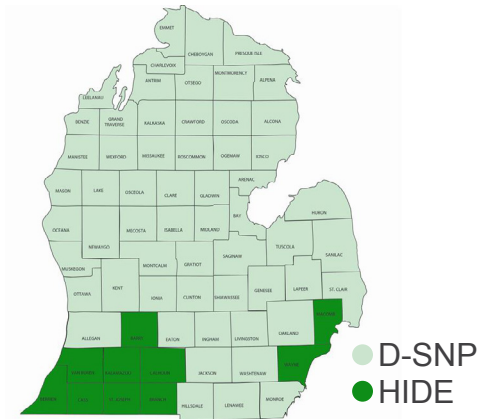


PriorityMedicare®

D-SNP_(HMO)

Members are eligible for D-SNP if they:

- Permanently live within one of the 58 counties **PriorityMedicare D-SNP is available and**
- Are eligible for and enrolled in Medicare Parts A and B **and**
- Are eligible for full Medicaid (QMB+, SLMB+, FDBE) based on standards established by the State of Michigan and federal requirements **and**
- Are 21 years of age and older



Agent:

Phone:

Email:

Medical and hospital benefits	2026 cost to member ¹
Medical deductible	\$0 copay
Inpatient hospital	\$0 copay
Outpatient diagnostic services (labs, diagnostic procedures/tests, diagnostic radiology, x-rays)	\$0 copay
Office visits — primary care provider	\$0 copay
Office visits — specialist	\$0 copay
Outpatient hospital	\$0 copay
Skilled Nursing Facility	\$218 copay (in Grace Period only)
Ambulance and ambulance stabilization	\$0 copay
Worldwide emergency care/urgently needed services	\$115 copay (in Grace Period only) / \$40

Additional benefits	2026 cost to member
Dental services (with Delta Dental® standard PPO network)	Preventive services up to \$1,500, including the below. These dental benefits are in addition to the Medicaid dental coverage dual eligible members have access to. <ul style="list-style-type: none"> • \$0 copay for two exams and two cleanings (regular or periodontal maintenance) and one fluoride treatment each year • \$0 copay for one brush biopsy and one set of bitewing (up to 4 films in a single visit) x-rays each year • \$0 copay for all other radiographs (full-mouth series, periapical or panoramic x-rays, every 24 months)
Vision services (with EyeMed® Select Network)	\$0 copay for one routine exam and one retinal imaging per year \$200 eyewear allowance each year (includes refraction)

Additional benefits	2026 cost to member
Hearing services (with TruHearing®)	\$0 copay for one routine exam per year; \$0 copay for up to two TruHearing-branded hearing aids every year (one per ear, per two years). Benefit is limited to TruHearing's Advanced hearing aids, which come in various styles and colors. Hearing aid cost includes a 60-day trial period, one-year of post-purchase follow-up visits and 80 batteries per hearing aid (rechargeable not included)
PriorityFlex²	\$70 per month to purchase over-the-counter (OTC) items, and if eligible, healthy food and produce, select utilities, pest control, meal delivery, personal care items and household supplies.
Transportation (with SafeRide Health)	\$0 for up to 30 one-way trips every year to/from health-related locations. Trips are limited to 100 miles, ride-share or mileage reimbursement per one-way trip.
Personal Emergency Response Systems (PERS)	\$0 for Personal Emergency Response System (PERS) device, direct access to emergency services, and support for your social determinants of health needs
One Pass®	\$0 copay for access to the largest network of gyms and fitness locations plus live, digital fitness classes and on-demand workouts and one home fitness kit per plan year.
Carallel®	Care advocates have lived experience in the role of a caregiver. Advocates can assist with topics such as: <ul style="list-style-type: none"> • Unlimited caregiver support • Virtual support groups • Social needs • Housing insecurities and resources • Family communication coaching • Community service
Chiropractic care	\$0 copay for routine care (limit 24 visits) \$0 for x-ray services performed by a chiropractor, once per year

Prescription drugs 2026 cost to member	
Annual prescription deductible	\$615 (tiers 3–5)
Tier 1 (Preferred generic)	\$0
Tier 2 (Generic) ³	\$0
Tier 3 (Preferred brand) ³	25%
Tier 4 (Non-preferred drug)	25%
Tier 5 (Specialty) ^{3,4}	25%

¹Applies to members with full Medicaid eligibility. ²Benefit 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 833.939.0983 (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. ³If you receive Extra Help, your cost-share will be less. ⁴Specialty drugs are limited to a 30-day supply. Priority Health has a D-SNP (HMO) plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Priority Medicare D-SNP (HMO) depends on contract renewal.