

Formulary changes

- Low-cost generic oral sexual dysfunction (OSD) drugs have been added to the Individual formularies. Priority Health will standardize the quantity limit for covered generic OSD drugs.
- Tresiba has been added to Tier 2 drugs.

Plan documents

- Adding "Appendix: Your Rights and Protections Against Surprise Medical Bills" in plan documents to proactively provide members information on Priority Health's transparent practices.

Cost Share Reductions (CSR) changes

- My**Priority** Silver 3600
- My**Priority** Silver 5500
- My**Priority** Telehealth PCP 5500—Virtual First

Cost Share Reductions (CSR) changes

Bold indicates benefit is not subject to deductible
Green indicates benefit change

My**Priority** Silver 3600

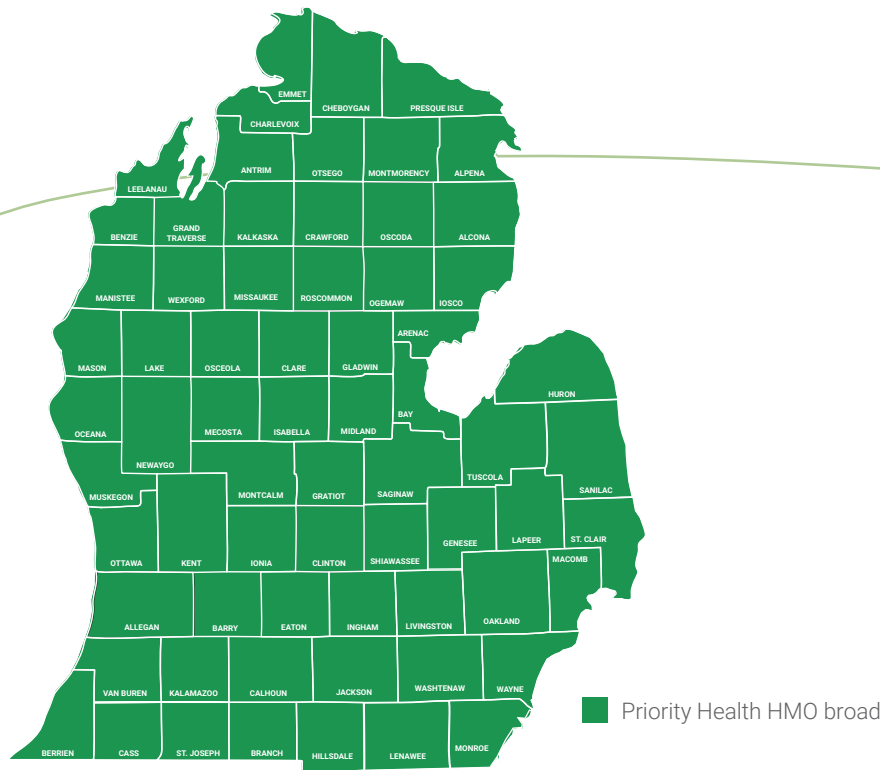
	Deductible	Total cost sharing OOP max	Coinsurance	PCP/Spec/ Urgent Care	Outpatient Behavioral Health/Substance Abuse	Rx coverage
73% CSR	\$3,000	\$7,250	30%	\$30/\$70/\$75	\$0 initial visit, then \$30/\$0	No change
87% CSR	\$500	\$2,000	20%	\$10/\$45/\$75	\$0 initial visit, then \$10/\$0	No change
94% CSR	\$350	\$950	10%	\$5/\$10/\$75	\$0 initial visit, then \$5/\$0	No change

My**Priority** Silver 5500

	Deductible	Total cost sharing OOP max	Coinsurance	PCP/Spec/ Urgent Care	Outpatient Behavioral Health/Substance Abuse	Rx coverage
73% CSR	\$4,850	\$7,250	30%	\$30/\$65/\$75	\$0 initial visit, then \$30/\$0	\$75 Tier 2 drugs; \$125 Tier 3 drugs
87% CSR	\$900	\$3,000	20%	\$10/\$25/\$75	\$0 initial visit, then \$10/\$0	No change
94% CSR	\$350	\$975	10%	\$5/\$10/\$75	\$0 initial visit, then \$5/\$0	No change

My**Priority** Telehealth PCP Silver 5500—Virtual First

	Deductible	Total cost sharing OOP max	Coinsurance	Telehealth visit with PH selected vendor	Specialist/ Outpatient Behavioral Health	Rx coverage
73% CSR	\$4,850	\$7,250	30%	\$10	\$65 copay	\$75 Tier 2 drugs; \$125 Tier 3 drugs
87% CSR	\$900	\$3,000	20%	\$5	\$25 copay	No change
94% CSR	\$350	\$975	10%	\$5	\$10 copay	No change



Strength of our network

Priority Health members have access to one of the largest individual HMO networks of primary care doctors in lower Michigan. This includes nationwide dependent and emergency coverage for members who travel outside of the state of Michigan through the Cigna PPO Network.*

*Cigna's PPO network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna performs utilization management for any care delivered by a Cigna provider. Priority Health is an independent company and not an affiliate of Cigna. Any Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name and other Cigna marks are owned by Cigna Intellectual Property, Inc.

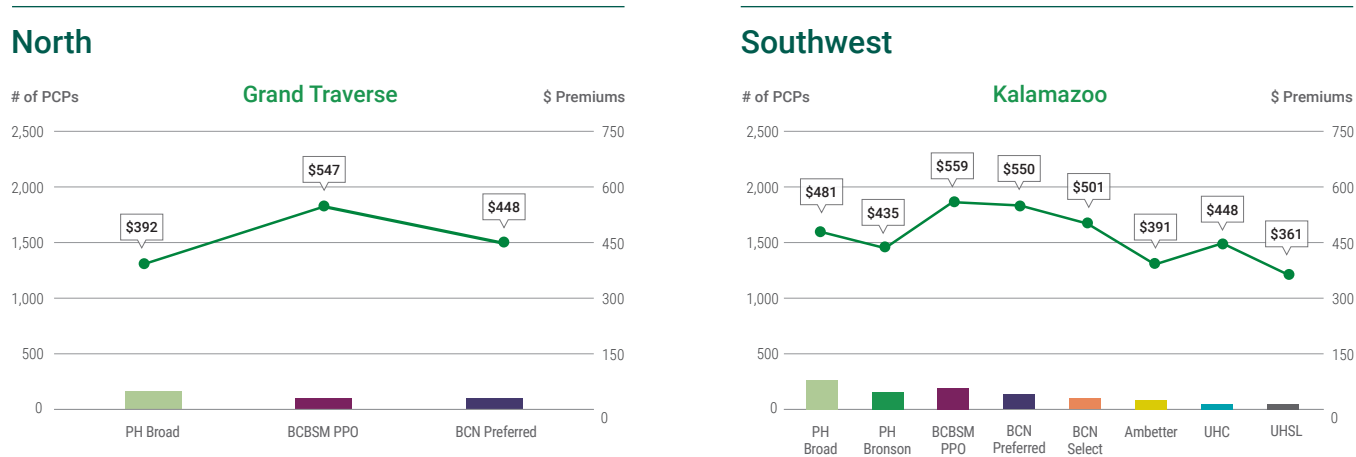
Network position and price

Priority Health is committed to offering members affordable plan options and one of the strongest networks in the state.

Concentrated on lowest-priced On-Marketplace Silver plans offered by specific competitors in strategic counties. Premium rates based on 40-year-old (non-tobacco user).

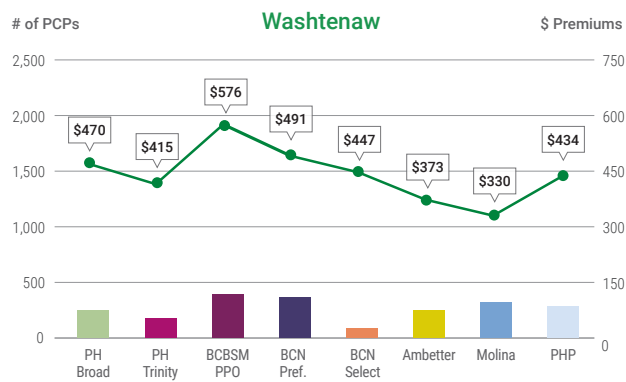
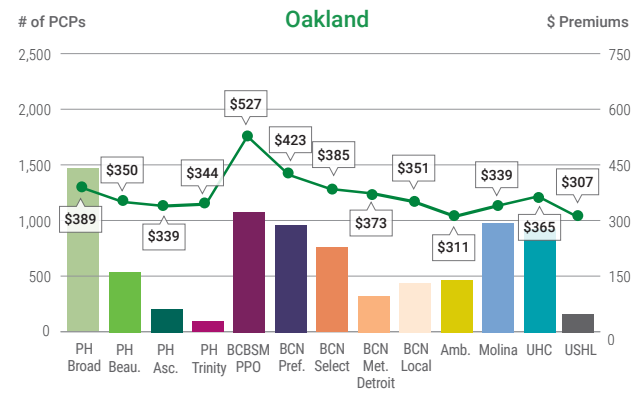
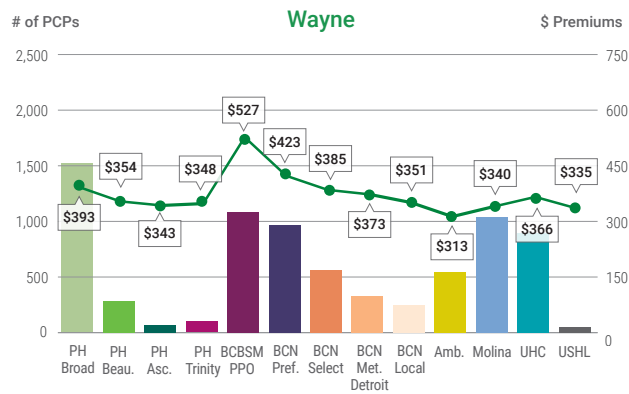
- The bar graph represents the number of PCPs offered in a particular network
- The line graph indicates a specific plan price

PH Broad	PH Trinity	Ambetter
PH Beaumont	BCBSM PPO	Molina
PH Bronson	BCN Preferred	UHC
PH Ascension	BCN Select	USHL
PH Spectrum	BCN Metro Detroit	Oscar
	BCN Local	PHP

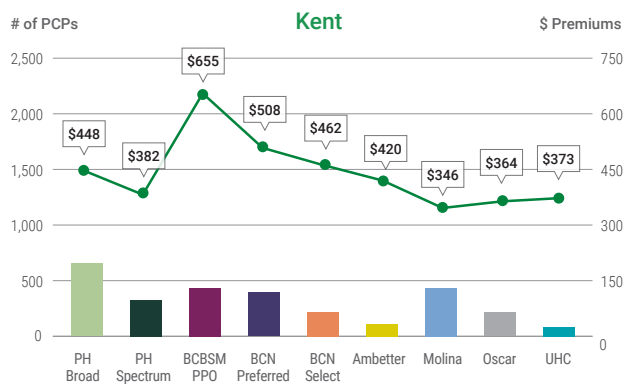


Plans compared: MyPriority Silver 5500, Blue Cross Blue Shield of Michigan Blue Cross Premier PPO Saver, Blue Care Network Blue Cross HMO Silver Saver, Ambetter Clear Silver, Molina Constant Care Silver 8, Physicians Health Plan PHP Exclusive Silver, Oscar Silver Simple - PCP Saver, UnitedHealthCare UHC Silver Standard and US Health & Life Ascension Personalized Care Low Premium Silver

Southeast



West



Narrow networks

Our narrow network products continue to grow in popularity; we know how important it is for your clients to have control over their health care costs without sacrificing quality or choice.

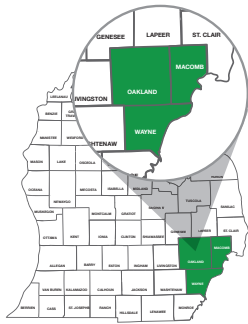
Unlike many competing narrow networks, all of Priority Health's narrow network products feature:

- No referrals or additional authorizations
- Provider-specific names to make it easier for you and your client to understand which facilities are covered
- No additional limits or restrictions on care or services





Southeast Michigan Narrow Networks



Beaumont Health Network

Offered to individuals who live in Wayne, Oakland and Macomb counties

Hospitals

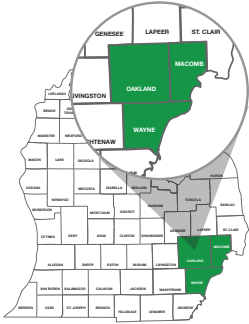
- Beaumont Health Hospitals (including former Oakwood hospitals) Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne

Physician (primary care and specialist) network

- Physicians employed by Beaumont Health
- Any individual community physician with admitting privileges at Beaumont Health who is listed as in-network in the Priority Health Beaumont Network Find a Doctor directory

All in-network pharmacies

Southeast Michigan Narrow Networks



Ascension St. John Providence Network

Offered to individuals who live in Wayne, Oakland and Macomb counties

Hospitals

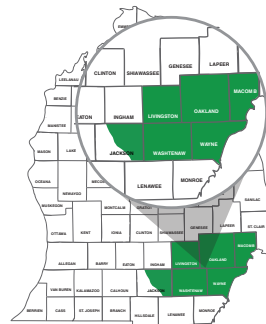
- Ascension Macomb-Oakland Hospital – Madison Heights Campus
- Ascension Macomb-Oakland Hospital – Warren Campus
- Ascension River District Hospital
- Ascension Providence Rochester Hospital
- Ascension Providence Hospital – Novi Campus
- Ascension Providence Hospital – Southfield Campus
- Ascension St. John Hospital

Physician (primary care and specialist) network

who are affiliated with Ascension St. John Providence:

- St. John and St. John North Shore
- St. John River District
- St. John Oakland
- St. John Macomb
- St. John Cornerstone
- Providence Hospital

All in-network pharmacies



NEW
EXPANDED
COUNTIES

Trinity Health East Network

*Offered to individuals who live in Wayne, Oakland, Macomb, Washtenaw, Livingston and a portion of Jackson County**

Hospitals

- Trinity Health Chelsea Hospital
- Trinity Health Ann Arbor Hospital
- Trinity Health Livingston Hospital
- Trinity Health Oakland Hospital
- Trinity Health Livonia Hospital

Physician (primary care and specialist) network

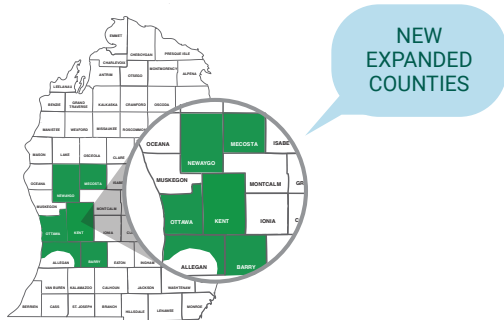
who are affiliated with Trinity Health East groups:

- IHA
- Huron Valley Physician Association
- Oakland Physician Network Services with Trinity Health Oakland designated as the primary hospital
- Livingston Physician Organization
- Trinity Health Livonia Physician Practices

All in-network pharmacies

**ZIP codes in Jackson County where the Trinity Health East narrow network is offered: 49201, 49202, 49203, 49204, 49230, 49240, 49254, 49259, 49261, 49263, 49272, 49277, 49285*

West and Southwest Michigan Narrow Networks



Spectrum Health Partners

*Offered to individuals who live in Kent, Barry, Mecosta, Newaygo and Ottawa counties and a portion of Allegan County**

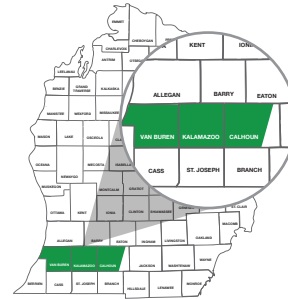
Hospitals: All Spectrum Health hospitals in the narrow network with the exception of Spectrum Health Lakeland

Physician (primary care and specialist) network: Spectrum Health Medical Group and physicians who denote a Spectrum Health hospital as their primary hospital affiliation

Other facilities: Orthopedic Associates of Michigan (OAM) physicians

All ancillary facilities in the Priority Health network will be available in the Spectrum Health Partners network as well. Examples include Pine Rest Christian Mental Health Services and Forest View Hospital.

*ZIP codes in Allegan County where the Spectrum Health Partners narrow network is offered: 49070, 49311, 49314, 49323, 49328, 49335, 49344, 49348, 49406, 49408, 49416, 49419, 49423, 49453



Bronson Healthcare Partners

*Offered to individuals who live in Kalamazoo and Van Buren counties and a portion of Calhoun County**

Hospitals

- Bronson Methodist Hospital
- Bronson Battle Creek Hospital
- Bronson Lakeview Hospital
- Bronson South Haven Hospital

Physician (primary care and specialist) network

Bronson Healthcare physicians, Bronson hospitals employed physicians, physicians who denote Bronson Hospital (all campuses) as their primary affiliation

All in-network pharmacies

*ZIP codes in Calhoun County where the Bronson Healthcare Partners narrow network is offered: 49011, 49014, 49015, 49017, 49021, 49029, 49033, 49037, 49051, 49052, 49068, 49076, 49092, 49094



My**Priority** 2023 plan details and benefits

The following My**Priority** plans are available for 2023. A summary of frequently used benefits is outlined for each plan.

Full plan details and documents are available in the Agent Center at priorityhealth.com/agent.



Gold plans

MyPriority Gold Copay+

My**Priority** Gold Copay+ – Spectrum Health Partners*

My**Priority** Gold Copay+ – Bronson Healthcare Partners*

My**Priority** Gold Copay+ – Beaumont Health Network*

My**Priority** Gold Copay+ – Ascension St. John Providence Network*

My**Priority** Gold Copay+ – Trinity Health East Network*

MyPriority Standard Gold 2000

My**Priority** Standard Gold 2000 – Spectrum Health Partners*

My**Priority** Standard Gold 2000 – Bronson Healthcare Partners*

My**Priority** Standard Gold 2000 – Beaumont Health Network*

My**Priority** Standard Gold 2000 – Ascension St. John Providence Network*

My**Priority** Standard Gold 2000 – Trinity Health East Network*

Bronze plans

MyPriority HSA Bronze 7100

My**Priority** HSA Bronze 7100 – Spectrum Health Partners*

My**Priority** HSA Bronze 7100 – Bronson Healthcare Partners*

My**Priority** HSA Bronze 7100 – Beaumont Health Network*

My**Priority** HSA Bronze 7100 – Ascension St. John Providence Network*

My**Priority** HSA Bronze 7100 – Trinity Health East Network*

MyPriority Bronze 9100

My**Priority** Bronze 9100 – Spectrum Health Partners*

My**Priority** Bronze 9100 – Bronson Healthcare Partners*

My**Priority** Bronze 9100 – Beaumont Health Network*

My**Priority** Bronze 9100 – St. John Providence Network*

My**Priority** Bronze 9100 – Trinity Health East Network*

My**Priority** Telehealth PCP Bronze 9100 – Virtual First

My**Priority** Travel Bronze 9100

MyPriority Standard Bronze 7500

My**Priority** Standard Bronze 7500 – Spectrum Health Partners*

My**Priority** Standard Bronze 7500 – Bronson Healthcare Partners*

My**Priority** Standard Bronze 7500 – Beaumont Health Network*

My**Priority** Standard Bronze 7500 – St. John Providence Network*

My**Priority** Standard Bronze 7500 – Trinity Health East Network*

My**Priority** 2023 plan details and benefits

Silver plans

Off-Marketplace plans

MyPriority HSA Silver 3000 – Off-Marketplace

My**Priority** HSA Silver 3000 – Off-Marketplace – Spectrum Health Partners*

My**Priority** HSA Silver 3000 – Off-Marketplace – Bronson Healthcare Partners*

My**Priority** HSA Silver 3000 – Off-Marketplace – Beaumont Health Network*

My**Priority** HSA Silver 3000 – Off-Marketplace – Ascension St. John Providence Network*

My**Priority** HSA Silver 3000 – Off-Marketplace – Trinity Health East Network*

MyPriority Silver 3600 – Off-Marketplace

My**Priority** Silver 3500 – Off-Marketplace – Spectrum Health Partners*

My**Priority** Silver 3500 – Off-Marketplace – Bronson Healthcare Partners*

My**Priority** Silver 3500 – Off-Marketplace – Beaumont Health Network*

My**Priority** Silver 3500 – Off-Marketplace – Ascension St. John Providence Network*

My**Priority** Silver 3500 – Off-Marketplace – Trinity Health East Network*

MyPriority Silver 5500 – Off-Marketplace

My**Priority** Silver 5500 – Off-Marketplace – Spectrum Health Partners*

My**Priority** Silver 5500 – Off-Marketplace – Bronson Healthcare Partners*

My**Priority** Silver 5500 – Off-Marketplace – Beaumont Health Network*

My**Priority** Silver 5500 – Off-Marketplace – Ascension St. John Providence Network*

My**Priority** Silver 5500 – Off-Marketplace – Trinity Health East Network*

My**Priority** Telehealth PCP Silver 5500 – Off-Marketplace – Virtual First

Silver plans

On-Marketplace plans

MyPriority Silver 3600

My**Priority** Silver 3500 – Spectrum Health Partners*

My**Priority** Silver 3500 – Bronson Healthcare Partners*

My**Priority** Silver 3500 – Beaumont Health Network*

My**Priority** Silver 3500 – Ascension St. John Providence Network*

My**Priority** Silver 3500 – Trinity Health East Network*

MyPriority Silver 5500

My**Priority** Silver 5500 – Spectrum Health Partners*

My**Priority** Silver 5500 – Bronson Healthcare Partners*

My**Priority** Silver 5500 – Beaumont Health Network*

My**Priority** Silver 5500 – Ascension St. John Providence Network*

My**Priority** Silver 5500 – Trinity Health East Network*

My**Priority** Telehealth PCP Silver 5500 – Virtual First

My**Priority** Travel Silver 5500

MyPriority Standard Silver 5800

My**Priority** Standard Silver 5800 – Spectrum Health Partners*

My**Priority** Standard Silver 5800 – Bronson Healthcare Partners*

My**Priority** Standard Silver 5800 – Beaumont Health Network*

My**Priority** Standard Silver 5800 – St. John Providence Network*

My**Priority** Standard Silver 5800 – Trinity Health East Network*

*ZIP codes in Jackson County where the Trinity Health East narrow network is offered: 49201, 49202, 49203, 49204, 49230, 49240, 49254, 49259, 49261, 49263, 49272, 49277, 49285

*ZIP codes in Allegan County where the Spectrum Health Partners narrow network is offered: 49070, 49080, 49311, 49314, 49323, 49328, 49335, 49344, 49348, 49406, 49408, 49416, 49419, 49423, 49453

*ZIP codes in Calhoun County where the Bronson Healthcare Partners narrow network is offered: 49011, 49014, 49015, 49017, 49021, 49029, 49033, 49037, 49051, 49052, 49068, 49076, 49092, 49094

MyPriority Gold plans

MyPriority Gold Copay+ <i>(offered exclusively as a narrow network plan option)</i>	
Deductible: Individual / family	\$0 / \$0
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	0% coinsurance
Office visits: Primary doctor	\$20 copay; office visits <i>(evaluation only)</i>
Office visits: Urgent care	\$75 copay; office visits <i>(evaluation only)</i>
Office visits: Retail health clinic	\$75 copay; office visits <i>(evaluation only)</i>
Office visits: Specialist	\$45 copay; office visits <i>(evaluation only)</i>
Office visits: Mental health	\$20 copay; office visits only
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Video Visit	Covered in full
Maternity	Routine prenatal and postnatal care covered in full
Inpatient hospital care <i>(includes labor and delivery)</i>	\$1,000 copay per day <i>(up to 5 days)</i>
Outpatient surgery	\$1,000 copay
Diagnostic tests, X-rays, lab services and radiology services	\$45 copay
Emergency services	\$250 copay <i>(waived if admitted)</i>
Preventive services <i>(including annual physical exam)</i>	Covered in full <i>(See Preventive Care Guidelines on priorityhealth.com for more details)</i>
Allergy	Included with office visit copay—allergy testing \$250 copay
Physical and occupational therapy <i>(including chiropractic)</i>	30 combined visits per year with \$45 copay
In-home hospice	Covered in full
In-home health care	\$45 copay
Outpatient substance use disorder services	Covered in full
Prescription drug coverage <i>(a drug is categorized in one of the tiers below)</i>	
Tier 1a	\$5 copay
Tier 1b	\$20 copay
Tier 2	\$75 copay
Tier 3	\$100 copay
Tier 4	50% coinsurance
Tier 5	50% coinsurance
Network options	
MyPriority HMO Gold Network	Available on all our narrow networks

MyPriority Standard Gold 2000	
Deductible: Individual / family	\$2,000 / \$4,000
Out-of-pocket limit: Individual / family	\$8,700 / \$17,400
Coinsurance	25% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$45 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$45 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$60 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	25% coinsurance, after deductible
Outpatient surgery	25% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	25% coinsurance, after deductible
Emergency services	25% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on priorityhealth.com for more details)
Allergy	25% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with \$30 copay, before deductible
In-home hospice, in-home health care	25% coinsurance, after deductible Prior authorization required for in-home health care
Outpatient substance use disorder services	\$30 copay, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$15 copay, before deductible
Tier 1b	\$15 copay, before deductible
Tier 2	\$30 copay, before deductible
Tier 3	\$60 copay, before deductible
Tier 4	\$250 copay, before deductible
Tier 5	\$250 copay, before deductible
Network options	
MyPriority HMO Gold Network	MyPriority Standard Gold 2000
Narrow Network Options	Available on all of our narrow networks

MyPriority Bronze plans

MyPriority HSA Bronze 7100	
Deductible: Individual / family	\$7,100 / \$14,200
Out-of-pocket limit: Individual / family	\$7,100 / \$14,200
Coinsurance	Covered in full, after deductible
Office visits: Primary doctor	
Office visits: Urgent care	
Office visits: Retail health clinic	
Office visits: Specialist	
Office visits: Mental health	Covered in full, after deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	Covered in full, after deductible
Outpatient surgery	Covered in full, after deductible
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible
Emergency services	Covered in full, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on priorityhealth.com for more details)
Allergy	Covered in full, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year covered in full, after deductible
In-home hospice, in-home health care	Covered in full, after deductible
Outpatient substance use disorder services	Covered in full, after deductible
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	Covered in full, after deductible
Tier 1b	
Tier 2	
Tier 3	
Tier 4	
Tier 5	
Network options	
MyPriority HMO Network	MyPriority HSA Bronze 7100
Narrow network options	Available on all of our narrow networks

MyPriority Bronze plans

MyPriority Bronze 9100	
Deductible: Individual / family	\$9,100 / \$18,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	Covered in full, after deductible
Office visits: Primary doctor	\$30 copay; office visits (evaluation only), before deductible
Office visits: Urgent care	\$75 copay; office visits (evaluation only), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (evaluation only), before deductible
Office visits: Specialist	\$90 copay; office visits (evaluation only), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	Covered in full, after deductible
Outpatient surgery	Covered in full, after deductible
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible
Emergency services	Covered in full, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on priorityhealth.com for more details)
Allergy	Covered in full, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year covered in full, after deductible
In-home hospice, in-home health care	Covered in full, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	Covered in full, after deductible
Tier 3	
Tier 4	
Tier 5	
Network options	
MyPriority HMO Network	MyPriority Bronze 9100
Narrow network options	Available on all of our narrow networks

MyPriority Bronze plans

MyPriority Telehealth PCP Bronze 9100—Virtual First	
Deductible: Individual / family	\$9,100 / \$18,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	Covered in full, after deductible
Virtual-first visits: Primary care, urgent care, behavioral health	\$10 copay; before deductible
In-person office visits: Referral needed from assigned virtual PCP to seek care from another provider	\$90 copay; before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Inpatient hospital care (includes labor and delivery)	Covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Outpatient surgery	Covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Emergency services	Covered in full, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i> (See Preventive Care Guidelines on priorityhealth.com for more details)
Allergy	Covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
In-home hospice, in-home health care	Covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	
Tier 3	
Tier 4	Covered in full, after deductible
Tier 5	
Network options	
MyPriority HMO Network	MyPriority Telehealth PCP Bronze 9100—Virtual First

MyPriority Bronze plans

MyPriority Travel Bronze 9100	
Deductible: Individual / family	\$9,100 / \$18,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	Covered in full, after deductible
Office visits: Primary doctor	\$30 copay; office visits (evaluation only), before deductible
Office visits: Urgent care	\$75 copay; office visits (evaluation only), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (evaluation only), before deductible
Office visits: Specialist	Covered in full; office visits (evaluation only), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Out-of-state coverage	Receive in-network benefits outside the state of Michigan, but within the United States, with a Cigna OAP provider
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	Covered in full, after deductible
Outpatient surgery	Covered in full, after deductible
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible
Emergency services	Covered in full, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on priorityhealth.com for more details)
Allergy	Covered in full, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year covered in full, after deductible
In-home hospice, in-home health care	Covered in full, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	Covered in full, after deductible
Tier 3	
Tier 4	
Tier 5	
Network options	
MyPriority HMO Network	MyPriority Travel Bronze 9100

MyPriority Bronze plans

MyPriority Standard Bronze 7500	
Deductible: Individual / family	\$7,500 / \$15,000
Out-of-pocket limit: Individual / family	\$9,000 / \$18,000
Coinsurance	50% coinsurance, after deductible
Office visits: Primary doctor	\$50 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$100 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$50 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	50% coinsurance, after deductible
Outpatient surgery	50% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	50% coinsurance, after deductible
Emergency services	50% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See Preventive Care Guidelines on priorityhealth.com for more details)
Allergy	50% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with \$50 copay, before deductible
In-home hospice, in-home health care	50% coinsurance, after deductible Prior authorization required for in-home health care
Outpatient substance use disorder services	\$50 copay, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$25 copay, before deductible
Tier 1b	\$25 copay, before deductible
Tier 2	\$50 copay, after deductible
Tier 3	\$100 copay, after deductible
Tier 4	\$500 copay, after deductible
Tier 5	\$500 copay, after deductible
Network options	
MyPriority HMO Network	MyPriority Standard Bronze 7500
Narrow Network Options	Available on all of our narrow networks

MyPriority Silver plans

MyPriority Silver 3000 Off-Marketplace	
Deductible: Individual / family	\$3,000 / \$6,000
Out-of-pocket limit: Individual / family	\$7,100 / \$14,200
Coinsurance	30% coinsurance, after deductible
Office visits: Primary doctor	
Office visits: Urgent care	
Office visits: Retail health clinic	
Office visits: Specialist	
Office visits: Mental health	30% coinsurance, after deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Video Visit	Covered in full, after deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible
Outpatient surgery	30% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	30% coinsurance, after deductible
Emergency services	30% coinsurance, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on priorityhealth.com for more details)
Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year with 30% coinsurance, after deductible
In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, after deductible
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	30% coinsurance, after deductible
Tier 1b	
Tier 2	
Tier 3	
Tier 4	
Tier 5	
Network options	
MyPriority HMO Network	MyPriority Silver 3000 Off-Marketplace
Narrow network options (must stay within assigned network)	Available on all of our narrow networks

MyPriority Silver 3600 (On-Marketplace or Off-Marketplace)	
Deductible: Individual / family	\$3,600 / \$7,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$90 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	30% coinsurance, after deductible
Outpatient surgery	\$1,000 copay; 30% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	30% coinsurance, after deductible
Emergency services	\$250 copay (<i>waived if admitted</i>); 30% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on priorityhealth.com for more details)
Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with 30% coinsurance, after deductible
In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$75 copay, after deductible
Tier 3	\$100 copay, after deductible
Tier 4	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
Network options	
MyPriority HMO Network	MyPriority Silver 3600 (On-Marketplace and Off-Marketplace)
Narrow network options (<i>must stay within assigned network</i>)	Available on all of our narrow networks

MyPriority Silver plans

MyPriority Silver 5500 (On-Marketplace or Off-Marketplace)	
Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$65 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	30% coinsurance, after deductible
Outpatient surgery	\$1,000 copay; 30% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	\$10 copay, before deductible only for diagnostic tests and lab services 30% coinsurance, after deductible for X-rays and radiology
Emergency services	\$250 copay (<i>waived if admitted</i>); 30% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See Preventive Care Guidelines on priorityhealth.com for more details)
Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with 30% coinsurance, after deductible
In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$75 copay, before deductible
Tier 3	\$125 copay, before deductible
Tier 4	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
Network options	
MyPriority HMO Network	MyPriority Silver 5500 (On-Marketplace and Off-Marketplace)
Narrow network options (<i>must stay within assigned network</i>)	Available on all of our narrow networks

MyPriority Silver plans

MyPriority Telehealth PCP Silver 5500—Virtual First (On-Marketplace or Off-Marketplace)	
Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Virtual-first visits: Primary care, urgent care, behavioral health	\$10 copay; before deductible
In-person office visits: Referral needed from assigned virtual PCP to seek care from another provider	\$65 copay; before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible <i>Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider</i>
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider</i>
Outpatient surgery	\$1,000 copay; 30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider</i>
Diagnostic tests and lab services	\$10 copay, before deductible <i>Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider</i>
X-rays and radiology services	30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider</i>
Preventive services (including annual physical exam)	Covered in full, before deductible <i>Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider</i> (See Preventive Care Guidelines on priorityhealth.com for more details)
Allergy	30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider</i>
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year with 30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider</i>
In-home hospice, in-home health care	30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider</i>
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$75 copay, before deductible
Tier 3	\$125 copay, before deductible
Tier 4	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
Network options	
MyPriority HMO Network	MyPriority Telehealth PCP Silver 5500—Virtual First (On-Marketplace or Off-Marketplace)

MyPriority Silver plans

MyPriority Travel Silver 5500	
Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$65 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Out-of-state coverage	Receive in-network benefits outside the state of Michigan, but within the United States, with a Cigna OAP provider
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	30% coinsurance, after deductible
Outpatient surgery	\$1,000 copay; 30% coinsurance, after deductible
Diagnostic tests and lab services	\$10 copay, before deductible
X-rays and radiology services	30% coinsurance, after deductible
Emergency services	\$250 copay (<i>waived if admitted</i>); 30% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on priorityhealth.com for more details)
Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with 30% coinsurance, after deductible
In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$75 copay, before deductible
Tier 3	\$125 copay, before deductible
Tier 4	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
Network options	
MyPriority HMO Network	MyPriority Travel Silver 5500

MyPriority Silver plans

MyPriority Standard Silver 5800	
Deductible: Individual / family	\$5,800 / \$11,600
Out-of-pocket limit: Individual / family	\$8,900 / \$17,800
Coinsurance	40% coinsurance, after deductible
Office visits: Primary doctor	\$40 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$60 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$60 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$80 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$40 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	40% coinsurance, after deductible
Outpatient surgery	40% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	40% coinsurance, after deductible
Emergency services	40% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on priorityhealth.com for more details)
Allergy	40% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with \$40 copay, before deductible
In-home hospice, in-home health care	40% coinsurance, after deductible Prior authorization required for in-home health care
Outpatient substance use disorder services	\$40 copay, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$20 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$40 copay, before deductible
Tier 3	\$80 copay, after deductible
Tier 4	\$350 copay, after deductible
Tier 5	\$350 copay, after deductible
Network options	
MyPriority HMO Network	MyPriority Standard Silver 5800
Narrow Network Options	Available on all of our narrow networks

MyPriority

Delta Dental

coverage



We've partnered with Delta Dental to offer affordable dental coverage that includes the nation's largest dental networks.

You can enroll members directly through Priority Quote by selecting the member and adding the dental plan. You will not need to contact Delta Dental for any reason during the enrollment process.

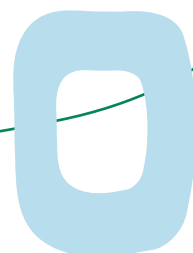
Billing

Members will see a separate line item on their invoice for the supplemental dental premium amount.

Customer Service

Members can contact Delta Dental directly with questions on their benefits.

*Call Delta Dental at 800.524.0149. Live help is available Monday–Friday, 9 a.m.–8 p.m. Eastern Time
To find a participating dentist online, visit deltadentalmi.com*



Dental Coverage benefits	Standard	Enhanced
Premiums	You pay	You pay
Supplemental dental added to any plan	\$28.64 / person	\$38.94 / person
Deductibles	You pay	You pay
Annual deductible Individual / family	\$50 / \$150	None
Benefits	You pay	You pay
Exams / cleanings (limit two per year)	0%	0%
Fluoride treatments (up to age 14; 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 9 on first molars and age 14 on second molars, limit one per lifetime)	20%	20%
Oral surgery services, extractions and dental surgery (Includes preoperative and postoperative care)	50% after deductible*	25%**
Minor restorative services (like fillings) to repair teeth damaged by disease or injury	50% after deductible*	25%**
Endodontics (like root canals) to treat teeth with diseased or damaged nerves	50% after deductible*	50%**
Periodontics to treat diseases of the gums and supporting structures of the teeth	50% after deductible*	50%**
Bridges / dentures / implants / crowns	50% after deductible*	50%**
Orthodontic diagnostic procedures (to age 19) (\$1,500 maximum per person per lifetime)	Not covered	50%**
Annual benefit maximum*		
Maximums apply per individual for preventive, basic and major dental treatment. Maximums for orthodontic services are calculated separately.	\$1,000 per person on the plan	\$1,500 per person on the plan

* There is a 12-month waiting period on oral surgery, minor restorative, periodontics, endodontics, relines and repairs, other basic, major restorative, prosthodontic and implant services. Waiting periods can be waived for all services if the enrollee was covered at least 12 months under an immediately preceding dental plan.

** There is a six-month waiting period on oral surgery, minor restorative, periodontics, endodontics, relines and repairs, other basic, major restorative, prosthodontic, implant and orthodontic services. Waiting periods can be waived for all services if the enrollee was covered at least 12 months under an immediately preceding dental plan.

MyPriority EyeMed coverage



We've partnered with EyeMed to offer vision coverage and discounts to My**Priority** members. In addition to a no-cost eye exam, members will also receive discounts through EyeMed, available from thousands of in-network eye doctors and top optical retailers.

Members will receive a separate EyeMed Select Network enrollment packet, including ID card and explanation of benefits (EOB).

Customer Service

Members can contact EyeMed directly with questions on their benefits.

Call EyeMed at 866.276.8399

Monday–Friday, 7:30 a.m. to 11:00 p.m. Eastern Time

Saturday, 8 a.m. to 11 p.m. Eastern Time

Sunday, 11:00 a.m. to 8:00 p.m. Eastern Time

To find a participating vision provider or see if your provider is in the EyeMed network, go to priorityhealth.com and use the Find a Doctor tool.



	Member in-network cost (EyeMed Select Network)	
	Product Medium	Product High
Supplemental vision added to any plan	\$7.93	\$11.85
Premium Other add-ons	80% of charge 20% off retail price	
Exam with dilation as necessary	\$15 copay	\$10 copay
Fundus photography benefit	Up to \$39	
Exam options		
Standard contact lens fit and follow-up	Up to \$40	
Premium contact lens fit and follow-up	10% off retail price	
Frames		
Any available frame at provider location	\$0 copay; \$150 allowance, 20% off balance over \$150	\$0 copay; \$200 allowance, 20% off balance over \$200
Standard plastic lenses		
Single vision		
Bifocal	\$25 copay	\$20 copay
Trifocal		
Lenticular		
Standard progressive lens	\$90 copay	\$85 copay
Premium progressive lens	\$90 copay; 80% of charge less \$120 allowance	\$85 copay; 80% of charge less \$120 allowance
Lens options		
UV treatment tint (solid and gradient)	\$15 copay	
Standard plastic scratch coating	\$15 copay	
Standard polycarbonate	\$0 copay	
Standard anti-reflective coating	\$0 copay	
Premium anti-reflective polarized	\$45 copay	
Contact lenses (contact lens allowance includes materials only)		
Conventional	\$0 copay; \$150 allowance, 15% off balance over \$150	\$0 copay; \$200 allowance, 15% off balance over \$200
Disposable	\$0 copay; \$150 allowance, plus balance over \$150	\$0 copay; \$200 allowance, plus balance over \$200
Medically necessary	\$0 copay, paid in full	
Standard anti-reflective coating	\$0 copay	
Premium anti-reflective polarized	\$45 copay	
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotion price	
Additional Pairs Benefit		
	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used	

*Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.

My**Priority** TruHearing coverage

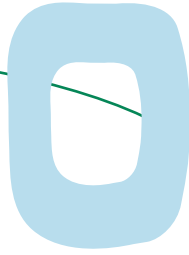
TruHearing®

All My**Priority** members have access to discounts on hearing exams and high-quality hearing aids through the TruHearing® discount program.

Members receive 30–60% savings on hearing aids on over 170 products from the top six hearing aid manufacturers. This discount program can be extended to our members plus family and friends!

Discount program includes:

- Hearing exam (\$45 for exam) plus a full year's worth of fitting and adjustment visits
- A 60-day risk-free trial and three-year warranty on hearing aids
- 80 batteries per hearing aid
- Local, professional care from nationwide network of over 5,600 provider locations
- Guidance and assistance from a TruHearing consultant



*You'll find enrollment forms
and marketing materials
for dental, vision and hearing
in the Agent Center at:
priorityhealth.com/agent*

Membership benefits



Every My**Priority** plan comes with extra member perks, giving your clients the tools they need to stay healthy and save money.



Priority Health app

Access all your health benefits and money-saving tools in one place from your phone, tablet or computer with your Priority Health member account. Download the Priority Health app on the App Store or Google Play or go to member.priorityhealth.com and click **Sign Up**.



Global emergency assistance

Your Priority Health plan includes global emergency assistance that travels with you. If you or your dependents become ill or injured while traveling more than 100 miles from home, our partner Assist America® can help you get care and even arrange your safe travel home.



Cost Estimator

Know your costs—and control out-of-pocket spending—with Cost Estimator, available in your member account.



Virtual care

Access 24/7 Spectrum Health On-Demand Virtual Visits for nonemergencies like the flu, rashes and pink eye through your Priority Health member account.



Discounted gym memberships

The Active&Fit Direct Program helps you stay active at the gym or at home with affordable fitness options starting at just \$25 a month. Sign up for Active&Fit Direct through your Priority Health member account.



Amazon HSA store

As a member, you'll have access to our online Priority Health storefront on Amazon, where you can use your HSA card to purchase thousands of eligible items. Visit our storefront at amazon.com/priorityhealth.com.



Wellbeing Hub

The Priority Health Wellbeing Hub helps you live better and achieve your health goals with a fun and engaging experience that delivers powerful resources right to your fingertips. Find the Wellbeing Hub in your Priority Health member account.



On-demand mental health support

myStrength is a free mental health and wellness online tool that helps you live your best life. You have access to support for stress, anxiety, chronic pain and more. Access myStrength through your Priority Health member account.



Hearing exams and hearing aids

Your plan includes hearing exams and hearing aid discounts for you and your extended family with TruHearing®. To get started call TruHearing at 844.808.4224.



BenefitHub

BenefitHub is a free, easy-to-use benefits portal with a full range of discounts and rewards. Go to priorityhealth.com/benefithub to sign up and start saving.



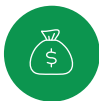
Right Price

Priority Health makes it easier for you to save on your prescription costs. No more tracking down a coupon code or discount card to save on your prescriptions. You'll always get the lowest price for your medications.



Chronic condition management

Our plans provide coverage, before deductible, for some of the most common chronic conditions. You have access to a variety of medications, supplies and services to help you manage your condition for a reliable, low cost.



SaveOn

To help you save at the pharmacy, Priority Health is providing a specialty drug savings program, if you're currently taking a qualifying medication you'll receive an introductory letter from Priority Health and our partner, SaveOnSP.



Diabetes management

Our plans provide coverage for diabetes management services, supplies and treatments for no cost, before deductible when furnished by a participating durable medical equipment (DME) provider. Diabetes prescriptions and testing procedures are covered before deductible, with cost share.

