



2024 Medicare Update



FORD
INSURANCE AGENCY



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan



**Priority
Health**[™]



Frequently Asked Questions

Frequently Asked Questions

- Do I have to do anything to continue with my plan if I am happy with it?
- If I'm on a plan with a premium, should I change to a \$0 plan?
- How do I add extra Dental or Vision to my plan?
- What do I do if I want to change my plan?
- Do I need to show my red, white and blue Medicare card to the doctor?
- Do I get a dental and vision card?



Medicare Advantage Plans



Medicare Supplement / Medigap Plans



Under 65 Health Insurance Plans

BCBSM Medicare Plus Blue PPO Overview



PPO

Blue Part B Credit Plan

Blue "Retail Plan"

Blue Essential

Blue Vitality

Blue Signature

Blue Assure

Introducing Two New PPO plans for 2024!

- Medicare Plus Blue PPO Part B Credit plan
- Medicare Plus Blue PPO "Retail Plan" – name to be announced

Plan Advantages

- Members can choose any doctor, specialist, or hospital in or out of network without referrals
- Both \$0 and Part B Credit plans
- \$0 premium plans with \$0 deductible, PCP, and more
- Part B Credit features \$100 giveback, comparable medical and drug benefits and maintains rich dental, hearing, and vision coverage
- Spectrum Health in-network physician offices and 14 hospital locations in west Michigan
- Nationwide network of Blue plan providers at in-network cost share nationwide
- Available to residents in all MI counties

PPO Plans Include

- Embedded market-leading preventive comprehensive dental services with a rich annual dental allowance
- Embedded routine hearing coverage
- Embedded vision coverage with an annual vision allowance for elective contacts or one pair of frames
- Plus optional enhanced dental and vision packages

Core benefits

- Cover ambulance response and treatment when no transport is rendered. Member pays \$90 ambulance cost share.
- Mobile mental health (regions 1, 2, & 6) \$20 - \$40 in-network copay
- Expansion of Coverage of Colorectal Cancer Screening \$0 Deductible/Copay/Coinsurance
- Additional coverage for mental health crisis \$20-40 cost share
- OTC Hearing aids can be purchased with Advantage Dollars OTC Allowance
- Expanded chronic condition criteria for Advantage Dollars OTC + food benefit

Coverage in all 83
Michigan counties



An Optional Supplemental Benefits plan can be added for additional benefits and value

PPO

Essential, Vitality, Signature, Assure, Part B Credit, "Retail Plan"*

Essential, Vitality, Signature, Assure Part B Credit*, "Retail Plan":

<\$20.50> / month

- No waiting period
- No dental deductible
- <\$1,500>* annual dental allowance (combined INN and OON), giving members total <\$3,000>* in annual dental allowance across the OSB and MSB
- <25%> in-network and <50%> out-of-network coinsurance for coverage of costly but highly utilized benefits such as dentures, bridges, implants, etc.
- <\$250> annual vision allowance in-network and <50%> coinsurance out-of-network every 12 months

* <\$1,000> allowance <\$2,500> total dental for Part B Credit plan

HMO-POS

Elements, Classic, Prestige, Community Value, Prime Value

Elements, Classic, Prestige, Prime Value, Community Value: <\$20.30> / month

- No waiting period
- No dental deductible
- <\$1,500> annual dental allowance (combined INN and OON), giving members total <\$3,000> in annual dental allowance across the OSB and MSB
- <25%> in-network and <50%> out-of-network coinsurance for coverage of costly but highly utilized benefits such as dentures, bridges, implants, etc.
- <\$250> annual vision allowance in-network and <50%> coinsurance out-of-network every 12 months

HMO

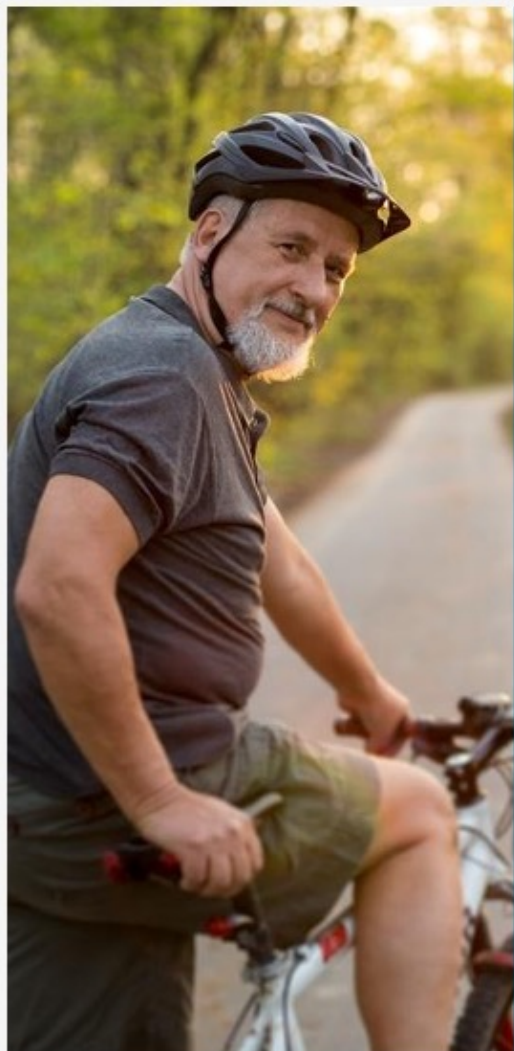
ConnectedCare, Local HMO

ConnectedCare: <\$20.30> / month

- No waiting period
- No dental deductible
- <\$1,500> annual dental allowance, giving members total <\$3,000> in annual dental allowance across the OSB and MSB
- <25%> in-network coinsurance for coverage of dentures, bridges, implants, etc.
- <\$250> annual vision allowance every 12 months
- \$600 / ear hearing aid allowance / 3 yrs

Local HMO: <\$20.30> / month

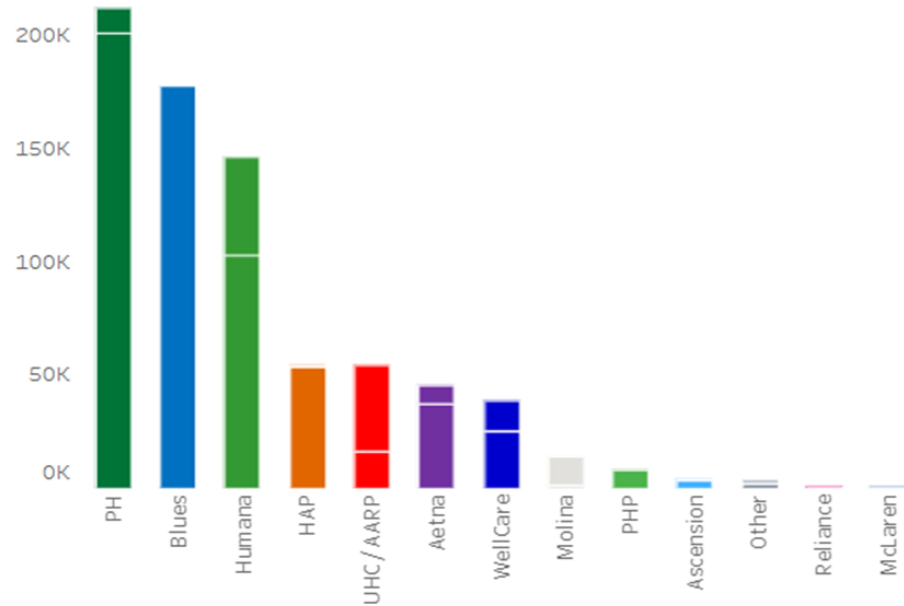
- No waiting period
- No dental deductible
- <\$1,500> annual dental allowance, giving members total <\$3,000> in annual dental allowance across the OSB and MSB
- <25%> in-network coinsurance for coverage of dentures, bridges, implants, etc.
- <\$250> annual vision allowance every 12 months





Priority Health Medicare leads the market – again.

Total Enrollment - As of July 2023



**D-SNP enrollments are shown above the white lines within the columns.*

LOCAL

Michigan-based
company



1.3M+

Priority Health Medicare,
Medicaid, Group and
Individual members



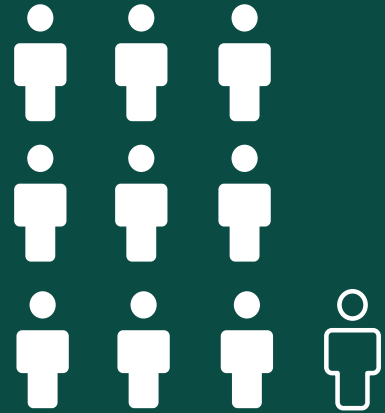
FIVE STAR

agent and
member
customer
service



250K+

Priority Health Medicare
members served



9 OUT OF 10

primary care providers
in Michigan are part
of the Priority Health
Medicare network²



30+ YEARS

of removing barriers to
health care

#1 CHOICE

for Individual
Medicare Advantage
Plan in Michigan¹



¹ According to May 2023 monthly enrollment from Centers for Medicare and Medicaid Services. ² According to CMS National Downloadable File for Physicians, July 2022. Network varies by plan.

Why 94% of our members stay with us³

“

WHAT DO YOU LOVE
ABOUT PRIORITY HEALTH?

**The over-the-counter
monthly allowance is
the best. It allows me
to buy vitamins and
supplements.**

Linda, 2 year member

”

“

WHAT DO YOU LOVE
ABOUT PRIORITY HEALTH?

**My plan is simple to
understand and fits
my needs where I am
at in life.**

Chris, 10 year member

”

“

WHAT DO YOU LOVE
ABOUT PRIORITY HEALTH?

**Priority Health is
fantastic. I don't have
to pay more to see
the doctor I prefer.**

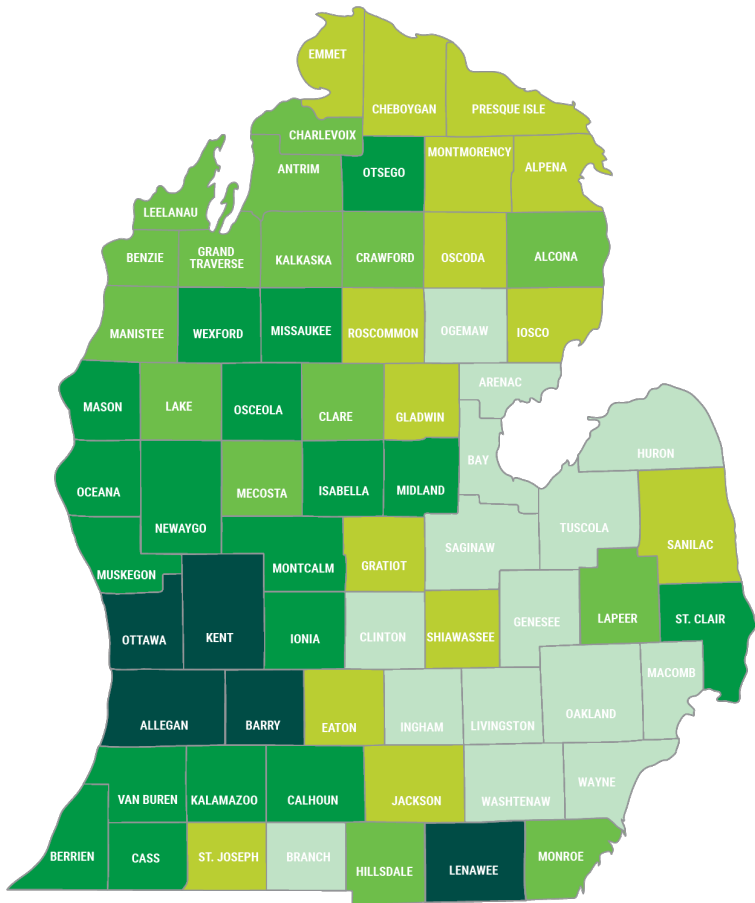
Mark, 6 year member

”

³ According to the 2021 Medicare Advantage Health and Drug Plan Disenrollment Reasons Survey Results issued by the Centers for Medicare and Medicaid Services (CMS), September 2022. Results for HMO-POS plans.



HMO-POS PLANS



- Region 1
- Region 2
- Region 3
- Region 4
- Region 5

Counties

Region 1: Allegan, Barry, Kent, Lenawee, Ottawa

Region 2:

Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford

Region 3:

Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe

Region 4:

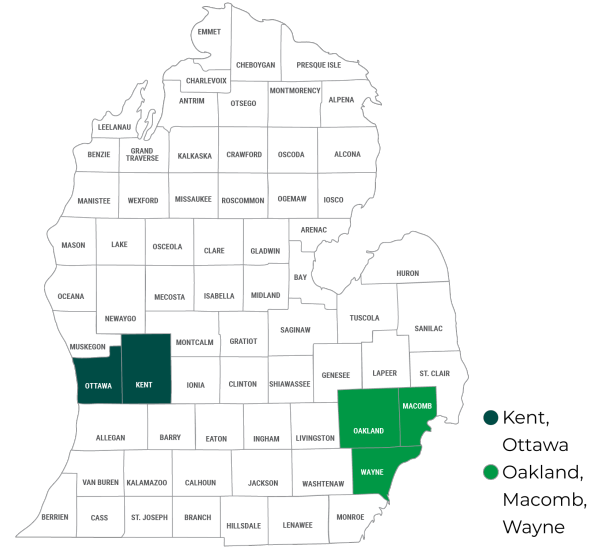
Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalamazoo, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph

Region 5:

Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne

More coverage. Extra support.

PriorityMedicare ONE is for those who prioritize affordability over other features, are engaged with their healthcare that want extra support and need regular care.



Plan highlights:



\$0 in-network deductible
\$0 Rx deductible



PriorityCare benefit with **72**
hours/year of Papa



Dental, vision, hearing
and fitness benefits



30 one-way trips to any
medical appointment within
40 miles



\$4,300 combined max out-
of-pocket



\$26/month OTC plus
allowance to use on over-
the-counter items & food (if
eligible)



PLAN DETAILS

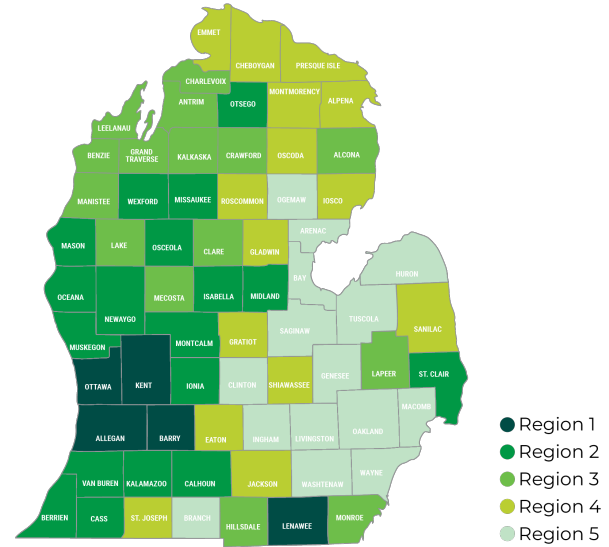
Priority Medicare ONE (HMO-POS)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$35	\$35
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$285/day, days 1-7	\$285/day, days 1-7
Outpatient hospital	\$285	\$285
Labs/tests & procedures	\$0 anticoagulant labs \$10 all other	\$0 anticoagulant labs \$10 all other
Diagnostic radiology (i.e.. MRI)	\$175	\$175
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$285	\$285

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$35	\$120/\$120/\$35
Max out-of-pocket	\$4,300	\$4,300
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0	\$0
Rx preferred	\$0/\$10/\$42/45%/33%	\$0/\$10/\$42/45%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC Plus	\$15/M for OTC + Food if SSBCI eligible	\$26/M for OTC + Food if SSBCI eligible

Most popular \$0 plan. Better benefits.

PriorityMedicare Key is for those who want affordable medical coverage. These members do not want their illness to take over their life, so they are looking for medical benefits designed around them.



Plan highlights:



\$0 In-network medical deductible
\$0 Rx deductible



\$0 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



Embedded comprehensive dental up to **\$2,500** per year



\$74-\$100/quarter OTC plus allowance to use on over-the-counter items & food (if eligible)



Priority Travel Pass gives you in-network coverage wherever you go



Free and convenient fitness program giving you access to classes and centers nationwide



PLAN DETAILS

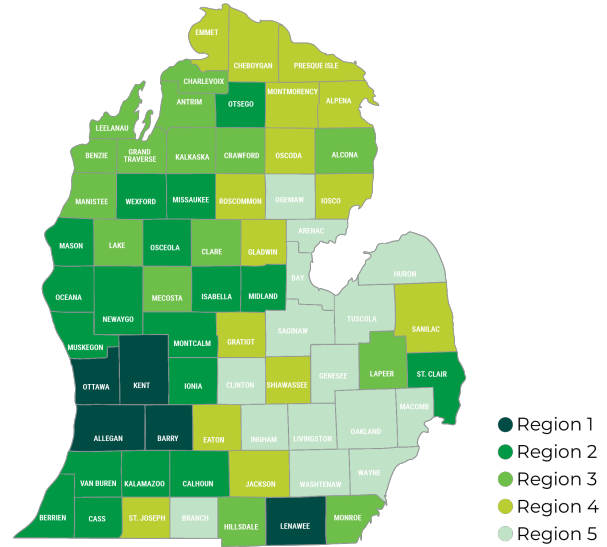
Priority Medicare Key (HMO-POS)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0 (Regions 1, 2 & 5) \$10 (Regions 3 & 4)	\$0 (Regions 1, 2 & 5) \$10 (Regions 3 & 4)
Specialist visit	\$45	\$45
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$325/day, days 1-6	\$320/day, days 1-7
Outpatient hospital	\$290	\$290
Labs/tests & procedures	\$0 anticoagulant labs \$10 all other	\$0 anticoagulant labs \$10 all other
Diagnostic radiology (i.e. MRI)	\$160 (1, 2, 3 & 4) \$130 (5)	\$160 (1, 2, 3 & 4) \$160 (5)
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$270	\$270

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$50	\$120/\$120/\$50
Max out-of-pocket	\$5,000 (1, 2, 5) \$5,500 (3 & 4)	\$5,000 (1, 2, 5) \$5,500 (3 & 4)
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0 All Tiers	\$0 All Tiers
Rx preferred	\$4/\$15/\$42/45%/33%	\$4/\$15/\$42/45%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$80/Q (1 & 2) - OTC only \$75/Q (5) - OTC only \$55/Q (3 & 4) - OTC only	\$100/Q (1 & 2) \$95/Q (5) \$74/Q (3 & 4) for OTC + Food if SBCI eligible

Incredible coverage for members with chronic conditions.

PriorityMedicare Value is great for insulin dependent diabetics who want a lower out-of-pocket max and an affordable premium.



Plan highlights:



\$0 In-network medical deductible



\$0 Rx deductible on T1 & T2 prescriptions



Priority Travel Pass gives you in-network coverage wherever you go



\$5 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



\$40/quarter OTC allowance



Dental, vision, hearing and fitness benefits



PLAN DETAILS

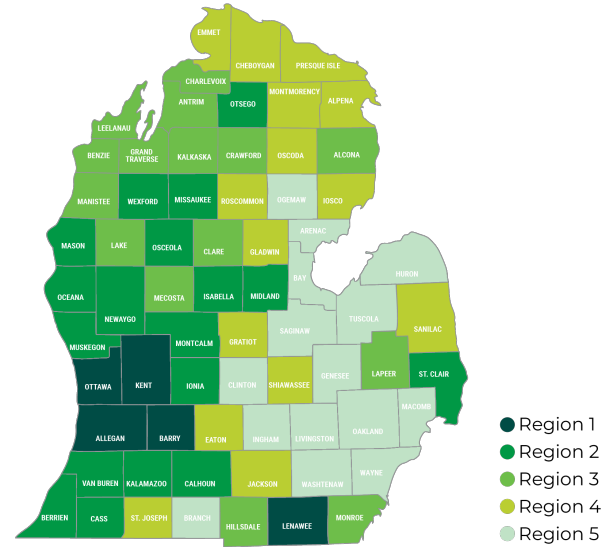
Priority Medicare Value (HMO-POS)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$5	\$5
Specialist visit	\$45	\$45
Cardiac/pulmonary rehab.	\$10	\$10
Inpatient hospital	\$325/day, days 1-5	\$325/day, days 1-5
Outpatient hospital	\$225	\$225
Labs/tests & procedures	\$0 anticoagulant labs \$10 all other	\$0 anticoagulant labs \$10 all other
Diagnostic radiology (i.e.. MRI)	\$225	\$225
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$265	\$265

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$55	\$120/\$120/\$55
Max out-of-pocket	\$4,900	\$4,900
Routine chiro (limit 12)	Not covered	Not covered
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$75 (tiers 3-5)	\$75 (tiers 3-5)
Rx preferred	\$2/\$10/\$42/50%/31%	\$2/\$10/\$42/50%/31%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$25/Q	\$40/Q

Low drug cost. Maximum medical coverage.

PriorityMedicare is great for those who need low drug costs.



Plan highlights:



\$0 In-network medical deductible



\$10 PCP
\$0 Virtual visits
\$40 Specialist



\$0 Rx deductible



\$40/quarter OTC allowance



Priority Travel Pass gives you in-network coverage wherever you go



Dental, vision, hearing and fitness benefits



PLAN DETAILS

Priority Medicare (HMO-POS)

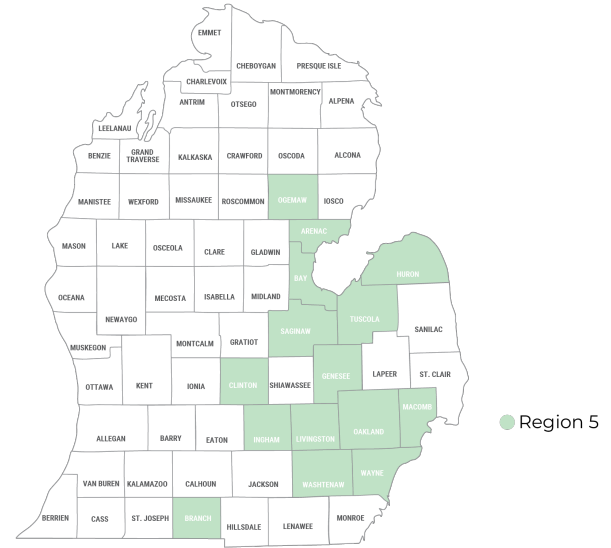
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$10	\$10
Specialist visit	\$40	\$40
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$225/day, days 1-6	\$225/day, days 1-6
Outpatient hospital	\$175	\$175
Labs/tests & procedures	\$0 anticoagulant labs \$30 all other	\$0 anticoagulant labs \$30 all other
Diagnostic radiology (i.e.. MRI)	\$125	\$125
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$210	\$210

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$50	\$120/\$120/\$50
Max out-of-pocket	\$4,500	\$4,500
Routine chiro (limit 12)	Not covered	Not covered
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0	\$0
Rx preferred	\$1/\$8/\$38/45%/33%	\$1/\$8/\$38/45%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$25/Q	\$40/Q

PPO PLANS

Affordable coverage. Active lifestyle.

PriorityMedicare Thrive is for those looking for affordability in their health coverage for when they need it. They are looking for all the extras to help them thrive in life.



Plan highlights:



\$0 in-network deductible
\$0 Rx deductible



Pay the same in and out-of-network with open network



Embedded comprehensive dental up to **\$3,000** per year



\$35/month OTC Plus allowance to use on over-the-counter items & food (if eligible)



Free and convenient fitness program giving you access to classes and centers nationwide



\$200 embedded eyewear allowance, plus hearing embedded



PLAN DETAILS

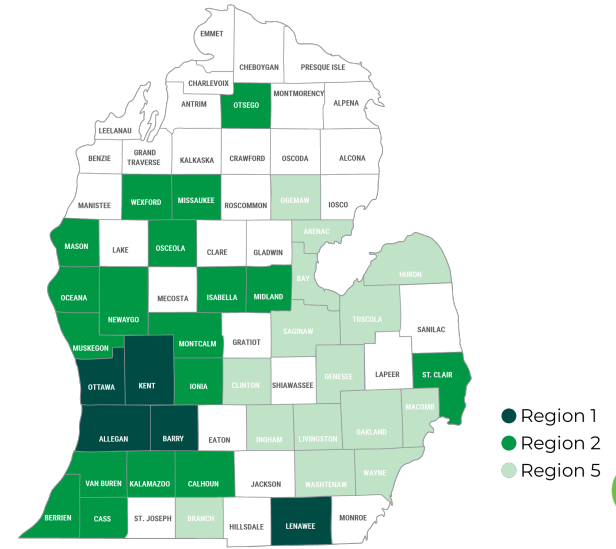
Priority Medicare Thrive (PPO)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$40	\$40
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$325/day, days 1-5	\$320/day, days 1-7
Outpatient hospital	\$275	\$275
Labs/tests & procedures	\$0	\$0
Diagnostic radiology (i.e.. MRI)	\$275	\$275
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$290	\$290

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$40	\$120/\$120/\$40
Max out-of-pocket	\$4,900	\$5,200
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0	\$0
Rx preferred	\$3/\$10/\$42/45%/33%	\$3/\$10/\$42/45%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$25/M for OTC + Food if SSBCI eligible	\$35/M for OTC + Food if SSBCI eligible

Part B credit. No medical deductible.

PriorityMedicare Vital is designed for individuals who do not use healthcare often. They are looking for low medical costs when they need it – they want money back in their pocket and ALL the extras.



Plan highlights:



\$30 Part B credit
\$0 medical deductible



Embedded comprehensive dental up to **\$2,500** per year



\$0 Rx deductible for T1 and T2 prescriptions



Pay the same in and out-of-network with open network



\$30/month OTC Plus allowance to use on over-the-counter items & food (if eligible)



\$0 copay for two advanced hearing aids (1 per ear, per year)



PLAN DETAILS

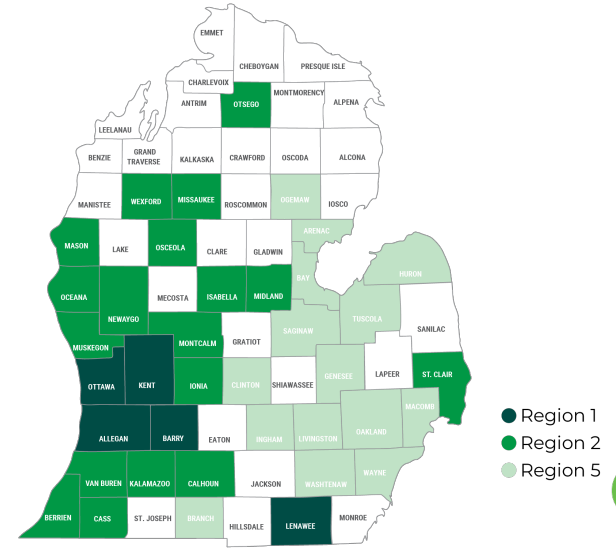
Priority Medicare Vital (PPO)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$50	\$50
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$350/day, days 1-5	\$350/day, days 1-5
Outpatient hospital	\$300	\$300
Labs/tests & procedures	\$0	\$0
Diagnostic radiology (i.e.. MRI)	20%	20%
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$265	\$265

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$60	\$120/\$120/\$60
Max out-of-pocket	\$4,900	\$5,100
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$350 (tiers 3-5)	\$350 (tiers 3-5)
Rx preferred	\$1/\$10/\$42/45%/26%	\$1/\$10/\$42/45%/26%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$20/M for OTC + Food if SSBCI eligible	\$30/M for OTC + Food if SSBCI eligible

Great support. Extra benefits.

PriorityMedicare Edge is for members who have chronic conditions that are well managed, so they want as many \$0 benefits as possible.



Plan highlights:



\$0 Medical deductible
\$0 Rx deductible



PriorityCare benefit with **48 hours/year** of Papa



Dental, vision, hearing and fitness benefits



Priority Travel Pass gives you in-network coverage wherever you go



\$0 PCP, **\$0** Labs & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



\$95/quarter OTC allowance



PLAN DETAILS

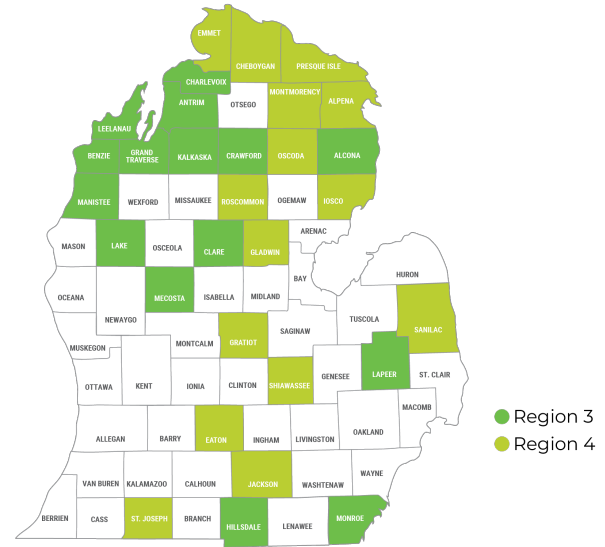
Priority Medicare Edge (PPO)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$45	\$45
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$350/day, days 1-5	\$320/day, days 1-7
Outpatient hospital	\$325	\$325
Labs/tests & procedures	\$0	\$0
Diagnostic radiology (i.e.. MRI)	\$270	\$270
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$275	\$275

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$30	\$120/\$120/\$30
Max out-of-pocket	\$5,300	\$5,300
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0	\$0
Rx preferred	\$2/\$8/\$38/40%/33%	\$2/\$8/\$38/40%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$60/Q	\$95/Q

Open network. Optimal costs.

PriorityMedicare Compass is for individuals who enjoy traveling and want to ensure they are covered wherever they go. They are relatively healthy, so they do not want the burden of high expenses.



Plan highlights:



\$0 Medical deductible
\$0 Rx deductible



PriorityCare benefit with **36 hours/year** of Papa



Dental, vision, hearing and fitness benefits



Pay the same in and out-of-network with open network



\$0 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



\$80/quarter OTC allowance



PLAN DETAILS

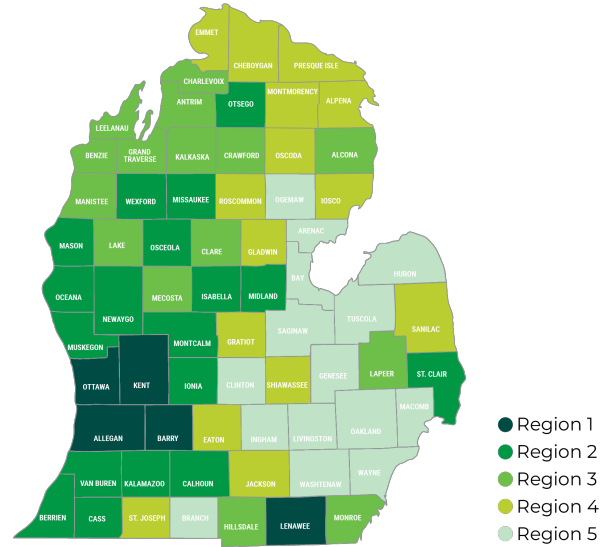
Priority Medicare Compass (PPO)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$50	\$50
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$350/day, days 1-5	\$320/day, days 1-7
Outpatient hospital	\$325	\$325
Labs/tests & procedures	\$0 for anticoagulant labs \$20 for all other	\$0 for anticoagulant labs \$20 for all other
Diagnostic radiology (i.e. MRI)	\$275	\$275
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$325	\$325

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$30	\$120/\$120/\$30
Max out-of-pocket	\$5,650	\$5,650
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0 All Tiers	\$0 All Tiers
Rx preferred	\$4/\$15/\$42/45%/33%	\$4/\$15/\$42/45%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$35/Q	\$80/Q

Extra care. Affordable coverage.

PriorityMedicare Ideal is meant for those who are looking for a low premium plan.



Plan highlights:



\$0 combined medical deductible
\$0 Rx deductible on T1 & T2



\$15 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



PriorityCare benefit with **48 hours/year** for Papa



\$80/quarter OTC allowance



Priority Travel Pass gives you in-network coverage wherever you go



Dental, vision, hearing and fitness benefits



PLAN DETAILS

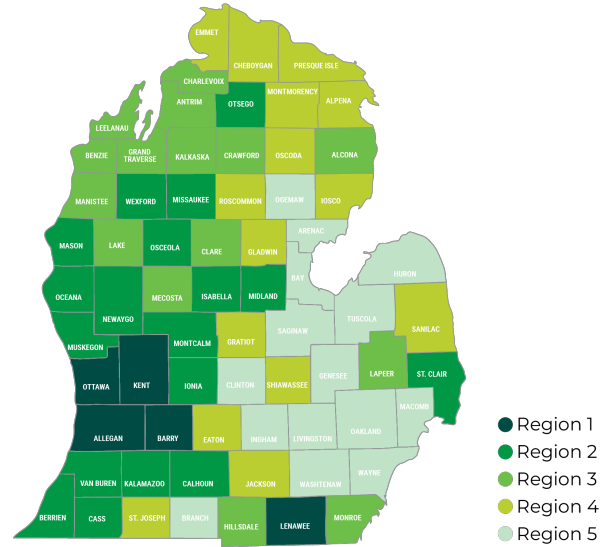
Priority Medicare Ideal (PPO)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$15	\$15
Specialist visit	\$45	\$45
Cardiac/pulmonary rehab.	\$10	\$10
Inpatient hospital	\$300/day, days 1-6	\$300/day, days 1-6
Outpatient hospital	\$250	\$250
Labs/tests & procedures	\$0 for anticoagulant labs \$15 for all other	\$0 for anticoagulant labs \$15 for all other
Diagnostic radiology (i.e. MRI)	\$140	\$140
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$240	\$240

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$50	\$120/\$120/\$50
Max out-of-pocket	\$5,800	\$5,800
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$125 (tiers 3-5)	\$125 (tiers 3-5)
Rx preferred	\$4/\$13/\$42/50%/30%	\$4/\$13/\$42/50%/30%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$80/Q	\$80/Q

More care. Additional coverage.

PriorityMedicare Merit is designed for members who want a peace of mind.



Plan highlights:



\$0 combined medical deductible



\$20 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



\$0 Rx deductible on T1 & T2 prescriptions



\$4,100 maximum-out-of-pocket



Priority Travel Pass gives you in-network coverage wherever you go



Dental, vision, hearing and fitness benefits



PLAN DETAILS

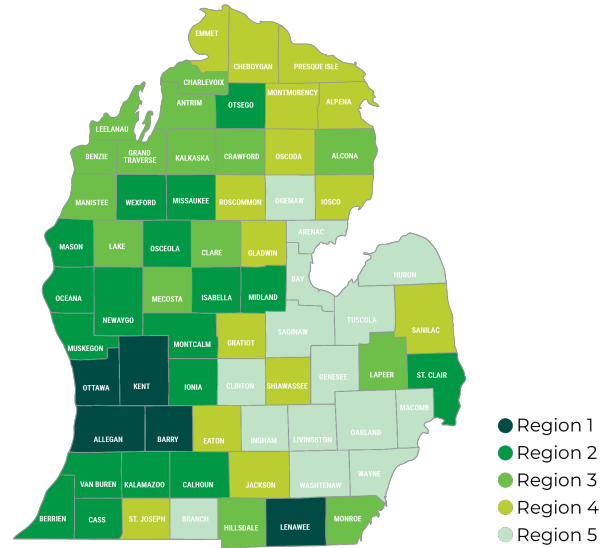
Priority Medicare Merit (PPO)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$20	\$20
Specialist visit	\$45	\$45
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$375-day, days 1-5	\$375-day, days 1-5
Outpatient hospital	\$225	\$225
Labs/tests & procedures	\$0 for anticoagulant labs \$20 for all other	\$0 for anticoagulant labs \$20 for all other
Diagnostic radiology (i.e. MRI)	\$125	\$125
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$270	\$270

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$55	\$120/\$120/\$55
Max out-of-pocket	\$4,100	\$4,100
Routine chiro (limit 12)	Not covered	Not covered
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0	\$0
Rx preferred	\$2/\$10/\$42/50%/33%	\$2/\$10/\$42/50%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	Not covered	\$25/Q

Maximum coverage with low out-of-pocket.

PriorityMedicare Select offers members the highest coverage with a low maximum-out-of-pocket.



Plan highlights:



\$0 In-network medical deductible



\$3,500 maximum-out-of-pocket



\$15 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



\$25/quarter OTC allowance



Priority Travel Pass gives you in-network coverage wherever you go



Dental, vision, hearing and fitness benefits



PLAN DETAILS

Priority Medicare Select (PPO)

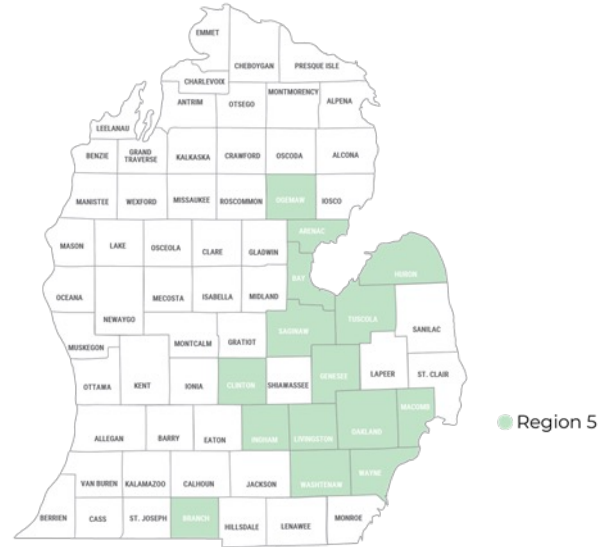
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$15	\$15
Specialist visit	\$40	\$40
Cardiac/pulmonary rehab.	\$15	\$15
Inpatient hospital	\$200/day, days 1-6	\$200/day, days 1-6
Outpatient hospital	\$200	\$200
Labs/tests & procedures	\$0 for anticoagulant labs \$20 for all other	\$0 for anticoagulant labs \$20 for all other
Diagnostic radiology (i.e. MRI)	\$75	\$75
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$215	\$215

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$50	\$120/\$120/\$50
Max out-of-pocket	\$3,500	\$3,500
Routine chiro (limit 12)	Not covered	Not covered
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0	\$0
Rx preferred	\$1/\$6/\$37/45%/33%	\$1/\$6/\$37/45%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	Not covered	\$25/Q

D-SNP PLANS

Expanded access. Enhanced benefits.

PriorityMedicare D-SNP Advantage is designed for our most vulnerable members who have both Medicare and Medicaid coverage. These individuals likely have multiple chronic conditions/disabilities who face social factors that contribute to poor health outcomes.



Plan highlights:



PriorityCare benefit with **100 hours/year** of companion care



30 one-way trips to any medical appointment within **40** miles



\$0 copay for two advanced hearing aids (1 per ear, per year)



\$200 embedded eyewear allowance



Preventive & comprehensive dental up to **\$4,000 annual max**



\$106/month flex card to use on OTC items, food, utilities and pest control



PLAN DETAILS

Priority Medicare D-SNP Advantage (HMO)

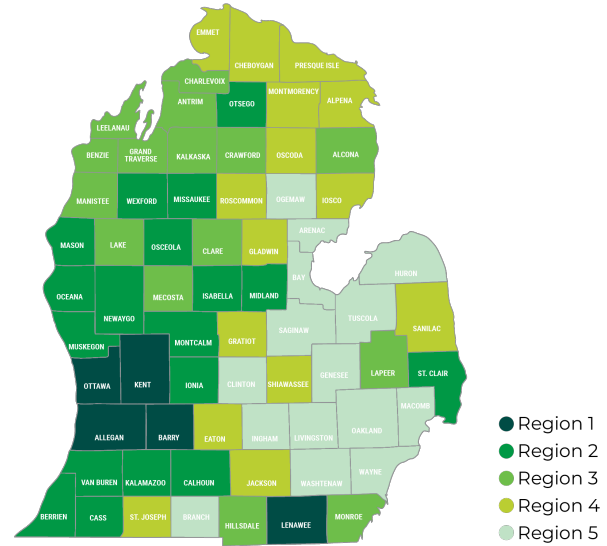
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$0	\$0
Cardiac/pulmonary rehab.	\$0	\$0
Inpatient hospital	\$0	\$0
Outpatient hospital	\$0	\$0
Labs/tests & procedures	\$0	\$0
Diagnostic radiology (i.e.. MRI)	\$0	\$0
Outpatient behavioral health visit	\$0	\$0
Ambulance (transport or treat/non-transport)	\$0	\$0

In-network benefit	2023	2024
ER/Observation/UC	\$0	\$0
Max out-of-pocket	\$0	\$0
Rx deductible	\$0	\$0

All services covered by Original Medicare are a \$0 liability to the D-SNP member

Statewide coverage. Seamless support.

PriorityMedicare D-SNP is designed for our most vulnerable members who have both Medicare and Medicaid coverage. These individuals likely have multiple chronic conditions/disabilities. They also face social factors that contribute to poor health and outcomes.



Plan highlights:



PriorityCare benefit **with 100 hours/year** of companion care



30 one-way trips to any medical appointment within **40** miles



\$0 copay for two advanced hearing aids (1 per ear, per year)



\$200 embedded eyewear allowance



Preventive & comprehensive dental up to **\$2,500 annual max**



\$222/quarter flex card to use on OTC items, food, utilities and pest control



PLAN DETAILS

Priority Medicare D-SNP (HMO)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$0	\$0
Cardiac/pulmonary rehab.	\$0	\$0
Inpatient hospital	\$0	\$0
Outpatient hospital	\$0	\$0
Labs/tests & procedures	\$0	\$0
Diagnostic radiology (i.e.. MRI)	\$0	\$0
Outpatient behavioral health visit	\$0	\$0
Ambulance (transport or treat/non-transport)	\$0	\$0

In-network benefit	2023	2024
ER/Observation/UC	\$0	\$0
Max out-of-pocket	\$0	\$0
Rx deductible	\$0	\$0

All services covered by Original Medicare are a \$0 liability to the D-SNP Advantage member

PLAN PREMIUMS

	Region 1	Region 2	Region 3	Region 4	Region 5	DV Package Buy-up
Priority Medicare ONE (HMO-POS) Kent, Ottawa, Wayne, Oakland and Macomb	\$0	\$0	\$0	\$0	\$0	\$42
Priority Medicare Key (HMO-POS)	\$0	\$0	\$0	\$0	\$0	\$33
Priority Medicare Value (HMO-POS)	<i>\$15*</i> \$12	<i>\$34</i> \$31	<i>\$71</i> \$68	<i>\$46</i> \$43	<i>\$34</i> \$31	\$42
Priority Medicare (HMO-POS)	<i>\$76</i> \$74	<i>\$81</i> \$79	<i>\$115</i> \$113	<i>\$105</i> \$103	<i>\$61</i> \$59	\$42
Priority Medicare Thrive (PPO)	--	--	--	--	\$0	\$33
Priority Medicare Vital (PPO)	\$0	\$0	--	--	\$0	\$33
Priority Medicare Edge (PPO)	\$0	\$0	--	--	\$0	\$42
Priority Medicare Compass (PPO)	--	--	\$0	\$0	--	\$42
Priority Medicare Ideal (PPO)	<i>Was \$25 across all Regions – now \$19</i>					\$42
Priority Medicare Merit (PPO)	<i>\$61</i> \$60	<i>\$74</i> \$73	<i>\$105</i> \$104	<i>\$119</i> \$118	<i>\$96</i> \$95	\$42
Priority Medicare Select (PPO)	\$157	\$147	\$206	\$223	\$212	\$42
Priority Medicare D-SNP Advantage	--	--	--	--	\$0	N/A
Priority Medicare D-SNP	\$0	\$0	\$0	\$0	\$0	N/A

*Premiums in italics are 2023; bolded green are reductions for 2024.

EMBEDDED EXTRAS

Embedded Extras

Great benefits. Great Support.

Supplemental Benefit	Medicare	Select	Merit	Value	Ideal	Edge	Compass	Key	Vital	Thrive	ONE	D-SNP	D-SNP Advantage
Abridge®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
myStrength®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BrainHQ®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
OTC only	\$40/Q	\$25/Q	\$25/Q	\$40/Q	\$80/Q	\$95/Q	80/Q		-	-	-	-	-
OTC + Food *Food if SSBCI	-	-	-	-	-	-	-	Key 1&2 \$100/Q Key 3&4 \$74/Q Key 5 \$95/Q	\$30/M	\$35/M	\$26/M	-	-
Mom's Meals®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Multiplan®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	-
Assist America®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	-
Papa®					48 hours/year	48 hours/year	36 hours/year				72 hours/year	100 hours/year	100 hours/year
SilverSneakers®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PERs	-	-	-	-	-	-	-	-	-	-	-	✓	✓
Transportation (Saferide®)	-	-	-	-	-	-	-	-	-	-	✓	✓	✓
PriorityFlex												\$222/Q	\$106/M

Dental Coverage



- Comprehensive dental on **Priority**Medicare Key, **Priority**Medicare Thrive and **Priority**Medicare Vital includes:
 - 100% coverage for fillings, crown repairs, non-surgical (“simple”) extractions and anesthesia when used during any of these services.
- Annual maximums on these three plans applies ONLY to the embedded comprehensive dental services:
 - **Priority**Medicare Key: \$2,500
 - **Priority**Medicare Vital: **\$2,500** (was \$1,500)
 - **Priority**Medicare Thrive: **\$3,000** (was \$1,500)



Vision Coverage

- Medical coverage: \$0 annual glaucoma screenings and annual diabetic retinopathy screenings. A specialty copay applies for Medicare-covered exams to diagnose and treat disease or conditions of the eye.
- Members will pay an outpatient surgery copay for cataract surgery. There is a chance the member may pay up to a 20% coinsurance for a Part B injection if it goes beyond the standard procedure.
 - After surgery there is a \$0 copay Medicare-covered eyewear after each cataract surgery that includes insertion of an intraocular lens.



Vision Coverage

- Routine coverage: provided by EyeMed®
- 100% coverage for one routine eye exam including refraction and dilation and one non-Medicare covered retinal imaging and a \$100-\$200 eyewear allowance depending on plan.
- Members can use services with a non-EyeMed provider
 - Up to \$50 reimbursement for one routine vision exam, including dilation and refraction, as necessary.
 - Up to \$20 reimbursement for non-Medicare covered retinal imaging.
 - Member can use their eyewear allowance out-of-network but they will have to submit for reimbursement.

Optional *enhanced* dental and vision

	PM Key, PM Vital and PM Thrive	PM Value, PM Merit, PM, PM Select, PM Ideal, PM Compass, PM Edge and PM ONE
Monthly premium	\$33	\$42
Dental (Delta Dental®)	<p>\$0 copay for emergency treatment of dental pain, anesthesia and one fluoride treatment</p> <p>50% coinsurance for crowns/onlays, root canals, denture relines & repairs, bridge repairs and surgical extractions/oral surgery</p> <p>50% coinsurance for implants & implant repairs</p> <p>50% coverage for dentures</p> <p>\$2,500 annual coverage limit</p>	<p>\$0 copay for fillings, crown repairs, emergency treatment of dental pain, anesthesia and one fluoride treatment</p> <p>50% coinsurance for crowns/onlays, root canals, denture relines & repairs, bridge repairs, simple extractions and surgical extractions/oral surgery</p> <p>50% coinsurance for implants & implant repairs</p> <p>50% coverage for dentures</p> <p>\$2,500 annual coverage limit</p>
Vision (EyeMed®)	\$150 additional eyewear allowance per year with OON reimbursement option	



Optional enhanced dental and vision

- Available to individual Priority Health Medicare Advantage members
 - Runs on calendar year, no deductibles and no waiting periods and benefits are offered as a package
- Easy to enroll
 - Either click the box during MAPD enrollment, or enroll within two months of a member's MAPD effective date at priorityhealth.com/enrollDV
- Find in-network providers
 - Dental: priorityhealth.com/findadoc, choose Medicare plans and then dental by Delta Dental
 - Vision: priorityhealth.com/findadoc, choose Medicare plans and then vision, by EyeMed..

Hearing Coverage



- Hearing coverage provided by TruHearing®
 - Members should call TruHearing to set up their first appointment.
- 100% coverage for one routine hearing exam every year.
- Hearing aid coverage:
 - **Priority** Medicare D-SNP, **Priority** Medicare D-SNP Advantage and **Priority** Medicare Vital include 100% coverage for two Advanced Aids, one per ear per year.
 - All other Priority Health Medicare plans cover hearing aids on a 4-tier copay structure. Aids range from \$295-\$1,295.

PriorityCare

PriorityCare is our benefit package that includes all of the services offered by Papa on select plans.

1. In-person or virtual **companion care**
 - o Hourly allowances moving from monthly to yearly, allowing members greater flexibility to use as needed.
 - o Papa Pals can help with things such as:
 - Household chores
 - Transportation
 - Grocery shopping
 - Light meal prepping
 - Companionship
 - Technical set-up and how-to
2. Unlimited **Social Care Navigation** to help members navigate plan benefits, find providers, schedule doctor appointments, transportation, etc.



Embedded hours per plan:

Plan	Companion Care	Social Care Navigation
PM Compass	36 hrs/year	Unlimited
PM Edge	48 hrs/year	Unlimited
PM Ideal	48 hrs/year	Unlimited
PM ONE	72 hrs/year	Unlimited
PM D-SNP	100 hrs/year	Unlimited
PM D-SNP Advantage	100 hrs/year	Unlimited

PriorityCare



3. Unlimited **Caregiver Support** for D-SNP members including:
 - Care advocates that have a vast knowledge of topics such as;
 - Social needs
 - Housing insecurities and resources
 - Family communication coaching
 - Community services
 - And more...
 - Care advocates have all been caregivers themselves

Transportation



- Available on **Priority** Medicare D-SNP, **Priority** Medicare ONE and **Priority** Medicare D-SNP Advantage
- Powered by **SafeRide**[®]
 - Lyft and Uber are part of the SafeRide[®] network
- Coverage includes 30 one-way trips per year; up to **40** miles per one-way trip; to/from health-related locations

Embedded per plan:

Plan

PM ONE

PM D-SNP

PM D-SNP Advantage



Over-the-Counter (OTC) Allowance

- Powered by Convey/InComm®
- Three convenient ways to shop:
 - Buy online or via mobile app
 - Call to order
 - Buy in store (**Meijer**/Walmart/ CVS/Kroger/Walgreens/Rite Aid/Family Dollar/Dollar General)
- Free shipping on all online and phone orders. Limit of 3 phone/online orders per quarter

Embedded OTC quarterly allowance per plan:

Plan	Quarterly Amt*
PM Edge	\$95 (was \$60)
PM Compass	\$80 (was \$35)
PM Ideal	\$80
PM Value	\$40
PM	\$40
PM Select	\$25
PM Merit	\$25



*Amounts do not roll over





OTC Plus Allowance

- All members who have OTC Plus can use their monthly allowance on OTC items.
- Healthy food and produce can be purchased at the same in-store retailers as OTC but can also be used towards meal/pantry boxes through Mom's Meals®.
- To be eligible for healthy food and produce members must meet **all of** the following criteria:
 - Have one or more of the qualifying comorbid and medically complex chronic conditions (Obesity added to criteria in 2024).
 - A high risk of hospitalization or other adverse health outcomes
 - Require intensive care coordination



Embedded OTC Plus allowance per plan:

Plan	Monthly Amt*
PM ONE	\$26/M
PM Vital	\$30/M
PM Thrive	\$35/M
PM Key 1 & 2	\$100/Q (was \$80)
PM Key 3 & 4	\$74/Q (was \$55)
PM Key 5	\$95/Q (was \$75)

*Amounts do not roll over



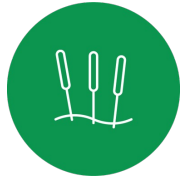


Chiropractic Coverage

- \$20 copay per service*
- All our plans offer manual manipulation of the spine to correct subluxation.
- Beyond standard coverage, non-Medicare routine visits are covered on: Compass, Edge, Ideal, Key, ONE, Thrive, Vital and both D-SNP plans.
 - Routine coverage can be used for conditions including, but not limited to, back pain, neck pain, and headache.
 - Limited to 12 routine visits and one non-Medicare covered x-ray per year.

*\$0 copay for **Priority**Medicare D-SNP and **Priority**Medicare D-SNP Advantage

Acupuncture



- \$20 copay per session*
- Up to 20 Medicare-covered sessions for chronic lower back pain
- Plus, 6 non-Medicare covered sessions for other conditions such as:
 - Chronic pain (not lower back pain)
 - Anxiety and sleep problems
 - Headaches
 - Chemo side effects

*\$0 copay for **Priority**Medicare D-SNP and **Priority**Medicare D-SNP Advantage

Abridge



- Embedded on all Priority Health Medicare Advantage plans.
- Abridge is a smartphone-based application that allows members to record conversations with their physicians.
- Members need to download the Abridge app and ask providers for permission to record to use the app.
 - A transcription of the appointment is automatically created to allow the user to go back and revisit any part of the conversation.
 - The app automatically finds the key points to provide helpful medical terms.
 - Member can access medical conversations in the app and share with caregivers, family, etc. who can access recordings via the app too.

Fitness benefits with SilverSneakers®



- Embedded on all Priority Health Medicare Advantage plans.
- Robust at-home options
 - Over 100 on-demand classes designed for all abilities.
 - SilverSneakers GO™ fitness app for additional workout ideas
 - Fitness kits (toning, strength, yoga and walking).
- Over 480 facilities in Michigan and 16,000 nationwide – find a participating location at silversneakers.com
- Members can “gym hop” at home or when traveling.
- Tuition rewards; members can earn in-person or virtually

Brain HQ



- Embedded on all Priority Health Medicare Advantage plans.
- “A personal gym for the brain”
- 29 online exercises that help with attention, brain speed, memory, people skills, navigation and intelligence
- Can be accessed via computer, tablet, smartphone, etc.

myStrength



- Embedded on all Priority Health Medicare Advantage plans.
- Access to online mental wellness tools to help: manage depression, sleep better, reduce stress, find daily inspiration and improve mood.
- Members can opt-in to having a dedicated one-on-one coach while they go through this program.
- Over 1,400 self-directed activities, each just 3-5 minutes.

Mom's meals[®]



- Eligible to anyone following an inpatient discharge from inpatient acute hospital, psychiatric hospital or SNF facility.
- \$0 for up to 28 meals (2 meals per day x14 days), up to 4 times per year.
- All members also have the option to purchase meals and pantry boxes from Mom's Meals at any point during the plan year.
 - \$7.99 per meal (\$8.99 for gluten free and renal meals) – shipping is included.
 - Members with OTC Plus or PriorityFlex can use their allowances to purchase meals.

\$0 services – across ALL plans

- “Free to talk” physical – a truly \$0 annual physical or annual wellness visit, with no hidden fees when your client’s discuss things that fall outside what’s included in these visits
- \$0 anticoagulant labs
- \$0 copay for palliative care
- \$0 for virtual visits with a primary care, specialist or behavioral health provider
- \$0 enhanced disease management
- \$0 in-home safety assessments
- \$0 nutritional education
- \$0 post-discharge in-home medication reconciliation
- \$0 telemonitoring



Prior Authorization

- No Prior Authorization changes in 2024.
- **As a reminder:** All plans require certain prior authorizations for in-network services.
 - HMO-POS plans require certain prior authorizations for out-of-network services as well.
 - PPO members do not need to get prior authorization when using out-of-network providers.



Priority Health Travel Pass

- Visitor/travel benefit allows members to reside outside of Michigan for up to 12 months
- Members pay in-network copays/coinsurance at out-of-network, Medicare participating providers, everywhere but the lower peninsula of Michigan (unless on an open network plan).
- Partnered with MultiPlan® to offer better access to Medicare providers outside Michigan
 - Members not limited to MultiPlan providers—can still get services from any Medicare-participating provider
 - MultiPlan participating providers can submit the claim to Priority Health
 - MultiPlan logo on back of ID cards

**Excludes PriorityMedicare D-SNP and PriorityMedicare D-SNP Advantage*



Priority Health Travel Pass

- Members can see Medicare-participating dentists in Delta Dental's® commercial network outside of Michigan, Indiana and Ohio
- Plus, all plans include unlimited worldwide emergent and urgent care coverage
- Includes Assist America®



Customer Service: 888.389.6648 (TTY 711)
8 a.m. to 8 p.m., seven days a week
priorityhealth.com/travelpass

- ✓ In-network prices with any Medicare-participating provider anywhere in the U.S. outside of Michigan
- ✓ Unlimited worldwide emergency and urgent coverage
- ✓ Global emergency travel assistance with Assist America®
Reference number: 01-AA-PHP-12123M

For providers: Visit priorityhealth.com/outofstateprovider or call 800.942.4765

Note: new members receive their travel pass (left) at the same time they receive their ID card.

*Excludes Priority Medicare D-SNP and Priority Medicare D-SNP Advantage

PHARMACY



Inflation Reduction Act

- Insulin coverage is capped at \$35 for a one-month supply (both Part B and Part D).
 - Part B – Members will pay 20% **UP TO** \$35. The member will never pay more than \$35.
 - Part D – A one month supply of insulin will never exceed \$35.
 - If the copay is less than \$35 it will be the lesser copay
 - If the copay is more than \$35 or a coinsurance the member will pay \$35 for a one-month supply.
- \$0 cost-share for all Part D adult vaccines.
- Expansion of Low-Income Subsidy (LIS or Extra Help) program expansion.
- Elimination of the 5% coinsurance for catastrophic coverage.



MEDIGAP

Medigap

- Members are eligible for a **12% reduction in premium** if another person in their household currently has or is enrolling in a Priority Health Medigap plan.
- **12-month rate guarantee**, with renewals on members' enrollment anniversary date each year
- **Fast-track underwriting** for applicants who are age 65+ and within three years of Part B enrollment – minimal health questions
- **No hidden fees**, and no application or association fees, so your clients start saving money sooner
- Billing starts when the plan goes into effect
- **Low or no cost sharing** for your clients
- Members have access to Assist America for global travel assistance when more than 100 miles from home or in a foreign country at no extra cost

FAQ

Frequently Asked Questions

- Do I have to do anything to continue with my plan if I am happy with it?
- If I'm on a plan with a premium, should I change to a \$0 plan?
- How do I add extra Dental or Vision to my plan?
- What do I do if I want to change my plan?
- Do I need to show my red, white and blue Medicare card to the doctor?
- Do I get a dental and vision card?



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