

My**Priority** Silver 5500 Plan

Why choose this plan option?

Many common health care services like primary care visits, specialist visits, urgent care, generic and brand prescriptions and labs are available with a low copay before deductible.

Reasons to love your Silver 5500 plan



Chronic condition management

Access to a variety of medications, supplies and services to help you manage your condition for a reliable, low cost.



Limited virtual care

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



Global emergency assistance

While traveling more than 100 miles from home, our partner Assist America® can help you get care and even arrange your safe travel home.



Hearing exams and hearing aids

Your plan includes hearing exams and hearing aid discounts for you and your extended family with TruHearing®.



Right Price

It's easy to always get the lowest price for your medications—no more tracking down coupon codes or discount cards.



Cost estimator

Know your costs and control out of pocket spending.



Wellbeing Hub

Achieve your health goals with a fun and engaging experience that delivers powerful resources right to your fingertips.



Discounted gym memberships

Stay active at the gym or at home with affordable fitness options starting at just \$25 a month.



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.



SaveOn

If you're currently taking a qualifying medication, you'll receive an introductory letter about our specialty drug savings program through our partner, SaveOn^(SM).

My**Priority** Silver 5500 is also offered on Priority Health's five narrow network options:

- Spectrum Health Partners
- Bronson Healthcare Partners
- Beaumont Health Network
- Ascension St. John Providence Network
- Trinity Health East Network



Also available as an Off-Marketplace plan, a Telehealth PCP — Virtual First plan and a Travel plan.

	MyPriority Silver 5500 Plan
Deductible Individual / family	\$5,500 / \$11,000
Out-of-pocket maximum Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, 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 Specialist	\$65 copay; office visits (evaluation only), before deductible
Office visits Mental health	\$30 copay; office visits (evaluation only), before deductible
Limited virtual care services: 24/7 access to a provider through a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Maternity Inpatient hospital care (includes labor and delivery)	Routine prenatal and postnatal care covered in full, before deductible 30% coinsurance, after deductible
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible
Inpatient hospital care (includes labor and delivery) Outpatient hospital care	30% coinsurance, after deductible \$1,000 copay; 30% coinsurance, after deductible \$250 copay (waived if admitted); 30% coinsurance, after deductible
Inpatient hospital care (includes labor and delivery) Outpatient hospital care Emergency services Prescription drug coverage	30% coinsurance, after deductible \$1,000 copay; 30% coinsurance, after deductible \$250 copay (waived if admitted); 30% coinsurance, after deductible
Inpatient hospital care (includes labor and delivery) Outpatient hospital care Emergency services Prescription drug coverage Want to find out if your prescription is covered? Visit priority	30% coinsurance, after deductible \$1,000 copay; 30% coinsurance, after deductible \$250 copay (waived if admitted); 30% coinsurance, after deductible health.com and click on approved drug list
Inpatient hospital care (includes labor and delivery) Outpatient hospital care Emergency services Prescription drug coverage Want to find out if your prescription is covered? Visit priority. Tier 1a	30% coinsurance, after deductible \$1,000 copay; 30% coinsurance, after deductible \$250 copay (waived if admitted); 30% coinsurance, after deductible health.com and click on approved drug list \$5 copay, before deductible
Inpatient hospital care (includes labor and delivery) Outpatient hospital care Emergency services Prescription drug coverage Want to find out if your prescription is covered? Visit priority. Tier 1a Tier 1b	30% coinsurance, after deductible \$1,000 copay; 30% coinsurance, after deductible \$250 copay (waived if admitted); 30% coinsurance, after deductible *health.com* and click on approved drug list \$5 copay, before deductible \$20 copay, before deductible

If you have questions, please contact your agent or call the number on the back of your member ID card or visit *priorityhealth.com* and select **Contact Us**.