

Priority Health™

OPTIONAL

Enhanced Dental and Vision Package Benefits

Benefit year: January 1, 2027 through December 31, 2027

This is an overview of the benefits included in the optional Enhanced Dental and Vision packages.

Eligibility

You are eligible to enroll at the time of your initial enrollment into one of the Priority Health Medicare Advantage plans below, within two months of your initial effective date in one of these plans or during the Annual Enrollment Period (AEP).*

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

Note: If this enhanced coverage is terminated during the calendar year, you may not re-enroll until the next annual election or special election period.

*If you are an existing member who would like to enroll using your annual grace period, this form must be received by Priority Health between January and February.

Monthly premiums

The monthly premiums listed here will be paid in addition to the Medicare Advantage plan premiums.

Option 1: **$42**

Option 2: **$61**

Dental Benefits

This is an overview of the optional enhanced dental benefits, offered through Delta Dental® under group numbers 1179-3000.

If you purchase the optional enhanced dental and vision benefits and choose option 1, **your annual maximum will be $1,500.** If you choose option 2, **your annual maximum will be $2,000**. Both can be used towards enhanced comprehensive dental benefits.

You already have dental services included in your Priority Health Medicare Advantage plan. These plans are in addition to those benefits. See below for details.

Covered services	Option 1	Option 2
	You pay	
One cleaning (regular or periodontal)	$0	$0
Other diagnostic exams (i.e. cone beams)	50%	25%
Restorative benefits (fillings, crown repairs, onlays and crowns)	50%	25%
Endodontics (root canals)	50%	25%
Periodontics (scaling and root planing, osseous surgery, gum grafts)	$0 for scaling and root planing 50% for all other	$0 for scaling and root planing 25% for all other
Prosthodontics, removable (dentures & denture relines and repairs)	50%	25%
Prosthodontics, fixed (bridges and bridge repairs)	50%	25%
Implant and implant related services	50%	25%
Simple and surgical extractions	50%	25%
Emergency palliative treatment and anesthesia	50%	25%

See the Certificate of Coverage document for more information.

The following are not covered services. Please go to ***priorityhealth.com/mapd-plan-info*** to view your certificate of coverage, which includes a full list of exclusions and other plan details.

- Space maintainers
- Sealants
- Occlusal guards

Access to Delta Dental providers

To find a participating Delta Dental Medicare Advantage PPO or Medicare Advantage Premier in-network dentist within Michigan, Ohio and Indiana, go to *priorityhealth.com* and use the **Find a Provider** tool. Choose **Medicare plans** in the **Your Plan** drop-down menu, then select **Dental, by Delta Dental** to access the provider directory.

Contact Delta Dental for participating provider details if you plan on using your Priority Health Travel Pass for care outside of Michigan.

You can call Delta Dental 800.330.2732 (TTY users call 711) Monday through Friday from 8 a.m. to 8 p.m. Eastern Time. For assistance on Saturday or Sunday, call Priority Health Medicare 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. 8 a.m.–noon ET.

Out-of-network

If you choose to visit an out-of-network dental provider, the dental staff may submit your claim to Delta Dental for payment or they may require you to pay for your visit and submit the receipt and a claim form to Delta Dental for reimbursement yourself.

Vision Benefits

This is an overview of the optional enhanced vision benefit offered through the EyeMed® "Select" network. You already have routine vision services included in your Priority Health Medicare Advantage plan. The embedded eyewear allowance on all plans is **$100.**

If you purchase either of the Enhanced Dental and Vision packages, your total allowance is the following (embedded and enhanced allowances will combine):

Services	**Annual allowance**	Frequency
Frames, lens and lens options benefits package (combined) Or Contact lenses (For prescription contact lenses for one eye only, the plan will pay one half of the amount payable for contact lenses for both eyes)	Frames, lens and lens options package (combined): $250 allowance/reimbursement* or	Once per calendar year
	Conventional contact lenses: $250 allowance/ reimbursement* or	
	Disposable contact lenses: $250 allowance/ reimbursement*	

**You must use an EyeMed "Select" Network provider when using in-network benefits. Plan allows members to file materials (eyeglasses or contacts) until the allowance is used in full. Plan allowance cannot be combined with an in-store promotion.*

The following vision services and supplies are not covered. Please go to ***priorityhealth.com/mapd-plan-info*** to view your certificate of coverage, which includes a full list of exclusions and other plan details.

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing: Aniseikonic lenses
- Medical and/or surgical treatment of the eye, eyes or supporting structures. These may be covered under your medical plan.
- Any corrective or safety eyewear required by an employer as a condition of employment
- Safety eyewear of any kind, for any purpose
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or employer as a condition of employment
- Plano (non-prescription) lenses and/or contact lenses
- Non-prescription sunglasses
- Two pairs of glasses in lieu of bifocals
- Services rendered after the date an eligible person ceases to be covered under the Certificate, except when vision materials ordered before coverage ended are delivered, and the services rendered to the eligible person are within 31 days from the date of such order
- Services or materials provided by any other group benefit plan providing vision care
- Lost or broken lenses, frames, glasses or contact lenses, except in the next benefit frequency when vision materials would next become available
- Glasses or contacts post-cataract surgery. These are covered under your medical plan.

The vision network
Our network of participating providers (the EyeMed "Select" network) includes private practitioners, as well as the following national retailers: LensCrafters®, Target® Optical and most Pearle Vision® locations. You can also purchase your eyewear online at ***Glasses.com***, ***ContactsDirect.com***, ***LensCraftersContacts.com***, ***Oakley.com*** and ***TargetOptical.com***.

To find a participating provider in the EyeMed "Select" network, go to ***priorityhealth.com*** and use the Find a Provider tool. Choose **Medicare plans** in the Your Plan drop-down menu, then select **Vision by EyeMed** to access our EyeMed provider directory. From there, choose the **Select** network option.

You can also call EyeMed at 844.366.5127 (TTY users should call 711), Monday – Saturday, from 8 a.m. to 8 p.m., or Sunday 8 a.m. to 8 p.m. (October 1 – March 31) and 11 a.m. to 8 p.m. (April 1 – September 30).

Out-of-network
If you choose to visit a Non-EyeMed "Select" Network Provider, you'll need to pay out-of-pocket for your visit and then submit a claim form up to 12 months after the service is received, along with an itemized paid receipt with your name to EyeMed for reimbursement of covered services. Once the out-of-network claim is received, it takes 15 business days for processing; payment comes in check form.

Out-of-network/non-contracted providers are under no obligation to treat Priority Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage document for more information, including the cost sharing that applies to out-of-network services.

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

This information is not a complete description of benefits. Contact our Customer Care team by calling 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. 8 a.m.–noon ET. You can also log in to your member account at ***priorityhealth.com*** to send us a message.



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