PriorityMedicare D-SNP (HMO)

To be eligible for PriorityMedicare® D-SNP all the following must be met:

- Permanently live within one of the 58 counties PriorityMedicare D-SNP is available
- Are eligible for and enrolled in Medicare Parts A and B
- Are eligible for full Medicaid benefits (including QMB+, SLMB+ and FDBE)
- Are 21 years of age and older

Medical and hospital benefits	**2027 cost to member** (with full Medicaid)
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	$0 copay
Ambulance and ambulance stabilization	$0 copay
Emergency care/urgently needed services (available worldwide)	$0 copay / $0 copay

Additional benefits	**2027 cost to member**
Dental services Delta Dental® Standard PPO Network	$0 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. • $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 EyeMed® Select Network	$0 copay for one routine exam and one retinal imaging per year
	$200 eyewear allowance each year (includes refraction)
Hearing services TruHearing®	$0 copay for one routine exam per year
	$0 copay for up to two TruHearing-branded ‘Advanced’ hearing aids every year (one per ear, per two years). 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)

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Additional benefits	2027 cost to member	
PriorityFlex	$70 per month to purchase over-the-counter (OTC) items and, if eligible for the Special Supplemental Benefit for the Chronically Ill (SSBCI)[1], the allowance can also be used for healthy food and produce, select utilities, pest control, meal delivery, personal care items and household supplies	
Transportation 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 PERS device, direct access to emergency services, and support for your social determinants of health needs	
Fitness OnePass®	$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®	$0 copay for care advocate assistance with the following:	
	• Unlimited caregiver support • Virtual support groups • Social needs • Community service	• Housing insecurities and resources • Family communication coaching
Chiropractic services	$0 copay for routine care (limit 24 visits) $0 for x-ray services performed by a chiropractor, once per year	

If you qualify for Extra Help[2] (LIS)		If you DO NOT qualify for Extra Help (LIS)	
Tier 1-2 drugs	**Tier 3-5* drugs**	**Tier 1-2 drugs**	**Tier 3-5* drugs**
$0	Depending on LIS copay category: **$0-$5.80** for generics **$0-$14.40** for all other drugs	**$0**	**25%** of the total cost

**Specialty drugs are limited to a 30-day supply.*

You can ask your doctor for a 100-day prescription (retail or mail-order) for Tier 1 drugs. Prescriptions can be mail ordered from Express Scripts or Amazon.

[1]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 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. [2]If you receive Extra Help, your cost-share will be less. Priority Health has a D-SNP (HMO) plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in PriorityMedicare D-SNP (HMO) depends on contract renewal. ©2026 Priority Health PH40327-3.11 8/26 H8379_400040452707_M