

2021 PLAN INFORMATION

Your guide to choosing
the right Medicare
Advantage plan

PriorityHealth 
THINK SMART. LIVE SMART.™



**A Michigan
health plan that
puts you first.**



When you choose a Priority Health Medicare plan, you're not just getting the Medicare Advantage plan that more individuals in Michigan choose¹—you get a plan that prioritizes the needs of Michigan residents like you. We've always called Michigan home, which is why we know what Michigan Medicare members want and need, like access to more doctors (97% of all primary care providers in the state²) and plans with out-of-state coverage at in-network prices. Plus, whenever you call our customer service, you'll talk to someone who's right here in Michigan, because we're more than just a Medicare plan—we're your neighbor.

We're not the only ones who think we're the smart choice for Medicare coverage:



Our Medicare Advantage plans are the highest rated in the state, and some of the highest rated in the nation.³



97% of our Medicare members stayed with us, compared to the national average of 88%.⁴

Choosing your plan

No matter what you're looking for, we have a Medicare plan to suit your specific needs—and your budget.

Many of our plans start at just \$0 and come with perks like \$0 copays and deductibles.



Don't miss the side-by-side comparison of our plan benefits and pricing by county at the back of this booklet.

Priority Health Medicare Advantage plans offer:

- Doctor visits, hospital coverage and prescription drug coverage
- \$0 in-network medical deductibles and Part D prescription drug deductibles (on generic drug tiers), which means lower out-of-pocket costs for you
- \$0 virtual visits* for primary care, specialist and behavioral health so you can get the care you need from the comfort and safety of your home
- Preventive dental services, including exams, cleanings and X-rays
- Routine vision and hearing coverage, including hearing aids and a \$100 allowance for eyewear
- Coverage that travels with you:⁵
 - Out-of-state travel benefit that covers you anywhere in the U.S. outside of Michigan at in-network prices when you see a Medicare-participating provider
 - Access to out-of-state providers is even easier when using MultiPlan® Medicare providers to get care while outside of Michigan
 - Assist America® for global emergency travel assistance when on the go
 - Unlimited worldwide emergency and urgent coverage
- Over-the-counter allowance on some plans for things like allergy medication, eye drops, vitamins, pain relievers and more
- Extras like a free fitness membership, home fitness kits and access to online classes with SilverSneakers®
- Ways to save on prescription drugs with preferred pharmacy pricing and \$0 copays for 90-day mail order** for generic drugs⁶
- Support for your mind and body with tools like BrainHQ (like a gym for your brain), myStrength for mental wellbeing and acupuncture
- When we say “no cost”, we mean it—\$0 annual physical exam, where you’re free to talk without being charged for an office visit
- A robust network of 97% of primary care providers in the state, including all major hospital systems

**Excluding the Vital plan, which has 20% coinsurance for virtual visits*

***\$0 copay applies to tier 1 and tier 2 generic drugs*

Introducing more ways to help you stay healthy



Get the care you need from your phone or computer for a \$0 copay*

We understand that sometimes it's just not convenient to get to your doctor's office. That's why we've added more options for you to see a provider—and all you need is an internet connection. As a Priority Health Medicare member, you can receive care from the comfort of your home (or wherever you are) with a virtual visit on your computer, smart phone or tablet.

With \$0 virtual care, seeing a provider is easier than ever. You can use a virtual visit to speak with your primary care provider, a specialist (like a dermatologist, for example) or a behavioral health provider (for services like counseling) without ever leaving home—and all for a \$0 copay.

To start a virtual visit, check with your provider's office to see if they offer this option, log in to your member account at priorityhealth.com or download the Priority Health app.

\$0
COPAY
FOR VIRTUAL VISITS

**Excluding the Vital plan, which has 20% coinsurance for virtual visits*



Beyond your basic benefits

We've added even more offerings for your mind and body. Our plans have solutions for the whole you, from your head to your toes.



We've partnered with Papa, a company that connects college students (Papa Pals) to Medicare members who need assistance with transportation, house chores, technology and other senior services. Members on **Priority**Medicare Ideal and **Priority**Medicare Edge can receive eight hours a month of companion care through Papa.



With BrainHQ you can access online exercises and games that improve memory, attention, brain speed and more.



With \$0 behavioral health virtual visits, you can get the help and support you need from mental health professionals from the comfort and safety of your own home.



Our plans now include Medicare-covered acupuncture for chronic lower back pain, plus six additional acupuncture sessions for any diagnosis.



Most plans include a monthly over-the-counter allowance for health-related purchases, plus additional savings on groceries from Walmart and other participating stores to help you eat healthy.

Dental, vision and hearing coverage



Preventive dental services are something to smile about

Chew on this: All of our plans include preventive dental services at no additional cost to you. Plus, you'll have access to the largest network of dentists in the country through our partnership with Delta Dental®, making it easier for you to protect your smile and keep it healthy.



Hearing and vision come standard

All of our plans include routine vision from EyeMed® providers and hearing coverage from TruHearing™ providers. You won't pay anything for a routine vision exam, and we include a \$100 eyewear allowance each year for glasses or contacts. You're also covered for a \$0 routine hearing exam and can choose from four levels of hearing aids, ranging from a \$295 copay for a moderate-level hearing aid to a \$1,495 copay for a full-featured hearing aid per ear, on most plans.



Optional Enhanced Dental and Vision package

If you need additional coverage than what's included in our plans, you can upgrade to our enhanced package that includes additional dental coverage with \$1,500 to spend each calendar year and another \$150 per year toward your eyewear allowance.

Optional Enhanced Dental and Vision package

Plan	Monthly premium	Vision in-network	Dental in-network
Priority Medicare Value SM (HMO-POS) <i>This package is available with additional plans not shown here, see the summary of benefits for details.</i>	\$36	Eyewear: \$150 eyewear allowance, per calendar year	Dental services: \$0 copay for fillings, crown repair, anesthesia and emergency treatment of dental pain. 50% of the cost for implants and implant related services, crowns, root canals, simple extractions (nonsurgical), and relines and repairs to bridges and dentures. 30% of the cost for oral surgery (e.g. surgical extractions). \$1,500 yearly limit per calendar year.
Priority Medicare Edge SM (PPO) Priority Medicare Compass SM (PPO) Priority Medicare Key SM (HMO-POS) Priority Medicare Vital SM (PPO) Priority Medicare Ideal SM (PPO)	\$37	Eyewear: \$150 eyewear allowance, per calendar year	Dental services: \$0 copay for a brush biopsy, fillings, crown repair, anesthesia and emergency treatment of dental pain. And all other radiographs (e.g. panoramic X-rays). 50% of the cost for implants and implant related services, crowns, root canals, simple extractions (nonsurgical), and relines and repairs to bridges and dentures. 30% of the cost for oral surgery (e.g. surgical extractions). \$1,500 yearly limit per calendar year.



Travel smarter with out-of-state travel benefits



With Priority Health, your coverage travels with you. All of our plans include our out-of-state travel benefit. When you visit any Medicare-participating provider in the U.S. outside of Michigan, you'll pay in-network costs. We've even made things easier for you by adding MultiPlan network access to help you find providers when seeking care outside of Michigan. Whether you're a snowbird or regularly go to another state for your care, go with confidence knowing you're covered—even for routine visits.

Our plans have built-in unlimited worldwide emergency and urgent care coverage, so you can travel close to home or around the world, worry-free. You also get access to Assist America for global emergency travel assistance when you're more than 100 miles from home or in a foreign country. Assist America gives you peace of mind while traveling, knowing that a single phone call will connect you to a vast network of resources to help coordinate care on your behalf during any medical travel emergency.

We're more than just your health plan. We're your health partner.



We know that being healthy goes beyond visiting a doctor when you don't feel well—it's about living healthy habits every day. That's why every one of our plans includes innovative benefits, tools and services to help you save money and be your healthiest.



SilverSneakers health and fitness program

The SilverSneakers program⁷ is included at no cost to you when you become a Priority Health Medicare Advantage plan member. You get to choose how you want to workout—from the comfort of home or at a fitness center.

Program benefits include:

- Membership at thousands of participating SilverSneakers fitness centers nationwide. Plus, options for working out from the comfort of your home.
- Access to members-only virtual exercise classes and online workshops, plus even more workout options to do from home with the SilverSneakers GO™ fitness app or SilverSneakers home fitness kit.
- You can also sign up for Tuition Rewards® through SilverSneakers to earn money towards college tuition for family members. Visit silversneakers.tuitionrewards.com for details.

To find a fitness center near you or to request home fitness kits, call toll-free 833.236.0190 (TTY 711), Monday – Friday, 8 a.m.–9 p.m. (Eastern Time) or go to silversneakers.com.



Ongoing mental health access

Self-care and coping skills are critical to your mental health and overall wellbeing, which is why we partner with digital health specialist myStrength to offer ongoing free access to mental wellness resources. Once you become a Priority Health member, you can access myStrength through your member account.



Know the cost before you go to the doctor or pharmacy

With Cost Estimator you can take control of your budget and see costs for some medical services before you even have a procedure. You can also see your medication costs and pharmacy options before you refill your next prescription. Once you become a Priority Health Medicare member, create a Priority Health member account at priorityhealth.com and start using Cost Estimator to get informed about your plan's costs.



Care management

A little extra care can make all the difference. Every Priority Health Medicare plan includes support from the licensed nurses and social workers on our care management team. They offer guidance and support by phone or in person for chronic conditions and more. There's no cost to you and you can get started with just a phone call.



Get the preventive care you need

There are many services Medicare covers at no cost to you, including mammograms, vaccines (flu, Hepatitis B, pneumococcal) and more. Whenever Original Medicare adds new preventive services to their coverage list, we will fully cover those services as well. In addition, you have a truly \$0 annual physical exam, with no hidden fees for your office visit. You can talk with your physician to discuss any concerns you have and you won't be charged for the office visit no matter what or how much is discussed. For the current list of Medicare-covered services, go to prioritymedicare.com.

In addition to preventive care, we also offer our members access to tools and services so you can get healthy and stay healthy.

- Our Wellbeing Hub, a personalized online experience where members can get rewarded for completing health screenings, participate in health challenges, view instructional fitness videos and more
- An in-home health assessment provided by Signify Health® at no additional charge

Prescription drug coverage



Get the most from the prescription drug benefits included with your Priority Health Medicare plan.

Fill your prescriptions

We know that the cost of prescriptions is one of the biggest concerns for those with Medicare. Our Medicare plans offer a variety of options to help you save on your prescriptions.

You can fill your prescriptions at any of the more than 66,000 pharmacies that are in our network, including big-name chains, as well as small local pharmacies. Our nationwide network of pharmacies also includes long-term care, Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) and home-infusion pharmacies.

Mail order

All of our plans offer 90-day mail-order generic drugs in tiers 1 and 2 for \$0. For other drugs, you can usually get up to a 90-day supply for the cost of two and a half copayments using mail order.

Preferred pharmacy⁶

All of our plans include preferred pharmacy copays. You can pay as little as \$1 for a one-month supply of certain drugs filled within our preferred pharmacy network, which includes many popular pharmacies like Meijer, Walgreens, Kroger, Walmart and more.

The drug tiers

Prescription drugs come in a wide range of prices, even if they treat the same condition. Priority Health divides drugs into five tiers to make it easier for you and your doctor to understand the cost. Each tier has its own copayment or coinsurance. Tier 1 (preferred generic drug tier), tier 2 (generic drug tier), tier 3 (preferred brand drug tier), tier 4 (non-preferred drug tier) and tier 5 (specialty drug tier).

All our plans have a \$0 drug deductible for tier 1 and tier 2 drugs, keeping more money in your pocket.

Check our approved drug list

Not all drugs are covered by every Medicare plan. Remember to check our approved drug list, called a “formulary,” to make sure your drugs are covered by Priority Health Medicare. The list shows both generic and brand-name drugs that we cover, including the more than 300 drugs in our preferred generic drug tier. The formulary is available at *prioritymedicare.com*.

Be your healthiest and save money with a medication review

A yearly medication review is just as important as your yearly checkup with your doctor. Our plans include a face-to-face, no-cost visit or phone appointment with a pharmacist. Get the help you need to understand your drugs and maximize results while controlling your out-of-pocket costs.

Need more prescription drug information? To get the most up-to-date information about Priority Health Medicare network pharmacies in your area or our approved drug list, go to *prioritymedicare.com* or call the number listed on the bottom of this page.

Over-the-counter allowance

Over-the-counter health purchases can really add up over time. That’s why we include an over-the-counter benefit allowance on many of our plans so you can purchase the health and wellness products you need to support your health. If your plan is eligible, you’ll receive a quarterly allowance to use on things like aspirin, cold medicine, compression socks and more. There are three convenient ways to buy health items: shop in-store at Walmart and other participating store locations near you, call for delivery or order online with free two-day shipping.

You’ll get a card in the mail to use for eligible purchases, which will be automatically reloaded for you every quarter. Visit *healthybenefitsplus.com/PHMOTC* for more information.

Insulin savings for people with diabetes

Our PriorityMedicare Value plan now offers savings on select insulins in the coverage gap (“donut hole”) to help you manage your diabetes. And you don’t just save in the coverage gap—there are other savings too.

- The Part D deductible is waived for tier 3 insulins, Lantus and Toujeo.
- You’ll only pay \$35 for a 30-day supply of these tier 3 drugs both in the initial coverage stage and in the coverage gap, regardless of whether they were filled at a preferred or standard retail pharmacy, and \$87.50 for a 90-day mail-order supply.
- You’ll pay \$10 (preferred retail pharmacy) or \$15 (standard retail pharmacy) for a 30-day supply of Humalog and Humulin 100 unit/ml products, and \$0 for a 90-day mail-order supply, both in the initial coverage stage and in the coverage gap.



Which Priority Health Medicare plan is right for you?

2021 Priority Health Medicare Advantage benefit comparison

Summary of the most frequently used benefits on many of our plans. A complete list is available in the Evidence of Coverage document.

	MOST POPULAR \$0 PLANS			MORE THAN ORIGINAL MEDICARE FOR \$0	BEST PLANS FOR CHRONIC CONDITION MANAGEMENT	
Benefit (In-network)	PriorityMedicare Edge SM (PPO) <i>Available in select counties; see the listing in the premiums chart.</i>	PriorityMedicare Compass SM (PPO) <i>Available in select counties; see the listing in the premiums chart.</i>	PriorityMedicare Key SM (HMO-POS)	PriorityMedicare Vital SM (PPO) <i>Available in select counties; see the listing in the premiums chart.</i>	PriorityMedicare Ideal SM (PPO)	PriorityMedicare Value SM (HMO-POS)
Medical Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Office visit: primary care	\$0 copay	\$0 copay	\$0 copay	20% coinsurance	\$15 copay	\$5 copay
Office visit: specialist	\$40 copay	\$50 copay	\$45 copay	20% coinsurance	\$45 copay	\$45 copay
Annual physical exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Virtual care visit with a primary care provider, specialist or behavioral health provider	\$0 copay	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	\$0 copay
Outpatient diagnostic services (labs, imaging, X-rays)	\$0 copay for lab services \$0 copay for diagnostic procedures and tests \$20 copay for X-rays \$275 copay for diagnostic radiology/imaging	\$20 copay for lab services \$20 copay for diagnostic procedures and tests \$20 copay for X-rays \$275 copay for diagnostic radiology/imaging	\$10 copay for lab services \$10 copay for diagnostic procedures and tests \$35 copay for X-rays \$150 copay for diagnostic radiology/imaging	\$0 copay for lab services 20% coinsurance for diagnostic procedures and tests 20% coinsurance for X-rays 20% coinsurance for diagnostic radiology/imaging	\$15 copay for lab services \$15 copay for diagnostic procedures and tests \$40 copay for X-rays \$150 copay for diagnostic radiology/imaging	\$10 copay for lab services \$10 copay for diagnostic procedures and tests \$35 copay for X-rays \$225 copay for diagnostic radiology/imaging
Preventive dental (by Delta Dental)	\$0 copay for two exams and two cleanings each year \$0 for one set of bitewing X-rays each year	\$0 copay for two exams and two cleanings each year \$0 for one set of bitewing X-rays each year	\$0 copay for two exams and two cleanings each year \$0 for one set of bitewing X-rays each year	\$0 copay for two exams and two cleanings each year \$0 for one set of bitewing X-rays each year	\$0 copay for two exams and two cleanings each year \$0 for one set of bitewing X-rays each year	\$0 copay for two exams and two cleanings each year \$0 copay for one set of bitewing X-rays each year \$0 copay for one brush biopsy each year and \$0 for all other X-rays (once every 2 years)
Routine vision (by EyeMed)	\$0 copay for one routine eye exam each year \$100 eyewear allowance each year \$0 for one retinal imaging each year	\$0 copay for one routine eye exam each year \$100 eyewear allowance each year \$0 for one retinal imaging each year	\$0 copay for one routine eye exam each year \$100 eyewear allowance each year \$0 for one retinal imaging each year	\$0 copay for one routine eye exam each year \$100 eyewear allowance each year \$0 for one retinal imaging each year	\$0 copay for one routine eye exam each year \$100 eyewear allowance each year \$0 for one retinal imaging each year	\$0 copay for one routine eye exam each year \$100 eyewear allowance each year \$0 for one retinal imaging each year
Routine hearing (by TruHearing)	\$0 copay for one routine hearing exam, per year \$295, \$695, \$1,095 or \$1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected	\$0 copay for one routine hearing exam, per year \$295, \$695, \$1,095 or \$1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected	\$0 copay for one routine hearing exam, per year \$295, \$695, \$1,095 or \$1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected	\$0 copay for one routine hearing exam, per year \$0 copay for up to 2 TruHearing-branded ‘Advanced’ hearing aids, one per ear per year	\$0 copay for one routine hearing exam, per year \$295, \$695, \$1,095 or \$1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected	\$0 copay for one routine hearing exam, per year \$295, \$695, \$1,095 or \$1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected
Over-the-counter (OTC) allowance For use on drugs and health-related products that do not need a prescription.	\$50 per quarter	\$25 per quarter	\$75 per quarter in regions 1, 2, and 5 \$50 per quarter in regions 3 and 4 <i>Regions listed in premiums chart</i>	\$40 per quarter	\$75 per quarter	\$25 per quarter
Inpatient hospital coverage	\$350 copay per day, days 1-5	\$350 copay per day, days 1-5	\$325 copay per day, days 1-6	\$400 copay per day, days 1-4	\$300 copay per day, days 1-6	\$325 copay per day, days 1-5
Outpatient hospital coverage (ambulatory surgery center or outpatient hospital facility)	\$325 copay for each visit	\$325 copay for each visit	\$290 copay for each visit	20% coinsurance for each visit	\$250 copay for each visit	\$225 copay for each visit
Outpatient hospital observation	\$90 copay for each in-network or out-of-network visit, including all services received	\$90 copay for each in-network or out-of-network visit, including all services received	\$90 copay for each in-network or out-of-network visit, including all services received	20% coinsurance for each in-network or out-of-network visit, including all services received	\$90 copay for each in-network or out-of-network visit, including all services received	\$90 copay for each in-network or out-of-network visit, including all services received
Unlimited U.S. & worldwide emergency / urgently needed services	\$90 copay / \$30 copay	\$90 copay / \$30 copay	\$90 copay / \$50 copay	20% coinsurance / 20% coinsurance	\$90 copay / \$50 copay	\$90 copay / \$55 copay
Durable medical equipment (e.g., wheelchairs, oxygen or insulin pumps)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Companion care (by Papa)	\$0 for up to 8 hours of companion care each month	Not covered	Not covered	Not covered	\$0 for up to 8 hours of companion care each month	Not covered
Chiropractic (Medicare-covered / Routine)	\$20 copay for each Medicare-covered visit / \$20 copay for each routine visit (limit 12) and \$20 copay for one chiropractic X-ray	\$20 copay for each Medicare-covered visit / \$20 copay for each routine visit (limit 12) and \$20 copay for one chiropractic X-ray	\$20 copay for each Medicare-covered visit / \$20 copay for each routine visit (limit 12) and \$35 copay for one chiropractic X-ray	20% coinsurance for each Medicare-covered visit / 20% coinsurance for each routine visit (limit 12) and 20% coinsurance for one chiropractic X-ray	\$20 copay for each Medicare-covered visit / \$20 copay for each routine visit (limit 12) and \$40 copay for one chiropractic X-ray	\$20 copay for each Medicare-covered visit / Not covered
Acupuncture (Medicare-covered / Routine)	\$20 copay for each Medicare-covered visit / \$20 copay for each routine visit (limit 6)	\$20 copay for each Medicare-covered visit / \$20 copay for each routine visit (limit 6)	\$20 copay for each Medicare-covered visit / \$20 copay for each routine visit (limit 6)	\$20 copay for each Medicare-covered visit / \$20 copay for each routine visit (limit 6)	\$20 copay for each Medicare-covered visit / \$20 copay for each routine visit (limit 6)	\$20 copay for each Medicare-covered visit / \$20 copay for each routine visit (limit 6)
Annual out-of-pocket maximum	\$5,300 combined in- and out-of-network	\$5,500 combined in- and out-of-network	\$5,500	\$6,000 combined in- and out-of-network	\$5,800 combined in- and out-of-network	\$4,900

NOT ALL AVAILABLE PLANS ARE SHOWN HERE, SEE THE SUMMARY OF BENEFITS FOR ADDITIONAL PLANS.

Part D prescription drugs benefits summary

Amounts shown are for a one-month (30-day) retail supply, unless otherwise noted. Benefits shown are for the initial coverage period which lasts until your total drug costs reach \$4,130.

	PriorityMedicare Edge SM (PPO)	PriorityMedicare Compass SM (PPO)	PriorityMedicare Key SM (HMO-POS)
Part D deductible	\$0 deductible, tiers 1–5	\$0 deductible, tiers 1 & 2, \$100 deductible, tiers 3-5	\$0 deductible, tiers 1 & 2, \$100 deductible, tiers 3-5
Tier 1 (preferred generic)	\$2 (preferred retail) \$6 (standard retail) \$0 (90-day mail order)	\$4 (preferred retail) \$10 (standard retail) \$0 (90-day mail order)	\$4 (preferred retail) \$10 (standard retail) \$0 (90-day mail order)
Tier 2 (generic)	\$8 (preferred retail) \$13 (standard retail) \$0 (90-day mail order)	\$15 (preferred retail) \$20 (standard retail) \$0 (90-day mail order)	\$15 (preferred retail) \$20 (standard retail) \$0 (90-day mail order)
Tier 3 (preferred brand)	\$38 (preferred retail) \$43 (standard retail)	\$42 (preferred retail) \$47 (standard retail)	\$42 (preferred retail) \$47 (standard retail)
Tier 4 (non-preferred drug)	40% coinsurance (preferred retail) 45% coinsurance (standard retail)	45% coinsurance (preferred retail) 50% coinsurance (standard retail)	45% coinsurance (preferred retail) 50% coinsurance (standard retail)
Tier 5 (specialty)	33% coinsurance	31% coinsurance	31% coinsurance

	PriorityMedicare Vital SM (PPO)	PriorityMedicare Ideal SM (PPO)	PriorityMedicare Value SM (HMO-POS)
Part D deductible	\$0 deductible, tiers 1 & 2, \$350 deductible, tiers 3-5	\$0 deductible, tiers 1 & 2, \$125 deductible, tiers 3-5	\$0 deductible, tiers 1 & 2, \$75 deductible, tiers 3-5*
Tier 1 (preferred generic)	\$1 (preferred retail) \$6 (standard retail) \$0 (90-Day Mail Order)	\$4 (preferred retail) \$9 (standard retail) \$0 (90-day mail order)	\$2 (preferred retail) \$7 (standard retail) \$0 (90-day mail order)
Tier 2 (generic)	\$4 (preferred retail) \$10 (standard retail) \$0 (90-Day Mail Order)	\$13 (preferred retail) \$18 (standard retail) \$0 (90-day mail order)	\$10 (preferred retail) \$15 (standard retail) \$0 (90-day mail order)
Tier 3 (preferred brand)	\$42 (preferred retail) \$47 (standard retail)	\$42 (preferred retail) \$47 (standard retail)	\$42 (preferred retail) \$47 (standard retail) \$35 (preferred or standard retail) for Lantus and Toujeo
Tier 4 (non-preferred drug)	45% coinsurance (preferred retail) 50% coinsurance (standard retail)	50% coinsurance (preferred retail) 50% coinsurance (standard retail)	50% coinsurance (preferred retail) 50% coinsurance (standard retail)
Tier 5 (specialty)	26% coinsurance	30% coinsurance	31% coinsurance

The Value plan offers coverage in the gap for select insulins; Humalog, Humulin 100 unit/ml products, Lantus and Toujeo. See page 15 for more details.

*Deductible does not apply to tier 3 insulins Lantus and Toujeo.



2021 monthly premiums

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

	PriorityMedicare Vital SM (PPO)	PriorityMedicare Ideal SM (PPO)	PriorityMedicare Value SM (HMO-POS)
Region 1 <i>Allegan, Barry, Kent, Lenawee, Ottawa</i>	\$0	\$23	\$13
Region 2 <i>Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford</i>	\$0	\$19	\$32
Region 3 <i>Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe</i>	PriorityMedicare Vital is not available in these counties.	\$25	\$73
Region 4 <i>Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph</i>		\$23	\$68
Region 5 <i>Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne</i>	\$0	\$20	\$45



Ready to enroll?

There are three requirements you must meet before you can enroll in a Priority Health Medicare Advantage plan.

- 1** | You must have both Medicare Parts A and B and continue to pay your Part B premium (unless it's paid by Medicaid or another third party).
- 2** | You must have a primary residence in our service area, which includes the 68 counties in Michigan's Lower Peninsula, listed on page 18.
- 3** | You can be enrolled in only one Medicare Advantage or Medigap plan at a time.

You may enroll or disenroll from a Medicare Advantage plan only during specific times of the year. If you have questions about when you can enroll, call the number at the bottom of these pages.

How to enroll

Once you've chosen a plan, there are three easy ways to enroll:



Phone

Call one of our Medicare experts toll-free at 888.481.0653 from 8 a.m.–8 p.m., seven days a week. TTY users should call 711.



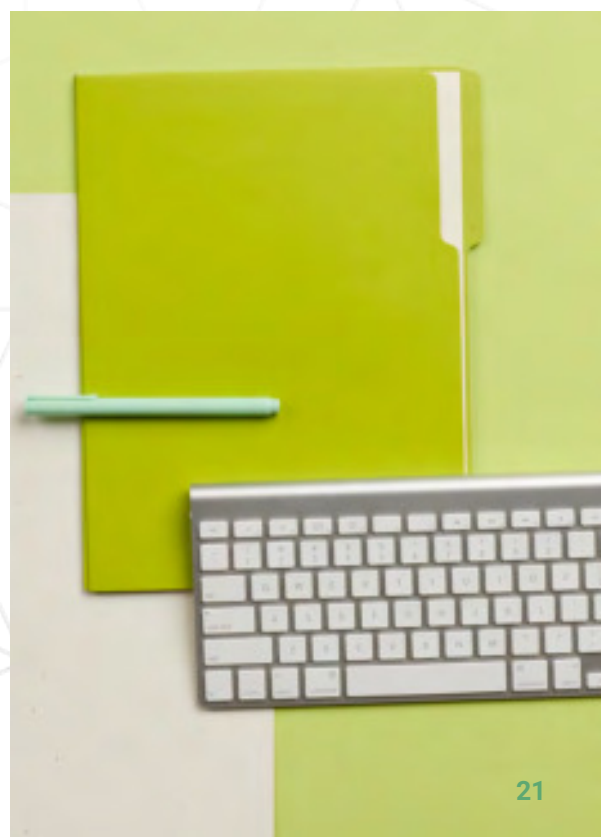
Online

Go to prioritymedicare.com to complete and submit the form online.



Mail

Complete the form in this packet and mail it back to us in the envelope provided.



Understanding Medicare



We know Medicare can be confusing, which is why we offer free tools to help you better understand how Medicare works:

Medicare Helpline

Call our Medicare experts to get your questions answered at toll-free at 888.481.0653, from 8 a.m.–8 p.m., seven days a week. TTY users should call 711.

Personalized plan recommendation

Use our Plan Advisor tool and get a plan recommendation personalized to your health care needs by answering a few quick questions. Go to priorityhealth.com/medicareplanadvisor to get started.

Medicare Learning Center

This is your one-stop shop for a variety of easy tools to help you understand how Medicare works and find which plan is right for you. Explore our Medicare Explained videos, take a short quiz and read informational articles about Medicare. Plus use our calculator to estimate how much you might pay for your health care. Visit prioritymedicare.com to start exploring.

Learn from an expert

We have virtual and in-person options to help you get your questions answered. Check our website for the latest information.

Medicare e-book

Go to priorityhealth.com/medicarebook and download your free Medicare e-book. It provides simple explanations about all parts of Medicare, along with tips about eligibility, enrollment and much more.

¹According to June 2020 monthly enrollment reports from the Centers for Medicare and Medicaid Services.

²According to the Michigan Department of Insurance and Financial Services 2019 Individual and Small Group network filings, excluding out-of-state and Upper Peninsula providers. Network varies by plan.

³Priority Health Medicare Advantage HMO-POS plans are the highest-rated HMO-POS plans in Michigan, and some of the highest-rated Medicare insurance plans in the nation, with a rating of 4.5 out of 5 in the NCQA Medicare Health Insurance Plan Ratings 2019–2020.

⁴According to the 2018 Medicare Advantage Health and Drug Plan Disenrollment Reasons Survey Results issued by the Centers for Medicare and Medicaid Services (CMS), August 2019. Results for HMO-POS plans.

⁵Out-of-network/non-contracted providers are under no obligation to treat Priority Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

⁶Priority Health's pharmacy network includes limited lower-cost, preferred pharmacies in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 888.389.6648, TTY users call 711, or consult the online pharmacy directory at prioritymedicare.com.

⁷The SilverSneakers® program is provided by Tivity Health®. All programs and services may not be available in all areas.

⁸In-network (participating) dentists are those in Michigan, Indiana and Ohio who are in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network. All other dentists are considered out-of-network (non-participating) providers. If out-of-network (non-participating) dentists charge more for a service than what Delta Dental has agreed to pay, you will be responsible for the difference. All dentists must participate with Medicare, Delta Dental cannot pay for services received from a dentist that has opted out of Medicare. See the Delta Dental Certificate of Coverage for more details.

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

If you have questions regarding the utilization management process and decisions, please contact Priority Health. Know that utilization management decisions are based on appropriateness of care and service and that no financial incentives exist for issuing denials. Visit priorityhealth.com for more information.

