

OEP 2021

- Individual market continues to grow
- Competitively priced plans for 2021, focus on Silver products
- Strong emphasis on pricing
- COVID-19 impact and response



Proud to be the first insurer in the country to offer a 15% premium discount to our members during COVID.

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What's not changing

We're bringing back everything that your clients love.



Narrow
Networks



Bronze
HSA
savings



Competitive
Silver plans



Standard
Gold

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New plans for 2021

NEW

Silver 2400 50+ Off-Marketplace Off-Marketplace option

- Four out-of-state Cigna office visits
- Free gym membership
- Broad and narrow network options



MyPriority HMO Silver 2400 50+

Available on our broad and narrow networks, the MyPriority® HMO Silver 2400 50+ plan is a smart option for individuals and families that don't anticipate needing major health care services and want the reassurance of being covered for general care.

Who can buy it?
Individuals who live in the MyPriority service area.

Why choose this plan option?
This plan is ideal for early retirees or individuals who travel and want peace of mind knowing they're covered wherever they go.

MyPriority HMO Silver 2400 50+ is also offered on Priority Health's five narrow network options:

- Spectrum Health Partners
- Bronson Healthcare Partners
- Beaumont Health Network
- St. John Providence Network
- St. Joseph Mercy Health System

	MyPriority HMO Silver 2400 50+	MyPriority HMO Silver 2400 50+ Off-Marketplace
Deductible Individual / family	\$2,400 / \$4,800	\$2,400 / \$4,800
Out-of-pocket maximum Individual / family	\$8,550 / \$17,100	\$8,550 / \$17,100
Coinsurance	30% coinsurance, after deductible	30% coinsurance, after deductible
Office visits Primary doctor	\$30 copay, office visits only, before deductible	\$30 copay, office visits only, before deductible
Office visits Urgent care	\$75 copay, office visits only, before deductible	\$75 copay, office visits only, before deductible
Office visits Specialist	\$45 copay, office visits only, after deductible	\$45 copay, office visits only, after deductible
Office visits Mental health	\$30 copay, office visits only, before deductible	\$30 copay, office visits only, before deductible
Virtual care services 24/7 access to a doctor via phone or online i.e. Spectrum Health app	\$0 copay, before deductible	\$0 copay, before deductible
Prescription drug coverage	<p>Want to find out if your prescription is covered? Visit priorityhealth.com and click on approved drug list.</p>	
Tier 1a	\$5 copay, before deductible	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible	\$20 copay, before deductible
Tier 2	\$75 copay, after deductible	\$75 copay, after deductible
Tier 3	\$100 copay, after deductible	\$100 copay, after deductible
Tier 4 & 5	80% coinsurance, after deductible	50% coinsurance, after deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible	
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10 days per year combined with all inpatient services); 30% coinsurance, after deductible	
Outpatient hospital care	\$1,000 copay; 30% coinsurance, after deductible	\$250 copay (waived if admitted); 30% coinsurance, after deductible
Emergency services	\$250 copay (waived if admitted); 30% coinsurance, after deductible	\$250 copay (waived if admitted); 30% coinsurance, after deductible

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NEW

Silver 5500 On and Off-Marketplace option

- Lowest priced Silver plan option
- Coverage before deductible with low copays
- Broad and narrow network options



MyPriority HMO Silver 5500 Plan

The MyPriority® HMO Silver 5500 plan is a great option for individuals and families who are healthy and savings-minded.

Why choose this plan option?
Many common health care services like primary care visits, specialist visits, urgent care, Tier 1 prescriptions and labs are available with a low copay, before deductible.

Who can buy it?
Individuals who live in the MyPriority service area.

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

- Spectrum Health Partners
- Bronson Healthcare Partners
- Beaumont Health Network
- St. John Providence Network
- St. Joseph Mercy Health System

Also available as a Telehealth POP option.


	MyPriority Silver 5500 Plan
Deductible Individual / family	\$5,500 / \$11,000
Out-of-pocket maximum Individual / family	\$8,550 / \$17,100
Coinsurance	30% coinsurance, after deductible
Office visits Primary doctor	\$30 copay, office visits only, before deductible
Office visits Urgent care	\$75 copay, office visits only, before deductible
Office visits Specialist	\$65 copay, office visits only, before deductible
Office visits Mental health	\$30 copay, office visits only, before deductible
Virtual care services (i.e. Spectrum Health App)	\$0 copay, before deductible
Prescription drug coverage	Want to find out if your prescription is covered? Visit priorityhealth.com and click on approved drug list
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$75 copay, before deductible
Tier 3	\$125 copay, before deductible
Tier 4 & Tier 5	50% coinsurance, after deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10 days per year combined with all inpatient services), then 30% coinsurance, after deductible
Outpatient hospital care	\$1,000 copay, 30% coinsurance, after deductible
Emergency services	\$250 copay (waived if admitted), 30% coinsurance, after deductible

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NEW

Telehealth PCP plans through Doctor on Demand (DOD)

- Pairs with Bronze 8550 and Silver 5500
- Broad network only
- Lower cost plan option
- Designated PCP online through DOD



MyPriority Telehealth PCP plans

The new MyPriority® Telehealth PCP plans are ideal for consumers who are looking for an affordable health plan that is virtual-first and are comfortable with online interaction with providers for care.

Why choose this plan option?

- Members will have a doctor assigned as their primary care physician (PCP) and all visits will take place virtually with their PCP assigned through Doctor on Demand.
- The member will need a referral from their doctor to seek care in a traditional office setting or with a specialist, as needed. Emergency care does not have this same restriction.

Who can buy it?
Individuals who live in the MyPriority service area.

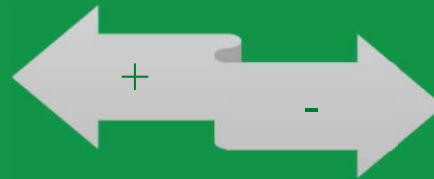
MyPriority Telehealth PCP plans are only offered on Priority Health's broad network.

- MyPriority HMO Bronze 8550 – Telehealth PCP
- MyPriority HMO Silver 5500 – Telehealth PCP

MyPriority HMO	Bronze 8550 – Telehealth PCP	Silver 5500 – Telehealth PCP
Deductible Individual / family	\$8,550 / \$17,100	\$5,500 / \$11,000
Out-of-pocket maximum Individual / family	\$8,550 / \$17,100	\$8,550 / \$17,100
Coinsurance	100%	70%
Office visits Primary doctor	\$30 copay, before deductible	\$30 copay, before deductible
Office visits Urgent care	\$75 copay, before deductible	\$75 copay, before deductible
Office visits Specialist	No charge after deductible	\$65 copay, before deductible
Office visits Mental health	\$30 copay, before deductible	\$30 copay, before deductible
Prescription drug coverage	<p>Want to find out if your prescription is covered? Visit priorityhealth.com and click on approved drug list</p>	
Tier 1a	\$5 copay, before deductible	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible	\$20 copay, before deductible
Tier 2	No charge after deductible	\$75 copay, before deductible
Tier 3	No charge after deductible	\$125 copay, before deductible
Tier 4 & Tier 5	No charge after deductible	50% coinsurance, after deductible
Maternity	No charge after deductible	Covered in Full
Inpatient hospital care (includes labor and delivery)	No charge after deductible	\$500 copay per day (up to 10 days per year combined with all inpatient services), then 30% coinsurance, after deductible
Outpatient hospital care	No charge after deductible	\$1,000 copay, 30% coinsurance, after deductible
Emergency services	No charge after deductible	\$250 copay (waived if admitted), 30% coinsurance, after deductible

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Telehealth PCP plans



Ideal for those who:

- Live in rural areas;
- Have difficulty accessing care they need;
- Want to seek care directly from their home;
- Have busy schedules with limited time off;
- Often have to wait a long time to get an appointment

Plan considerations:

- If they have a PCP now, they will not go to that PCP anymore.
- If they seek care without a referral from DoD, it will not be covered.
- Attractive cost to the plan, but there are tradeoffs.

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New features and benefits

NEW

Chronic condition management

Diabetes management

- Expanded to HSA plans
- New for 2021
 - Retinopathy, A1C testing and insulin
 - Cost share but before deductible



MyPriority Chronic condition management benefits

Did you know that six in ten adults in the United States have a chronic health condition? How about that four in ten have two or more chronic health conditions? Priority Health is committed to reversing this trend and continuing to provide support to our members with chronic conditions.

New for 2021, all MyPriority® Individual Market plans will feature coverage, ahead of deductible, for some of the most common chronic conditions. Your clients will now have access to a variety of medications and services to help them live a happy life and keep their chronic conditions under control.

Availability
The services, supplies and treatments listed below are covered ahead of deductible for members enrolled in an ACA® Individual plan, across all metal levels and narrow networks, within the MyPriority service area.

What's covered

Diabetes management

Diabetes management services, supplies and treatments are covered in full, before deductible when furnished by a participating durable medical equipment (DME) provider. Diabetes prescriptions and testing procedures are covered ahead of deductible with cost share.

NEW FOR 2021

Services, supplies and treatments	Cost share amount		
	Bronze	Silver	Gold
Retinopathy testing	20% coinsurance	30% coinsurance	20% coinsurance
Hemoglobin A1c testing			Gold Copay+ \$45
Prescription drugs	Bronze, Silver and Gold Copays plans	Silver 3000 plan	Gold 1100 plan
Insulin and other glucose lowering agents	Tier 1a: \$5 Copay Tier 1b: \$20 Copay Tier 2: \$75 Copay Tier 3: \$100 Copay Tier 3: \$125 Copay on Silver 3000 plan Tier 4: 50% Coinsurance Tier 5: 50% Coinsurance	All tiers: 30% coinsurance	All tiers: 20% coinsurance
Services, supplies and treatments***	Amount covered, before deductible		
Diabetes educational classes			
Blood glucose monitors			
Syringes, lancets, and blood glucose test strips	100%		
Insulin pump			
Glucometer			
Prescribed shoe/shoe inserts			

continued



Expanded chronic condition management

- New conditions added for 2021
- Before deductible, with cost share
- Asthma, COPD, heart disease

Services, supplies, and treatments

Peak flow meter

Blood pressure monitor

Low-density Lipoprotein (LDL) testing

International Normalized Ratio (INR) testing

Prescription drugs

Inhaled corticosteroids

Angiotensin Converting Enzyme (ACE) inhibitors

Beta-blockers

Selective Serotonin Reuptake Inhibitors (SSRIs)

Statins

Anti-resorptive therapy

NEW



\$0 Virtual Care

- IRS expanded virtual care services to HSA plans, before deductible
- Available across all ACA plans, including HSA
- *Note: not the same as our new Telehealth PCP plans*

CHANGE



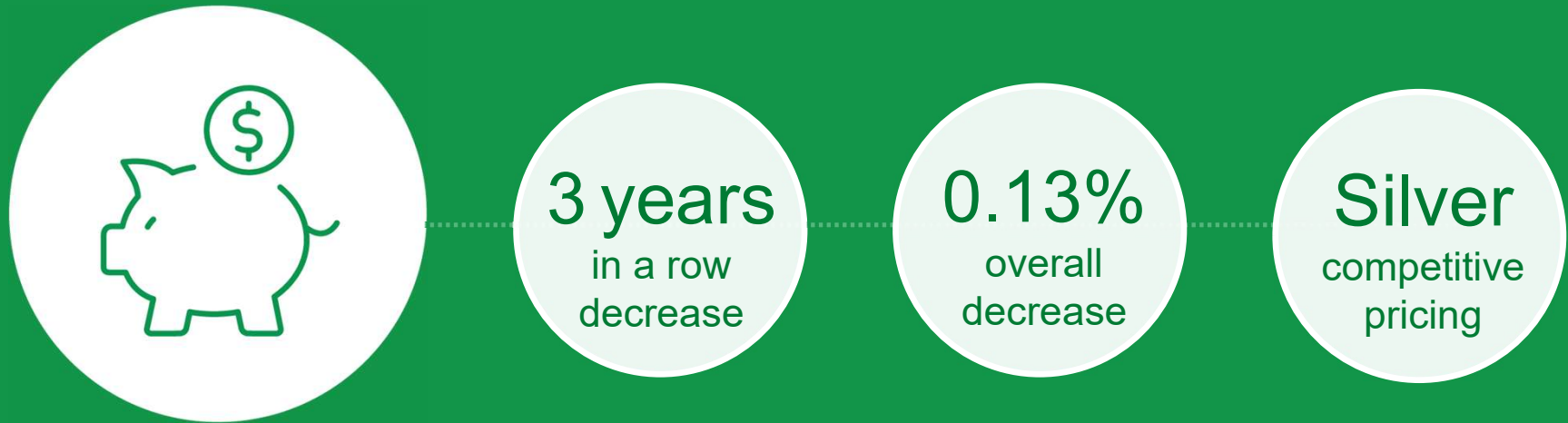
Vision coverage

- Removing embedded vision from plans
- Offering 2 buy-up options through EyeMed
 - EyeMed – Medium - \$7.93/month/member
 - EyeMed – High: \$11.85/month/member

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Rates for 2021

2021 Rates



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Why choose Priority Health?

Unique benefits on all MyPriority plans

Global emergency services
You can call upon Assist America® for services whenever you're 100 miles away from home or in another country for personal, vacation or business travel.*

Medical consultation, evaluation and referral
Assist America's Operations Center is staffed just for medically certified, multilingual personnel who can make immediate recommendations for any emergency situation. When you call for help, you're in, they put in motion their vast English-speaking, Western quality provider network to solve medical and non-medical emergencies anywhere in the world.

Foreign hospital admission assistance
Assist America handles general hospital admission by validating your health insurance or advancing funds as needed to the hospital.

Emergency medical evacuation
If you or a covered dependent become ill or injured in an area of the globe where appropriate care is not available, Assist America will use whatever transportation, equipment and personnel are necessary to evacuate you safely to the nearest facility that meets their license standards.

Medically supervised repatriation
Assist America, when deemed medically necessary, will provide transportation home or to a specified health facility with a medical or non-medical escort as required.

How to use Assist America
1. Download the Free Assist America mobile app available for iPhone and Android.
2. Call Assist America's 24-hour Operations Center at 1-800-875-1111.

Priority Health customer number: 214-464-4646 (TX only)

*Not available to Medicare, Medicaid or DSCR20 members.

Assist
America

**FLEXIBLE SPENDING ACCOUNTS (FSAs)
A SIMPLE way to SAVE**

EMPOWERING YOU TO BUILD HEALTH SAVINGS

A simple way to save
Use advantage of significant savings by participating in a flexible spending account (FSA). You can elect to have a portion of your paycheck withheld pre-tax to pay for qualified medical expenses such as deductibles, co-payments, dental and vision. A dependent care FSA (DCFS) may also be offered for before-tax savings on qualified dependent care expenses.

Healthcare FSA
Assist America's Healthcare FSA can be used for qualified expenses including medical, dental, vision, deductibles, co-payments and more. For a full list of qualified expenses allowed by the IRS, see IRS Publication 502. With Healthcare FSAs, the entire elected amount is available to you on the first day of the health plan year. You don't have to wait for your payroll contributions to accumulate before paying expenses with your FSA.

Use it or lose it
FSAs are generally "use it or lose it" plans. This means that amounts in the FSA at the end of your plan year generally cannot be carried over to the next plan year. However, the plan can provide for either a grace period or a "rollover" mechanism. For accountable reasons, an employer or policy owner's funds are forfeited. For more details, see IRS publication 502 or consult your advisor.

Limited carryover
Some plans may allow up to \$500 of unused FSA funds remaining at the end of a plan year to be carried over to the next year. Only your benefits team can provide about your plan's FSA carryover and/or grace period policy.

PriorityHealth
THINK SMART. LIVE SMART.


HealthEquity

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Health
Equity

Know your costs. Save on care. And get rewarded.

It's smart, and easy, with Priority Health.
These things happen every time you use Cost Estimator to shop procedures, lab tests or office visits.

- 1 You see your costs before you receive care.**
Before your scheduled visit, appointment, search for the medical service you need in Cost Estimator. Here's how:
 - Enter a procedure name and search for locations where that service is available.
 - Compare costs at those facilities in your network.
 - In some cases you can improve your search by selecting a specific provider.
 - From the location pricing list, select a facility to see your personal out-of-pocket estimate.
- 2 You save on procedures by choosing the best value options.**
Cost Estimator has saved over \$1 million in health care costs since it launched just four years ago.
- 3 You may qualify to earn a Visa rewards card of \$50 to \$200.**
That's right. Many common procedures and tests are included in our Priority Rewards program, where we'll award you rewards for being a smart shopper. Here's how:
 - In your Cost Estimator search, choose a procedure or facility with a green trophy beside it. It looks like this: 
 - Assume that medical service at that facility within six months of your search.
 - Used it for all kinds of items including medical services, health and wellness services, groceries and more.

continued >

Cost
Estimator

Introducing the Priority Health HSA store on Amazon

Tell your clients about the smart new way we're taking the guesswork out of shopping for HSA-eligible items.

We're collaborating with Amazon to offer an online storefront for Priority Health on Amazon's website, where members can use their HSA card to purchase thousands of eligible items. From band-aids to contact lenses, all items on the Priority Health storefront are HSA-eligible, making it easy for members to use their HSA dollars.

Shopping the Priority Health storefront is just like making any other purchase on Amazon—simply add items to your cart, place your order and you're done. Members without an HSA card can place their Amazon orders and submit the receipt to their benefits administrator for reimbursement.

continued >

Amazon
HSA Store

Download these specific sell sheets from the Agent Center



Expanded chronic condition management

- Diabetes management
- New conditions: asthma, COPD, heart disease

Examples of potential out of pocket savings for your clients...

Services, supplies, and treatments

Peak flow meter

Blood pressure monitor

Prescription drugs

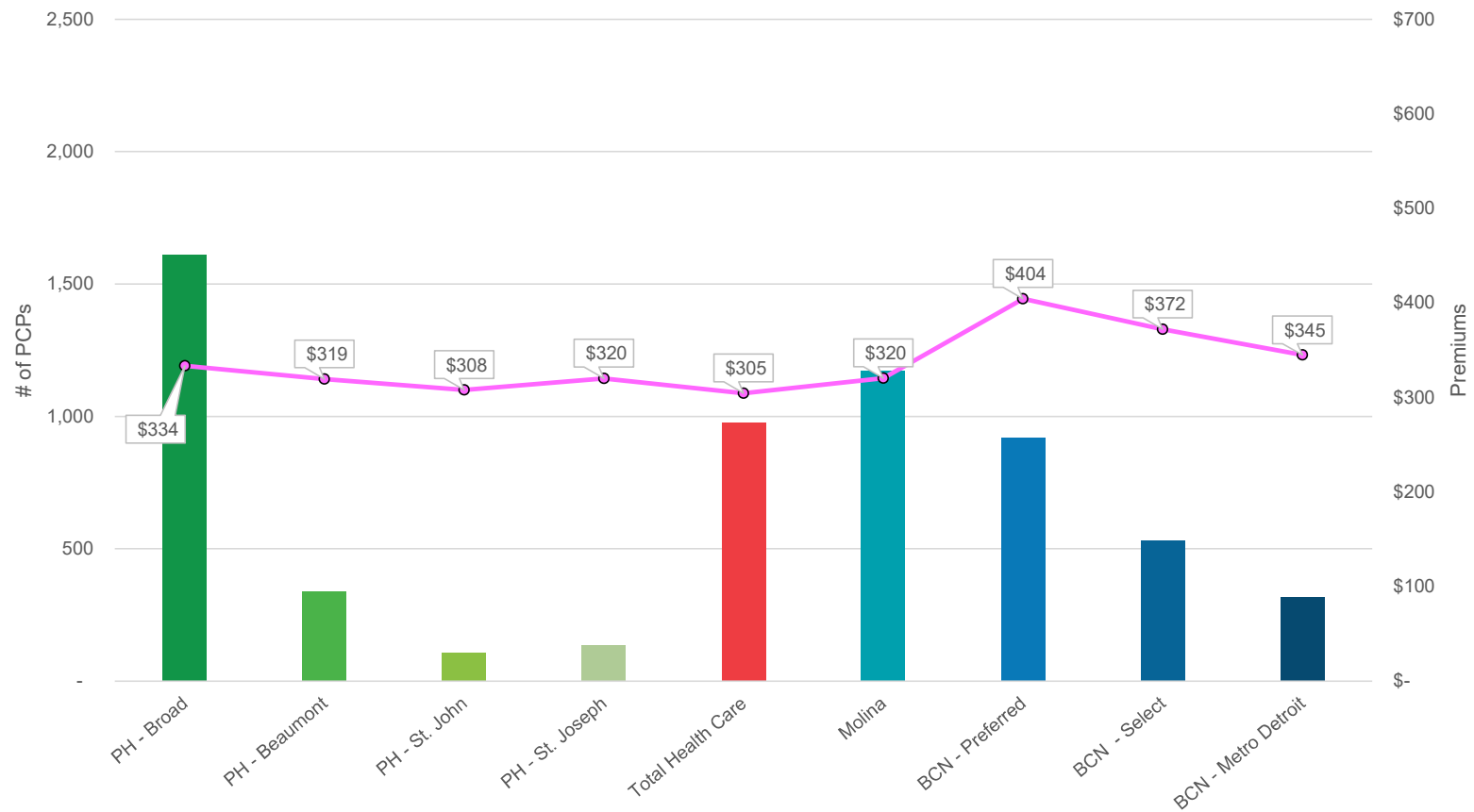
Inhaled corticosteroids

Angiotensin Converting Enzyme (ACE) inhibitors

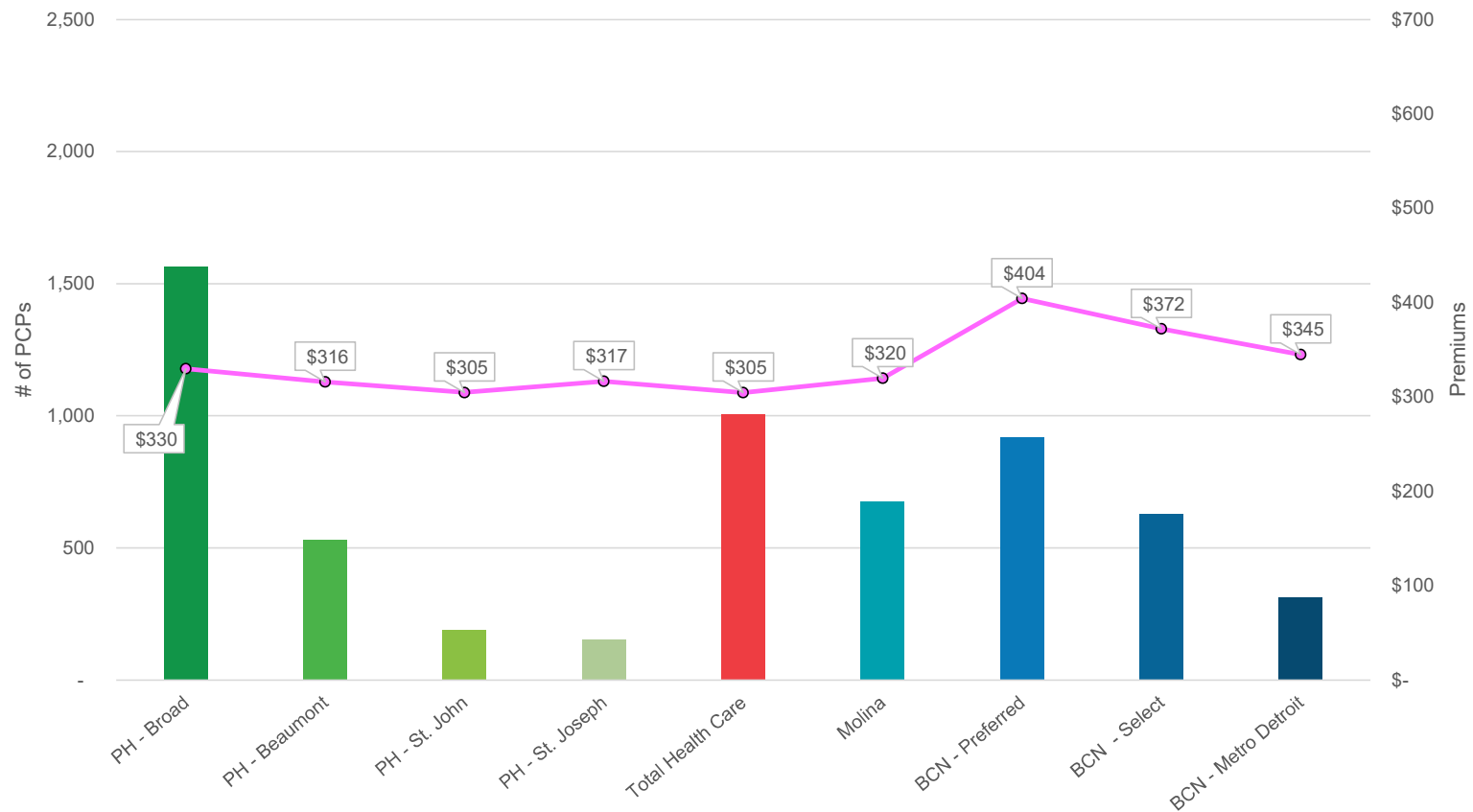
Statins

Regionally competitive pricing

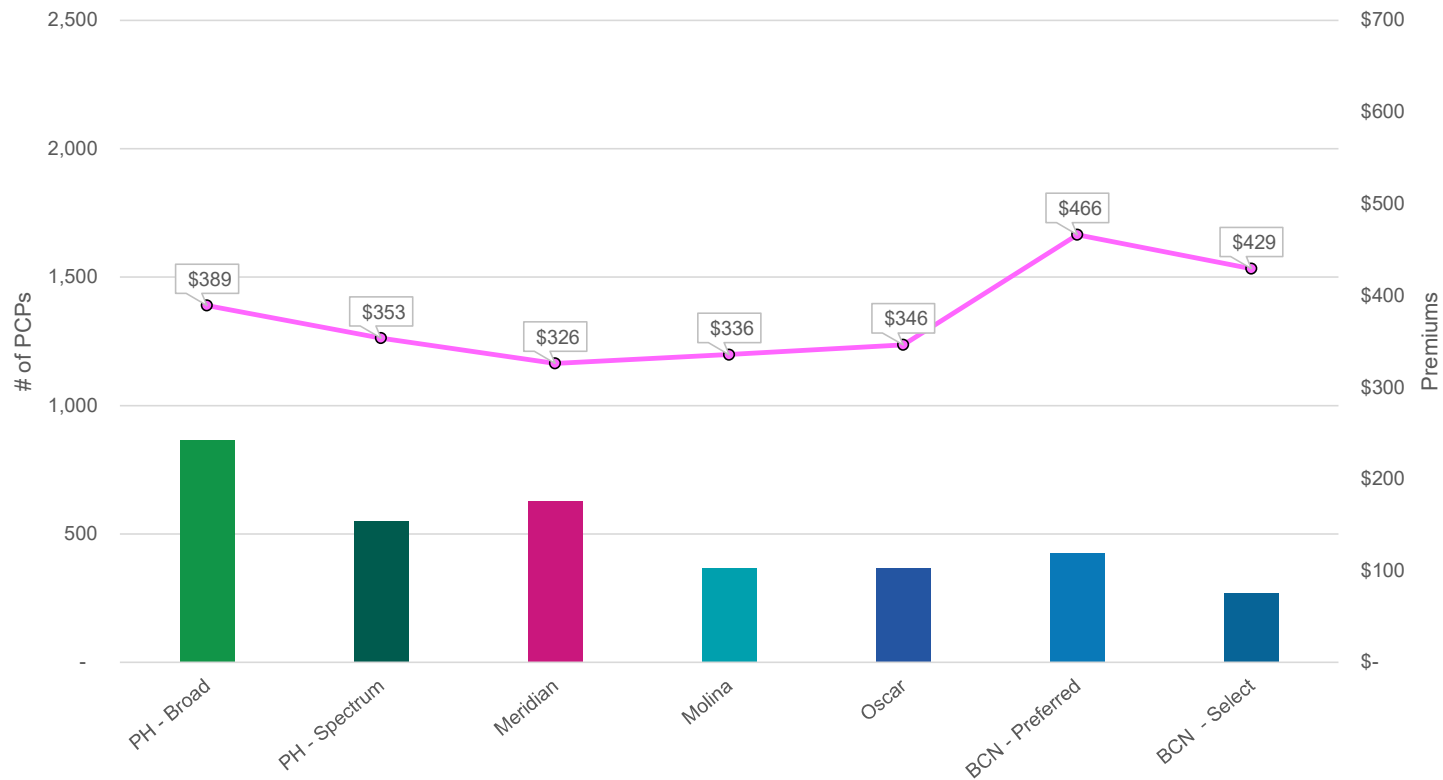
Silver plans: Wayne county



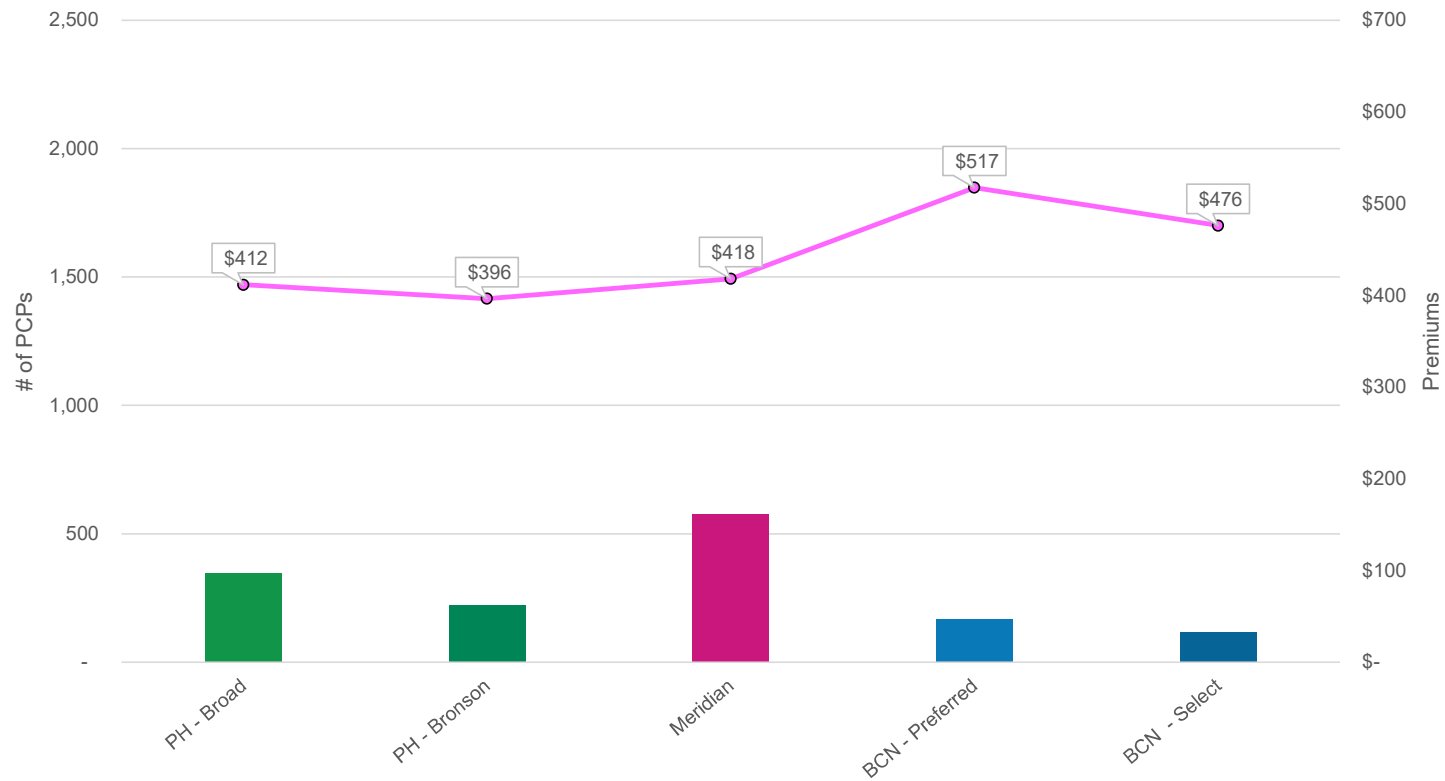
Silver plans: Oakland county



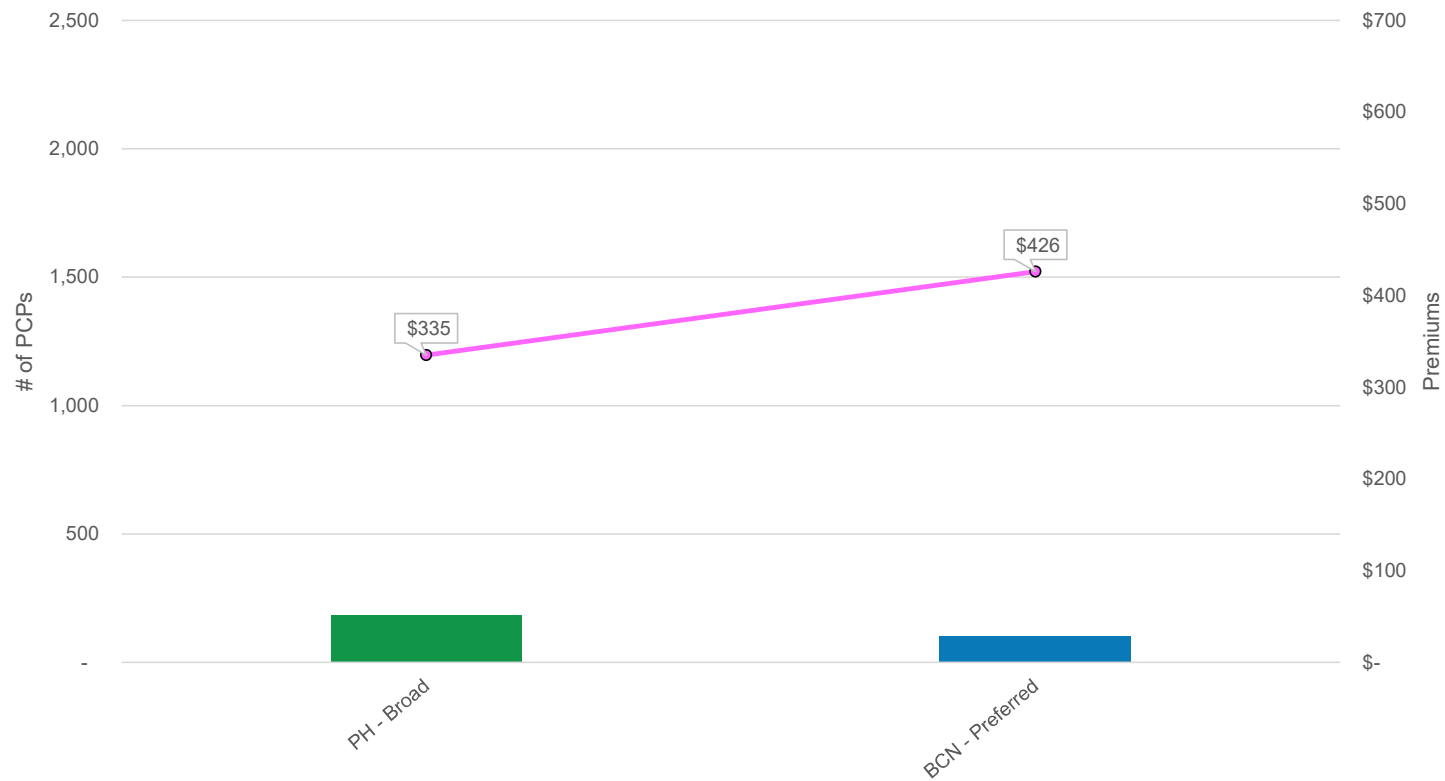
Silver plans: Kent county



Silver plans: Kalamazoo county



Silver plans: Grand Traverse county





By the numbers...

Partnership remains strong



Agents
account for
62%
of our
business

77%
of agents
aligned with
a GA

Thank you!

Commissions

Priority Health and Total Health Care	
New contracts, first year* (SEP and OEP)	5%
Renewing contracts – renewing 1/1/20 with an effective date of 1/1/19 and later	4%
Renewing contracts – with an effective date of 1/1/18 and before	2%
Short-term	20%
Dental and Vision	2%



Short-term bonus program

- Effective March 1 – October 1, 2020
- Paid on a per contract basis; there is no limit on the number of contracts available for bonus.
- One-time, lump sum bonus

Remember, the bonus is paid in addition to the commission you currently earn for new Short-term business (20%).

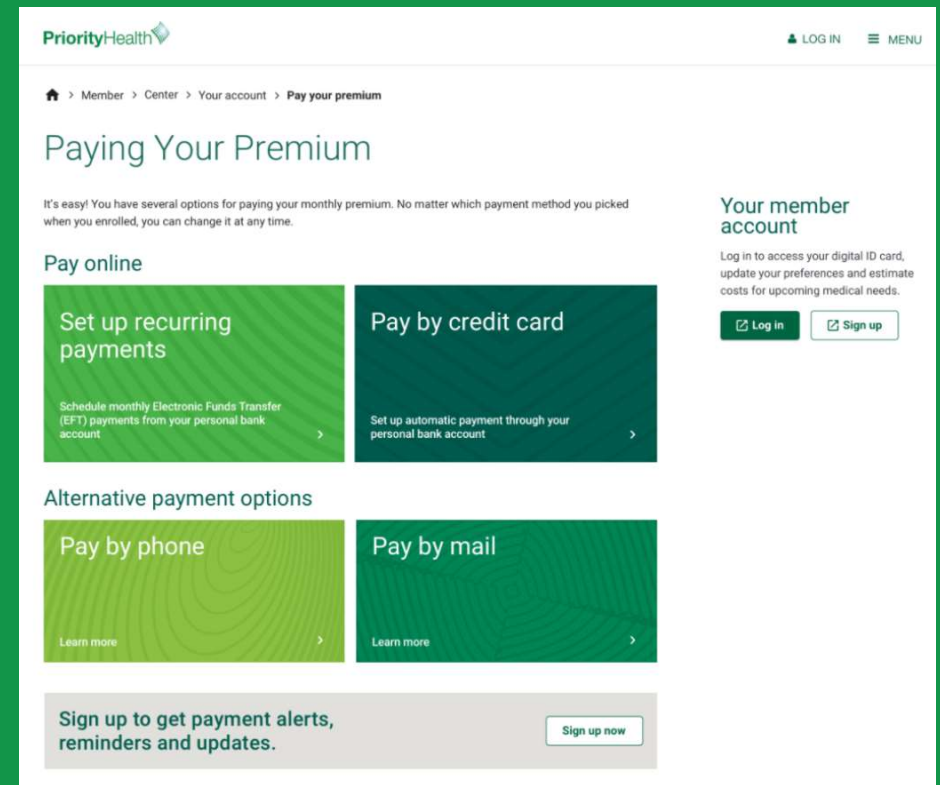
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Reimagined billing experience

NEW

Expansion of options

- Credit card: one time or recurring payments
- Q2 – priorityhealth.com
- Q3 – Member Center updates
- Q1 of 2021 – enrollment



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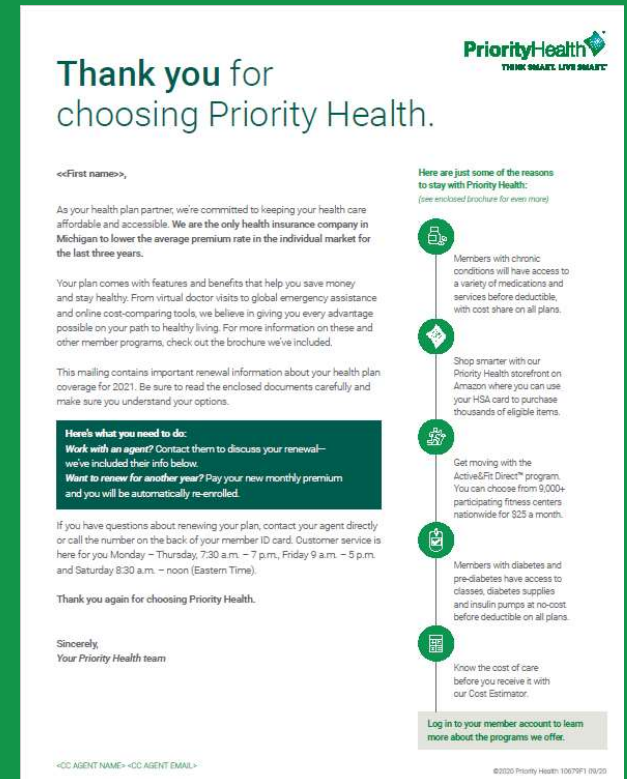
OEP readiness

ACA Renewals

- Emails to agents
- Renewals mailed to members
- Letters include estimated premium based on current APTC.

Pre-ACA Renewals

- No rate increase for 2021
- 2021 letters mailed: mid-November
- Age band change = increase in premium



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3 new SEPs

NEW SEPs

1. Qualified individual added to dependent's current QHP if they:
 - a) Are not an enrollee
 - b) Qualify for an SEP, and
 - c) Have one or more dependents who are enrollees
2. QSEHRA
 - a) May qualify based on new individual coverage HRA offer
3. COVID-19
 - a) Lost qualifying coverage more than 60 days ago but since 1/1/20 and couldn't enroll sooner because of COVID

Agent Certification

Ensure you've completed registration

	Update your agent/broker profile on the MLMS via the CMS Enterprise Portal.
	Complete Marketplace training on the MLMS or through an HHS approved vendor via the CMS Enterprise Portal.
	Read and accept the applicable Marketplace Agreement(s) on the MLMS.
	Confirm completion of all registration steps by logging back in to the "Agent/Broker Registration Status" page on the CMS Enterprise Portal and print your completion certificate.
	Include and verify your NPN.

Non-certification implications



If you are not certified

- PH commissions will not be earned or paid for a policy that is sold or had active changes made during non-certification.



How we're helping prevent loss of commissions

- Monthly validation by Commissions; via FFM registration site
- If unable to confirm registration, sales team will contact you

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COVID-19

Supporting our members

- Premium credits, June and July
- Dental premium credit, April
- 30-day additional payment extension
- Reinstate or refund premium for financial hardship
- NSF fees waived
- Combo plan: short-term + ACA plan
- Loss of coverage SEP
- Dental cancellation
- Deductible credit

COVID-19 Deductible credit request **PriorityHealth**
Available only during the COVID-19 pandemic

Test

SECTION 1: MEMBER INFORMATION (Contract number and group number may be found on your membership card)

Sample Name	(555) 555-1212	12345
123 Sample Street	Sample	MI 49506

SECTION 2: INSTRUCTIONS

Complete separate Deductible Credit Request forms for each member in your family who has met any portion of their 2020 deductible (for dates of service dated 1/1/2020 and after) prior to your Priority Health plan effective date. Your deductible credit amount(s) will apply to your in-network deductible only.

Attach separate Explanation of Benefits forms that include the amount of deductible met for each date of service. We will accept your forms up to 30 days after your Priority Health plan effective date.

SECTION 3: EXPLANATION OF BENEFITS

Explanation of Benefits must contain the following:

- Patient name
- Date of service
- Amount applied to 2020 deductible for each date of service (1/1/2020 and after)

Note: Credit will be granted for dates of service dated 1/1/2020 and after prior to your Priority Health plan effective date. Requests for credit must be submitted within 30 days after your Priority Health plan effective date.

SECTION 4: MEMBER COMMENTS

Lost job and employer sponsored insurance due to COVID-19

SECTION 5: SIGNATURE

The above statements and attachments are true and complete to the best of my knowledge.

signature _____ MM / DD / YYYY
Signature Date

Email form to:
customerservice@priorityhealth.com

Also include a current Explanation of Benefits (EOB) or a screen shot of your current deductible balance.

Questions?
Call Customer Service at 800.942.0954.

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Final reminders

Last but not least...

- Termination policy
 - Contracts effective for less than 1 month
 - Contracts effective more than 1 month
- Short-term policies
 - Expansion of effective dates



Thank you; here's to a great OEP.