Priority Health™

2027 Individual / ACA Product Training

Priority Health

01

Summary of changes

Priority Health

PY2027 Changes

- My**Priority** Balanced Silver and Premier Silver **On marketplace plans** will **not** be offered on the Southeast Michigan Network
- My**Priority** Balanced Silver and Premier Silver **Off Marketplace only** plans **will be** offered on the Southeast Michigan Network
- All My**Priority** Bronze plans are HSA eligible
- All My**Priority** Travel plans will close
- All Corewell Health West Michigan Network (Allegan, Barry) plans will close
- Advanced care planning moves from a preventive benefit to a standard visit with cost-share
- In-network prior authorization is no longer required for home health care

Priority Health

PY2027 Changes

New Plans

- ✓ My**Priority** Essential Bronze (Broad Network)
- ✓ My**Priority** Essential Bronze Corewell Health West Michigan Network
- ✓ My**Priority** Essential Bronze Southeast Michigan Network
- ✓ My**Priority** Essential Bronze Trinity Health East Network
- ✓ My**Priority** Enhanced Gold (Broad Network)

Terminated Plans

- ✓ My**Priority** Value Bronze HSA (broad & narrow networks)
- ✓ My**Priority** Essential Bronze Off Marketplace (broad & narrow networks)
- ✓ My**Priority** Standard Bronze Travel
- ✓ My**Priority** Balanced Silver Southeast Michigan Network
- ✓ My**Priority** Prime Silver HSA Off Marketplace (broad & narrow networks)
- ✓ My**Priority** Silver Travel HSA Off Marketplace
- ✓ My**Priority** Standard Silver (SE MI narrow network)
- ✓ My**Priority** Standard Silver Travel
- ✓ All My**Priority** Corewell Health West Michigan Network (Allegan, Barry) plans

Priority Health

MyPriority Essential Bronze plan changes

- In 2026, My**Priority** Essential Bronze Off Marketplace plans were only offered off marketplace (not offered through healthcare.gov) on the broad and narrow networks and were not HSA compatible per CMS/IRS guidance
- In 2027, we've made several changes to the My**Priority** Essential Bronze plans, including:
  - ✓ Updating the plan marketing name from My**Priority** Essential Bronze Off Marketplace to MyPriority Essential Bronze
  - ✓ Offering broad and narrow network options both **on** and **off** marketplace (will be offered on healthcare.gov); no changes to network offerings except termination of Corewell Health West Michigan Network (Allegan, Barry) plan
  - ✓ Assigning the plans new QHP IDs (due to now offering on and off the marketplace)
  - ✓ Offering HSA compatibility
  - ✓ Adding an urgent care copay ($85) before deductible

Priority Health

MyPriority Bronze plan changes

- For 2027, all My**Priority** Bronze plans (Essential Bronze, Standard Bronze, and Value Bronze) are HSA compatible, and members have the option to open an HSA through our partner HealthEquity or through another financial institution if interested
- What does HSA compatibility mean for My**Priority** Bronze plans in 2027?
  - ✓ All My**Priority** Bronze plan members will get My**Priority** Agreements reflecting high-deductible health plan (HDHP) qualification and HSA compatibility
  - ✓ All My**Priority** Bronze plan member schedules will reflect HSA compatibility – under the plan marketing name, it will state “HMO High Deductible Health Plan (HDHP), HSA Compatible”
  - ✓ HSA will not be included in the bronze plan marketing names

Priority Health

02

Networks

Priority Health

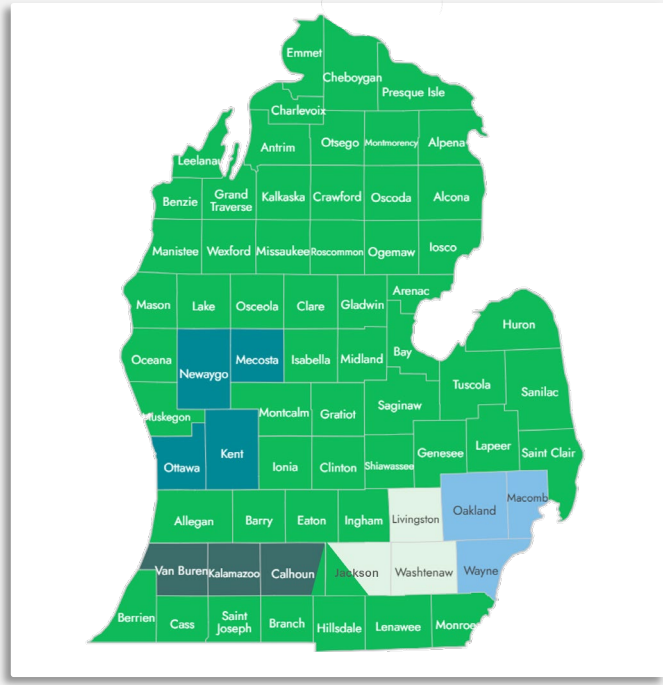
MyPriority networks

MyPriority Broad Networks

- My**Priority** HMO Network

MyPriority Narrow Networks

- Bronson Healthcare Partners
- Corewell Health West MI Network
- Southeast Michigan Network
- Trinity Health East Network



- Plans available in all lower Michigan counties
- Corewell Health West Michigan Network
- Bronson Healthcare Partners
- Southeast Michigan Network
- Trinity Health East Network

Priority Health

Service area changes

	2026 Service Area	2027 Service Area	Change for 2027
Corewell Health West Michigan Network	Barry, Kent, Mecosta, Newaygo, Ottawa, and parts of Allegan county	Kent, Mecosta, Newaygo, Ottawa	Will **no** longer be offered in parts of Allegan and Barry counties
Bronson Healthcare Partners	Kalamazoo, Van Buren and parts of Calhoun county	Kalamazoo, Van Buren and parts of Calhoun county	No change
Southeast Michigan Network	Macomb, Oakland, Wayne	Macomb, Oakland, Wayne	No change
Trinity Health East Network	Livingston, Washtenaw, and parts of Jackson County	Livingston, Washtenaw, and parts of Jackson County	No change

Priority Health

03

Member crosswalks

Priority Health

Bronze Plan Crosswalks – On Marketplace

2026 plan	2027 plan
My**Priority** Standard Bronze Corewell Health West Michigan Network (Allegan, Barry)	My**Priority** Standard Bronze
My**Priority** Standard Bronze Travel	My**Priority** Standard Bronze
My**Priority** Value Bronze HSA	My**Priority** Value Bronze
My**Priority** Value Bronze HSA Corewell Health West Michigan Network	My**Priority** Value Bronze Corewell Health West Michigan Network
My**Priority** Value Bronze HSA Corewell Health West Michigan Network (Allegan, Barry)	My**Priority** Value Bronze
My**Priority** Value Bronze HSA Bronson Healthcare Partners	My**Priority** Value Bronze Bronson Healthcare Partners
My**Priority** Value Bronze HSA Southeast Michigan Network	My**Priority** Value Bronze Southeast Michigan Network
My**Priority** Value Bronze HSA Trinity Health East Network	My**Priority** Value Bronze Trinity Health East Network
My**Priority** Value Bronze Corewell Health West Michigan Network (Allegan, Barry)	My**Priority** Value Bronze

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Silver Plan Crosswalks – On Marketplace

2026 plan	2027 plan
My**Priority** Standard Silver Corewell Health West Michigan Network (Allegan, Barry)	My**Priority** Standard Silver
My**Priority** Standard Silver Southeast Michigan Network	My**Priority** Standard Silver
My**Priority** Standard Silver Travel	My**Priority** Standard Silver
My**Priority** Balanced Silver Corewell Health West Michigan Network (Allegan, Barry)	My**Priority** Balanced Silver
My**Priority** Balanced Silver Southeast Michigan Network	My**Priority** Balanced Silver
My**Priority** Premier Silver Corewell Health West Michigan Network (Allegan, Barry)	My**Priority** Premier Silver

Gold Plan Crosswalks – On Marketplace

2026 plan	2027 plan
My**Priority** Standard Gold Corewell Health West Michigan Network (Allegan, Barry)	My**Priority** Standard Gold
My**Priority** Enhanced Gold Corewell Health West Michigan Network (Allegan, Barry)	My**Priority** Enhanced Gold

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Bronze Plan Crosswalks – Off Marketplace

2026 plan	2027 plan
My**Priority** Essential Bronze Off Marketplace	My**Priority** Essential Bronze
My**Priority** Essential Bronze Off Marketplace Corewell Health West Michigan Network	My**Priority** Essential Bronze Corewell Health West Michigan Network
My**Priority** Essential Bronze Off Marketplace Corewell Health West Michigan Network (Allegan, Barry)	My**Priority** Essential Bronze
My**Priority** Essential Bronze Off Marketplace Bronson Healthcare Partners	My**Priority** Essential Bronze Bronson Healthcare Partners
My**Priority** Essential Bronze Off Marketplace Southeast Michigan Network	My**Priority** Essential Bronze Southeast Michigan Network
My**Priority** Essential Bronze Off Marketplace Trinity Health East Network	My**Priority** Essential Bronze Trinity Health East Network

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Silver Plan Crosswalks – Off Marketplace

2026 plan	2027 plan
My**Priority** Prime Silver HSA Off Marketplace	My**Priority** Balanced Silver Off Marketplace
My**Priority** Prime Silver HSA Off Marketplace Corewell Health West Michigan Network	My**Priority** Balanced Silver Off Marketplace Corewell Health West Michigan Network
My**Priority** Prime Silver HSA Off Marketplace Corewell Health West Michigan Network (Allegan, Barry)	My**Priority** Balanced Silver Off Marketplace
My**Priority** Prime Silver HSA Off Marketplace Bronson Healthcare Partners	My**Priority** Balanced Silver Off Marketplace Bronson Healthcare Partners
My**Priority** Prime Silver HSA Off Marketplace Southeast Michigan Network	My**Priority** Balanced Silver Off Marketplace Southeast Michigan Network
My**Priority** Prime Silver HSA Off Marketplace Trinity Health East Network	My**Priority** Balanced Silver Off Marketplace Trinity Health East Network
My**Priority** Silver Travel HSA Off Marketplace	My**Priority** Balanced Silver Off Marketplace

Priority Health

04

Product portfolio

Short-term coverage

- 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.
- Priority Health offers three Short-term plans:
  - ✓ My**Priority** Short-term PPO 500 Deductible
  - ✓ My**Priority** Short-term PPO 1000 Deductible
  - ✓ My**Priority** Short-term PPO 2500 Deductible

Important to note:

✓ Short-term plans do not cover pre-existing conditions, preventive health, maternity, family planning, mental health, transplants, bariatric surgery, certain surgeries and prescription drugs.

✓ This is not a complete list; refer to plan documents for a complete list of exclusions. 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.

Priority Health

HSA eligible

MyPriority Standard Bronze

Benefit (in network)	2027
Deductible Individual / family	$7,500 / $15,000
Out-of-pocket maximum Individual / family	**$12,000 / $24,000**
Coinsurance	50% coinsurance, after deductible
Services before medical deductible	
Office visits Primary Care	$50 copay; office visits (evaluation only)
Office visits Urgent Care	$75 copay
Office visits Specialist	$100 copay, office visits (evaluation only)
Office visits Mental Health	$50 copay
Limited virtual urgent care: 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	50% coinsurance
Outpatient hospital care	50% coinsurance
Emergency Services	50% coinsurance

Prescription drug coverage	
Tier 1a Preferred generic	$25 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	$50 copay, after deductible
Tier 3 Non-preferred brand	$100 copay, after deductible
Tier 4 Preferred specialty	$500 copay, after deductible
Tier 5 Non-preferred specialty	$500 copay, after deductible

Priority Health

HSA eligible

MyPriority Value Bronze

Benefit (in network)	2027
Deductible Individual / family	**$10,500 / $21,000**
Out-of-pocket maximum Individual / family	**$10,500 / $21,000**
Coinsurance	0% coinsurance, after deductible
Services before medical deductible	
Office visits Primary Care	$35 copay; office visits (evaluation only)
Office visits Urgent Care	$85 copay
Office visits Specialist	$120 copay, office visits (evaluation only)
Office visits Mental Health	$35 copay
Limited virtual urgent care: 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	No charge
Outpatient hospital care	No charge
Emergency Services	No charge

Prescription drug coverage	
Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	No charge after deductible
Tier 3 Non-preferred brand	No charge after deductible
Tier 4 Preferred specialty	No charge after deductible
Tier 5 Non-preferred specialty	No charge after deductible

Priority Health

HSA eligible

NEW MyPriority Essential Bronze

Benefit (in network)	2027
Deductible Individual / family	$9,000 / $18,000
Out-of-pocket maximum Individual / family	$12,000 / $24,000
Coinsurance	50% coinsurance, after deductible
Services before medical deductible	
Office visits Primary Care	$35 copay; office visits (evaluation only)
Office visits Urgent Care	$85 copay
Office visits Mental Health	$35 copay
Limited virtual urgent care: 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Office visits Specialist	50% coinsurance
Inpatient hospital care (includes labor and delivery)	50% coinsurance
Outpatient hospital care	50% coinsurance
Emergency Services	50% coinsurance

Prescription drug coverage	
Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$30 copay, before deductible
Tier 2 Preferred brand	50% coinsurance, after deductible
Tier 3 Non-preferred brand	50% coinsurance, after deductible
Tier 4 Preferred specialty	50% coinsurance, after deductible
Tier 5 Non-preferred specialty	50% coinsurance, after deductible

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MyPriority Standard Silver

Benefit (in network)	2027
Deductible Individual / family	**$6,400 / $12,800**
Out-of-pocket maximum Individual / family	**$10,300 / $20,600**
Coinsurance	40% coinsurance, after deductible
Services before medical deductible	
Office visits Primary Care	$40 copay; office visits (evaluation only)
Office visits Urgent Care	$60 copay
Office visits Specialist	$80 copay, office visits (evaluation only)
Office visits Mental Health	$40 copay
Limited virtual urgent care: 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	40% coinsurance
Outpatient hospital care	40% coinsurance
Emergency Services	40% coinsurance

Prescription drug coverage	
Tier 1a Preferred generic	$20 copay, before deductible
Tier 1b Non-preferred generic	$20 copay, before deductible
Tier 2 Preferred brand	$40 copay, before deductible
Tier 3 Non-preferred brand	$80 copay, after deductible
Tier 4 Preferred specialty	$350 copay, after deductible
Tier 5 Non-preferred specialty	$350 copay, after deductible

Priority Health

MyPriority Balanced Silver

Benefit (in network)	2027
Deductible Individual / family	**$4,000 / $8,000**
Out-of-pocket maximum Individual / family	**$9,000 / $18,000**
Coinsurance	30% coinsurance, after deductible
Services before medical deductible	
Office visits Primary Care	$30 copay; office visits (evaluation only)
Office visits Urgent Care	$75 copay
Office visits Specialist	$70 copay, office visits (evaluation only)
Office visits Mental Health	$30 copay
Limited virtual urgent care: 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	30% coinsurance
Outpatient hospital care	$1,000 copay, 30% coinsurance
Emergency Services	$250 copay (waived if admitted), 30% coinsurance

Prescription drug coverage	
Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	$75 copay, after deductible
Tier 3 Non-preferred brand	40% coinsurance, after deductible
Tier 4 Preferred specialty	50% coinsurance, after deductible
Tier 5 Non-preferred specialty	50% coinsurance, after deductible

Priority Health

MyPriority Balanced Silver Off Marketplace

Benefit (in network)	2027
Deductible Individual / family	**$4,000 / $8,000**
Out-of-pocket maximum Individual / family	**$9,000 / $18,000**
Coinsurance	30% coinsurance, after deductible
Services before medical deductible	
Office visits Primary Care	$30 copay; office visits (evaluation only)
Office visits Urgent Care	$75 copay
Office visits Specialist	$70 copay, office visits (evaluation only)
Office visits Mental Health	$30 copay
Limited virtual urgent care: 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	30% coinsurance
Outpatient hospital care	$1,000 copay, 30% coinsurance
Emergency Services	$250 copay (waived if admitted), 30% coinsurance

Prescription drug coverage	
Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	$75 copay, after deductible
Tier 3 Non-preferred brand	40% coinsurance, after deductible
Tier 4 Preferred specialty	50% coinsurance, after deductible
Tier 5 Non-preferred specialty	50% coinsurance, after deductible

Priority Health

MyPriority Premier Silver

Benefit (in network)	2027
Deductible Individual / family	$5,500 / $11,000
Out-of-pocket maximum Individual / family	$10,500 / $21,000
Coinsurance	30% coinsurance, after deductible
Services before medical deductible	
Office visits Primary Care	$30 copay; office visits (evaluation only)
Office visits Urgent Care	$75 copay
Office visits Specialist	$65 copay broad network plans ($60 copay narrow networks plans only); office visits (evaluation only)
Office visits Mental Health	$30 copay
Limited virtual urgent care: 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	30% coinsurance
Outpatient hospital care	$1,000 copay, 30% coinsurance
Emergency Services	$250 copay (waived if admitted), 30% coinsurance

Prescription drug coverage	
Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	$75 copay, before deductible
Tier 3 Non-preferred brand	$125 copay, before deductible
Tier 4 Preferred specialty	50% coinsurance, after deductible
Tier 5 Non-preferred specialty	50% coinsurance, after deductible

Priority Health

MyPriority Premier Silver Off Marketplace

Benefit (in network)	2027
Deductible Individual / family	$5,500 / $11,000
Out-of-pocket maximum Individual / family	$10,500 / $21,000
Coinsurance	30% coinsurance, after deductible
Services before medical deductible	
Office visits Primary Care	$30 copay; office visits (evaluation only)
Office visits Urgent Care	$75 copay
Office visits Specialist	$65 copay broad network plans ($60 copay narrow networks plans only); office visits (evaluation only)
Office visits Mental Health	$30 copay
Limited virtual urgent care: 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	30% coinsurance
Outpatient hospital care	$1,000 copay, 30% coinsurance
Emergency Services	$250 copay (waived if admitted), 30% coinsurance

Prescription drug coverage	
Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	$75 copay, before deductible
Tier 3 Non-preferred brand	$125 copay, before deductible
Tier 4 Preferred specialty	50% coinsurance, after deductible
Tier 5 Non-preferred specialty	50% coinsurance, after deductible

Priority Health

MyPriority Standard Gold

Benefit (in network)	2027
Deductible Individual / family	**$2,500 / $5,000**
Out-of-pocket maximum Individual / family	**$8,600 / $17,200**
Coinsurance	25% coinsurance, after deductible
Services before medical deductible	
Office visits Primary Care	$30 copay; office visits (evaluation only)
Office visits Urgent Care	$45 copay
Office visits Specialist	$60 copay, office visits (evaluation only)
Office visits Mental Health	$30 copay
Limited virtual urgent care: 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	25% coinsurance
Outpatient hospital care	25% coinsurance
Emergency Services	25% coinsurance

Prescription drug coverage	
Tier 1a Preferred generic	$15 copay, before deductible
Tier 1b Non-preferred generic	$15 copay, before deductible
Tier 2 Preferred brand	$30 copay, before deductible
Tier 3 Non-preferred brand	$60 copay, before deductible
Tier 4 Preferred specialty	$250 copay, before deductible
Tier 5 Non-preferred specialty	$250 copay, before deductible

Priority Health

MyPriority Enhanced Gold

Benefit (in network)	2027
Deductible Individual / family	$0 / $0
Out-of-pocket maximum Individual / family	$9,200 / $18,400
Coinsurance	0% coinsurance
Office visits Primary Care	$20 copay; office visits (evaluation only)
Office visits Urgent Care	$75 copay
Office visits Specialist	$45 copay, office visits (evaluation only)
Office visits Mental Health	$20 copay
Limited virtual urgent care: 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Inpatient hospital care (includes labor and delivery)	$1,000 copay per day (maximum 5 copayments)
Outpatient hospital care	$1,000 copay
Emergency Services	$250 copay (waived if admitted)

Prescription drug coverage	
Tier 1a Preferred generic	$5 copay
Tier 1b Non-preferred generic	$20 copay
Tier 2 Preferred brand	$75 copay
Tier 3 Non-preferred brand	$100 copay
Tier 4 Preferred specialty	50% coinsurance
Tier 5 Non-preferred specialty	50% coinsurance

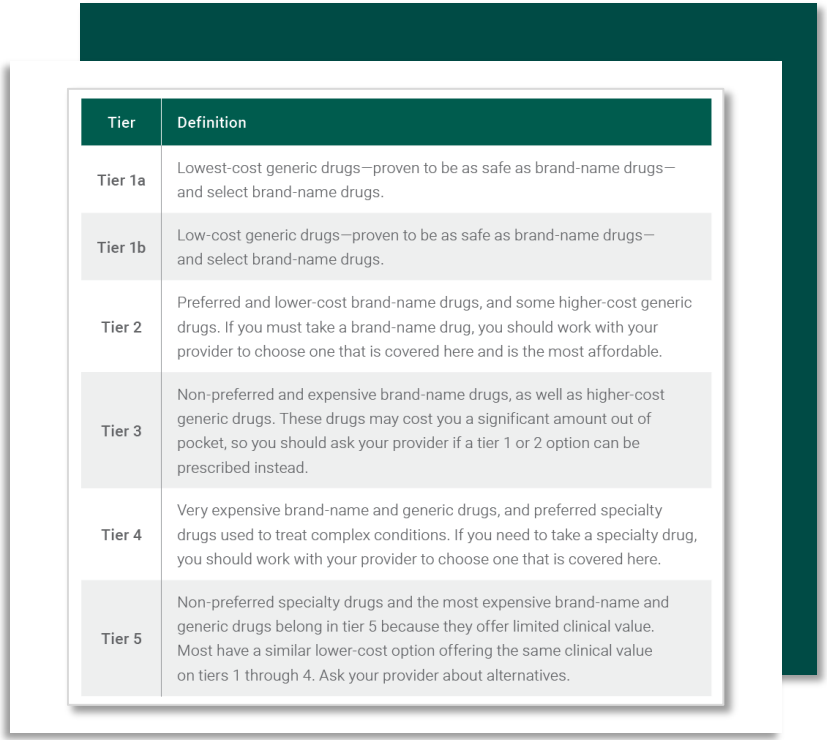
Priority Health

05

Pharmacy

Prescription Coverage

- ✓ Different tiers denote different costs and coverage as determined by Priority Health.
- ✓ Help your members take control of their health care costs by learning about the prescription benefits offered to them with their MyPriority plan.
- ✓ One formulary across all My**Priority** plans



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.

Priority Health

06

Dental & Vision

Priority Health

Delta Dental plans

Offering two affordable coverage plans

- ✓ Preventive covered at 100% immediately
- ✓ Major dental services included
- ✓ **No waiting period**
- ✓ Members will see a separate line item on their invoice for the supplemental dental premium amount\
- ✓ All plans are based on a 12-month contact term and 12-month rate guarantee

Plan	Premium
Standard	$32.44
Enhanced	$44.10

Priority Health

EyeMed Vision plans

Offering two affordable coverage plans

- ✓ Participating vision providers can be found by using the Find a Doctor tool
- ✓ All plans are based on a 12-month contact term and 12-month rate guarantee

Vision care service	Medium in-network	Medium out-of-network	High in-network	High out-of-network
Exam with dilation as necessary	$15 copay	$30	$10 copay	$30
Fundus photography benefit	Up to $39	N/A	Up to $39	N/A
Exam options				
Standard contact lens fit and follow-up	Up to $40	N/A	Up to $40	N/A
Premium contact lens fit and follow-up	10% off retail price	N/A	10% off retail price	N/A
Frames				
Any available frame at provider location	$0 copay; $150 allowance, 20% off balance over $150	$75	$0 copay; $200 allowance, 20% off balance over $200	$100

Priority Health

EyeMed vision plans (continued)

Vision care service	Medium in-network	Medium out-of-network	High in-network	High out-of-network
Standard plastic lenses				
Single vision	$25 copay	$25	$20 copay	$25
Bifocal	$25 copay	$40	$20 copay	$40
Trifocal	$25 copay	$55	$20 copay	$55
Lenticular	$25 copay	$55	$20 copay	$55
Standard progressive lens	$90 copay	$40	$85 copay	$40
Premium progressive lens	$90 copay, 80% of charge less $120 allowance	$40	$85 copay, 80% of charge less $120 allowance	$40
Lens options				
UV treatment	$15	N/A	$15	N/A
Tint (solid or gradient)	$15	N/A	$15	N/A
Standard plastic scratch coating	$0 copay	$5	$0 copay	$5
Standard polycarbonate - adults	$0 copay	$5	$0 copay	$5
Standard polycarbonate - kids under 19	$0 copay	$5	$0 copay	$5
Standard anti-reflective coating	$45	N/A	$45	N/A
Premium anti-reflective	80% of charge	N/A	80% of charge	N/A
Polarized	20% off retail price	N/A	20% off retail price	N/A
Other add-ons	20% off retail price	N/A	20% off retail price	N/A

Priority Health

EyeMed vision plans (continued)

Vision care service	Medium in-network	Medium out-of-network	High in-network	High out-of-network
Contact lenses (allowance covers materials only)				
Conventional	$0 copay; $150 allowance, 15% off balance over $150	$120	$0 copay; $200 allowance, 15% off balance over $200	$160
Disposable	$0 copay; $150 allowance, plus balance over $150	$120	$0 copay; $200 allowance, plus balance over $200	$160
Medically necessary	$0 copay, paid-in-full	$210	$0 copay, paid-in-full	$210
Laser vision correction				
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotion price	N/A	15% off retail price or 5% off promotion price	N/A
Additional pairs benefit				
Eyeglasses	40% off complete pair	N/A	40% off complete pair	N/A
Conventional contact lenses	15% discount	N/A	15% discount	N/A
Frequency				
Examinations	Once every 12 months	-	Once every 12 months	-
Lenses or contact lenses	Once every 12 months	-	Once every 12 months	-
Frames	Once every 12 months	-	Once every 12 months	-
Plan cost				
Per member per month	$7.93	-	$11.85	-

Priority Health

07

Member benefits

Priority Health

Member benefits

MyPriority members get more with their plan: extra benefits that save them time and money every time they use their plan.

- ✓ Active&Fit Discount Program
- ✓ Assist America (Emergency Travel Assistance)
- ✓ Ayble Health (Digestive Health)
- ✓ Benefit Hub Discount Program
- ✓ Cost Calculator/Price Transparency Tool
- ✓ Delta Dental (Buy-up only)
- ✓ Diabetes Prevention Program
- ✓ EyeMed (Vision Exams & Discounts) - Pediatric
- ✓ EyeMed (Buy-up only) - Adult
- ✓ HealthEquity/HSA Administration (MyPriority HSA eligible plans only)
- ✓ Medzown (Clinical Trials for Cancer Patients)
- ✓ PriceMyMeds
- ✓ PriorityBaby
- ✓ PriorityMOM
- ✓ Teladoc Health Mental Health
- ✓ TruHearing Discount Program

Priority Health

08

Enrollment

Priority Health

Enrollment reminders

Open Enrollment Period (OEP) when individuals can enroll in a health plan

- Members can only purchase health insurance during OEP or if you qualify for a special enrollment period (SEP).
- For 2027 plans, OEP occurs Nov. 1, 2026 through Jan. 15, 2027.
  - ✓ If a member enrolls between Nov. 1 – Dec. 15, 2026, the effective date for coverage is Jan. 1, 2027
  - ✓ If a member enrolls between Dec. 16 – Jan. 15, 2027, the effective date for coverage is Feb. 1, 2027

Priority Health

Enrollment Options

PriorityQuote

You can download your book of business directly from PriorityQuote.

Please note it typically takes 2-3 business days for the Agent Book of Business to be updated with new business policy IDs.

For questions or technical assistance, please call 844.548.2574 or send a message through the Agent Portal.

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.

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

Priority Health

Special Enrollment Periods (SEP)

If your clients are experiencing one of the following qualifying lief events, they may be eligible to enroll.

- ✓Marriage
- ✓Birth of a child
- ✓Adoption
- ✓Foster care placement
- ✓Guardianship
- ✓Moved to a different coverage area
- ✓Gained U.S. citizenship or qualified immigration status
- ✓COBRA coverage ending
- ✓Aging off a parent's plan
- ✓Losing eligibility for Medicaid
- ✓Loss or gain of ICHRA
- ✓Loss of government assistance
- ✓Death
- ✓Loss of coverage

Priority Health

Qualifying Life Events (QLE)

Qualifying Life Event	Required documents	Effective date rules
Loss of health coverage due to reduction in work hours, job loss (termination or by choice) or employer stops offering coverage *Note: Loss of health coverage due to non-payment of premium does not apply to this exception*	Notice of termination from previous insurance carrier.	If date of coverage termination occurs within 59 days prior to enrollment, effective date will be the first of the month following enrollment submission. If the date of coverage termination occurs within 59 days after enrollment, effective date will be the first of the month following coverage termination date.
Expired COBRA benefits	Notice of termination from previous insurance carrier.	If date of coverage termination occurs within 59 days prior to enrollment, effective date will be the first of the month following enrollment submission. If date of coverage termination occurs within 59 days after enrollment, effective date will be the first of the month following coverage termination date.
Divorce	None	If date of coverage termination occurs within 59 days prior to enrollment, effective date will be the first of the month following enrollment submission. If date of coverage termination occurs within 59 days after enrollment, effective date will be the first of the month following coverage termination date.
Policy holder deceased	None	If date of coverage termination occurs within 59 days prior to enrollment, effective date will be the first of the month following enrollment submission. If date of coverage termination occurs within 59 days after enrollment, effective date will be the first of the month following coverage termination date.

Priority Health

Qualifying Life Events (QLE)

Qualifying Life Event	Required documents	Effective date rules
Permanent change of address *Note: Unless moving from a foreign country or United States territory, a qualified individual (QI), enrollee, or dependent must have had minimum essential coverage for one or more days in the 60 days prior to the move. If moving from an area with no QHPs available, the above rule is not required.*	None	If plan selected on the 1-15th of the month: first of the following month. If plan selected 16th-last day of the month: first day of the second following month.
Change in income or household status affecting eligibility for government assistance	None	If plan selected on the 1-15th of the month: first of the following month. If plan selected 16th-last day of the month: first day of the second following month.
Marriage	None	First of the month following plan selection date.
Gained a new dependent (birth, adoption, placement for adoption, placement in foster care or other court orders)	None	Date of event or first of month following event.
Change in citizenship or Release from Incarceration. *Note: Changing from one legally present status to another does not qualify for this exception*	None	*If plan selected on the 1-15th of the month: first of the following month. If plan selected 16th-last day of the month: first day of the second following month.*

Priority Health

Qualifying Life Events (QLE)

Qualifying Life Event	Required documents	Effective date rules
Reached maximum age on parent's policy	None	If date of coverage termination occurs within 59 days prior to enrollment, effective date will be the first of the month following enrollment submission. If the date of coverage termination occurs within 59 days after enrollment, effective date will be the first of the month following coverage termination date.
Loss of pregnancy related Medicaid coverage or CHIP	None	If date of coverage termination occurs within 59 days prior to enrollment, effective date will be the first of the month following enrollment submission. If the date of coverage termination occurs within 59 days after enrollment, effective date will be the first of the month following coverage termination date.
Newly eligible or ineligible for Advanced Premium Tax Credits (APTC) or a change in Cost-sharing reductions (CSR)	None	Handled through Marketplace
Plan Contract Violation Consumer adequately demonstrates to the Exchange the a QHP in which he/she is enrolled, violated a material provision of its contract in relation to the enrollee	None	Retroactive back to the coverage effective date the QI would have gotten absent the error or regular prospective coverage effective date, at the option of the consumer.

Priority Health

Qualifying Life Events (QLE)

Qualifying Life Event	Required documents	Effective date rules
Marketplace Error Consumers enrollment or non-enrollment is unintentional, inadvertent or erroneous and is the result of error, misrepresentation, misconduct, or inaction by an officer, employee or agent of the Marketplace or HHS, its instrumentalities, or non-Marketplace entity providing enrollment assistance or conducting enrollment activity; Inaccurate eligibility determination due to technical error or Marketplace-related enrollment delay; Enrollment impacted by a plan or benefit display error; Non-enrollment is the result of being determined ineligible for Medicaid or CHIP by the State Medicaid or CHIP agency	None	Retroactive back to the coverage effective date the QI would have gotten absent the error or regular prospective coverage effective date, at the option of the consumer.

Qualifying Life Events (QLE)

Qualifying Life Event	Required documents	Effective date rules
Exceptional Circumstance Enrollment or non-enrollment as determined by HHS, including being incapacitated or a natural disaster; Is a result of an unforeseen event or reflects a first-time requirement for Marketplace enrollees (such as the Tax Season SEP for consumers impacted by the individual shared responsibility payment);Is a result of a significant life event resulting in lack of access to application or account and the consumer has experienced a change in situation or status that now requires minimum essential coverage. (Includes victims of domestic abuse, spousal abandonment, AmeriCorps servicemen and women who are starting/ending their service and individuals affected by a FEMA emergency)	None	Handled through Marketplace

Priority Health

Additional enrollment details

- **Deductible Credit**
  - ✓ A deductible credit will be applied for each family member who has met any portion of their 2026 deductible within 90 days of their Priority Health Individual plan's effective date.
  - ✓ The deductible credit amount(s) apply to in-network deductible only. No carryover to the following year.
- **Redetermination**
  - ✓ Members enrolled through the marketplace must redetermine their eligibility for Advance Premium Tax Credits (APTC) and Cost-Sharing Reductions (CSRs) each year.
  - ✓ If a member does not reconcile their APTC when filing taxes, they could lose it.
- **Passive vs. Active Enrollment**
  - ✓ Passive Enrollment – any members, both on and off marketplace, in a renewing Qualified Health Plan (QHP) who do not take action to enroll in a different plan for next year.
  - ✓ Active Enrollment – any member who actively enrolls in a QHP on or off marketplace.

Priority Health

Additional enrollment details

- **On to Off Marketplace transition**
  - ✓ Even if new coverage is starting, Priority Health will not automatically cancel Marketplace coverage.
  - ✓ Marketplace plans can only be cancelled through HealthSherpa or the Marketplace directly.
- **Renewing On-Exchange (FFM) members into an Off Exchange plan**
  - ✓ Cancel the 2026 coverage with FFM at least three business days before enrolling in an Off Exchange plan.
  - ✓ Ensure Priority Health receives and processes FFM cancellation before Off-Exchange enrollment is received.
- **Newborn coverage**
  - ✓ Direct Member – change form is required. Member has 60 days from date of birth to submit the form.
  - ✓ FFM Member – can add a newborn through their marketplace, with their agent or with Priority Health.
  - ✓ Important: Coverage is usually retroactive to the date of birth, but it can start on the first day of the following month if requested.

Priority Health

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Agent Experience

Priority Health

What your members will experience

LETTERS, TIMING AND NEXT STEPS

There are FOUR pieces included in the member's mailed renewal packet:

1. 2027 ACA renewal cover letter
2. CMS template renewal letter (members receive the version specific to their enrollment)
   a) On Marketplace ACA renewal letter OR
   b) Off Marketplace ACA renewal letter
3. Benefit change chart outlining changes from the member's specific 2026 plan to their 2027 plan – including plan the member is crosswalking to.
4. Notice of Availability of Language Assistance Services and Auxiliary Aids

Priority Health

ACA Agent Authorization

Beginning October 12, 2026, the Centers for Medicare & Medicaid Services (CMS) will require all agent-driven Affordable Care Act (ACA) enrollments to include an agent authorization step.

- ✓ Agents will need agent authorization to access or make changes to a consumer's Marketplace application if they do not already have authorization established for the plan year. Agent authorization does not meet CMS consent requirements or replace the need to capture consent.
- ✓ Agents will still need to obtain and document consumer consent & eligibility application review when providing assistance.
- ✓ CMS' Invalid Action error is based on the National Producer Number (NPN) currently associated with the enrollment. CMS will sunset the Invalid Action error beginning OEP for plan year 2027.

Priority Health

ACA Agent Authorization

How the process works:

1. The agent sends a consumer an authorization request. For example, by texting or emailing a link.
2. The consumer reviews the request and confirms they want to grant authorization.
3. Before authorization can be granted, CMS may require identity verification for certain higher-risk applications.
4. Authorization is completed.

Authorization is required once per plan year, per agent, per Enhanced Direct Enrollment (EDE) platform. It is not required each time an agent interacts with the consumer's application.

Priority Health

Agent Support Unit (ASU)

The ASU will serve as a centralized point of contact for a wide range of business-related needs, helping you navigate questions more efficiently and connect with the right expertise faster.

- ✓ Member and group eligibility, enrollment, and effective date questions
- ✓ Member and group application status and submissions
- ✓ Agent commissions, payment timing, and dispute resolution, Agent appointment status and Agent of Record (AOR) status
  - For more complex commissions questions, please email commissions-licensing@priorityhealth.com
- ✓ Access to benefit coverage and member servicing needs
- ✓ Direct channel to specialized expertise
- ✓ Agent Portal and enrollment tool navigation

Phone: 800.970.7379

Option 2 for Medicare/Medigap
Option 3 for Individual/ACA

Email: Agent Portal Message Center


Priority Health™