

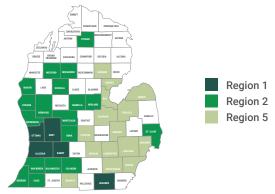
## **Priority**Medicare Edge<sup>™</sup>

(PPO)



- ✓ \$0 copay for primary care physician (PCP) office visits
- ✓ \$0 medical and prescription drug deductible
- ✓ 6 hours per month of "Companion Care" with Papa
- ✓ Over the counter (OTC) allowance \$50 per quarter

9/10 primary care providers in Michigan<sup>1</sup>, including all major hospital systems2, are in our network



Agent:

Address:

Phone:

Email:

Benefit (in-network)	2022					
Medical deductible	\$0 (combined INN/OON)					
Annual out-of-pocket maximum	\$5,300 (combined INN/OON)					
Inpatient hospital	\$350 copay per day, days 1-5					
Office visits Primary care doctor	\$0 copay					
Office visits Specialist	\$0 copay for palliative care physician office visits					
	\$45 copay for all other specialist visits					
Routine chiropractic	\$20 copay (12 visit limit)					
Outpatient diagnostic services (labs, imaging, X-rays)	\$0 copay lab services					
	\$0 copay for diagnostic procedures/tests					
	\$20 copay for X-rays					
	\$275 copay for diagnostic radiology/imaging					
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	\$325 copay					
Ambulance and ambulance stabilization	\$275 copay					
Worldwide emergency care/urgently needed services	\$90 copay/\$30 copay					
Observation	\$90 copay for each observation visit, including all services received					

Benefit (in-network)	2022				
Dental services Delta Dental®	<b>\$0 copay</b> for two exams, two cleanings (regular or periodontal maintenance), one set of bitewing X-rays and one brush biopsy, per year, and other X-rays (i.e. panoramic) once every two years				
Routine vision EyeMed®	<b>\$0 copay</b> for one routine exam (including refraction) and one retinal imaging, per year; \$100 eyewear allowance each year. Reimbursement option for out-of-network services				
Routine hearing TruHearing®	<b>\$0 copay</b> for one routine exam per year  Four levels of hearing aid copays, ranging from \$295-\$1,495 per ear, per year. Hearing aid cost includes all fitting and follow-up evaluations with in the first year and 80 batteries per hearing aid.				

## Part D prescription drugs benefit overview

**Priority**Medicare Edge has a \$0 prescription drug deductible. Amounts shown are for the initial coverage period (until drug costs reach \$4,430).

	Preferred pharmacy <sup>3</sup>			Standard pharmacy			Mail-order through Express Scripts		
	1 month supply	2 month supply	3 month supply	1 month supply	2 month supply	3 month supply	1 month supply	2 month supply	3 month supply
Tier 1 — preferred generic	\$2	\$4	\$6	\$7	\$14	\$21	\$2	\$4	\$0
Tier 2 — generic	\$8	\$16	\$24	\$13	\$26	\$39	\$8	\$16	\$0
Tier 3 — preferred brand	\$38	\$76	\$114	\$43	\$86	\$129	\$38	\$76	\$95
Tier 4 — non-preferred	40%	40%	40%	45%	45%	45%	40%	40%	40%
Tier 5 — specialty	33%	N/A	N/A	33%	N/A	N/A	33%	N/A	N/A

## PriorityMedicare Edge also includes all the benefits and extras that come standard with all Priority Health MAPD plans\*:

- ✓ No cost for diabetic supplies and test strips
- ✓ Priority Health Travel Pass for coverage that travels with you, out-of-state care at innetwork prices, access to MultiPlan® Medicare Advantage providers, unlimited worldwide emergency and urgent care and Assist America for global travel assistance.
- SilverSneakers® fitness benefit with the freedom to access online workouts or visit any participating facility anywhere, anytime
- ✓ Up to 28 fully prepared, refrigerated, home delivered meals following an inpatient stay

- ✓ BrainHQ—"A personal gym for the brain"
- ✓ Routine acupuncture
- "Free to talk" annual physical visit and annual wellness visit
- √ \$0 virtual care with primary care providers, specialists and behavioral health providers
- ✓ myStrength—The health club for your mind™
- ✓ No referrals required for specialists in- or out-of-network
- ✓ Same cost for ground and air ambulance or when stabilized on site without transport

<sup>\*</sup> Not all standard benefits listed apply to PriorityMedicare D-SNPSM

<sup>&</sup>lt;sup>1</sup> According the CMS National Downloadable File for Physicians, July 2021. Network varies by plan. <sup>2</sup> Excludes hospitals in Michigan's Upper Peninsula; based on American Hospital Directory April 2019 data and Priority Health provider contracts. Network varies by plan <sup>3</sup> Priority Health's Medicare network includes limited lower-cost, preferred pharmacies across the United States. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 888.389.6648, TTY users call 711, or consult the online pharmacy directory at prioritymedicare.com.