PriorityMedicare Value (HMO-POS)

Available in all lower peninsula counties

- ☑ $47-$111 monthly premium, depending on region
- ☑ $0 medical deductible
- ☑ $0 copay for in-network primary care provider (PCP) office visits
- ☑ $0 copay for in-network virtual urgent care and visits with a PCP, specialist or behavioral health provider

Benefit (in network)	2027
Annual out-of-pocket maximum	$6,000
In-network medical deductible	$0
Office visits Primary care provider	$0 copay
Office visits Specialist	$35 copay
PT/OT/ST	$15 copay
Outpatient diagnostic services	$0 copay for anticoagulant lab services
	$10 copay for diagnostic procedures/tests
	$10-$50 copay for lab services
Ambulance and ambulance stabilization	$265 copay
Emergency care/urgently needed services (available worldwide)	$130 copay / $50 copay (unlimited)
Virtual care (PCP, specialist, behavioral health or urgent care)	$0 copay
Inpatient hospital	$325 copay per day, days 1-7
X-rays	$35 copay
Diagnostic radiology/imaging	$125-$640 copay
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	$325 copay

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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 $225 (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	$10	$30	$10	$0
Tier 3* Preferred brand	22%	22%	22%	22%
Tier 4* Non-preferred	29%	29%	29%	29%
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 PH40327-3.5 8/26 H2320_400040452706_M