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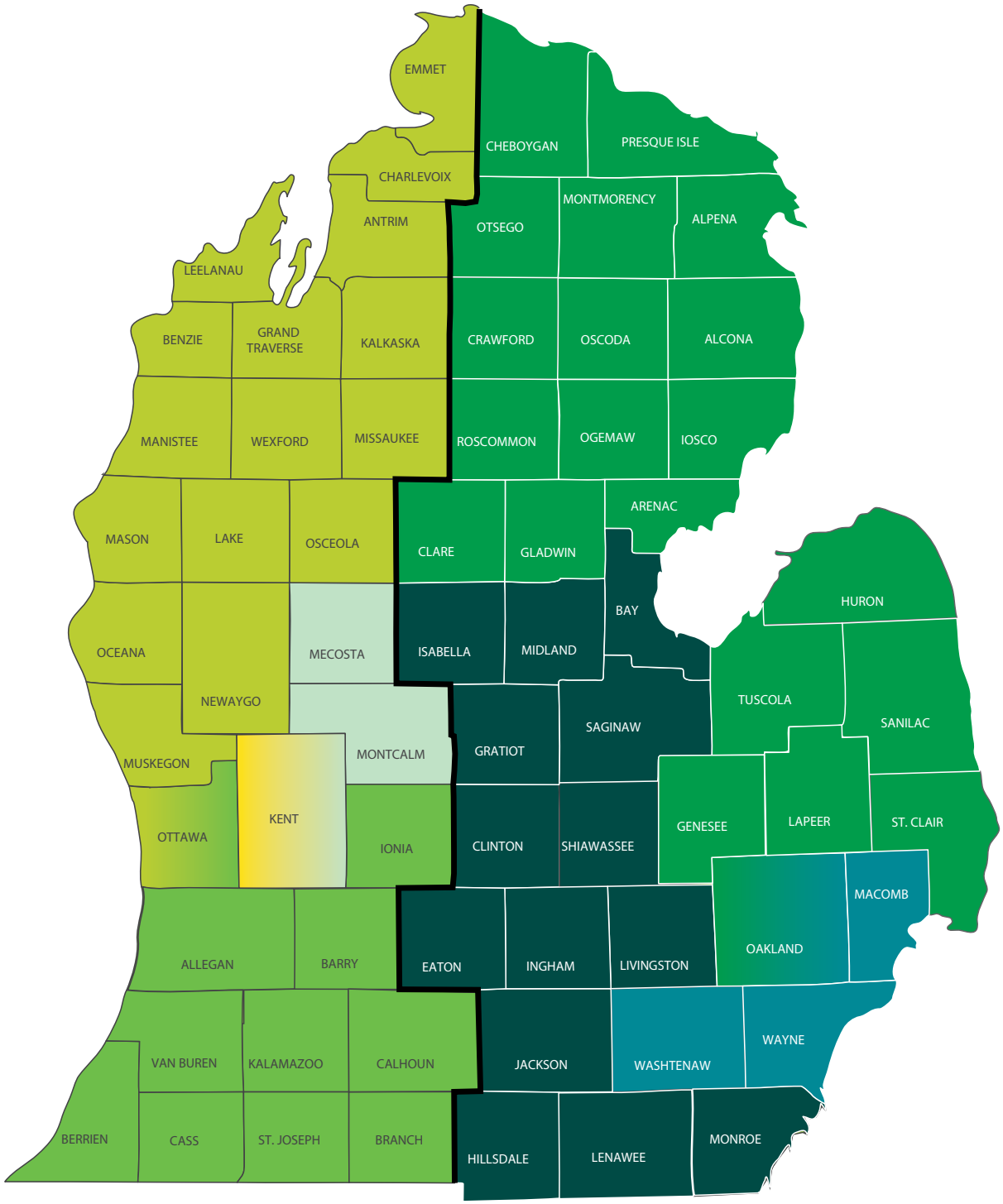


Consumer Markets Agent Guidebook

Preparing for 2027

Priority Health™

Consumer Markets Sales Team



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1 AEP/OEP READINESS

Notes

Consumer Markets

FIND A PROVIDER TOOL

Use our online Find a Provider tool to search by specialty, condition, provider, location and plan type. It helps find a provider in Michigan that fits your client's needs, plan and budget — plus it's easy to use.

priorityhealth.com/member/getting-care/find-a-doctor

APPROVED DRUG LIST

Review prescription drug coverage and associated costs, and verify your client's current medications are covered on the plan-specific approved drug list.

priorityhealth.com/formulary

AGENT PORTAL

The Priority Health Agent Portal provides quick and easy access to valuable information including plan documents, the quoting and enrollment tool, your commissions, your book of business and much more. Be sure to bookmark this page for quick, convenient access.

agent.priorityhealth.com/agents/s/login/

MEDICARE AEP HUB

This site is your one-stop shop for everything you need to confidently sell Medicare this Annual Enrollment Period (AEP). From product materials and enrollment guides, to marketing assets and compliance resources, it's all here — organized, updated and ready to go.

MYPRIORITY OEP HUB

This site is your central hub for everything you need to navigate this Open Enrollment Period (OEP) with confidence. From plan details to enrollment tools, it's all organized, up-to-date and ready for action.

AGENT BULLETINS

Don't miss our agent bulletin emails, full of important information like upcoming events and webinars, plan changes, operational updates and more.

Medicare

REQUIRED CERTIFICATION
Complete the two-step certification process at ***priorityhealth.com/MAPDcertify*** or by scanning the QR code.

MEDICARE AGENT SUPPLY ORDER FORM
Visit ***priorityhealth.com/MAPDsupplies*** or scan the QR code to order pre-enrollment packet materials.

MEDICARE PART B EFFECTIVE DATE REMINDER
When submitting an enrollment for a beneficiary who has applied for Part B but has not yet received their MBI, ensure the application is submitted as close to the last day of the month before the requested effective date as possible. We recommend submitting a paper enrollment form, with the prospect's social security number in the place of their MBI to ***ph-medicareenrollment@priorityhealth.com***. Priority Health will hold the application for 21 days to keep the original requested effective date, even if that date has passed. If the MBI is not showing in the system within 21 days of the application submission, a new application will be required and must be requesting a prospective effective date.

MEDICARE SALES APPOINTMENT CHECKLIST
See pages 9-11

My**Priority**

FEDERALLY FACILITATED MARKETPLACE (FFM) CERTIFICATION REQUIREMENT
- The Centers for Medicare & Medicaid Services (CMS) requires that FFM certification be completed for each plan year (prior to the sale of a policy or prior to an active change).
- Priority Health commissions will not be earned or paid for a policy that is sold or had active changes made if the broker is not properly certified for the applicable plan year.
- Visit ***cms.gov*** for registration and training sessions for both returning and new agents and brokers.

MY**PRIORITY** OEP READINESS CHECKLIST
See pages 12-13

Medicare sales appointment checklist

Use this CMS-compliant checklist prior to enrolling an individual in a Medicare Advantage plan. Following these steps, and discussing the required topics, will help ensure compliance with CMS requirements, Priority Health policy and support the resolution of potential grievances.

PRE-ENROLLMENT CHECKLIST

- Obtain a completed **Scope of Appointment** (SOA) from the beneficiary before any Medicare sales discussion begins.
- Provide the **digital or physical packet** contents to beneficiary upon enrolling.
- **Record** the sales/marketing/enrollment telephone call and/or virtual visit in its entirety.

CMS-REQUIRED DISCUSSION TOPICS

- ☐ Review the plan's monthly premium, including any additional amounts such as Late Enrollment Penalties (LEP) and optional supplemental plan premiums.
- ☐ Review the plan's costs for medical services, including the deductible, copayments, coinsurance, maximum-out-of-pocket (MOOP) and the $2,000 true-out-of-pocket (TrOOP) maximum.
- ☐ Explain and review any associated benefits to ensure there is a thorough understanding of the beneficiary's specific healthcare needs.
- ☐ Review prescription drug coverage and associated costs, and verify their current medications are covered on the formulary.

  Current medications:

  _____

  _____

  _____
- ☐ Check their primary care providers (PCP) and specialist network status on their desired plan with the Find a Provider tool.
- ☐ Confirm their preferred pharmacy's network status and explain if it is part of the standard or preferred network. Provide information on the mail-order option through Express Scripts.

continued >

SCOPE OF APPOINTMENT (SOA)

Effective Oct. 1, 2026, the SOA may be completed immediately before a scheduled or unscheduled marketing appointment, provided the SOA is completed before any Medicare plan-specific marketing discussion begins.

- An audio/audio-visual recording or electronic record is acceptable as an SOA record for a personal marketing appointment that does not occur in person.
- The SOA must be in writing for in-person personal marketing appointments. There must be a written record that can be produced upon request.

A completed SOA is valid up to 12 months from the date of the beneficiary's signature for future discussions that remain within the scope originally agreed upon. A new SOA is required if a beneficiary wishes to discuss products not included in the original scope.

ENROLLMENT BEST PRACTICES

In-person enrollment

- Even if submitting an online enrollment, we recommend also capturing a wet signature on a paper application if meeting in person. This will ensure compliance with CMS requirements, Priority Health policy and support the resolution of potential grievances.
- If a wet signature is not an option, utilize the '**Send to beneficiary to sign and submit**' option when viewing the plan in the '**Cart**' so we can prove the enrollment went to the beneficiary to sign. This method provides clearer documentation that the beneficiary independently reviewed and completed the signature process.
- If you've gathered a signed paper enrollment, save the documentation to your client's file – either the physical application or scanned copy.

Virtual enrollment

- Before Annual Enrollment Period (AEP), practice sending yourself an SOA by text and email to better understand the beneficiary experience.
- If you plan to use the '**Send to beneficiary to sign and submit**' option, practice the process in advance. Beneficiaries will receive two emails/texts – one with a link to view the application and the other with a unique code required to enter in the application.
- Send the SOA by text or email when scheduling a virtual appointment. The beneficiary must complete the SOA before any Medicare plan discussion begins.
- If the SOA has not been completed prior to the appointment, have the beneficiary complete it before discussing plan options.

continued >

- For beneficiaries who are unable or uncomfortable using electronic SOAs, use the enrollment platform's call recording feature to complete the SOA and enrollment process. Recordings are securely stored within the platform.
- When using the call recording feature, advise the beneficiary that:
  - The call will originate from a 616-area code phone number.
  - They must press 1 to consent to the recorded call.
  - The recording will be retained within the enrollment platform.

My**Priority** OEP readiness checklist

Make sure you're ready for Open Enrollment Period (OEP). Review the following operational checklist to ensure a smooth enrollment period.

✓ENROLLMENT

Dental and vision

- Dental and vision coverage should be added during OEP (between Nov. 1 and Dec. 15).
  - Dental and vision can only be added outside of OEP if a member qualifies for a Special Enrollment Period (SEP), including loss of COBRA for dental coverage.
- If using HealthSherpa, you can only add medical coverage through HealthSherpa, not dental and vision.
  - Once the medical enrollment is completed, a link will direct members to the Priority Health Dental and Vision form. The form can be sent to Priority Health via mail, email or fax.
  - When submitting the first payment, members can add the dental and/or vision premium amount to the medical premium amount to ensure the total premium amount is received prior to the member's effective date. This will avoid delays in coverage.

On/Off Exchange transitions

- On to Off Marketplace transition
  - Even if new coverage is starting, Priority Health will not automatically cancel Marketplace coverage.
  - Marketplace plans can only be cancelled by calling the Marketplace directly.
- Renewing On-Exchange (FFM) members into an Off-Exchange plan
  - Cancel the On-Exchange (FFM) renewal at least three business days before enrolling in the Off-Exchange plan. This will help prevent the On-Exchange cancellation from overwriting the Off-Exchange enrollment transaction.
  - If the On-Exchange policy has not been cancelled with the FFM, the Off-Exchange application will be pended (put on hold).
  - Once termination is complete, return to Priority Quote (PQ) to resubmit "pended" application.
  - *NOTE: Priority Health's enrollment team will assist with processing pended applications if there are system issues or significant delays with processing the application by the agent/broker.*

✓PAYMENTS

- The Priority Quote (PQ) application permits you to set up credit card or EFT payments through the Instamed portal. Payment will be drafted within 24-48 hours from the credit card or bank account.
- If you don't want to set up a payment at the time of enrollment, bypass the setup and the member will receive an invoice.
- Once the member is enrolled (and has their member ID), they will have access to their member portal and can set up payments. Members can also pay over the phone or via mail.

Binder payment

- To activate coverage, members must make their first payment prior to the effective date. If payment is not received within one month after the effective date, the coverage will be cancelled.

One-time payments

- Members may use the one-time payment option on the Priority Health website. Payment will be drafted within 24-48 hours from the credit card or bank account.
  - NOTE: If a member already has autopay set up, they should not submit payment over the phone as it may disrupt the autopay setup.
  - If a one-time payment is needed to maintain coverage, members can pay via IVR or through the Priority Health website at ***priorityhealth.com/member/paying-for-care/one-time-payment***.

Autopay

- Autopay must be set up by the 19th of the month to draft the first business day of the next month.
- The cutoff date is the 19th of the month. If autopay is set up after the 19th of the month, the premium payment will be drafted on the first business day of the second month.

Delinquent payments

- Several reminders are sent to alert members and agents of delinquency.
- If one of your clients is past due, they will receive delinquency letter(s) from Priority Health. They may also receive an outreach call, email and/or text message.
- Priority Health also sends monthly emails to agents with a list of delinquent members for visibility and follow-up.
- You can check your agent book of business for members who are at risk of losing their coverage due to delinquency (sort on past due and APTC columns).
- Members will not be reinstated after termination for nonpayment after exhaustion of a grace period. Exception requests may be submitted by contacting your territory manager, customer service or ***mypriority@priorityhealth.com***. Please select one contact method to ensure efficient and timely communications.

✓ADDITIONAL REMINDERS

Off-Exchange members: effective date

- As the agent, you should not make requests for changes to the effective date after the application has been submitted through PQ (Off-Exchange).
  - This causes downstream impacts to the billing process.

On-Exchange members: effective date

- If you have members enrolled in an FFM plan, you must make all the changes with the Marketplace and not request them directly from Priority Health.

Terminations

- You should not request retro terminations.
- Priority Health follows CMS guidelines that will terminate the day of the request or a future date.

Special Enrollment Period

- SEPs for loss of coverage require documentation.
- Acceptable documentation can be found in the Agent Portal.

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Notes

2 MEDICARE INFO SHEETS

Notes

Notes

Medicare maps

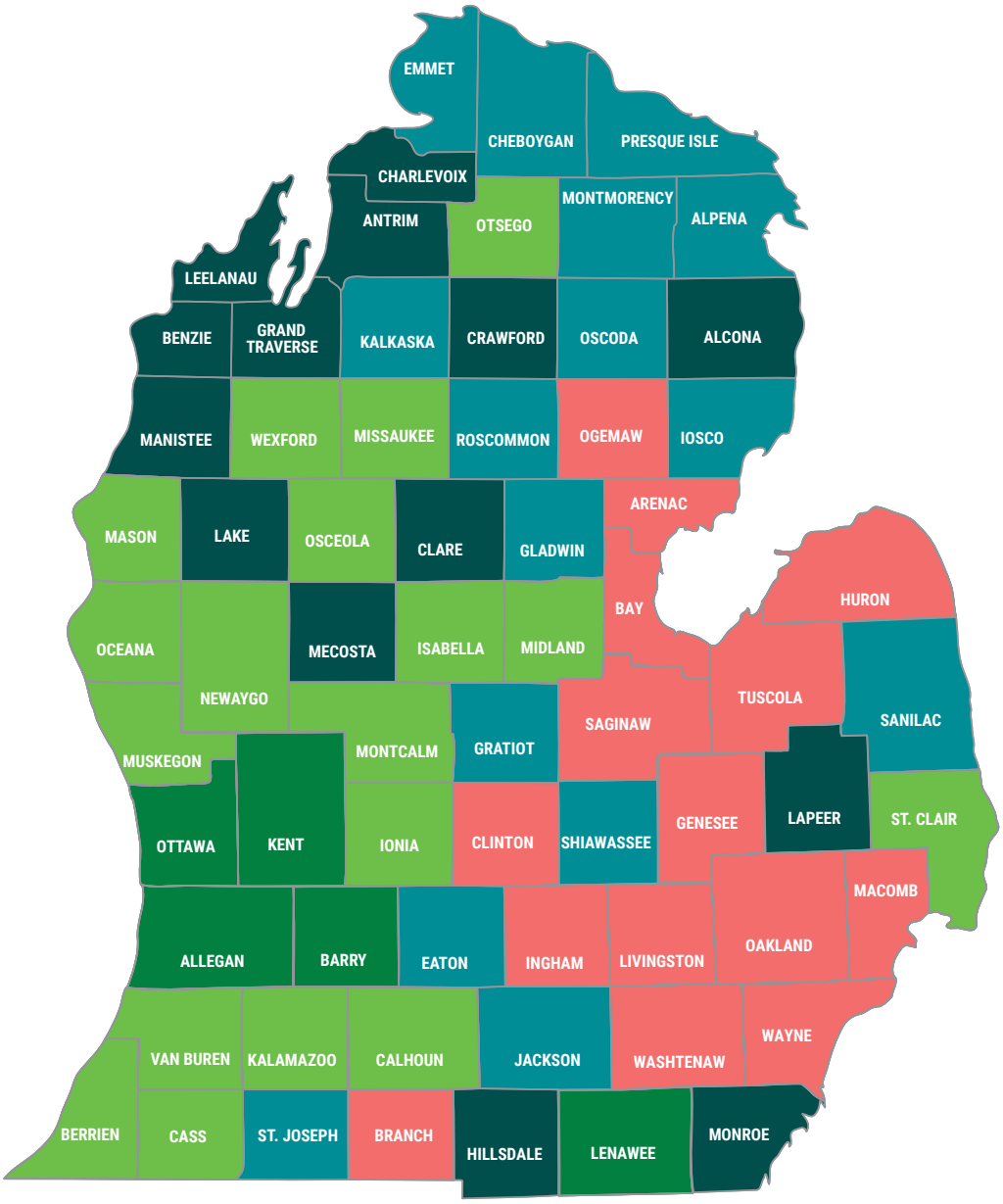
Legacy map

2027 PLANS

- **Priority**Medicare® (HMO-POS)
- **Priority**Medicare® Smart Savings (HMO-POS)
- **Priority**Medicare® Value (HMO-POS)
- **Priority**Medicare® Merit (PPO)

REGIONS

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5



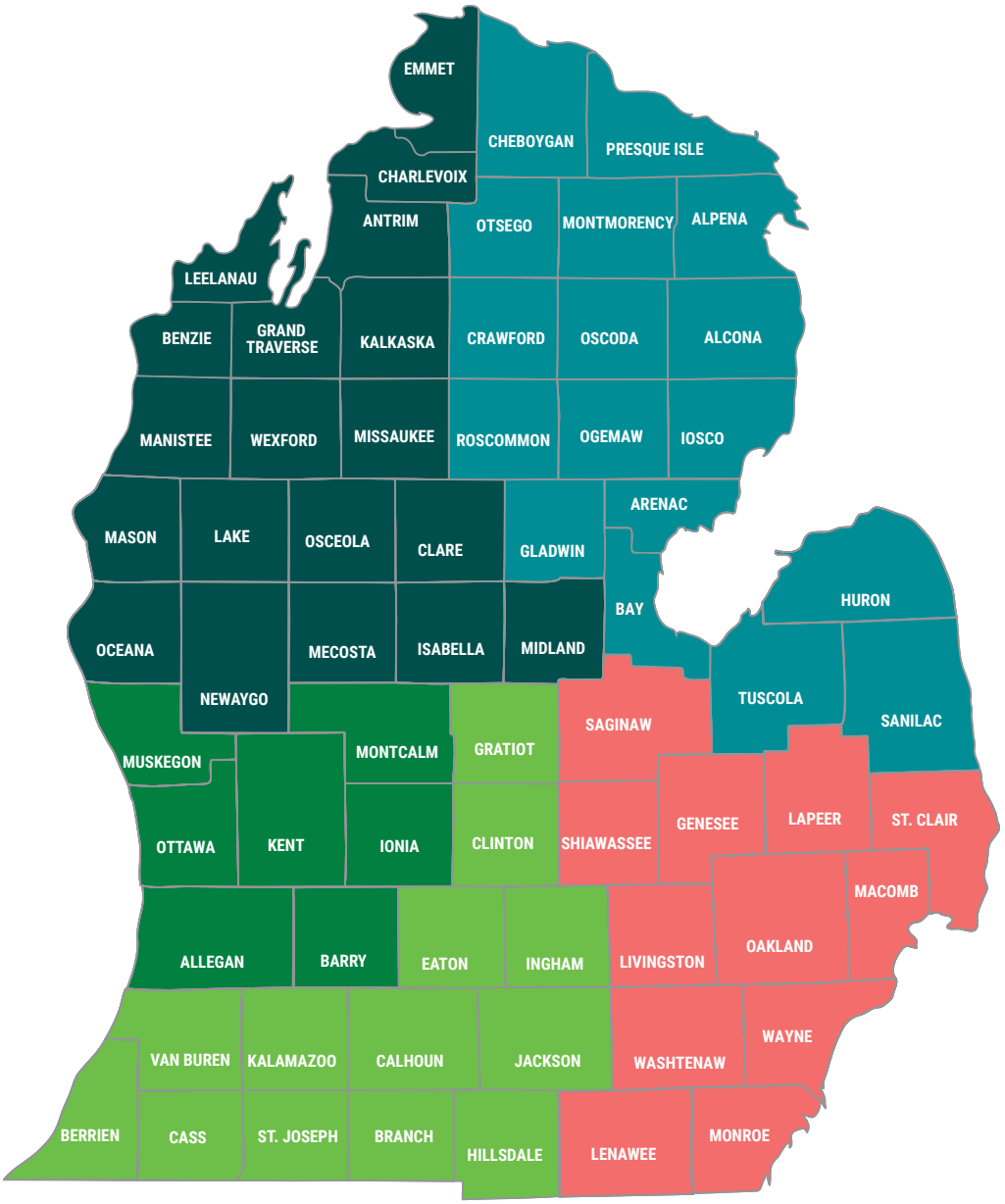
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Medicare maps

Geographic map

2027 PLANS

- **Priority**Medicare® Align (HMO-POS)
- **Priority**Medicare® Key (HMO-POS)
- **Priority**Medicare® Latitude (HMO-POS)
- **Priority**Medicare® Edge (PPO)
- **Priority**Medicare® Thrive (PPO)
- **Priority**Medicare® Thrive Plus (PPO)



REGIONS

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5

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PriorityMedicare Align (HMO-POS)

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

- ☑ $6.28 monthly premium ($0 for Low Income Subsidy (LIS) members)
- ☑ $0 copay for in-network primary care provider (PCP) office visits
- ☑ $35-$40/Q Over-the-counter (OTC) Plus allowance, depending on region
- ☑ $0 copay for in-network virtual urgent care and visits with a PCP, specialist or behavioral health provider
- ☑ $0 copay for unlimited caregiver support

Benefit (in network)	2027
Annual out-of-pocket maximum	$6,800
In-network medical deductible	$0
Office visits Primary care provider	$0 copay
Office visits Specialist	$40 copay
PT/OT/ST	$25 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	$270 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
Inpatient hospital	$400 copay per day, days 1-7
X-rays	$35 copay
Diagnostic radiology/imaging	$250-$640 copay
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	$415 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 $700 prescription drug deductible ($0 prescription drug deductible for members with LIS). 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	$0	$0	$0	$0
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 2 Generic	$8	$24	$8	$0
Tier 3* Preferred brand	25%	25%	25%	25%
Tier 4* Non-preferred	29%	29%	29%	29%
Tier 5* Specialty	25%	N/A	25%	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 PH40327-3.1 8/26 H2320_400040452708_M

PriorityMedicare Key (HMO-POS)

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
- ☑ $30-$40/Q over-the-counter (OTC) allowance, depending on region
- ☑ $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	$6,950
Medical deductible	$370 (region 1) and $375 (regions 2 & 5)
In-network services before medical deductible	
Office visits Primary care provider	$0 copay
Office visits Specialist	$40 copay
PT/OT/ST	$25 copay
Outpatient diagnostic services	$0 copay for anticoagulant lab services
	$20 copay for diagnostic procedures/tests
	$20-$50 copay for lab services
Ambulance and ambulance stabilization	$270 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
Services after in-network medical deductible	
Inpatient hospital	$415 copay per day, days 1-7
X-rays	$35 copay
Diagnostic radiology/imaging	$225-$640 copay
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	$350 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 PH40327-3.2 8/26 H2320_400040452701_M

PriorityMedicare (HMO-POS)

Available in all lower peninsula counties

- ☑ $97-$148 monthly premium, depending on region
- ☑ $0 in-network 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	$5,100
In-network medical deductible	$0
Office visits Primary care provider	$0 copay
Office visits Specialist	$40 copay
PT/OT/ST	$35 copay
Outpatient diagnostic services	$0 copay for anticoagulant lab services
	$30 copay for diagnostic procedures/tests
	$30-$50 copay for lab services
Ambulance and ambulance stabilization	$210 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	$350 copay per day, days 1-6
X-rays	$35 copay
Diagnostic radiology/imaging	$125-$640 copay
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	$175 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 $0 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	$1	$0	$1	$0
	30-day supply	90-day supply	30-day supply	90-day supply
Tier 2 Generic	$8	$24	$8	$0
Tier 3* Preferred brand	25%	25%	25%	25%
Tier 4* Non-preferred	28%	28%	28%	28%
Tier 5* Specialty	33%	N/A	33%	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 PH40327-3.3 8/26 H2320_400040452710_M

PriorityMedicare Smart Savings (HMO-POS)

Available counties: Allegan, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Cass, Clinton, Genessee, Huron, Ingham, Ionia, Isabella, Kalamazoo, Kent, Lenawee, Livingston, Macomb, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Saginaw, Saint Clair, Tuscola, Van Buren, Washtenaw, Wayne, Wexford

- ☑ $0 monthly premium
- ☑ $0 copay for in-network primary care provider (PCP) office visits
- ☑ $1,140-$1,392 annual Part B credit, depending on region
- ☑ $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	$9,850
In-network medical deductible	$650
In-network services before medical deductible	
Office visits Primary care provider	$0 copay
Office visits Specialist	$60 copay
PT/OT/ST	$35 copay for occupational therapy
	$50 copay for physical and speech therapy
Outpatient diagnostic services	$0 copay for anticoagulant lab services
	$35 copay for diagnostic procedures/tests
	$35-$50 copay for lab services
Ambulance and ambulance stabilization	$360 copay
Emergency care/urgently needed services (available worldwide)	$115 copay / $40 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	$460 copay per day, days 1-5
X-rays	$45 copay
Diagnostic radiology/imaging	$300-$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 $700 (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	$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	$42	$126	$42	$105
Tier 4* Non-preferred	25%	25%	25%	25%
Tier 5* Specialty	25%	N/A	25%	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 PH40327-3.4 8/26 H2320_400040452703_M

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			

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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

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

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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 $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

PriorityMedicare Latitude (HMO-POS)

Available in counties: Alcona, Alpena, Antrim, Arenac, Bay, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Huron, Iosco, Isabella, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Midland, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, Sanilac, Tuscola, Wexford

- ☑ $0 monthly premium
- ☑ $0 copay for in-network primary care provider (PCP) office visits
- ☑ $33-$40/Q Over-the-counter (OTC) Plus allowance, depending on region
- ☑ $0 copay for unlimited caregiver support

Benefit (in network)	2027
Annual out-of-pocket maximum	$9,850
Medical deductible	$600
Services before in-network medical deductible	
Office visits Primary care provider	$0 copay
Office visits Specialist	$40 copay
PT/OT/ST	$25 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	$270 copay
Emergency care/urgently needed services (available worldwide)	$115 copay / $40 copay (unlimited)
Routine chiropractic services	$15 copay (limit 12 visits)
Virtual care (PCP, specialist, behavioral health or urgent care)	$0 copay
Services after in-network medical deductible	
Inpatient hospital	$400 copay per day, days 1-6
X-rays	$35 copay
Diagnostic radiology/imaging	$225-$640 copay
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	$400 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 $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 PH40327-3.7 8/26 H2320_400040452702_M

PriorityMedicare Merit (PPO)

Available in all lower peninsula counties

- ☑ $100-$163 monthly premium, depending on region
- ☑ $0 medical and Rx deductible
- ☑ $0 copay for in-network primary care provider (PCP) office visits
- ☑ Lower maximum-out-of-pocket

Benefit (in network)	2027
Annual out-of-pocket maximum	$5,000
Medical deductible	$0
Office visits Primary care provider	$0 copay
Office visits Specialist	$45 copay
PT/OT/ST	$35 copay
Outpatient diagnostic services	$0 copay for anticoagulant lab services
	$20 copay for diagnostic procedures/tests
	$20-$50 copay for lab services
Ambulance and ambulance stabilization	$270 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	$360 copay per day, days 1-6
X-rays	$35 copay
Diagnostic radiology/imaging	$125-$640 copay
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	$225 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 $0 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	25%	25%	25%	25%
Tier 4* Non-preferred	29%	29%	29%	29%
Tier 5* Specialty	33%	N/A	33%	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 PH40327-3.8 8/26 H4875_400040452700_M

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

PriorityMedicare Thrive Plus (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

- ☑ $66-$68 monthly premium, depending on region
- ☑ $0 copay for primary care provider (PCP) office visits
- ☑ $385/Y wellness allowance
- ☑ $0 copay for in-network virtual urgent care and visits with a PCP, specialist or behavioral health provider
- ☑ $75 copay for Galleri® multi-cancer early detection test, once every other year[1]

Benefit (in network)	2027
Annual out-of-pocket maximum	$6,600
Medical deductible	$0
Office visits Primary care provider	$0 copay
Office visits Specialist	$40 copay / $0 copay for one skin check at dermatologist
PT/OT/ST	$15 copay
Outpatient diagnostic services	$0 copay for anticoagulant lab services
	$0 copay for diagnostic procedures/tests
	$0-$50 for lab services
Ambulance and ambulance stabilization	$240 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
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	$175-$640 copay
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	$375 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[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	22%	22%	22%	22%
Tier 4* Non-preferred	31%	31%	31%	31%
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]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 PH40327-3.10 8/26 H4875_400040452705_M

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)

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Additional benefits	2027 cost to member	
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)	
PriorityFlex[1]	$70 per month to purchase over-the-counter (OTC) items, and if eligible, 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 PH40486-3.11 8/26 H8379_400040452707_M

PriorityMedicare Dual Premier (HMO D-SNP)

To be eligible for PriorityMedicare® Dual Premier all the following must be met:

- You're enrolled in Medicare Parts A and B
- You're eligible for full Medicaid benefits (including QMB+, SLMB+ and FDBE)
- You reside within the plan's service area; the counties include Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren and Wayne
- You're a U.S. citizen, or lawfully present in the U.S., and 21 years of age and older
- You're not currently enrolled in MI Choice, PACE or already on hospice
- You're not residing in a state sanctioned veterans home, state psychiatric hospital or currently incarcerated
- You don't have other comprehensive health coverage, including commercial HMO coverage

Plan benefits include:

- ☑ No referrals needed to see specialists
- ☑ One ID card for Medicare and Medicaid services
- ☑ On-demand mental health support
- ☑ Worldwide emergent and urgent coverage
- ☑ Care manager assigned to every member
- ☑ Low or no cost prescription copays based on beneficiary income and Low Income Subsidy (LIS) status
- ☑ Three-month deeming period

Benefits	**2027 cost to member** (with full Medicaid)
Medical and hospital	All medical and hospital benefits will be covered at 100% for the member
Dental services Delta Dental® TriState Advantage network	$0 copay for dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, other periodontal maintenance and emergency dental care
Vision services EyeMed® Medicaid network	$0 copay for Medicaid-covered vision services
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 every three years). Hearing aid cost includes a 60-day trial period, one-year of post-purchase follow-up visits and batteries (rechargeable not included)

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Benefits	2027 cost to member
PriorityFlex[1]	$65 (regions 1 &4) and $66 (regions 2 & 3) per month to purchase over-the-counter (OTC) items, and if eligible, healthy food and produce, select utilities, pest control, meal delivery, personal care items and household supplies
Transportation SafeRide Health	$0 copay for transportation to and from medical appointments
Fitness OnePass®[2]	$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[3] (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]One Pass is a voluntary program. The One Pass program varies by plan/area. Information provided is not medical advice. Consult a health care professional before beginning any exercise program. [3]If you receive Extra Help, your cost-share will be less. PriorityMedicare Dual Premier (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. Enrollment depends on contract renewal. ©2026 Priority Health PH40486-3.12 8/26 H8379_400040452709_M

How does a deductible work?

For most in-network routine care services, you will you will pay the copay/coinsurance amount from the start, without worrying about meeting the deductible first. For other services, the deductible must be met before you start paying the copay/coinsurance.

Services before deductible

- Acupuncture services (Medicare-covered and routine)
- Ambulance
- Cardiac and intensive cardiac rehabilitation
- Chiropractic services (Medicare-covered and routine)
- Diabetic supplies and diabetic therapeutic shoes/inserts
- DME, prosthetic devices, medical supplies
- ER, UC and observation
- Home health services
- Intensive cardiac rehabilitation
- Kidney disease education services
- Outpatient blood services
- Outpatient labs
- Outpatient mental health, psychiatric services, substance abuse and opioid treatment program services
- Outpatient tests
- Part B insulin
- Partial hospitalization
- Podiatry
- Preventive services
- Primary care provider visits
- PT/OT/ST
- Pulmonary rehab
- SET for PAD services
- Specialty provider visits
- Supplemental benefits (like routine dental, vision and hearing)
- Virtual care

Services after deductible

- Ambulatory Surgical Center (ASC)
- Diagnostic radiology
- Dialysis services
- Inpatient hospital – acute
- Inpatient hospital – psychiatric
- Medicare Part B chemotherapy/radiation drugs
- Other Medicare Part B drugs (not Part B insulin)
- Outpatient hospital services
- Outpatient x-rays and ultrasounds
- Skilled Nursing Facility (SNF)
- Therapeutic radiology
- Wound care

This information is not a complete description of benefits. For a full list of benefits, refer to your plan's Evidence of Coverage (EOC) or call our Customer Care team at 888.389.6648 (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. from 8 a.m.-noon ET.
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3 MYPRIORITY INFO SHEETS

Notes

Notes

HSA eligible

My**Priority** Standard Bronze

Dependable coverage with real value, My**Priority**® Standard Bronze offers a lower monthly premium, HSA compatibility and access to office visits, essential services and generic prescriptions for just a copay, even before meeting the deductible.

- ☑ Offered on our broad network and four narrow networks
- ☑ $50 primary care visits, before deductible
- ☑ $100 specialist visits, before deductible
- ☑ $0 limited virtual urgent care through Corewell Health Virtual Urgent Care, before deductible

Benefit (in network)	2027
Deductible Individual / family	$7,500 / $15,000
Out-of-pocket maximum Individual / family	$12,000 / $24,000
Coinsurance	50% coinsurance, after deductible
Services before medical deductible	
Office visits Primary care	$50 copay, office visits (evaluation only)
Office visits Urgent care	$75 copay
Office visits Specialist	$100 copay, office visits (evaluation only)
Office visits Mental health	$50 copay
Limited virtual urgent care 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	50% coinsurance
Outpatient hospital care	50% coinsurance
Emergency services (available worldwide)	50% coinsurance

continued>

Prescription drug coverage

Want to find out if a prescription is covered? Visit ***priorityhealth.com***, navigate to 'Member Resources' and click on 'Approved Drug List.'

Tier 1a Preferred generic	$25 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	$50 copay, after deductible
Tier 3 Non-preferred brand	$100 copay, after deductible
Tier 4 Preferred specialty	$500 copay, after deductible
Tier 5 Non-preferred specialty	$500 copay, after deductible

More reasons to love our Standard Bronze plan

Assist America Access a wide range of global assistance services through Assist America® whenever you're more than 100 miles away from home for less than 90 consecutive days.

Chronic condition management Get services and treatments for some common long-term health conditions with reliable, low cost share or covered in full.

Cost Calculator Know costs ahead of time to plan for out-of-pocket spending. Available in the Priority Health Member Portal.

Health Savings Account (HSA) Pair the Standard Bronze plan with an HSA to help cover eligible medical expenses. Members can open an HSA with our banking partner, HealthEquity®, or with a financial institution of their choice.

BenefitHub Enjoy discounts, rewards and other perks on thousands of brands with our free, online discount marketplace.

Discounted gym memberships Stay active at the gym or at home with affordable fitness options starting at just $28 a month through the Active&Fit™ Direct Program.

Hearing exams and hearing aids Get hearing exams and hearing aid discounts for members and extended family through TruHearing®.

On-demand mental health support Access Teladoc Health® Mental Health for free mental health and wellness online tools for support with stress, anxiety, chronic pain and more.

PriceMyMeds Pay less for prescriptions with available discounts through this first-of-its-kind pharmacy savings program.

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HSA eligible

My**Priority** Value Bronze

The My**Priority**® Value Bronze is an HSA-eligible plan that delivers practical coverage for major health events, along with access to routine and general care for just a copay, even before meeting the deductible.

- ☑ Offered on our broad network and four narrow networks
- ☑ $5 copay for tier 1a prescriptions, before deductible
- ☑ $35 primary care visits, before deductible
- ☑ $0 limited virtual urgent care through Corewell Health Virtual Urgent Care, before deductible

Benefit (in network)	2027
Deductible Individual / family	$10,500 / $21,000
Out-of-pocket maximum Individual / family	$10,500 / $21,000
Coinsurance	0% coinsurance, after deductible
Services before medical deductible	
Office visits Primary care	$35 copay, office visits (evaluation only)
Office visits Urgent care	$85 copay
Office visits Specialist	$120 copay, office visits (evaluation only)
Office visits Mental health	$35 copay
Limited virtual urgent care 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	No charge
Outpatient hospital care	No charge
Emergency services (available worldwide)	No charge

continued>

Prescription drug coverage

Want to find out if a prescription is covered? Visit ***priorityhealth.com***, navigate to 'Member Resources' and click on 'Approved Drug List.'

Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	No charge, after deductible
Tier 3 Non-preferred brand	No charge, after deductible
Tier 4 Preferred specialty	No charge, after deductible
Tier 5 Non-preferred specialty	No charge, after deductible

More reasons to love our Value Bronze plan

Assist America Access a wide range of global assistance services through Assist America® whenever you're more than 100 miles away from home for less than 90 consecutive days.

Chronic condition management Get services and treatments for some common long-term health conditions with reliable, low cost share or covered in full.

Cost Calculator Know costs ahead of time to plan for out-of-pocket spending. Available in the Priority Health Member Portal.

Health Savings Account (HSA) Pair the Value Bronze plan with an HSA to help cover eligible medical expenses. Members can open an HSA with our banking partner, HealthEquity®, or with a financial institution of their choice.

BenefitHub Enjoy discounts, rewards and other perks on thousands of brands with our free, online discount marketplace.

Discounted gym memberships Stay active at the gym or at home with affordable fitness options starting at just $28 a month through the Active&Fit™ Direct Program.

Hearing exams and hearing aids Get hearing exams and hearing aid discounts for members and extended family through TruHearing®.

On-demand mental health support Access Teladoc Health® Mental Health for free mental health and wellness online tools for support with stress, anxiety, chronic pain and more.

PriceMyMeds Pay less for prescriptions with available discounts through this first-of-its-kind pharmacy savings program.

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HSA eligible

My**Priority** Essential Bronze

Get reliable coverage and HSA compatibility in one simple plan. The My**Priority**® Essential Bronze offers lower monthly costs and greater flexibility in paying for care.

- ☑ Offered on our broad network and four narrow networks
- ☑ Copays for tier 1a and tier 1b prescriptions, before deductible
- ☑ $35 primary care visits, before deductible
- ☑ $0 limited virtual urgent care through Corewell Health Virtual Urgent Care, before deductible

Benefit (in network)	2027
Deductible Individual / family	$9,000 / $18,000
Out-of-pocket maximum Individual / family	$12,000 / $24,000
Coinsurance	50% coinsurance, after deductible
Services before medical deductible	
Office visits Primary care	$35 copay, office visits (evaluation only)
Office visits Urgent care	$85 copay
Office visits Mental health	$35 copay
Limited virtual urgent care 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Office visits Specialist	50% coinsurance
Inpatient hospital care (includes labor and delivery)	50% coinsurance
Outpatient hospital care	50% coinsurance
Emergency services (available worldwide)	50% coinsurance

continued>

Prescription drug coverage

Want to find out if a prescription is covered? Visit ***priorityhealth.com***, navigate to 'Member Resources' and click on 'Approved Drug List.'

Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$30 copay, before deductible
Tier 2 Preferred brand	50% coinsurance, after deductible
Tier 3 Non-preferred brand	50% coinsurance, after deductible
Tier 4 Preferred specialty	50% coinsurance, after deductible
Tier 5 Non-preferred specialty	50% coinsurance, after deductible

More reasons to love our Essential Bronze plan

Assist America Access a wide range of global assistance services through Assist America® whenever you're more than 100 miles away from home for less than 90 consecutive days.

Chronic condition management Get services and treatments for some common long-term health conditions with reliable, low cost share or covered in full.

Cost Calculator Know costs ahead of time to plan for out-of-pocket spending. Available in the Priority Health Member Portal.

Health Savings Account (HSA) Pair the Essential Bronze plan with an HSA to help cover eligible medical expenses. Members can open an HSA with our banking partner, HealthEquity®, or with a financial institution of their choice.

BenefitHub Enjoy discounts, rewards and other perks on thousands of brands with our free, online discount marketplace.

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Hearing exams and hearing aids Get hearing exams and hearing aid discounts for members and extended family through TruHearing®.

On-demand mental health support Access Teladoc Health® Mental Health for free mental health and wellness online tools for support with stress, anxiety, chronic pain and more.

PriceMyMeds Pay less for prescriptions with available discounts through this first-of-its-kind pharmacy savings program.

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My**Priority**
Standard Silver

The My**Priority**® Standard Silver is a reliable option that provides access to office visits, services and prescription drugs for just a copay, even before meeting the deductible.

- ☑ Offered on our broad network and three narrow networks
- ☑ $40 primary care visits, before deductible
- ☑ $80 specialist visits, before deductible
- ☑ $0 limited virtual urgent care through Corewell Health Virtual Urgent Care, before deductible

Benefit (in network)	2027
Deductible Individual / family	$6,400 / $12,800
Out-of-pocket maximum Individual / family	$10,300 / $20,600
Coinsurance	40% coinsurance, after deductible
Services before medical deductible	
Office visits Primary care	$40 copay, office visits (evaluation only)
Office visits Urgent care	$60 copay
Office visits Specialist	$80 copay, office visits (evaluation only)
Office visits Mental health	$40 copay
Limited virtual urgent care 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	40% coinsurance
Outpatient hospital care	40% coinsurance
Emergency services (available worldwide)	40% coinsurance

continued>

Prescription drug coverage

Want to find out if a prescription is covered? Visit ***priorityhealth.com***, navigate to 'Member Resources' and click on 'Approved Drug List.'

Tier 1a Preferred generic	$20 copay, before deductible
Tier 1b Non-preferred generic	$20 copay, before deductible
Tier 2 Preferred brand	$40 copay, before deductible
Tier 3 Non-preferred brand	$80 copay, after deductible
Tier 4 Preferred specialty	$350 copay, after deductible
Tier 5 Non-preferred specialty	$350 copay, after deductible

More reasons to love our Standard Silver plan

Assist America Access a wide range of global assistance services through Assist America® whenever you're more than 100 miles away from home for less than 90 consecutive days.

Chronic condition management Get services and treatments for some common long-term health conditions with reliable, low cost share or covered in full.

Cost Calculator Know costs ahead of time to plan for out-of-pocket spending. Available in the Priority Health Member Portal.

BenefitHub Enjoy discounts, rewards and other perks on thousands of brands with our free, online discount marketplace.

Discounted gym memberships Stay active at the gym or at home with affordable fitness options starting at just $28 a month through the Active&Fit™ Direct Program.

Hearing exams and hearing aids Get hearing exams and hearing aid discounts for members and extended family through TruHearing®.

On-demand mental health support Access Teladoc Health® Mental Health for free mental health and wellness online tools for support with stress, anxiety, chronic pain and more.

PriceMyMeds Pay less for prescriptions with available discounts through this first-of-its-kind pharmacy savings program.

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My**Priority**
Balanced Silver

The My**Priority**® Balanced Silver plan includes coverage and access to routine and general care for just a copay before the annual deductible.

- ☑ Offered on our broad network and three narrow networks
- ☑ $5 copay for tier 1a prescription drugs, before deductible
- ☑ $30 primary care visits, before deductible
- ☑ $0 limited virtual urgent care through Corewell Health Virtual Urgent Care, before deductible

Benefit (in network)	2027
Deductible Individual / family	$4,000 / $8,000
Out-of-pocket maximum Individual / family	$9,000 / $18,000
Coinsurance	30% coinsurance, after deductible
Services before medical deductible	
Office visits Primary care	$30 copay, office visits (evaluation only)
Office visits Urgent care	$75 copay
Office visits Specialist	$70 copay, office visits (evaluation only)
Office visits Mental health	$30 copay
Limited virtual urgent care 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	30% coinsurance
Outpatient hospital care	$1,000 copay, 30% coinsurance
Emergency services (available worldwide)	$250 copay (waived if admitted), 30% coinsurance

continued>

Prescription drug coverage

Want to find out if a prescription is covered? Visit ***priorityhealth.com***, navigate to 'Member Resources' and click on 'Approved Drug List.'

Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	$75 copay, after deductible
Tier 3 Non-preferred brand	40% coinsurance, after deductible
Tier 4 Preferred specialty	50% coinsurance, after deductible
Tier 5 Non-preferred specialty	50% coinsurance, after deductible

More reasons to love our Balanced Silver plan

Assist America Access a wide range of global assistance services through Assist America® whenever you're more than 100 miles away from home for less than 90 consecutive days.

Chronic condition management Get services and treatments for some common long-term health conditions with reliable, low cost share or covered in full.

Cost Calculator Know costs ahead of time to plan for out-of-pocket spending. Available in the Priority Health Member Portal.

BenefitHub Enjoy discounts, rewards and other perks on thousands of brands with our free, online discount marketplace.

Discounted gym memberships Stay active at the gym or at home with affordable fitness options starting at just $28 a month through the Active&Fit™ Direct Program.

Hearing exams and hearing aids Get hearing exams and hearing aid discounts for members and extended family through TruHearing®.

On-demand mental health support Access Teladoc Health® Mental Health for free mental health and wellness online tools for support with stress, anxiety, chronic pain and more.

PriceMyMeds Pay less for prescriptions with available discounts through this first-of-its-kind pharmacy savings program.

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My**Priority**
Balanced Silver Off Marketplace

The My**Priority**® Balanced Silver Off Marketplace plan includes coverage and access to routine and general care for just a copay before the annual deductible.

- ☑ Offered on our broad network and four narrow networks
- ☑ $5 copay for tier 1a prescription drugs, before deductible
- ☑ $30 primary care visits, before deductible
- ☑ $0 limited virtual urgent care through Corewell Health Virtual Urgent Care, before deductible

Benefit (in network)	2027
Deductible Individual / family	$4,000 / $8,000
Out-of-pocket maximum Individual / family	$9,000 / $18,000
Coinsurance	30% coinsurance, after deductible
Services before medical deductible	
Office visits Primary care	$30 copay, office visits (evaluation only)
Office visits Urgent care	$75 copay
Office visits Specialist	$70 copay, office visits (evaluation only)
Office visits Mental health	$30 copay
Limited virtual urgent care 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	30% coinsurance
Outpatient hospital care	$1,000 copay, 30% coinsurance
Emergency services (available worldwide)	$250 copay (waived if admitted), 30% coinsurance

continued>

Prescription drug coverage

Want to find out if a prescription is covered? Visit ***priorityhealth.com***, navigate to 'Member Resources' and click on 'Approved Drug List.'

Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	$75 copay, after deductible
Tier 3 Non-preferred brand	40% coinsurance, after deductible
Tier 4 Preferred specialty	50% coinsurance, after deductible
Tier 5 Non-preferred specialty	50% coinsurance, after deductible

More reasons to love our Balanced Silver Off Marketplace plan

Assist America Access a wide range of global assistance services through Assist America® whenever you're more than 100 miles away from home for less than 90 consecutive days.

Chronic condition management Get services and treatments for some common long-term health conditions with reliable, low cost share or covered in full.

Cost Calculator Know costs ahead of time to plan for out-of-pocket spending. Available in the Priority Health Member Portal.

BenefitHub Enjoy discounts, rewards and other perks on thousands of brands with our free, online discount marketplace.

Discounted gym memberships Stay active at the gym or at home with affordable fitness options starting at just $28 a month through the Active&Fit™ Direct Program.

Hearing exams and hearing aids Get hearing exams and hearing aid discounts for members and extended family through TruHearing®.

On-demand mental health support Access Teladoc Health® Mental Health for free mental health and wellness online tools for support with stress, anxiety, chronic pain and more.

PriceMyMeds Pay less for prescriptions with available discounts through this first-of-its-kind pharmacy savings program.

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My**Priority**
Premier Silver

The My**Priority**® Premier Silver plan is ideal for those managing chronic conditions or seeking more comprehensive coverage with low copays for prescription drugs, even before meeting the deductible.

- ☑ Offered on our broad network and three narrow networks
- ☑ Prescription drug copays for tiers 1-3, before deductible
- ☑ $30 primary care visits, before deductible
- ☑ $0 limited virtual urgent care through Corewell Health Virtual Urgent Care, before deductible

Benefit (in network)	2027
Deductible Individual / family	$5,500 / $11,000
Out-of-pocket maximum Individual / family	$10,500 / $21,000
Coinsurance	30% coinsurance, after deductible
Services before medical deductible	
Office visits Primary care	$30 copay, office visits (evaluation only)
Office visits Urgent care	$75 copay
Office visits Specialist	$65 copay broad network plans ($60 copay narrow networks plans only); office visits (evaluation only)
Office visits Mental health	$30 copay
Limited virtual urgent care 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	30% coinsurance
Outpatient hospital care	$1,000 copay, 30% coinsurance
Emergency services (available worldwide)	$250 copay (waived if admitted), 30% coinsurance

continued>

Prescription drug coverage

Want to find out if a prescription is covered? Visit ***priorityhealth.com***, navigate to 'Member Resources' and click on 'Approved Drug List.'

Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	$75 copay, before deductible
Tier 3 Non-preferred brand	$125 copay, before deductible
Tier 4 Preferred specialty	50% coinsurance, after deductible
Tier 5 Non-preferred specialty	50% coinsurance, after deductible

More reasons to love our Premier Silver plan

Assist America Access a wide range of global assistance services through Assist America® whenever you're more than 100 miles away from home for less than 90 consecutive days.

Chronic condition management Get services and treatments for some common long-term health conditions with reliable, low cost share or covered in full.

Cost Calculator Know costs ahead of time to plan for out-of-pocket spending. Available in the Priority Health Member Portal.

BenefitHub Enjoy discounts, rewards and other perks on thousands of brands with our free, online discount marketplace.

Discounted gym memberships Stay active at the gym or at home with affordable fitness options starting at just $28 a month through the Active&Fit™ Direct Program.

Hearing exams and hearing aids Get hearing exams and hearing aid discounts for members and extended family through TruHearing®.

On-demand mental health support Access Teladoc Health® Mental Health for free mental health and wellness online tools for support with stress, anxiety, chronic pain and more.

PriceMyMeds Pay less for prescriptions with available discounts through this first-of-its-kind pharmacy savings program.

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My**Priority**
Premier Silver Off Marketplace

The My**Priority**® Premier Silver Off Marketplace plan is ideal for those managing chronic conditions or seeking more comprehensive coverage with low copays for prescription drugs, even before meeting the deductible.

- ☑ Offered on our broad network and four narrow networks
- ☑ Prescription drug copays for tiers 1-3, before deductible
- ☑ $30 primary care visits, before deductible
- ☑ $0 limited virtual urgent care through Corewell Health Virtual Urgent Care, before deductible

Benefit (in network)	2027
Deductible Individual / family	$5,500 / $11,000
Out-of-pocket maximum Individual / family	$10,500 / $21,000
Coinsurance	30% coinsurance, after deductible
Services before medical deductible	
Office visits Primary care	$30 copay, office visits (evaluation only)
Office visits Urgent care	$75 copay
Office visits Specialist	$65 copay broad network plans ($60 copay narrow networks plans only); office visits (evaluation only)
Office visits Mental health	$30 copay
Limited virtual urgent care 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	30% coinsurance
Outpatient hospital care	$1,000 copay, 30% coinsurance
Emergency services (available worldwide)	$250 copay (waived if admitted), 30% coinsurance

continued>

Prescription drug coverage

Want to find out if a prescription is covered? Visit ***priorityhealth.com***, navigate to 'Member Resources' and click on 'Approved Drug List.'

Tier 1a Preferred generic	$5 copay, before deductible
Tier 1b Non-preferred generic	$25 copay, before deductible
Tier 2 Preferred brand	$75 copay, before deductible
Tier 3 Non-preferred brand	$125 copay, before deductible
Tier 4 Preferred specialty	50% coinsurance, after deductible
Tier 5 Non-preferred specialty	50% coinsurance, after deductible

More reasons to love our Premier Silver Off Marketplace plan

Assist America Access a wide range of global assistance services through Assist America® whenever you're more than 100 miles away from home for less than 90 consecutive days.

Chronic condition management Get services and treatments for some common long-term health conditions with reliable, low cost share or covered in full.

Cost Calculator Know costs ahead of time to plan for out-of-pocket spending. Available in the Priority Health Member Portal.

BenefitHub Enjoy discounts, rewards and other perks on thousands of brands with our free, online discount marketplace.

Discounted gym memberships Stay active at the gym or at home with affordable fitness options starting at just $28 a month through the Active&Fit™ Direct Program.

Hearing exams and hearing aids Get hearing exams and hearing aid discounts for members and extended family through TruHearing®.

On-demand mental health support Access Teladoc Health® Mental Health for free mental health and wellness online tools for support with stress, anxiety, chronic pain and more.

PriceMyMeds Pay less for prescriptions with available discounts through this first-of-its-kind pharmacy savings program.

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My**Priority**
Standard Gold

The My**Priority**® Standard Gold is an ideal plan for frequent doctor visits and management of prescription drug costs.

- ☑ Offered on our broad network and four narrow networks
- ☑ $30 primary care visits, before deductible
- ☑ $60 specialist visits, before deductible
- ☑ $0 limited virtual urgent care through Corewell Health Virtual Urgent Care, before deductible

Benefit (in network)	2027
Deductible Individual / family	$2,500 / $5,000
Out-of-pocket maximum Individual / family	$8,600 / $17,200
Coinsurance	25% coinsurance, after deductible
Services before medical deductible	
Office visits Primary care	$30 copay, office visits (evaluation only)
Office visits Urgent care	$45 copay
Office visits Specialist	$60 copay, office visits (evaluation only)
Office visits Mental health	$30 copay
Limited virtual urgent care 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Services after medical deductible	
Inpatient hospital care (includes labor and delivery)	25% coinsurance
Outpatient hospital care	25% coinsurance
Emergency services (available worldwide)	25% coinsurance

continued>

Prescription drug coverage

Want to find out if a prescription is covered? Visit ***priorityhealth.com***, navigate to 'Member Resources' and click on 'Approved Drug List.'

Tier 1a Preferred generic	$15 copay, before deductible
Tier 1b Non-preferred generic	$15 copay, before deductible
Tier 2 Preferred brand	$30 copay, before deductible
Tier 3 Non-preferred brand	$60 copay, before deductible
Tier 4 Preferred specialty	$250 copay, before deductible
Tier 5 Non-preferred specialty	$250 copay, before deductible

More reasons to love our Standard Gold plan

Assist America Access a wide range of global assistance services through Assist America® whenever you're more than 100 miles away from home for less than 90 consecutive days.

Chronic condition management Get services and treatments for some common long-term health conditions with reliable, low cost share or covered in full.

Cost Calculator Know costs ahead of time to plan for out-of-pocket spending. Available in the Priority Health Member Portal.

BenefitHub Enjoy discounts, rewards and other perks on thousands of brands with our free, online discount marketplace.

Discounted gym memberships Stay active at the gym or at home with affordable fitness options starting at just $28 a month through the Active&Fit™ Direct Program.

Hearing exams and hearing aids Get hearing exams and hearing aid discounts for members and extended family through TruHearing®.

On-demand mental health support Access Teladoc Health® Mental Health for free mental health and wellness online tools for support with stress, anxiety, chronic pain and more.

PriceMyMeds Pay less for prescriptions with available discounts through this first-of-its-kind pharmacy savings program.

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My**Priority**
Enhanced Gold

With a higher monthly premium, but no annual deductible, the My**Priority**® Enhanced Gold plan makes budgeting easier with more predictable costs.

- ☑ $0 deductible
- ☑ Offered on our broad network and four narrow networks
- ☑ $20 primary care visits, before deductible
- ☑ $45 specialist visits, before deductible
- ☑ $0 limited virtual urgent care through Corewell Health Virtual Urgent Care, before deductible

Benefit (in network)	2027
Deductible Individual / family	$0 / $0
Out-of-pocket maximum Individual / family	$9,200 / $18,400
Coinsurance	0% coinsurance
Office visits Primary care	$20 copay, office visits
Office visits Urgent care	$75 copay
Office visits Specialist	$45 copay, office visits
Office visits Mental health	$20 copay
Limited virtual urgent care 24/7 access to virtual urgent care through Corewell Health Virtual Urgent Care	No charge
Maternity Routine prenatal and postnatal care	No charge
Inpatient hospital care (includes labor and delivery)	$1,000 copay per day (maximum 5 copayments)
Outpatient hospital care	$1,000 copay
Emergency services (available worldwide)	$250 copay (waived if admitted)

continued>

Prescription drug coverage

Want to find out if a prescription is covered? Visit ***priorityhealth.com***, navigate to 'Member Resources' and click on 'Approved Drug List.'

Tier 1a Preferred generic	$5 copay
Tier 1b Non-preferred generic	$20 copay
Tier 2 Preferred brand	$75 copay
Tier 3 Non-preferred brand	$100 copay
Tier 4 Preferred specialty	50% coinsurance
Tier 5 Non-preferred specialty	50% coinsurance

More reasons to love our Enhanced Gold plan

Assist America Access a wide range of global assistance services through Assist America® whenever you're more than 100 miles away from home for less than 90 consecutive days.

Chronic condition management Get services and treatments for some common long-term health conditions with reliable, low cost share or covered in full.

Cost Calculator Know costs ahead of time to plan for out-of-pocket spending. Available in the Priority Health Member Portal.

BenefitHub Enjoy discounts, rewards and other perks on thousands of brands with our free, online discount marketplace.

Discounted gym memberships Stay active at the gym or at home with affordable fitness options starting at just $28 a month through the Active&Fit™ Direct Program.

Hearing exams and hearing aids Get hearing exams and hearing aid discounts for members and extended family through TruHearing®.

On-demand mental health support Access Teladoc Health® Mental Health for free mental health and wellness online tools for support with stress, anxiety, chronic pain and more.

PriceMyMeds Pay less for prescriptions with available discounts through this first-of-its-kind pharmacy savings program.

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2027 My**Priority** cost-sharing reduction plan options

Financial assistance

A customer qualifies for financial assistance based on their household income and household size. If a customer qualifies, you must enroll them in a MyPriority plan through healthcare.gov.

There are three types of financial assistance available:

1 **Reduced premiums through tax credits**
Customers qualify for these tax credits if their household income is between 100% and 400% of the federal poverty level (FPL). The Department of Treasury will pay these credits to the insurer, so the customer only pays their portion of the premium. The customer may defer the tax credit until they file their annual tax return.

2 **Out-of-pocket limits**
If household income is between 100% and 250% of the FPL, the government will put a cap on what a member will have to spend on deductible and copayments for the year. Those who earn 200% of the FPL will pay $4,000 or less out of pocket.

3 **Copayment, deductible and coinsurance subsidies (cost-sharing reduction)**
If household income is between 100% and 250% of the FPL, the government will cover part of the copayment, deductible and coinsurance fees. So, a $30 copayment could be reduced to $5, or a $5,500 deductible could be reduced to $950. To qualify for these savings, you must choose a silver plan on the Marketplace.

2026 Federal poverty guidelines[1]

Note: The 100% column shows the federal poverty level (FPL) for each family size, and the percentage columns that follow represent income levels that are commonly used as guidelines for health programs.

Household size	100%*	133%	150%	200%	250%	300%	400%
1	$15,960	$21,226.80	$23,940	$31,920	$39,900	$47,880	$63,840
2	$21,640	$28,781.20	$32,460	$43,280	$54,100	$64,920	$86,560
3	$27,320	$36,335.60	$40,980	$54,640	$68,300	$81,960	$109,280
4	$33,000	$43,890.00	$49,500	$66,000	$82,500	$99,000	$132,000
5	$38,680	$51,444.40	$58,020	$77,360	$96,700	$116,040	$ 154,720
6	$44,360	$58,998.80	$66,540	$88,720	$110,900	$133,080	$177,440
7	$50,040	$66,553.20	$75,060	$100,080	$125,100	$150,120	$200,160
8	$55,720	$74,107.60	$83,580	$111,440	$139,300	$167,160	$222,880
CSR level	94% CSR Eligibility			87% CSR Eligibility	73% CSR Eligibility		

My**Priority** Balanced Silver cost share reduction options

MyPriority base plans		73%	87%	94%
Balanced Silver **Balanced Silver** Bronson Healthcare Partners **Balanced Silver** Corewell Health West Michigan Network **Balanced Silver** Trinity Health East Network	**Deductible** Individual / family	$3,000/$6,000	$2,000/$4,000	$1,100/$2,200
	Out-of-pocket limit Individual / family	$8,300/$16,600	$2,550/$5,100	$1,500/$3,000
	Coinsurance	30% coinsurance, after deductible	20% coinsurance, after deductible	10% coinsurance, after deductible
	Office visits Primary care	$30 copay, (evaluation only), before deductible	$10 copay, (evaluation only), before deductible	$5 copay, (evaluation only), before deductible
	Office visits Specialist	$70 copay, (evaluation only), before deductible	$40 copay, (evaluation only), before deductible	$20 copay, (evaluation only), before deductible
	Office visits Urgent care	$75 copay, before deductible	$75 copay, before deductible	$75 copay, before deductible
	Office visits Mental health	No charge for initial visit; $30 copay, before deductible	No charge for initial visit; $10 copay, before deductible	No charge for initial visit; $5 copay, before deductible
	Emergency services	30% coinsurance, after deductible	20% coinsurance, after deductible	10% coinsurance, after deductible
	Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible	20% coinsurance, after deductible	10% coinsurance, after deductible
	Outpatient hospital care	$1,000 copay; 30% coinsurance, after deductible	$1,000 copay; 20% coinsurance, after deductible	$500 copay; 10% coinsurance, after deductible
	Limited virtual care	24/7 access to $0 virtual urgent care through Corewell Health Virtual Urgent Care; No charge, before deductible		
	Prescription drug coverage			
	Tier 1a / Tier 1b drugs	$5/$25 copay, before deductible	$5/$20 copay, before deductible	$5 copay, before deductible
	Tier 2 drugs	$75 copay, after deductible	$70 copay, after deductible	$50 copay, after deductible
	Tier 3 drugs	40% coinsurance, after deductible	30% coinsurance, after deductible	30% coinsurance, after deductible
	Tier 4 / Tier 5 drugs	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible

My**Priority** Premier Silver cost share reduction options

MyPriority base plans		73%	87%	94%
Premier Silver **Premier Silver** Bronson Healthcare Partners **Premier Silver** Corewell Health West Michigan Network **Premier Silver** Trinity Health East Network	**Deductible** Individual / family	$4,400/$8,800	$2,000/$4,000	$950/$1,900
	Out-of-pocket limit Individual / family	$9,000/$18,000	$3,300/$6,600	$2,000/$4,000
	Coinsurance	30% coinsurance, after deductible	20% coinsurance, after deductible	10% coinsurance, after deductible
	Office visits Primary care	$30 copay, (evaluation only), before deductible	$10 copay, (evaluation only), before deductible	$5 copay, (evaluation only), before deductible
	Office visits Specialist	$65 copay broad network / $60 copay narrow networks, (evaluation only), before deductible	$25 copay, (evaluation only), before deductible	$10 copay, (evaluation only), before deductible
	Office visits Urgent care	$75 copay, before deductible	$75 copay, before deductible	$75 copay, before deductible
	Office visits Mental health	No charge for initial visit; $30 copay, before deductible	No charge for initial visit; $10 copay, before deductible	No charge for initial visit; $5 copay, before deductible
	Emergency services	30% coinsurance, after deductible	20% coinsurance, after deductible	10% coinsurance, after deductible
	Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible	20% coinsurance, after deductible	10% coinsurance, after deductible
	Outpatient hospital care	$1,000 copay; 30% coinsurance, after deductible	$1,000 copay; 20% coinsurance, after deductible	$500 copay; 10% coinsurance, after deductible
	Limited virtual care	24/7 access to $0 virtual urgent care through Corewell Health Virtual Urgent Care; No charge, before deductible		
	Prescription drug coverage			
	Tier 1a / Tier 1b drugs	$5/$25 copay, before deductible	$5/$10 copay, before deductible	$5 copay, before deductible
	Tier 2 drugs	$75 copay, before deductible	$25 copay, before deductible	$15 copay, before deductible
	Tier 3 drugs	$125 copay, before deductible	$50 copay, before deductible	$25 copay, before deductible
	Tier 4 / Tier 5 drugs	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible

My**Priority** Standard Silver cost share reduction options

MyPriority base plans		73%	87%	94%
Standard Silver Standard Silver Corewell Health West Michigan Network Standard Silver Bronson Healthcare Partners Standard Silver Trinity Health East Network	**Deductible** Individual / family	$2,900/$5,800	$800/$1,600	$0/$0
	Out-of-pocket limit Individual / family	$9,000/$18,000	$3,600/$7,200	$3,500/$7,000
	Coinsurance	40% coinsurance, after deductible	30% coinsurance, after deductible	25% coinsurance
	Office visits Primary care	$40 copay, (evaluation only), before deductible	$20 copay, (evaluation only), before deductible	$0 copay, (evaluation only)
	Office visits Specialist	$80 copay, (evaluation only, before deductible	$40 copay, (evaluation only), before deductible	$10 copay, (evaluation only)
	Office visits Urgent care	$60 copay, before deductible	$30 copay, before deductible	$5 copay
	Office visits Mental health	$40 copay, before deductible	$20 copay, before deductible	$0 copay
	Emergency services	40% coinsurance, after deductible	30% coinsurance, after deductible	25% coinsurance
	Inpatient hospital care (includes labor and delivery)	40% coinsurance, after deductible	30% coinsurance, after deductible	25% coinsurance
	Outpatient hospital care	40% coinsurance, after deductible	30% coinsurance, after deductible	25% coinsurance
	Limited virtual care	24/7 access to $0 virtual urgent care through Corewell Health Virtual Urgent Care; Covered in full, before deductible		
	Prescription drug coverage			
	Tier 1a / Tier 1b drugs	$20 copay, before deductible	$10 copay, before deductible	Covered in full
	Tier 2 / Tier 3 drugs	$40 copay, before deductible/ $80 copay, after deductible	$20 copay, before deductible/ $60 copay, after deductible	$15 / $50 copay
	Tier 4 / Tier 5 drugs	$350 copay, after deductible	$250 copay, after deductible	$150 copay

* Check medicaid eligibility up to 133%
[1]For families/households with more than 8 persons, add $5,680 for each additional person at the 100% federal poverty level. Calculations based on figures provided by the Department of Health and Human Services.

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Notes

4 | SUPPLEMENTAL BENEFITS

Notes

2027 Supplemental benefits overview

MEDICARE

Supplemental Benefit	Align	Key	Latitude	Medicare	Smart Savings	Value	Edge	Merit	Thrive	Thrive Plus	D-SNP	Dual Premier
	HMO-POS						PPO				HMO D-SNP	
Mental health (Teladoc Health Mental Health®)	●	●	●	●	●	●	●	●	●	●	●	●
Travel (Assist America® and MultiPlan®)	●	●	●	●	●	●	●	●	●	●	—	—
Fitness (One Pass®)	—	●	●	●	●	●	●	●	●	●	●	●
Memory fitness (CogniFit® through One Pass)	—	●	●	●	●	●	●	●	●	●	●	●
Cancer screening (GRAIL®)	—	—	—	—	—	—	—	—	$125 copay every 2 years	$75 copay every 2 years	—	—
PERS (Connect America®)	—	—	—	—	—	—	—	—	—	—	●	—
Transportation (SafeRide®)	—	—	—	—	—	—	—	—	—	—	●	—
Caregiver support (Carallel®)	●	—	●	—	—	—	●	—	—	—	●	●
OTC (Lynx®)	—	$40/Q (1&5) $30/Q (2)	—	—	—	—	$30/Q (1) $25/Q (2&5)	—	—	—	—	—
OTC Plus (Lynx®) OTC, healthy food and produce	$40/Q (1) $35/Q (2) $39/Q (5)	—	$40/Q (3) $33/Q (4)	—	—	—	—	—	—	—	—	—
ThriveFlex (Lynx) Fitness facilities, equipment and nutritional support	—	—	—	—	—	—	—	—	$200/Y	$385/Y	—	—
PriorityFlex (Lynx®) OTC, healthy food and produce, meals, select utilities, pest control, household supplies and personal care items	—	—	—	—	—	—	—	—	—	—	$70/M	$65/M (1&4) $66/M (2&3)

Medicare vendor contacts

PRIORITY HEALTH MEDICARE CUSTOMER CARE

MAPD phone: 888.389.6648 (TTY 711)	**Priority**Medicare® Align (HMO-POS) **Priority**Medicare® Key (HMO-POS) **Priority**Medicare® (HMO-POS) **Priority**Medicare® Smart Savings (HMO-POS) **Priority**Medicare® Value (HMO-POS) **Priority**Medicare® Edge (PPO) **Priority**Medicare® Latitude (HMO-POS) **Priority**Medicare® Merit (PPO)
Thrive Wellness phone: 833.415.4381 (TTY 711)	**Priority**Medicare® Thrive (PPO) **Priority**Medicare® Thrive Plus (PPO)
Dual eligible phone: 833.939.0983 (TTY 711)	**Priority**Medicare® D-SNP (HMO) **Priority**Medicare® Dual Premier (HMO D-SNP)

Available hours
Oct. 1-Mar. 31: Saturday-Sunday from 8 a.m.-8 p.m. ET
Apr. 1-Sept. 30: Monday-Friday from 8 a.m.-8 p.m. and Saturday from 8 a.m.-noon ET

Web: Visit ***prioritymedicare.com*** and select **Contact Us** or log in to your member portal to send us a secure message.
Mail: 1231 E. Beltline Ave. NE, Grand Rapids, MI 49525
In person: Visit one of our information centers by appointment only.

Grand Rapids: 1257 E. Beltline Ave. NE, Grand Rapids, MI 49525
Monday-Friday from 8:30 a.m.-4:30 p.m. ET
Holland: 250 E. 8th St., Holland, MI 49423
Monday-Friday from 8:30 a.m.-4:30 p.m. ET

ASSIST AMERICA | GLOBAL TRAVEL EMERGENCY SERVICES

Phone: 800.872.1414 (inside U.S.) and 609.986.1234 (outside U.S.)
Email: ***medservices@assistamerica.com***
Web: ***assistamerica.com***
Use the reference number **01-AA-PHP-12123M** when contacting Assist America®.
Download the free Assist America mobile app.
Not available on **PriorityMedicare D-SNP and **Priority**Medicare Dual Premier.*

CARALLEL | CAREGIVER SUPPORT

Phone: 877.715.7872 (TTY 711), Monday-Friday from 8 a.m.-7 p.m. ET
Web: ***app.carallel.com/priorityhealth***
Only available on **PriorityMedicare Align, **Priority**Medicare D-SNP, **Priority**Medicare Dual Premier, **Priority**Medicare Edge and **Priority**Medicare Latitude.*

CONNECT AMERICA | PERS

Phone: 800.601.8769, Monday-Friday from 8 a.m.-5 p.m. ET
Web: ***connectamerica.com***
Only available on **PriorityMedicare D-SNP.*

DELTA DENTAL | DENTAL SERVICES

Phone: 800.330.2732 (TTY 711), Monday-Friday from 9 a.m.-8 p.m. ET
Web: Visit ***deltadentalmi.com/find-a-dentist*** and select the link labeled "Delta Dental® Medicare Advantage PPO and Delta Dental Medicare Advantage Premier."
Dual Premier phone: 800.524.0149
Dual Premier web: ***providers4you.com/medicaid***
*****Priority**Medicare D-SNP members only have access to Delta Dental Medicare Advantage PPO and **Priority**Medicare Dual Premier members only have access to the Delta Dental Medicaid network.*

EXPRESS SCRIPTS (ESI)

Phone: 888.378.2589
Web: ***express-scripts.com***
To get started, ask your doctor to e-prescribe a three-month supply to Express Scripts® Mail-Order Delivery.
**Participating members must have a valid email address.*

EYEMED | VISION SERVICES

Phone: 844.366.5127 (TTY 711), Monday-Friday from 8 a.m.-8 p.m. ET
Web: Visit ***eyemed.com/selectprovider*** to search for a provider.

GRAIL | GALLERI CANCER SCREENING

Phone: 833.694.2553
Web: ***priorityhealth.com/galleri***
Only available on **PriorityMedicare Thrive and **Priority**Medicare Thrive Plus.*

HEALTHY REWARDS

Phone: 833.415.4380 (TTY 711)
Oct. 1-Mar.31: Saturday-Sunday from 8 a.m.-8 p.m. ET
Apr. 1-Sept. 30: Monday-Friday from 8 a.m.-8 p.m. and Saturday from 8 a.m.-noon ET
Web: ***priorityhealth.com/rewards***

ONE PASS | FITNESS

Phone: 866.756.9732, Monday-Friday from 9 a.m.-10 p.m. ET
Web: ***youronepass.com***
Including CogniFit. Not available on **PriorityMedicare Align.*

OTC / OTC PLUS / PRIORITYFLEX / THRIVEFLEX

Phone: 833.415.4380 (TTY 711)
Oct. 1-Mar.31: Saturday-Sunday from 8 a.m.-8 p.m. ET
Apr. 1-Sept. 30: Monday-Friday from 8 a.m.-8 p.m. and Saturday from 8 a.m.-noon ET
Web: ***priorityhealth.com/shopotc***
Not available on **PriorityMedicare, **Priority**Medicare Merit, **Priority**Medicare Smart Savings and **Priority**Medicare Value.*

PORTER | IN-HOME HEALTH SERVICES

Phone: 800.558.9922 (TTY 711), Monday-Saturday from 8 a.m.-8 p.m.
Web: ***helloporter.com/member-info***

SAFERIDE HEALTH | TRANSPORTATION SERVICES

Phone: 855.932.5418 (TTY 711), Monday-Saturday from 6 a.m.-6 p.m. ET
Dual Premier phone: 833.944.0535
Only available on **PriorityMedicare D-SNP and **Priority**Medicare Dual Premier.*

SIGNIFY HEALTH | IN-HOME HEALTH SERVICES

Phone: 855.746.8710 (TTY 711), Monday-Friday from 8 a.m.-7 p.m. ET

TELADOC HEALTH MENTAL HEALTH

Phone: 800.835.2362
Web: ***priorityhealth.com/mentalhealth***

TRUHEARING | HEARING SERVICES

Phone: 833.714.5356 (TTY 711), Monday-Friday from 8 a.m.-8 p.m. ET. You must call to access your in-network benefit.
D-SNP and Dual Premier phone: 833.714.5355

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2027 Supplemental benefits overview

MY**PRIORITY** ACA

Supplemental benefit	MyPriority plans
Active&Fit™ Direct program	●
Assist America®	●
Ayble Health (digestive health)	●
BenefitHub® (discount program)	●
Cost Calculator	●
EyeMed® vision (buy-up only) - adult	●
EyeMed (vision exams and discounts) - pediatric	●
Delta Dental (buy-up only)	●
HealthEquity® (HSA administration)	My**Priority**® HSA-eligible plans only
Omada® (diabetes prevention program)	●
PriceMyMeds	●
Teladoc Health® Mental Health	●
TruHearing® discount program	●

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MyPriority vendor contacts

PRIORITY HEALTH CUSTOMER CARE
Phone: 800.528.8762 (TTY 711), Monday-Thursday from 7:30 a.m.-7 p.m., Friday 9 a.m.-5 p.m. and Saturday 8:30 a.m.-noon ET

ACTIVE&FIT DIRECT PROGRAM
Web: ***priorityhealth.com/activefit***

ASSIST AMERICA
Phone: 800.872.1414 (inside U.S.) and 609.986.1234 (outside U.S.)
Email: ***medservices@assistamerica.com***
Web: ***priorityhealth.com/assist-america***
Use the reference number **01-AA-PHP-12123** when contacting Assist America. Download the free Assist America mobile app.

AYBLE HEALTH
Phone: 857.416.9299
Web: ***ayblehealth.com/priorityhealth***

BENEFITHUB
Web: ***priorityhealth.com/benefithub***

COST CALCULATOR
Web: ***priorityhealth.com/cost-estimator***

DELTA DENTAL
Web:
deltadental.com/us/en/member/find-adentist.html
Delta Dental® members should select Delta Dental PPO and/or Delta Dental Premier Network to find a participating dentist.

EYEMED
Phone: 866.276.8399, Monday-Friday from 7:30 a.m.-11 p.m., Saturday 9 a.m.-11 p.m. and Sunday 11 a.m.-8 p.m. ET
Web: To find a participating vision provider or see if your provider is in the EyeMed® network, visit ***priorityhealth.com*** and use the Find a Provider tool.

HEALTHEQUITY
Web: ***healthequity.com/mypriority***

PRICEMYMEDS
Web: ***priorityhealth.com/pricemymeds***

TELADOC HEALTH MENTAL HEALTH
Phone: 800.853.2362
Web: ***priorityhealth.com/mentalhealth***

TRUHEARING
Phone: 844.808.4225
Web: ***priorityhealth.com/truhearing***

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5 ADDITIONAL RESOURCES

Notes

Agent key contacts and resources

Keep this sheet in a convenient place for reference.

Agent Support Unit (ASU)

ASU serves as a single point of contact for broad business support needs that help you quickly find answers, reduce confusion, and spend more time focusing on serving customers and growing your business.

- Member and group eligibility, enrollment and effective date questions
- Member and group application status and submissions
- Agent commissions, payment timing, dispute resolution, Agent appointment status and Agent of Record (AOR) status
    - For more complex commissions questions, please email ***commissions-licensing@priorityhealth.com***
- Access to benefit coverage and member servicing needs
- Direct channel to specialized expertise
- Business support needs such as Agent Portal and enrollment tool navigation

Phone: 800.970.7379
Oct. 1-Jan. 31, available Monday-Friday from 8 a.m.-6 p.m.
Feb. 1-Sept. 30, available Monday-Friday from 8:30 a.m.-5 p.m.

- Option 1: For Individual/ACA
- Option 2: For Medicare/Medigap
- *Option for Group Business coming soon*

Email: Use the Message Center in the Agent Portal

Technical support

When calling, you will need to provide your user ID used when logging in to the Agent Portal. Support includes:

- Agent and Employer Portal login issues, errors and navigation assistance
- Agent Portal Agency Admin support
- Troubleshooting tools such as Book of Business, Medicare Enrollment (Connecture), PriorityQuote (JetHealth) and HealthSherpa

Phone: 844.548.2574
Phone calls are preferred as we can be most efficient with this method (Monday-Thursday from 8 a.m.-6 p.m. and Friday 9 a.m.-5 p.m.)
Email: Use the Message Center in the Agent Portal

Member Customer Care

Members should call Customer Care with questions regarding their benefits, coverage and other plan-related matters.

Phone:
Monday-Friday from 8:30 a.m.-5 p.m.

Individual/ACA	800.528.8762
Individual Medicare	888.389.6648
Medicare Wellness (Thrive and Thrive Plus)	833.415.4381
D-SNP and Dual Premier (HIDE SNP)	833.939.0983
General EGWP	888.389.6648, option 3
MPSERS	844.403.0847
Detroit Police & Fire	833.261.4564
Medigap	800.852.9780
Self-funded	800.956.1954
Fully funded HMO/POS groups	888.389.6645
Fully funded PPO groups	888.389.6645
Fully funded HMO/HRA groups	888.389.6645

Group Business

Small Group

Phone: 800.471.2504

- Option 1: Verify member enrollment, disenrollment, online enrollment or verify employee eligibility
- Option 2: Copy of Small Group invoice or make payment over the phone
- Option 3: Member benefits, PCP changes, account reset or claims
- Option 4: Agent online account reset; questions regarding commissions or licensing assistance
- Option 5: Connect with Individual or Medicare sales
- Option 6: Quoting, enrolling or renewing small group

Email: For new business please email ***ph-salessbd@priorityhealth.com*** or for existing clients contact ***ph-renewals@priorityhealth.com***.

OLFO Small Group

For new business
Email: *ph-olfosmallgroupquotes@priorityhealth.com*

For existing OLFO business
Email: *ph-olfosmallgrouprenewals@priorityhealth.com*

Large Group

For new RFPs
Email: *ph-largegroupsales@priorityhealth.com*

For pending RFPs, contact your new business sales executive.

For existing business, contact your client experience account executive and/or sales coordinator.

Elite and Emerald Elite agent program

2027 Criteria

TWO WAYS TO QUALIFY

1. **Book-of-business**
   Achieve 500 member in your combined Consumer Markets product book-of-business (BoB) at 2026 year end; or

2. **New enrollment**
   Achieve top 5% of combined Consumer Markets annual new enrollments*
   **5% new enrollment qualifier will be based on territory manager assigned territories*

EMERALD ELITE status is awarded to agents who achieved both of the above.

2027 Benefits

Benefit	Elite	Emerald Elite
Priority service with ASU	✓	✓
Logo and email signature	✓	✓
Reimbursement for approved advertising or sponsorship expenses, or choose a Staples gift card of equal value	$500	Increase to $1,500
Monthly forum with access to leadership	✓	✓
Training opportunities	✓	✓
Paid MA certification through Pinpoint		✓
Public recognition at annual agent event		✓
Consideration to participate in focus groups or pilot programs		✓

Notes

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