

**A Summary of Benefits Available Under Your  
PriorityMedicare<sup>SM</sup> Employer Group Plan**

# **PriorityMedicare<sup>SM</sup>**

## **Summary of Benefits for State of Michigan**

---

October 4, 2009 through October 3, 2010

Medicare Sales Phone Numbers:  
888 389-6676  
TTY/TDD 888 551-6761



## Section 1 - Introduction

### **Welcome!**

The following information is provided as a summary of benefits available under your State of Michigan **Priority**Medicare plan. This summary is not intended as a substitute for your Evidence of Coverage (“EOC”). It is not a binding contract. Limitations and exclusions apply to benefits as listed below.

This Summary of Benefits tells you some features of the plan. It doesn't list every service we cover, every limitation, or every exclusion. To get a complete list of our benefits, please call **Priority**Medicare and ask for the “Evidence of Coverage.”

### **Can I Choose My Doctors?**

**Priority**Medicare has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. In some cases, you may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list. Our number is listed at the end of this introduction.

### **What Happens If I Go To A Doctor Who's Not In Your Network?**

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the number at the end of this introduction.

Please be advised: The **Priority**Medicare network of providers is different than the Priority Health commercial network. Please refer to the **Priority**Medicare Provider Directory for a list of participating doctors.

### **Does My Plan Cover Medicare Part B Or Part D Drugs?**

**Priority**Medicare covers both Medicare Part B prescription drugs and Part D prescription drugs.

### **Where Can I Get My Prescriptions If I Join This Plan?**

**Priority**Medicare has formed a network of pharmacies. You can use any pharmacy in our network. In some cases, you may also go to pharmacies outside of our network. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Directory. Our number is listed at the end of this introduction.

## **What Happens If I Go To A Pharmacy That's Not In Your Network?**

If you go to a pharmacy that's not in our network, you might have to pay more for your prescriptions. You also might have to follow special rules before getting your prescription in order for the prescription to be covered under our plan. For more information, call the telephone number at the end of this introduction.

## **What Is A Prescription Drug Formulary?**

**Priority**Medicare uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. Contact **Priority**Medicare for details.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **How Can I Get Extra Help With Prescription Drug Plan Costs?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join **Priority**Medicare Plus, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **What Are My Protections In This Plan?**

As a member of **Priority**Medicare, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

## **What Is A Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact **PriorityMedicare** for more details.

## **What If I Have Additional Questions?**

Please call us with questions related to the State of Michigan **PriorityMedicare** plan:

616 464-8850 or toll-free 888 389-6676  
TTY/TDD 616 464-8485 or toll-free 888 551-6761

### **Medicare Sales Hours:**

Monday – Friday, 8:30 a.m. – 5:00 p.m.

Or, visit us on the Web at *priorityhealth.com/medicare*

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227).  
TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.  
Or visit [www.medicare.gov](http://www.medicare.gov) on the Web.

If you have special needs, this document may be available in other formats.

## Section 2 – Summary of Benefits for State of Michigan Priority Medicare Plan

*October 4, 2009 - October 3, 2010*

**Prior Authorization:** Your Primary Care Provider (PCP) will coordinate prior authorization of your services under the HMO benefits of this plan. Services requiring prior authorization are:

- All elective admissions, including mental health or substance abuse services.
- Home health care and parenteral/enteral feedings
- Skilled nursing home facility and inpatient rehabilitation care
- Transplants and transplant evaluations
- Certain non-emergent outpatient radiology services: MRI, MRA, CT and PET scans
- Medical weight loss programs and surgery for obesity treatment
- Durable Medical Equipment (DME) over \$1,000 and all DME rentals
- Prosthetics and orthotics over \$1,000
- Infusion pumps (implantable and external)
- Non-emergent ambulance transportation
- Deep brain stimulation
- Automatic implantable cardioverter defibrillator (AICD)
- Radiofrequency catheter ablation for cardiac arrhythmia
- Stereotactic radiotherapy
- Nuclear cardiology
- Certain oral surgery services
- Certain injectable drugs
- All cosmetic and reconstructive surgery
- Experimental or investigational services
- Outpatient substance abuse services
- Virtual colonoscopy

Benefits	HMO Benefits
<b>Deductibles</b>	No deductible.
<b>Out-of-Pocket Maximums</b>  •	Not applicable.
<b>Maximum Individual Lifetime Benefit</b>	Not applicable.
<b>Other Important Information</b>	<p>You must elect a Primary Care Provider (PCP). You must coordinate all your care through your PCP and receive prior authorization from <b>Priority</b>Medicare when required in order to receive HMO benefits.</p> <p><b>This plan replaces your current Medicare Parts A &amp; B coverage. You must continue to pay the Medicare Part B premium each month.</b></p>
<b>Fee Schedules</b>	Benefits are covered at the Medicare published fee schedule (or at <b>Priority</b> Medicare’s negotiated fee schedules, when applicable).
<b>Assignment of Benefits</b>	If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.
<p><b><u>Doctor and Hospital Choice</u></b></p> <p>(For more information, see Emergency and Urgently Needed Care below.)</p>	<p>No referral required for doctors, specialists, and hospitals. If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither <b>Priority</b>Medicare nor the Original Medicare plan will pay for these services.</p> <p>You may have to pay a separate copay for certain doctor office visits</p>

Benefits	HMO Benefits
<b>SUMMARY OF BENEFITS</b>	
<b>Inpatient Care</b>	
<p><b>Inpatient Hospital Care</b>  (includes Rehabilitation Services)  (Includes related facility charges).  Except in an emergency, prior authorization is required.</p>	<p>100% coverage for Inpatient Hospital services received at a network hospital.</p>
<p><b>Inpatient Mental Health</b>  (Except in an emergency, your provider must obtain authorization from Priority Health.)    Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.    <b>Contact the Behavioral Health Department at 616 464-8500 or 800 673-8043 to prior authorize services.</b></p>	<p>100% coverage for Medicare-covered inpatient mental health services.    100% coverage for Medicare-covered partial hospitalization mental health services.    *These coinsurance amounts may be modified to reflect changes in the Mental Health Parity regulations, prior to the effective date of coverage.</p>
<p><b>Inpatient Substance Abuse</b>  (Includes related facility charges. Except in an emergency, your provider must obtain authorization from <b>Priority</b>Medicare.    <b>Contact the Behavioral Health Department at 616 464-8500 or 800 673-8043 to prior authorize services.</b></p>	<p>100% coverage for Medicare-covered inpatient substance abuse services.    100% coverage for Medicare-covered partial hospitalization substance abuse services.</p>

Benefits	HMO Benefits
<b>Inpatient Care (continued)</b>	
<p><b>Skilled Nursing Facility (SNF) or Inpatient Rehabilitation Care</b> (in a Medicare-certified skilled nursing facility)</p> <p>A "benefit period" starts the day you go into a SNF. It ends when you go for 60 days in a row without skilled nursing care. If you go into SNF after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p> <p>No prior hospital stay is required.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>	<p>100% coverage for Medicare-covered skilled nursing facility stays.</p> <p>You are covered for 100 days each benefit period renewable after 60 days of non-confinement up to a maximum of 730 days per lifetime (combined benefit for all services).</p>
<p><b>Home Health Services</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p> <p>Authorization rules may apply for services. Contact plan for details.</p>	<p>100% covered for Medicare-covered home health visits.</p>
<p><b>Hospice Care</b></p>	<p>You must get care from a Medicare-certified hospice.</p>

Benefits	HMO Benefits
<b>Outpatient Care</b>	
<p><b>Doctor Office Visits</b></p> <p>See "Routine Physical Exams," for more information.</p>	<p>You pay \$10 for each Medicare-covered primary care doctor office visit or specialist visit for Medicare-covered services.</p>
<p><b>Allergy Services</b></p>	<p>100% coverage for Medicare-covered allergy services.</p>
<p><b>Chiropractic Services</b></p> <p>Coverage is for manual manipulation of the spine only. Services must be provided by a chiropractor or other qualified provider for the purposes of correcting subluxation. Routine care not covered.</p>	<p>You pay \$10 for each Medicare-covered visit.</p>
<p><b>Podiatry Services</b> (medically necessary foot care, including care for medical conditions affecting the lower limbs.)</p> <p>Routine care not covered.</p>	<p>100% coverage for Medicare-covered podiatry services.</p> <p>An office visit copay may apply.</p>
<p><b>Outpatient Mental Health Services</b></p>	<p>For Medicare-covered outpatient Mental Health services, you pay \$10 for each visit.</p> <p>*This copayment amount may be modified to reflect changes in the Mental Health Parity regulations, prior to the effective date of coverage.</p>
<p><b>Outpatient Substance Abuse Services</b></p> <p>Authorization rules may apply for services. Contact plan for details.</p>	<p>For Medicare-covered outpatient substance abuse services, you pay \$10 for each visit.</p>

<b>Benefits</b>	<b>HMO Benefits</b>
<b>Outpatient Care (continued)</b>	
<b>Outpatient Services/Surgery</b> Authorization rules may apply for certain services. Contact plan for details	100% coverage for each Medicare-covered outpatient surgery.
<b>Ambulance Services</b> (Medically necessary ambulance services.)	100% coverage for each Medicare-covered ambulance service.
<b>Emergency Care</b>  Worldwide coverage.  (You may go to any emergency room if you reasonably believe you need emergency care.)	You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 24 hours for the same condition.
<b>Urgently Needed Care</b>  (This is NOT emergency care, and in most cases, is out of the service area.)	You pay \$10 for each Medicare-covered urgently needed care visit; you do not pay this amount if you are admitted to the hospital within 24 hours for the same conditions.
<b>Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech, and Language Therapy, and Cardiac Therapy)	You pay \$10 for each covered visit up to a maximum out of pocket of \$200 per contract year for physical, speech, and occupational therapy.  100% coverage for Medicare-covered cardiac therapy.

Benefits	HMO Benefits
<b>Outpatient Medical Services and Supplies</b>	
<p><b>Durable Medical Equipment</b> (Includes wheelchairs, oxygen, etc.)</p> <p>Authorization rules apply for purchases over \$1,000 and all rentals. Contact plan for details.</p>	<p>100% coverage for Medicare-covered durable medical equipment.</p>
<p><b>Prosthetic &amp; Orthotic/Support Devices</b> (includes braces, artificial limbs and eyes, etc.)</p> <p>Authorization rules apply for purchases over \$1,000 and all rentals. Contact plan for details.</p>	<p>100% coverage for Medicare-covered prosthetic &amp; orthotic/support devices.</p>
<p><b>Diabetes Self-Monitoring, Training and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>100% coverage for Medicare-covered test strips and lancets, and for other Medicare-covered diabetes self-monitoring, training and diabetes supplies from a plan provider.</p>
<p><b>Medical Nutrition Therapy</b></p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>100% coverage for Medicare-covered nutrition therapy</p>
<p><b>Diagnostic Tests, X-Rays, and Lab Services</b></p> <p>Authorization rules may apply for services. Contact plan for details.</p>	<p>100% coverage for Medicare-covered diagnostic tests, x-rays, and laboratory services.</p>
<p><b>Imaging Services— (Includes MRI, MRA, CT Scans, PET Scans and Nuclear Cardiac Studies)</b></p> <p>Prior authorization required for non-emergent outpatient services. Contact plan for details</p>	<p>100% coverage for Medicare-covered imaging services.</p>

Benefits	HMO Benefits
<b>Preventive Care</b>	
<b>Bone Mass Measurement</b> (for people with Medicare who are at risk)	100% coverage for Medicare-covered bone mass measurement.  An office visit copay may apply.
<b>Colorectal Screening</b> (for people with Medicare age 50 and older or when you are high risk)	100% coverage for Medicare-covered colorectal screening.  An office visit copay may apply..
<b>Immunizations</b> (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, and pneumonia vaccine)	100% coverage for Medicare-covered immunizations.  An office visit copay may apply.
<b>Mammograms - Annual Screening</b> (for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.)	100% coverage for Medicare-covered immunizations.  An office visit copay may apply.
<b>Routine Pap Smears and Pelvic Exams</b> (for women with Medicare)	100% coverage for Medicare-covered routine pap smears and pelvic exams.  An office visit copay may apply.
<b>Prostate Cancer Screening Exams</b> (covered once a year for men with Medicare age 50 and older)	100% coverage for Medicare-covered prostate cancer screening exams.  An office visit copay may apply.

<b>Benefits</b>	<b>HMO Benefits</b>
<b>Family Planning/Infertility Services</b>	
<b>Infertility Counseling &amp; Treatment</b> Limitations and exclusions apply.	80% coverage.  An office visit copay may apply.
<b>Vasectomy</b> Covered only when performed in a Physician's office or when in connection with other covered inpatient or outpatient surgery.	100% coverage.
<b>Tubal Ligation</b> (See below)	
<u>Physician service</u>	100% coverage.
<u>Outpatient facility services</u>	100% coverage.
<u>Inpatient facility charges</u>  (covered only when in connection with delivery or other covered inpatient surgery)	100% coverage.

Benefits	
HMO Benefits	
<b>Other Services</b>	
<b>Hemodialysis/End Stage Renal Diseases (ESRD)</b>	100% coverage for Medicare-covered hemodialysis.
<b>Dental Services</b> Prior authorization applies.  Preventive dental services (such as cleaning) not covered.	In general, you pay 100% for dental services.
<b>Temporomandibular Joint Syndrome (TMJS) Treatment</b>	80% coverage.
<b>Orthognathic Treatment</b>	80% coverage.
<b>Certain Oral Surgery Services</b> Prior authorization applies. Limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease, or services that would be covered when provided by a doctor.	100% coverage for Medicare-covered oral surgery services.
<b>Hearing Services</b>	100% coverage for routine hearing tests, including diagnostic hearing exams.  You are covered for up to \$500 for hearing aids/hearing aid services every three years There is no copay for hearing aids/hearing aid services from any hearing aid provider.

<b>Benefits</b>	<b>HMO Benefits</b>
<b>Other Services (continued)</b>	
<b>Vision Services</b>	<p>You pay \$10 for each eye exam for diagnosis and treatment of diseases and conditions of the eye</p> <p>You pay 100% for routine eye exams and glasses or contact lenses.</p> <p>100% coverage for one pair of Medicare covered eyeglasses or contact lenses after each cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>
<b>Physical Examinations</b>	<p>You pay \$10 for each exam.</p> <p>You are covered up to 1 exam every year.</p>

**Benefits****HMO Benefits****Prescription Drug Benefits****Drugs covered under Part B (original Medicare)**

“Drugs” includes substances that are naturally present in the body, such as blood-clotting factors. Covered drugs include, but aren’t limited to, the following:

- Drugs that usually aren’t self-administered by the patient and are injected while you are getting physician services.
- Drugs you take using durable medical equipment (such as nebulizers) that was authorized by the plan.
- Clotting factors you give yourself by injection if you have hemophilia.
- Immunosuppressive drugs, if you have had an organ transplant that was covered by Medicare.
- Injectable osteoporosis drugs, if you are homebound, have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis, and cannot self-administer the drug.
- Antigens.
- Certain oral anti-cancer drugs and anti-nausea drugs.
- Certain drugs for home dialysis, including heparin, the antidote for heparin when medically necessary, topical anesthetics, Erythropoietin (Epogen®) or Epoetin alfa, and Darboetin Alfa (Aranesp®).
- Intravenous Immune Globulin for the treatment of primary immune deficiency diseases in your home.

100% coverage for the cost of Part B-covered chemotherapy drugs.

Obtained in Plan Provider’s Office:

- 100% coverage for other Part B-covered drugs. Office visit copay may apply.

Obtained in a Plan Pharmacy or Plan Mail Order Service:

- 80% coverage for other Part B-covered drugs.

## Benefits

### Prescription Drug Benefits, continued

#### Drugs Covered Under Medicare Part D Prescription Drug Benefit

- This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes (and the change applies to you), you will be notified, in writing, before the change. For additional information about the drug formulary contact **PriorityMedicare**.
- Different out-of-pocket costs may apply for people who
  - have limited incomes,
  - live in long term care facilities, or
  - have access to Indian/Tribal/Urban (Indian Health Service).
- The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).
- Total yearly drug costs are the total drug costs paid by both you and the plan.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Some drugs have quantity limits.
- Your provider must get prior authorization from **PriorityMedicare Plus** for certain drugs.
- The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.
- If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.

- \$0 deductible.

#### Basic Coverage

Before your yearly out-of-pocket drug costs reach \$4,350 for Medicare Part D Drugs:

#### Retail Pharmacy:

- \$5 copay for a one-month (31-day) supply of generic drugs.
- \$15 copay for a three-month (90-day) supply of generic drugs.
- \$10 copay for a one-month (31-day) supply of Brand drugs.
- \$30 copay for a three-month (90-day) supply of Brand drugs.

#### Long-Term Care Pharmacy:

- \$5 copay for a one-month (31-day) supply of generic drugs.
- \$10 for a one-month (31-day) supply of Brand drugs.

#### Mail Order Pharmacy:

- \$5 copay for a three-month (90-day) supply of Generic drugs.
- \$10 copay for a three-month (90-day) supply of Brand drugs.

## Benefits

### Prescription Drug Benefits, continued

#### Drugs Covered Under Medicare Part D Prescription Drug Benefit (continued)

#### Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4,350 for Medicare Part D Drugs:

#### Retail Pharmacy:

- For Generic drugs (including brand drugs treated as generic) for a one-month (31-day) supply, you pay the greater of \$2.40 copay **or** 5% coinsurance up to a maximum of \$5.
- For Generic drugs (including brand drugs treated as generic) for a three-month (90-day) supply, you pay the greater of \$2.40 copay **or** 5% coinsurance up to a maximum of \$15.
- For all other drugs for a one-month (31-day) supply, you pay the greater of \$6.00 copay **or** 5% coinsurance up to a maximum of \$10.
- For all other drugs for a three-month (90-day) supply, you pay the greater of \$6.00 copay **or** 5% coinsurance up to a maximum of \$30.

#### Mail Order Pharmacy:

- For Generic drugs (including brand drugs treated as generic) for a three-month (90-day) supply, you pay the greater of \$2.40 copay **or** 5% coinsurance up to a maximum of \$5.
- For all other drugs for a three-month (90-day) supply, you pay the greater of \$6.00 copay **or** 5% coinsurance up to a maximum of \$10.

## Benefits

### Prescription Drug Benefits, continued

#### Non-Medicare Drugs Covered Under Your Prescription Drug Benefit

- Barbiturates and Benzodiazepines
- Drugs, such as Viagra, Cialis, Levitra, and Caverject, when used for the treatment of sexual or erectile dysfunction
- Drugs when used to promote fertility

#### Retail Pharmacy:

- \$5 copay for a one-month (31-day) supply of generic drugs.
- \$15 copay for a three-month (90-day) supply of generic drugs.
- \$10 copay for a one-month (31-day) supply of brand drugs.
- \$30 copay for a three-month (90-day) supply of brand drugs.
- 50% coinsurance for a one-month (31-day) or a three-month (90-day) supply of infertility drugs.

#### Long-Term Care Pharmacy:

- \$5 copay for a one-month (31-day) supply of generic drugs.
- \$10 for a one-month (31-day) supply of brand drugs.
- 50% coinsurance for a one-month (31-day) supply of infertility drugs.

#### Mail Order Pharmacy:

- \$5 copay for a three-month (90-day) supply of generic drugs.
- \$10 copay for a three-month (90-day) supply of brand drugs.
- 50% coinsurance for a three-month (90-day) supply of infertility drugs.

#### All Covered Drugs

#### Out-of-Network

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.