Priority Health



Summary of Benefits

Dual Eligible Special Needs Plan

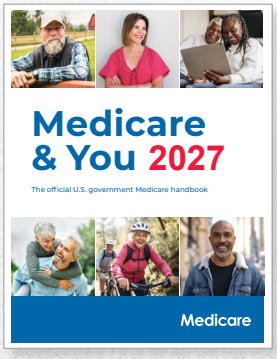
PriorityMedicare® D-SNP (HMO)

Jan. 1, 2027–Dec. 31, 2027

Get more from your Medicare plan

In addition to Medicare Part A & Part B benefits, you will also receive these extra benefits to help you stay healthy:

- Dental, vision and hearing coverage
- $0 copay for Tier 1 and Tier 2 drugs
- A monthly allowance to use toward over-the-counter items and, if eligible, personal care items, household supplies, healthy food and produce, pest control services, meal delivery services and select utilities†
- Personal Emergency Response System (PERS) device and services
- Transportation for up to 30 one-way trips per year or mileage reimbursement. *Up to 100 miles per trip.*
- Emotional support with Teladoc Health® Mental Health
- Access to the largest network of gyms and fitness centers through One Pass®††
- Unlimited caregiver support that can help with social needs, housing insecurities and community resources through Carallel®



Get a free copy of the *2027 Medicare & You* handbook.

View it online at ***medicare.gov*** or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week. TTY users should call 888.309.5078.

Eligibility

You are eligible to join the PriorityMedicare D-SNP if:

- ✓ You are enrolled in Medicare Parts A and B
- ✓ You are eligible for full Medicaid benefits
- ✓ You live in the **Priority**Medicare D-SNP service area — which includes 58 counties in the lower peninsula of Michigan **and**
- ✓ You are 21 years of age or older

Your eligibility to enroll in this plan depends on your type of Medicaid. You can enroll in the **Priority**Medicare D-SNP if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+)**
  Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts and you are eligible for full Medicaid benefits. You pay nothing, except for Part D prescription drug copays.
- **Specified Low-Income Medicare Beneficiary (SLMB+)**
  Medicaid pays your Part B premium and you are eligible for full Medicaid benefits.
- **Full Benefits Dual Eligible (FBDE)**
  You are eligible for full Medicaid benefits. Medicaid will provide assistance in paying for your Medicare services. Generally your cost share is $0 when the service is covered by both Medicare and Medicaid.

If you lose eligibility for one of the three Medicaid categories, you will have a six-month grace period to achieve Medicaid redetermination. You will be allowed to remain in this plan, but you will be responsible for the cost-share of your Medicare benefits as described in your Evidence of Coverage document. All of your supplemental benefits will continue to be offered at $0 along with any allowance you may have, for example, eyewear or your PriorityFlex card. If you do not regain Medicaid eligibility by the end of the six-month grace period, your D-SNP coverage will be terminated.

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office to maintain your Medicaid eligibility status. We will, as required by CMS, check the status of your Medicaid eligibility as well as your dual eligibility category.

Provider network

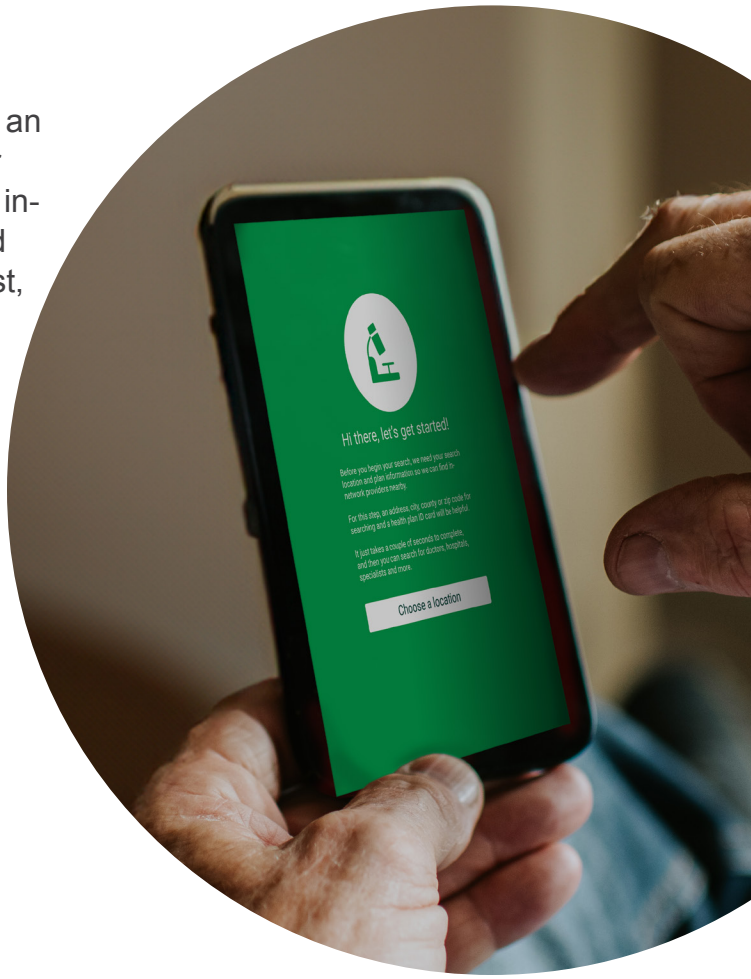
The Priority Health Medicare D-SNP is a Health Maintenance Organization (HMO) plan.

You'll need to choose an in-network primary care physician (PCP). You typically don't need a referral to see a specialist, but your PCP can sometimes help you get in to see one more quickly.

You can go to ***priorityhealth.com/provider-directory*** to confirm that your provider, clinic or hospital is part of the Priority Health Medicare network.

Prescription coverage

This plan includes prescription drug coverage. To make an informed decision about your Medicare plan, review our provider/pharmacy directory. You generally need to use in-network pharmacies to fill your prescriptions for covered Part D drugs. Make sure to review the approved drug list, also called a formulary, to see which drugs are covered by our plans. You can find in-network pharmacies and approved drugs on our website at ***prioritymedicare.com***, or call the Customer Care number.



Premiums and Benefits*

Benefits[1] and what you should know	**Priority**Medicare D-SNP (HMO)	Prior authorization may be required
Monthly Premium, Deductible and Limits		
Monthly plan premium	$0 per month.	
Plan availability	Available in 58 counties in the lower peninsula of Michigan.	
Deductible	$0 (there is no deductible)	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$0 (there is no maximum responsibility for covered medical services)	
Hospital		
Inpatient hospital coverage	$0 copay per stay	✓
Outpatient hospital **Observation services**	$0 copay for each visit $0 copay for each visit	✓
Ambulatory surgery center	$0 copay for each visit	✓
Doctor Visits and Preventive Care		
Primary care physician (PCP) **Specialist visit**	$0 copay for each office visit $0 copay for each office visit	✓
Preventive care Services that can help with prevention and early detection of many illnesses, disabilities, and diseases. Examples include annual wellness visit, breast cancer screening, diabetic screening, flu vaccine and more.	$0 copay for each service A referral from your doctor may be required for some preventive services.	

Benefits[1] and what you should know	**Priority**Medicare D-SNP (HMO)	Prior authorization may be required
Emergency and Urgent Care		
Emergency care This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.	$0 copay for each visit	
Urgently needed services	$0 copay for each visit	
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs		
Diagnostic services/labs/imaging		✓
Radiology/imaging	$0 copay for each service	
Diagnostic tests and procedures	$0 copay for each service	
Lab services	$0 copay for each service	
Outpatient X-rays	$0 copay for each service	
Radiation therapy	$0 copay for each service	
Hearing / Dental / Vision		
Hearing services		
Medicare-covered diagnostic hearing exam Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues.	$0 copay for each office visit	
Routine hearing coverage and hearing aids (TruHearing® provider) Routine hearing services and hearing aids must be received from a TruHearing® provider.	$0 copay for one routine hearing exam, per year $0 copay, for up to two (2) TruHearing®-branded 'Advanced' hearing aids, one per ear, every two years Benefit is limited to TruHearing-branded Advanced Aids, which come in various styles and colors.	

Benefits[1] and what you should know	**Priority**Medicare D-SNP (HMO)	Prior authorization may be required
Hearing services (continued)	Hearing aid purchase includes: First year of follow-up provider visits 60-day trial period 3-year extended warranty 80 batteries per aid	
Dental services **Medicare-covered dental services** **Additional dental services** Routine dental services provided by Delta Dental®.	 $0 copay for each visit $1,500 annual maximum that applies for the following services: $0 copay for two exams and two cleanings (regular or periodontal maintenance) and one fluoride treatment every year $0 copay for one brush biopsy, one fluoride treatment and one set of bitewing x-rays every year $0 copay for periapical radiographs as needed $0 copay for radiographs (full-mouth or panoramic x-rays) once every 24 months.	✓
Vision services **Medicare-covered services** Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye and additional Medicare-covered services. **Routine Vision Services** Routine vision services must be provided by an EyeMed® “Select” provider.	 $0 copay for each visit $0 copay for eyeglasses or contact lenses after cataract surgery $0 copay for one routine exam each year (includes dilation and refraction as necessary) $200 eyewear allowance per year	

Benefits[1] and what you should know	**Priority**Medicare D-SNP (HMO)	Prior authorization may be required
Mental Health Services		
Inpatient visits We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	$0 copay per stay	✓
Outpatient therapy (individual or group)	$0 copay for each visit	
Skilled Nursing Facility (SNF)		
Skilled nursing facility	$0 copay per stay	✓
Outpatient Rehabilitation Services		
Physical therapy, occupational therapy, and speech/language therapy	$0 copay for each service	
Medical Transportation		
Ambulance	$0 copay each way	✓
Transportation	$0 copay for up to 30 one-way trips every year to or from health-related locations, up to 100 miles per one-way trip, including mileage reimbursement.	
Medicare Part B Drugs**		
Chemotherapy drugs **Other Part B drugs** **Select home infusion drugs** **Part B insulin**	$0 copay for each drug $0 copay for each drug $0 copay for each drug $0 copay for each drug	✓

**Costs remaining after Medicare has paid its portion are covered by Medicaid.*

***Prior authorization or step therapy may be required.*

[1] If you lose your Medicaid eligibility and fall into the grace period you are responsible for the cost share of your benefits. The most you will have to pay out-of-pocket for the plan services in 2027 is $9,850. What you pay for Medicare-covered benefits (deductibles, copayments or coinsurance) count toward this maximum out of pocket amount. See your Evidence of Coverage for more detail on your cost-share in the grace period.

Prescription Drug Benefits

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply and no more than $105 for a three-month supply of each insulin product covered by our plan, no matter what cost sharing tier it's on, even if you haven't paid your deductible.

PART D OUTPATIENT PRESCRIPTION DRUGS	
	PriorityMedicare D-SNP (HMO)
Stage 1: Deductible stage You'll pay this amount before you begin paying copays or coinsurance only.	Tier 1 - 2: $0 Tier 3-5: $700 [2]
Stage 2: Initial coverage stage You are in this stage until your out-of-pocket Part D drug costs reach $2,400.	You pay what is listed in the chart below.

	PriorityMedicare D-SNP (HMO)
Tier 1 (Preferred generic)	$0
Tier 2 (Generic)	$0
Tier 3 (Preferred brand) [2]	25%
Tier 4 (Non-preferred drug) [2]	25%
Tier 5 (Specialty) [2+3]	25%

	PriorityMedicare D-SNP (HMO)
Catastrophic coverage stage	Once your out-of-pocket drug costs reach $2,400, the plan pays the full cost of your covered Part D drugs.
Long-term care (LTC)	If you are a resident of a long-term care (LTC) facility, you may get your prescription drugs through the facility's pharmacy as long as it is part of our network.

[2] If you receive Extra Help, the deductible does not apply and your cost-share will be less.

[3] Specialty drugs are limited to a 30-day supply.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your LIS eligibility. If your LIS/Extra Help eligibility status changes and you lose LIS/Extra Help, your cost share may also change. See your Evidence of Coverage for more detail. If you lose Medicaid coverage entirely, you will be given a 6-month grace period so that you can reapply for Medicaid and become reinstated if you still qualify.

Additional Benefits

Benefits and what you should know	**Priority**Medicare D-SNP (HMO)	Prior authorization may be required
Additional Benefits		
Acupuncture	**Medicare-covered acupuncture for lower chronic back pain** $0 copay per service **Non-Medicare-covered routine acupuncture for other conditions** $0 copay per visit (limit 6 visits every year)	
Caregiver Support Carallel's Care Advocates provide telephonic support and research on topics like health insurance, emotional support, stress management, housing and transportation, and guidance on financial matters and legal concerns. Carallel also offers online tools and resources that provide personalized support tailored to your unique situation.	$0 copay for unlimited hours of caregiver support provided by Carallel®.	

Benefits and what you should know	**Priority**Medicare D-SNP (HMO)	Prior authorization may be required
Additional Benefits		
Chiropractic services	**Medicare-covered care** $0 copay for each service **Non-Medicare-covered routine care** $0 copay for each visit (limit 24 per year) $0 copay for X-ray services performed once per year	
Fitness (CogniFit®)	$0 copay Access to the CogniFit® brain health program. Simply set up an account through One Pass® to access a collection of brain games to keep you interested, challenged, and engaged. CogniFit® works by training over 20 cognitive skills that we use daily such as working memory, perception, attention, reasoning and coordination.	
Diabetes self-management training, diabetic services, and supplies Diabetic test strips are limited to Contour® and Accu-Chek® Guide products when dispensed by an in-network retail or mail-order pharmacy. There are no brand limitations when obtained through a durable medical equipment (DME) provider.	$0 copay for diabetic training, services, and supplies	
Dialysis	$0 copay for each service	
Home health care	$0 copay for each Medicare-covered service	
Hospice	$0 copay for initial hospice consultation	
Medical equipment and supplies Examples include diabetic supplies (shoes/inserts, diabetic test strips), durable medical equipment	**Durable medical equipment:** $0 copay for each item **Prosthetics:** $0 copay for each item	✓

Benefits and what you should know	**Priority**Medicare D-SNP (HMO)	Prior authorization may be required
Medical equipment and supplies (continued) (wheelchairs, oxygen, insulin pumps,continuous glucose monitors (CGM's)) and prosthetic devices (braces, artificial limbs). Continuous glucose monitors (CGM's) are limited to Dexcom® and Freestyle Libre® products when dispensed by an in-network retail or mail-order pharmacy. There are no brand limitations when obtained through a durable medical equipment (DME) provider.		
One Pass® Fitness membership	$0 copay One Pass® can help you reach your fitness goals while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. One Pass® includes: • Access to the largest nationwide network of gyms and fitness locations • Live, digital fitness classes and on- de-mand workouts • Online brain training to improve your memory and focus (see CogniFit® for more information)	
Outpatient substance abuse services	**Outpatient therapy (individual or group):** $0 copay for each visit	
Personal Emergency Response Services (PERS)	$0 copay for Personal Emergency Response System (PERS) device and services.	
Podiatry services	**Medicare-covered podiatry:** $0 copay for each visit $0 copay for nail debridement and callous removal for members with specific conditions (up to 6 of each) **Non-Medicare covered routine podiatry (up to 6 visits/services):** $0 copay for each routine visit, routine nail debridement or callous removal service	

Benefits and what you should know	**Priority**Medicare D-SNP (HMO)	Prior authorization may be required
Additional Benefits		
PriorityFlex Shop in store for eligible OTC items, home and bathroom safety devices and modifications, personal care items and household supplies at participating stores (Walmart, Kroger, Walgreens, CVS, and more). OTC items may also be purchased online at ***priorityhealth. com/ shopOTC***, by calling 833.415.4380 or by downloading the Priority Health OTC app.	$70 allowance every month, allowance does not roll over. For more information on SSBCI eligibility go to Special Supplemental Benefits for the Chronically Ill. If eligible, you will be able to use your monthly allowance toward healthy food and produce, meal delivery, pest control services, select utilities, household supplies and personal care items.	
Special Supplemental Benefits for the Chronically Ill (SSBCI)*** Members must qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) to receive all benefits. See your Evidence of Coverage for more information. Shop in-store at a participating retailer for healthy food and produce, personal care items and household supplies. To order meals and schedule pest control services online at ***priorityhealth.com/shopOTC*** by calling 833.415.4380, or by downloading the Priority Health app. Utilities can be paid for as you would with any other Mastercard.	Combined with PriorityFlex benefit. If eligible, you may use your monthly PriorityFlex allowance towards healthy food and produce, meal delivery, pest control services, select utilities, household supplies and personal care items. See PriorityFlex for allowance amount. Allowance does not rollover.	
Rehabilitation services **Cardiac rehabilitation services** **Pulmonary rehabilitation and supervised exercise therapy (SET) services**	 $0 copay for each service $0 copay for each service	

***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).

Benefits and what you should know	**Priority**Medicare D-SNP (HMO)	Prior authorization may be required
Additional Benefits		
Virtual care Online care you receive from the comfort of your home, or wherever you may be, with a virtual visit via video on your computer, smart phone, or tablet.	$0 copay virtual visits with primary care, specialist and behavioral health providers	

Medicaid Benefits

Your services are paid for first by Medicare and then by Medicaid. The benefits described below are covered by Medicaid. You can see what the Michigan Department of Health and Human Services covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the Michigan Department of Health and Human Services, 517.241.3740.

	PriorityMedicare D-SNP (HMO)	Medicaid state plan
Outpatient Care Services		
Routine acupuncture	Covered	Not Covered
Ambulance	Covered	Covered
Chiropractic care	Covered	Covered
Dental services	Covered	Covered
Diabetes management	Covered	Covered
Diagnostic tests, X-Rays, Lab and Radiology Services	Covered	Covered
Doctor visits	Covered	Covered
Durable medical equipment (wheelchairs, oxygen, etc.)	Covered	Covered
Emergency care	Covered	Covered
Hearing services	Covered	Covered
Home health care	Covered	Covered
Mental health	Covered	Covered

	PriorityMedicare D-SNP (HMO)	**Medicaid state plan**
Outpatient hospital	Covered	Covered
Outpatient substance abuse	Covered	Covered through Community Mental Health Services program
Preventive care	Covered	Covered
Podiatry services	Covered	Covered
Prosthetic devices (braces, artificial limbs)	Covered	Covered
Transportation (Non-Emergency Medical Transportation Services)	Covered	Covered
Urgently needed services	Covered	Covered
Vision Services	Covered	Covered
Inpatient Care		
Inpatient hospital care	Covered	Covered
Inpatient mental health	Covered	Covered through Community Mental Health Services program
Skilled nursing facility (SNF)	Covered	Covered
Prescription Drug Benefits		
Prescription drugs	Covered	Covered

Priority Health Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare.

If you get Extra Help, your monthly plan premium will be $0 for any of the plan(s) below. (This does not include any Medicare Part B premium you may have to pay.)

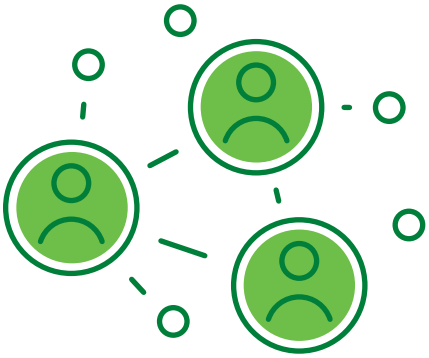
- **Priority**Medicare® D-SNP (HMO)

PriorityMedicare D-SNP's premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting Extra Help, you can see if you qualify by calling:

- 1.800.Medicare or TTY users call 1.877.486.2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1.800.772.1213. TTY users should call 1.800.325.0778 between 8 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Customer Care at 833.939.0983 (TTY 711) 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.



Contact us

BY PHONE

Speak with Priority Health Medicare experts. From Oct. 1–Mar. 31, we're available seven days a week from 8 a.m.–8 p.m. and Saturday from 8 a.m.–noon ET.

Already a member?
Call 833.939.0983 (TTY 711)

Not a member yet?
Call 888.309.5078 (TTY 711)

ONLINE

Visit ***prioritymedicare.com*** to learn more about our plans and how Medicare works.

Notes

Notes



†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).

††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.

This information is not a complete description of benefits. Call 888.389.6648 (TTY 711) for more information. This doesn't list every service we cover or tell you if a deductible must be met before you pay the amount listed in the document. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document online at ***prioritymedicare.com***.

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

Priority Health has a D-SNP HMO plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Priority Health D-SNP (HMO) depends on contract renewal.

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