



MyPriority

Short-term PPO plans

Summary of benefits

DEDUCTIBLE	\$500 SINGLE/\$1,000 FAMILY	\$1,000 SINGLE/\$2,000 FAMILY	\$2,500 SINGLE/\$5,000 FAMILY
Out-of-pocket maximum ¹	\$1,500 single/\$3000 family	\$2,000 single/\$4,000 family	\$3,500 single/\$7,000 family
Benefit maximum per term (for in and out-of-network services combined)	\$2 million		

BENEFIT	WHAT YOU PAY
Doctor's office visits	• 20% coinsurance in-network after deductible
Urgent care	• 40% coinsurance out-of-network after deductible
Emergency room	• 30% coinsurance in-network after deductible • 30% coinsurance out-of-network after deductible
Ambulance	• 30% coinsurance in-network after deductible • 30% coinsurance out-of-network after deductible
Outpatient lab/X-ray	• 20% coinsurance in-network after deductible • 40% coinsurance out-of-network after deductible
Outpatient surgery	
Hospitalization	
Outpatient speech therapy ²	
Outpatient occupational therapy ²	
Outpatient physical therapy/ spinal manipulation ²	
Cardiac rehab ²	
Skilled nursing; Subacute; Inpatient rehab; Hospice ³	
Home health care ⁴	
Substance abuse ⁵	
DME; P&O ⁶	• 50% coinsurance after deductible
Prescription drug coverage	• Priority Health discount
Medical specialty drugs ⁷	• 50% coinsurance after deductible

NOT COVERED
- Preventive health, maternity, mental health, dietitian services, transplants, pre-existing conditions - Certain surgeries — bariatric surgery, blepharoplasty of upper eyelids, breast reduction, panniculectomy, surgical treatment of male gynecomastia and procedures to correct obstructive sleep apnea - Family planning/infertility services — vasectomy, infertility counseling and treatment of underlying cause of infertility - TMJ, port wine stains, orthognathic surgery

¹ Includes coinsurance and deductible

² \$1000 combined max per member

³ 30-day combined max per member

⁴ 30-day combined max per member

⁵ Up to the state-mandated benefit

⁶ \$2,000 max per member per year

⁷ \$25,000 max per member