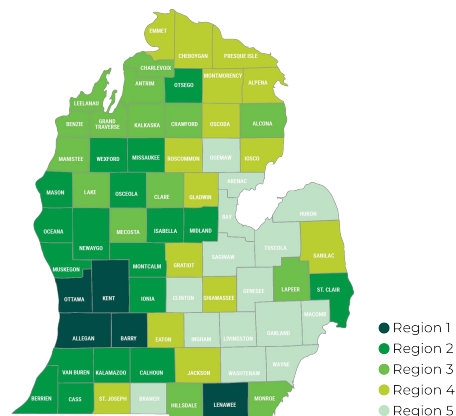


# PriorityMedicare Ideal<sup>SM</sup>

(PPO for all regions)

- ✓ \$19 monthly premium
- ✓ \$0 copay for virtual visits with primary care providers, specialists and behavioral health providers
- ✓ \$80/quarter OTC allowance
- ✓ PriorityCare – 48 hours/year of companion care with a Papa pal, plus unlimited social care navigation



Agent:

Email:

Phone:

Benefit (in-network)	2024
Medical deductible	\$0 (combined INN/OON)
Annual out-of-pocket maximum	\$5,800 (combined INN/OON)
Inpatient hospital	\$300 copay per day, days 1–6
Office visits Primary care provider	\$15 copay
Office visits Specialist	\$45 copay
Routine chiropractic	\$20 copay per visit (12 visit limit)
Outpatient diagnostic services (labs, imaging, x-rays)	\$0 copay for anticoagulant lab services
	\$15 copay for all other lab services
	\$15 copay for diagnostic procedures/tests
	\$40 copay for x-rays
	\$140 copay for diagnostic radiology/imaging
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	\$250 copay
Ambulance and ambulance stabilization	\$240 copay
Worldwide emergency care / urgently needed services	\$120 copay / \$50 copay
Observation	\$120 copay for each observation visit, including all services received

Benefit (in-network)	2024
Dental services Delta Dental®	\$0 copay for two exams, two cleanings (regular or periodontal maintenance), one set of bitewing x-rays and one brush biopsy per year and other x-rays (i.e. panoramic) once every two years.
Routine vision EyeMed®	\$0 copay for one routine exam (including refraction) and one retinal imaging, per year; \$100 eyewear allowance each year. Reimbursement options for out-of-network services.
Routine hearing TruHearing®	\$0 copay for one routine exam per year; four levels of hearing aid copays, ranging from \$295–\$1,495 per ear, per year. Hearing aid cost includes all fitting and follow-up evaluations within the first year and 80 batteries per hearing aid.

### Part D prescription drugs benefit overview

**Priority**Medicare Ideal has a \$125 (tiers 3-5) prescription drug deductible.

Amounts shown are for the initial coverage period (until drug costs reach \$5,030).

	Preferred pharmacy <sup>1</sup>			Mail-order through Express Scripts		
	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 — preferred generic	\$4	\$8	\$0	\$4	\$8	\$0
Tier 2 — generic	\$13 for insulins and other drugs	\$26 for insulins and other drugs	\$39 for insulins and other drugs	\$13 for insulins and other drugs	\$26 for insulins and other drugs	\$0 for insulins and other drugs
Tier 3 — preferred brand	\$35 for insulins and \$42 for other drugs	\$70 for insulins and \$84 for other drugs	\$105 for insulins and \$126 for other drugs	\$35 for insulins and \$42 for other drugs	\$70 for insulins and \$84 for other drugs	\$105 for insulins and other drugs
Tier 4 — non-preferred	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs	\$35 for insulins and 50% for other drugs	\$70 for insulins and 50% for other drugs	\$105 for insulins and 50% for other drugs
Tier 5 — specialty	\$35 for insulins and 30% for other drugs	N/A	N/A	\$35 for insulins and 30% for other drugs	N/A	N/A

<sup>1</sup>Priority Health's Medicare network includes limited lower-cost, preferred pharmacies across the United States. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 888.389.6648, TTY users call 711, or consult the online pharmacy directory at [prioritymedicare.com](https://prioritymedicare.com).