PriorityMedicare Thrive (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 primary care provider (PCP) office visits
- ☑ $200/Y wellness allowance
- ☑ $125 copay for Galleri® multi-cancer early detection test, once every other year[1]

Benefit (in network)	2027
Annual out-of-pocket maximum	$7,150
Medical deductible	$475 (region 1 & 5) and $525 (region 2)
In-network services before medical deductible	
Office visits Primary care provider	$0 copay
Office visits Specialist	$40 copay / $0 copay for one skin check at dermatologist
PT/OT/ST	$25 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	$290 copay
Emergency care/urgently needed services (available worldwide)	$130 copay / $50 copay (unlimited)
Chiropractic services	$15 copay
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 / $0 copay for one diagnostic mammogram after routine screening
Diagnostic radiology/imaging	$275-$640 copay
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	$450 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 $400 (tiers 3-5 only) prescription drug deductible. Amounts shown are for the initial coverage period (until drug costs reach $2,400).

	Preferred pharmacy[2]		Preferred mail order[2]	
	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1 Preferred generic	$1	$0	$1	$0
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 2 Generic	$7	$21	$7	$0
Tier 3* Preferred brand	21%	21%	21%	21%
Tier 4* Non-preferred	25%	25%	25%	25%
Tier 5* Specialty	29%	N/A	29%	N/A
*Select insulin drugs	Up to $35 for each 30-day supply and up to $105 per 90-day supply			

[1]The 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. [2]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 PH40327-3.9 8/26 H4875_400040452704_M