# 2024 OPEN ENROLLMENT PERIOD

MyPriority Individual and family health plans

**O** Priority Health

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 MyPriority plans and support your clients.

Visit the Agent Center to quickly access plan information, rate sheets, plan documents and more at *priorityhealth.com/agent* 



### MyPriority Sales Team



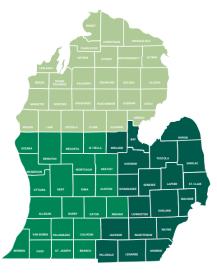
Dwayne Judson Sales Manager



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Rhonda Burrell Sales Coordinator

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# What's New and Changes for 2024

### 2024 MyPriority product offering

#### How we compete and win\*:

- ✓ Premium savings on narrow network plans
- ✓ \$0 virtual urgent care
- ✓ \$5 prescription copay before deductible
- ✓ Low copays and extra savings with subsidies
- Michigan-based customer service
- ✓ No referral needed to see a specialist

\*exclusions apply



### Updated naming convention

The department of Health & Human services (HHS) and the Centers for Medicare & Medicaid Services (CMS) **no longer permit** qualified health plans (QHPs) to use plan cost share in the plan name.

MyPriority 2024 plans are named using the metal level and one word to signify plan offerings and benefits.



### Updated naming convention (cont.)

2023 Base Plan Name	2024 Base Plan Name	Availability	2024 Deductible
MyPriority HSA Bronze 7100	MyPriority Value Bronze HSA	On and Off marketplace	\$7,200 / \$14,400
MyPriority Bronze 9100	MyPriority Value Bronze	On and Off marketplace	\$9,400 / \$18,800
MyPriority Silver 3600	MyPriority Balanced Silver	On and Off marketplace	\$3,600 / \$7,200
MyPriority Silver 5500	MyPriority Premier Silver	On and Off marketplace	\$5,500 / \$11,000
MyPriority HSA Silver 3000 – Off Marketplace	MyPriority Prime Silver HSA	Off marketplace only	\$3,200 / \$6,400
MyPriority Gold Copay+	MyPriority Enhanced Gold	On and Off marketplace	\$0 / \$0
MyPriority Standard Bronze 7500	MyPriority Standard Bronze	On and Off marketplace	\$7,500 / \$15,000
MyPriority Standard Silver 5800	MyPriority Standard Silver	On and Off marketplace	\$5,900 / \$11,800
MyPriority Standard Gold 2000	MyPriority Standard Gold	On and Off marketplace	\$1,500 / \$3,000



### Chronic condition management

For members with an active insulin prescription, continuous glucose monitors (CGMs) and associated supplies are **now covered in full through the pharmacy**, not a durable medical equipment supplier.



### What's changed for 2024

### Downsizing plan options

The HHS and CMS have limited insurers to a maximum of four non-standard plan options per rating area for 2024.

#### MyPriority Telehealth PCP – Virtual First plans

- ✓ Sunsetting these plans for 2023
- Crosswalk members into broad network plans

#### **MyPriority Travel plans**

- ✓ Offer travel benefit as a Standard Bronze and Silver plan variation
- Crosswalk current travel members into Standard Travel plans



# What's changed for 2024

#### Narrow network changes

New narrow network:

#### Southeast Michigan Network

- ✓ Covers Wayne, Oakland and Macomb counties
- Two networks combining to form one network: Beaumont Health Network and Trinity Health East Network

Narrow network coverage adjustment:

#### Trinity Health East Network

Network will exclusively cover Washtenaw, Livingston and parts of Jackson counties



### What's changed for 2024

### Narrow network changes (cont.)

Discontinued narrow network:

#### Ascension St. John Providence Network

- ✓ Members will be moved into the newly formed Southeast Michigan Network
- The doctors and hospitals affiliated with Ascension St. John Providence Network will continue to be a part of our MyPriority broad HMO network

Minor network name change:

#### **Corewell Health West Michigan Network**

✓ Is the new name for the Spectrum Health Partners Network



# Portfolio changes for 2024

### Bronze plan designs



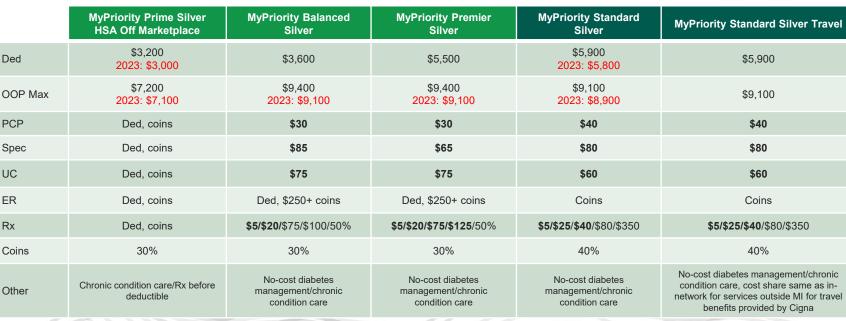
	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Standard Bronze	MyPriority Standard Bronze Travel
Ded	\$7,200 2023: \$7,100	\$9,400 2023: \$9,100	\$7,500	\$7,500
OOP Max	\$7,200 2023: \$7,100	\$9,400 2023: \$9,100	\$9,400 2023: \$9,000	\$9,400
PCP	Ded	\$35	\$50	\$50
Spec	Ded	\$120	\$100	\$100
UC	Ded	\$85	\$75	\$75
ER	Ded	Ded	Coins	Coins
Rx	Ded	<b>\$5/\$20/</b> Ded	<b>\$5/\$25</b> /\$50/\$100/\$500	<b>\$5/\$25</b> /\$50/\$100/\$500
Coins	0%	0%	50%	50%
Other	Chronic condition care/Rx before deductible	No-cost diabetes management/chronic condition care	No-cost diabetes management/chronic condition care	No-cost diabetes management/chronic condition care, cost share same as in-network for services outside MI for travel benefits provided by Cigna

**Bold font** in chart indicates benefit is not subject to deductible. **Red font** in chart indicates benefit change.



# Portfolio changes for 2024

### Silver plan designs



Bold font in chart indicates benefit is not subject to deductible. Red font in chart indicates benefit change.

Rx



# Portfolio changes for 2024

### Gold plan designs

	MyPriority Enhanced Gold	MyPriority Standard Gold
Ded	\$0	\$1,500 2023: \$2,000
OOP Max	\$9,400 2023: \$9,100	\$8,700
PCP	\$20	\$30
Spec	\$45	\$60
UC	\$75	\$45
ER	\$250	Coins
Rx	\$5/\$20/\$75/\$100/50%	<b>\$5/\$15</b> /\$30/\$60/\$250
Coins	0%	25%
Other	Offered only on NN, no-cost diabetes management/chronic condition care	No-cost diabetes management/chronic condition care

**Bold font** in chart indicates benefit is not subject to deductible. **Red font** in chart indicates benefit change.



# Agent Tools & Resources



### Agent resources

#### **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. – 5:00 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 send an email to <u>commissions-licensing@priorityhealth.com</u>

#### **PriorityQuote**

For questions or technical assistance with PriorityQuote, please call 844.548.2574 or send an email to pqsupport@priorityhealth.com

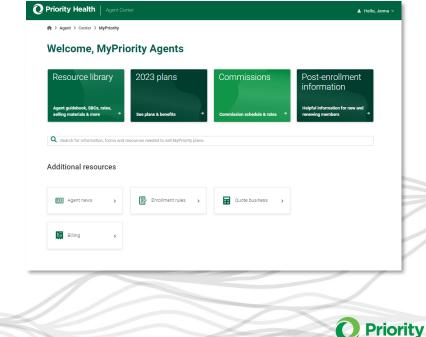


# Agent Center

### Quick and easy access to valuable information

- ✓ Plan documents
- ✓ Rate sheets
- ✓ Selling materials
- ✓ Learning videos
- Post-enrollment information
- ✓ Forms
- ✓ And more

Be sure to bookmark the Agent Center for easy access – priorityhealth.com/agent





### **Commissions and rates**

### 2024 commissions

Effective Jan. 1, 2024, the MyPriority Individual agent commission schedule will reflect the following payment schedule:

New and renewing contr	2024 commissions	
New contracts, first year (SEP and OEP)	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 contacts	With an effective date of 12/1/18 and before	2%
Short-term contracts		
New business		20%
MyPriority Dental and Vi	sion	
New business (first year)		2%

#### Important to note:

You can access our <u>2024</u> rates in the Agent Center; simply download and print individual rating areas for you and your clients.



# Getting Appointed & Certified

# Getting Appointed

### **Getting appointed with Priority Health**

Becoming appointed with us is easy – just complete our agent agreement <u>online</u>. 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

	Priorit	yHealth∜	
Agent Information	Agent	Onboarding	
	Agent I	nformation	
First Name*	Middle Initial	Last Name "	
Commissions Payment Assignm	ment'		
Commissions Payment Assignm	Agoncy		
Individual Note: Provided enail will be your Agent I Email 1	Agoncy		
Individual	Agoncy		
Individual Note: Provided enal will be your Agent I Email * Confirm Email *	Agoncy	National Producer Number (NPN)*	



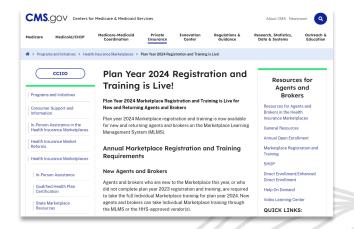
# Required Certifications

### Federally Facilitated Marketplace (FFM)

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.

Agents can also complete their FFM certification through HealthSherpa.



Visit <u>portal.cms.gov</u> for registration and training sessions for both returning and new agents and brokers.





# Why Sell My**Priority**

# Why sell MyPriority Plans

- You earn 5% commission on new contracts, 4% on renewing contracts, plus you can earn more with the OEP Agent bonus program.
- 2 Your clients get more for their money = affordable plans with low copays and extra benefits that save members money each time they use their plan.
- **3** Your clients have access to one of the largest Individual HMO networks of primary care doctors in lower Michigan.



# MyPriority HMO Network

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.



Priority Health HMO broad



### **Network Options**

#### **Broad Network**

Available in all counties in lower Michigan, the MyPriority Broad Network is one of the largest individual HMO networks of primary care doctors.

#### **Gold Network**

#### Applicable only to the Standard Gold broad network plan, the

Gold network is an optimized network with high-quality, low-cost providers that allows for price containment but still offers all the richness of a Gold plan.

#### **Narrow Networks**

Our Bronze, Silver and Gold plans come with narrow network plan options for individuals who live in designated counties.

These plans offer a lower monthly premium and require members to receive care at specific hospital systems within the narrow network.



# Silver Plan Comparison



### Rating Area 1 Lowest Silver Plans – Monroe, Wayne

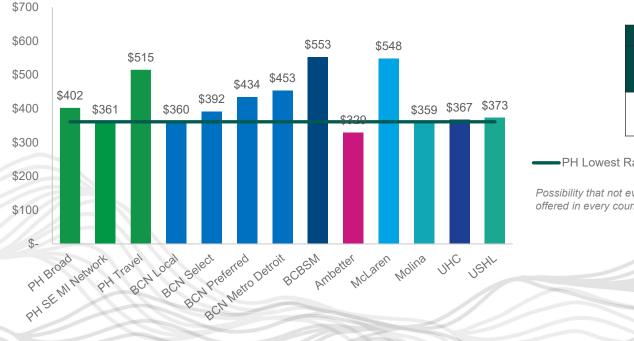


PH Network		BCN Network	
Broad, Narrow Network	Travel	Local, Select, Preferred	Metro Detroit
Premier Silver	Standard Silver Travel	Silver Saver	Metro Detroit Silver Extra

PH Lowest Rate



### Rating Area 2 Lowest Silver Plans – Macomb, Oakland

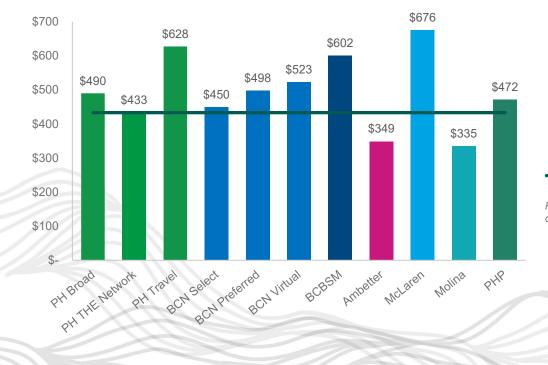


PH Network		BCN Network	
Broad, Narrow Network	Travel	Local, Select, Preferred	Metro Detroit
Premier Silver	Standard Silver Travel	Silver Saver	Metro Detroit Silver Extra

PH Lowest Rate



Rating Area 4 Lowest Silver Plans – Lenawee, Livingston, Washtenaw

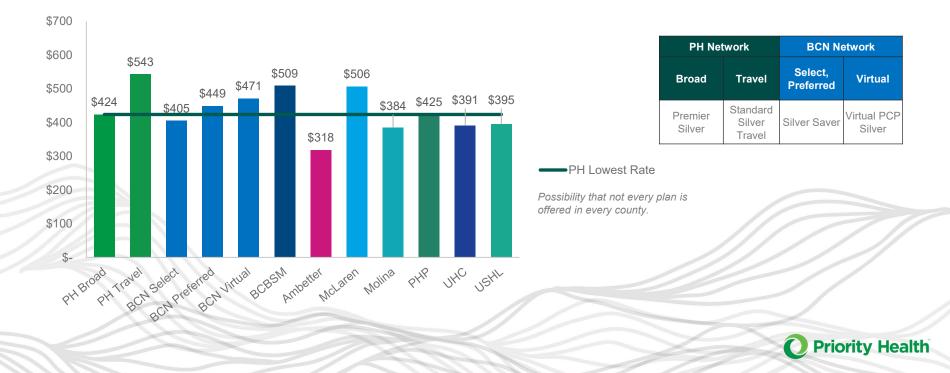


PH Network		BCN Network	
Broad, Narrow Network	Travel	Select, Preferred	Virtual
Premier Silver	Standard Silver Travel	Silver Saver	Virtual PCP Silver

PH Lowest Rate



Rating Area 5 Lowest Silver Plans – Genesee, Lapeer, Shiawassee



Rating Area 10 Lowest Silver Plans – Branch, Calhoun, Kalamazoo



PH Network		BCN Network	
Broad, Narrow Network	Travel	Select, Preferred	Virtual
Premier Silver	Standard Silver Travel	Silver Saver	Virtual PCP Silver

#### PH Lowest Rate



Rating Area 12 Lowest Silver Plans – Kent, Ionia, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa



PH Network		BCN Network	
Broad, Narrow Network	Travel	Select, Preferred	Virtual
Premier Silver	Standard Silver Travel	Silver Saver	Virtual PCP Silver

PH Lowest Rate



Rating Area 14 Lowest Silver Plans – Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford



PH Network		BCN Network	
Broad	Travel	Preferred	Virtual
Premier Silver	Standard Silver Travel	Silver Saver	Virtual PCP Silver

#### PH Lowest Rate



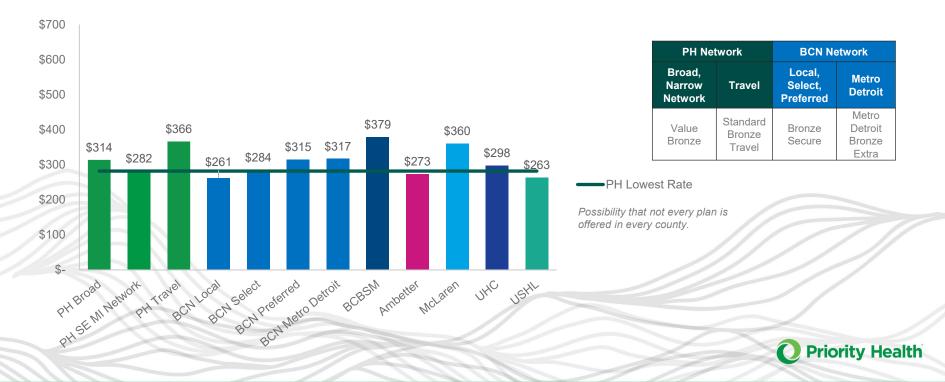
# Bronze Plan Comparison



### Rating Area 1 Lowest Bronze Plans – Monroe, Wayne



### Rating Area 2 Lowest Bronze Plans – Macomb, Oakland



Rating Area 4 Lowest Bronze Plans – Lenawee, Livingston, Washtenaw



Rating Area 5 Lowest Bronze Plans – Genesee, Lapeer, Shiawassee



Rating Area 10 Lowest Bronze Plans – Branch, Calhoun, Kalamazoo





Rating Area 12 Lowest Bronze Plans – Kent, Ionia, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa



Rating Area 14 Lowest Bronze Plans – Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford





# My**Priority** Plans

### Short-term Coverage

#### MyPriority Short-term plans

- Fill temporary gaps in health coverage for individuals transitioning from one plan to another plan or to another form of coverage.
- ✓ Are exempt from ACA requirements and, therefore, are less robust than standard health plans.
- MyPriority Short-term PPO 500 Deductible
- MyPriority Short-term PPO 1000 Deductible
- MyPriority Short-term PPO 2500 Deductible

Short-term plans exclude pre-existing conditions, defined by Priority Health as each illness, injury or condition for which medical advice, diagnosis, use of prescription drugs, care or treatment recommended by or received from a health professional in the five years prior to their short-term plan's effective date.

#### Important to note:

In Michigan, short-term limited duration plans are limited to a coverage period of 185 days out of any 365-day period.



# Health Savings Accounts (HSA)

#### HSA requirements

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

#### HSA eligible plans





## MyPriority 2023 Plans

Plans available in all Lower Michigan counties

- ✓ MyPriority Value Bronze
- ✓ MyPriority Value Bronze HSA
- ✓ MyPriority Standard Bronze Travel
- ✓ MyPriority Standard Bronze
- MyPriority Premier Silver
- ✓ MyPriority Premier Silver Off Marketplace
- MyPriority Balanced Silver

- ✓ MyPriority Balanced Silver Off Marketplace
- ✓ MyPriority Prime Silver HSA Off Marketplace
- ✓ MyPriority Standard Silver Travel
- ✓ MyPriority Standard Silver
- ✓ MyPriority Standard Gold
- ✓ MyPriority Enhanced Gold



### **Narrow Network Options**

Our narrow network products continue to grow in popularity

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

#### Important to note:

- These plans These plans require members to receive care at facilities within the health system's network of hospitals and affiliated providers.
- Care received outside of the network will not be covered, and members will be required to cover the full cost for out-of-network care.



#### Narrow Networks: West and Southwest



#### **Corewell Health West Michigan Network**

Available in Kent, Barry, Mecosta, Newaygo, Ottawa counties and a portion of Allegan County. ZIP Codes in Allegan County where this narrow network is offered: 49070, 49311, 49314, 49323, 49328, 49335, 49344, 49348, 49406, 49408, 49416, 49419, 49423, 49453



#### **Bronson Healthcare Partners**

Available in Kalamazoo, Van Buren counties and a portion of Calhoun County. ZIP codes in Calhoun County where this narrow network is offered: *49011*, *49014*, *49015*, *49017*, *49021*, *49029*, *49033*, *49037*, *49051*, *49052*, *49068*, *49076*, *49092*, *49094* 



## Narrow Networks: West and Southwest

**Corewell Health West Michigan Network** 

- MyPriority Value Bronze Corewell Health West Michigan Network
- MyPriority Value Bronze HSA Corewell Health West Michigan Network
- MyPriority Standard Bronze Corewell Health West Michigan Network
- MyPriority Premier Silver Corewell Health West Michigan Network
- ✓ MyPriority Premier Silver Off Marketplace
   Corewell Health West Michigan Network
- MyPriority Balanced Silver Corewell Health West Michigan Network

- MyPriority Balanced Silver Off Marketplace Corewell Health West Michigan Network
- ✓ MyPriority Prime Silver HSA Off Marketplace Corewell Health West Michigan Network
- MyPriority Standard Silver Corewell Health West Michigan Network
- MyPriority Enhanced Gold Corewell Health West Michigan Network
- MyPriority Standard Gold Corewell Health West Michigan Network



### Narrow Networks: West and Southwest

#### **Bronson Healthcare Partners**

- ✓ MyPriority Value Bronze Bronson Healthcare Partners
- ✓ MyPriority Value Bronze HSA Bronson Healthcare Partners
- MyPriority Standard Bronze Bronson Healthcare Partners
- MyPriority Premier Silver Bronson Healthcare Partners
- MyPriority Premier Silver Off Marketplace Bronson Healthcare Partners
- MyPriority Balanced Silver Bronson Healthcare Partners

- MyPriority Balanced Silver Off Marketplace Bronson Healthcare Partners
- ✓ MyPriority Prime Silver HSA Off Marketplace Bronson Healthcare Partners
- ✓ MyPriority Standard Silver Bronson Healthcare Partners
- MyPriority Enhanced Gold Bronson Healthcare Partners
- MyPriority Standard Gold Bronson Healthcare Partners



#### Narrow Networks: East



#### **Trinity Health East Network**

Available in Livingston, Washtenaw counties and a portion of Jackson County. ZIP Codes in Jackson County where this narrow network is offered: *49201, 49202, 49203, 49204, 49230, 49240, 49254, 49259, 49261, 49263, 49272,49277, 49285* 



#### Southeast Michigan Network

Available in Macomb, Oakland, and Wayne counties.



### Narrow Networks: East

#### Trinity Health East Network

- MyPriority Value Bronze Trinity Health East Network
- ✓ MyPriority Value Bronze HSA Trinity Health East Network
- MyPriority Standard Bronze Trinity Health East Network
- MyPriority Premier Silver Trinity Health East Network
- MyPriority Premier Silver Off Marketplace Trinity Health East Network
- MyPriority Balanced Silver Trinity Health East Network

- MyPriority Balanced Silver Off Marketplace Trinity Health East Network
- ✓ MyPriority Prime Silver HSA Off
   Marketplace Trinity Health East Network
- MyPriority Standard Silver Trinity Health East Network
- MyPriority Enhanced Gold Trinity Health East Network
- MyPriority Standard Gold Trinity Health East Network



### Narrow Networks: East

#### Southeast Michigan Network

- MyPriority Value Bronze Southeast Michigan Network
- MyPriority Value Bronze HSA Southeast Michigan Network
- MyPriority Standard Bronze Southeast Michigan Network
- MyPriority Premier Silver Southeast Michigan Network
- MyPriority Premier Silver Off Marketplace Southeast Michigan Network
- MyPriority Balanced Silver Southeast Michigan Network

- ✓ MyPriority Balanced Silver Off Marketplace Southeast Michigan Network
- ✓ MyPriority Prime Silver HSA Off Marketplace Southeast Michigan Network
- MyPriority Standard Silver Southeast Michigan Network
- MyPriority Enhanced Gold Southeast Michigan Network
- MyPriority Standard Gold Southeast Michigan Network



#### MyPriority Value Bronze Plan \$9,400 Individual / \$18,800 Family

	My <b>Priority</b> Value Bronze Plan
Deductible Individual / family	\$9,400 / \$18,800
Out-of-pocket maximum Individual / family	\$9,400 / \$18,800
Coinsurance	0% coinsurance after deductible
Office visits Primary Care	\$35 copay; office visits (evaluation only), before deductible
Office visits Urgent care	\$85 copay before deductible
Office visits Specialist	\$120 copay; office visits (evaluation only), before deductible
Office visits Mental health	\$35 copay; office visits only, before deductible
Limited virtual urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	Covered in full, before deductible

Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	No charge after deductible
Outpatient hospital care	No charge after deductible
Emergency services	No charge after deductible
Prescription drug coverage Want to find out if your prescription is covered? Tier la	Visit <i>priorityhealth-com</i> and click on approved drug list
	\$5 copay, before deductible
Tier 1b	\$5 copay, before deductible \$20 copay, before deductible
Tier 1b Tier 2 Tier 3	\$20 copay, before deductible
Tier 2	\$20 copay, before deductible No charge after deductible



### MyPriority Value Bronze HSA Plan \$7,200 Individual / \$14,400 Family

	My <b>Priority</b> Value Bronze HSA Plan
Deductible Individual / family	\$7,200 / \$14,400
Out-of-pocket maximum Individual / family	\$7,200 / \$14,400
Coinsurance	0% coinsurance after deductible
Office visits Primary care	No charge after deductible
Office visits Urgent care	No charge after deductible
Office visits Specialist	No charge after deductible
Office visits Mental health	No charge after deductible
Limited virtual urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	No charge after deductible

Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	No charge after deductible
Outpatient hospital care	No charge after deductible
Emergency services	No charge after deductible
Prescription drug coverage Want to find out if your prescription is covered?	Visit <i>priorityhealth-com</i> and click on approved drug list
Tier 1a	No charge after deductible
Tier 1b	No charge after deductible
Tier 2	No charge after deductible
Tier 3	No charge after deductible
Tier 4 & Tier 5	
	No charge after deductible



## MyPriority Standard Bronze Travel Plan \$7,500 Individual / \$15,000 Family

	My <b>Priority</b> Standard Bronze Travel Plan
Deductible Individual / family	\$7,500 / \$15,000
Out-of-pocket maximum Individual / family	\$9,400 / \$18,800
Coinsurance	50% coinsurance, after deductible
Office visits Primary care	50% copay.; office visits (evaluation only), before deductible
Office visits Urgent care	\$75 copay before deductible
Office visits Specialist	\$100 copay; office visits (evaluation only), before deductible
Office visits Mental health	\$50 copay; office visits only, before deductible
Limited virtual urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	Covered in full, before deductible

Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	50% coinsurance, after deductible
Outpatient hospital care	50% coinsurance, after deductible
Emergency services	50% coinsurance, after deductible
<b>Prescription drug coverage</b> Want to find out if your prescription is covered?	Visit <i>priorityhealth-com</i> and click on approved drug list
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 & Tier 5	\$500 copay, after deductible



#### MyPriority Standard Bronze Plan \$7,500 Individual / \$15,000 Family

	My <b>Priority</b> Standard Bronze Travel Plan
Deductible Individual / family	\$7,500 / \$15,000
Out-of-pocket maximum Individual / family	\$9,400 / \$18,800
Coinsurance	50% coinsurance, after deductible
Office visits Primary care	\$50 copay.; office visits (evaluation only), before deductible
Office visits Urgent care	\$75 copay before deductible
Office visits Specialist	\$100 copay; office visits (evaluation only), before deductible
Office visits Mental health	\$50 copay; office visits only, before deductible
Limited virtual urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	Covered in full, before deductible

Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	50% coinsurance, after deductible
Outpatient hospital care	50% coinsurance, after deductible
Emergency services	50% coinsurance, after deductible
Prescription drug coverage	
	d? Visit <i>priorityhealth-com</i> and click on approved drug list
	d? Visit <i>priorityhealth-com</i> and click on approved drug list \$25 copay, before deductible
Want to find out if your prescription is covere	
Want to find out if your prescription is covered Tier 1a	\$25 copay, before deductible
Want to find out if your prescription is covere Tier 1a Tier 1b	\$25 copay, before deductible \$25 copay, before deductible
Want to find out if your prescription is covere Tier 1a Tier 1b Tier 2	<ul> <li>\$25 copay, before deductible</li> <li>\$25 copay, before deductible</li> <li>\$50 copay, after deductible</li> </ul>



## My**Priority** Premier Silver Plan (On and Off Marketplace)

#### \$5,500 Individual / \$11,000 Family

	My <b>Priority</b> Premier Silver Plan
Deductible Individual / family	\$5,500 / \$11,000
Out-of-pocket maximum Individual / family	\$9,400 / \$18,800
Coinsurance	30% coinsurance, after deductible
Office visits Primary care	\$30 copay; office visits (evaluation only), before deductible
Office visits Urgent care	\$75 copay 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 urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	Covered in full, before deductible

Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible
Outpatient hospital care	\$1,000 copay; 30% coinsurance, after deductible
Emergency services	\$250 copay ( <i>waived if admitted</i> ); 30% coinsurance, after deductible
<b>Prescription drug coverage</b> Want to find out if your prescription is covered?	Visit <i>priorityhealth-com</i> 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



## My**Priority** Balanced Silver Plan (On and Off Marketplace)

#### \$3,600 Individual / \$7,200 Family

	My <b>Priority</b> Balanced Silver Plan
Deductible Individual / family	\$3,600 / \$7,200
Out-of-pocket maximum Individual / family	\$9,400 / \$18,800
Coinsurance	30% coinsurance, after deductible
Office visits Primary care	\$30 copay; office visits (evaluation only), before deductible
Office visits Urgent care	\$75 copay before deductible
Office visits Specialist	\$85 copay; office visits (evaluation only), before deductible
Office visits Mental health	\$30 copay; office visits only, before deductible
Limited virtual urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	Covered in full, before deductible

UUUUUUUUU	
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible
Outpatient hospital care	\$1,000 copay; 30% coinsurance, after deductible
Emergency services	\$250 copay ( <i>waived if admitted</i> ); 30% coinsurance, after deductible
Prescription drug coverage Want to find out if your prescription is covered	? Visit <i>priorityhealth-com</i> and click on approved drug list
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 & Tier 5	50% coinsurance, after deductible



## My**Priority** Prime Silver HSA Plan (Off Marketplace)

#### \$3,200 Individual / \$6,400 Family

	My <b>Priority</b> Prime Silver HSA Plan
Deductible Individual / family	\$3,200 / \$6,400
Out-of-pocket maximum Individual / family	\$7,200 / \$14,400
Coinsurance	30% coinsurance, after deductible
Office visits Primary care	30% coinsurance, after deductible
Office visits Urgent care	30% coinsurance, after deductible
Office visits Specialist	30% coinsurance, after deductible
Office visits Mental health	30% coinsurance, after deductible
Limited virtual urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	No charge 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 hospital care	30% coinsurance, after deductible		
Emergency services	30% coinsurance, after deductible		
Prescription drug coverage Want to find out if your prescription is covered? Visit <i>priorityhealth-com</i> and click on approved drug list			
Tier 1a			
	30% coinsurance, after deductible		
Tier 1b	30% coinsurance, after deductible		
Tier 1b Tier 2			
	30% coinsurance, after deductible		



## MyPriority Standard Silver Travel Plan \$5,900 Individual / \$11,800 Family

	My <b>Priority</b> Standard Silver Travel Plan	
Deductible Individual / family	\$7,500 / \$15,000	
Out-of-pocket maximum Individual / family	\$9,400 / \$18,800	
Coinsurance	50% coinsurance, after deductible	
Office visits Primary care	50% copay.; office visits (evaluation only), before deductible	
Office visits Urgent care	\$75 copay before deductible	
Office visits Specialist	\$100 copay; office visits (evaluation only), before deductible	
Office visits Mental health	\$50 copay; office visits only, before deductible	
Limited virtual urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	Covered in full, before deductible	

flaternity	Routine prenatal and postnatal care covered in full, before deductible		
npatient hospital care includes labor and delivery)	40% coinsurance, after deductible		
Outpatient hospital care	40% coinsurance, after deductible		
Emergency services 40% coinsurance, after deductible			
Prescription drug coverage Vant to find out if your prescription is covered ier 1a	<ul> <li>? Visit <i>priorityhealth-com</i> and click on approved drug list</li> <li>\$20 copay, before deductible</li> </ul>		
ïer 1b	\$20 copay, before deductible		
ier 2	\$40 copay, before deductible		
ïer 3	\$80 copay, after deductible		
ïer 4 & Tier 5	\$350 copay, after deductible		



### MyPriority Standard Silver Plan \$5,900 Individual / \$11,800 Family

	My <b>Priority</b> Standard Silver Plan
Deductible Individual / family	\$5,900 / \$11,800
Out-of-pocket maximum Individual / family	\$9,100 / \$18,200
Coinsurance	40% coinsurance, after deductible
Office visits Primary care	\$40 copay; office visits (evaluation only), before deductible
Office visits Urgent care	\$60 copay before deductible
Office visits Specialist	\$80 copay; office visits (evaluation only), before deductible
Office visits Mental health	\$40 copay; office visits only, before deductible
Limited virtual urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	Covered in full, before deductible

flaternity	Routine prenatal and postnatal care covered in full, before deductible		
npatient hospital care includes labor and delivery)	40% coinsurance, after deductible		
Outpatient hospital care	40% coinsurance, after deductible		
Emergency services 40% coinsurance, after deductible			
Prescription drug coverage Vant to find out if your prescription is covered ier 1a	<ul> <li>? Visit <i>priorityhealth-com</i> and click on approved drug list</li> <li>\$20 copay, before deductible</li> </ul>		
ïer 1b	\$20 copay, before deductible		
ier 2	\$40 copay, before deductible		
ïer 3	\$80 copay, after deductible		
ïer 4 & Tier 5	\$350 copay, after deductible		



### My**Priority** Standard Gold Plan \$1,500 Individual / \$3,000 Family

	My <b>Priority</b> Standard Gold Plan
Deductible Individual / family	\$1,500 / \$3,000
Out-of-pocket maximum Individual / family	\$8,700 / \$17,400
Coinsurance	25% coinsurance, after deductible
Office visits Primary care	\$30 copay; office visits (evaluation only), before deductible
Office visits Urgent care	\$45 copay 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 urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	Covered in full, before deductible

Maternity	Routine prenatal and postnatal care covered in full, before deductible	
Inpatient hospital care (includes labor and delivery)	25% coinsurance, after deductible	
Outpatient hospital care	25% coinsurance, after deductible	
Emergency services 25% coinsurance, after deductible		
	? Visit <i>priorityhealth-com</i> and click on approved drug list	
Tier la		
ner la	\$15 copay, before deductible	
Tier 1b	\$15 copay, before deductible \$15 copay, before deductible	
Tier 1b		
	\$15 copay, before deductible	
Tier 2	\$15 copay, before deductible \$30 copay, before deductible	



### My**Priority** Enhanced Gold Plan \$0 Individual / \$0 Family

	My <b>Priority</b> Enhanced Gold Plan
Deductible Individual / family	\$0/\$0
Out-of-pocket maximum Individual / family	\$9,400 / \$18,800
Coinsurance	0% coinsurance
Office visits Primary care	\$20 copay
Office visits Urgent care	\$75 copay
Office visits Specialist	\$45 copay
Office visits Mental health	\$20 copay
Limited virtual urgent care: 24/7 access to \$0 virtual urgent care through Corewell Health's Virtual Urgent Care in West Michigan	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 hospital care	\$1,000 copay		
Emergency services \$250 copay (waived if admitted)			
Prescription drug coverage Want to find out if your prescription is covered? Visit <b>priorityhealth'com</b> and click on approved drug list			
Tier 1a	\$5 copay		
Tier 1b	\$20 copay		
Tier 2	\$75 copay		
Tier 3	\$100 copay		
Tier 4 & Tier 5	50% coinsurance		
	50% consulance		





# Dental, Vision and Prescription Coverage

## MyPriority Delta Dental Plans

#### Offering two affordable dental coverage options

Benefits	MyPriority Delta Dental Standard Plan	MyPriority Delta Dental Enhanced Plan
Plan cost		
Per member per month (\$PMPM)	\$28.64	\$38.94
		You pay
Annual deductible	\$50 per person on the plan, \$150 per family	None
Benefits	You pay	You pay
Exams, cleanings - limit two per year	0%	0%
Fluoride treatments — up to age 14 and limit one per year	0%	0%
Emergency treatment - to temporarily relieve pain	20%	20%
X-rays – limit one per 24 months	20%	20%
Sealants to prevent decay of permanent molars — to age nine on first molars and age 14 on second molars, limit one per lifetime	20%	20%
Oral surgery services, extractions and dental surgery — includes preoperative and postoperative care	50%, after deductible*	25%*
Minor restorative services (like fillings) — to repair teeth damaged by disease or injury	50%, after deductible*	25%*
Endodontics (like root canals) — to treat teeth with diseased or damaged nerves	50%, after deductible*	50%*
Periodontics — used to treat diseases of the gums and supporting structures of the teeth	50%, after deductible*	50%*
Bridges, dentures, implants, crowns	50%, after deductible*	50%*
Orthodontic diagnostic procedures — to age 19, \$1,500 per person per lifetime	Not covered	50%*

- Preventive covered at 100% immediately– no waiting period
- ✓ Major dental services included
- Members will see a separate line item on their invoice for the supplemental dental premium amount



## MyPriority EyeMed Vision Plans

#### Offering two affordable vision coverage options

	Member in-network cost (EyeMed Select Network)	Out-of-network reimbursement	Out-of-network reimbursement
Vision care services	Product high	Product high	Product medium
Exam with dilation as necessary	\$10 Copay	\$30	\$30
Fundus photography benefit	Up to \$39	N/A	N/A
Exam options			
Standard contact lens fit and follow-up	Up to \$40	N/A	N/A
Premium contact lens fit and follow-up	10% off retail price	N/A	N/A
Frames any available frame at provider location	\$0 Copay; \$200 allowance, 20% off balance over \$200	\$100	\$75
Standard plastic lenses			
Single vision	\$20 Copay	\$25	\$25
Bifocal	\$20 Copay	\$40	\$40
Trifocal	\$20 Copay	\$55	\$55
Lenticular	\$20 Copay	\$55	\$55
Standard progressive lens	\$85 Copay	\$40	\$40
Premium progressive lens	\$85 Copay, 80% of charge less \$120 allowance	\$40	\$40

- ✓ 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



## 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 is 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 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 belong in tier 5 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 about alternatives.



# Member Benefits and Extras



### **Membership Benefits**

#### MyPriority members get more with their plan

#### The following extra benefits help MyPriority members save time and money every time their use their plan.

- Chronic condition management
- ✓ Cost estimator
- ✓ Limited virtual urgent care
- Wellbeing Hub
- ✓ Global emergency assistance
- Discounted gym memberships
- ✓ Hearing exams and hearing aids
- ✓ On-demand mental health support

- PriceMyMeds
- ✓ SaveOn specialty drug program
- ✓ Amazon HSA store
- ✓ Priority Health member app
- BenefitHub
- ✓ PriorityMom
- ✓ And more



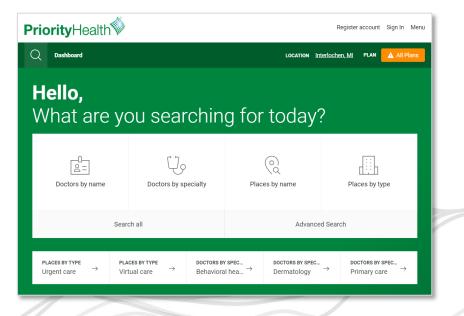
### Find a Doctor Tool

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.

Members should always check to see if their provider is in-network before seeking care, especially when enrolled in a Narrow Network or Gold network plan.





#### **Preventive Care**

Providing preventive care at no extra cost

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

Preventive care is included as a benefit in most Priority Health plans, which means we pay the cost in full. A complete list of preventive care services is available in the <u>member account.</u>



Download Preventive Health Care Guidelines here.



# Better Together

For marketing materials and downloadable sell sheets, visit the MyPriority Agent Center.



