

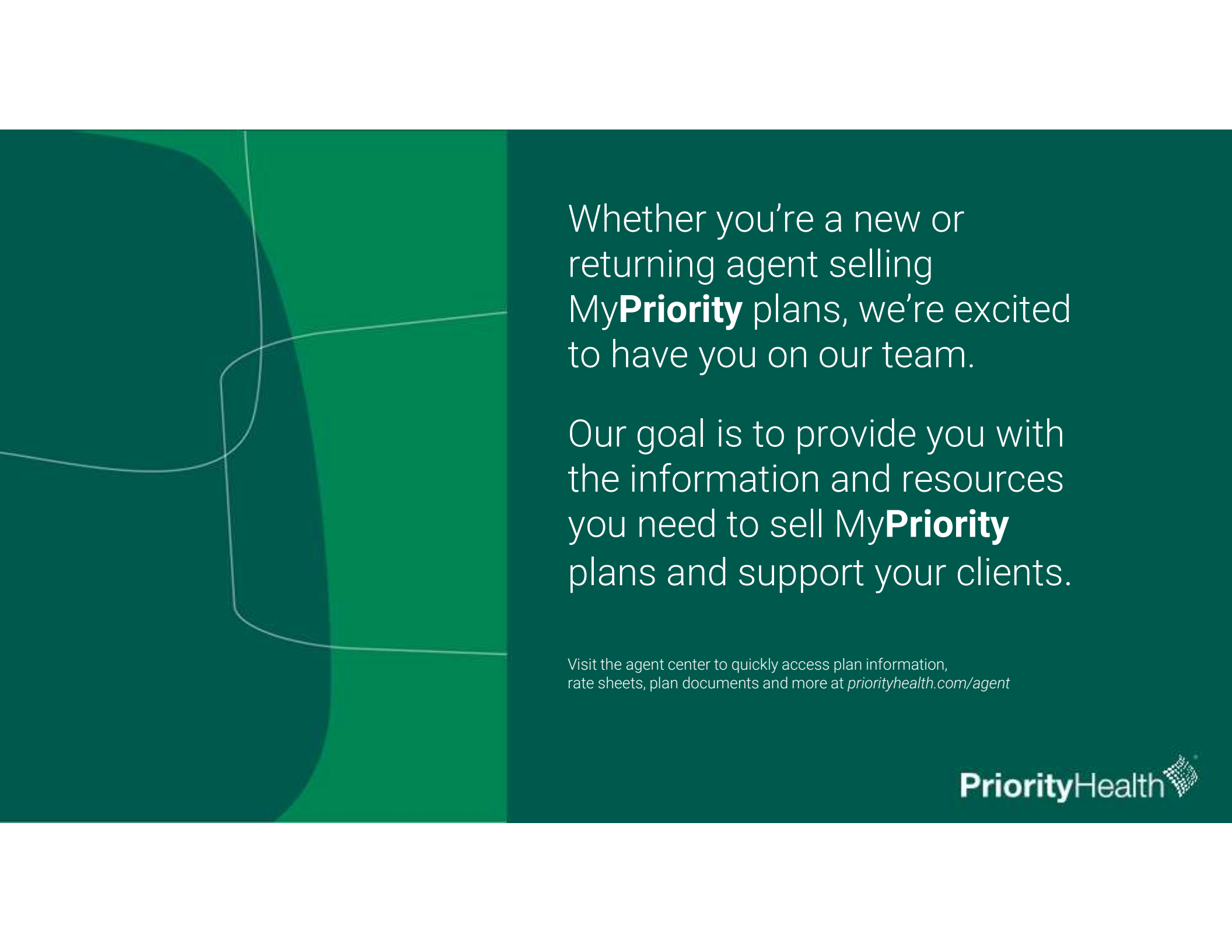
20  
23

OPEN  
ENROLLMENT  
PERIOD

My**Priority** Individual and family health plans

Better, together

PriorityHealth 

The background is a dark teal color. On the left side, there is a lighter green vertical band. Overlaid on this band and the dark teal background are several thin, white, curved lines that create a sense of movement and depth.

Whether you're a new or returning agent selling My**Priority** plans, we're excited to have you on our team.

Our goal is to provide you with the information and resources you need to sell My**Priority** plans and support your clients.

Visit the agent center to quickly access plan information, rate sheets, plan documents and more at [priorityhealth.com/agent](https://priorityhealth.com/agent)



# MyPriority Sales Team



**Dwayne Judson**

*Sales Manager*

[dwayne.judson@priorityhealth.com](mailto:dwayne.judson@priorityhealth.com)

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**Emily Martens**

*Sales Consultant*

 North region  West region

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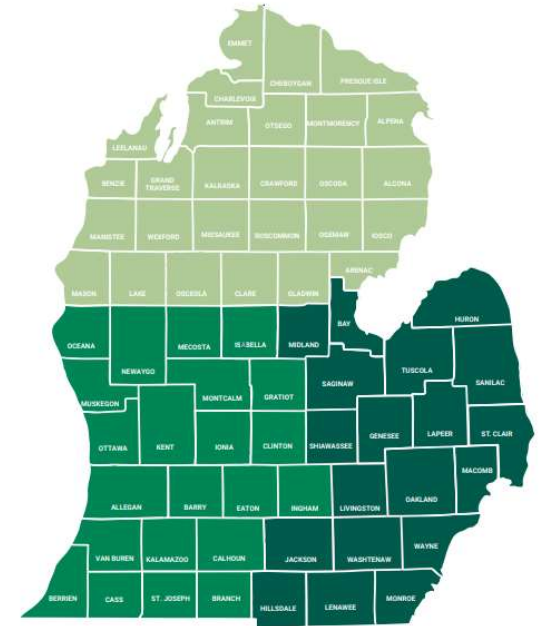
**Mark Thomas**

*Sales Consultant*

 East region

[mark.thomas@priorityhealth.com](mailto:mark.thomas@priorityhealth.com)

248.893.9100



# Agent Tools & Resources



# Agent Resources

## Agent Center

The Agent Center is Priority Health's online portal that provides you quick and easy access to valuable information, including plan documents, rate sheets, marketing materials and more.

Be sure to bookmark the Agent Center for easy access – [priorityhealth.com/agent](https://priorityhealth.com/agent)

## Agent services

The agent services team is available to help answer questions about products and benefits, application status, provider network, membership, billing and claims

Monday – Friday, 8:30 a.m. – 5 p.m.

Call 800.970.7379, option 1

## Commissions and licensing

Contact the commissions and licensing team with questions about agent agreements and account creation, commissions, and licensing information. For questions, please call 800.471.2504, option 3, then option 1 or send an email to [commissions-licensing@priorityhealth.com](mailto:commissions-licensing@priorityhealth.com)

## PriorityQuote

For questions or technical assistance with PriorityQuote, please call 844.548.2574 or send an email to [pqsupport@priorityhealth.com](mailto:pqsupport@priorityhealth.com)

# Rates and Commissions

## Commissions

Open Enrollment Period and Special Enrollment Period		2023 commission
New contracts, first year	New members only. We will accept a member as new if they have not been covered with us for the last 12 months.	5%
Renewing contracts	With an original effective date of 1/1/19 and later.	4%
Renewing contracts	With an original effective date of 12/1/18 and before	2%
Dental and Vision	New business, first year	2%
Short-term	New business	20%

## Rates

You can access our [2023 rates in the Agent Center](#); simply download and print individual rating areas for you and your clients.

# Agent Bonus Program

For every new contract you write during OEP 2022, you'll be eligible to earn a one-time, lump-sum bonus.

Number of contracts written	Bonus amount earned
5–10 contracts	\$25 bonus per contract
11–25 contracts	\$50 bonus per contract
26+ contracts	\$100 bonus per contract



# Getting Appointed & Certified





# Getting Appointed to Sell MyPriority

## Get appointed with Priority Health

Becoming appointed with us is easy – just complete our agent agreement [online](#).

Before you get started, make sure you have this information ready:

- ✓ Your business contact information
- ✓ E&O policy limits and effective date
- ✓ Commission payment and preferences
- ✓ Taxpayer ID number and other W-9 required information
- ✓ Bank name and accounting routing and accounting numbers for the direct deposit agreement

# Required Certifications

## **Federally Facilitated Marketplace (FFM) certification requirement**

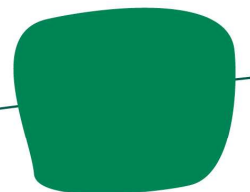
CMS requires that FFM certification be completed for each plan year (prior to the sale of a policy, or prior to an active change).

Priority Health commissions will not be earned or paid for a policy that is sold or had active changes made if the broker is not properly certified for the applicable plan year.

Visit [portal.cms.gov](https://portal.cms.gov) for registration and training sessions for both returning and new agents and brokers.



# Why Sell MyPriority



# Why Sell MyPriority Plans?

**1 |** Earn 5% commission on new contracts and 4% on renewing

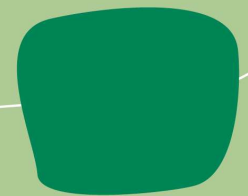
**2 |** MyPriority plans give your clients more for their money:

✓ Low copays and extra benefits

**3 |** Your clients have access to one of the largest Individual HMO networks of primary care doctors in lower Michigan



# Strength of Our HMO Network



PriorityHealth 

# Network Position and Price

Priority Health members have access to one the largest **Individual HMO network of primary care doctors** in lower Michigan.

This includes nationwide dependent and emergency coverage for members who travel outside of the state of Michigan through the Cigna Open Access Plus (OAP) Network.

# Narrow Network Plan Options

**Our narrow network products continue to grow in popularity; we know how important it is for your clients to have control over their health care costs without sacrificing quality or choice.**

Unlike many competing narrow networks, all Priority Health's narrow network products feature:

- ✓ No referrals or additional authorizations
- ✓ Provider-specific names to make it easier for you and your client to understand which facilities are covered
- ✓ No additional limits or restrictions on care or services

## Southeast Michigan Narrow Networks



### Beaumont Health Network

*Offered to individuals who live in Wayne, Oakland and Macomb counties*

#### Hospitals

- Beaumont Health Hospitals (including former Oakwood hospitals) Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne



# Narrow Network Plan Options

## Southeast Michigan Narrow Networks



### Ascension St. John Providence Network

*Offered to individuals who live in Wayne, Oakland and Macomb counties*

#### Hospitals

- Ascension Macomb-Oakland Hospital – Madison Heights Campus
- Ascension Macomb-Oakland Hospital – Warren Campus
- Ascension River District Hospital
- Ascension Providence Rochester Hospital
- Ascension Providence Hospital – Novi Campus
- Ascension Providence Hospital – Southfield Campus
- Ascension St. John Hospital



NEW  
EXPANDED  
COUNTIES

### Trinity Health East Network

*Offered to individuals who live in Wayne, Oakland, Macomb, Washtenaw, Livingston and a portion of Jackson County\**

#### Hospitals

- Trinity Health Chelsea Hospital
- Trinity Health Ann Arbor Hospital
- Trinity Health Livingston Hospital
- Trinity Health Oakland Hospital
- Trinity Health Livonia Hospital

*\*ZIP codes in Jackson County where the Trinity Health East narrow network is offered: 49201, 49202, 49203, 49204, 49230, 49240, 49254, 49259, 49261, 49263, 49272, 49277, 49285*

## West and Southwest Michigan Narrow Networks



NEW  
EXPANDED  
COUNTIES

### Spectrum Health Partners

*Offered to individuals who live in Kent, Barry, Mecosta, Newaygo and Ottawa counties and a portion of Allegan County\**

**Hospitals:** All Spectrum Health hospitals in the narrow network with the exception of Spectrum Health Lakeland

*\*ZIP codes in Allegan County where the Spectrum Health Partners narrow network is offered: 49070, 49311, 49314, 49323, 49328, 49335, 49344, 49348, 49406, 49408, 49416, 49419, 49423, 49453*



### Bronson Healthcare Partners

*Offered to individuals who live in Kalamazoo and Van Buren counties and a portion of Calhoun County\**

#### Hospitals

- Bronson Methodist Hospital
- Bronson Battle Creek Hospital
- Bronson Lakeview Hospital
- Bronson South Haven Hospital

*\*ZIP codes in Calhoun County where the Bronson Healthcare Partners narrow network is offered: 49011, 49014, 49015, 49017, 49021, 49029, 49033, 49037, 49051, 49052, 49068, 49076, 49092, 49094*



# Agent Center



# Agent Center

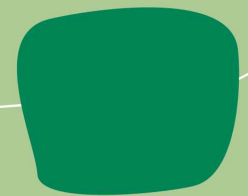
**The Agent Center is Priority Health's online portal that provides you quick and easy access to valuable information, including plan documents, rate sheets, marketing materials and more.**

Be sure to bookmark the Agent Center for easy access—[priorityhealth.com/agent](https://priorityhealth.com/agent)

The screenshot displays the PriorityHealth Agent Center interface. At the top, a dark green header bar contains the PriorityHealth logo, the text "Agent Center", and a "LOG IN" button. Below the header, a breadcrumb trail shows "Agent > Center > MyPriority". The main heading is "Welcome to MyPriority". A welcome message follows: "2023 OEP is here! It's our goal to make sure you have all the information you need to be well-equipped for another successful selling season with Priority Health. Thank you for your continued partnership. When we come together as a team, great things happen—because we are better, together." Below this, four green tiles with white text and right-pointing arrows are arranged in a row: "Resources library" (with subtext "The materials you need to sell our plans"), "2023 plans" (with subtext "See plans and benefits"), "Commissions" (with subtext "Commission schedule & rates"), and "Forms" (with subtext "Commonly used forms"). A search bar with a magnifying glass icon and the placeholder text "Search for information, forms and resources needed to sell MyPriority plans." is positioned below the tiles. Under the heading "Additional resources", there are three white boxes with icons and right-pointing arrows: "Enrollment rules", "Quote business", and "Agent news". The entire interface is set against a light gray background.



# MyPriority Plans



PriorityHealth 

# Short-term Coverage Options

## What is short-term coverage?

Short-term, limited-duration insurance was created to fill temporary gaps in health coverage for individuals transitioning from one plan to another plan or to another form of coverage. Short-term plans are exempt from ACA requirements and, therefore, are less robust than standard health plans.

Short-term plans exclude pre-existing conditions, defined by Priority Health as anything the member was treated for in the five years prior to their short-term plan's effective date.

## Short-term plans

**MyPriority Short-term PPO 500 Deductible**

**MyPriority Short-term PPO 1000 Deductible**

**MyPriority Short-term PPO 2500 Deductible**

# Health Savings Accounts (HSA)

## HSA requirements\*

- ✓ You can't be covered by any other medical plan or flexible spending account, unless it's a limited FSA. Your spouse or your children CAN be covered by another health plan.
- ✓ You can't be enrolled in Medicare Parts A, B or D.
- ✓ You can't be claimed as a dependent on anyone else's tax return.
- ✓ Your medical plan must limit your maximum out-of-pocket expenses. Most plans set them lower than the allowed maximum

	2021	2022	Change
<b>HSA contribution limit</b> (employer + employee)	Individual: \$3,600 Family: \$7,200	Individual: \$3,650 Family: \$7,300	Individual: +\$50 Family: +\$100
<b>HDHP minimum deductibles</b>	Individual: \$1,400 Family: \$2,800 but not less than \$2,800 per person	Individual: \$1,400 Family: \$2,800 but not less than \$2,800 per person	No change
<b>HDHP maximum out-of-pocket amounts</b> (deductibles, copayments and other amounts, but not premiums)	Individual: \$7,000 Family: \$14,000 but no more than \$8,550 a person	Individual: \$7,050 Family: \$14,100 but no more than \$8,700 a person	Individual: +\$50 Family: +\$100
<b>HHS annual out-of-pocket limit</b>	Individual: \$8,550 Family: \$17,100 but no more than \$8,550 a person	Individual: \$8,700 Family: \$17,400 but no more than \$8,700 per person	Individual: +\$150 Family: +\$300
<b>HSA catch-up contributions</b> (age 55 or older) <sup>1</sup>	\$1,000	\$1,000	No change <sup>2</sup>

FREE banking partner Health Equity on HSA plans

# MyPriority 2023 Plan Details

## Gold plans

### MyPriority Gold Copay+

MyPriority Gold Copay+ – Spectrum Health Partners\*

MyPriority Gold Copay+ – Bronson Healthcare Partners\*

MyPriority Gold Copay+ – Beaumont Health Network\*

MyPriority Gold Copay+ – Ascension St. John Providence Network\*

MyPriority Gold Copay+ – Trinity Health East Network\*

*\*ZIP codes in Jackson County where the Trinity Health East narrow network is offered: 49201, 49202, 49203, 49204, 49230, 49240, 49254, 49259, 49261, 49263, 49272, 49277, 49285*

*\*ZIP codes in Allegan County where the Spectrum Health Partners narrow network is offered: 49070, 49080, 49311, 49314, 49323, 49328, 49335, 49344, 49348, 49406, 49408, 49416, 49419, 49423, 49453 .*

*\*ZIP codes in Calhoun County where the Bronson Healthcare Partners narrow network is offered: 49011, 49014, 49015, 49017, 49021, 49029, 49033, 49037, 49051, 49052, 49068, 49076, 49092, 49094*

## Bronze plans

### MyPriority HSA Bronze 7100

MyPriority HSA Bronze 7100 – Spectrum Health Partners\*

MyPriority HSA Bronze 7100 – Bronson Healthcare Partners\*

MyPriority HSA Bronze 7100 – Beaumont Health Network\*

MyPriority HSA Bronze 7100 – Ascension St. John Providence Network\*

MyPriority HSA Bronze 7100 – Trinity Health East Network\*

### MyPriority Bronze 9100

MyPriority Bronze 9100 – Spectrum Health Partners\*

MyPriority Bronze 9100 – Bronson Healthcare Partners\*

MyPriority Bronze 9100 – Beaumont Health Network\*

MyPriority Bronze 9100 – St. John Providence Network\*

MyPriority Bronze 9100 – Trinity Health East Network\*

MyPriority Telehealth PCP Bronze 9100 – Virtual First

MyPriority Travel Bronze 9100



# MyPriority 2023 Plan Details

## Silver plans (*Off-Marketplace*)

### MyPriority HSA Silver 3000 – Off-Marketplace

MyPriority HSA Silver 3000 – Off-Marketplace – Spectrum Health Partners\*

MyPriority HSA Silver 3000 – Off-Marketplace – Bronson Healthcare Partners\*

MyPriority HSA Silver 3000 – Off-Marketplace – Beaumont Health Network\*

MyPriority HSA Silver 3000 – Off-Marketplace – Ascension St. John Providence Network\*

MyPriority HSA Silver 3000 – Off-Marketplace – Trinity Health East Network\*

### MyPriority Silver 3600 – Off-Marketplace

MyPriority Silver 3600 – Off-Marketplace – Spectrum Health Partners\*

MyPriority Silver 3600 – Off-Marketplace – Bronson Healthcare Partners\*

MyPriority Silver 3600 – Off-Marketplace – Beaumont Health Network\*

MyPriority Silver 3600 – Off-Marketplace – Ascension St. John Providence Network\*

MyPriority Silver 3600 – Off-Marketplace – Trinity Health East Network\*

### MyPriority Silver 5500 – Off-Marketplace

MyPriority Silver 5500 – Off-Marketplace – Spectrum Health Partners\*

MyPriority Silver 5500 – Off-Marketplace – Bronson Healthcare Partners\*

MyPriority Silver 5500 – Off-Marketplace – Beaumont Health Network\*

MyPriority Silver 5500 – Off-Marketplace – Ascension St. John Providence Network\*

MyPriority Silver 5500 – Off-Marketplace – Trinity Health East Network\*

MyPriority Telehealth PCP Silver 5500 – Off-Marketplace – Virtual First

# MyPriority 2023 Plan Details

## Silver plans (*On-Marketplace*)

### MyPriority Silver 3600

MyPriority Silver 3600 – Spectrum Health Partners\*

MyPriority Silver 3600 – Bronson Healthcare Partners\*

MyPriority Silver 3600 – Beaumont Health Network\*

MyPriority Silver 3600 – Ascension St. John Providence Network\*

MyPriority Silver 3600 – Trinity Health East Network\*

### MyPriority Silver 5500

MyPriority Silver 5500 – Spectrum Health Partners\*

MyPriority Silver 5500 – Bronson Healthcare Partners\*

MyPriority Silver 5500 – Beaumont Health Network\*

MyPriority Silver 5500 – Ascension St. John Providence Network\*

MyPriority Silver 5500 – Trinity Health East Network\*

MyPriority Telehealth PCP Silver 5500 – Virtual First

MyPriority Travel Silver 5500



# MyPriority 2023 Plan Details

## Standard plans

### MyPriority Standard Gold 2000

MyPriority Standard Gold 2000 – Spectrum Health Partners\*

MyPriority Standard Gold 2000 – Bronson Healthcare Partners\*

MyPriority Standard Gold 2000 – Beaumont Health Network\*

MyPriority Standard Gold 2000 – Ascension St. John Providence Network\*

MyPriority Standard Gold 2000 – Trinity Health East Network\*

### MyPriority Standard Bronze 7500

MyPriority Standard Bronze 7500 – Spectrum Health Partners\*

MyPriority Standard Bronze 7500 – Bronson Healthcare Partners\*

MyPriority Standard Bronze 7500 – Beaumont Health Network\*

MyPriority Standard Bronze 7500 – St. John Providence Network\*

MyPriority Standard Bronze 7500 – Trinity Health East Network\*

### MyPriority Standard Silver 5800

MyPriority Standard Silver 5800 – Spectrum Health Partners\*

MyPriority Standard Silver 5800 – Bronson Healthcare Partners\*

MyPriority Standard Silver 5800 – Beaumont Health Network\*

MyPriority Standard Silver 5800 – St. John Providence Network\*

MyPriority Standard Silver 5800 – Trinity Health East Network\*

# MyPriority 2023 Gold Copay+

## MyPriority Gold Copay+ (offered exclusively as a narrow network plan option)

Deductible: Individual / family	\$0 / \$0
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	0% coinsurance
Office visits: Primary doctor	\$20 copay, office visits (evaluation only)
Office visits: Urgent care	\$75 copay, office visits (evaluation only)
Office visits: Retail health clinic	\$75 copay, office visits (evaluation only)
Office visits: Specialist	\$45 copay, office visits (evaluation only)
Office visits: Mental health	\$20 copay, office visits only
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Video Visit	Covered in full
Maternity	Routine prenatal and postnatal care covered in full
Inpatient hospital care (includes labor and delivery)	\$1,000 copay per day (up to 5 days)
Outpatient surgery	\$1,000 copay
Diagnostic tests, X-rays, lab services and radiology services	\$45 copay
Emergency services	\$250 copay (waived if admitted)
Preventive services (including annual physical exam)	Covered in full (See Preventive Care Guidelines on <a href="https://www.priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	Included with office visit copay—allergy testing \$250 copay
Physical and occupational therapy (including chiropractic)	30 combined visits per year with \$45 copay
In-home hospice	Covered in full
In-home health care	\$45 copay
Outpatient substance use disorder services	Covered in full

## Prescription drug coverage (a drug is categorized in one of the tiers below)

Tier 1a	\$5 copay
Tier 1b	\$20 copay
Tier 2	\$75 copay
Tier 3	\$100 copay
Tier 4	50% coinsurance
Tier 5	50% coinsurance

## Network options

MyPriority HMO Gold Network	Available on all our narrow networks
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# MyPriority HSA Bronze 7100

## MyPriority HSA Bronze 7100

Deductible: Individual / family	\$7,100 / \$14,200
Out-of-pocket limit: Individual / family	\$7,100 / \$14,200
Coinsurance	Covered in full, after deductible
Office visits: Primary doctor	Covered in full, after deductible
Office visits: Urgent care	
Office visits: Retail health clinic	
Office visits: Specialist	
Office visits: Mental health	Covered in full, after deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	Covered in full, after deductible
Outpatient surgery	Covered in full, after deductible
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible
Emergency services	Covered in full, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	Covered in full, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year covered in full, after deductible
In-home hospice, in-home health care	Covered in full, after deductible
Outpatient substance use disorder services	Covered in full, after deductible

## Prescription drug coverage (a drug is categorized in one of the tiers below)

Tier 1a	Covered in full, after deductible
Tier 1b	
Tier 2	
Tier 3	
Tier 4	
Tier 5	

## Network options

MyPriority HMO Network	MyPriority HSA Bronze 7100
Narrow network options	Available on all of our narrow networks

# MyPriority Bronze 9100

## MyPriority Bronze 9100

Deductible: Individual / family	\$9,100 / \$18,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	Covered in full, after deductible
Office visits: Primary doctor	\$30 copay; office visits (evaluation only), before deductible
Office visits: Urgent care	\$75 copay; office visits (evaluation only), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (evaluation only), before deductible
Office visits: Specialist	\$90 copay; office visits (evaluation only), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
<b>Maternity</b>	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	Covered in full, after deductible
Outpatient surgery	Covered in full, after deductible
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible
Emergency services	Covered in full, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	Covered in full, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year covered in full, after deductible
In-home hospice, in-home health care	Covered in full, after deductible
Outpatient substance use disorder services	Covered in full, before deductible

## Prescription drug coverage (a drug is categorized in one of the tiers below)

Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	
Tier 3	
Tier 4	Covered in full, after deductible
Tier 5	

## Network options

MyPriority HMO Network	MyPriority Bronze 9100
Narrow network options	Available on all of our narrow networks

# MyPriority Telehealth PCP Bronze 9100 – Virtual First

## MyPriority Telehealth PCP Bronze 9100—Virtual First

Deductible: Individual / family	\$9,100 / \$18,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	Covered in full, after deductible
Virtual-first visits: Primary care, urgent care, behavioral health	\$10 copay, before deductible
In-person office visits: Referral needed from assigned virtual PCP to seek care from another provider	\$90 copay, before deductible

Maternity	Routine prenatal and postnatal care covered in full, before deductible Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider
Inpatient hospital care (includes labor and delivery)	Covered in full, after deductible Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider
Outpatient surgery	Covered in full, after deductible Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider
Emergency services	Covered in full, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider (See Preventive Care Guidelines on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)

Allergy	Covered in full, after deductible Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year covered in full, after deductible Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider
In-home hospice, in-home health care	Covered in full, after deductible Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	
Tier 3	
Tier 4	Covered in full, after deductible
Tier 5	
Network options	
MyPriority HMO Network	MyPriority Telehealth PCP Bronze 9100—Virtual First



# MyPriority Travel Bronze 9100

## MyPriority Travel Bronze 9100

Deductible: Individual / family	\$9,100 / \$18,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	Covered in full, after deductible
Office visits: Primary doctor	\$30 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Urgent care	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Retail health clinic	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Specialist	Covered in full; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Out-of-state coverage	Receive in-network benefits outside the state of Michigan, but within the United States, with a Cigna OAP provider
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care ( <i>includes labor and delivery</i> )	Covered in full, after deductible
Outpatient surgery	Covered in full, after deductible
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible
Emergency services	Covered in full, after deductible
Preventive services ( <i>including annual physical exam</i> )	Covered in full, before deductible (See Preventive Care Guidelines on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	Covered in full, after deductible
Physical, occupational and speech therapy ( <i>including chiropractic</i> )	30 combined visits per year covered in full, after deductible

In-home hospice, in-home health care	Covered in full, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
<b>Prescription drug coverage (a drug is categorized in one of the tiers below)</b>	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	
Tier 3	
Tier 4	Covered in full, after deductible
Tier 5	
<b>Network options</b>	
MyPriority HMO Network	MyPriority Travel Bronze 9100

# MyPriority Silver 3000 *(Off-Marketplace)*

## MyPriority Silver 3000 Off-Marketplace

Deductible: Individual / family	\$3,000 / \$6,000
Out-of-pocket limit: Individual / family	\$7,100 / \$14,200
Coinurance	30% coinsurance, after deductible
Office visits: Primary doctor	30% coinsurance, after deductible
Office visits: Urgent care	
Office visits: Retail health clinic	
Office visits: Specialist	
Office visits: Mental health	
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Video Visit	Covered in full, after deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible
Outpatient surgery	30% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	30% coinsurance, after deductible
Emergency services	30% coinsurance, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year with 30% coinsurance, after deductible
In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, after deductible

## Prescription drug coverage (a drug is categorized in one of the tiers below)

Tier 1a	30% coinsurance, after deductible
Tier 1b	
Tier 2	
Tier 3	
Tier 4	
Tier 5	

## Network options

MyPriority HMO Network	MyPriority Silver 3000 Off-Marketplace
Narrow network options (must stay within assigned network)	Available on all of our narrow networks

# MyPriority Silver 3600 *(On or Off-Marketplace)*

## MyPriority Silver 3600 (On-Marketplace or Off-Marketplace)

Deductible: Individual / family	\$3,600 / \$7,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay, office visits (evaluation only), before deductible
Office visits: Urgent care	\$75 copay, office visits (evaluation only), before deductible
Office visits: Retail health clinic	\$75 copay, office visits (evaluation only), before deductible
Office visits: Specialist	\$90 copay, office visits (evaluation only), before deductible
Office visits: Mental health	\$30 copay, office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
<b>Maternity</b>	
	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible
Outpatient surgery	\$1,000 copay, 30% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	30% coinsurance, after deductible
Emergency services	\$250 copay (waived if admitted); 30% coinsurance, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year with 30% coinsurance, after deductible
In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, before deductible

## Prescription drug coverage (a drug is categorized in one of the tiers below)

Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$75 copay, after deductible
Tier 3	\$100 copay, after deductible
Tier 4	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible

## Network options

<b>MyPriority HMO Network</b>	MyPriority Silver 3600 (On-Marketplace and Off-Marketplace)
<b>Narrow network options</b> (must stay within assigned network)	Available on all of our narrow networks



# MyPriority Silver 5500 *(On or off-Marketplace)*

## MyPriority Silver 5500 (On-Marketplace or Off-Marketplace)

Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Urgent care	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Retail health clinic	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Specialist	\$65 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care ( <i>includes labor and delivery</i> )	30% coinsurance, after deductible
Outpatient surgery	\$1,000 copay; 30% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	\$10 copay, before deductible only for diagnostic tests and lab services 30% coinsurance, after deductible for X-rays and radiology
Emergency services	\$250 copay ( <i>waived if admitted</i> ); 30% coinsurance, after deductible
Preventive services ( <i>including annual physical exam</i> )	Covered in full, before deductible (See Preventive Care Guidelines on <a href="https://www.priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy ( <i>including chiropractic</i> )	30 combined visits per year with 30% coinsurance, after deductible

In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
<b>Prescription drug coverage (a drug is categorized in one of the tiers below)</b>	
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	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
<b>Network options</b>	
MyPriority HMO Network	MyPriority Silver 5500 (On-Marketplace and Off-Marketplace)
Narrow network options ( <i>must stay within assigned network</i> )	Available on all of our narrow networks

# MyPriority Telehealth PCP Silver 5500– Virtual First *(On or off-Marketplace)*

## MyPriority Telehealth PCP Silver 5500—Virtual First (On-Marketplace or Off-Marketplace)

Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Virtual-first visits: Primary care, urgent care, behavioral health	\$10 copay, before deductible
In-person office visits: Referral needed from assigned virtual PCP to seek care from another provider	\$65 copay, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider
Outpatient surgery	\$1,000 copay, 30% coinsurance, after deductible Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider
Diagnostic tests and lab services	\$10 copay, before deductible Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider
X-rays and radiology services	30% coinsurance, after deductible Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider
Preventive services (including annual physical exam)	Covered in full, before deductible Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider (See Preventive Care Guidelines on <a href="https://priorityhealth.com">priorityhealth.com</a> for more details)

Allergy	30% coinsurance, after deductible Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year with 30% coinsurance, after deductible Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider
In-home hospice, in-home health care	30% coinsurance, after deductible Referral needed from MyPriority Virtual Primary Care Plus virtual provider to seek care from another provider
<b>Prescription drug coverage (a drug is categorized in one of the tiers below)</b>	
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	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
<b>Network options</b>	
MyPriority HMO Network	MyPriority Telehealth PCP Silver 5500—Virtual First (On-Marketplace or Off-Marketplace)

# MyPriority Travel Silver 5500

MyPriority Travel Silver 5500	
Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay; office visits (evaluation only), before deductible
Office visits: Urgent care	\$75 copay; office visits (evaluation only), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (evaluation only), before deductible
Office visits: Specialist	\$65 copay; office visits (evaluation only), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Out-of-state coverage	Receive in-network benefits outside the state of Michigan, but within the United States, with a Cigna OAP provider
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible
Outpatient surgery	\$1,000 copay; 30% coinsurance, after deductible
Diagnostic tests and lab services	\$10 copay, before deductible
X-rays and radiology services	30% coinsurance, after deductible
Emergency services	\$250 copay (waived if admitted); 30% coinsurance, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on <a href="https://priorityhealth.com">priorityhealth.com</a> for more details)

Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year with 30% coinsurance, after deductible
In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Prescription drug coverage (a drug is categorized in one of the tiers below)	
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	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
Network options	
MyPriority HMO Network	MyPriority Travel Silver 5500

# MyPriority Standard Gold 2000

## MyPriority Standard Gold 2000

Deductible: Individual / family	\$2,000 / \$4,000
Out-of-pocket limit: Individual / family	\$8,700 / \$17,400
Coinsurance	25% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay; office visits (evaluation only), before deductible
Office visits: Urgent care	\$45 copay; office visits (evaluation only), before deductible
Office visits: Retail health clinic	\$45 copay; office visits (evaluation only), before deductible
Office visits: Specialist	\$60 copay; office visits (evaluation only), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible

<b>Maternity</b>	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	25% coinsurance, after deductible
Outpatient surgery	25% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	25% coinsurance, after deductible
Emergency services	25% coinsurance, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	25% coinsurance, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year with \$30 copay; before deductible
In-home hospice, in-home health care	25% coinsurance, after deductible Prior authorization required for in-home health care
Outpatient substance use disorder services	\$30 copay, before deductible

## Prescription drug coverage (a drug is categorized in one of the tiers below)

Tier 1a	\$15 copay, before deductible
Tier 1b	\$15 copay, before deductible
Tier 2	\$30 copay, before deductible
Tier 3	\$60 copay, before deductible
Tier 4	\$250 copay, before deductible
Tier 5	\$250 copay, before deductible

## Network options

MyPriority HMO Gold Network	MyPriority Standard Gold 2000
Narrow Network Options	Available on all of our narrow networks

# MyPriority Standard Silver 5800

## MyPriority Standard Silver 5800

Deductible: Individual / family	\$5,800 / \$11,600
Out-of-pocket limit: Individual / family	\$8,900 / \$17,800
Coinsurance	40% coinsurance, after deductible
Office visits: Primary doctor	\$40 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Urgent care	\$60 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Retail health clinic	\$60 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Specialist	\$80 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Mental health	\$40 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
<b>Maternity</b>	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care ( <i>includes labor and delivery</i> )	40% coinsurance, after deductible
Outpatient surgery	40% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	40% coinsurance, after deductible
Emergency services	40% coinsurance, after deductible
Preventive services ( <i>including annual physical exam</i> )	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details.)
Allergy	40% coinsurance, after deductible

Physical, occupational and speech therapy ( <i>including chiropractic</i> )	30 combined visits per year with \$40 copay, before deductible
In-home hospice, in-home health care	40% coinsurance, after deductible Prior authorization required for in-home health care
Outpatient substance use disorder services	\$40 copay, before deductible
<b>Prescription drug coverage (a drug is categorized in one of the tiers below)</b>	
Tier 1a	\$20 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$40 copay, before deductible
Tier 3	\$80 copay, after deductible
Tier 4	\$350 copay, after deductible
Tier 5	\$350 copay, after deductible
<b>Network options</b>	
MyPriority HMO Network	MyPriority Standard Silver 5800
Narrow Network Options	Available on all of our narrow networks



# MyPriority Standard Bronze 7500

## MyPriority Standard Bronze 7500

Deductible: Individual / family	\$7,500 / \$15,000
Out-of-pocket limit: Individual / family	\$9,000 / \$18,000
Coinsurance	50% coinsurance, after deductible
Office visits: Primary doctor	\$50 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Urgent care	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Retail health clinic	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Specialist	\$100 copay; office visits ( <i>evaluation only</i> ), before deductible
Office visits: Mental health	\$50 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care ( <i>includes labor and delivery</i> )	50% coinsurance, after deductible
Outpatient surgery	50% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	50% coinsurance, after deductible
Emergency services	50% coinsurance, after deductible
Preventive services ( <i>including annual physical exam</i> )	Covered in full, before deductible (See Preventive Care Guidelines on <a href="https://priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	50% coinsurance, after deductible
Physical, occupational and speech therapy ( <i>including chiropractic</i> )	30 combined visits per year with \$50 copay, before deductible
In-home hospice, in-home health care	50% coinsurance, after deductible Prior authorization required for in-home health care
Outpatient substance use disorder services	\$50 copay, before deductible

## Prescription drug coverage (a drug is categorized in one of the tiers below)

Tier 1a	\$25 copay, before deductible
Tier 1b	\$25 copay, before deductible
Tier 2	\$50 copay, after deductible
Tier 3	\$100 copay, after deductible
Tier 4	\$500 copay, after deductible
Tier 5	\$500 copay, after deductible

## Network options

MyPriority HMO Network	MyPriority Standard Bronze 7500
Narrow Network Options	Available on all of our narrow networks



# Unique Coverage Options



# MyPriority Travel Plans

**MyPriority Travel plans are a great option for consumers who want to travel—for work and leisure—but still want health coverage outside of Michigan.**

Every My**Priority** Travel plan includes the Priority Health Travel Pass which has members covered on the go, so they can relax and enjoy their next adventure.



## Highlights of what members get:

- ✓ **Out-of-state coverage:** Receive in-network benefits outside the state of Michigan, but within the United States, with a Cigna OAP provider
- ✓ **On-demand mental health support:** myStrength is a free mental health and wellness online tool that helps you live your best life.
- ✓ **Chronic condition management:** Access to a variety of medications, supplies and services to help keep your chronic conditions under control—covered in full or with a low-cost share, before deductible.
- ✓ **And more**

## Two affordable plan options:

**MyPriority Travel Bronze 9100**

**MyPriority Travel 5500**

# MyPriority Telehealth PCP Plans

## Affordable, virtual-first primary care and more.

A My**Priority** Telehealth PCP – Virtual First plan is ideal for individuals or families who are looking for an affordable health plan that is virtual first and are comfortable with online and/or phone interaction with providers for care.

Members who choose a Mypriority Telehealth PCP plan will have a provider from our virtual care partner, MyPriority Virtual Primary Care Plus.

## Highlights of what members get:

- ✓ **On-demand mental health support:** myStrength is a free mental health and wellness online tool that helps you live your best life.
- ✓ **Chronic condition management:** Access to a variety of medications, supplies and services to help keep your chronic conditions under control—covered in full or with a low-cost share, before deductible.
- ✓ **Global emergency assistance:** If members or their dependents become ill or injured while traveling more than 100 miles from home, our partner Assist America® can help them get care and even arrange for safe travel home.
- ✓ **And more**

## Three affordable plan options:

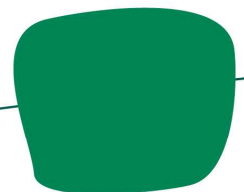
**MyPriority Telehealth PCP – Bronze 9100 – Virtual First**

**MyPriority Telehealth PCP – Silver 5500 – Virtual First**

**MyPriority Telehealth PCP – Silver 5500 – Virtual First – Off-Marketplace**



# Dental, Vision and Prescription Coverage



# MyPriority Delta Dental Plans

**We've partnered with Delta Dental to offer affordable dental coverage that includes the nation's largest dental networks**

A You can enroll members directly through Priority Quote by selecting the member and adding the dental plan. You will not need to contact Delta Dental for any reason during the enrollment process.

## **Dental coverage highlights:**

- ✓ Choice of two options: MyPriority Delta Dental – Standard and MyPriority Delta Dental – Enhanced
- ✓ Preventive covered at 100% immediately–no waiting period
- ✓ Access to Delta Dental PPO and Delta Dental Premier® networks
- ✓ Major dental services included

## **Billing**

Members will see a separate line item on their invoice for the supplemental dental premium amount.

## **Customer service**

Members can contact Delta Dental directly with questions on their benefits.

Call Delta Dental at 800.524.0149. Live help is available Monday–Friday, 9 a.m.–8 p.m. Eastern Time

To find a participating dentist online, visit [deltadentalmi.com](https://deltadentalmi.com)

# MyPriority Vision Coverage

**We've partnered with EyeMed to offer vision coverage and discounts to MyPriority members.**

You can enroll members directly through Priority Quote by selecting the member and adding the dental plan. You will not need to contact Delta Dental for any reason during the enrollment process.

Members will receive separate EyeMed Select Network enrollment packet, including ID card and explanation of benefits (EOB).

## **Vision care highlights:**

- ✓ Choice of two options: MyPriority EyeMed–Medium and MyPriority EyeMed–High
- ✓ Examinations, lenses or contact lenses and frames are allowed once every 12 months
- ✓ Participating vision providers can be found by using the Find a Doctor tool
- ✓ All plans are based on a 12-month contract term and 12-month rate guarantee.

## **Customer service**

Members can contact EyeMed directly with questions on their benefits.

Call EyeMed at 866.276.8399

Monday–Friday, 7:30 a.m. to 11:00 p.m. Eastern Time

Saturday, 8 a.m. to 11 p.m. Eastern Time

Sunday, 11:00 a.m. to 8:00 p.m. Eastern Time

To find a participating vision provider or see if your provider is in the EyeMed network, go to [priorityhealth.com](http://priorityhealth.com) and use the Find a Doctor tool.



# MyPriority Prescription Coverage

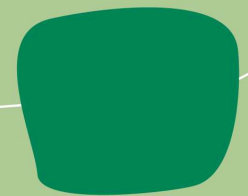
**Different tiers denote different costs and coverage as determined by Priority Health. The type of tiers available to members will depend on their plan type.**

Help your members take control of their health care costs by learning about the prescription benefits offered to them with their MyPriority plan.

Tier	Definition
Tier 1a	Lowest-cost generic drugs – proven to be as safe as brand-name drugs – and select brand-name drugs.
Tier 1b	Low-cost generic drugs – proven to be as safe as brand-name drugs – and select brand-name drugs.
Tier 2	Preferred and lower-cost brand-name drugs, and some higher-cost generic drugs. If you must take a brand-name drug, you should work with your provider to choose one that is covered here, and the most affordable.
Tier 3	Non-preferred and expensive brand-name drugs, as well as higher-cost generic drugs. These drugs may cost you a significant amount out of pocket, so you should ask your provider if a tier 1 or tier 2 option can be prescribed instead.
Tier 4	Very expensive brand-name and generic drugs, and preferred specialty drugs used to treat complex conditions. If you need to take a specialty drug, you should work with your provider to choose one that is covered here.
Tier 5	Non-preferred specialty drugs and the most expensive brand-name and generic drugs are covered here because they offer limited clinical value. Most have a similar lower-cost option offering the same clinical value on tiers 1 through 4. Ask your provider for alternatives.



# Member Benefits and Extras



PriorityHealth 

# Membership Benefits



## Priority Health app

Access all your health benefits and money-saving tools in one place from your phone, tablet or computer with your Priority Health member account. Download the Priority Health app on the App Store or Google Play or go to [member.priorityhealth.com](https://member.priorityhealth.com) and click **Sign Up**.



## Cost Estimator

Know your costs—and control out-of-pocket spending—with Cost Estimator, available in your member account.



## Discounted gym memberships

The Active&Fit Direct Program helps you stay active at the gym or at home with affordable fitness options starting at just \$25 a month. Sign up for Active&Fit Direct through your Priority Health member account.



## Wellbeing Hub

The Priority Health Wellbeing Hub helps you live better and achieve your health goals with a fun and engaging experience that delivers powerful resources right to your fingertips. Find the Wellbeing Hub in your Priority Health member account.



## Global emergency assistance

Your Priority Health plan includes global emergency assistance that travels with you. If you or your dependents become ill or injured while traveling more than 100 miles from home, our partner Assist America® can help you get care and even arrange your safe travel home.



## Virtual care

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



## Amazon HSA store

As a member, you'll have access to our online Priority Health storefront on Amazon, where you can use your HSA card to purchase thousands of eligible items. Visit our storefront at [amazon.com/priorityhealth.com](https://amazon.com/priorityhealth.com).



## On-demand mental health support

myStrength is a free mental health and wellness online tool that helps you live your best life. You have access to support for stress, anxiety, chronic pain and more. Access myStrength through your Priority Health member account.



## Hearing exams and hearing aids

Your plan includes hearing exams and hearing aid discounts for you and your extended family with TruHearing®. To get started call TruHearing at 844.808.4224.



## Right Price

Priority Health makes it easier for you to save on your prescription costs. No more tracking down a coupon code or discount card to save on your prescriptions. You'll always get the lowest price for your medications.



## SaveOn

To help you save at the pharmacy, Priority Health is providing a specialty drug savings program, if you're currently taking a qualifying medication you'll receive an introductory letter from Priority Health and our partner, SaveOnSP.



## BenefitHub

BenefitHub is a free, easy-to-use benefits portal with a full range of discounts and rewards. Go to [priorityhealth.com/benefitHub](https://priorityhealth.com/benefitHub) to sign up and start saving.



## Chronic condition management

Our plans provide coverage, before deductible, for some of the most common chronic conditions. You have access to a variety of medications, supplies and services to help you manage your condition for a reliable, low cost.




## Diabetes management

Our plans provide coverage for diabetes management services, supplies and treatments for no cost, before deductible when furnished by a participating durable medical equipment (DME) provider. Diabetes prescriptions and testing procedures are covered before deductible, with cost share.

# Find a Doctor

## Find providers in your plan's network

Use our online Find a Doctor tool to search by category, specialty, location and plan type. It helps members find a provider that fits their needs, their plan and their budget – and it's easy to use.

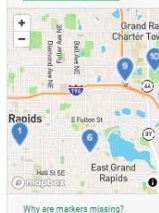
Return to **PriorityHealth**  Home Settings Sign In

Your Location: Grand Rapids, MI ↕ Your Plan: All Plans ↗

Select a category: Search all ▼ Chronic Pain 🔍 [Advanced search](#)

1-10 of 31 results for "Chronic Pain" within 25 miles of Grand Rapids, MI for All Plans

[Redo Search in Map](#)



[You are members' location?](#)

Select a plan to see whether providers are PCP-eligible.

Refine your results

Miles from starting point

1 5 25 50 100 150

Patient Age ●

All ages

Languages Spoken by Provider

English (31)

Pushto, Pashto (1)

Urdu (1)


Accepting New Patients

Accepting New Patients (31)

Welcome to your personalized provider network.

[Log in](#) to your Priority Health member account to search for providers included in your plan.

Create Directory Sort: Best Match ▼


 **BALL, RICHARD D. MD** 21 Plans Accepted at this location

Mary Free Bed Rehabilitation Hospital/ General Surgery, Pain Medicine (Psychiatry & Neurology), Physical Medicine & Rehabilitation

Compare

235 Wealthy St Se  
Grand Rapids, MI 49503  
0.5 miles [Get directions](#)  
[More locations](#)

(616) 849-8224  
[JULIE.HAGGERTY@MARYFREEBED.COM](mailto:JULIE.HAGGERTY@MARYFREEBED.COM)  
Tues-Wed, 8:00 AM - 5:00 PM

 **CHU, YIJIA, MD** 21 Plans Accepted at this location

Shmg Spine & Pain Management (Grand Rapids Anesthesiology, Pain Medicine (Psychiatry & Neurology))

Compare

1900 Wealthy St Se Ste 290  
Grand Rapids, MI 49506  
2.4 miles [Get directions](#)

(616) 774-8345  
<http://www.spectrumbhealth.org>  
Call for Office Hours





# Preventive Care

**MyPriority plans include preventive care at no extra cost.**

Preventive care – yearly doctor visits, flu shots and some lab tests – helps you stay healthy. It can help avoid potential health problems or find them early when they're most treatable, before you feel sick or have symptoms.

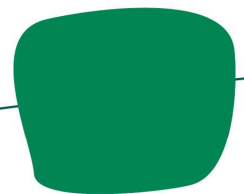
Preventive care is included as a benefit in most Priority Health plans, which means we pay the cost in full. Members can get a complete list of preventive care services in your plan documents available in their [member account](#).

**No cost preventive care includes:**

-  Immunizations
-  Physical exams
-  Screenings
-  Prescriptions



# Enrollment





# PriorityQuote

You can download your book of business directly from PriorityQuote.

Please note it typically takes 2-3 business days for ABOB to be updated with new business policy IDs.

For questions or technical assistance with PriorityQuote, please call 844.548.2574 or send an email to [pqsupport@priorityhealth.com](mailto:pqsupport@priorityhealth.com)

The screenshot shows the PriorityHealth PriorityQuote dashboard. The top navigation bar includes 'Home', 'Plans', 'About', and 'Contact'. The user is logged in as 'Hello John'. The left sidebar has 'Quote/enroll' and 'Book of business'. The main content area is titled 'New business quotes' and features three buttons: 'Small group' (with a subtext 'Start a new business quote'), 'Individual' (with a subtext 'Start a new Individual quote'), and 'Marketplace direct enrollment' (with a subtext 'Check for federal subsidy and enroll'). Below this is a 'Recent activity' section with a search bar and a table of activities.

Name	Enrollment Type	Effective date	Status	Last activity date
Tom Smith	Individual SEP	3/4/2022	Complete	Apr 14, 2022
ADP Fee	Individual short-term	4/1/2022	Enrolling	Mar 16, 2022
ADP Fee	Individual SEP	5/1/2022	Enrolling	Mar 16, 2022
Spring Term	Individual SEP FTM	4/1/2022	Pending SS verification	Mar 15, 2022
Emily Test	Individual SEP FTM	4/1/2022	Pending SS verification	Mar 14, 2022
HerbSPH/Five NextSPH/Two	Individual short-term	3/10/2022	Enrolling	Mar 10, 2022
Test Test	Individual SEP	4/1/2022	Enrolling	Mar 3, 2022
PATRICIA NOTO	Individual short-term	12/4/2021	Complete	Dec 4, 2021
MARIA GILLMORE	Individual SEP	1/1/2022	Quoting	Dec 3, 2021

The screenshot shows the 'Create individual quote' form in the PriorityHealth PriorityQuote dashboard. The form includes fields for 'Plan type' (Permanent/Short-term), 'Enrollment type' (Special enrollment period), 'Effective date', 'ZIP code', and 'County'. Below these is a table for 'Individual or family information' with columns for 'Relationship', 'First name', 'Middle initial', 'Last name', 'Date of birth', 'Gender', 'Tobacco user', 'Add partner', 'Add spouse', and 'Disabled'.

Relationship	First name	Middle initial	Last name	Date of birth	Gender	Tobacco user	Add partner	Add spouse	Disabled
Self	First name	Middle initial	Last name	mm/dd/yyyy	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Enroll <input type="radio"/> Wave	<input type="radio"/> Enroll <input type="radio"/> Wave	<input type="checkbox"/>

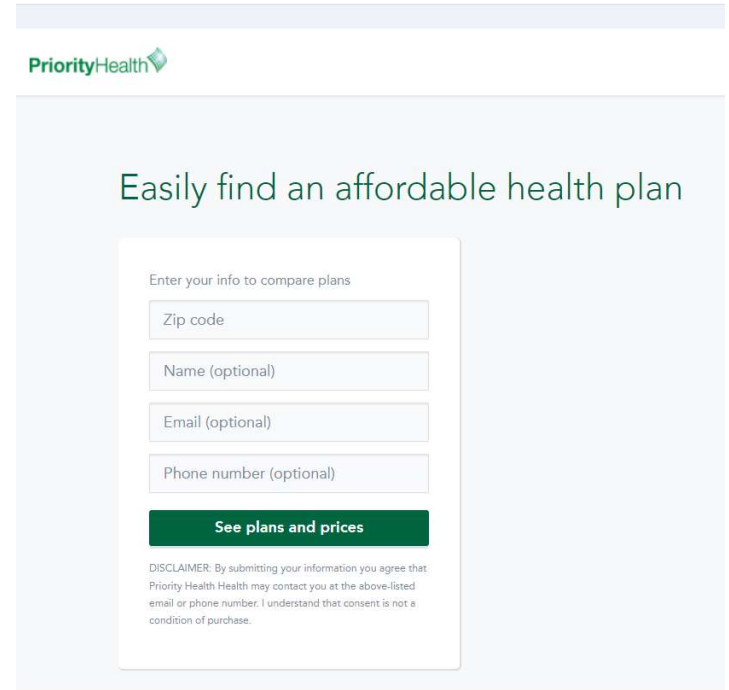
# HealthSherpa

## Exclusive Priority Health platform with HealthSherpa

We've partnered with HealthSherpa to create an enhanced enrollment experience for you, our agent partners. The exclusive, white label Priority Health platform offers you another option to streamline Priority Health enrollments\* and renewals.

If you write many Priority Health contracts, you will benefit from using the exclusive Priority Health platform:

- ✓ Easy, direct access to 2023 Priority Health plans
- ✓ Simple and quick enrollments and/or renewals
- ✓ Additional level of support for questions



The screenshot shows the Priority Health logo at the top left. Below it, the text "Easily find an affordable health plan" is displayed. A form titled "Enter your info to compare plans" contains four input fields: "Zip code", "Name (optional)", "Email (optional)", and "Phone number (optional)". Below these fields is a green button labeled "See plans and prices". At the bottom of the form, a disclaimer states: "DISCLAIMER: By submitting your information you agree that Priority Health Health may contact you at the above-listed email or phone number. I understand that consent is not a condition of purchase."

# Open Enrollment Period (OEP)

## Annual period when individuals can enroll in a health plan

You can only purchase health insurance during the open enrollment period or if you qualify for a special enrollment period.

For 2023 plans, the open enrollment period occurred Nov. 1, 2022 through Jan. 15, 2023.

- ✓ *If a member enrolls between Nov. 1 - Dec. 15, 2022, the effective date for coverage is Jan. 1, 2023.*
- ✓ *If a member enrolls between Dec. 16, 2021 - Jan. 15, 2022, the effective date for coverage is Feb. 1, 2023.*

## Changing plan option during initial OEP

Members who have an active plan and have paid their first premium bill may change their plan option if change meets **all the following criteria:**

- ✓ Change is to another Priority Health plan
- ✓ Change is to another plan in the same metal tier and cost sharing reduction (CSR)
- ✓ Purpose of change is to move to a broader provider network or for isolated circumstances determined by CMS
- ✓ Member requests change during the initial OEP
- ✓ Change is to the same plan type

# Enrollment additional details



# Newborn Coverage

## Pre-ACA

Newborn can be added for the first 30 days with a phone call or letter. Outside of that time frame, Pre-ACA application is required as newborn must be underwritten.

Effective date will be made retroactive to the newborn's date of birth.

**Newborns are only covered up to 48 hours from the date of birth for a vaginal delivery and up to 96 hours following a cesarean section, unless added to a plan.**

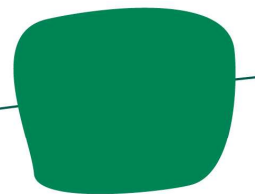
## ACA

Direct Member – Change form is required. Member has 60 days from date of birth to submit the form.

FFM Member – Can add newborn through their marketplace, with their agent, or with Priority Health's Retention team.



# Post enrollment





# Billing and Payment

## Current Member

Set up recurring payment for EFT or credit card (member portal)

- ✓ They can also change their address, bank account, disenroll in EFT, view their invoices

1x check by phone or credit card payment (priorityhealth.com)

Call customer service and utilize interactive voice response (IVR) for 1x check payment by phone

- ✓ Recurring and credit card not yet available via IVR

Call CS and talk to representative to make a 1x check by phone payment; set up recurring EFT

- ✓ Priority Health is not PCI compliant, so we are unable to take credit card payments over the phone.

## New Member

1<sup>st</sup> payment

- ✓ EFT
- ✓ Credit card
- ✓ Direct bill

Ongoing payments

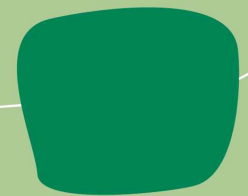
- ✓ EFT
- ✓ Direct bill
- ✓ Credit card not yet available at enrollment

**Recurring payment set up stays with the member regardless of any plan changes. Unless the member takes action to change their billing method.**



# Member Journey

MJO



PriorityHealth 

## Slide 58

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**MJO**

Remove shadow effect

Morton, Jenna, 2022-09-14T21:00:24.457

MJ0

**Oct. 1**  
Shopping opens

**Nov. 1**  
Enrollment  
opens

**Dec. 15**  
Enrollment  
closes for 1/1

**Jan. 1**  
Plan becomes  
effective

**Jan. 15**  
Enrollment  
closes for 2/1

OCT

MJ1

NOV

DEC

JAN

FEB

SEPT

MJ3

**Oct.**  
Member sent renewal  
notice from Priority  
Health

Member can actively  
or passively renew  
their plan

**Mid Nov.**  
Member sent new  
member ID card from  
Priority Health



**Mid-Dec.**  
Member sent  
January invoice  
from Priority  
Health

**Jan.**  
Member sent  
Quick Start  
Guide

New ID card  
sent, if plan  
change made



**Feb. - March**  
Member receives  
onboarding emails

**April – Sept.**  
Member receives plan use  
and education emails

MJ2

**Jan. 31**  
January invoice  
due to effectuate  
plan

## Agent tips

Passive renewals should  
still update income with  
HC.gov

Member can set up  
member account, sign up  
for recurring payments

Encourage member to set up  
recurring payments; pay first  
invoice

## Slide 59

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- MJ0** Improve use of space on this page. Much of the content is crammed towards the bottom. Improper alignment of images, as well.  
Morton, Jenna, 2022-09-14T21:01:14.765
- MJ1** Too close to the edge of the slide.  
Morton, Jenna, 2022-09-15T19:09:49.969
- MJ2** Too close to the edge of the slide.  
Morton, Jenna, 2022-09-15T19:09:55.953
- MJ3** Too close to the edge of the slide.  
Morton, Jenna, 2022-09-15T19:10:05.282

**PriorityHealth** 