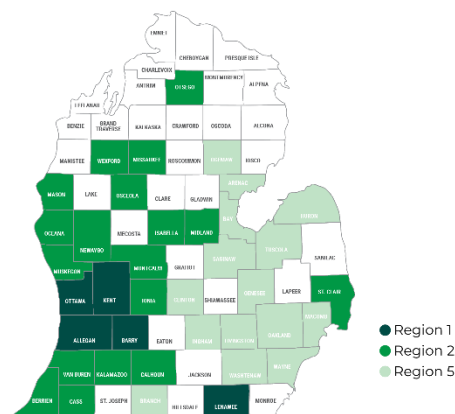


PriorityMedicare® Thrive (PPO)

Regions 1, 2, and 5

- ✓ \$0 monthly premium
- ✓ \$0 copay for primary care provider (PCP) office visits
- ✓ \$150 copay every two years for the Galleri® multi-cancer early detection test from GRAIL¹
- ✓ \$60/Q OTC allowance and a \$285/Y wellness allowance



Agent:

Email:

Phone:

Benefit (in-network)	2026
Annual out-of-pocket maximum	\$6,200 (combined INN/OON)
Medical deductible	\$270 (combined INN/OON)
Services ahead of medical deductible	
Primary care provider	\$0 copay
Specialist	\$40 copay / \$0 copay for one skin check at dermatologist
PT/OT/ST	\$20 copay
Outpatient diagnostic services	\$0 copay for anticoagulant lab services
	\$0 copay for all other lab services
	\$0 copay for diagnostic procedures/tests
Ambulance and ambulance stabilization	\$290 copay
Worldwide emergency care/urgently needed services	\$130 copay / \$50 copay
Observation	\$130 copay for each observation visit, including all services received
Services after medical deductible	
Inpatient hospital	\$375 copay per day, days 1–7
X-rays	\$20 copay / \$0 copay for one diagnostic mammogram after routine screening
Diagnostic radiology/imaging	\$275 copay
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	\$400 copay

Benefit (in-network)	2026
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 (e.g. panoramic) once every two years.
	Up to \$1,500 per year to use toward fillings, crown repairs and non-surgical simple extractions.
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 to \$1,495 per ear, per year. Hearing aid cost includes all fittings and follow-up evaluations within the first year and 80 batteries per hearing aid.

Part D prescription drugs benefit overview

Priority Medicare Thrive has a \$250 (tiers 3-5 only) prescription drug deductible. Amounts shown are for the initial coverage period (until drug costs reach \$2,100).

	Preferred pharmacy ²		Preferred Mail Order ²	
	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1 (Preferred generic)	\$2	\$0	\$2	\$0
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 2 (Generic)	\$8	\$24	\$8	\$0
Tier 3* (Preferred brand)	21%	21%	21%	21%
Tier 4* (Non-preferred)	25%	25%	25%	25%
Tier 5* (Specialty)	30%	N/A	30%	N/A
*Select insulin drugs	Up to \$35 for each 30-day supply and up to \$105 per 90-day supply			

¹The 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. Eligibility rules apply.

²Priority 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 833.415.4381, TTY users call 711, or consult the online pharmacy directory at prioritymedicare.com.