Priority Health™

2027 Medicare Product Certification

Priority Health

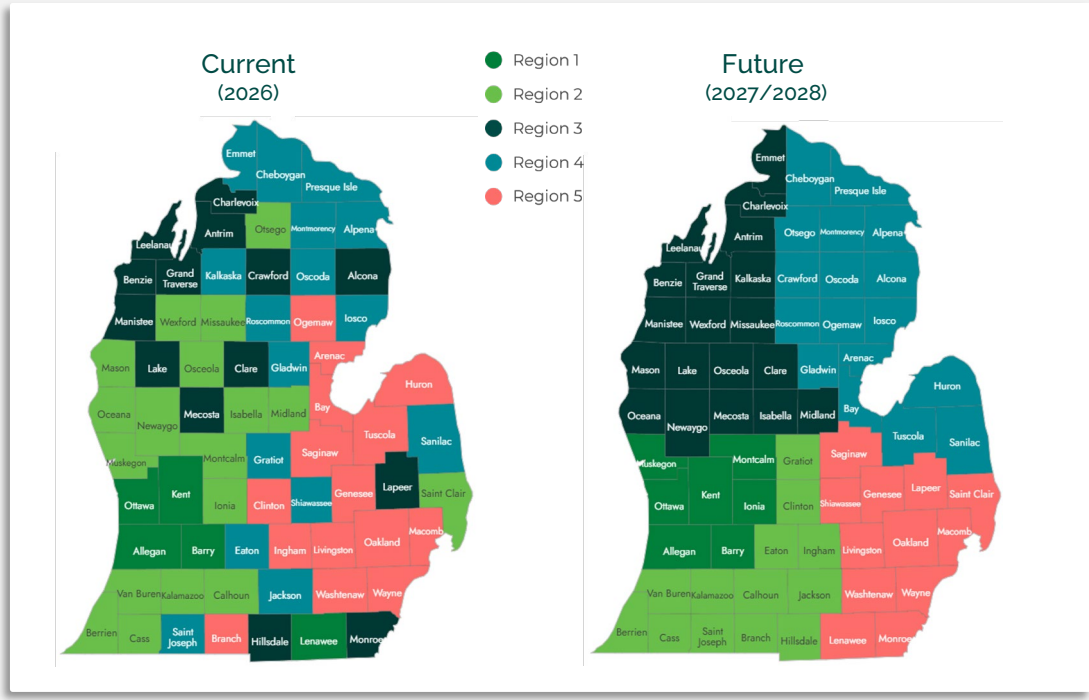
01

Summary of changes

Priority Health

Changes to pricing regions

- Pricing region map has become outdated and is hard to explain to both members and prospects.
- It is difficult to develop a strategy for the state of Michigan based on the current pricing map.
- This allows us to develop future benefits to match the communities our members are in.
- Goal by 2028 is to move all individual MAPD plans to a geographic pricing map.



Priority Health

PY2027 Plan Changes

- In all regions, **Priority**Medicare Vital and Vintage will close without crosswalk.
- In the geographic North, **Priority**Medicare Key, Edge, Thrive and Thrive Plus will close without crosswalks.
- To align with the new geographic pricing map, **Priority**Medicare Edge will expand into 8 new counties.
- Our new **Priority**Medicare Latitude will launch in the new geographic North regions 3 and 4.
- Our new **Priority**Medicare Align will launch in the new geographic South regions 1, 2, and 5.

Disruption support will be discussed later in today's training.

Priority Health

Driving factors to plan changes

- These changes will **simplify selling** and cut out regional confusion or require agents to speak to plan unavailability.
- Plans are obligated to adhere to TBC – 'Total Beneficiary Cost' limits – restricting how much benefits can change, even on cross-walked plans. Because we couldn't make the necessary adjustments within those limits, the plans had to close.
- The new geographic map will provide **more flexibility** to design plans that meet the unique needs of northern counties.
- **All 68 counties** in the Lower Peninsula continue to **offer a plan** through Priority Health.
- **Maintain a $0 premium plan in every county** in the Lower Peninsula with a **great network and excellent customer service.**

Priority Health

Overarching plan changes

Adjustments

- Premiums will increase across all premium plans
- Member cost-share increased on most major medical benefits
  - In-patient (IP), Outpatient (OP), Maximum-Out-Of-Pocket (MOOP), medical deductibles, and Rx deductibles
- Genetic testing went up to $50 across all plans
- Over-The-Counter (OTC) allowances decreased or removed
- Enhanced disease management was removed from all plans except Medicare and Align
- $640 copay was added for diagnostic nuclear medicine
- Cost-share added for some procedures done in a provider's office such as carpal tunnel release

Enhancements

- **Priority**Medicare and **Priority**Medicare Merit still have no In-network (INN) medical deductible or Rx deductible
- **Priority**Medicare Latitude is the $0 HMO-POS option for Northern Michigan
- **Priority**Medicare Key's medical deductible either decreased or remained unchanged
- Virtual Urgent Care has been added to all plans at $0
- Hearing aid cost-share will lower across all plans to $399-$899

Priority Health

Medical Deductible

Edge, Key, Latitude, Smart Savings and Thrive have an in-network medical deductible.

Services covered ahead of deductible

- ✓ Acupuncture services (Medicare-covered and routine)
- ✓ Ambulance
- ✓ Cardiac rehabilitation
- ✓ Chiropractic services (Medicare-covered and routine)
- ✓ Diabetic supplies and diabetic therapeutic shoes/inserts
- ✓ Diabetic Medical Equipment, 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

Services after the 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

Priority Health

02

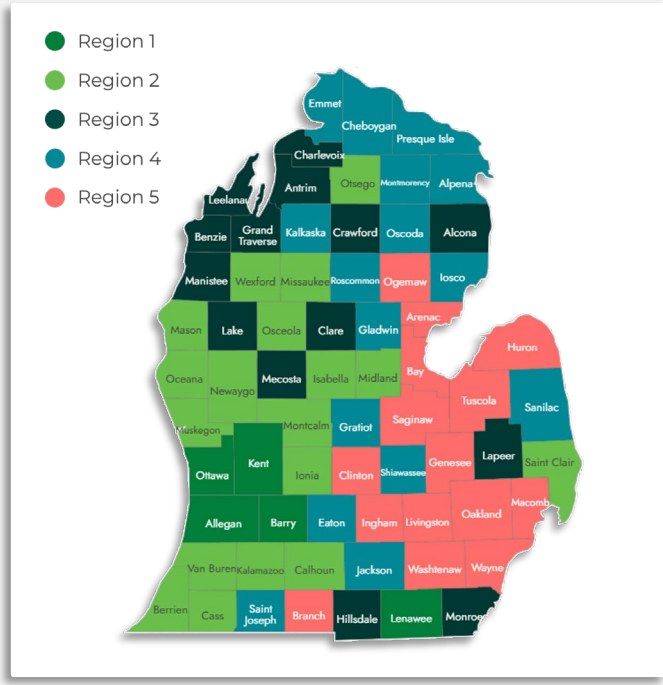
Pricing regions

Priority Health

Legacy map

In 2027, Medicare, Merit, Value and Smart Savings will be available in the legacy pricing map

Region 1	Region 2	Region 3	Region 4	Region 5
Allegan	Berrien	Alcona	Alpena	Arenac
Barry	Calhoun	Antrim	Cheboygan	Bay
Kent	Cass	Benzie	Eaton	Branch
Lenawee	Ionia	Charlevoix	Emmet	Clinton
Ottawa	Isabella	Clare	Gladwin	Genessee
	Kalamazoo	Crawford	Gratiot	Huron
	Mason	Grand Traverse	Iosco	Ingham
	Midland	Hillsdale	Jackson	Livingston
	Missaukee	Lake	Kalkaska	Macomb
	Montcalm	Lapeer	Montmorency	Oakland
	Muskegon	Leelanau	Oscoda	Ogemaw
	Newaygo	Manistee	Presque Isle	Saginaw
	Oceana	Mecosta	Roscommon	Tuscola
	Osceola	Monroe	Saint Joseph	Washtenaw
	Otsego		Sanilac	Wayne
	Saint Clair		Shiawassee	
	Van Buren			
	Wexford			



Priority Health

Geographic map

In 2027, Latitude will be in regions 3 &4 while Align, Key, Edge, Thrive and Thrive Plus will move to regions 1, 2 and 5.

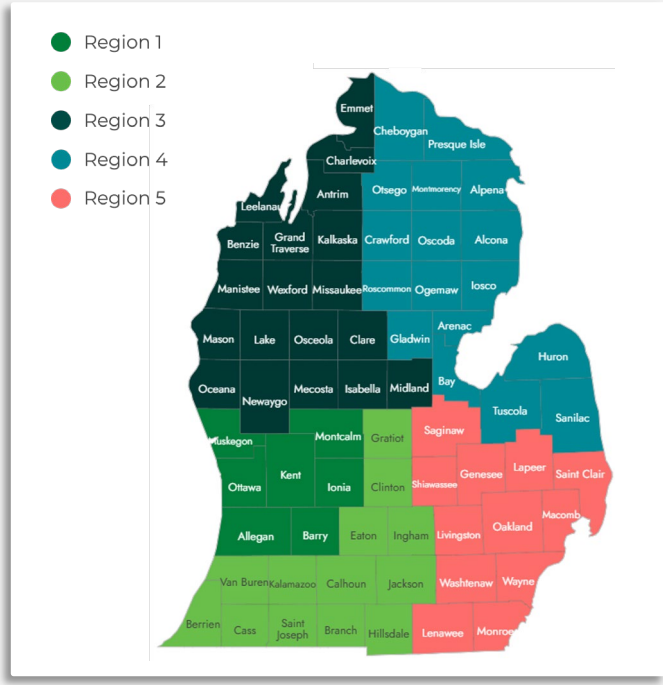
Region 1
Allegan
Barry
Ionia
Kent
Montcalm
Muskegon
Ottawa

Region 2
Berrien
Branch
Calhoun
Cass
Clinton
Eaton
Gratiot
Hillsdale
Ingham
Jackson
Kalamazoo
Saint Joseph
Van Buren

Region 3
Antrim
Benzie
Charlevoix
Clare
Emmet
Grand Traverse
Isabella
Kalkaska
Lake
Leelanau
Manistee
Mason
Mecosta
Midland
Missaukee
Newaygo
Oceana
Osceola
Wexford

Region 4
Alcona
Alpena
Arenac
Bay
Cheboygan
Crawford
Gladwin
Huron
Iosco
Montmorency
Ogemaw
Oscoda
Otsego
Presque Isle
Roscommon
Sanilac
Tuscola

Region 5
Genessee
Lapeer
Lenawee
Livingston
Macomb
Monroe
Oakland
Saginaw
Saint Clair
Shiawassee
Washtenaw
Wayne



Priority Health

03

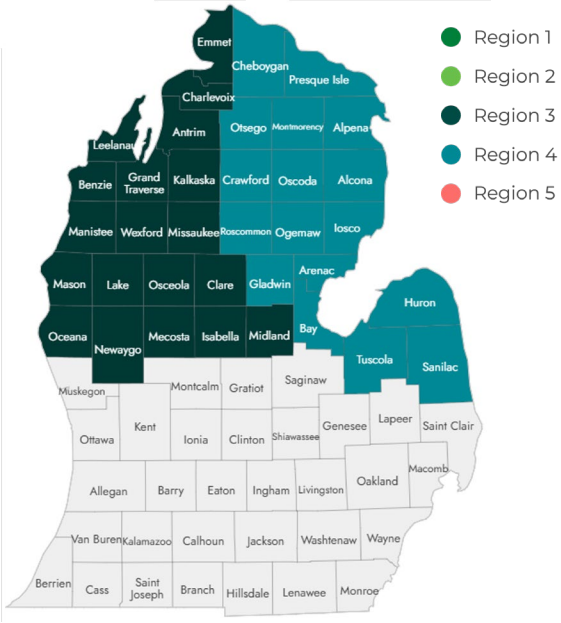
Product portfolio

Priority Health

NEW PLAN

PriorityMedicare® Latitude (HMO-POS)

- ✓ Only $0 plan option across the Northern Lower Peninsula
- ✓ Quarterly OTC Plus allowance
- ✓ Unlimited caregiver support
- ✓ Fitness benefit



	Key 2026	Latitude 2027
Premium	$0	$0
MOOP	$5,800	$9,850
INN Medical Deductible	$375	$600
PCP	$0	$0
Specialist	$40	$40
Inpatient	$350 (days 1-7)	$400 (days 1-6)
Outpatient	$350	$400
PT/OT	$25	$25
Outpatient Mental Health	$20	$20
Rx Deductible	$200 (tiers 3-5)	$300 (tiers 3-5)
Rx Tiers	$2 / $8 / 22% / 25% / 30%	$2 / $8 / 22% / 25% / 30%
Dental	$1,500/C	Preventive
OTC Plus	$75/Q (1&2), $45/Q (3&4), $60/Q (5)	$40/Q (3), $33/Q (4)
Caregiver Support	N/A	Unlimited caregiver support

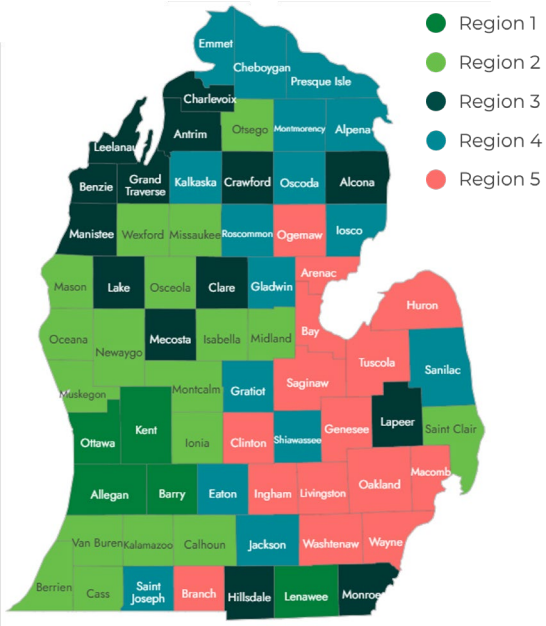
Counties available: Alcona, Alpena, Antrim, Arenac, Bay, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Huron, Iosco, Isabella, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Midland, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Presque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

Priority Health

PriorityMedicare®

(HMO-POS)

- ✓ A reliable premium plan with great benefits
- ✓ Low-cost medical coverage on a HMO-POS that acts like a PPO



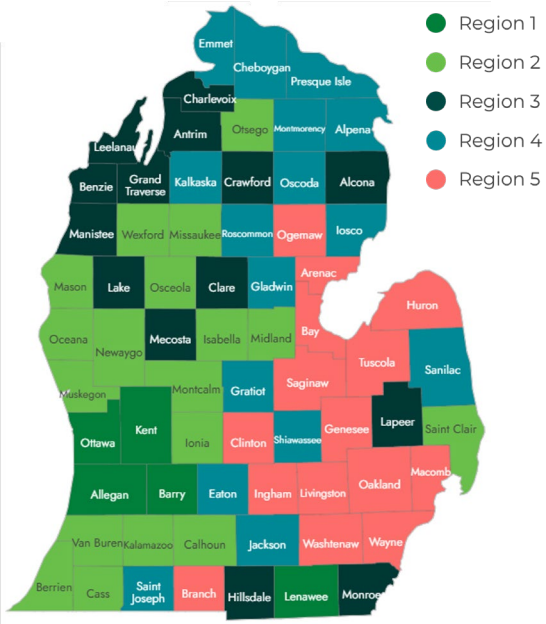
Premium	**$97-$148**
MOOP	**$5,100**
INN Medical Deductible	$0
PCP	$0
Specialist	$40
Inpatient	**$350 (days 1-6)**
Outpatient	$175
PT/OT	$35
Outpatient Mental Health	$20
Rx Deductible	$0
Rx Tiers	$1 / $8 / 25% / **28%** / 33%
Dental	Preventive

Counties available: All counties

Priority Health

PriorityMedicare® Merit (PPO)

- ✓ Reliable PPO for current membership
- ✓ Only statewide PPO available in the Priority Health product portfolio



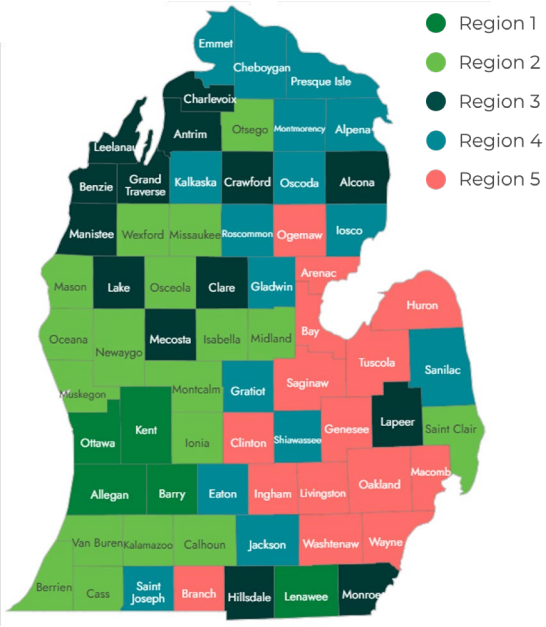
Premium	**$100-$163**
MOOP	**$5,000**
Medical Deductible	$0
PCP	$0
Specialist	$45
Inpatient	**$360 (days 1-6)**
Outpatient	$225
PT/OT	$35
Outpatient Mental Health	$20
Rx Deductible	$0
Rx Tiers	$2 / $10 / 25% / **29%** / 33%
Dental	Preventive

Counties available: All counties

Priority Health

PriorityMedicare® Value (HMO-POS)

- ✓ Lowest premium plan available in Northern Lower Peninsula



Premium	**$47-$111**
MOOP	**$6,000**
INN Medical Deductible	$0
PCP	$0
Specialist	$35
Inpatient	$325 (days 1-7)
Outpatient	$325
PT/OT	$15
Outpatient Mental Health	$20
Rx Deductible	**$225 (tiers 3-5)**
Rx Tiers	$2 / $10 / 22% / **29%** / **30%**
Dental	**Preventive**

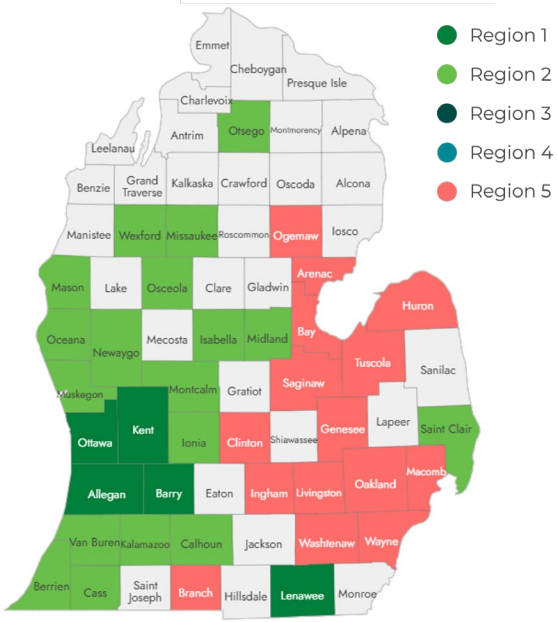
Counties available: All counties

Priority Health

PriorityMedicare® Smart Savings

(HMO-POS)

- ✓ Targets healthy members who do not utilize their medical benefits.
- ✓ $97 Part B Giveback in region 1, $95 in region 2, $116 in region 5
- ✓ $42 Tier 3 copay



Premium	$0
MOOP	**$9,850**
INN Medical Deductible	$650
PCP	$0
Specialist	**$60**
Inpatient	**$460 (days 1-5)**
Outpatient	$450
PT/ST **OT**	**$50** $35
Outpatient Mental Health	$20
Rx Deductible	**$700 (tiers 3-5)**
Rx Tiers	$1 / **$7** / $42 / 25% / **25%**
Dental	Preventive
Part B Giveback	**$97 (1), $95 (2) and $116 (5)**

Counties available: 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

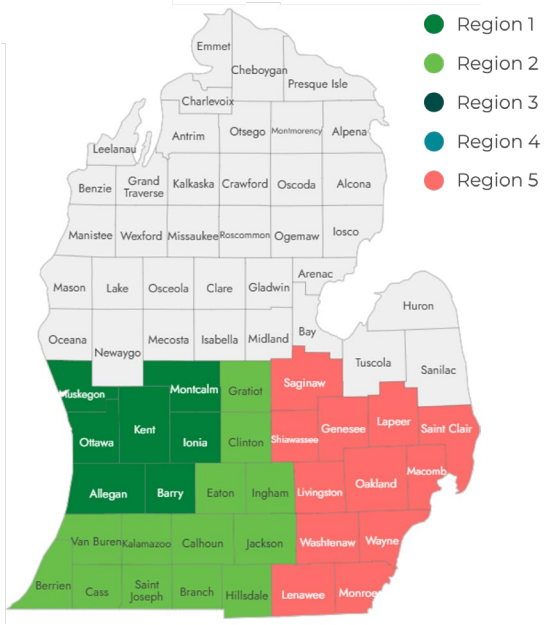
Priority Health

NEW PLAN

PriorityMedicare® Align (HMO-POS)

Plan option for termed members in Vintage.

- ✓ Plan designed for members who receive extra help/Low-Income Subsidy (LIS)
- ✓ Quarterly OTC Plus allowance
- ✓ Unlimited caregiver support



	LIS member	Non-LIS member
Premium	$0	$6.28
MOOP	$6,800	$6,800
INN Medical Deductible	$0	$0
PCP	$0	$0
Specialist	$40	$40
Inpatient	$400 (days 1-7)	$400 (days 1-7)
Outpatient	$415	$415
PT/OT	$25	$25
Outpatient Mental Health	$20	$20
Rx Deductible	$0	$700 (tiers 1-5)
Rx Tiers	$0 T 1 $0 - $14.40 T 2-5	$0 / $8 / 25% / 29% / 25%
Dental	Preventive	Preventive
OTC Plus	$40/Q (1), $35/Q (2), $39/Q (5)	$40/Q (1), $35/Q (2), $39/Q (5)
Caregiver Support	Unlimited caregiver support	Unlimited caregiver support

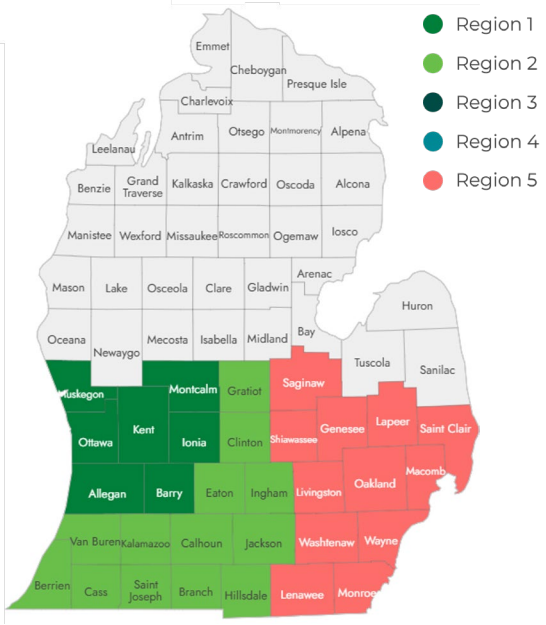
Counties available: Allegan, Barry, Berrien, Branch, Calhoun, Cass, Clinton, Eaton, Genessee, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Kalamazoo, Kent, Lapeer, Lenawee, Livingston, Macomb, Monroe, Montcalm, Muskegon, Oakland, Ottawa, Saginaw, Saint Clair, Saint Joseph, Shiawassee, Van Buren, Washtenaw, Wayne

Priority Health

PriorityMedicare® Key (HMO-POS)

- ✓ Positioned as a well-rounded $0 plan
- ✓ Quarterly OTC allowance
- ✓ Fitness benefit

Reminder, Priority Health HMO-POS plans act as a PPO; meaning every medical benefit is available out of network.



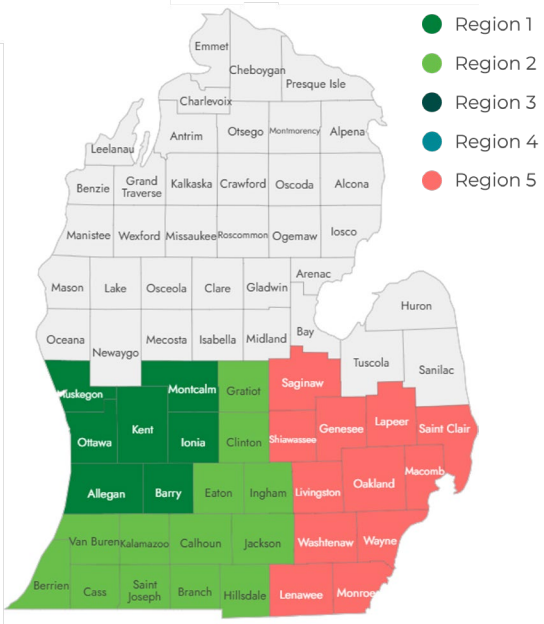
Premium	$0
MOOP	**$6,950**
INN Medical Deductible	**$370 (region 1)** $375 (region 2 & 5)
PCP	$0
Specialist	$40
Inpatient	**$415 (days 1-7)**
Outpatient	$350
PT/OT	$25
Outpatient Mental Health	$20
Rx Deductible	**$300 (tiers 3-5)**
Rx Tiers	$2 / $8 / 22% / 25% / 30%
Dental	**Preventive**
OTC	**$40/Q (regions 1 & 5) $30/Q (region 2)**

Counties available: 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

Priority Health

PriorityMedicare® Edge (PPO)

- ✓ $0 premium
- ✓ Quarterly OTC allowance
- ✓ Unlimited caregiver support
- ✓ Expanded into 8 counties



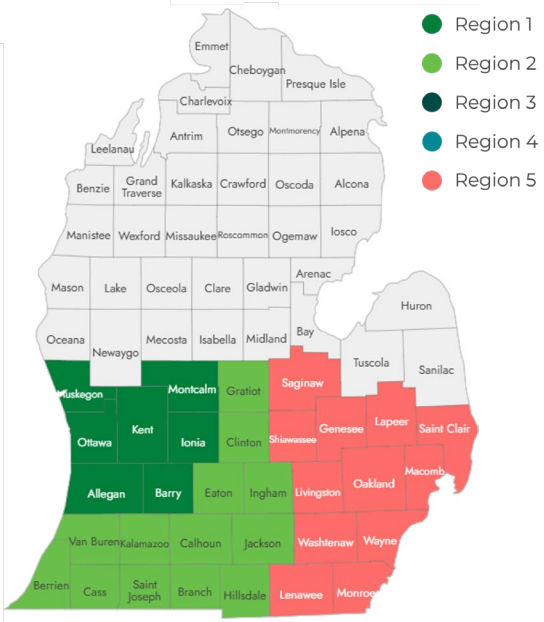
Premium	$0
MOOP	**$7,100**
Medical Deductible	**$405 (region 1)** **$420 (region 2 & 5)**
PCP	$0
Specialist	**$40 (1), $50 (2), $45 (5)**
Inpatient	**$450 (days 1-6)**
Outpatient	**$425**
PT/OT	$40
Outpatient Mental Health	$20
Rx Deductible	**$300 (tiers 3-5)**
Rx Tiers	$2 / $8 / 22% / 25% / 30%
Dental	**Preventive**
OTC	**$30/Q (region 1)** **$25/Q (regions 2 & 5)**
Caregiver Support	Unlimited caregiver support

Counties available: 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

Priority Health

PriorityMedicare® Thrive (PPO)

- ✓ Target aging in consumer who is actively engaged in their health and values prevention
- ✓ $0 open network plan, deductible may apply
- ✓ Galleri® cancer screening test
- ✓ Annual allowance towards fitness/wellness



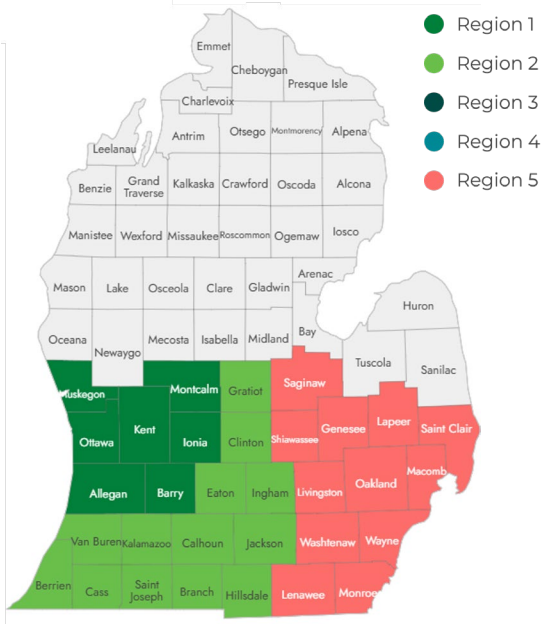
Premium	$0
MOOP	**$7,150**
Medical Deductible	**$475 (region 1 & 5)** **$525 (region 2)**
PCP	$0
Specialist	$40
Inpatient	**$450 (days 1-6)**
Outpatient	**$450**
PT/OT	**$25**
Outpatient Mental Health	$5
Rx Deductible	**$400 (tiers 3-5)**
Rx Tiers	**$1 / $7** / 21% / 25% / **29%**
Supplemental Drug List	ED drugs
Galleri Cancer Screening Test	**$125** copay available every two years
Dental	**Preventive**
ThriveFlex	**$200/Y** to use towards fitness/wellness

Counties available: 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

Priority Health

PriorityMedicare® Thrive Plus (PPO)

- ✓ Target aging in consumer who is actively engaged in their health and values prevention
- ✓ Open network plan
- ✓ Galleri® cancer screening test



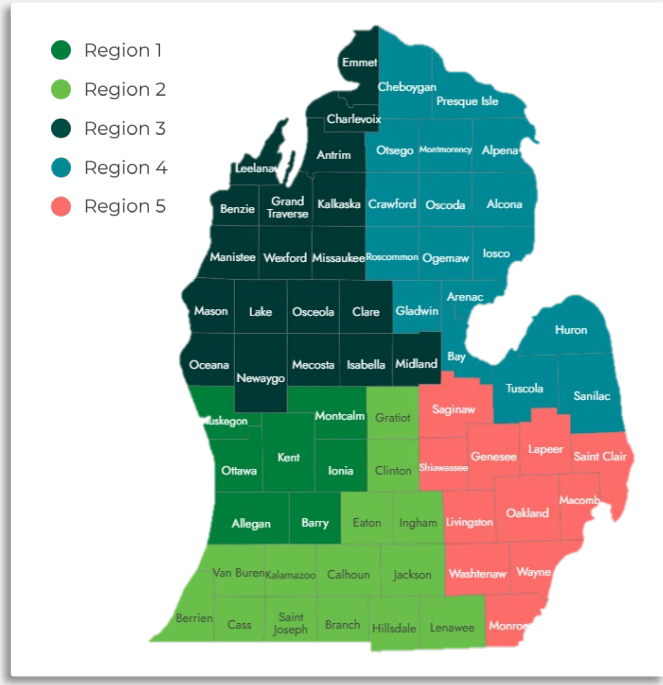
Premium	**$66-$68**
MOOP	**$6,600**
Medical Deductible	$0
PCP	$0
Specialist	$40
Inpatient	**$375 (days 1-7)**
Outpatient	**$375**
PT/OT	$15
Outpatient Mental Health	$0
Rx Deductible	**$225 (tiers 3-5)**
Rx Tiers	$1 / $7 / 22% / **31% / 30%**
Supplemental Drug List	ED drugs
Galleri Cancer Screening Test	$75 copay, available every two years
Dental	**Preventive**
ThriveFlex	$385/Y to use towards fitness/wellness

Counties available: 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

Priority Health

Geographic plan pricing

	Region 1	Region 2	Region 3	Region 4	Region 5
PriorityMedicare Align (HMO-POS)	$6.28*	$6.28*	-	-	$6.28*
PriorityMedicare Edge (PPO)	$0	$0	-	-	$0
PriorityMedicare Key (HMO-POS)	$0	$0	-	-	$0
PriorityMedicare Latitude (HMO-POS)	-	-	$0	$0	-
PriorityMedicare Thrive (PPO)	$0	$0	-	-	$0
PriorityMedicare Thrive Plus(PPO)	**$66**	**$68**	**-**	**-**	**$67**

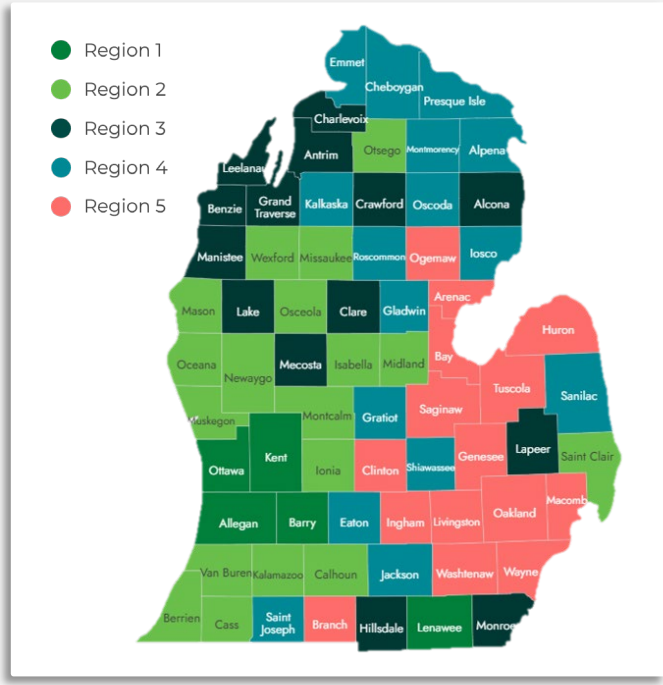


*Premium does not apply for members with LIS

Priority Health

Legacy region pricing

	Region 1	Region 2	Region 3	Region 4	Region 5
PriorityMedicare (HMO-POS)	**$98**	**$103**	**$148**	**$131**	**$97**
PriorityMedicare Merit (PPO)	**$100**	**$119**	**$156**	**$163**	**$141**
PriorityMedicare Smart Savings (HMO-POS)	$0	$0	-	-	$0
PriorityMedicare Value (HMO-POS)	**$47**	**$75**	**$111**	**$80**	**$74**



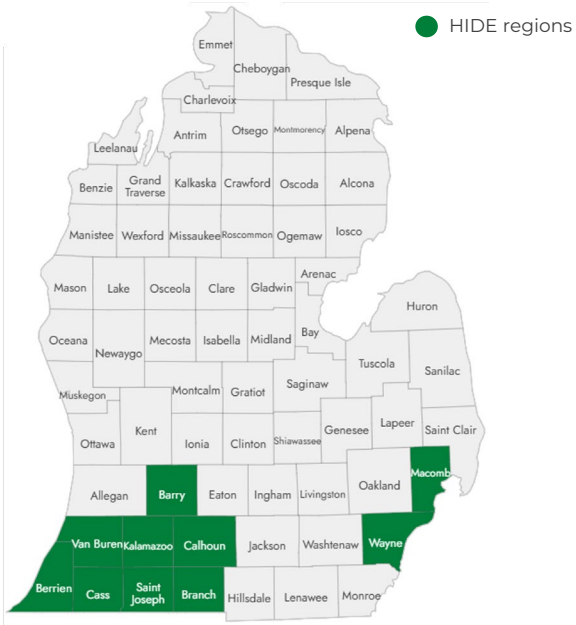
Priority Health

PriorityMedicare® Dual Premier

(HMO D-SNP)

- ✓ Members must have full Medicaid coverage
- ✓ Medical cost-share is $0 – if member falls into the grace period there will be a cost-share for most medical benefits
- ✓ Flex card will include OTC, and if eligible healthy food and produce, personal care items, household supplies, select utilities, pest control and online meal delivery

REMINDER: HIDE plans will not expand in 2027



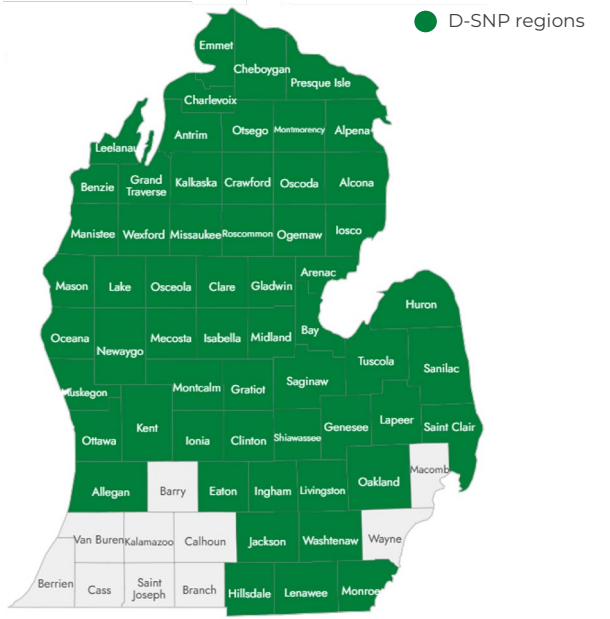
Rx Deductible	**$700 (tiers 3-5)**
Rx Tiers	$0 / $0 / 25% / 25% / 25%
Dental	Coverage obtained through Medicaid benefits
Hearing	$0 for advanced aids, one per ear every three years plus ear molds
Vision	**Coverage obtained through Medicaid benefits**
PriorityFlex*	**$65/M (region 1 & 4)** **$66/M (region 2 & 3)** (SSBCI)
Caregiver Support	Unlimited caregiver support
Fitness	Full access
PERs	**Covered through Waiver**
Transportation	Coverage obtained through Medicaid benefits

Counties available: Barry (1), Berrien (2), Branch (4), Calhoun (2), Cass (2), Kalamazoo (2), Macomb (4), St. Joseph (3), Van Buren (2), Wayne (4)

Priority Health

PriorityMedicare® D-SNP (HMO)

- ✓ Members must have full Medicaid coverage
- ✓ Medical cost-share is $0 – if member falls into the grace period there will be a cost-share for most medical benefits
- ✓ Flex card will include OTC, and if eligible healthy food and produce, personal care items, household supplies, select utilities, pest control and online meal delivery



Rx Deductible	**$700 (tiers 3-5)**
Rx Tiers	$0 / $0 / 25% / 25% / 25%
Dental	$1,500 max with preventive services only
Hearing	$0 for advanced aids, one per ear every two years plus ear molds
Vision	$200 allowance
PriorityFlex*	$70/M (SSBCI)
Caregiver Support	Unlimited caregiver support
Fitness	Full access
PERs	Coverage for device and services
Transportation	30 rides at 100 miles (reimbursement)

Counties available: 58 counties

Priority Health

04

Member pathways

Priority Health

Geographic Regions 3 & 4

- ✓ **Priority**Medicare Latitude is the $0 premium plan option
- ✓ **Priority**Medicare Value is the lowest premium plan option with an Rx deductible
- ✓ **Priority**Medicare and **Priority**Medicare Merit are the highest premium plans with no medical or Rx deductible
- ✓ **Priority**Medicare Merit is the PPO plan option

Plan options for termed members in Edge, Key, Thrive, Thrive Plus and Vital

	Latitude	Value	Medicare	Merit
	HMO-POS	*HMO-POS*	*HMO-POS*	*PPO*
Premium	$0	$74-$111	$97-$148	$119-$163
MOOP	$9,850	$6,000	$5,100	$5,000
Medical Deductible	$600	$0	$0	$0
PCP	$0	$0	$0	$0
Specialist	$40	$35	$40	$45
Inpatient	$400 (days 1-6)	$325 (days 1-7)	$350 (days 1-6)	$360 (days 1-6)
Outpatient	$400	$325	$175	$225
PT/OT	$25	$15	$35	$35
RX Deductible	$300 (tiers 3-5)	$225 (tiers 3-5)	$0	$0
Rx Tiers	$2/$8/22%/25%/ 30%	$2/$10/22%/29%/ 30%	$1/$8/25%/28%/ 33%	$2/$10/25%/29%/ 33%
Dental	Preventive	Preventive	Preventive	Preventive
OTC Plus	$40/Q (3), $33/Q (4)	No	No	No

Priority Health

Plan options for termed members in Vital

Geographic Regions 1, 2, 5

- ✓ **Priority**Medicare Key offers the lowest medical deductible and highest OTC allowance
- ✓ **Priority**Medicare Edge is a strong PPO with well-rounded benefits
- ✓ **Priority**Medicare Thrive is designed for the health-conscious consumer

	Key	Edge	Thrive
	HMO-POS	*PPO*	*PPO*
Premium	$0	$0	$0
MOOP	$6,950	$7,100	$7,150
Medical Deductible	$370 (1), $375 (2&5)	$405 (1), $420 (2&5)	$475 (1 &5), $525 (2)
PCP	$0	$0	$0
Specialist	$40	$40 (1), $50 (2), $45 (5)	$40
Inpatient	$415 (days 1-7)	$450 (days 1-6)	$450 (days 1-6)
Outpatient	$350	$425	$450
PT/OT	$25	$40	$20
RX Deductible	$300 (tiers 3-5)	$300 (tiers 3-5)	$400 (tiers 3-5)
Rx Tiers	$2/$8/22%/25%/30%	$2/$8/22%/25%/30%	$1/$7/21%/25%/29%
Dental	Preventive	Preventive	Preventive
OTC	$40/Q (1&5), $30/Q (2)	$30/Q (1), $25/Q (2 &5)	No
ThriveFlex	No	No	$200/Y
Galleri Cancer Screening Test	No	No	$125, every two years

Priority Health

05

Pharmacy

Priority Health

2027 Pharmacy Updates

ENHANCEMENTS

- More negotiated prices: 15 new Part D drugs gain a Maximum Fair Price (MFP) while 5 drugs are removed from the program.
  - ✓ Members may pay significantly less on drugs like Wegovy, Ozempic, and Austedo depending on the member's plan and benefit design.
  - ✓ Brand drugs removed from the program include Xarelto, Stelara, Entresto, Novolog, and Fiasp as biosimilars and generics are now available.
- Higher out-of-pocket cap: Part D max rises to $2,400 (from $2,100).

CONTINUED PROGRAMS

- Medicare Prescription Payment Plan (M3P): The profile of members likely to benefit remains unchanged, but the population meeting those criteria may grow with rising drug costs and Part D design changes.
- Weight-loss drugs: Weight-loss remains an excluded use under Part D, but the GLP-1 Bridge Program continues through Dec. 31, 2027, allowing eligible members to get anti-obesity drugs (Wegovy, Zepbound, and Foundayo) through the Bridge Program, which is outside of the Part D plan.

Priority Health

2027 Formulary highlights

Enhancements

- Over 20 drugs moved to a generic tier
  - ✓ 34% of drugs fall on Tier 1 and Tier 2
- More than 40 drugs added to the formulary
- More than 30 drugs went to a lower tier

Maintained one formulary across all plans

Adjustments

- Tier increases due to CMS requirements and increased manufacturer drug prices
- Formulary removals to replace brands with new generics and biosimilars
  - ✓ Lantus, Xarelto, Humalog, Humulin, Fiasp, Novolog, Humira, Xeljanz, Farxiga
- Prior authorization updates to improve care and encourage lower cost alternatives
  - ✓ Generics required before approval of brand-name GLP-1s (Ozempic, Trulicity, Mounjaro) and SGLT2s (Jardiance) for type 2 diabetes
  - ✓ Prior Authorization added to benzodiazepines (alprazolam, diazepam, etc.) when used with an opioid

Priority Health

2027 Maximum Fair Pricing (MFP)

Drug	Commonly treated conditions	Current List Price	Negotiated Price (30-day supply)
Ozempic; Rybelsus, Wegovy	Type 2 diabetes and cardiovascular disease	$959	$274
Tradjenta	Type 2 diabetes	$488	$78
Janumet/XR	Type 2 diabetes	$526	$80
Trelegy Ellipta	Asthma, COPD	$654	$175
Breo Ellipta	Asthma, COPD	$397	$67
Xtandi	Prostate Cancer	$13,480	$7,004
Pomalyst	Kaposi sarcoma, Multiple myeloma	$21,744	$8,650
Ibrance	Breast Cancer	$15,741	$7,871

Priority Health

2027 Maximum Fair Pricing (MFP)

Drug	Commonly treated conditions	Current List Price	Negotiated Price (30-day supply)
Calquence	Chronic lymphocytic leukemia/small lymphocytic lymphoma/ Mantle cell lymphoma	$14,228	$8,600
Ofev	Idiopathic pulmonary fibrosis	$12,622	$6,350
Linzess	Chronic idiopathic constipation; Irritable bowel syndrome with constipation	$539	$136
Austedo/XR	Chorea in Huntington's disease; Tardive dyskinesia	$6,623	$4,093
Xifaxan	Hepatic encephalopathy, irritable bowel syndrome with diarrhea	$2,696	$1,000
Vraylar	Bipolar 1 disorder; Major depressive disorder; Schizophrenia	$1,376	$771
Otezla	Oral ulcers in Behcet's disease; Plaque psoriasis, Psoriatic arthritis	$4,722	$1,650

Priority Health

2027 Maximum Fair Pricing (MFP)

- ✓ Medicare continues to negotiate drug prices, adding 15 new drugs, and removing 5 drugs, beginning January 1, 2027.
- ✓ All members are eligible when using Part D coverage*.
- ✓ The Maximum Fair Price (MFP) applies as long as the drug remains selected.
- ✓ Selected drugs must be on formulary, but coverage limitations may still apply.

Drugs Removed (2027)	Reason
Entresto	Generic available
Stelara	Biosimilars available
Xarelto	Generic 2.5 mg tablet available
Fiasp/Novolog	Biosimilars available

*Note: The Drug Price Negotiation Program is separate from the GLP-1 Bridge Program. While some of the same medications may be included, the GLP-1 Bridge Program helps eligible members access certain GLP-1 drugs for weight loss, which is not a covered use under Medicare Part D.

Priority Health

2028 Maximum Fair Pricing (MFP)

- ✓ Medicare negotiated a Maximum Fair Price (MFP) for 15 new high-cost prescription drugs beginning January 1, 2028.
- ✓ This is the first time Part B drugs have been included.
- ✓ Negotiated prices for 2028 selected drugs expected Nov 2026.
- ✓ Selected drugs must be on formulary, but coverage limitations may still apply.
- ✓ Some drugs are already seeing generic competition and may face de-selection.

2028 Selected Drugs	Indication
Xolair	Asthma
Orencia	Autoimmune disorders
Cosentyx	Autoimmune disorders
Xeljanz/Xeljanz XR	Autoimmune disorders
Cimzia	Autoimmune disorders
Entyvio	Autoimmune disorders
Erleada	Cancer
Kisqali	Cancer

2028 Selected Drugs (Cont.)	Indication
Lenvima	Cancer
Verzenio	Cancer
Anoro Ellipta	COPD
Trulicity	Diabetes
Biktarvy	HIV
Botox	Migraines
Rexulti	Bipolar disorder/Schizophrenia

Priority Health

06

Dental, vision and hearing

Non-SNP dental benefit

In 2027, all plans will have the same dental benefits- 100% preventive coverage which includes:

- ✓ 2 oral exams
- ✓ 2 cleanings (regular or periodontal)
- ✓ **1 fluoride treatment**
- ✓ 1 set of bitewing x-rays
- ✓ Periapical radiographs as needed
- ✓ 1 brush biopsy
- ✓ Radiographs (full-mouth or panoramic x-rays

Priority Health members will continue to utilize the Delta Dental Medicare Premier and PPO networks.

Priority Health

Dual eligible dental benefits

- **Priority**Medicare D-SNP members pay $0 for preventive services up to $1,500. This is in addition to the Medicaid dental coverage members have.
- **Priority**Medicare Dual Premier members will only have Medicaid dental coverage; there will be no routine care through Medicare.

		Dual Premier	D-SNP
		Delta Dental Medicaid Network	Delta Dental PPO network for Medicaid comprehensive dental benefits
Preventive	$0 for 2 preventive exams	Coverage obtained through Medicaid benefits	Embedded prevention covered at 100% up to $1,500
	$0 for 2 cleanings (regular or periodontal)		
	$0 for one set up bitewing x-rays		
	$0 for periapical radiographs		
	$0 for 1 brush biopsy		
	$0 for radiographs (full-mouth or panoramic x-rays)		
Comprehensive	$0 for simple extractions		Coverage obtained through Medicaid benefits
	$0 for fillings		
	$0 for crown repairs		
	$0 for root canals		
	$0 for scaling, root planing, sealants		
	$0 for surgical extractions		
	$0 for implant and implant related services		
	$0 for dentures		
	$0 for denture/bridge relines and repairs		

Vision

Routine vision through EyeMed®

- All non-SNP plans will have an embedded $100 annual allowance to use towards eyewear
  - ✓ Members may purchase either Enhanced Dental & Vision option and get an extra $150 per year
  - ✓ Reminder: all non- SNP members can go out-of-network and submit for reimbursement
    - Out-Of-Network (OON) Benefits
      - HMO-POS plans: Up to $50 for a routine eye exam and up to $20 for retinal imaging
      - Edge 30% coinsurance for OON routine vision exam or retinal imaging, Merit is 40% coinsurance, Thrive and Thrive Plus are both $0 copays – all up to $50 for a routine vision and $20 for retinal imaging, whether done INN or OON
    - Eyewear allowance does not change; member will just have to pay up front.
- D-SNP will have a $200 in-network only allowance
- **Dual Premier members will have vision coverage through their Medicaid benefit**

Priority Health

Hearing

Routine hearing through TruHearing®

- D-SNP: $0 copay for up to two (2) TruHearing brand ‘Advanced’ hearing aids, one per ear every two years.
- Dual Premier: $0 copay for up to two (2) TruHearing brand ‘Advanced’ hearing aids, one per ear every three years.
- All other plans will now have a **3-tier copay structure: $399 for standard aids, $599 for advanced aids or $899 for premium aids** – one per ear per year
  - ✓ **New for 2027** – PPO members will be able to go out-of-network, they will have to pay up-front and submit for reimbursement. They will be reimbursed:
    - Edge 30% coinsurance for OON routine hearing exam, Merit is 40% coinsurance, Thrive and Thrive Plus are both $0 copays – all up to $50 for a routine hearing exam, whether done INN or OON
    - 50% of allowed, max $365 per ear ($730 both ears)

Priority Health

Enhanced Dental & Vision

All members will have two options in 2027, the benefits will be the same on both options with the differentiator being cost-share.

Members will either pay 25% or 50% of the cost for comprehensive dental benefits.

Members currently enrolled in an EDV plan will crosswalk into option 1.

	Benefit	Option 1	Option 2
	Monthly premium	$42	$61
	One cleaning (regular or periodontal)	$0	$0
	Periodontics (scaling and root planing)	$0	$0
DENTAL (Delta Dental®)	Annual maximum (covers all benefits below)	$1,500	$2,000
	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 (osseous surgery, gum grafts)	50%	25%
	Prosthodontics, removable (dentures & denture 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%
VISION (Eye Med®)	$150 additional eyewear allowance per year with OON reimbursement option.		

Priority Health

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Supplemental benefits

Supplemental Benefit	Align	D-SNP	Dual Premier	Edge	Key	Latitude	Medicare	Merit	Smart Savings	Thrive	Thrive Plus	Value
Assist America® & Travel Pass	✓	-	-	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cancer Screening (Galleri®)	-	-	-	-	-	-	-	-	-	$125 copay every 2 years	$75 copay every 2 years	-
Caregiver Support (Carallel®)	✓	✓	✓	✓	-	✓	-	-	-	-	-	-
Fitness (One Pass®)	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Memory Fitness (CogniFit® through One Pass®)	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
OTC (Lynx®)	-	-	-	$30/Q (1) $25/Q (2&5)	$40/Q (1&5) $30/Q (2)	-	-	-	-	-	-	-
OTC Plus* (Lynx®) OTC, healthy food and produce, home and bathroom safety devices and modifications	$40/Q (1) $35/Q (2) $39/Q (5)	-	-	-	-	$40/Q (3) $33/Q (4)	-	-	-	-	-	-
PERs (Connect America®)	-	✓	✓	-	-	-	-	-	-	-	-	-
PriorityFlex* (Lynx®) OTC, food, meals, select utilities, household supplies, personal care items, and pest control	-	$70/M	$65/M (1&4) $66/M (2&3)	-	-	-	-	-	-	-	-	-
Mental Health (Teladoc Health Mental Health®)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ThriveFlex (Lynx®) fitness facilities, equipment and nutrition support	-	-	-	-	-	-	-	-	-	$200/Y	$385/Y	-
Transportation (Saferide®)	-	✓	-	-	-	-	-	-	-	-	-	-

Over-the-Counter (OTC)

Powered by Lynx®

- ✓ The flexibility to use OTC allowance in-store, online, or by phone.
- ✓ Online ordering through the Priority Health app or priorityhealth.com/OTC and Walgreens.com.
- ✓ In-store Retailers: Costco, CVS, Dollar General, Kroger, Meijer, Target, Walgreens and Walmart.
- ✓ An easy-to-use mobile app branded throughout with Priority Health.
- ✓ Home and bathroom safety devices and modifications included in allowance.

Plan	Region 1	Region 2	Region 5
PriorityMedicare Key	$40/Q	$30/Q	$40/Q
PriorityMedicare Edge	$30/Q	$25/Q	$25/Q

- Renewing members will **NOT** receive a new card or catalog – messaging will go out letting them know to keep their current card/catalog.
- Members on Edge will be able to shop both in- and out-of-network. If shopping out-of-network they will need to pay up front and submit for reimbursement.

OTC Plus

Powered by Lynx®

- OTC Plus is one purse, which means members can use their benefit how/when they want.
- Powered by Lynx, a debit card will be issued that members can use toward:
  - ✓ OTC
  - ✓ Home and bathroom safety devices and modifications
  - ✓ If SSBCI eligible, allowance can also be used towards:
    - ✓ Healthy food and produce
- If member qualifies for SSBCI mid-benefit period Lynx will turn on their added benefits within 3 business days.

Plan	Region 1	Region 2	Region 3	Region 4	Region 5
PriorityMedicare Align	$40/Q	$35/Q	-	-	$39/Q
PriorityMedicare Latitude	-	-	$40/Q	$33/Q	-

Priority Health

PriorityFlex

Powered by Lynx®

One purse, which means members can use their benefit how/when they want.

- OTC
- Home and bathroom safety devices and modifications
- If SSBCI eligible, allowance can also be used for:
  - ✓ Healthy food and produce
  - ✓ Household supplies
  - ✓ Personal care items
  - ✓ Pest control services through individually contracted companies or through a partnership with The Helper Bees
  - ✓ Online meal delivery through Modify Health
  - ✓ Utilities (water, sewer, trash, septic, gas, electric, internet, phone)

Plan	PriorityFlex Allowance
PriorityMedicare D-SNP	$70/M
PriorityMedicare Dual Premier	$65/M (regions 1&4) $66/M (regions 2&3)

Priority Health

SSBCI benefit

Member must have one of the following chronic conditions, a high risk of hospitalization and a need for care management.

- ✓ Autoimmune disorders
- ✓ Cancer
- ✓ Cardiovascular disorders
- ✓ Chronic alcohol use disorder and substance abuse disorder
- ✓ Chronic and disabling mental health conditions
- ✓ Chronic back pain
- ✓ Chronic conditions that impair vision, hearing (deafness), taste, touch and smell
- ✓ Chronic gastrointestinal disease
- ✓ Chronic heart failure
- ✓ Chronic kidney disease
- ✓ Chronic lung disorders
- ✓ Conditions that may cause cognitive impairment
- ✓ Conditions that may cause functional challenges
- ✓ Conditions that require continued therapy services in order for individuals to maintain or retain function
- ✓ Dementia
- ✓ Diabetes mellitus (includes pre-diabetes)
- ✓ HIV/Aids
- ✓ Hypertension
- ✓ Immunodeficiency and immunosuppressive disorders
- ✓ Neurologic disorders
- ✓ Osteoporosis
- ✓ Overweight, obesity, and metabolic syndrome
- ✓ Post-organ transplantation care
- ✓ Severe hematologic disorders
- ✓ Stroke

New for 2027:

To qualify, member will need to take a provider verification form to their provider. There will be no more self-attestation due to CMS regulation.

Priority Health

ThriveFlex

Powered by Lynx®

Wellness purse can be used to purchase things like fitness equipment (ex: dumbbells, kettle bells, yoga balls, Oura ring), fitness facilities (outside of One pass) and nutrition support (Weight Watchers, Noom, etc.).

Members will be able to use their cards in-network and can go out-of-network and submit for reimbursement.

Plan	Wellness Allowance
PriorityMedicare Thrive	$200/Y
PriorityMedicare Thrive Plus	$385/Y

Priority Health

Healthy Rewards

Powered by Lynx®

Available on all plans.

Guidelines:

- ✓ Complete healthy activities.
- ✓ Record completed activities
- ✓ Rewards are loaded to a separate “purse” on your card after each activity is recorded.
- ✓ Rewards can be spent in store at participating retailers such as CVS, Kroger, Meijer, Target, Walmart and more. *Items not eligible for purchase with your rewards include alcohol, firearms, lottery and tobacco.*

Activity	Reward
Annual Wellness Visit, annual physical or in home health assessment	$25
Flu shot	$10
Breast cancer screening	$25
Diabetic eye exam Only for members with a diabetes diagnosis	$40
Bone density screening Only for female members between the ages 65-85	$25

Priority Health

Fitness

Powered by One Pass™

- Available on all plans except **Priority**Medicare Align
- Perks of One Pass
  - ✓ Large network of both chain facilities as well as boutique style fitness centers
    - Network still includes both GR area and Detroit area YMCAs, Evergreen Commons and Holland Aquatic Center
  - ✓ Brain Health Partnership through CogniFit
  - ✓ Fitness Kits designed for members who prefer to workout at home
    - Strength, yoga or dance kit
  - ✓ Healthy Meal delivery through Mom's Meals (out-of-pocket for members, not a PH benefit)

New in 2027

Edge and Merit members will be able to go outside of the One Pass network and submit for reimbursement. Members will be reimbursed up to $60 per plan year. Member can either go in- or out-of-network, benefit cannot be combined.

Memory Fitness

Powered by One Pass ™

- Memory Fitness benefit offered by CogniFit® through the One Pass ® network
  - ✓ Available on all plans except **Priority**Medicare Align
- Perks of CogniFit
  - ✓ A memory fitness program that includes a collection of brain games and tailors the training the member receives specifically towards what the member needs.
  - ✓ Continuously adjusts the difficulty level to challenge and keep members from becoming bored or frustrated while using.
  - ✓ Provides a comprehensive workout by training more than 20 cognitive skills that we use daily, including working memory, perception, attention, reasoning and coordination.
  - ✓ Available in 18 languages

Priority Health

Galleri cancer screening

Powered by GRAIL®

Multi-cancer early detection test that looks for a signal shared by 50+ types of cancer with a single blood test. *Reimbursement up to 50% ($699) if done OON. Limit one test every other year.*

Plan	Copay
PriorityMedicare Thrive	$125 every two years
PriorityMedicare Thrive Plus	$75 every two years

Member experience

1. Member has a pre-screening virtual visit with Grail
2. Receives Galleri kit in the mail
3. Schedules/get lab draw at a in-network Grail lab (500+ in MI including Quest)
4. Mail Galleri kit back to Grail's lab (10–14-day turnaround)
5. Receive results
6. If positive test result - PCP on intake form is notified and receives a phone call from Grail

Priority Health

Caregiver support

Powered by Carallel®

Available on **Priority**Medicare D-SNP, **Priority**Medicare Dual Premier, **Priority**Medicare Edge, **Priority**Medicare Latitude and **Priority**Medicare Align.

Guidelines

- Caregiver support is provided by Carallel to either the member and/or their family
- Carallel's care advocates provide support and research on topics such as:
  - ✓ Emotional support
  - ✓ Guidance on financial matters and legal concerns
  - ✓ Health insurance
  - ✓ Housing
  - ✓ Stress management
  - ✓ Facilitation of transportation

Transportation

Powered by SafeRide®

Trips do not need authorization, but they must meet the stipulated guidelines:

- The trip must be to or from “a related health location” (e.g., doctor’s appointment, pharmacy, etc.)
- Rides must be scheduled at least 48 hours before desired pick-up time.
- Members can call less than 48 hours before to see if there is availability, but it is not guaranteed
- Rides must be cancelled at least three (3) hours before the pick-up time, or the trip will be counted against the member’s total # of rides.

Plan	Benefit
PriorityMedicare D-SNP	30 one-way trips up to 100 miles
PriorityMedicare Dual Premier	Unlimited rides through Medicaid benefit

- Members may submit for mileage reimbursement if they'd prefer to utilize their trip allowance this way. This will count toward their 30 one-way trip allowance and will also be limited to 100 miles.
- Rides can also be scheduled in the SafeRide app. however, members will need to call SafeRide first to complete Mobility Assessment before using the app.

Personal Emergency Response System (PERS)

Powered by Connect America®

Available on **Priority**Medicare D-SNP

Guidelines:

- A PERs device is provided to give members direct access to care in the case of an emergency and to support social determinants of health needs.
- Device can be an in-home (landline or cellular),on-the-go mobile unit or smartwatch.
- Access to 24/7/365 response center, and a member support service center
- Members/caregivers can also download the Connect Notify app – this app helps caregivers know the member they care for is safe by locating a PERs device.

Travel Pass

Members will no longer receive a separate travel pass card. Language on their PH ID cards will be changed to mention the Travel Pass.

Priority Health Travel Pass bundles the following together:

- Members pay in-network prices when seeking care from Medicare accepting providers anywhere in the U.S. outside of the lower peninsula of Michigan.
- Access to even more providers through the Multiplan® Medicare Advantage providers.
- Members may see any Medicare participating provider when traveling- however, they may have to pay out-of-pocket and submit for reimbursement.
- Worldwide urgent and emergent coverage
- Worldwide travel assistance through Assist America® when more than 100 miles from home

D-SNP and Dual Premier members only have access to Worldwide urgent and emergent care.

Priority Health

09

Agent Experience

Resources & support

TOOLS AND MATERIALS COMING YOUR WAY

- Member Disruption Hub – one place for all content and resources
- Five agent-ready letter templates
- Seminar kits with templates for flyers, signage, and email
- Pre-enrollment packets
- North-specific sales presentation to support renewal meetings and speed up decisions
- North and Vital-specific plan compare sell sheets to simplify plan options
- Interactive county-specific sell sheet

Priority Health

What your members will experience

LETTERS, TIMING AND NEXT STEPS

- Members in closing plans will not receive an Annual Notice of Change (ANOC). They will get the CMS-required termination letter along with a more helpful letter from Priority Health which includes your agent contact information.
- Because these plans are non-renewing, members qualify for a Special Enrollment Period (SEP) from December 8 through February 28.
    - Members who choose a new plan by December 31 will have coverage effective January 1 with no gap in coverage.
    - Members who don’t make an active plan change will fall back to Original Medicare only, without drug or supplemental coverage.

Priority Health

How we'll partner with you

PROTECTING YOUR BOOK OF BUSINESS

- You're not stuck – we have strong options, and we're going to help you move your book.
- Your current Agent of Record (AOR) status is protected. Audit your book frequently against your CRM and use the resources we provide.
    - Once the terminating plan ends, however, the AOR relationship may not carry forward to an enrollment completed in January or later.
- Priority Health is finalizing a member communication plan, including a letter within the CMS-required mailing that further explains next steps.
- As many materials as possible will carry your agent information, so members know exactly where to turn.
- A perforated pull-out application is included within the plan materials for simpler enrollment.
- Our enrollment team can process paper applications, and we encourage group enrollment events – Priority Health will attend as we're able to support them.
- We will work to make sure you have everything you need to make this AEP go as smoothly as possible.

Agent Support Unit (ASU)

The ASU will serve as a centralized point of contact for a wide range of business-related needs, helping you navigate questions more efficiently and connect with the right expertise faster.

- ✓ Member and group eligibility, enrollment, and effective date questions
- ✓ Member and group application status and submissions
- ✓ Agent commissions, payment timing, and 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
- ✓ Agent Portal and enrollment tool navigation

Phone: 800.970.7379

Option 1 for Individual/ACA
Option 2 for Medicare/Medigap

Email: Agent Portal Message Center

Reporting Meetings

All information and sales meetings must be reported to CMS. Complete the form and we'll report to CMS on your behalf. Please note the following:

- You must submit your request at least 2 weeks prior to your meeting date or to the advertising start date for the meeting.
- Meeting cancellations must be reported four (4) days prior to the originally scheduled event. CMS rules apply.
- Priority Health must submit all sales scripts and presentations for approval to CMS prior to their use during marketing/sales events. CMS has at least a 45-day approval time.

Priority Health

Enrollment reminders

Annual Enrollment Period (AEP) October 15 – December 7

- Submitting new enrollment without a plan change will not update Enhanced Dental & Vision, Agent of Record (AOR) or demographic

Open Enrollment Period (OEP) January 1 – March 31

- During the OEP, a member can join, drop or switch to another Medicare Advantage plan with or without drug coverage.
- Coverage begins the first of the month after the plan gets the request.
- Reminder, when moving a member from HMO-POS to PPO (or vice versa) it has a negative impact to star ratings/quality perspective.

Special Enrollment Period (SEP)

- If multiple SEPs apply, you can select more than one. This is best practice in case one SEP is not approved.
- For members on a termed plan, can use an SEP through December 31, 2026 for a January 1, 2027 effective date.

Priority Health

Agent Supply Orders

2027 pre-enrollment packets will be available for ordering week of September 21.

Visit **priorityhealth.com/MAPDsupplies** or scan the QR code to order.


Priority Health™