2027
Annual Notice of Changes

PriorityMedicare® D-SNP (HMO)
Offered by Priority Health Medicare

January 1, 2027 - December 31, 2027

OMB Approval 0938-1051 (Expires: July 31, 2029)
H8379_110011402708_M

***Priority*Medicare D-SNP (HMO) offered by Priority Health Medicare**

Annual Notice of Change for 2027

You're enrolled as a member of **Priority**Medicare D-SNP (HMO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in **Priority**Medicare D-SNP (HMO).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at ***priorityhealth.com/dsnp27*** or call Customer Care at 833.939.0983 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Care at 833.939.0983 (TTY users call 711) for more information. 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. This call is free.
- This information is available in audio, braille, and large print upon request.

About PriorityMedicare D-SNP (HMO)

- 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. Our plan also has a written agreement with the Michigan Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means Priority Health Medicare. When it says "plan" or "our plan," it means **Priority**Medicare D-SNP (HMO).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in PriorityMedicare D-SNP (HMO).** Starting January 1, 2027, you'll get your medical and drug coverage through **Priority**Medicare D-SNP (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	$0	$0
Deductible	$545, except for insulin furnished through an item of durable medical equipment. If you are eligible for Medicare cost-sharing help under Medicaid, you pay $0.	$650, except for insulin furnished through an item of durable medical equipment. If you are eligible for Medicare cost-sharing help under Medicaid, you pay $0.
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$9,250 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$9,850 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	$0 copay per visit. If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0 per visit.	$0 copay per visit. If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0 per visit.
Specialist office visits	$0 copay per visit. If you are eligible for Medicare cost-sharing help under Medicaid, you	$0 copay per visit. If you are eligible for Medicare cost-sharing help under Medicaid, you

	2026 (this year)	2027 (next year)
Specialist office visits (continued)	most likely pay $0 per visit.	most likely pay $0 per visit.
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	For Medicare-covered hospital stays: $2,000 copay per stay If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0.	For Medicare-covered hospital stays: $2,000 copay per stay If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay $0.
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible: $615 for Tiers 3 - 5, except for covered insulin products and most adult Part D vaccines. If you qualify for Extra Help, the deductible does not apply to you. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details. Copayment/Coinsurance during the Initial Coverage Stage: • **Drug Tier 1:** $0 copay • **Drug Tier 2:** $0 copay • **Drug Tier 3:** 25% of the total drug cost	Part D drug coverage deductible: $700 for Tiers 3 - 5, except for covered insulin products and most adult Part D vaccines. If you qualify for Extra Help, the deductible does not apply to you. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details. Copayment/Coinsurance during the Initial Coverage Stage: • **Drug Tier 1:** $0 copay • **Drug Tier 2:** $0 copay • **Drug Tier 3:** 25% of the total drug cost

	2026 (this year)	2027 (next year)
Part D drug coverage (continued)	You pay no more than $35 per month supply of each covered insulin product on this tier. • **Drug Tier 4:** 25% of the total drug cost You pay no more than $35 per month supply of each covered insulin product on this tier. • **Drug Tier 5:** 25% of the total drug cost You pay no more than $35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	You pay no more than $35 per month supply of each covered insulin product on this tier. • **Drug Tier 4:** 25% of the total drug cost You pay no more than $35 per month supply of each covered insulin product on this tier. • **Drug Tier 5:** 25% of the total drug cost You pay no more than $35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	$0	$0

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid help with Part A and Part B copayments and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments)	$9,250	$9,850 Once you've paid $9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount (continued) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider/Pharmacy Directory* at ***priorityhealth.com/dsnp27*** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at ***priorityhealth.com/dsnp27***.
- Call Customer Care at 833.939.0983 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider/Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Care at 833.939.0983 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Provider/Pharmacy Directory* at ***priorityhealth.com/dsnp27*** to see which pharmacies are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at ***priorityhealth.com/dsnp27***.
- Call Customer Care at 833.939.0983 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider/Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Care at 833.939.0983 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare and Medicaid benefits and costs.

	2026 (this year)	2027 (next year)
Durable medical equipment (DME) and related supplies	**In-Network** Continuous Glucose Monitors (CGM's) are not covered when obtained through a network retail or mail-order pharmacy.	**In-Network** $0 copay for Continuous Glucose Monitors (CGM's) when obtained through a network retail or mail-order pharmacy. Covered products are limited to Dexcom and Freestyle Libre.
Enhanced disease management	**In and Out-of-Network** $0 copay for enhanced disease management services.	Enhanced disease management services are not covered.
Outpatient diagnostic tests and therapeutic services and supplies	**In-Network** If your doctor finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam and is subject to a (outpatient hospital) copay when performed in an outpatient hospital or a (ASC) copay when performed in a standalone facility, after deductible.	**In-Network** If your doctor finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam and is subject to a $0 copay when performed in an outpatient hospital or a $0 copay when performed in a standalone facility, after deductible.
Virtual care Urgently needed services	**In and Out-of-Network** Urgently needed virtual visits are not covered.	**In-Network** $0 copay for urgently needed virtual visits.

	2026 (this year)	2027 (next year)
Virtual care (continued)		**Out-of-Network** Urgently needed virtual visits are not covered.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and posted online at ***priorityhealth.com/dsnp27***.

You can get the *complete* Drug List by calling Customer Care at 833.939.0983 (TTY users call 711) or visiting our website at (***priorityhealth.com/dsnp27***).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier**.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Care at 833.939.0983 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material

by September 30, 2026, call Customer Care at 833.939.0983 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 - 5 drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	$615 During this stage, you pay $0 cost sharing for drugs on Tiers 1 and 2 and the full cost of drugs on Tiers 3 - 5 until you've reached the yearly deductible. If you qualify for Extra Help, this payment stage doesn't apply to you.	$700 During this stage, you pay $0 cost sharing for drugs on Tiers 1 and 2 and the full cost of drugs on Tiers 3 - 5 until you've reached the yearly deductible. If you qualify for Extra Help, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1: **Preferred generic** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$0	$0
Tier 2: **Generic** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$0	$0
Tier 3: **Preferred brand** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

	2026 (this year)	2027 (next year)
Tier 4: **Non-preferred drug** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.
Tier 5: **Specialty** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

SECTION 2 Administrative Changes

Starting January 1, 2027, the process to qualify for expanded use of your PriorityFlex card is changing.

	2026 (this year)	2027 (next year)
Special supplemental benefits for the chronically ill (SSBCI) - Eligibility determination process	To see if you qualify go to ***priorityhealth.com/dsnp26*** and complete a survey or contact Customer Care. You are required to complete a survey, self-attesting you have been	To qualify for SSBCI benefits your treating provider will be asked to complete a SSBCI Provider Attestation form. The information submitted is used to help determine whether:

	2026 (this year)	2027 (next year)
	diagnosed with one or more of the qualifying chronic conditions, be at high risk for hospitalization or other adverse health outcomes and require intensive care coordination.	• You have one or more qualifying chronic conditions that are life-threatening or significantly limit your overall health or function; • You are at high risk of hospitalization or other adverse health outcomes; • You require intensive care coordination; and The SSBCI benefit has a reasonable expectation of improving or maintaining your health or overall function.

SECTION 3 How to Change Plans

To stay in Priority Medicare D-SNP (HMO)**, you don't need to do anything.** Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our **Priority**Medicare D-SNP (HMO).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from **Priority**Medicare D-SNP (HMO). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from **Priority**Medicare D-SNP (HMO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Care at 833.939.0983 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048.

- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
    - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Michigan has a program called Michigan Drug Assistance Program (MIDAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Michigan HIV/AIDS Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 888.826.6565. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 866.845.1803 (TTY users call 800.716.3231) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from **Priority**Medicare D-SNP (HMO)

- **Call Customer Care at 833.939.0983. (TTY users call 711.)**

  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. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for **Priority**Medicare D-SNP (HMO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at ***priorityhealth.com/dsnp27*** or call Customer Care at 833.939.0983 (TTY users call 711) to ask us to mail you a copy.

- **Visit *priorityhealth.com/dsnp27***

  Our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called MI Options.

Call MI Options to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call MI Options at 800.803.7174. Learn more about MI Options by visiting (michigan.gov/MDHHSMIOptions).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call Michigan Department of Health and Human Services at 517.241.3740. TTY users should call 844.578.6563 for help with Medicaid enrollment or benefit questions.

Hearing impaired callers may contact the Michigan Relay Center at 711 and ask for the number above.

Notice of Nondiscrimination

This Notice describes our nondiscrimination policy, availability of free language assistance, auxiliary aids and services and filing a grievance.

Discrimination is against the law

Priority Health complies with applicable civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, ethnicity, national origin, age, HIV status, marital status, sex (as defined by law and Priority Health policy), sexual orientation, gender identity or expression, disability, religion, socioeconomic status or source of payment for service, height, weight, veteran status, association or any other protected characteristic based on federal, state or local law.

Availability of free language assistance and auxiliary aids and services

Priority Health provides free language services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

Priority Health provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (e.g. large print, audio, accessible electronic).

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, visit ***priorityhealth.com/contact-us***.

Filing a grievance

If you believe that Priority Health has failed to provide these services or discriminated in another way on the basis of race, color, ethnicity, national origin, age, HIV status, marital status, sex (as defined by law and Priority Health policy), sexual orientation, gender identity or expression, disability, religion, socioeconomic status or source of payment for service, height, weight, veteran status, association or any other protected characteristic based on federal, state, or local law, you can file a grievance in person or by mail, phone, fax or email. The Section 1557 Civil Rights Coordinator can answer questions and help file a grievance by:

Mail. Section 1557 Civil Rights Coordinator
Compliance Department MC 3230
Priority Health
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501

Phone. 866.807.1931 (TTY: 711)

Fax. 616.975.8850

Email. ***PH-compliance@priorityhealth.com***

You can also file a civil rights complaint with the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) by:

Mail. HHS
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Phone. 800.368.1019 (TTD: 800.537.7697)

Form. ***hhs.gov/civil-rights/filing-a-complaint***

This Notice is available at ***priorityhealth.com/nondiscrimination***. *Last updated: June 2025*

10003-334 H8379_NCMS400040102562BK_C 06202025
Y0056_NCMS400040102562BK_C 06202025
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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

We offer free language assistance services and auxiliary aids and services.

Albanian (Shqip) - VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 800.942.0954 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Arabic (العربية) - تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 800.942.0954 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Assyrian (ܣܘܪܝܝܐ) - ܫܡܝܥ ܗܘ ܕܐܢ ܐܢܬ ܡܬܟܠܡ ܐܢ ܐܬ ܠܫܢ ܣܘܪܝܝܐ، ܐܝܟ ܐܢ ܐܬ ܠܫܢ ܣܘܪܝܝܐ: ܫܝܪܘܬ ܕܥܕ ܠܐ ܚܠܦ ܐܝܬ ܠܟ

Hindi (हिंदी) - ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 800.942.0954 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Italian (Italiano) - ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'800.942.0954 (TTY: 711) o parla con il tuo fornitore.

Japanese (日本語) - 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。800.942.0954（TTY: 711）までお電話ください。または、ご利用の事業者にご相談ください。

Korean (한국어) - 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800.942.0954 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Polish (Polski) - UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 800.942.0954 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Russian (Русский) - ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800.942.0954 (TTY: 711) или обратитесь к своему поставщику услуг.

Serbian (Srpski) - ПАЖЊА: Ако говорите језиком који није енглески, доступне су вам услуге бесплатне помоћи у вези језика. Одговарајућа помоћна средства и услуге ради пружања информација у приступачном формату су такође доступни без накнаде. Позовите 800.942.0954 (TTY: 711) или разговарајте са пружаоцем услуга.

Spanish (Español) - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800.942.0954 (TTY: 711) o hable con su proveedor.

Tagalog - PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800.942.0954 (TTY: 711) o makipag-usap sa iyong provider.

Urdu (اردو) - توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں 800.942.0954 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Vietnamese (Tiếng Việt) - LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800.942.0954 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Source: lep.gov and cms.gov Last updated: May 2025
10003-304 H8379_NCMS400040102558BG_C 04302025
Y0056_NCMS400040102558BG_C 04302025
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OMB Approval 0938-1051 (Expires: July 31, 2029)
H8379_110011402708_M