

Summary of benefits

This booklet gives you a summary of the benefits you can expect when you choose a PriorityMedicare Employer plan.

PriorityMedicareSM (Employer HMO)

State of Michigan

January 1, 2021 - December 31, 2021

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

Overview of in-network benefits

Deductible	Maximum out-of-pocket responsibility	Primary care physician (PCP)	Specialist visit
\$125	\$500	\$20*	\$20*

Emergency care	Urgently needed services	Ambulance	Inpatient hospital
\$65*	\$20*	\$0	\$0 for each stay

Outpatient hospital	Outpatient diagnostic radiology	Outpatient tests and labs	Outpatient x-rays
\$0	\$0*	\$0 tests, \$0* for labs	\$0

Cardiac/pulmonary	PT/OT/ST	Outpatient mental health	Chiropractic care
Cardiac rehab: \$0* Pulmonary rehab: \$20*	\$20*	Individual visits: \$20* Group visits: \$20*	\$20

Durable medical equipment	Prosthetics & orthotics	Diabetic supplies	Podiatry (foot care)
\$0*	\$0*	\$0*	\$0*

Diabetic test strips are limited to OneTouch® (JJHCS), Breeze® (Bayer) and Contour® (Bayer) products when dispensed by a retail pharmacy or mail-order pharmacy.

Preventive care: Services that Medicare pays for to keep you healthy

\$0* for preventive services such as mammograms, colonoscopy screening and immunizations.

*Deductible does not apply

Prior authorization may apply for some benefits. Contact the plan for more information.

Overview of in-network benefits

Skilled nursing facility (SNF)	Inpatient mental health care	Hospice care Services are covered by Original Medicare.	Home health care
\$0 for each stay	\$0 for each stay	\$0 for the initial consultation	\$0

Hearing services	Vision services
Diagnostic exam \$0*	Diagnostic exam \$20*
Routine exam \$0*	Routine exam \$0*
Hearing aids \$500* allowance every three years	Eyewear \$200* allowance every year for non-Medicare covered eyewear. \$0* for Medicare-covered eyewear after cataract surgery.

Supplemental benefits: Available services because you have Priority Health Medicare

\$0* for nutrition education, in-home safety assessments and telemonitoring.

\$0* for a membership at participating SilverSneakers® fitness centers and access to online educational programs and SilverSneakers On-Demand™ workout videos.

*Deductible does not apply

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Overview of in-network benefits

Medicare Part B drugs

Chemotherapy drugs	Part B drugs Obtained in a provider's office or outpatient setting	Part B drugs Obtained in a pharmacy or by mail order service
\$0*	\$0*	20%*

Part D outpatient prescription drug benefits

Prescription drug deductible: \$0

	Standard retail pharmacy	
	30-day	90-day
Tier 1	\$10*	\$30*
Tier 2	\$10*	\$30*
Tier 3	\$30*	\$90*
Tier 4	\$60*	\$180*
Tier 5	\$60*	Not offered

You have an out-of-pocket limit for Part D prescription drugs of \$1,500 for the plan year, which means you won't pay anything after you have paid this amount. As an employer sponsored plan, if you enter the coverage gap or the catastrophic coverage stage you will continue to pay the same cost share as you did in your initial coverage stage (amounts listed in the chart above).

We offer additional coverage for some prescription drugs not normally covered by a Medicare prescription drug plan. These drugs are noted in your formulary with "ED" (excluded drug.)

*Deductible does not apply

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Overview of in-network benefits

Part D outpatient prescription drug benefits

	Mail order	
	30-day	90-day
Tier 1	\$10*	\$20*
Tier 2	\$10*	\$20*
Tier 3	\$30*	\$60*
Tier 4	\$60*	\$120*
Tier 5	\$60*	Not offered

*Deductible does not apply

Prior authorization may apply for some benefits. Contact the plan for more information.

Notice of Nondiscrimination and Language Assistance Services

Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Federal law requires that we provide you with this Notice of Nondiscrimination and Language assistance services.

Free aids and services

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

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

Priority Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Priority Health Medicare customer service by calling 1.888.389.6648 (TTY users call 711), 8 a.m. - 8 p.m., 7 days a week.

To file a civil rights grievance

If you believe that Priority Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Priority Health Compliance Department
Attention: Civil Rights Coordinator
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501
Toll free: 866.807.1931 (TTY users call 711) Fax: 616.975.8850
PH-compliance@priorityhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Priority Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at *ocrportal.hhs.gov* or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at *hhs.gov/ocr/office/file/index.html*.

Contact us



If you have questions, call one of our Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711).
Call 888.389.6648 (press #3).



Email us any time. Visit prioritymedicare.com and click on **Contact Us** to send a secure email.

Please note that this is just a summary of the plans' benefits; it doesn't list every service we cover or list every limitation or exclusion. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document. Or by calling our customer service number. For additional information, call us at 888.389.6648, option 3 (TTY users should call 711). Another resource available to you when researching your Medicare options is the *2019 Medicare & You* handbook. View it online at medicare.gov or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week. TTY users should call 877.486.2048.



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