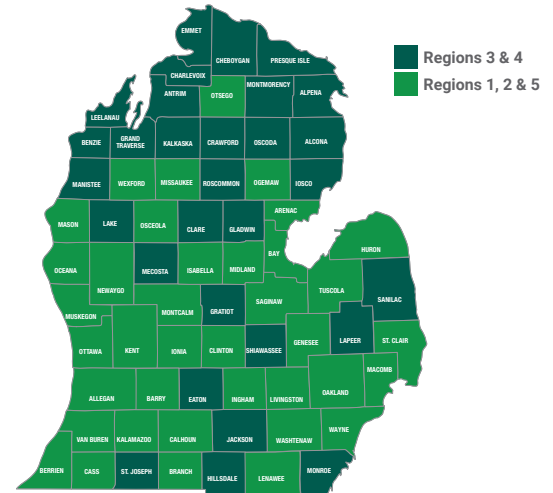




Priority Medicare KeySM

(HMO-POS)

- ✓ \$0 premium in every county in the Lower Peninsula
- ✓ \$0 in-network medical deductible and \$0 prescription drug deductible for tier 1 and tier 2
- ✓ Over-the-counter (OTC) allowance per quarter—\$75 for regions 1, 2 & 5 and \$50 for regions 3 & 4
- ✓ Out-of-state travel benefit¹ with better access to providers through the MultiPlan[®] Medicare Advantage Network, plus Assist America[®]



Benefit (in-network)	2020	2021
Medical deductible	\$0	\$0
Annual out-of-pocket maximum	\$5,500	\$5,500
Inpatient hospital	\$325 copay per day, days 1-6	\$325 copay per day, days 1-6
Office visits Primary care doctor	\$10 copay	\$10 copay
Office visits Specialist	\$45 copay	\$45 copay
Routine chiropractic	\$20 copay (12 visit limit)	\$20 copay (12 visit limit)
Outpatient diagnostic services (labs, imaging, X-rays)	\$10 copay for lab services	\$10 copay for lab services
	\$10 copay for diagnostic procedures/tests	\$10 copay for diagnostic procedures/tests
	\$35 copay for X-rays	\$35 copay for X-rays
	\$150 copay for diagnostic radiology/imaging	\$150 copay for diagnostic radiology/imaging
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	\$250 copay	\$290 copay
Ambulance and ambulance stabilization	\$250 copay	\$250 copay
Worldwide emergency care/urgently needed services	\$90 copay/\$50 copay	\$90 copay/\$50 copay
Observation	\$90 copay for each observation visit, including all services received	
Preventive dental (with Delta Dental [®])	\$0 copay for two exams, two cleanings (regular or periodontal maintenance) and one set of bitewing X-rays each year	
Routine vision (with EyeMed [®])	\$0 copay for one routine exam (includes refraction) and one retinal imaging, per year; \$100 eyewear allowance each year	
Routine hearing (with TruHearing [™])	\$0 copay for one routine exam per year Four levels of hearing aid copays, ranging from \$295 to \$1,495 per ear, per year Hearing aid cost includes three fitting and follow-up evaluations within the first year and 48 batteries per hearing aid	

Part D prescription drugs benefit overview

PriorityMedicare Key has a \$100 (tiers 3-5 only) prescription drug deductible.

Amounts shown are for the initial coverage period (until drug costs reach \$4,130).

	Preferred pharmacy ²			Standard pharmacy			Mail-order pharmacy		
	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)	\$4	\$8	\$12	\$10	\$20	\$30	\$4	\$8	\$0
Tier 2 (generic)	\$15	\$30	\$45	\$20	\$40	\$60	\$15	\$30	\$0
Tier 3 (preferred brand)	\$42	\$84	\$126	\$47	\$94	\$141	\$42	\$84	\$105
Tier 4 (non-preferred)	45%	45%	45%	50%	50%	50%	45%	45%	45%
Tier 5 (specialty)	31%	N/A	N/A	31%	N/A	N/A	31%	N/A	N/A

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

- ✓ \$0 in-network medical deductible
- ✓ \$0 prescription drug deductible for tier 1 and tier 2
- ✓ No cost for diabetic glucose monitors and test strips
- ✓ Enhanced out-of-state coverage¹ (with MultiPlan[®] Medicare Advantage Network)
- ✓ Nationwide, embedded benefits that all members can use to save money, like:
 - Dental with two exams, two cleanings and a set of bitewing X-rays at no cost
 - Vision with \$100 eyewear allowance
 - Hearing with affordable hearing aid pricing
- ✓ SilverSneakers[®] fitness benefit with the freedom to access online workouts or visit any participating facility anywhere, anytime
- ✓ BrainHQ—“A personal gym for the brain”
- ✓ Assist America[®] for global emergency travel assistance
- ✓ New routine acupuncture
- ✓ “Free to talk” annual physical visit and annual wellness visit
- ✓ 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

*Not all standard benefits listed apply to **Priority**Medicare D-SNPSM

¹ 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.

² 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.

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