

2026 Medicare Product Certification

CONFIDENTIAL

[NO release until October 1, 2025.]



Why Priority Health

Our value for you



2026 Summary of changes

2026 plan enhancements

- ✓ No plan terminations
- ✓ No vendor changes
- ✓ Wound care no longer follows OP/ ASC and is the same as a specialty copay across all plans ranges \$35-\$55 (does hit deductible).
- ✓ Cardiac rehabilitation, intensive cardiac rehabilitation, pulmonary rehab, SET for PAD services are now \$10 across all plans and ahead of deductible
- ✓ Medicare-covered and routine chiropractic are now \$15 on all plans (routine chiro is not included on Medicare, Merit or Value)
- ✓ **Priority**Medicare Value and **Priority**Medicare Thrive Plus now have \$2,500 comprehensive dental, \$5,000 if Enhanced Dental Vision plan is purchased
- ✓ All Enhanced Dental Vision plans now include a regular cleaning; members have access to a total of three cleanings per plan year.
- ✓ Priority Health eligibility criteria removed from the Galleri® cancer screening benefit on Wellness product line.

2026 plan adjustments

Plan modifications

- ✓ All plans except **Priority**Medicare and **Priority**Merit will have a Rx deductible
- ✓ All \$0 plans have an increased medical deductible
- ✓ There has been a premium increase across every premium plan
- ✓ ER/Observation has increased to \$130 across all existing plans (\$115 on Smart Savings)
- ✓ SNF copay has increased across all plans to \$218
- ✓ **Priority**Medicare Value no longer has OTC
- ✓ Value Based Insurance Design (VBID) has ended on D-SNP plan

Plan expansions

- ✓ New high Part B giveback plan, **Priority**Medicare Smart Savings (HMO-POS) in regions 1, 2 and 5.
- ✓ New HIDE D-SNP plan, **Priority**Medicare Dual Premier (HMO D-SNP), available in:
 - Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St, Joseph, Van Buren and Wayne county
 - **Priority**Medicare D-SNP (HMO) will no longer be offered in the above counties and members will be cross walked into Dual Premier.

Deductibles & premiums

Medical Deductible

What applies and what doesn't

Services covered ahead of deductible

- ✓ Acupuncture services (Medicare-covered and routine)
- ✓ Ambulance
- ✓ **Cardiac rehabilitation**
- ✓ Chiropractic services (Medicare-covered and routine)
- ✓ Diabetic supplies and diabetic therapeutic shoes/inserts
- ✓ DME, prosthetic devices, medical supplies
- ✓ ER, UC and observation
- ✓ Home Health Services
- ✓ **Intensive cardiac rehabilitation**
- ✓ Kidney disease education services
- ✓ Outpatient labs
- ✓ Outpatient mental health, psychiatric services, substance abuse and opioid treatment program services
- ✓ Outpatient tests
- ✓ Part B insulin
- ✓ Partial Hospitalization
- ✓ Podiatry
- ✓ Preventive services
- ✓ Primary Care provider visits
- ✓ PT/OT/ST
- ✓ **Pulmonary rehab**
- ✓ **SET for PAD services**
- ✓ Specialty provider visits

Services after the deductible

- ✓ Ambulatory Surgical Center (ASC)
- ✓ Diagnostic radiology
- ✓ Dialysis Services
- ✓ Inpatient hospital – acute
- ✓ Inpatient hospital – psychiatric
- ✓ Medicare Part B Chemotherapy/Radiation Drugs
- ✓ Other Medicare Part B Drugs (not Part B insulin)
- ✓ Outpatient blood services
- ✓ Outpatient hospital services
- ✓ Outpatient x-rays and ultrasounds
- ✓ Skilled Nursing Facility (SNF)
- ✓ Therapeutic radiology
- ✓ **Wound care**

2026 Product portfolio

2026 products

\$0 Premium with deductible

PriorityMedicare Edge (PPO)

PriorityMedicare Key (HMO-POS)

PriorityMedicare Thrive (PPO)

PriorityMedicare Vital (PPO)

PriorityMedicare **Smart Savings (HMO-POS) – New**

Premium with \$0 in-network deductible

PriorityMedicare Medicare (HMO-POS)

PriorityMedicare Merit (PPO)

PriorityMedicare Value (HMO-POS)

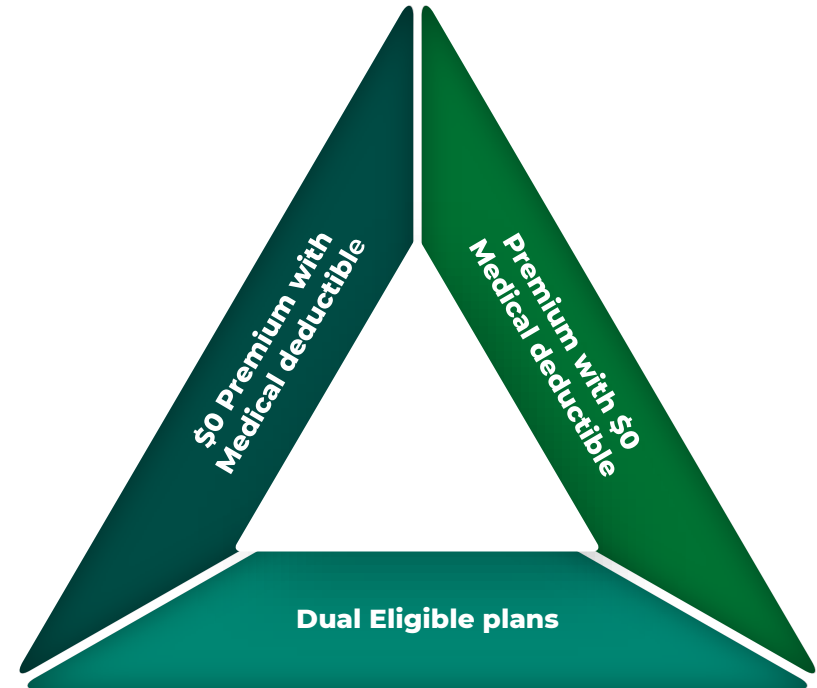
PriorityMedicare Thrive Plus (PPO)

PriorityMedicare Vintage (HMO-POS)

Dual Eligible plans

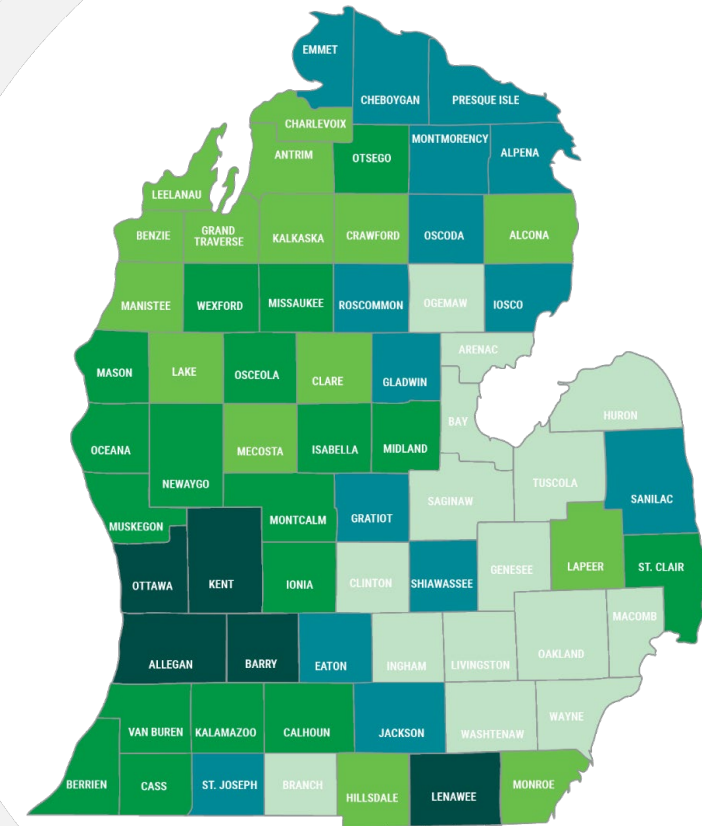
PriorityMedicare D-SNP (HMO)

PriorityMedicare **Dual Premier (HMO D-SNP) - New**



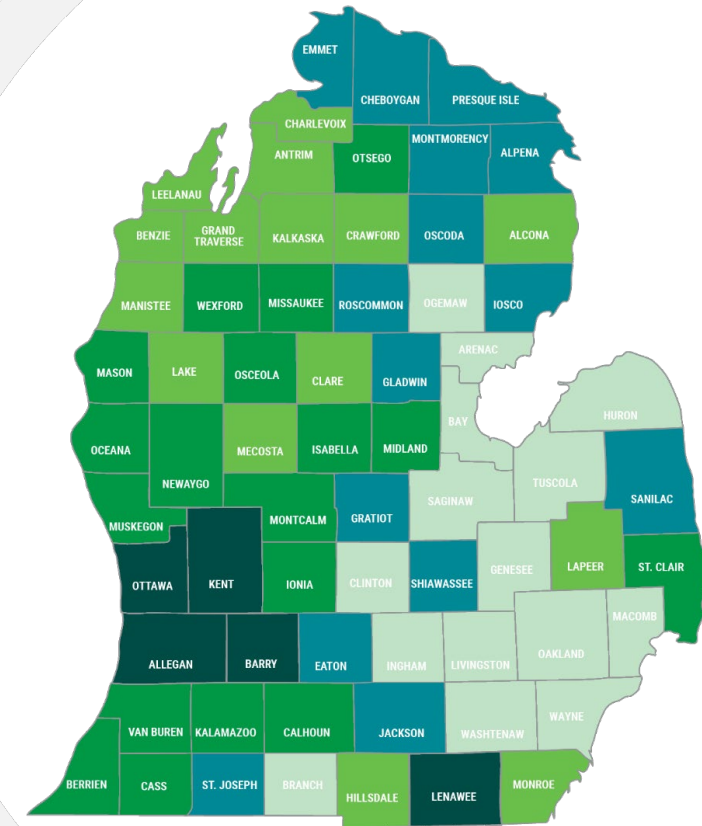
\$0 premium plans

	Region 1	Region 2	Region 3	Region 4	Region 5	EDV Buy-up
PriorityMedicare D-SNP (HMO)	✓	✓	✓	✓	✓	N/A
PriorityMedicare Dual Premier (HMO D-SNP)	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren and Wayne					N/A
PriorityMedicare Edge (PPO)	✓	✓	--	--	✓	\$49
PriorityMedicare Key (HMO-POS)	✓	✓	✓	✓	✓	\$43
PriorityMedicare Smart Savings (HMO-POS)	✓	✓	--	--	✓	\$49
PriorityMedicare Thrive (PPO)	✓	✓	✓	✓	✓	\$43
PriorityMedicare Vital (PPO)	✓	✓	--	--	✓	\$43



Premium plans

	Region 1	Region 2	Region 3	Region 4	Region 5	EDV Buy-up
PriorityMedicare (HMO-POS)	\$81	\$72	\$120	\$110	\$66	\$49
PriorityMedicare Merit (PPO)	\$70	\$83	\$115	\$129	\$106	\$49
PriorityMedicare Thrive Plus (PPO)	\$49	\$49	\$49	\$49	\$49	\$37
PriorityMedicare Value (HMO-POS)	\$32	\$43	\$80	\$55	\$43	\$37
PriorityMedicare Vintage (HMO-POS)	\$8.80	\$8.80	--	--	\$8.80	\$49



Wellness & prevention coverage

PriorityMedicare Thrive (PPO)

PriorityMedicare Thrive Plus (PPO)

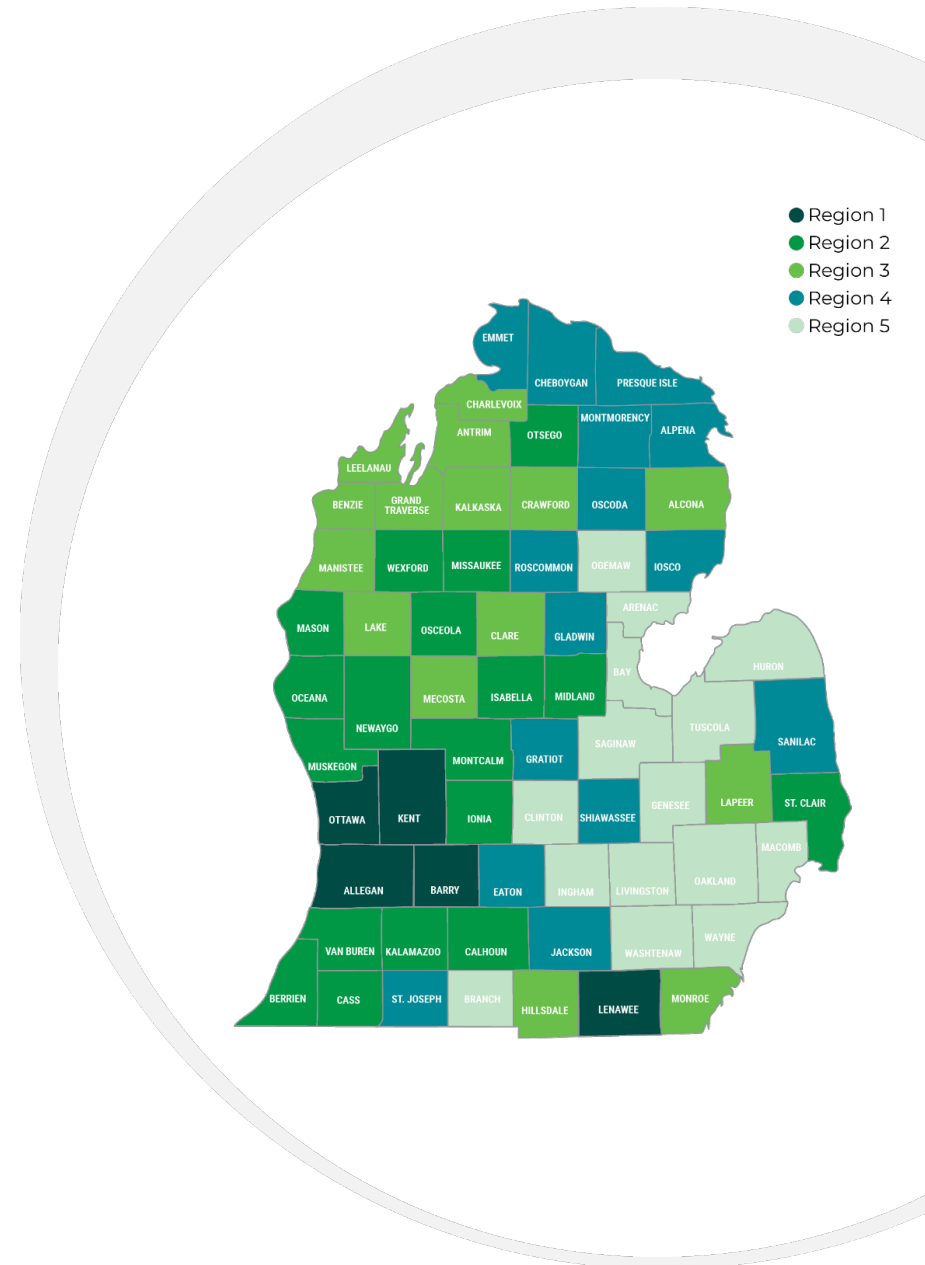
Our wellness & preventive plans were designed for those individuals looking to prioritize their physical, mental and sexual health.

Priority Medicare Thrive (PPO)

All regions

- ✓ Target aging in consumer who is actively engaged in their health and values prevention
- ✓ \$0 Open network plan, deductible may apply
- ✓ Supplemental drug list to cover ED drugs to aid in wellness
- ✓ Galleri® cancer screening test
- ✓ Annual allowance towards fitness/wellness

Premium	\$0
MOOP	\$6,200
Medical Deductible	\$270 (\$600 in region 3 & 4)
PCP	\$0
Specialist	\$40
Inpatient	\$375 (days 1-7)
Outpatient	\$400
PT/OT	\$20
Outpatient Mental Health	\$5
Rx Deductible	\$250 (tiers 3-5)
Rx Tiers	\$2 / \$8 / 21% / 25% / 30%
Supplemental Drug List	ED drugs
Galleri Cancer Screening Test	\$150 every other year
Dental	\$1,500/C \$60/Q OTC
ThriveFlex	\$285/Y to use towards fitness/wellness

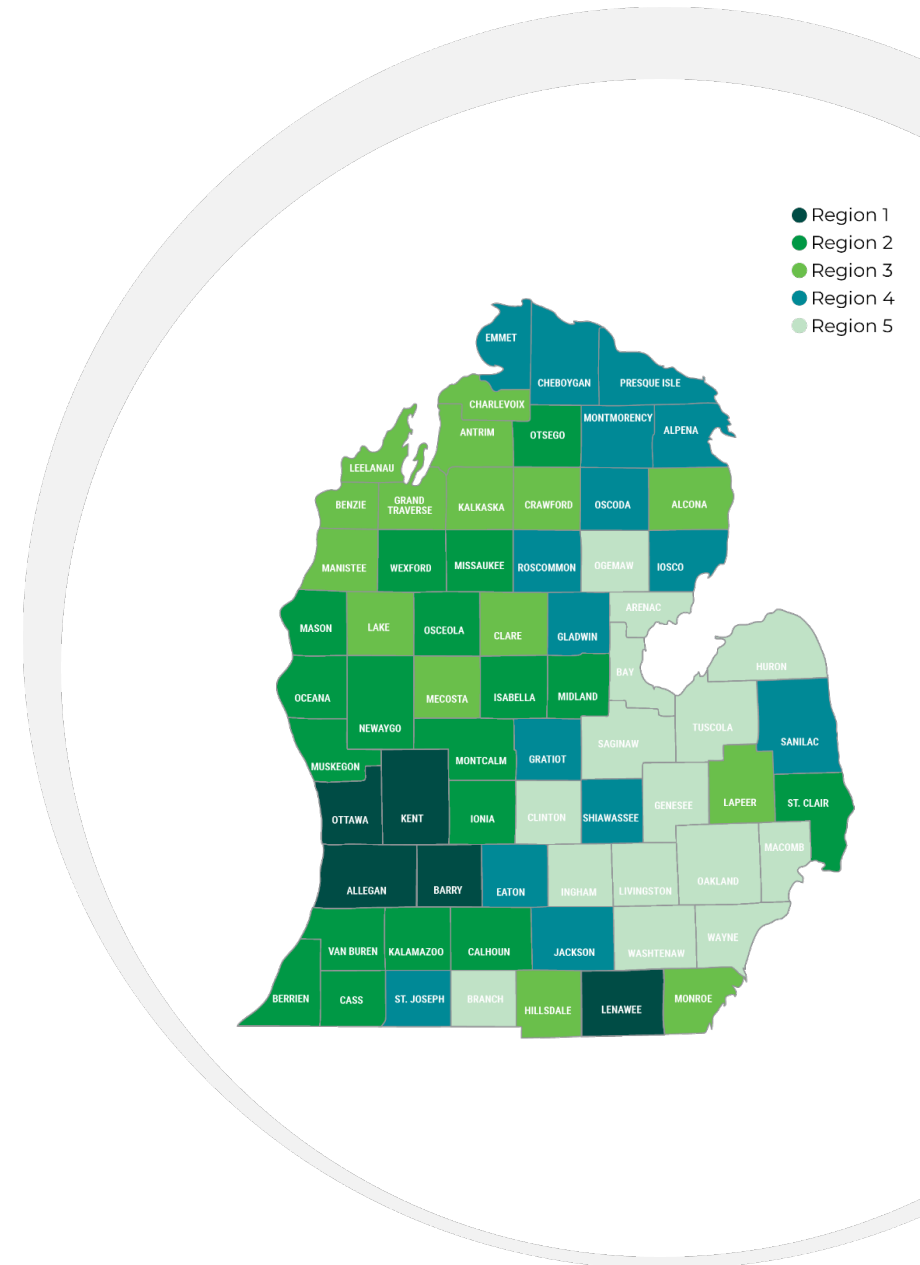


Priority Medicare Thrive Plus (PPO)

All regions

- ✓ Target aging in consumer who is actively engaged in their health and values prevention
- ✓ NOW an open network plan
- ✓ Supplemental drug list to cover ED drugs to aid in wellness
- ✓ Galleri® cancer screening test
- ✓ Increased annual allowance towards fitness/wellness
- ✓ Labs and procedures and tests are now \$0

Premium	\$49
MOOP	\$5,600
Medical Deductible	\$0
PCP	\$0
Specialist	\$40
Inpatient	\$300 (days 1-7)
Outpatient	\$350
PT/OT	\$15
Outpatient Mental Health	\$0
Rx Deductible	\$100 (tiers 3-5)
Rx Tiers	\$1 / \$7 / 22% / 35% / 31%
Supplemental Drug List	ED drugs
Galleri Cancer Screening Test	\$75 every other year
Dental	\$2,500/C (+50% coins.) \$50/Q OTC
ThriveFlex	\$385/Y to use towards fitness/wellness



Open network plans

- ✓ We offer three open network PPO plans:
 - **Priority**Medicare Vital (regions 1, 2 and 5)
 - **Priority**Medicare Thrive
 - **Priority**Medicare Thrive Plus
- ✓ This means that members of these three plans will have the same cost-share whether they see an in- or- out-of-network provider.
- ✓ **Priority**Medicare Thrive and **Priority**Medicare Vital members may have higher cost-share out-of-network until they meet their medical deductible.

Well-rounded coverage

PriorityMedicare Key (HMO-POS)

PriorityMedicare Value (HMO-POS)

Our well-rounded coverage plans were designed to meet the needs of everyone. If they are looking for solid medical coverage with some extras, one of these is the plan for them.

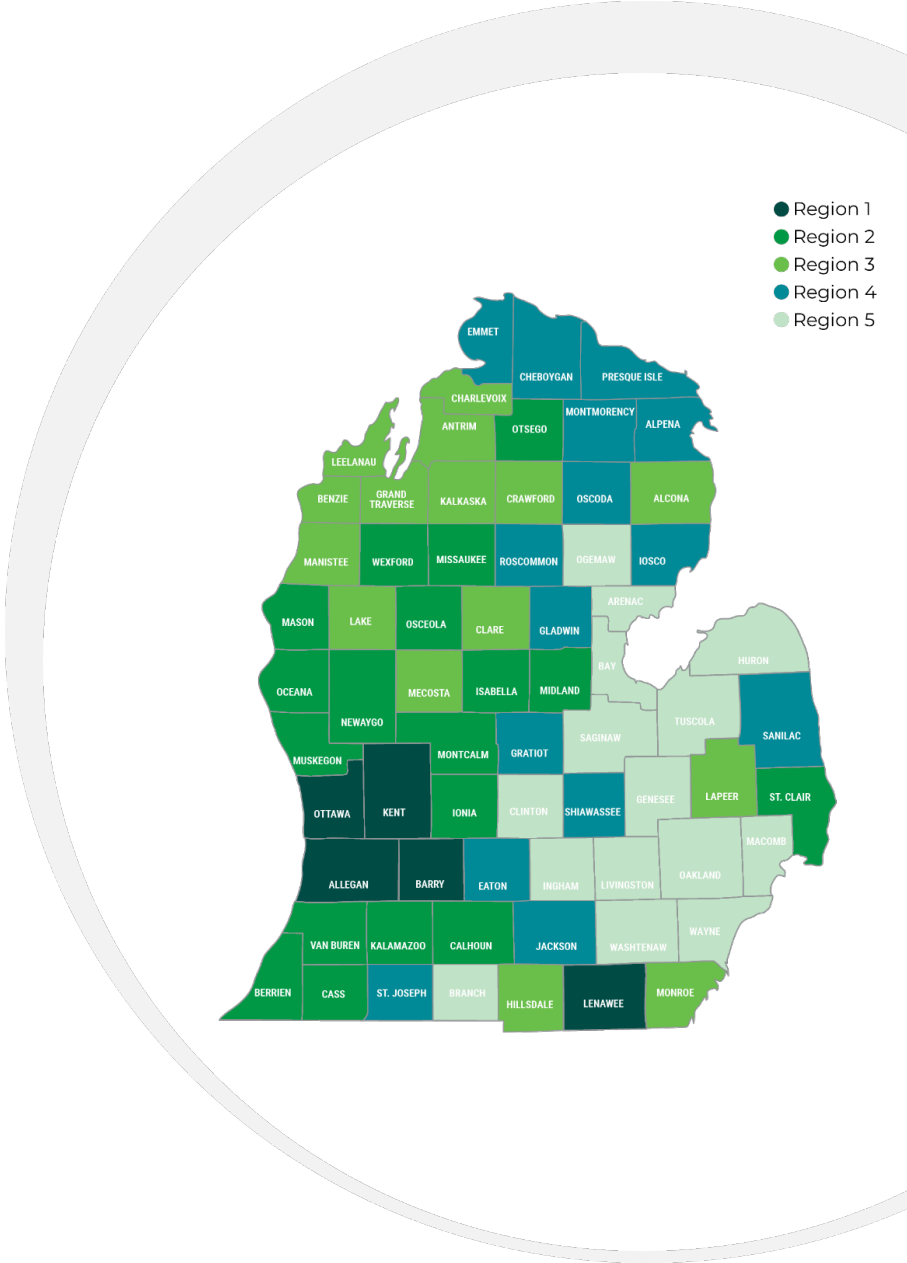


Priority Medicare Key (HMO-POS)

All regions

- ✓ Key is the #1 selling plan in Michigan.
- ✓ Appeals to all different membership types.
- ✓ Preventive and comprehensive dental remains the same
- ✓ Rx deductible added on tiers 3-5, all tiers have lower cost-share

Premium	\$0
MOOP	\$5,800
Medical Deductible	\$375
PCP	\$0
Specialist	\$40
Inpatient	\$350 (days 1-7)
Outpatient	\$350
PT/OT	\$25
Rx Deductible	\$200 (tiers 3-5)
Rx Tiers	\$2 / \$8 / 22% / 25% / 30%
Dental	\$1,500/C
OTC	\$75/Q (1&2), \$45/Q (3&4), \$60/Q (5)

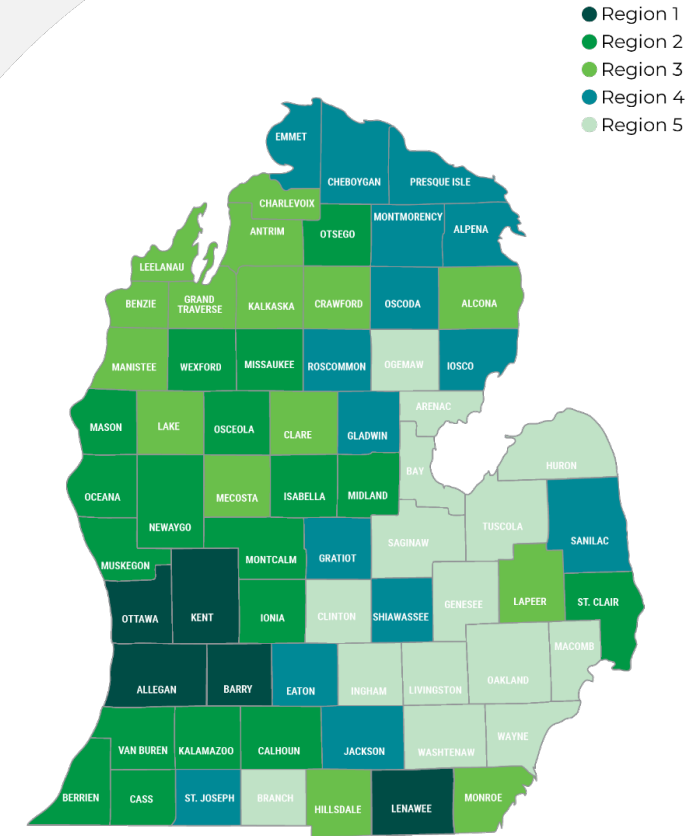


Priority Medicare Value (HMO-POS)

All regions

- ✓ This plan is designed for those that are looking for extra dental benefits while maintaining solid medical coverage.
- ✓ \$0 PCP and low PT/OT/ST costs.
- ✓ Highest tier of dental offered by PH MAPD plans.
- ✓ No longer has OTC benefit

Premium	\$32-\$80
MOOP	\$5,100
Medical Deductible	\$0
PCP	\$0
Specialist	\$35
Inpatient	\$325 (days 1-7)
Outpatient	\$325
PT/OT	\$15
Rx Deductible	\$100 (tiers 3-5)
Rx Tiers	\$2 / \$10 / 22% / 35% / 31%
Dental	\$2,500/C (+50% services)



Part B Giveback

PriorityMedicare Smart Savings (HMO-POS)
PriorityMedicare Vital (PPO)

Designed for healthy members who want a giveback towards their Part B premium. Plan options for veterans that have separate Part D coverage.

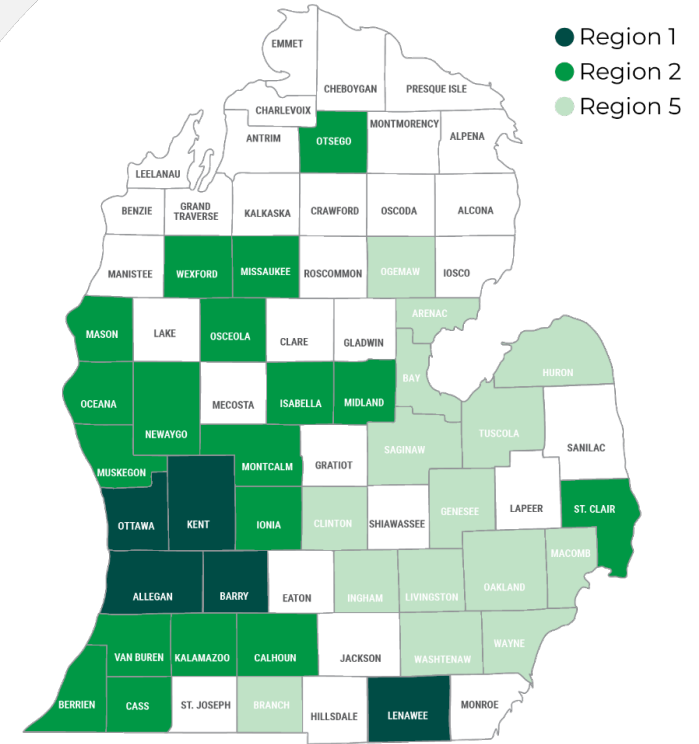
Priority Medicare Smart Savings (HMO-POS)

Regions 1, 2 and 5

- ✓ Targets healthy members who do not utilize their medical benefits.
- ✓ \$100 Part B giveback in regions 1 and 2, \$120 in region 5
- ✓ \$42 Tier 3 copay
- ✓ Preventive dental
- ✓ \$295-\$1,495 copay range for TruHearing aids, one per ear, per year

NEW PLAN

Premium	\$0
MOOP	\$9,250
INN Medical Deductible	\$650
PCP	\$0
Specialist	\$55
Inpatient	\$380 (days 1-7)
Outpatient	\$450
PT/OT	\$35
Rx Deductible	\$500 (tiers 3-5)
Rx Tiers	\$1 / \$8 / \$42 / 25% / 27%
Dental	Preventive
Part B Giveback	\$100 (1&2) \$120 (5)

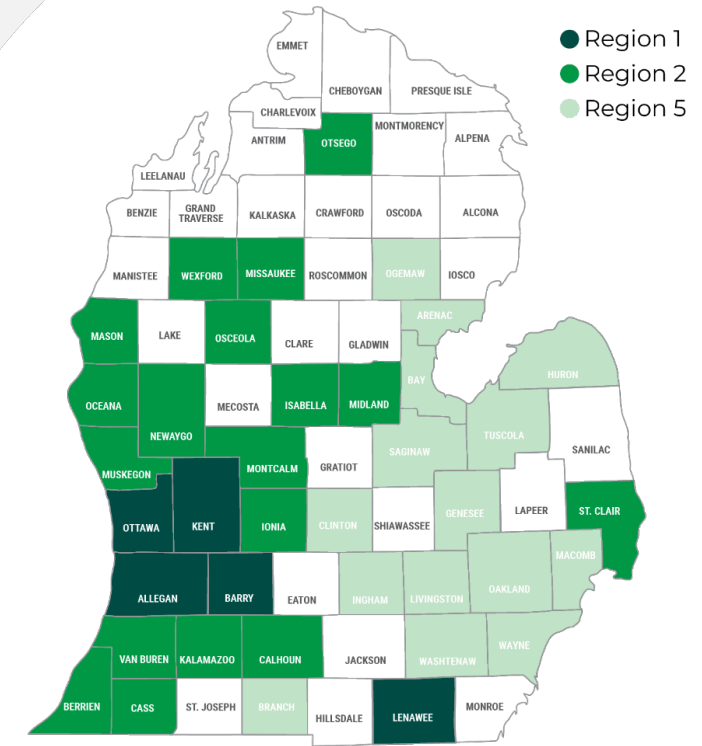


Priority Medicare Vital (PPO)

Regions 1, 2 and 5

- ✓ \$0 open network PPO, *deductible may apply*
- ✓ \$42 Tier 3 copay
- ✓ Preventive and comprehensive dental
- ✓ \$99-\$399 for advanced or premium TruHearing® aids, one per ear, every two years
- ✓ OTC is now quarterly

Premium	\$0
MOOP	\$6,300
Medical Deductible	\$500
PCP	\$0
Specialist	\$50
Inpatient	\$350 (days 1-7)
Outpatient	\$350
PT/OT	\$30
Rx Deductible	\$450 (tiers 3-5)
Rx Tiers	\$1 / \$10 / \$42 / 25% / 27%
Dental	\$1,500/C
OTC	\$45/Q
Part B Buyback	\$45



Core medical coverage

PriorityMedicare Edge (PPO)

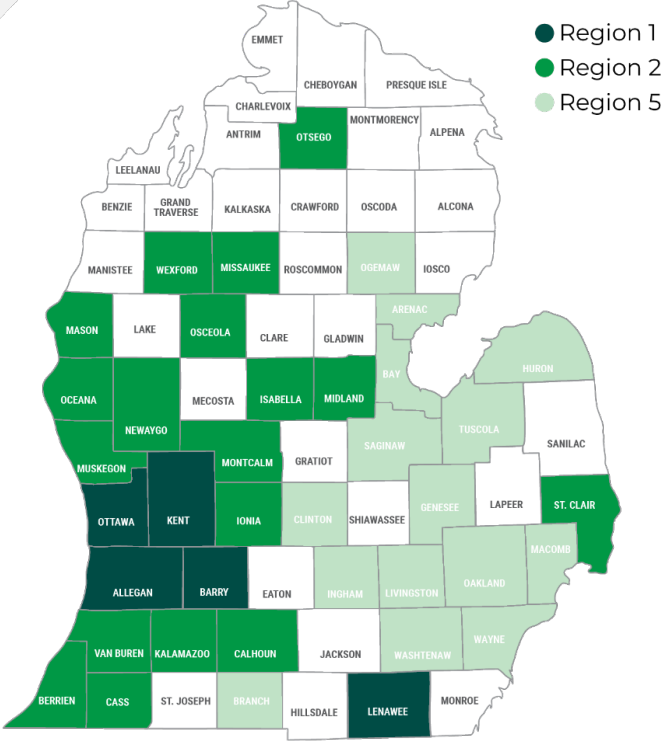
This plan is designed for those looking for core medical coverage over the "extras". Members who want a \$0 plan while feeling confident in their coverage and get high quality, affordable medical care.

Priority Medicare Edge (PPO)

Regions 1, 2 and 5

- ✓ A \$0 PPO plan that has good medical coverage and a medical deductible that is less than one day inpatient stay.
- ✓ Now has a quarterly OTC allowance
- ✓ Unlimited caregiver support

Premium	\$0
MOOP	\$6,000
Medical Deductible	\$275
PCP	\$0
Specialist	\$35
Inpatient	\$350 (days 1-7)
Outpatient	\$350
PT/OT	\$40
Rx Deductible	\$200 (tiers 3-5)
Rx Tiers	\$2 / \$8 / 22% / 25% / 30%
Dental	Preventive
OTC	\$55/Q



Low-income subsidy (LIS) coverage

PriorityMedicare Vintage (HMO-POS)

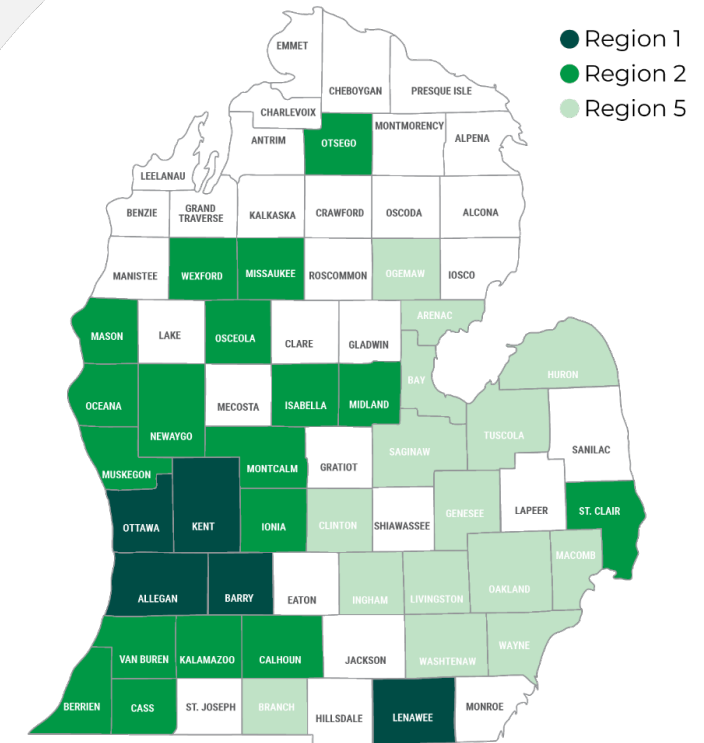
A plan designed for those receiving 'extra help'. An option for those that do not qualify for HIDE or have lost their full dual status from Medicaid redetermination.

Priority Medicare Vintage (HMO-POS)

Regions 1, 2 and 5

- ✓ This plan has been redesigned for those members receiving 'Extra Help' and/or losing partial coverage in HIDE counties
- ✓ CMS covers the premium and RX deductible. Lowers Rx cost-share to LIS copay amounts
- ✓ Preventive dental, \$100 eyewear allowance and a \$295-\$1,495 copay structure for hearing aids are included.
- ✓ No longer has Saferide and Carallel
- ✓ Will have a premium of \$8.80
- ✓ Now has OTC and if eligible*, healthy food and produce

Premium	\$8.80
MOOP	\$5,600
Medical Deductible	\$0
PCP	\$0
Specialist	\$35
Inpatient	\$400 (days 1-7)
Outpatient	\$350
PT/OT	\$25
Rx Deductible	\$615 (tiers 1-5)
Rx Tiers	\$0 / \$8 / 25% / 35% / 25%
Dental	Preventive
OTC Plus	\$40/Q



High medical coverage

PriorityMedicare (HMO-POS)

PriorityMedicare Merit (PPO)

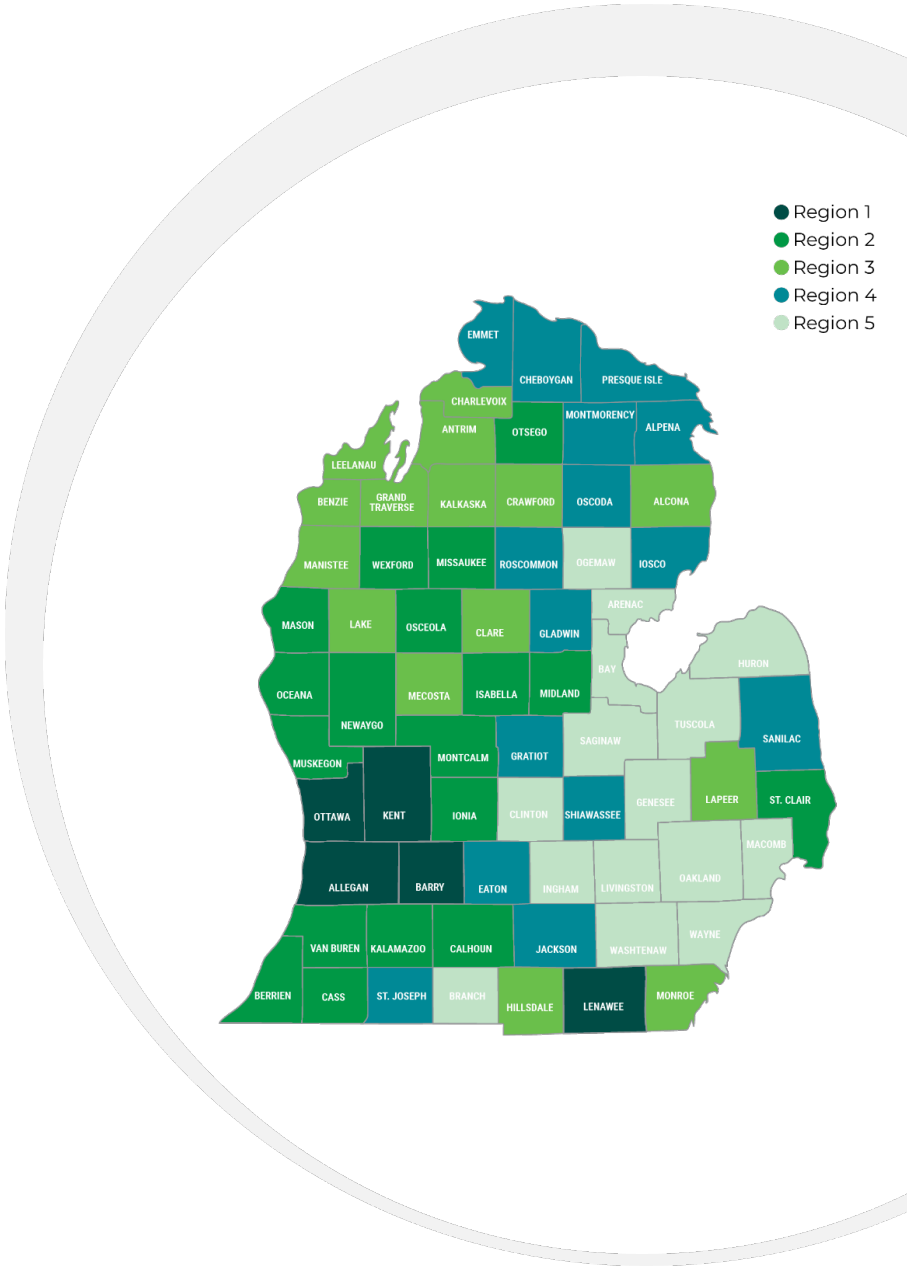
Our highest premium plans also offer our highest medical coverage. These plans are designed for those who want a predictable and reliable health plan. With low MOOPs, no INN deductibles and low copays – these are our two longest standing plans for a reason.

Priority Medicare (HMO-POS)

All regions

- ✓ Medicare is the longest-standing PH MAPD plan for a reason – it is a reliable plan with great benefits
- ✓ Low-cost medical coverage on a HMO-POS that acts like a PPO.

Premium	\$66-\$120
MOOP	\$4,500
Medical Deductible	\$0
PCP	\$0
Specialist	\$40
Inpatient	\$225 (days 1-6)
Outpatient	\$175
PT/OT	\$35
Rx Deductible	\$0
Rx Tiers	\$1 / \$8 / 25% / 33% / 33%
Dental	Preventive

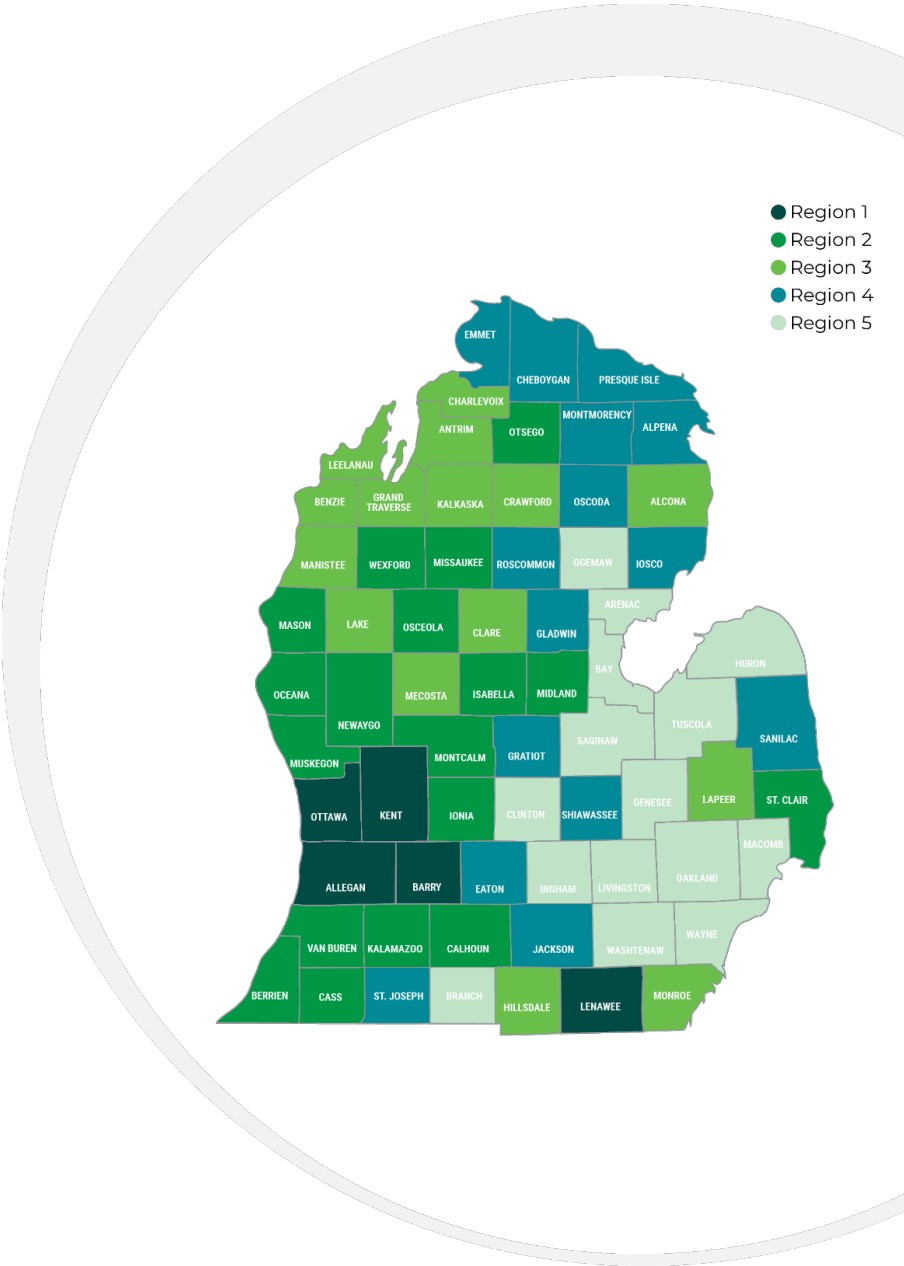


Priority Medicare Merit (PPO)

All regions

✓ Merit is a reliable PPO for current membership.

Premium	\$70-\$129
MOOP	\$4,200
Medical Deductible	\$0
PCP	\$0
Specialist	\$45
Inpatient	\$275 (days 1-6)
Outpatient	\$225
PT/OT	\$35
Rx Deductible	\$0
Rx Tiers	\$2 / \$10 / 25% / 32% / 33%
Dental	Preventive



Special needs coverage

PriorityMedicare D-SNP (HMO)

PriorityMedicare Dual Premier (HMO D-SNP)

Plans designed for individuals with full Medicaid and Medicare coverage who need higher support services.

PriorityMedicare Dual Premier (HMO D-SNP)

- ✓ Dual Premier is a highly integrated dual eligible special needs plan. Combines Medicare, Medicaid and long-term support services (LTSS) into one plan.
- ✓ Member must have full Medicaid coverage to enroll into this plan.
- ✓ Medical cost-share is \$0, even in deeming period
- ✓ \$0 prescription drug copays on tiers 1-2
- ✓ PriorityFlex card includes OTC, and if eligible*, healthy food and produce, select utilities, pest control and online meal delivery, personal care items and household supplies
- ✓ Unlimited caregiver support

D-SNP members in Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren and Wayne will be cross walked into this plan.

Rx Deductible

\$615 (tiers 3-5)

Rx Tiers

\$0 / \$0 / 25% / 25% / 25%

Dental

Coverage obtained through Medicaid benefits

\$0 for advanced aids, once per ear every THREE years PLUS ear molds

Hearing

PriorityFlex

\$96/M (region 1)
\$70/M (regions 2-4)

Caregiver support

\$0 for unlimited caregiver support

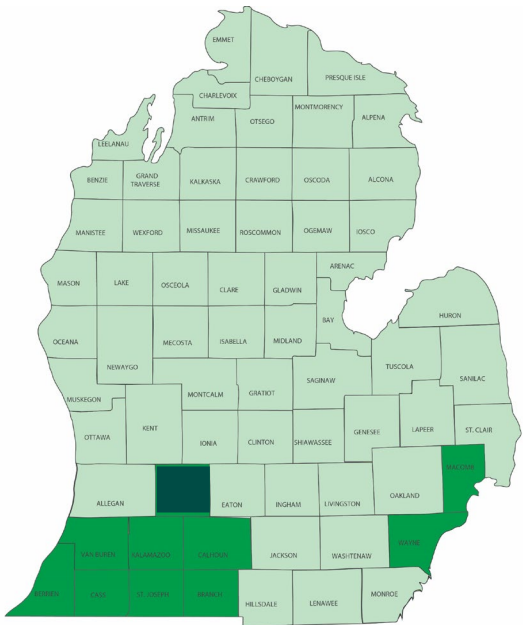
Fitness

Full access

PERs

Coverage for device and services

NEW HIDE PLAN

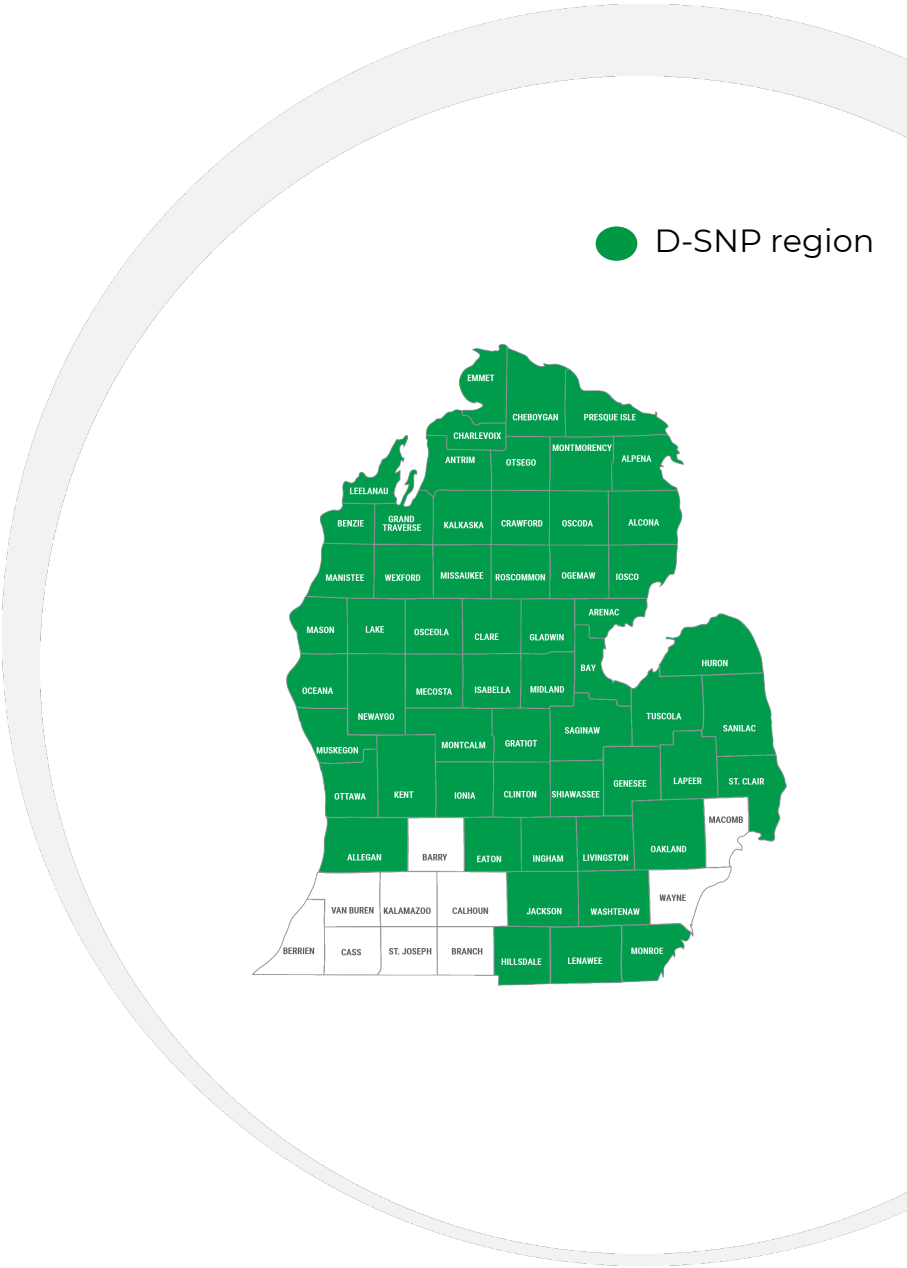


PriorityMedicare

D-SNP (HMO)

- ✓ Members must have full Medicaid coverage to be a D-SNP member
- ✓ Medical cost-share is \$0 – if member falls into the grace period there will be a cost-share for most medical benefits
- ✓ PriorityFlex card includes OTC, and if eligible*, healthy food and produce, select utilities, pest control and online meal delivery.
- ✓ Two cards, two carriers

Rx Deductible	\$615 (tiers 3-5)
Rx Tiers	\$0 / \$0 / 25% / 25% / 25%
Dental	\$1,500 max with preventive services only
Hearing	\$0 for advanced aids, one per ear every two years plus ear molds
Vision	\$200 allowance
PriorityFlex*	\$70/M
Caregiver support	\$0 for unlimited caregiver support
Fitness	Full access
PERs	Coverage for device and services
Transportation	30 rides at 100 miles (reimbursement)



D-SNP vs. HIDE-SNP

What stays the same?

Medicare remains primary, and the eligibility requirements continue to be the same.

What's the difference?	CO D-SNP (Today)	HIDE-SNP (Future)
Includes Medicare & Medicaid in one plan	No	Yes
Members must be full-dual eligible to enroll	Plan chooses*	Yes
Includes Long-Term Services & Supports (for those who are eligible)	No	Yes
Members have one ID card and one member ID	No	Yes
Providers submit one claim to health plan	No	Yes
Health plan must have integrated appeals & grievances	No	Yes
One customer service team handles Medicare & Medicaid questions	No	Yes
Coverage through the "grace period" or "deeming period" (loss of Medicaid)	Yes, 6 months	Yes, 3 months
Face-to-face Health Risk Assessment (HRA) done by licensed clinician	No	Yes

What are LTSS?

Long-term services and supports (LTSS) is a broader term that encompasses both institutional care (like nursing homes) and Home and Community-Based Services (HCBS), which is a broad term for a variety of services delivered in the home or community to help people with disabilities or other needs maintain or improve their functional abilities, quality of life, and well-being.

LTSS includes:

- ✓ Nursing home care
- ✓ Intermediate care facilities
- ✓ Home health services
- ✓ Adult day care
- ✓ Assisted living
- ✓ HCBS

HCBS includes:

- ✓ Personal Care: Assistance with activities of daily living (ADLs) like bathing, dressing, and eating.
- ✓ Home Health: Skilled nursing care, PT, and other medical services provided in the home.
- ✓ Adult Day Services: Community-based centers that offer social and support services.
- ✓ Respite Care: Temporary relief for caregivers
- ✓ Non-medical transportation
- ✓ Home-delivered meals

Where are LTSS provided?

	Home and Community-Based Care (HCBS)	Institutional Care
Services	Medical and personal services to help with daily living tasks.	Medical and personal services to help with daily living tasks.
Client location	In their own home, or with a family member.	In a facility designed to provide LTSS to patients who live there.
Service location	By caregivers who visit the home, or by going out to visit providers in the community.	Many services are provided by onsite caregivers who work at the facility.
Who is reimbursed	Family members can sometimes be certified as live-in or visiting caregivers, depending on the state's requirements. Other care can be provided by medical providers in the community.	Caregivers are the professional medical staff who work at or visit the facility.

How do my clients enroll in LTSS?

They don't. Priority Health coordinates members' LTSS moving forward.

1. Clients already receiving LTSS via State will be identified by Priority Health via the CHAMPS file and sent directly to the appropriate internal team or to AAA to administer, to ensure services continue with no disruption.
2. Clients who are not receiving LTSS but may be eligible:
 - ✓ Will be identified based on answers on the HRA (also known as the Level I assessment) or by a Priority Health Care Manager during their interactions.
 - ✓ If identified as possibly needing LTSS, they will be sent to AAA for assessment
 - ✓ They will recommend services, which PH must approve
 - ✓ Once approved, client will be sent to appropriate internal Priority Health team or to AAA to administer LTSS

How is the level of LTSS determined?

Functional Needs Assessments

✓ **Purpose:**

- Measure an individual's ability to perform daily tasks, including; Activities of daily living (ADLs), Instrumental activities of daily living (IADLs), cognition, vision, and communication, plus, health status, psychosocial issues, and behavioral concerns
- Determine the “level” of LTSS which is generally categorized by the intensity and setting (home-based support to facility-based care) of the care provided.

✓ **Frequency:** Completed at least once a year for existing members and within 90 days of enrollment for new members.

Assessment Levels

✓ **Level I Assessments (also referred to as an HRA):** A State standardized assessment to identify individuals with LTSS needs. Determines the amount, scope, and duration of personal care services needed.

✓ **Level II Assessments:**

- Comprehensive evaluation for those identified in Level I as possibly needing nursing facility level of care (NFLOC), which Level I cannot assess. NFLOC requires demonstrating a need for constant care and skilled supervision typically provided in a nursing home.
- Includes medical and functional assessments (ADLs and IADLs).

How quickly will by client get LTSS?

Clients Not Currently Receiving LTSS

- ✓ HRAs (Level I assessments) must be completed within the first 90 days, prioritizing high-risk members.
- ✓ Outreach to start coordination of LTSS occurs within 20 days of a need being identified by a Care Manager during this assessment.

Clients Currently Receiving LTSS via the State

- ✓ Priority Health receives daily CHAMPS files from the State, detailing enrolled programs.
- ✓ Our system automatically identifies these members and sends them to the appropriate LTSS resource within 24 hours.
- ✓ Outreach to continue coordinating their LTSS occurs within 20 days of receipt.

Why is LTSS important for you & your clients?

LTSS are vital for supporting your clients' health, independence, and overall well-being. With an aging population, these services help older adults maintain their independence and quality of life, ensuring vulnerable individuals receive the care they need in the most suitable setting.

- ✓ **Independence and Enhanced Quality of Life:** LTSS helps clients maintain their independence and stay in their homes, which is often their preference. HCBS enable older adults and people with disabilities to live at home or in local settings, improving their health and independence. These services also enhance the well-being of individuals with disabilities and chronic conditions.
- ✓ **Cost Savings:** LTSS can reduce the need for expensive hospitalizations and institutional care, offering a more cost-effective solution.
- ✓ **Comprehensive Care:** LTSS provides integrated and coordinated care, ensuring all aspects of a client's health are managed effectively.
- ✓ **Support for Family Caregivers:** LTSS offers training, counseling, support groups, and respite care to family members caring for older adults and people with disabilities.

Pharmacy

2026 Pharmacy updates

- ✓ IRA updates continue with the introduction of Medicare Fair Pricing Drugs (MFP). 10 drugs will be capped in 2026, 15 will be added in 2027 and the program will continue from there.
- ✓ All plans will see Rx changes in 2026
- ✓ Tier 1 retail and mail-order are moving from 90-day fills to 100-day fills
 - \$0 copay still applies in retail/mail-order for preferred pharmacies
 - Cost-share will apply at non-preferred pharmacies, 90-day rate for 100-day fills
- ✓ Part D insulin and ED drugs on Thrive/Thrive Plus do NOT hit Rx deductibles at any point in the plan year.
- ✓ Amazon will be a preferred mail-order pharmacy in 2026
- ✓ ESI is no longer offering 30-day fills for mail-order

2026 Formulary changes

- ✓ Maintained one formulary across all plans
- ✓ Most notable changes:
 - Symbicort generic inhaler moving back down to T2 from T3
 - Paxlovid (Covid) moving up to T2
 - Humalog/Humulin will be non-formulary and Novolog/Novulin will be on T3 (MFP drugs-insulin)
 - Entresto (heart disease) is moving from T3, QL to T4, Quantity Limits remain in place
 - Ibuprofen is moving from T1 to T2

2026 Medicare Fair Pricing (MFP)

Drug Name	Condition	Negotiated Price 2026	Current List Price
Januvia	Diabetes	\$113	\$527
Flasp, Novolog	Diabetes	\$119	\$495
Farxiga	Diabetes, Heart, CKD	\$178.50	\$556
Enbrel	RA, Psoriasis	\$2,355	\$7,106
Jardiance	Diabetes, Heart, CKD	\$197	\$573
Stelara	Psoriasis, Crohn's disease, UC	\$4,695	\$13,836
Xarelto	Blood clots, Coronary Disease	\$197	\$517
Eliquis	Blood clots	\$231	\$521
Entresto	Heart failure	\$295	\$628
Imbruvica	Blood cancers	\$9,319	\$14,934

These drugs max on TrOOP of \$2,100.

Example: Eliquis	Vital 2025	Vital 2026	Key 2025	Key 2026	Thrive Plus 2025	Thrive Plus 2026
Drug cost	\$521	\$231	\$521	\$231	\$521	\$231
Rx deductible	\$350 (3-5)	\$450 (3-5)	\$0	\$200 (3-5)	\$0	\$100 (3-5)
Tier 3	\$42	\$42	25%	22%	25%	22%
Annual member cost	\$983	\$954	\$1,563	\$809	\$1,563	\$709

*This example assumes the member is only on one drug.
 **25% accumulates towards the TrOOP when members cost-share is less.

Dental, vision and hearing

Dental benefit

		Tier 1	Tier 2	Tier 3
		Medical coverage focused plans with preventive only	\$0 plans with comprehensive coverage	Premium plans with highest level of comprehensive coverage
		PM, PM Merit PM Edge PM Vintage PM Smart Savings	PM Key PM Vital PM Thrive	PM Value, PM Thrive Plus
Preventive	\$0 for 2 preventive exams	Embedded prevention covered at 100%	Embedded prevention covered at 100%	Embedded prevention covered at 100%
	\$0 for 2 cleanings (regular or periodontal)			
	\$0 for one set up bitewing x-rays			
	\$0 for periapical radiographs			
	\$0 for 1 brush biopsy			
	\$0 for radiographs (full-mouth or panoramic x-rays)			
Comprehensive	\$0 for simple extractions	EDV \$2,500 annual coverage limit \$49/M premium	Embedded comprehensive coverage \$1,500 max	Embedded comprehensive coverage \$2,500 max
	\$0 for fillings		EDV \$2,500 annual coverage limit \$43/M premium	EDV \$5,000 combined annual coverage limit \$37/M premium
	\$0 crown repairs			
	50% for root canals			
	50% for crowns			
	\$0 for routine cleaning (regular) and fluoride <i>*Does not apply towards max</i>			
	50% for surgical extractions			
	50% for implant and implant related services			
	50% for dentures			
	50% for denture/bridge relines and repairs			
	50% for bridges			
		Not covered	Not covered	

Dental benefit

		Dual Premier		D-SNP	
		Delta Dental Medicaid Network		Delta Dental PPO network for Medicaid comprehensive dental benefits	
Preventive	\$0 for 2 preventive exams	Coverage obtained through Medicaid benefits		Embedded prevention covered at 100% up to \$1,500	
	\$0 for 2 cleanings (regular or periodontal)				
	\$0 for one set up bitewing x-rays				
	\$0 for periapical radiographs				
	\$0 for 1 brush biopsy				
	\$0 for radiographs (full-mouth or panoramic x-rays)				
Comprehensive	\$0 for simple extractions			Coverage obtained through Medicaid benefits	
	\$0 for fillings				
	\$0 for crown repairs				
	\$0 for root canals				
	\$0 for scaling, root planing, sealants				
	\$0 for surgical extractions				
	\$0 for implant and implant related services				
	\$0 for dentures				
	\$0 for denture/bridge relines and repairs				

Enhanced dental and vision

	Merit, Medicare, Edge, Smart Savings & Vintage	Key, Vital & Thrive	Value & Thrive Plus
Monthly premium	\$49	\$43	\$37
Dental (Delta Dental®)	\$0 copay for an additional regular cleaning, fillings, crown repairs, emergency treatment of dental pain, anesthesia and one fluoride treatment	\$0 copay for an additional regular cleaning, emergency treatment of dental pain, anesthesia and one fluoride treatment	\$0 copay for an additional regular cleaning, emergency treatment of dental pain, anesthesia and one fluoride treatment
	50% of the total cost for crowns/onlays, root canals, dentures, denture relines & repairs, bridge repairs, simple extractions and surgical extractions/oral surgery, implants & implant repairs	50% of the total cost for crowns/onlays, root canals, dentures, denture relines & repairs, bridge repairs, surgical extractions/oral surgery, implants & implant repairs	50% of the total cost for crowns/onlays, dentures, bridges, denture relines & repairs, bridge repairs, surgical extractions/oral surgery, implants & implant repairs
	\$2,500 annual coverage limit to use towards enhanced comprehensive dental services.	\$2,500 annual coverage limit to use towards enhanced comprehensive dental services.	<u>\$5,000 annual coverage limit to use towards both embedded and enhanced comprehensive dental services.</u>
Vision (EyeMed®)	\$150 additional eyewear allowance per year with OON reimbursement option.		

Vision hearing and other extras

- ✓ Routine vision through EyeMed®
 - Vital has a \$125 allowance
 - All other non-D-SNP plans have \$100 allowance embedded
 - D-SNP and Dual Premier have a \$200 allowance
- ✓ Routine hearing through TruHearing®
 - D-SNP: \$0 copay for up to two (2) TruHearing brand 'Advanced' hearing aids, one per ear every two years.
 - Dual Premier: \$0 copay for up to two (2) TruHearing brand 'Advanced' hearing aids, one per ear every three years.
 - Vital: \$99 copay for 'Advanced' hearing aids and \$399 copay for 'Premium' hearing aids, one per ear, every two years. Includes ear molds.
 - All other plans have a \$295-\$1,495 copay range for hearing aids

Embedded extras

Supplemental Benefit		Medicare	Merit	Value	Thrive Plus	Edge	Key	Vital	Smart Savings	Thrive	Vintage	D-SNP	Dual Premier
Mental Health (Teladoc Health Mental Health®)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Travel Pass & Assist America®		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	-
Fitness (One Pass®)		✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓
Memory Fitness (CogniFit® through One Pass®)		✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓
Cancer Screening (Galleri®)		-	-	-	\$75 copay every 2 years	-	-	-	-	\$150 copay every 2 years	-	-	-
PERs (Connect America®)		-	-	-	-	-	-	-	-	-	-	✓	✓
Transportation (Saferide®)		-	-	-	-	-	-	-	-	-	-	✓	-
Caregiver Support (Carallel®)		-	-	-	-	✓	-	-	-	-	-	✓	✓
OTC (Lynx®)		-	-	-	\$50/Q	\$55/Q	\$75/Q (1&2) \$45/Q (3&4) \$60/Q (5)	\$45/Q	-	\$60/Q	-	-	-
OTC Plus* (Lynx®) OTC, healthy food and produce, home and bathroom safety devices and modifications		-	-	-	-	-	-	-	-	-	\$40/Q	-	-
PriorityFlex* (Lynx®) OTC, food, meals, select utilities, household supplies, personal care items, and pest control		-	-	-	-	-	-	-	-	-	-	\$70/M	\$96/M (1) \$70/M (2-5)
ThriveFlex (Lynx®) fitness facilities, equipment and nutrition support		-	-	-	\$385/Y	-	-	-	-	\$285/Y	-	-	-

Over-the-counter (OTC)

Powered by Lynx

- ✓ The flexibility to use OTC allowance in-store, online, or by phone.
- ✓ Online ordering through the Priority Health app or priorityhealth.com/OTC and Walgreens.com.
- ✓ In-store Retailers: Costco, CVS, Dollar General, Kroger, Meijer, Walgreens and Walmart.
- ✓ An easy-to-use mobile app branded throughout with Priority Health.
- ✓ Home and bathroom safety devices and modifications included in allowance.
- ✓ All non-SNP plans with OTC have a quarterly allowance, no rollover
- ✓ Renewing members will NOT receive a new card or catalog – messaging will go out letting them know to keep their current card/catalog.
- ✓ Cards for new to Priority Health members with an OTC, OTC Plus, PriorityFlex and ThriveFlex benefit will not read ‘Over-the-Counter’.



OTC Plus

Powered by Lynx

- ✓ OTC Plus will be included on PriorityMedicare Vintage
 - \$40/Q (no rollover)
 - One purse, which means members can use their benefit how they want.
 - ✓ Member must have SSBCI to receive healthy food and produce
 - ✓ If member qualifies for SSBCI mid- benefit period Lynx will turn on their added benefits within 3 business days.
- ✓ A debit card will be issued to members that can use toward:
 - OTC items
 - Healthy food and produce, if eligible*
 - Home and bathroom safety devices and modifications

PriorityFlex

Powered by Lynx

- ✓ PriorityFlex is offered on D-SNP and Dual Premier
 - \$70/M - \$96/M, depending on plan and region (no rollover)
 - One purse, which means members can use their benefit how they want.
- ✓ A debit card will be issued to members that can use toward:
 - OTC
 - Member must be eligible for SSBCI to receive the following:
 - Healthy food and produce
 - Pest control services through individually contracted companies or through a partnership with The Helper Bees
 - Utilities (water, sewer, trash, septic, gas, electric, internet, phone)
 - Home and bathroom safety devices and modifications
 - Online meal delivery through Modify Health
 - Household supplies and personal care items, **NEW in 2026**

****If member qualifies for SSBCI mid-benefit period Lynx will turn on added benefits within 3 business days.**

SSBCI

Available for members on PriorityMedicare D-SNP, Dual Premier and Vintage

Member must have one of the following chronic conditions, a high risk of hospitalization and a need for care management.

- ✓ Autoimmune disorders
- ✓ Cancer
- ✓ Cardiovascular disorders
- ✓ Chronic alcohol use disorder and substance abuse disorder
- ✓ Chronic and disabling mental health conditions
- ✓ **Chronic back pain**
- ✓ **Chronic conditions that impair vision, hearing (deafness), taste, touch and smell**
- ✓ **Chronic gastrointestinal disease**
- ✓ Chronic heart failure
- ✓ **Chronic kidney disease**
- ✓ Chronic lung disorders
- ✓ **Conditions that may cause cognitive impairment**
- ✓ **Conditions that may cause functional challenges**
- ✓ **Conditions that require continued therapy services in order for individuals to maintain or retain function**
- ✓ Dementia
- ✓ Diabetes mellitus **(includes pre-diabetes)**
- ✓ HIV/Aids
- ✓ **Chronic Hypertension**
- ✓ Immunodeficiency and immunosuppressive disorders
- ✓ Neurologic disorders
- ✓ **Osteoporosis**
- ✓ **Overweight, obesity, and metabolic syndrome**
- ✓ **Post-organ transplantation care**
- ✓ Severe hematologic disorders
- ✓ Stroke

ThriveFlex

Powered by Lynx

ThriveFlex will be on Thrive and Thrive Plus

Two purses on this flex card – OTC (quarterly) and wellness (yearly)

- ✓ OTC will work as explained on the previous slide.
- ✓ Wellness purse can be used to purchase things like fitness equipment, fitness facilities and nutrition support.

	OTC Allowance	Flex Allowance
Thrive	\$60/Q	\$285/Y
Thrive Plus	\$50/Q	\$385/Y

One PassTM

Powered by Optum

- ✓ Fitness is available on **all plans** except **PriorityMedicare Vintage**.
- ✓ **PriorityMedicare D-SNP** and **Dual Premier** will now **have access to an in-person fitness** experience. Perks of One Pass
 - Holland Aquatic Center and Evergreen Commons are in the One Pass network PLUS facilities like the GR YMCA and Detroit area YMCAs as well as boutique gyms like Pure Barre, Orange Theory and Stretch Lab.
 - Brain health partnership through CogniFit
 - Fitness Kits (strength, yoga or dance) designed for members who prefer to workout at home
 - Access to the Fitbit community and Fitbit Premium (no Fitbit needed)

Memory Fitness

Powered by Optum

- ✓ Memory fitness benefit offered by CogniFit ® through the One Pass network.
 - Available on all plans except Vintage
- ✓ Perks of CogniFit
 - A memory fitness program that includes a collection of brain games and tailors the training the member receives specifically towards what the member needs.
 - Continuously adjusts the difficulty level to challenge and keep members from becoming bored or frustrated while using.
 - Provides a comprehensive workout by training more than 20 cognitive skills that we use daily, including working memory, perception, attention, reasoning and coordination.
 - Available in 18 languages

Galleri[®] cancer screening

What is the Galleri[®] multi-cancer early detection test from GRAIL?

- ✓ Multi-cancer early detection test that looks for a signal shared by 50+ types of cancer with a single blood test
- ✓ Only 5 cancers have recommended screening tests. Using Galleri in addition to these tests can increase the chance of finding cancer early, to allow for earlier treatment
- ✓ Early detection can save lives!

New for 2026

Eligibility criteria has been removed. The test is available to those who are not pregnant or undergoing current cancer treatment and 65 or older.

Member experience

- ✓ Member has a pre-screening virtual visit with Grail
- ✓ Receives Galleri kit in the mail
- ✓ Schedules/get lab draw at a in-network Grail lab (500+ in MI including Quest[®])
- ✓ Mail Galleri kit back to Grail's lab (10-14-day turnaround)
- ✓ Receive results
- ✓ If positive test result - PCP on intake form is notified and receives a phone call from Grail

Transportation

Powered by SafeRide®

Available on D-SNP, members will have a benefit of 30 one-way trips per year to assist with their transportation needs. Each one-way trip is limited to 100 miles. Trips do not need authorization, but they must meet the stipulated guidelines listed below.

Guidelines:

- ✓ The trip must be to or from “a related health location” (e.g., doctor’s appointment, pharmacy, etc.)
- ✓ Rides must be scheduled at least 48 hours before desired pick-up time.
- ✓ Members can call less than 48 hours before to see if there is availability, but it is not guaranteed.
- ✓ Rides must be cancelled at least three (3) hours before the pick-up time, or the trip will be counted against the member’s total # of rides.
- ✓ Members may submit for mileage reimbursement if they'd prefer to utilize their trip allowance this way. This will count toward their 30 one-way trip allowance and will also be limited to 100 miles.
- ✓ Rides can also be scheduled in the Saferide app. however, members will need to call Saferide first to complete Mobility Assessment before using the app.

Dual Premier members will have access to transportation through their Medicaid benefit.

Personal Emergency Response System (PERS)

Powered by Connect America®

- ✓ Available on D-SNP and Dual Premier through Connect America®
- ✓ A PERS device is provided to give members direct access to care in the case of an emergency and to support social determinants of health needs.
- ✓ Device can be an in-home (landline or cellular), on-the-go mobile unit or smartwatch.
- ✓ Access to 24/7/365 response center, and a member support service center
- ✓ Members/caregivers can also download the Connect Notify app – this app helps caregivers know the member they care for is safe by locating a PERS device.

Caregiver support

Powered by Carallel®

Available on D-SNP, Dual Premier and Edge

Guidelines:

- ✓ Caregiver support is provided by Carallel to either the member and/or their family
- ✓ Carallel's care advocates provide support and research on topics such as:
- ✓ Emotional support
- ✓ Guidance on financial matters and legal concerns
- ✓ Health insurance
- ✓ Housing
- ✓ Stress management
- ✓ Transportation

Priority Health Travel Pass

Priority Health Travel Pass bundles the following together:

- ✓ Members pay in-network prices when seeking care from Medicare accepting providers anywhere in the U.S. outside of the lower peninsula of Michigan.
- ✓ Members may see any Medicare participating provider when traveling- however, they may have to pay out-of-pocket and submit for reimbursement.
- ✓ Worldwide urgent and emergent coverage
- ✓ Worldwide travel assistance through Assist America® when more than 100 miles from home
- ✓ D-SNP and Dual Premier members only have access to Worldwide Urgent and Emergent care



Medigap

Benefits of a Priority Health Medigap plan

- ✓ **New Priority Health Medigap members** who've never before had Priority Health Medigap coverage previously are eligible for a **6.5% reduction in their monthly premium** for the first year of enrollment.
- ✓ Members are eligible for a **12% reduction in premium** if another person in their household currently has or is enrolling in a Priority Health Medigap plan.
- ✓ **12-month rate guarantee**, with renewals on members' enrollment anniversary date each year.
- ✓ Fast-track underwriting for applicants who are age 65+ and within three years of Part B enrollment – minimal health questions.
- ✓ **No hidden fees**, and no application or association fees, so your clients start saving money sooner.
- ✓ Billing starts when the plan goes into effect.
- ✓ **Low or no cost sharing** for your clients.
- ✓ Members have access to **Assist America®** for global travel assistance when more than 100 miles from home or in a foreign country at no extra cost.
- ✓ Hearing aid coverage through **TruHearing®** plus discounted rates with Connect America® (PERS) and **EyeMed®** (vision).

Medigap bonus program

Earn an additional service fee through our two-tier Medigap bonus program when enrolling a **new to Priority Health Medicare member in a Medigap plan with a 2026 effective date**. Here's how the program works:

- ✓ **Tier 1:** Enroll 10 to 24 clients in a Medigap plan and you'll get a **\$50 bonus, per enrollment; retroactive to enrollment #1**. Paid out monthly.
- ✓ **Tier 2:** Enroll 25 or more clients and the bonus increases to **\$75 per enrollment; retroactive to enrollment #1**. Paid out monthly. Once tier 2 has been reached, the increased service fee is not cumulative.

Agent experience

AEP reminders

- ✓ Don't forget, you now have one point of contact at Priority Health for all your questions, needs and support for all Consumer Market products
- ✓ Pre-enrollment packet envelopes will have the same design in 2026, please take necessary steps to differentiate plan years
- ✓ Call volumes are high in January. For a faster response, email our agent servicing team at medicareagent@priorithealth.com
- ✓ Do not order 2026 member ID cards through the Book-of-Business until January. If ordered in 2025, a 2025 card will be triggered
- ✓ Don't miss our agent bulletin emails full of important information like upcoming events and webinars, plan changes, operational updates and more
- ✓ The Agent Center is Priority Health's online portal that provides quick and easy access to valuable information such as plan documents, enrollment tool, commissions, book of business and much more. Be sure to bookmark <https://agent.priorityhealth.com/agents/s/login>

Reimagined Elite program

2026 criteria

Two simple ways to qualify:

- ✓ **Book-of-Business: Achieve 500 members in combined CM product BOB at 2025 YE; OR**
- ✓ **New Enrollment: Achieve top 5% of combined CM annual new enrollments***

*5% new enrollment qualifier will be based on Territory Manager's assigned territories.

Emerald Elite

Formerly Elite+, awarded to agents who achieve both criteria

Reimagined Elite program

Elite Benefits

- ✓ Dedicated agent service line
- ✓ Dedicated Elite email
- ✓ **\$500 allowance** for marketing, PH brand store, or RetireFlo
- ✓ Elite logo and email signature
- ✓ **Friends & Family referral program**
- ✓ Monthly Elite events

Additional Emerald Benefits

- ✓ Marketing allowance **increased to \$1,500**
- ✓ Annual Emerald appreciation event
- ✓ Exclusive participation in **Agent Advisory Council**
- ✓ Paid MA certification
- ✓ Business listing within Agent Directory
- ✓ Emerald logo and email signature



*Benefit mentioned is part of a special supplemental benefit for chronically ill members with one of the following conditions: diabetes, chronic obstructive pulmonary disease (COPD), arrhythmias, depression, heart failure, prostate/breast/other cancers and bipolar disorder. This is not a complete list of qualifying conditions. Even if you have a qualifying condition, you will not necessarily qualify to receive the benefit because coverage of the item or service depends on if you are chronically ill as defined by CMS and meet all applicable eligibility requirements. To see if you qualify, contact our Customer Care team by calling 888.389.6648 for HMO-POS plans and 833.939.0983 for D-SNP (TTY 711). From Oct. 1–Mar. 31, we’re available seven days a week from 8 a.m.–8 p.m. ET. From Apr. 1–Sept. 30, we’re available Mon.–Fri. from 8 a.m.–8 p.m. and Sat. 8 a.m.–noon ET.

The Galleri test is available by prescription only. Galleri does not detect a signal for all cancers and not all cancers can be detected in the blood. False positive and false negative results do occur. Galleri is a screening test and does not diagnose cancer. Diagnostic testing is needed to confirm cancer. The Galleri test identifies DNA in the bloodstream shed by cancer cells and does not predict future genetic risk for cancer. The Galleri test should be used in addition to healthcare provider-recommended screening tests.

Test questions

1. **TRUE OR FALSE:** Thrive, Thrive Plus, Key, Vital, Edge, and Vintage will all have a quarterly OTC benefit.
2. **Which plans offer the Galleri Cancer Screening Test, now available with no eligibility criteria to meet?**
 - a. Thrive
 - b. Thrive Plus
 - c. Value
 - d. Key
 - e. A & B
 - f. C & D

Test questions

3. Vintage is a great plan for:
 - a. Members who no longer qualify for full Medicaid to be eligible for DSNP or Dual Premier
 - b. Beneficiaries who want an OTC benefit with the ability to qualify to spend their allowance on healthy food and produce
 - c. Members with LIS, as their plan's premium and Rx deductible will be paid for by their Extra Help and lower cost-share for prescriptions
 - d. All the above
4. TRUE OR FALSE: Thrive, Thrive Plus and Vital are all open-network plans, meaning they can see any Medicare-participating provider in the Lower Peninsula for in-network copays, once the deductible has been met.

Test questions

5. What plans offer a Part B giveback:
 - a. Value
 - b. Vital
 - c. Vintage
 - d. Smart Savings
 - e. A & C
 - f. B & D

6. Which plans offer a T3 copay instead of coinsurance?
 - a. Vital & Vintage
 - b. Vital & Smart Savings
 - c. Vital & Value

7. TRUE OR FALSE: D-SNP members in select HIDE counties will be cross-walked to the Dual Premier plan for 2026.

Test questions

8. **TRUE OR FALSE:** Tier 1 retail and mail-order are moving from 90-day fills to 100-day fills. At non-preferred pharmacies, a cost-share will apply at the 90-day rate for 100-day fills.
9. **TRUE OR FALSE:** Value and Thrive Plus have the richest dental coverage of all plans with a \$2,500 maximum on comprehensive services, and preventive dental covered at 100%. If they purchase the Enhanced Dental & Vision buy-up at \$37/M, they will have a combined annual coverage limit of \$5,000.

Test questions

10. In 2026, members on plans with OTC benefits will be able to
- a. Keep their same card from 2025
 - b. Order online at priorityhealth.com/shopotc or Walgreens.com
 - c. Purchase in store at Costco, CVS, Meijer, Kroger, Walgreens, Walmart, and Dollar General
 - d. Call Priority Health directly for OTC service support
 - e. Spend their allowance quarterly (no rollover)
 - f. All of the above

Test questions

11. Which of the following does NOT apply to a medical deductible with Priority Health Medicare?
- a. Primary care and specialist visits
 - b. Physical therapy/occupational therapy/speech therapy
 - c. Outpatient labs and tests
 - d. ER/Urgent Care/Observation
 - e. Ambulance
 - f. Cardiac Rehabilitation
 - g. All of the above
12. TRUE or FALSE: The Smart Savings plan offers a \$100 Part B giveback in Regions 1 & 2 and \$120 in Region 5.
13. TRUE OR FALSE: The D-SNP and Dual Premier will now have access to an in-person fitness experience through One Pass.

Test questions

- 14. TRUE OR FALSE: All plans will continue to have a \$0 PCP copay in 2026.
- 15. TRUE OR FALSE: Wound care no longer follows the outpatient or ambulatory surgical center and will now be covered under a specialty copay across all plans. Deductible does apply.
- 16. TRUE OR FALSE: All Priority Health MAPD plans have the same formulary.
- 17. TRUE OR FALSE: All Enhance Dental and Vision plans now include a regular cleaning, giving members a total of three cleanings per plan year.
- 18. TRUE OR FALSE: Medicare-covered and routine chiropractic are now \$15 on all plans, but routine chiro is not included on Medicare, Merit or Value.
- 19. TRUE OR FALSE: Priority Health Medicare has award winning, local customer service.

Test questions

20. TRUE OR FALSE: For 2026, Priority Health is NOT making an OTC vendor change and members should keep their existing OTC cards
21. TRUE OR FALSE: Our wellness plans, Thrive and Thrive Plus, were designed for individuals looking to prioritize their physical, mental and sexual health.
22. TRUE OR FALSE: Our wellness plans, Thrive and Thrive plus include an increased annual allowances on a Flex card that can be used towards fitness and wellness items.