PriorityMedicare Edge (PPO)

Available in counties: Allegan, Barry, Berrien, Branch, Calhoun, Cass, Clinton, Eaton, Genessee, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Kalamazoo, Kent, Lapeer, Lenawee, Livingston, Macomb, Monroe, Montcalm, Muskegon, Oakland, Ottawa, Saginaw, Saint, Clair, Saint Joseph, Shiawassee, Van Buren, Washtenaw, Wayne

- ☑ $0 monthly premium
- ☑ $0 copay for in-network primary care provider (PCP) office visits
- ☑ $25-$30/Q (depending on region) over-the-counter (OTC) allowance
- ☑ Unlimited caregiver support

Benefit (in network)	2027
Annual out-of-pocket maximum	$7,100
Medical deductible	$405 (region 1) and $420 (regions 2 & 5)
In-network services before medical deductible	
Office visits Primary care provider	$0 copay
Office visits Specialist	$40-$50 copay (depending on region)
PT/OT/ST	$40 copay
Outpatient diagnostic services	$0 copay for anticoagulant lab services
	$0 copay for diagnostic procedures/tests
	$0-$50 copay for lab services
Ambulance and ambulance stabilization	$275 copay
Emergency care/urgently needed services (available worldwide)	$130 copay / $50 copay (unlimited)
Routine chiropractic services	$15 copay (limit 12 visits)
Virtual care (PCP, specialist, behavioral health or urgent care)	$0 copay
In-network services after medical deductible	
Inpatient hospital	$450 copay per day, days 1-6
X-rays	$20 copay
Diagnostic radiology/imaging	$270-$640 copay
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	$425 copay

continued>

Benefit (in network)	2027
Dental services Delta Dental®	$0 copay for two exams, two cleanings (regular or periodontal maintenance), one fluoride treatment, one set of bitewing x-rays and one brush biopsy per year and other x-rays (e.g. 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
Routine hearing TruHearing®	$0 copay for one routine exam per year; four levels of hearing aid copays, ranging from $399-$899 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

This plan has a $300 (tiers 3-5 only) prescription drug deductible. Amounts shown are for the initial coverage period (until drug costs reach $2,400).

	Preferred pharmacy[1]		Preferred mail order[1]	
	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	22%	22%	22%	22%
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			

[1]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, call 888.389.6648 (TTY 711), or consult the online pharmacy directory at prioritymedicare.com.

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. ©2026 Priority Health PH40327-3.6 8/26 H4875_400040452711_M