

2021

Priority Health Medicare Product Training

As of publication in July 2020, 2021 Medicare Advantage product information contained herein has not been approved by Centers for Medicare and Medicaid Services (CMS). Product information is subject to change. Any updates will be shared through Agent Bulletins and Agent Center updates.

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Priority Health Medicare

2021 product certification training

July 2020



AGENDA

- Top reasons to sell Priority Health
- 2021 plan details
- Enhanced Dental and Vision
- Your opportunity with Medigap

All 2021 product information contained herein is subject to approval from Centers for Medicare & Medicaid Services (CMS). Any changes will be shared with agents via email.

Top reasons to sell Priority Health Medicare Advantage plans

Commitment to our agents

Commissions			
	2019	2020	2021
New to Medicare Advantage	\$460	\$510	\$539
Renewal	\$200	\$255*	\$270

Commissions listed above include **Priority** Medicare D-SNP.
We will pay \$22.50 each month a renewing member is enrolled.
*Distributed on prorated basis beginning January 2021.

More individuals choose Priority Health Medicare Advantage plans over any other plan in Michigan.

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

Affordable plans with tons of extras

- ✓ All plans have \$0 medical deductible in network
- ✓ All plans have \$0 Rx deductible for Tier 1 and Tier 2 prescriptions
- ✓ Enhanced out-of-state coverage (with MultiPlan® network)
- ✓ Embedded benefits that all members can use to save money:
 - Dental
 - Vision with eyewear allowance
 - Hearing with affordable hearing aid pricing

Affordable plans with tons of extras (cont.)

- ✓ **New!** Routine acupuncture on all plans
- ✓ Routine chiropractic on many plans
- ✓ Over-the-counter allowance on most plans
- ✓ \$90 flat fee for observation day(s)
- ✓ “Free to talk” annual physical visit and annual wellness visit

Extras for body and mind

- SilverSneakers®
- Brain HQ – “A personal gym for the brain”
- myStrength – The health club for your mind™
- \$0 copay virtual care, including behavioral health*

*excludes **Priority**Medicare Vital

A stronger network

- 1 Second-to-none Michigan network**
All major health systems, including 96% of the hospitals in Michigan*

97% of primary care doctors in Michigan**

Same provider network for all plans

- 2 Improved out-of-state travel benefit**

Now includes MultiPlan Medicare network

Pay in-network cost for services when seeing any Medicare participating provider, including MultiPlan in all states (except Michigan)

*** Excludes **Priority**Medicare D-SNP



*Excludes hospitals in Michigan's Upper Peninsula; based on American Hospital Directory April 2019 data and Priority Health provider contracts. Coverage varies.

**According 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.

PriorityHealth

A stronger network (cont.)

- 3 No referrals required to see in-network providers**

- 4 Unlimited emergency and urgent care anywhere in the world**



* Excludes **Priority**Medicare D-SNP

PriorityHealth

Better pharmacy benefits


- Same formulary for all plans
- Insulin coverage in the gap (**Priority**Medicare Value)
- \$0 deductible on Tiers 1 and 2 on all plans
- \$0 mail-order on 90-day supply of Tiers 1 and 2 on all plans*
- Preferred pharmacy network*
- Access to national pharmacy network
- Advair and Breo (long-acting inhalers) added back to the formulary on Tier 3
- Restasis (eye drops) moving from Tier 4 to Tier 3

excludes **PriorityMedicare D-SNP*

Plan overview

The plans you know and love

- **Priority**Medicare KeySM (HMO-POS)
- **Priority**Medicare EdgeSM (PPO)
- **Priority**Medicare IdealSM (PPO)
- **Priority**Medicare ValueSM (HMO-POS)
- **Priority**Medicare MeritSM (PPO)
- **Priority**Medicare MedicareSM (HMO-POS)
- **Priority**Medicare SelectSM (PPO)
- **Priority**Medicare D-SNPSM (HMO)

PriorityHealth 

And now introducing...

TWO NEW PLANS

NEW! PriorityMedicare CompassSM (PPO)

NEW! PriorityMedicare VitalSM (PPO)

PriorityHealth 

Service area change

NEWAYGO

Our HMO-POS and PPO service areas will once again be the same.

Newaygo is moving from Region 1 to Region 2 for all PPO plans.



PriorityHealth

Plan benefits

Embedded benefits

Dental



- Powered by Delta Dental® – robust network, PPO and Premier*
- No changes to our embedded dental benefits. All plans include:
 - Two cleanings (regular or periodontal maintenance) and Two exams
 - 100% of the cost for bitewing X-rays
- **Priority**Medicare Value, **Priority**Medicare Merit, **Priority**Medicare, **Priority**Medicare Select also include:
 - One brush biopsy each year
 - 100% of the cost for panoramic X-rays once every Two years
- And, now **Priority**Medicare D-SNP includes one brush biopsy


**PriorityMedicare D-SNP limited to the PPO network only*

Vision



- Powered by EyeMed®
- No changes to existing plans and all new plans include:
 - \$0 routine vision exam
 - \$100 eyewear allowance each year (glasses/contacts)* including refraction
 - \$0 retinal screening exam
 - \$0 retinal imaging exam
- Members must use EyeMed Select providers available nationwide

**PriorityMedicare D-SNP includes \$200 allowance each year*

PriorityHealth 


Hearing



Powered by TruHearing™

No changes to existing plans & all new plans include:


- \$0 routine hearing exam
- Hearing aids
 - **PriorityMedicare D-SNP & PriorityMedicare Vital**
 - \$0 copay for up to two TruHearing-branded "Advanced" hearing aids (one per ear per year)
 - All other plans
 - Tiered copay options for hearing aids (\$295, \$695, \$1,095 or \$1,495 per ear, per year) from top six manufacturers

PriorityHealth 

Hearing (cont.)



- Three fitting & follow-up evaluations
- 48 batteries per hearing aid (re-chargeable not included)
- Member must contact TruHearing first to use the benefit. They cannot go direct to a hearing provider.

PriorityHealth 

Over-the-counter (OTC) allowance




- Powered by Solutran®
- Three convenient ways to shop:
 - Buy online or via mobile app
 - Call to order
 - Buy in-store (Walmart/CVS/Kroger/and for 2021, we've added Walgreens)
- Free two-day shipping on all online and phone OTC orders
- Plus free shipping on all orders over \$35 that include OTC and other items from *walmart.com*

Available on:

Plan	Quarterly amt*
PM Key	\$50/Q or \$75/Q
PM Edge	\$50/Q
PM Compass	\$25/Q
PM Vital	\$40/Q
PM Ideal	\$75/Q
PM Value	\$25/Q
PM D-SNP	\$145/Q

*Amounts do not roll over

PriorityHealth 

OTC allowance (cont.)

- Members will receive a welcome packet with their (new) OTC card & catalog after enrollment or renewal
- The catalog will also be available online at prioritymedicare.com or at the member's request by calling Customer Service
- A new card will NOT be sent each quarter; the card will be re-loaded with their quarterly amount



PriorityHealth

Healthy Food Discount with OTC card

- With the OTC card, a member can also save on healthier foods at Walmart, CVS, Kroger and **Walgreens**
- Scan the OTC card or the app at check-out to take advantage of up to \$1,500 a year in discounts on healthier food options
- Discounts on fresh produce, lean meats, yogurt, eggs, beans, wholegrain breads and more
- Members can find new offers each Sunday through weekly emails, the website and the Healthy Benefits Plus mobile app **and by calling Solutran's customer service**




PriorityHealth

Expanded! Companion care

- Powered by Papa
- Available to **every member** on **Priority**Medicare Edge, **Priority**Medicare Ideal and **Priority**Medicare D-SNP
- **No eligibility requirements** (i.e. no chronic condition or in-home health assessment required)
- In-person or virtual visits
- 8 hours per month




PriorityHealth 

Expanded! Companion care (cont.)

- Connects Medicare Advantage members with college students ("Papa Pals") who'd like assistance with things like:
 - Household chores
 - Transportation (30-mile round-trip limit per visit)
 - Light meal prep
 - Companionship (**also available via telephone**)
 - Grocery shopping



PriorityHealth 

Improved! Out-of-state travel

- Same great benefit
 - Visitor/travel benefit – coverage for up to 12 months outside Michigan
 - Members pay in-network copays/coinsurance at out-of-network, Medicare participating providers, in all states except Michigan
- Plus, improved access to Medicare providers in all states (except Michigan) through our partnership with MultiPlan
 - Members not limited to MultiPlan providers—can still get services from any Medicare-participating providers
 - MultiPlan-participating providers submit the claim to Priority Health
 - MultiPlan logo on back of ID cards



Excludes **Priority**Medicare D-SNP



Improved! Out-of-state travel (cont.)

- All plans still include unlimited worldwide emergency and urgent care coverage
- Use Medicare-participating dentists in Delta Dental's commercial network outside of Michigan, Indiana and Ohio



Excludes **Priority**Medicare D-SNP



Assist America



- Emergency evacuation or transportation services are available to the nearest facility capable of providing proper care, if care is not available locally
- Round-trip transportation for a family member or friend to be with you is provided, if you are expected to be hospitalized for more than seven days while traveling alone
- Help replacing lost or forgotten prescriptions (additional costs may apply for the prescription drugs)

Excludes **Priority** Medicare D-SNP

PriorityHealth

Assist America



- Emergency travel assistance when traveling more than 100 miles from home
 - Medical referral
 - Access to multi-lingual, medically trained resources
 - Emergency evacuation
 - Other support measures
- Available everywhere in the world, 24 hours a day, 365 days a year
- Benefit will connect members to doctors, hospitals, pharmacies and other services if they experience a travel emergency

**100+ miles away
from their permanent
residence, even
international**

Excludes **Priority** Medicare D-SNP


PriorityHealth

Virtual visits



- \$0 copay* for in-network visits with:
 - PCPs
 - Specialists
 - And now, **behavioral health specialists**
- Members can schedule a visit with any in-network provider (or out-of-network provider outside the state of Michigan under our out-of-state travel benefit, excluding D-SNP)
- Members also have 24/7 access to virtual care through Spectrum Health Now to get needed care anytime, anywhere—even on nights, weekends and holidays
- Use a phone, tablet or computer to connect to a provider

**PriorityMedicare Vital is covered at 20% coinsurance.*

PriorityHealth 

New! myStrength



- Because one in four adults ages 65 and older experiences a mental health problem
- We offer free access to online mental wellness tools to help:
 - Manage depression
 - Sleep better
 - Reduce stress
 - Find daily inspiration
 - Improve mood
- Members can opt-in to having a dedicated one-on-one coach while they go through the program
- Over 1,400 self-directed activities that each take 3–5 minutes

PriorityHealth 

New! BrainHQ



- “A personal gym for the brain” included on all plans
- 29 online exercises that help with attention, brain speed, memory, people skills, navigation and intelligence
- Can be accessed via computer, tablet, smartphone, etc.
- Research shows, by using BrainHQ, people see:
 - Less depression and more happy days
 - 135% faster auditory processing
 - Improved focus
 - Better self-rated health
 - 48% fewer at-fault car crashes

Fitness benefits with SilverSneakers




- Powered by SilverSneakers
- More robust at-home options:
 - Fitness kits (toning, strength, yoga & walking)
 - Over 100 on-demand classes designed for all abilities
 - SilverSneakers GO™ fitness app for additional workout ideas
 - Educational videos on topics like fitness, motivation, nutrition and overall well-being
- 480 facilities in Michigan; 16,000 nationwide, find a participating location at [SilverSneakers.com](https://www.silversneakers.com)

Fitness benefits with SilverSneakers (cont.)



- Members can “gym hop” at home or when traveling
- Each member will receive a card in the mail with their 16-digit member ID number
- Using the card, create an account online at *SilverSneakers.com* or on the SilverSneakers GO™ app to access at-home options and store member ID
- Member ID also available by calling SilverSneakers customer service at 1.833.236.0190
- Bring ID number to any participating location to activate
- College save rewards program – over 400 colleges & universities like: Albion, Hope, Hillsdale, Center for Creative Studies and Lawrence Tech


PriorityHealth 

New! Acupuncture



- \$20 copay per session*
- Up to 20 Medicare-covered sessions for chronic lower back pain
- Plus, six non-Medicare covered sessions with a Priority Health contracted acupuncturist for other conditions such as:
 - Chronic pain (not lower back pain)
 - Anxiety and sleep problems
 - Headaches
 - Chemo side effects

*\$0 copay for **Priority**Medicare D-SNP

PriorityHealth 

In-home health assessments



- Partnered with Signify Health™
- Please encourage your client to take advantage of this "bonus check-up"
- Allows for more time with clinician than would be afforded in a clinic setting
- Helps us identify members who need further follow-up
- Doesn't replace a member's visits with their regular doctor—just a way for members to stay on top of their health between visits
- In 2018, 24,000 Priority Health Medicare members had an in-home health assessment with a 91.6% satisfaction rate



Our plans

***\$0 PPO and \$0 HMO-POS plans
available in every region***

PriorityMedicare Key (HMO-POS)

\$0 HMO-POS option in all regions

Great for age-ins and those looking for a low-cost alternative

Highlights:

- Very few changes, same great plan
- \$0 in-network medical deductible
- \$0 Rx deductible for generics (T1/T2)
- \$0 virtual visits (PCP, specialist & **behavioral health specialist**)
- Out-of-state travel benefit + **Multiplan providers** = better access
- \$75/Q OTC allowance (Regions 1, 2 & 5)
- **\$50/Q OTC allowance (Regions 3 & 4)**



● Regions 1, 2 & 5 ● Regions 3 & 4

PriorityHealth

Key



Benefit (in network)	2020	2021
Medical deductible	\$0	\$0
PCP visit	\$10	\$10
Specialist visit	\$45	\$45
Inpatient hospital	\$325/day, days 1-6	\$325/day, days 1-6
Outpatient hospital	\$250	\$290
Labs/tests & procedures	\$10	\$10
Diagnostic radiology (i.e. MRI)	\$150	\$150
Outpatient behavioral health visit	\$20	\$20
ER/UC	\$90/\$50	\$90/\$50
Ambulance	\$250	\$250
Routine chiropractic (limit 12)	\$20	\$20
Rx deductible	\$100 (tiers 3-5)	\$100 (tiers 3-5)
Rx preferred	\$4/\$15/\$42/45%/31%	\$4/\$15/\$42/45%/31%
Tier 1/Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
Max out-of-pocket	\$5,500	\$5,500

PriorityHealth

PriorityMedicare Edge (PPO)

Expanded! \$0 PPO option in regions 1, 2 & 5

Great for age-ins and those wanting a \$0 PPO option

Highlights:

- Expanding into the west and southwest Michigan
- \$0 combined medical deductible
- **\$0 Rx deductible on all tiers**
- \$0 PCP
- **\$0 labs**
- \$0 virtual visits (PCP/specialist/**behavioral health specialist**)
- **\$50/Q OTC allowance**
- Papa (8 hrs/month)
- Out-of-state travel benefit + **Multiplan providers** = better access



88% of our Medicare beneficiaries have access to this plan

PriorityHealth

Edge



Benefit (in-network)	2020	2021
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$40	\$40
Inpatient hospital	\$350/day, days 1-5	\$350/day, days 1-5
Outpatient hospital	\$325	\$325
Labs/tests & procedures	\$10	\$0
Diagnostic radiology (i.e. MRI)	\$225	\$275
Outpatient behavioral health visit	\$20	\$20
ER/UC	\$90/\$30	\$90/\$30
Ambulance	\$275	\$275
Routine chiropractic (limit 12)	\$20	\$20
Rx deductible	\$75 (tiers 3-5)	\$0
Rx preferred	\$2/\$8/\$38/40%/31%	\$2/\$8/\$38/40%/33%
Tier 1/Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
Max out-of-pocket	\$5,300	\$5,300

PriorityHealth

Priority Medicare Compass (PPO)

New! \$0 PPO option in regions 3 & 4

Great for age-ins and those wanting a \$0 PPO option

Highlights:

- \$0 combined medical deductible
- \$0 Rx deductible for generics (T1/T2)
- \$0 PCP
- \$0 virtual visits (PCP/specialist/behavioral health specialist)
- \$25/Q OTC allowance
- Out-of-state travel benefit + Multiplan providers = better access



PriorityHealth

Compass



Benefit (in-network)	2021
Medical deductible	\$0
PCP visit	\$0
Specialist visit	\$50
Inpatient hospital	\$350/day, days 1-5
Outpatient hospital	\$325
Labs/tests & procedures	\$20
Diagnostic radiology (i.e. MRI)	\$275
Outpatient behavioral health visit	\$20
ER/UC	\$90/\$30
Ambulance	\$275
Routine chiropractic (limit 12)	\$20
Rx deductible	\$100 (tiers 3-5)
Rx preferred	\$4/\$15/\$42/45%/31%
Tier 1/Tier 2 (90-day mail order)	\$0/\$0
Max out-of-pocket	\$5,500

PriorityHealth

PriorityMedicare Vital (PPO)

New! \$0 PPO option in regions 1, 2 & 5

Highlights:

- 20% coinsurance on most benefits with open network
- Prescription drug coverage
- \$30 Part B monthly premium reduction (\$360/year)
- \$40/Q OTC allowance
- Vision, dental, hearing, SilverSneakers
- \$0 combined medical deductible
- \$0 labs
- 20% coinsurance on virtual visits (PCP/specialist/behavioral health specialist)
- Easier access to any Medicare provider through Multiplan, anywhere in the U.S., including Michigan and the U.P.

Great for healthy people on Original Medicare (with or without a PDP) who want extras and a safety net



88% of our Medicare beneficiaries have access to this plan

PriorityHealth

Vital



Benefit (in-network)	2021
Medical deductible	\$0
PCP visit	20%
Specialist visit	20%
Inpatient hospital	\$400/day, days 1-4
Outpatient hospital	20%
Labs/tests & procedures	\$0
Diagnostic radiology (i.e. MRI)	20%
Outpatient behavioral health visit	20%
ER/UC	20%
Ambulance	20%
Routine chiropractic (limit 12)	20%
Rx deductible	\$350 (tiers 3-5)
Rx preferred	\$1/\$4/\$42/45%/26%
Tier 1/Tier 2 (90-day mail order)	\$0/\$0
Max out-of-pocket	\$6,000

PriorityHealth

PriorityMedicare Ideal (PPO)

\$19–\$25 plan for members who need a little more coverage

Great for those
managing chronic
conditions

Highlights:

- \$0 combined medical deductible
- **\$0 Rx deductible for generics (T1/T2)**
- **Lower combined max out-of-pocket**
- **Lower specialist copay**
- **\$10 cardiac/pulmonary rehab**
- \$0 virtual visits (PCP/specialist/**behavioral health specialist**)
- \$75/Q OTC allowance
- Papa (8 hrs/month)
- Out-of-state travel benefit + **Multiplan providers** = better access



PriorityHealth

Ideal



Benefit (in-network)	2020	2021
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$50	\$45
Inpatient hospital	\$300/day, days 1-6	\$300/day, days 1-6
Outpatient hospital	\$250	\$250
Labs/tests & procedures	\$15	\$15
Diagnostic radiology (i.e. MRI)	\$150	\$150
Outpatient behavioral health visit	\$20	\$20
ER/UC	\$90/\$50	\$90/\$50
Ambulance	\$275	\$275
Routine chiropractic (limit 12)	\$20	\$20
Rx deductible	\$125	\$125 (tiers 3-5)
Rx preferred	\$4/\$13/\$42/50%/30%	\$4/\$13/\$42/50%/30%
Tier 1/Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
Max out-of-pocket	\$6,000	\$5,800

PriorityHealth

Priority Medicare Value (HMO-POS)

Plan for diabetics with insulin coverage in the gap.

Great for
diabetics

Highlights:

- **Tier 2 copay and \$0 copay for 90 day mail-order supply, for Humalog and Humalin 100 unit/ml products in the coverage gap**
- Tier 3 copay for Lantus and Toujeo is only \$35 in the Initial Coverage Stage (ICL)* and in the coverage gap
- \$0 in-network medical deductible
- **\$0 Rx deductible for generics (T1/T2)**
- **\$10 labs**
- **\$10 cardiac/pulmonary rehab**
- \$0 virtual visits (PCP, specialist & **behavioral health specialist**)
- Out-of-state travel benefit + **Multiplan providers** = better access
- \$25/Q OTC allowance



*Deductible does not apply

PriorityHealth

Value



Benefit (in-network)	2020	2021
Medical deductible	\$0	\$0
PCP visit	\$5	\$5
Specialist visit	\$50	\$45
Inpatient hospital	\$325/day, days 1-5	\$325/day, days 1-5
Outpatient hospital	\$225	\$225
Labs/tests & procedures	\$20	\$10
Diagnostic radiology (i.e. MRI)	\$225	\$225
Outpatient behavioral health visit	\$20	\$20
ER/UC	\$90/\$55	\$90/\$55
Ambulance	\$250	\$250
Routine chiropractic (limit 12)	Not covered	Not covered
Rx deductible	\$75	\$75 (tiers 3-5)
Rx preferred	\$2/\$10/\$42/50%/31%	\$2/\$10/\$42/50%/31%
Tier 1/Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
Max out-of-pocket	\$5,000	\$4,900

PriorityHealth

Priority Medicare Merit (PPO)

Our tried and true PPO

Great for those on a high-cost PPO who are looking to save without losing any benefits

Highlights:

- Very few plan changes & all positive
- \$0 combined medical deductible
- \$0 Rx deductible
- \$4,100 combined max out-of-pocket
- \$0 virtual visits (PCP/specialist/**behavioral health specialist**)
- Out-of-state travel benefit + **Multiplan providers** = better access



PriorityHealth

Merit



Benefit (in-network)	2020	2021
Medical deductible	\$0	\$0
PCP visit	\$20	\$20
Specialist visit	\$45	\$45
Inpatient hospital	\$375/day, days 1-5	\$375-day, days 1-5
Outpatient hospital	\$225	\$225
Labs/tests & procedures	\$20	\$20
Diagnostic radiology (i.e. MRI)	\$125	\$125
Outpatient behavioral health visit	\$20	\$20
ER/UC	\$90/\$55	\$90/\$55
Ambulance	\$250	\$250
Routine chiropractic (limit 12)	Not covered	Not covered
Rx deductible	\$0	\$0
Rx preferred	\$2/\$10/\$42/50%/33%	\$2/\$10/\$42/50%/33%
Tier 1/Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
Max out-of-pocket	\$4,100	\$4,100

No changes to core benefits!

PriorityHealth

PriorityMedicare (HMO-POS)

Our tried and true HMO-POS

Great for members who don't want an Rx deductible and need low-cost drugs

Highlights:

- Minimal changes
- \$0 in-network medical deductible
- \$0 Rx deductible
- \$10 PCP
- \$0 virtual visits (PCP, specialist & **behavioral health specialist**)
- Out-of-state travel benefit + **Multiplan providers** = better access



PriorityHealth

Medicare



Benefit (in-network)	2020	2021
Medical deductible	\$0	\$0
PCP visit	\$10	\$10
Specialist visit	\$40	\$40
Inpatient hospital	\$225/day, days 1-6	\$225-day, days 1-6
Outpatient hospital	\$175	\$175
Labs/tests & procedures	\$30	\$30
Diagnostic radiology (i.e. MRI)	\$125	\$125
Outpatient behavioral health visit	\$20	\$20
ER/UC	\$90/\$50	\$90/\$50
Ambulance	\$250	\$250
Routine chiropractic (limit 12)	Not covered	Not covered
Rx deductible	\$0	\$0
Rx preferred	\$1/\$8/\$38/45%/33%	\$1/\$8/\$38/45%/33%
Tier 1/Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
Max out-of-pocket	\$4,500	\$4,500

No changes to core benefits!

PriorityHealth

PriorityMedicare Select (PPO)

Rich medical benefits for those who need them

Great for those who
want peace of mind

Highlights:

- Just a few great plan changes
- \$0 combined medical deductible
- \$0 Rx deductible
- \$3,500 combined max out-of-pocket
- \$75 diagnostic radiology
- Low hospital copays
- \$0 virtual visits (PCP/specialist/**behavioral health specialist**)
- Out-of-state travel benefit + **Multiplan providers** = better access



PriorityHealth

Select



Benefit (in-network)	2020	2021
Medical deductible	\$0	\$0
PCP visit	\$15	\$15
Specialist visit	\$40	\$40
Inpatient hospital	\$200/day, days 1-6	\$200/day, days 1-6
Outpatient hospital	\$200	\$200
Labs/tests & procedures	\$20	\$20
Diagnostic radiology (i.e. MRI)	\$75	\$75
Outpatient behavioral health visit	\$20	\$20
ER/UC	\$90/\$50	\$90/\$50
Ambulance	\$200	\$200
Routine chiropractic (limit 12)	Not covered	Not covered
Rx deductible	\$0	\$0
Rx preferred	\$1/\$7/\$37/45%/33%	\$1/\$7/\$37/45%/33%
Tier 1/Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
Max out-of-pocket	\$3,500	\$3,500

No changes to
core benefits!

PriorityHealth

Priority Medicare D-SNP (HMO)

\$0 D-SNP in all regions

Highlights:

- Includes 8 hours of companion care services per month, 30 miles round trip per visit of transportation
- \$145/Q OTC allowance
- Improved dental to include brush biopsy
- Non-Medicare covered chiropractic & acupuncture to help manage pain
- Memory fitness (Brain HQ)
- Call Priority Health for eligibility verification

Great for those with:

- Medicare and Medicaid coverage
- Multiple chronic conditions and disabilities
- Those who face social risk factors that contribute to poor health outcomes



PriorityHealth

D-SNP



Benefit (in-network)	2020	2021
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$0	\$0
Inpatient hospital	\$0	\$0
Outpatient hospital	\$0	\$0
Labs/tests & procedures	\$0	\$0
Diagnostic radiology (i.e. MRI)	\$0	\$0
Outpatient behavioral health visit	\$0	\$0
ER/UC	\$0/\$0	\$0/\$0
Ambulance	\$0	\$0
Rx deductible	\$0	\$0
Max out-of-pocket	\$0	\$0

All services covered by Original Medicare are a \$0 liability to the D-SNP member.

These benefits apply when the member has full D-SNP eligibility.

PriorityHealth

D-SNP



Embedded benefits	
Dental	Preventive: \$0 for 2 exams, 2 cleanings (regular or periodontal), X-rays (one set of four bite-wings) each year, brush biopsy .
Vision	One routine exam, one Retinal imaging, one refraction, \$200 allowance towards eyewear, per year; no out of network benefits.
Hearing	Up to two TruHearing-branded hearing aids every year (one per ear, per year). Benefit is limited to TruHearing's Advanced hearing aids, which come in various styles and colors.
Over-the-counter (OTC)	\$145 quarterly allowance.
SilverSneakers	No out-of-pocket cost.
Papa	8 hours per month and 30 miles of transportation round trip, per visit.
Brain HQ	Memory fitness offering exercises that help with attention, brain speed, memory, people skills, navigation and intelligence.
Acupuncture	Six non-Medicare covered sessions.
Chiropractic	\$0 for routine chiro (limit 24 visits); one X-ray (non-Medicare covered).



NEW!

These benefits apply even during the grace period.

D-SNP

LIS Category	2020	2021
	Generic/brand	Generic/brand
LIS Category 1	\$3.60/\$8.95	\$3.70/\$9.20
LIS Category 2	\$1.30/\$3.90	\$1.30/ \$4.00
LIS Category 3	\$0/\$0	\$0/\$0

- Part D prescription drug copays vary based on LIS category of the member
- Mail-order 90-day supply is available and is subject to standard LIS copays (ex: 3 x \$3.60)

PriorityMedicare D-SNP (HMO)

\$0 D-SNP in all regions

Eligibility

- Live permanently within Michigan's Lower Peninsula
- Eligible for and enrolled in Medicare Parts A & B
- Eligible for full Medicaid benefits
 - Qualified Medicare Beneficiary Plus (QMB+)
 - Specified Low-Income Medicare Beneficiary (SLMB+)
 - Full Benefits Dual Eligible (FBDE)
- 21 years of age or older

PriorityMedicare D-SNP (HMO)

\$0 D-SNP in all regions

Checking Medicaid eligibility

- Clients cannot be enrolled in D-SNP until Medicaid status is verified by Priority Health when the Enrollment form is received
- Medicaid eligibility provided over the phone is valid as of the time of the call
- Agents can call the Priority Health agent line 1.800.970.7379, option 2 to validate Medicaid eligibility of the client
- **Agent must have:**
 - Medicaid ID
 - First and last name
 - DOB
 - MBI
- **Priority Health can provide:**
 - Spend-down or FBDE
 - Medicaid eligibility as loaded by SOM
 - LIS level when MBI is provided

MAPD individual premiums

	Region 1	Region 2	Region 3	Region 4	Region 5
Priority Medicare Key (HMO-POS)	\$0	\$0	\$0	\$0	\$0
Priority Medicare Edge (PPO)	\$0	\$0	—	—	\$0
Priority Medicare Compass (PPO)	—	—	\$0	\$0	—
Priority Medicare Vital (PPO)	\$0	\$0	—	—	\$0
Priority Medicare Ideal (PPO)	\$23	\$19	\$25	\$23	\$20
Priority Medicare Value (HMO-POS)	\$13	\$32	\$73	\$68	\$45
Priority Medicare Merit (PPO)	\$55	\$69	\$100	\$114	\$90
Priority Medicare (HMO-POS)	\$86	\$99	\$170	\$170	\$120
Priority Medicare Select (PPO)	\$149	\$140	\$199	\$216	\$206
Priority Medicare D-SNP (HMO)	\$0	\$0	\$0	\$0	\$0



Part D prescription
drug coverage

Ways to save on drugs



Preferred pharmacy pricing*

Better pricing on drugs within our preferred network, which includes many pharmacies like Meijer, Walgreens, Kroger and more

*Excludes **Priority**Medicare D-SNP



Mail order

\$0 copay for a 90-day supply of Tier 1 and Tier 2 mail-order drugs* and only 2.5 times the preferred copay for a 90-day supply of Tier 3 and Tier 4 mail-order drugs



Generics

Generic drugs tend to cost significantly less than their brand name counterparts, yet are just as safe and effective

Complete formulary available at prioritymedicare.com

PriorityHealth

Prescription drugs

Benefit	PriorityMedicare Vital	PriorityMedicare Compass	PriorityMedicare Edge	PriorityMedicare Key
Rx deductible	\$0 (Tiers 1 & 2) \$350 (Tiers 3-5)	\$0 (Tiers 1 & 2) \$100 (Tiers 3-5)	\$0 (all tiers)	\$0 (Tiers 1 & 2) \$100 (Tiers 3-5)
Tier 1	P: \$1 S: \$6	P: \$4 S: \$10	P: \$2 S: \$6	P: \$4 S: \$10
Tier 2	P: \$4 S: \$10	P: \$15 S: \$20	P: \$8 S: \$13	P: \$15 S: \$20
Tier 3	P: \$42 S: \$47	P: \$42 S: \$47	P: \$38 S: \$43	P: \$42 S: \$47
Tier 4	P: 45% S: 50%	P: 45% S: 50%	P: 40% S: 45%	P: 45% S: 50%
Tier 5	P: 26% S: 26%	P: 31% S: 31%	P: 33% S: 33%	P: 31% S: 31%

PriorityHealth

Prescription drugs

Benefit	PriorityMedicare Ideal	PriorityMedicare Value	PriorityMedicare Merit	Priority Medicare	PriorityMedicare Select
Rx deductible	\$0 (Tiers 1 & 2) \$125 (Tiers 3-5)	\$0 (Tiers 1 & 2) \$75 (Tiers 3-5)*	\$0 all tiers	\$0 all tiers	\$0 all tiers
Tier 1	P: \$4 S: \$9	P: \$2 S: \$7	P: \$2 S: \$7	P: \$1 S: \$6	P: \$1 S: \$6
Tier 2	P: \$13 S: \$18	P: \$10 S: \$15	P: \$10 S: \$15	P: \$8 S: \$13	P: \$7 S: \$12
Tier 3	P: \$42 S: \$47	P&S: \$35 (Lantus & Toujeo) P: \$42 (all other drugs) S: \$47 (all other drugs)	P: \$42 S: \$47	P: \$38 S: \$43	P: \$37 S: \$42
Tier 4	P: 50% S: 50%	P: 50% S: 50%	P: 50% S: 50%	P: 45% S: 45%	P: 45% S: 50%
Tier 5	P: 30% S: 30%	P: 31% S: 31%	P: 33% S: 33%	P: 33% S: 33%	P: 33% S: 33%

*Lantus and Toujeo do not apply to deductible

PriorityHealth

Medications for diabetics

GLP-1s and SGLT2s

No prior authorization required on preferred drugs

Preferred Drug	Tier	Non-preferred	Tier
Byetta (GLP-1)	3	The following non-preferred drugs are covered on our formulary but require step therapy (ST) with a preferred drug first: • Victoza (GLP-1) • Ozempic (GLP-1) • Invokana (SGLT2) • Steglatro (SGLT2) • Invokamet (SGLT2)	4, QL
Bydureon (GLP-1)	3, QL		
Trulicity (GLP-1)	3		
Adlyxin (GLP-1)	4		
Jardiance (SGLT2)	3		
Farxiga (SGLT2)	3, QL		
Glyxambi (SGLT2)	3		

Rapid-acting insulins

Drug	Tier
Humalog	T2
Humulin (70/30 & 100 ML)	T2
Humulin (500 ML)	T5
Apidra	T4*
Insulin aspart (Novolog generic)	T4*
Novolog	NF

Long-acting insulins

Drug	Tier
Lantus	T3
Toujeo	T3
Levemir	NF
Tresiba	NF
Basaglar	NF

*with step therapy through Humalog

NF = Non-formulary
QL = Quantity limit

PriorityHealth

Inhalers for respiratory conditions

NEW! Covering Advair and Breo in 2021

Short-acting inhalers

Drug	Tier
ProAir HFA	T3
ProAir RespiClick	T3
Ventolin HFA	T3
Levalbuterol HFA	T4
Albuterol HFA inhaler	NF
Proventil HFA	NF

NF = Non-formulary
QL = Quantity limit

Long-acting inhalers

Drug	Tier
Fluticasone/Salmeterol (generic Airduo)	T2
Advair Diskus	T3
Advair HFA	T3
Breo Ellipta	T3
Dulera	T3, QL
Symbicort	T3, QL
Spiriva HandiHaler	T3
Spiriva Respimat	T3, QL
Incruse Ellipta	T3
Tudorza Pressair	T4, QL

Optional, combined Enhanced
Dental and Vision plan

Get even more from Priority Health Medicare – optional Enhanced Dental and Vision plan

- Runs on calendar year
- No deductibles and no waiting periods
- Benefits offered as a package
- Available to individual Priority Health Medicare Advantage members (excluding D-SNP)
- Easy to enroll:
 - Either click the box during MAPD enrollment OR
 - Enroll within two months of a member's MAPD effective date at priorityhealth.com/enrollDV

Benefit highlights

Benefit	PM Edge, PM Key, PM Ideal, PM Vital, PM Compass	PM Value, PM Merit, PM, PM Select
Monthly premium	\$36.50	\$35.50
Dental	<p>NEW! 50% coinsurance for implants & implant repairs per tooth every 5 years</p> <p>\$0 copay for one brush biopsy, fillings, crown repair, emergency treatment of dental pain & anesthesia each year & radiographs (i.e. panoramic) every 2 years</p> <p>50% coinsurance for restorative, endodontics, crowns, relines & repairs and simple extractions; 30% coinsurance for oral surgery</p> <p>\$1,500 annual coverage limit</p>	<p>NEW! 50% coinsurance for implants & implant repairs per tooth every 5 years</p> <p>\$0 copay for fillings, crown repair, emergency treatment of dental pain & anesthesia each year</p> <p>50% coinsurance for restorative, endodontics, crowns, relines & repairs and simple extractions; 30% coinsurance for oral surgery</p> <p>\$1,500 annual coverage limit</p>
Vision	\$150 additional eyewear allowance per year	

Enhanced DV benefit highlights



Dental

- Powered by Delta Dental
- To find an in-network provider, visit priorityhealth.com/findadoc, choose **Medicare plans** and then **Dental**, by Delta Dental



Vision

- Powered by EyeMed
- To find an in-network provider, visit priorityhealth.com/findadoc, choose **Medicare plans** and then **Vision**, by EyeMed

Other changes to Medicare

Auto reform legislation

- Medicare is always considered a second payer in auto accidents
- Covered benefits are subject to Medicare rules
- Members will be required to pay their plan copays
- Some items covered under an auto policy's medical coverage that are not covered by Medicare include:
 - In-home attendant care
 - Transportation to and from medical appointments
 - Vehicle modifications
 - Home modifications

ESRD changes

- Beneficiaries with ESRD can enroll in Medicare Advantage plans effective Jan. 1, 2021
- Application will still include the ESRD question but only so we can assist the member with their care journey
- All plans have a 20% coinsurance on dialysis and no prior authorization is required in 2021

Medigap

Why sell Priority Health Medigap?

- Proven track record of **competitive, stable rates on all plans**
- **12-month rate guarantee**, with renewals on members' enrollment anniversary date each year
- **Fast-track underwriting** for applicants who are age 65+ and within three years of Part B enrollment—minimal health questions
- **No hidden fees**, and no application or association fees, so your clients start saving money sooner
- Billing starts when the plan goes into effect—no premium payment required at time of application
- **Low or no cost sharing** for your clients



Medigap commission—no changes

F & G:	\$400/year years 1 – 3	\$150/year years 4 – 10	10-year payout: \$2,250
A, C, D, N:	\$300/year years 1 – 3	\$125/year years 4 – 10	10-year payout: \$1,775

Full commission on all apps

12% household discount

- Members are eligible for a 12% reduction in premium if another person in their household currently has or is enrolling in a Priority Health Medigap plan.
- The discounted rate will apply, as long as each policy considered for the discount remains in effect.
- **A household is defined as a:**
 - Condominium unit
 - Apartment unit within an apartment complex
 - Single-family home
- **A household is *not* defined as:**
 - An assisted living facility
 - An adult day care facility
 - A group home
 - A nursing home or any other health residential facility
- **You do not need to be related to the other qualifying members** of your household to receive this discount.

Hearing discount

Priority Health Medigap members can get up to **60% off on hearing aids** through the **TruHearing Choice discount program**, including discounts on the latest technology from top manufacturers.

- The same models sold by major retailers at significantly lower prices
- A 45-day risk-free trial and three-year warranty on hearing aids
- Three follow-up visits for fittings and adjustments
- 48 free batteries per hearing aid (included with non-rechargeable models)

Vision discount

Priority Health Medigap members can get discounts on vision through the **EyeMed Discount Plan**.

Member should let the provider know they have an EyeMed discount through Priority Health, with discount plan #1023992. This reference number will be added to the Medigap ID cards for 2021.

Discounts include:

- \$5 off retail cost for eye exams
- **35-50% off the retail price for frames and lenses**
- 15% off the retail price for conventional contact lenses
- 20% off the retail price of LASIK or 5% off a promotional price

Competitive Medigap premiums

2020 rates with 12% household discount start at:



Area 1

Plan A: \$76
Plan C: \$134
Plan D: \$105
Plan F: \$142
Plan G: \$116
Plan N: \$89



Area 2

Plan A: \$74
Plan C: \$129
Plan D: \$101
Plan F: \$137
Plan G: \$112
Plan N: \$86



Area 3

Plan A: \$74
Plan C: \$131
Plan D: \$102
Plan F: \$139
Plan G: \$113
Plan N: \$87



PriorityHealth

Submitting a Medigap enrollment

How to submit our application:

- Online (preferred): prioritymedicare.com
- Email: ph-medicareenrollment@priorityhealth.com
- Fax (for Medigap apps only): 616.965.8847

Find your client's policy information in your Agent Book of Business

Guaranteed issue: within 72 hours

Underwritten: 14-21 days

PriorityHealth

Group MAPD

Contact your Medicare rep to get started

Our experienced sales team will work with you to present the best features and options to your employer clients.

You'll get the quote, review the proposal and be involved in all aspects.



MEDICARE AGENT PRODUCT GUIDE

Disclaimer: The following summary is not intended as an exhaustive review of all the requirements. Agents and brokers need to review CMS requirements. This summary should not be construed as legal advice on any specific facts or circumstances. The contents of this summary are intended for general purposes only.

Individual MAPD

Selecting a PCP

- A PCP is required to enroll in HMO-POS plans. Confirm that your client's PCP is in our network and check the box if your client is a current patient. If no PCP is entered, Priority Health will automatically assign a PCP that can be changed at a later date.
- PPO plans do not require a PCP selection. Though not required, we recommend members share their PCP selection for us to better partner with them for their health needs.

Payment methods

Clients can choose from the following options.

- EFT or Social Security deduction is preferred. Members can choose EFT or Social Security deduction on the enrollment form, or they can select it later:
 - Members can find the EFT (or Automatic Bill Payment) form at priorityhealth.com/autopay and either submit it online or print a form and send it in. Or they can call customer service at 888.389.6648. Agents can find the form in your Agent Center under Medicare Forms.
 - Social Security deduction can be selected by calling Priority Health Medicare Customer Service at 888.389.6648. We'll forward the information to the Centers for Medicare and Medicaid Services (CMS). It could take two to three months before the Social Security Administration (SSA) begins deducting premiums. The first time SSA deducts the premium, they will deduct either two or at most three months' premiums, depending on how long it takes them to process the request.
- Receive a bill monthly from Priority Health and pay the plan directly by mail. Or, they can make a one-time-only payment over the phone from their bank account. Call 888.389.6648.

Virtual enrollment process

For a step-by-step instruction on this process, please visit the [MAPD enrollment page](#).

Submit an enrollment form

MAPD enrollment forms must be submitted to Priority Health within 24 hours of your receipt.

- [Online](#) (preferred): Print the confirmation page or save it as an electronic file.
- Email: ph-MedicareEnrollment@spectrumhealth.org
- We do not accept fax for MAPD enrollments.

NOTE: If the online system is not working DO NOT wait until the next business day. Use the paper enrollment form, scan and email it to ph-MedicareEnrollment@spectrumhealth.org. If you are unable to email the scanned document, contact your sales rep for instructions.

Processing timeframe:

As early as 72 hours after the enrollment form is submitted, log in to the Agent Center and check your [Medicare Book of Business](#). If you have questions, call Agent Services at 800.970.7379, option 2.

Commission

Commission payout is the month following the effective date. Commissions, both initial and renewal, are based on a plan year (January 1 through December 31) regardless of effective date. For example; the commission will be paid in the January 31 statement for an enrollment submitted in November for a January 1 effective date. Agents will only receive commission for the time they are servicing the member and the member is enrolled. Renewal commission payouts will be pro-rated and distributed each month. Initial year commissions will be paid in full regardless of the month of enrollment.

- Rapid disenrollment (first 90 days): Your commission will be charged back unless your client disenrolled due to death or moved out of the service area. Commission will be prorated to a maximum of 90 days if you received the full annual commission.
- Mid-year enrollments and disenrollments: Per CMS, Priority Health will recover a pro-rated amount.

Agent of Record (AOR) Change

AOR change forms are found on the [Agent Center](#).

Submit an AOR form:

- Scan and email to: *commissions-licensing@priorityhealth.com*.
- AOR forms may not be faxed.
- Please don't use the email above to send forms not related to the AOR change (enrollment forms, scope of appointment, etc.)
- Incomplete forms will be returned (missing agent name, member signature and ID number, POA paperwork, etc.).
- AOR change forms should only be used when your client wants to make an agent change. If they want to change plans and agents, they need to complete a new application.
- Agent of Record changes are limited to no more than 24 per agent, per year and no more than two per beneficiary, per year.

Meeting Registration

You should notify Priority Health of any information/sales meetings you host and health fairs you participate in a minimum of two weeks prior to the informational meeting date.

- Use the online feedback form found on the [Agent Forms page](#).
- Notify your Priority Health Sales Representative by visiting the [Contact Us](#) page.

Scope of Appointments

Priority Health offers a paper form, as well as a [virtual Scope of Appointment](#) form for you to use. It is the agent's responsibility to keep this form on file for 10 years and agents may be asked at any time to produce the form. For the latest information on the virtual enrollment process, please check the enrollment page of the Priority Health agent center.

Dual-eligible Special Needs Plan (D-SNP)

Starting January 1, 2020, Priority Health will have available a D-SNP plan for full-benefit dual eligible (FBDE) beneficiaries who are 21 years of age or older.

Eligibility

Members must:

- Live permanently within the service area (68 counties in the lower peninsula);
- Be eligible for and enrolled in Medicare Parts A and B;
- Be eligible for Full Medicaid Benefits Dual Eligible (FBDE) based on standards established by the state of Michigan and federal requirements or be a Qualified Medicare Beneficiary Plus (QMB+), or Specified Low-Income Medicare Beneficiary (SLIMB+); AND
- Be 21 years of age and older.

Eligibility verification

Medicaid eligibility provided over the phone is valid as of the time of the call.

Agents can call the Priority Health agent line at 1.800.970.7379, option 2 to validate Medicaid eligibility of the client. Agent must have:

- Medicaid ID
- First and last name
- Date of birth
- Medicare Beneficiary Identification (MBI) number

Priority Health can provide:

- Spend down or full benefit dual eligible (FBDE) verification
- Medicaid eligibility as loaded by State of Michigan
- Low Income Subsidy (LIS) level when MBI is provided

Enrollment

D-SNP-eligible members qualify for a Special Election Period (SEP) once per calendar quarter during the first nine months of the year. This SEP can be used once during each of the following time periods:

- January-March,
- April-June, and
- July-September

It may not be used in the 4th quarter of the year (October-December).

Medicare Advantage enrollment rules apply during the Annual Enrollment Period (AEP) which is between October 15 and December 7 each year, as long as dual eligibility status is maintained.

Grace period

If the beneficiary loses the full Medicaid coverage, they will be allowed to remain enrolled in PriorityMedicare D-SNP until they regain full benefits, but no more than six (6) months. This is known as their “grace period.” During this period, the beneficiary would incur out-of-pocket costs for:

- Part B premium
- 20% coinsurance for Medicare covered services

Supplemental benefits are covered at the same level as during Medicaid eligibility.

Submit an enrollment form

D-SNP enrollment forms must be submitted to Priority Health within 24 hours of your receipt. [Enroll online](#) or submit the enrollment form by email: ph-DSNPenrollment@priorityhealth.com.

NOTE: If the online system is not working, DO NOT wait until the next business day. Use the paper enrollment form, scan and email it to ph-MedicareEnrollment@spectrumhealth.org. If you are unable to email the scanned document, contact Agent Services for additional instructions.

Interdisciplinary Care Team

Each D-SNP member will have an interdisciplinary care team (ICT) assigned. This will include a care manager, PCP and other professionals based on health risk assessment results and any supplemental information to best serve the member.

Commission

Please refer to the commission section above for details.

Medigap

Please download the Medigap Agent Field Guide on the [Medigap section](#) of the Agent Center. This field guide is updated annually and the new 2021 version will be available soon.

Examples of things included in the Medigap Agent Field Guide are:

- [Eligibility guidelines](#)
- [Open enrollment](#)
- [Submitting an enrollment application](#)
- [Moving](#)

For [commissions information](#) and details, please visit the Agent Center page [here](#).

Employer Group MAPD

Agents must renew their Group MAPD training every year in order to continue to receive commissions and/or sell Priority Health Group MAPD. To begin receiving commissions for Group MAPD, agents will need to review the training material in the Group MAPD training book, and follow the link at the back of the book to complete the attestation form. Upon submission of the attestation, the completed form will automatically be sent to commissions to retrieve and mark training as complete for the submitting agent.

Starting with 2021 renewals, training must be completed by Nov. 20, 2020 to ensure commissions are paid effective Jan. 2021 for any renewing Group MAPD contracts. For new business, training must be complete within 30 days of the group's effective date of a new Group MAPD enrollment.

Please note that agents who have completed individual Medicare certification requirements in any given year are deemed "group product certified" for that year and do not need to review the group training document, although encouraged.

For more information on Group MAPD and to access the updated training book, please visit the [Group Medicare](#) page.

Additional information

D-IRMAA- Income Related Monthly Adjustment Amount

If your clients are assessed a Part D-Income Related Monthly Adjustment Amount (D-IRMAA), they will be notified by the Social Security Administration. They'll be responsible for paying this extra amount in addition to their plan premium. They can have the amount withheld from their Social Security or Railroad Retirement Board benefit check or be billed directly by Medicare. It is NOT paid to Priority Health. Please refer to [medicare.gov](#) for Part B and Part D income thresholds.

Penalties

- Part B late enrollment penalty
- 10% per year for each year beneficiary should have been enrolled in Part B (calculated on the Standard Part B premium in place in the year they enroll)
- Part D late enrollment penalty (LEP)
- LEP affects only the Part D premium portion of total subscriber premium
- Penalty is 1% of the base national Part D monthly premium multiplied by the number of months elapsed since the beneficiary was entitled to but not enrolled in the Part D benefit (2020 national base premium is \$32.74. Sales can let you know when we come cross the 2021 amount.)
- High deductible health plans may or may not have creditable prescription drug coverage—if not, individual MAPD may be best to avoid a late enrollment penalty. Consult the Creditable Coverage Testing Grid found on the Agent Center.
- [For small group credible coverage](#)
- [For large group credible coverage](#)

Low Income Subsidy (LIS)

- LIS affects only the Part D premium portion of total subscriber premium.
- Part D copayments are also adjusted.
- LIS members qualify for a special election period based status and/or change of eligibility status
- [PriorityMedicare Ideal](#)
- [PriorityMedicare Value](#)
- [PriorityMedicare Merit](#)
- [PriorityMedicare Select](#)
- [PriorityMedicare](#)
- 2021 pages will be updated come AEP.

Coordination of benefits

No-Fault auto coverage

New legislation that impacts no fault auto coverage will go into effect July 1, 2020, that may impact requirements for coverage for Medicare beneficiaries. For more information, please refer to [Agent FAQs](#) and the [member-facing landing page](#) on this subject.

Other insurance

Priority Health Medicare will coordinate with an employer plan that is not Medicare Part D or Retiree Drug Subsidy affiliated. Part D coordination of benefits follows Medicare secondary payer rules.

MEDICARE AGENT CODE OF ETHICS

The following Medicare code of ethics is retained in the agent's file:

- I will represent Priority Health in a responsible, accurate, and respectable manner at all times.
- I will provide accurate information regarding eligibility requirements; plan benefits; grievances and appeals; and disenrollment procedures.
- I will abide by all CMS, State and Priority Health communications and marketing guidelines.
- I will document the Scope of Appointment prior to a sales meeting in accordance with Medicare Communications and Marketing Guidelines requirements and be able to retrieve it for a period of ten years.
- I will not discriminate against any Medicare beneficiary who is eligible for Priority Health Medicare in accordance with the federal Medicare requirements and laws, including on the basis of race, color, national origin, age, disability, or sex.
- I will not make any statement, claim, or promise that conflicts with, alters, or erroneously expands upon either the information contained within CMS approved materials or by Priority Health.
- I will not mislead, confuse, or misrepresent to potential members about Priority Health Medicare, competitive plans, or Medicare.
- I will not misrepresent myself as an agent of Medicare, Social Security, or any agency of the Federal Government.
- I will not offer any form of enticement, such as gifts or payments, to induce enrollment by potential members. Any promotional activities will not exceed nominal value, be offered to all people without discrimination, not be considered a health benefit and will not be tied to the provision of any other item or service, in accordance with Medicare Communications and Marketing Guidelines requirements.
- I will identify myself as representing Priority Health to all prospective or current members.
- I understand that violation of any of the above will result in disciplinary action up to and including contract termination.

CMS' broad authority to penalize fraud and abuse includes specific penalties for deceptive marketing practices. CMS can impose civil monetary fines ranging from \$10,000 to \$100,000 depending on the violation.

As an agent of Priority Health, I will adhere to all Company Policies, as well as Federal and state regulations. I understand that any violation of the above policies mentioned, as well as any form of misrepresentation, will result in disciplinary action up to and including contract termination.

Agent has acknowledged receipt of this agreement via "Priority Health Medicare Advantage Agent Training Packet Acknowledgement Form."

MAKE THE MOST OF YOUR AGENT CENTER

Your Agent Center is a valuable source of information for Priority Health Medicare plans. This is where you'll find the most up-to-date information, and tools such as your Book of Business. Simply visit priorityhealth.com, click **login** on the upper right corner and enter your username and password.

Your Agent Center contains everything you need to know about Priority Health Medicare plans and all online tools to support your Medicare business. We keep making improvements so it's easier for you to search and access the information and tools you use every day.

Here you'll find links to the tools you'll need to sell our plans, like:

- [Scope of appointment form](#)
- [Plan documents](#)
- [Agent supply order form](#)
- [Plan features and benefits](#)
- [Agent news](#)
- [Commissions and policy administration resources](#)

Customizable marketing materials

When it comes to selling Priority Health Medicare, selling yourself is the first step. And with customizable marketing materials from Priority Health, getting started has never been easier.

- [MAPD and Medigap Marketing Materials](#)
- [D-SNP Marketing Materials](#)

Agent Book of Business tool

The Priority Health [Agent Book of Business tool](#) makes it easy to manage your entire book of business in one, convenient location. Use it to perform audits and review client information, or as a guideline for timing follow-up appointments or re-evaluating client needs.

Click on the [Review Book of Business link](#) to get started.

Plan documents and forms

Your clients depend on you for more than just choosing a Medicare plan. Your knowledge and expertise is a valuable resource, so it pays to know where you can find the most up-to-date plan documents and forms when your clients need them.

- [MAPD Forms](#)
- [Medigap Forms](#)

The [Plan Documents page](#) will have all all ANOCs, EOCs, the Summary of Benefits and more. For information on enhanced and embedded benefits, visit the [Plan Features and Benefits page](#).



Five Things You Should Know About In-Home Health Evaluations

Thousands of people will have an in-home health evaluation this year—let's make sure you're one of them.

- 1 Imagine sitting down at your kitchen table with a clinician who can take your full medical history, review your medications, check your vital signs (which includes taking your blood pressure and listening to your heart rate) and answer your questions—without being rushed. That's what this is. During the visit, you'll be able to meet with a provider for 45 minutes to evaluate your health and go over any concerns. Our clinicians are deeply committed to giving you the time and attention you deserve.
- 2 We share all results with your provider. We make sure that your Primary Care Physician (PCP) receives a full report on your health to better assist in managing your health care. You also get a one-page summary.
- 3 This service is offered to you yearly by your health plan. Remember, this is totally voluntary. Your plan stays the same whether or not you choose to participate.
- 4 Getting ready is easy. You don't have to fast, because we don't draw blood or do any invasive procedures. Just have your current prescriptions and over-the-counter medications handy for the provider to review. If it makes you more comfortable, you can invite a friend or family member to be there with you.
- 5 You'll still continue to see your regular doctor as you normally would. You'll keep your scheduled appointments, and any specialists you already see. We may recommend additional care based on our evaluation, which would be supervised by your doctor.

Call today to set up your appointment with Signify Health.

1-855-746-8710

TTY users, call 711. Questions? We're here to help. Mon.–Fri., 8 a.m.–6 p.m. CT

Signify Health is the new name of CenseoHealth, who has partnered with Priority Health for many years. There is no requirement to take part in any health evaluation, but we highly recommend doing so if someone from Signify Health has contacted you.



Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.389.6648 (TTY: 711).

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.389.6648 (رقم هاتف الصم والبكم: 711).



SAVING MONEY ON HEALTHCARE COSTS *should be simple.*

Let us help you today!

Telephone:
1-866-783-0896
TTY **1-855-368-9643**

Hours:
Monday - Friday
9 a.m. - 6 p.m.

Online:
MyAdvocateHelps.com

Español: Si desea recibir esta información en español, llame al 1-866-783-0896, TTY 1-855-368-9643, y marque el número 3, de lunes a viernes, de 9 a.m. a 6 p.m.

On behalf of **Priority Health Medicare**, My Advocate will help you find programs that fit your needs.

Dear Valued Member,

Helping you with money saving programs is *our* job. Living well is *yours*.

For 15 years, we have been helping Medicare members like you apply for government and community assistance programs. With our help, you can spend more time doing the things you love.

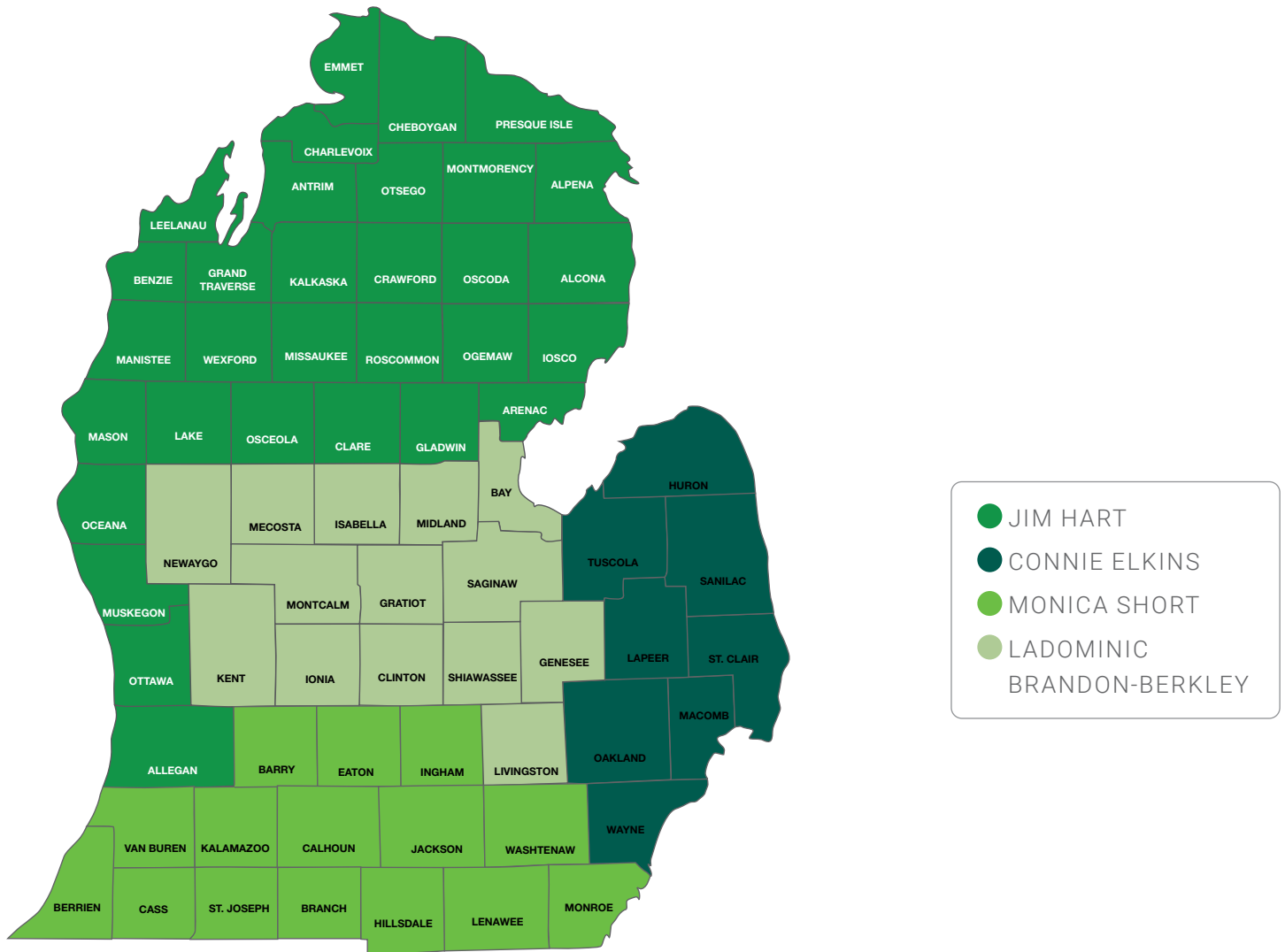
As a Medicare beneficiary, you may be able to save up to **\$105 dollars each month** on your Part B premiums through your state's Medicare Savings Program. You could also receive Extra Help with your Part D Prescription Drug costs.

PriorityHealth 

 **My Advocate**™

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. On behalf of Priority Health Medicare, My Advocate® assists in obtaining financial assistance or social services for members. My Advocate is a service offered by Altegra Health Operating Company, which is an independent company. As a Priority Health Medicare member, there is no cost to you for our assistance. This service is voluntary. You're not obligated to provide any information, including financial information, for assistance with enrolling in or maintaining enrollment in state financial assistance. If you choose not to provide information, your health plan benefits will not be affected. My Advocate will help with your application and renewal, but only the state Medicaid agency can decide if you qualify. The Medicare Savings Programs are part of the state Medicaid program. For more information or to apply on your own, you may call Department of Human Services at 1-855-275-6424/TTY 1-517-373-8521. You may also contact MMAP at 1-800-803-7174/TTY 1-800-649-3777.

SALES AND SUPPORT TEAM



Sales team

NAME	TITLE	PHONE	EMAIL
Ron Crofoot	Manager, Medicare	231.932.7960	<i>ronald.crofoot@priorityhealth.com</i>
Jim Hart	Sr. Medicare Sales Rep – North region	616.464.8811	<i>james.hart@priorityhealth.com</i>
LaDominic Brandon-Berkley	Sr. Medicare Sales Rep – Central region	616.464.8352	<i>ladominic.brandon@priorityhealth.com</i>
Monica Short	Sr. Medicare Sales Rep – South region	616.464.8988	<i>monica.short@priorityhealth.com</i>
Connie Elkins	Sr. Medicare Sales Rep – East region	810.691.6831	<i>connie.elkins@priorityhealth.com</i>
Lori Nowak	Senior Sales Coordinator, Medicare	616.464.8654	<i>lori.nowak@priorityhealth.com</i>

Medicare agent guide and resources

Keep this sheet in a convenient place for reference.

FOR QUESTIONS REGARDING	CONTACT
Members (Billing, claims, payments and misc. questions)	Phone: 800.970.7379 Option 2 or 888.389.6648 Option 1 Email: customerserviceGP@priorityhealth.com
Enrollments (status, issues, process) and Book of Business questions Priority Health Medicare and Medigap	Phone: 800.970.7379 Option 2
Commissions, licensing and AOR's	Phone: 800.471.2504 Option 1 Email: commissions-licensing@priorityhealth.com
Certification training and status	
Agent Center	Online: priorityhealth.com/agent/center/medicare/mapd/certification
Pinpoint, NAHU, AHIP, Convey	Email: ph-medicare-agent@priorityhealth.com (include your name, broker ID, and what you are sending in the subject line)
Medicare sales department	Fax: 616.975.0281
Medicare group plans under 100 eligibles Small Business department	Phone: 800.471.2504 Option 4
Medicare group plans over 100 eligibles	Contact region sales rep
D-SNP eligibility verification	Phone: 1.800.970.7379, option 2

Supply orders

Please use the [Agent Supply Order Form](#) to order materials.

Individual Medicare application submission

Online: prioritymedicare.com

Email: ph-MedicareEnrollment@spectrumhealth.org

Fax: Applications are not accepted by fax

Scope of appointment

The form is available in your Agent Center [here](#). The form is entitled Medicare scope of sales appointment confirmation form. The [virtual scope of appointment form](#) is also available.

Note: You must keep your scope on file for 10 years. Do not submit to Priority Health.

Group Medicare plan information and submission

Visit our Agent Center and view more about Priority Health Group MAPD [here](#).

Websites

- For Priority Health Medicare information: prioritymedicare.com
- To access agent information: priorityhealth.com/agent
- Medicare website for beneficiaries: medicare.gov
- For beneficiaries to order a new Medicare Card: socialsecurity.gov/medicarecard

Telephone Numbers

800.MEDICARE (800.633.4227) / TTY 877.486.2048

Social Security Administration: (800.772.1213) / TTY 800.325.0778

