



Choose My**Priority**

2023 individual
and family plans

PriorityHealth 



My**Priority**[®] plans are designed to give you control over your health care spending and the peace of mind that comes with knowing you're covered.



p. 06

Plans explained

Learn important health insurance terms to help you better understand your plan.

p. 08

Why choose Priority Health?

Like you, we believe health care should be easier, more affordable and more accessible.

p. 12

The strength of our network

You have access to one of the largest individual networks of primary care doctors in lower Michigan.

p. 22

Prescription coverage

Know what drugs are covered under your plan and how to find the best price.

p. 24

MyPriority plans we offer

With Priority Health, you have choices. Learn the details of every plan option.

p. 42

Dental coverage

MyPriority Delta Dental standard and enhanced plans explained.

p. 44

Vision coverage

MyPriority EyeMed Medium and High vision coverage explained.



See prices and enroll

Open Enrollment for 2023 will run from November 1, 2022 through January 15, 2023.

Enrollment between November 1, 2022 and December 15, 2022 will have coverage effective January 1, 2023.

Enrollment between December 16, 2022 and January 15, 2023 will have coverage effective February 1, 2023.



Contact a licensed Priority Health agent.



Visit mypriority.com.



Call our enrollment specialists at 833.709.2963.

8 a.m.–8 p.m., Monday–Friday

9 a.m.–1 p.m., Saturday and Sunday



Visit one of our customer information centers.

Grand Rapids

8:30 a.m.–5 p.m., Monday–Friday

1257 E. Beltline NE, Grand Rapids, MI 49525

Holland

8:30 a.m.–5 p.m., Monday–Friday

250 E. 8th St., Holland, MI 49423

Parking lot on 9th Street

Important health insurance terms

Coverage definitions

Coinsurance

The percentage you pay for in-network health care services, generally after you meet your deductible. After you've met your deductible, coinsurance is the percentage of the cost for medical services you have to pay.

Copay

The amount you pay at the time you receive a health care service. You may also have a copay when you fill a prescription.

Deductible

The amount you pay each year before your health plan starts to pay for certain services. Deductibles generally vary by plan.

Out-of-pocket limit

Your annual maximum cost. The most you'll pay for health care services including copays, deductibles, and prescription drugs in one year. This does not include your monthly premium.

Premium

Health insurance premiums are the costs you pay, usually monthly, to keep your policy and coverage.

Network definitions

In network

The specific doctors, hospitals or labs that Priority Health contracts with to provide health care services. When you use an in-network health care provider, you usually pay less.

Out of network

These are health care services from doctors/providers, hospitals and others that have not contracted with Priority Health or are not in your plan's network. Depending on the health care provider, the service could cost more or not be paid for at all by your health insurance plan.

Plan type definitions

HMO

An HMO is a type of health plan that provides care through a designated network of doctors, specialists and facilities that members must use in order to be covered by the plan.

Health Savings Account (HSA)

A tax-free savings account used only for medical costs, an HSA is where you keep funds that you and possibly your employer contribute to pay for care and qualified medical supplies out of pocket. Similar to a retirement account, the funds are yours to own and manage.

Narrow Network

Narrow Network health plans require members to get care in their network of doctors, hospitals, labs and outpatient facilities in exchange for lower costs. Narrow network eligibility is based on your location and the health care systems in your area. If you receive care outside of your specific narrow network you may be responsible for all costs.

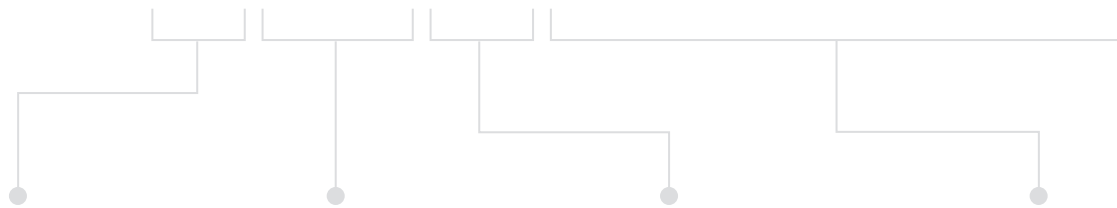
Standard Plan

Standardized plans, offered by qualified health plans (QHPs) on the federal Marketplace, allow consumers to more easily find the right form of quality, affordable health coverage for their circumstances. Standard plans have uniform plan designs with the same cost-sharing parameters from issuer to issuer, making plan choice and comparison simpler for enrollees.

Understanding plans by name

Each plan name describes a few details of what the plan includes:

My**Priority** HSA Bronze 7100 Spectrum Health Partners



Plan design

Plan designs help narrow your choices based on your personal health needs.

Metal level

Used as an indicator of costs.

Bronze – generally lower premium costs but higher out-of-pocket costs at time of service.

Silver – good balance of premium and out-of-pocket costs.

Gold – higher premiums but lower out-of-pocket costs at time of service.

Deductible

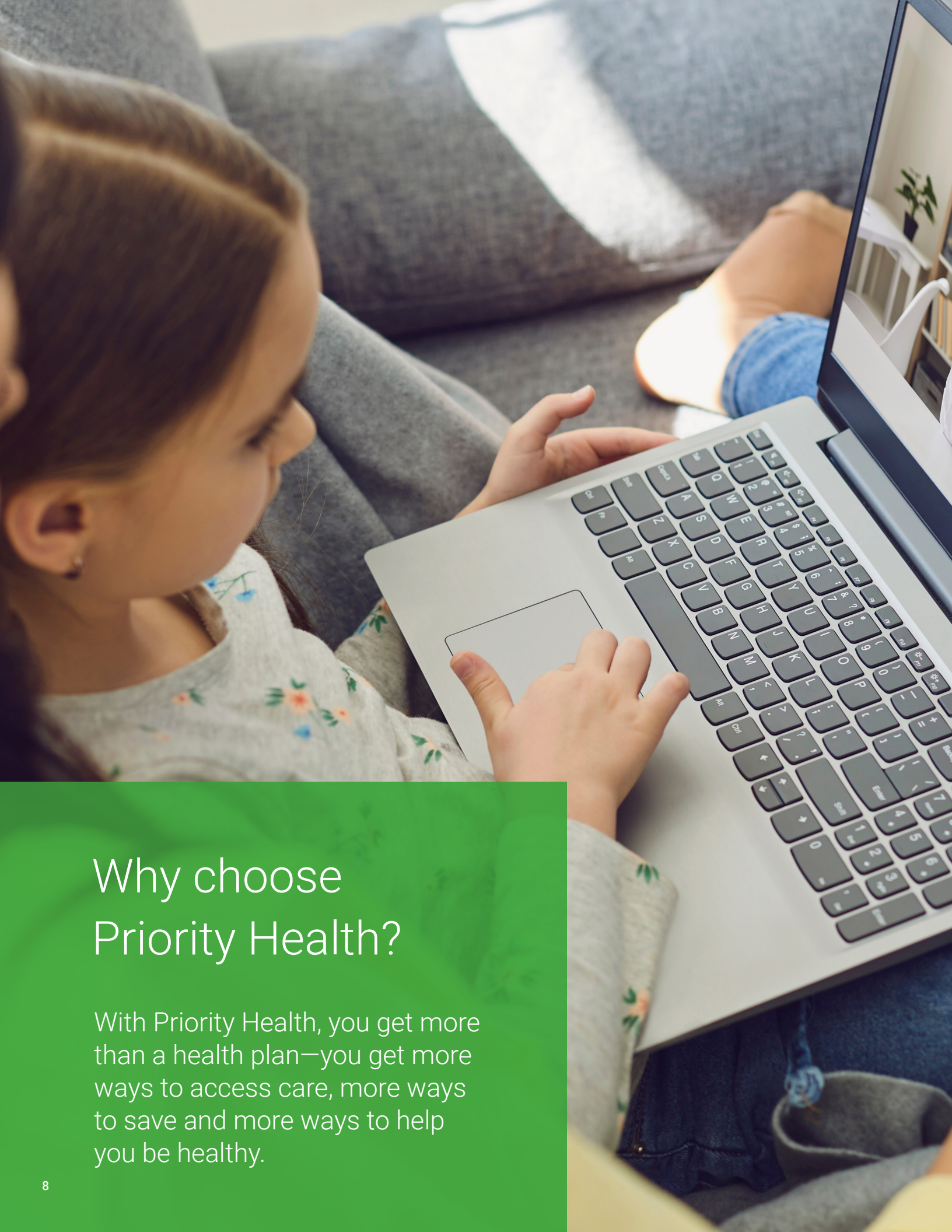
The plan name lists the individual deductible, which is always half of the family deductible.

Generally, the higher the deductible, the lower the monthly premium you'll pay.

Network

If a plan comes with a narrow network, the plan name will list the hospital system where members must receive care.

These plans offer a lower monthly premium and access to quality care within one health system.



Why choose Priority Health?

With Priority Health, you get more than a health plan—you get more ways to access care, more ways to save and more ways to help you be healthy.



Priority Health app

Access all your health benefits in one place from your phone, tablet or computer with your Priority Health member app. Find the doctors you need, keep track of spending and use tools to help you save money on the cost of your care.

Download on the App Store or Google Play.



Virtual care

There's never a good time to get sick. That's why we offer 24/7 limited virtual care services for non-emergencies like the flu, rashes, pink eye and much more. Virtual care usually costs less than an emergency room visit and is easy to access—with Spectrum Health On-Demand Virtual Visits you are always just a few clicks away from a qualified provider on your phone or tablet.

Access 24/7 Spectrum Health On-Demand Virtual Visits through your Priority Health member app.



The benefits of membership



Cost Estimator

Know your costs—and control out-of-pocket spending—with Cost Estimator, available in your Priority Health member account.

Learn more at priorityhealth.com/estimate-my-costs.



Wellbeing Hub

The Priority Health Wellbeing Hub helps you live better and achieve your health goals with a fun and engaging experience that delivers powerful resources right to your fingertips. Find the Wellbeing Hub in your Priority Health member account.

Learn more at priorityhealth.com/wellbeing-hub.



Discounted gym memberships

The Active&Fit Direct™ Program helps you stay active at the gym or at home with affordable fitness options starting at just \$25 a month.

Learn more at priorityhealth.com/activeandfit.



Chronic condition management

Our plans provide coverage, before deductible, for some of the most common chronic conditions. You have access to a variety of medications, supplies and services to help you manage your condition for a reliable, low cost.



Diabetes management

Our plans provide coverage for diabetes management services, supplies and treatments for no cost, before deductible when furnished by a participating durable medical equipment (DME) provider. Diabetes prescriptions and testing procedures are covered before deductible, for a low, reliable cost.



Global emergency assistance

Your Priority Health plan includes global emergency assistance that travels with you. If you or your dependents become ill or injured while traveling more than 100 miles from home, our partner Assist America® can help you get care and even arrange your safe travel home.

To activate these services, download the Assist America app and provide the Priority Health reference number: 01-AA-PHP-12123.



Amazon HSA store

As a member, you'll have access to our online Priority Health storefront on Amazon, where you can use your HSA card to purchase thousands of eligible items.

Visit our storefront at amazon.com/priorityhealth.



Hearing exams and hearing aids

Your plan includes hearing exams and hearing aid discounts for you and your extended family with TruHearing®.

Visit priorityhealth.com/truhearing or call 844.808.4224 to learn more.



On-demand mental health support

myStrength is a free mental health and wellness online tool that helps you live your best life.

Download the Priority Health app on the App Store or Google Play.



BenefitHub

BenefitHub is a free, easy-to-use benefits portal with a full range of discounts and rewards.

Learn more at priorityhealth.com/benefithub.



Right Price

Priority Health makes it easier for you to save on your prescription costs. No more tracking down a coupon code or discount card to save on your prescriptions. You'll always get the lowest price for your medications.



SaveOnSP

To help you save at the pharmacy, Priority Health is providing a specialty drug savings program. If you're currently taking a qualifying medication you'll receive significant savings on your specialty drugs through our partner SaveOnSP.



Health Equity

We've teamed up with HealthEquity® to provide a free health savings account (HSA) if you are enrolled in a MyPriority HSA plan.

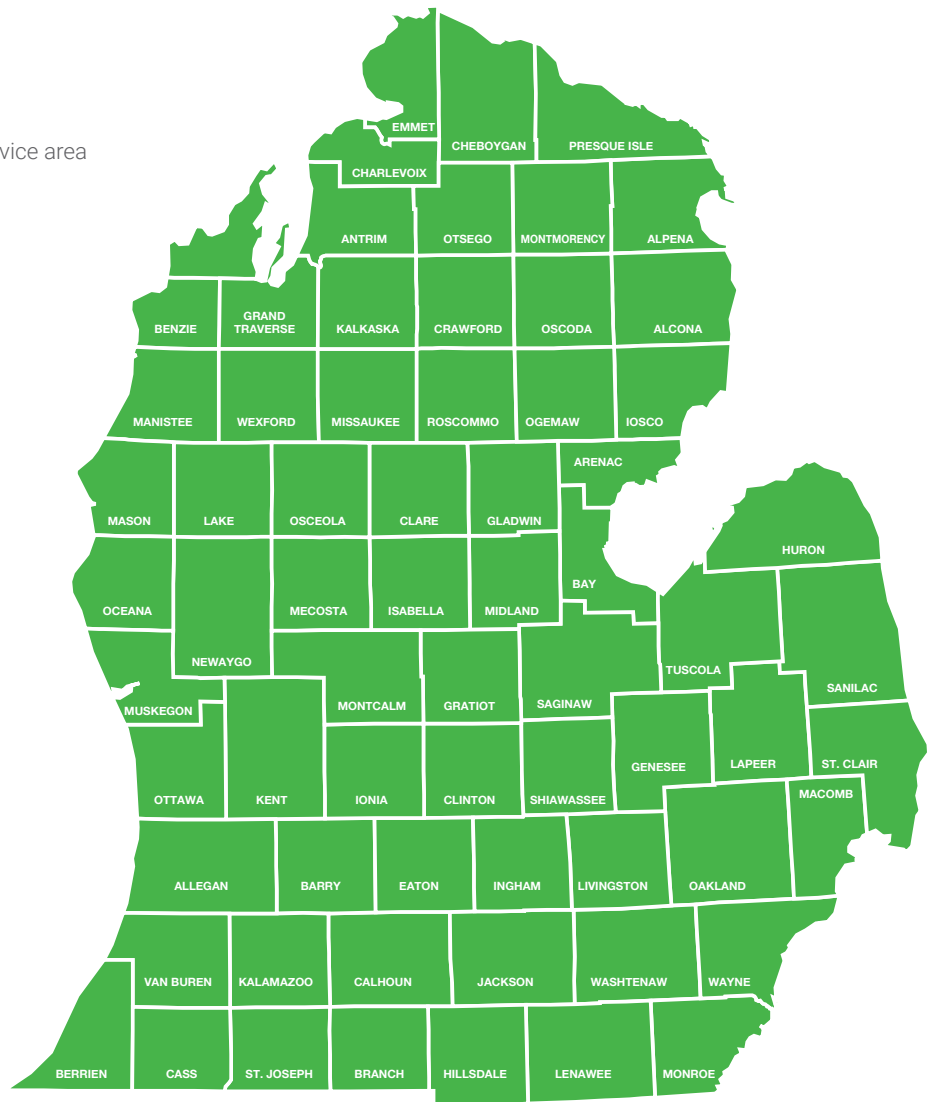


The strength of our **MyPriority** network

One of the largest individual networks
of primary care doctors in Lower
Michigan and in metro Detroit

Service area for My**Priority** plans

■ Priority Health HMO broad network service area



Includes nationwide dependent and emergency coverage for members who travel outside the state of Michigan through the Cigna Open Access Plus (OAP) network*

*Cigna's Open Access Plus (OAP) network refers to the health care providers (doctors, hospitals and specialists) contracted as part of the Cigna OAP for shared administration. Cigna performs utilization management for any care delivered by a Cigna provider. Priority Health is an independent company and not an affiliate of Cigna. Any Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name and other Cigna marks are owned by Cigna Intellectual Property Inc.

Participating hospitals

Allegan General Hospital	Beaumont Hospital – Troy	Hurley Medical Center
Alpena Regional Medical Center	Beaumont Hospital – Wayne	Huron Valley-Sinai Hospital (DMC)
Ascension Borgess Hospital	Bronson Battle Creek Hospital	Kalkaska Memorial Health Center
Ascension Borgess-Lee Hospital	Bronson Lakeview Hospital	Karmanos Cancer Center – Barbara Ann Karmanos Cancer Institute
Ascension Genesys Hospital	Bronson Methodist Hospital	Lake Huron Medical Center
Ascension Macomb – Oakland Hospital, Madison Heights	Bronson South Haven Hospital	Mackinac Straits Hospital and Health Center
Ascension Macomb – Oakland Hospital, Warren Campus	Caro Community Hospital	Marlette Regional Hospital
Ascension Providence Hospital – Novi Campus	Children's Hospital of Michigan (DMC)	McKenzie Memorial Hospital
Ascension Providence Hospital – Southfield Campus	Covenant Healthcare	McLaren Bay Region
Ascension Providence Rochester Hospital	Deckerville Community Hospital	McLaren Caro Region
Ascension River District Hospital	Eaton Rapids Medical Center	McLaren Central Michigan
Ascension Standish Hospital	Forest Health Medical Center	McLaren Flint
Ascension St. John Hospital & Medical Center	Garden City Hospital	McLaren Greater Lansing
Ascension St. Joseph Hospital	Harbor Beach Community Hospital	McLaren Greater Lansing Orthopedic
Ascension St. Mary's Hospital	Hayes Green Beach Memorial Hospital	McLaren Lapeer Region
Beaumont Hospital – Dearborn	Henry Ford Allegiance Health	McLaren Macomb
Beaumont Hospital – Farmington Hills	Henry Ford Hospital	McLaren Northern Michigan
Beaumont Hospital – Grosse Pointe	Henry Ford Macomb Hospital	McLaren Oakland
Beaumont Hospital – Royal Oak	Henry Ford West Bloomfield Hospital	McLaren Port Huron
Beaumont Hospital – Taylor	Henry Ford Wyandotte Hospital	McLaren Thumb Region
Beaumont Hospital – Trenton	Hills & Dales General Hospital	Memorial Healthcare
	Hillsdale Community Hospital	MidMichigan Medical Center – Alpena
	Holland Hospital	

For the most current list of participating hospitals, physicians, pharmacies and labs, visit priorityhealth.com and click on **Find a Doctor**.

MidMichigan Medical Center – Clare	Sinai-Grace Hospital (DMC)	Three Rivers Health
MidMichigan Medical Center – Gladwin	Sparrow Carson Hospital	Trinity Health Ann Arbor Hospital
MidMichigan Medical Center – Gratiot	Sparrow Ionia Hospital	Trinity Health Chelsea Hospital
MidMichigan Medical Center – Midland	Spectrum Health Big Rapids Hospital	Trinity Health Lakeshore Campus
MidMichigan Medical Center – West Branch	Spectrum Health Blodgett Hospital	Trinity Health Livingston Hospital
Munson Healthcare Cadillac Hospital	Spectrum Health Butterworth Hospital	Trinity Health Livonia Hospital
Munson Healthcare Charlevoix Hospital	Spectrum Health Gerber Memorial	Trinity Health Muskegon – General Campus
Munson Healthcare Grayling Hospital	Spectrum Health Helen DeVos Children’s Hospital	Trinity Health Muskegon – Hackley Campus
Munson Healthcare Manistee Hospital	Spectrum Health Kelsey Hospital	Trinity Health Muskegon – Mercy Campus
Munson Healthcare Otsego Memorial Hospital	Spectrum Health Lakeland	Trinity Health Oakland Hospital
Munson Medical Center	Spectrum Health Lakeland Hospital Niles	Trinity Health Saint Mary’s – Grand Rapids
North Ottawa Community Hospital	Spectrum Health Lakeland Hospital Watervliet	University of Michigan Hospitals & Health Centers*
Oaklawn Hospital	Spectrum Health Ludington Hospital	Detroit Medical Center-DMC (VHS Detroit Receiving Hospital)
Paul Oliver Memorial Hospital	Spectrum Health Pennock	
Pontiac General Hospital	Spectrum Health Reed City Hospital	
ProMedica Bixby Medical Center	Spectrum Health United Memorial	
ProMedica Community Health Center of Branch County	Spectrum Health Zeeland Community Hospital	
ProMedica Herrick Medical Center	Straith Hospital for Special Surgery	
ProMedica Monroe Regional Hospital	Sturgis Hospital	
Scheurer Hospital	Surgeons Choice Medical Center	
Sheridan Community Hospital	The Toledo Hospital	

*Available for non-primary care with a referral only. Not applicable for primary care (PCP) visits. Prior Authorization is required for select specialty care.

Narrow network plan options

Our Bronze, Silver and Gold plans come with narrow network plan options for individuals who live in designated counties. These plans offer a lower monthly premium and require members to receive care at facilities within the narrow network of doctors and affiliated providers. Care received outside of the network will not be covered, and members will be required to cover the full cost for out-of-network care. Members in a narrow network plan should use the **Find a Doctor** tool in their member account to see if their doctor is in network.

Spectrum Health Partners

Offered to individuals who live in Kent, Barry, Mecosta, Newaygo, Ottawa counties and a portion of Allegan County.

This network includes:

Hospitals: All Spectrum Health hospitals in the narrow network with the exception of Spectrum Health Lakeland

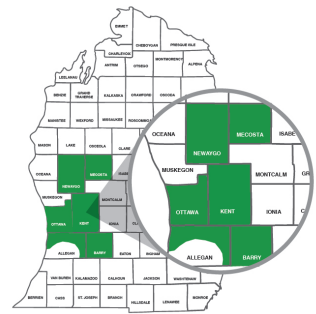
Physicians (primary care and specialist) network: Spectrum Health Medical Group, physicians who denote a Spectrum Health hospital as their primary hospital affiliation

Other facilities: Orthopedic Associates of Michigan (OAM) physicians

All ancillary facilities in the Priority Health network will be available in the Spectrum Health Partners network as well. Examples include Pine Rest Christian Mental Health Services and Forest View Hospital.

ZIP Codes in Allegan County where the Spectrum Health Partners narrow network is offered: 49070, 49311, 49314, 49323, 49328, 49335, 49344, 49348, 49406, 49408, 49416, 49419, 49423, 49453

All in-network pharmacies



Bronson Healthcare Partners

Offered to individuals who live in Kalamazoo and Van Buren counties and a portion of Calhoun County

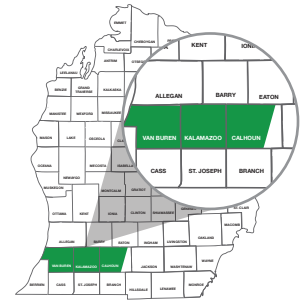
This network includes:

Hospitals: Bronson Methodist Hospital, Bronson Battle Creek Hospital, Bronson Lakeview Hospital, Bronson South Haven Hospital

Physicians (primary care and specialist) network: Bronson Healthcare physicians, Bronson Hospital-employed physicians, physicians who denote Bronson Hospital (all campuses) as their primary affiliation

ZIP codes in Calhoun County where the Bronson Healthcare Partners narrow network is offered: 49011, 49014, 49015, 49017, 49021, 49029, 49033, 49037, 49051, 49052, 49068, 49076, 49092, 49094

All in-network pharmacies



Beaumont Health Network

Offered to individuals who live in Wayne, Oakland and Macomb counties

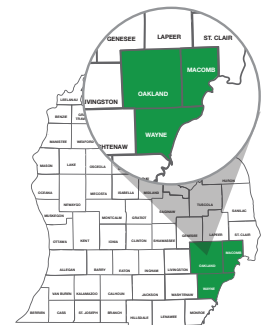
This network includes:

Hospitals: Beaumont Health Hospitals (including former Oakwood hospitals) – Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne

Physicians (primary care and specialist) network: Physicians employed by Beaumont Health

Any individual community physicians with admitting privileges at Beaumont Health who are listed as in network in the Priority Health Beaumont Network Find a Doctor directory

All in-network pharmacies



Narrow network plan options

Ascension St. John Providence Network

Offered to individuals who live in Wayne, Oakland and Macomb counties

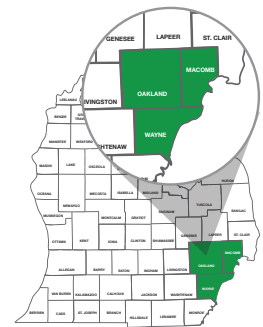
This network includes:

Hospitals: Ascension Macomb-Oakland Hospital – Madison Heights Campus, Ascension Macomb-Oakland Hospital – Warren Campus, Ascension River District Hospital, Ascension Providence Rochester Hospital, Ascension Providence Hospital – Novi Campus, Ascension Providence Hospital – Southfield Campus, Ascension St. John Hospital

Physicians (primary care and specialist) network: Physicians who are affiliated with the Ascension St. John Providence groups listed below:

- St. John and St. John North Shore
- St. John River District
- St. John Oakland
- St. John Macomb
- St. John Cornerstone
- Providence Hospital

All in-network pharmacies



These plans require members to receive care at facilities within the health system's network of hospitals and affiliated providers. Care received outside of the network will not be covered, and members will be required to cover the full cost for out-of-network care.

Trinity Health East Network

Offered to individuals who live in Wayne, Oakland, Macomb, Washtenaw, Livingston counties and a portion of Jackson County

This network includes:

Hospitals: Trinity Health Chelsea Hospital, Trinity Health Ann Arbor Hospital, Trinity Health Livingston Hospital, Trinity Health Oakland Hospital, Trinity Health Livonia Hospital

Physicians (primary care and specialist) network: Physicians who are affiliated with the Trinity Health East groups as listed below:

IHA

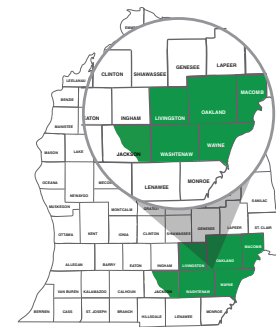
Huron Valley Physician Association

Oakland Physician Network Services with Trinity Health Oakland

designated as the primary hospital

Livingston Physician Organization

Trinity Health Livonia Physician Practices



ZIP Codes in Jackson County where the Trinity Health East narrow network is

offered: 49201, 49202, 49203, 49204, 49230, 49240, 49254, 49259, 49261, 49263, 49272, 49277, 49285

All in-network pharmacies

All of our MyPriority narrow network plans feature:

- No referral needed to see an in-network specialist
- Provider-specific names to make it easier for you to understand which facilities are covered



Telehealth PCP—Virtual First



Offers virtual first primary care coverage through MyPriority Virtual Primary Care Plus. With your plan you will have access to a virtual primary care provider, urgent care, behavioral health, preventive health and chronic care, all with the convenience of a virtual visit from the comfort of your home.

Plans offered:

MyPriority Telehealth PCP – Virtual First plans are offered only on Priority Health’s broad network

- MyPriority Telehealth PCP Bronze 9100 – Virtual First
- MyPriority Telehealth PCP Silver 5500 – Virtual First*

**Also available as an Off-Marketplace plan, and with Cost Share Reduction (CSR) options.*



Travel plans

Our travel plans allow you to receive covered services and care from any Cigna OAP provider outside of Michigan and within the United States.

Plans offered:

MyPriority Travel plans are only offered on Priority Health's broad network.

- MyPriority Travel Bronze 9100
- MyPriority Travel Silver 5500*

**Also available with Cost Share Reduction (CSR) options.*



Know what drugs are covered under your plan and how to find the best price.



MyPriority Prescription Coverage

Different tiers denote different costs and coverage as determined by Priority Health. The type of tiers available to you for each drug will depend on your plan type.

Tier	Definition
Tier 1a	Lowest-cost generic drugs—proven to be as safe as brand-name drugs—and select brand-name drugs.
Tier 1b	Low-cost generic drugs—proven to be as safe as brand-name drugs—and select brand-name drugs.
Tier 2	Preferred and lower-cost brand-name drugs, and some higher-cost generic drugs. If you must take a brand-name drug, you should work with your provider to choose one that is covered here and is the most affordable.
Tier 3	Non-preferred and expensive brand-name drugs, as well as higher-cost generic drugs. These drugs may cost you a significant amount out of pocket, so you should ask your provider if a tier 1 or 2 option can be prescribed instead.
Tier 4	Very expensive brand-name and generic drugs, and preferred specialty drugs used to treat complex conditions. If you need to take a specialty drug, you should work with your provider to choose one that is covered here.
Tier 5	Non-preferred specialty drugs and the most expensive brand-name and generic drugs belong in tier 5 because they offer limited clinical value. Most have a similar lower-cost option offering the same clinical value on tiers 1 through 4. Ask your provider about alternatives.



Plans we offer

MyPriority HMO Plans

HMO Plans Offered:

MyPriority Bronze 9100

MyPriority Telehealth PCP Bronze 9100 - Virtual First

MyPriority Travel Bronze 9100

MyPriority Silver 3600 (On-Marketplace or Off-Marketplace)

MyPriority Silver 5500 (On-Marketplace or Off-Marketplace)

MyPriority Telehealth PCP Silver 5500 - Virtual First (On-Marketplace or Off-Marketplace)

MyPriority Travel Silver 5500

MyPriority Gold Copay+

HMO Plan highlights:



Primary Doctor Visits—Low copay for primary care visits, before deductible



Urgent Care Visits—\$75 urgent care visits, before deductible on most plans



Limited virtual care services—24/7 access to a doctor with a Spectrum Health On-Demand Virtual Visit*



Prescription drugs—\$5 copay for Tier 1a and \$20 copay for Tier 1b, before deductible



Cost Estimator—Access to our tool to see prices for hundreds of services and procedures



Discounted gym memberships—The Active&Fit Direct Program helps you stay active at the gym or at home with affordable fitness options starting at just \$25 a month.



On-demand mental health support—myStrength is a free mental health and wellness online tool that helps you live your best life.



Diabetes management—Coverage for diabetes management services, supplies and treatments for no cost, before deductible when furnished by a participating durable medical equipment (DME) provider



Chronic condition management—Access to a variety of medications, supplies and services to help keep your chronic conditions under control—covered in full or with a low cost share, before deductible

MyPriority Bronze 9100

MyPriority Bronze 9100 (full or narrow network) plans are an affordable choice if you're generally healthy and savings-minded. This plan has a higher deductible than Silver plans but a lower monthly premium. With this plan, you'll have access to primary care and urgent care visits as well as low-cost prescriptions before deductible.

MyPriority Bronze 9100	
Deductible: Individual / family	\$9,100 / \$18,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	Covered in full, after deductible
Office visits: Primary doctor	\$30 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$90 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	Covered in full, after deductible
Outpatient surgery	Covered in full, after deductible
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible
Emergency services	Covered in full, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on priorityhealth.com for more details)
Allergy	Covered in full, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year covered in full, after deductible
In-home hospice, in-home health care	Covered in full, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	Covered in full, after deductible
Tier 3	
Tier 4	
Tier 5	
Network options	
MyPriority HMO Network	MyPriority Bronze 9100
Narrow network options	Available on all of our narrow networks. See pages 16–19 for network details and ZIP codes

MyPriority Telehealth PCP Bronze 9100 - Virtual First

MyPriority Telehealth PCP Bronze 9100–Virtual First plan is ideal for individuals or families who are looking for an affordable health plan that is virtual first and are comfortable with online and/or phone interaction with providers for care. All visits (except emergency care) must begin with virtual care provided by MyPriority Virtual Primary Care Plus. Referrals from a telehealth provider are required to seek care in a traditional office setting, or with a specialist, as needed.

MyPriority Telehealth PCP Bronze 9100 - Virtual First	
Deductible: Individual / family	\$9,100 / \$18,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	Covered in full, after deductible
Virtual-first visits: Primary care, urgent care, behavioral health	\$10 copay; before deductible
In-person office visits: Referral needed from assigned virtual PCP to seek care from another provider	\$90 copay; before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Inpatient hospital care (includes labor and delivery)	Covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Outpatient surgery	Covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Emergency services	Covered in full, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i> <i>(See Preventive Care Guidelines on priorityhealth.com for more details)</i>
Allergy	Covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
In-home hospice, in-home health care	Covered in full, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	
Tier 3	
Tier 4	
Tier 5	Covered in full, after deductible
Network options	
MyPriority HMO Network	MyPriority Telehealth PCP Bronze 9100 - Virtual First

MyPriority Travel Bronze 9100

MyPriority Travel Bronze 9100 plan is a great option for consumers who want to travel—for both work and leisure—but still want health coverage when outside of Michigan. This added travel benefit allows you to receive covered services and care from any Cigna OAP provider outside of Michigan and within the United States.

MyPriority Travel Bronze 9100	
Deductible: Individual / family	\$9,100 / \$18,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	Covered in full, after deductible
Office visits: Primary doctor	\$30 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$90 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Out-of-state coverage	Receive in-network benefits outside the state of Michigan, but within the United States, with a Cigna OAP provider
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	Covered in full, after deductible
Outpatient surgery	Covered in full, after deductible
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible
Emergency services	Covered in full, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on priorityhealth.com for more details)
Allergy	Covered in full, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year covered in full, after deductible
In-home hospice, in-home health care	Covered in full, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	Covered in full, after deductible
Tier 3	
Tier 4	
Tier 5	
Tier 5	
Network options	
MyPriority HMO Network	MyPriority Travel Bronze 9100

MyPriority Silver 3600 (On-Marketplace or Off-Marketplace)

MyPriority Silver 3600 (On-Marketplace or Off-Marketplace) (full or narrow network) plans are a good option for individuals and families who don't anticipate needing major health care services and want the reassurance of being covered for general care. This plan can be purchased on the federal Marketplace or directly from Priority Health.

MyPriority Silver 3600 (On-Marketplace or Off-Marketplace)	
Deductible: Individual / family	\$3,600 / \$7,200
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$90 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	30% coinsurance, after deductible
Outpatient surgery	\$1,000 copay; 30% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	30% coinsurance, after deductible
Emergency services	\$250 copay (<i>waived if admitted</i>); 30% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on priorityhealth.com for more details)
Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with 30% coinsurance, after deductible
In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$75 copay, after deductible
Tier 3	\$100 copay, after deductible
Tier 4	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
Network options	
MyPriority HMO Network	MyPriority Silver 3600 (On-Marketplace and Off-Marketplace)
Narrow network options	Available on all of our narrow networks. See pages 16–19 for network details and ZIP codes

MyPriority Silver 5500 (On-Marketplace or Off-Marketplace)

MyPriority Silver 5500 (On-Marketplace or Off-Marketplace) (full or narrow network) plans are a smart option for individuals and families who are healthy and savings-minded. Many common health care services, like primary care visits, specialist visits, urgent care, most prescriptions and labs, are available with a low copay before deductible. This plan can be purchased on the federal Marketplace or directly from Priority Health.

MyPriority Silver 5500 (On-Marketplace or Off-Marketplace)	
Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$65 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	30% coinsurance, after deductible
Outpatient surgery	\$1,000 copay; 30% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	\$10 copay, before deductible only for diagnostic tests and lab services 30% coinsurance, after deductible for X-rays and radiology
Emergency services	\$250 copay (<i>waived if admitted</i>); 30% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (<i>See Preventive Care Guidelines on priorityhealth.com for more details</i>)
Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with 30% coinsurance, after deductible
In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$75 copay, before deductible
Tier 3	\$125 copay, before deductible
Tier 4	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
Network options	
MyPriority HMO Network	MyPriority Silver 5500 (On-Marketplace and Off-Marketplace)
Narrow network options	Available on all of our narrow networks. See pages 16–19 for network details and ZIP codes

MyPriority Telehealth PCP Silver 5500 - Virtual First (On-Marketplace or Off-Marketplace)

This MyPriority Telehealth PCP plan is ideal for individuals or families who are looking for an affordable health plan that is virtual first and are comfortable with online and/or phone interaction with providers for care. All visits (except emergency care) must begin with virtual care provided by MyPriority Virtual Primary Care Plus. Referrals from a telehealth provider are required to seek care in a traditional office setting, or with a specialist, as needed.

MyPriority Telehealth PCP Silver 5500 - Virtual First (On-Marketplace or Off-Marketplace)	
Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Virtual-first visits: Primary care, urgent care, behavioral health	\$10 copay; before deductible
In-person office visits: Referral needed from assigned virtual PCP to seek care from another provider	\$65 copay; before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Outpatient surgery	\$1,000 copay; 30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Diagnostic tests and lab services	\$10 copay, before deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
X-rays and radiology services	30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Preventive services (including annual physical exam)	Covered in full, before deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i> <i>(See Preventive Care Guidelines on priorityhealth.com for more details)</i>
Allergy	30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year with 30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
In-home hospice, in-home health care	30% coinsurance, after deductible <i>Referral needed from MyPriority Virtual Primary Care Plus to seek care from another provider</i>
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$75 copay, before deductible
Tier 3	\$125 copay, before deductible
Tier 4	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
Network options	
MyPriority HMO Network	MyPriority Telehealth PCP Silver 5500 - Virtual First (On-Marketplace or Off-Marketplace)

MyPriority Travel Silver 5500

MyPriority Travel Silver 5500 plan is a great option for consumers who want to travel—for both work and leisure—but still want health coverage when outside of Michigan. This added travel benefit allows you to receive covered services and care from any Cigna OAP provider outside of Michigan and within the United States.

MyPriority Travel Silver 5500	
Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	30% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$65 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Out-of-state coverage	Receive in-network benefits outside the state of Michigan, but within the United States, with a Cigna OAP provider
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	30% coinsurance, after deductible
Outpatient surgery	\$1,000 copay; 30% coinsurance, after deductible
Diagnostic tests and lab services	\$10 copay, before deductible
X-rays and radiology services	30% coinsurance, after deductible
Emergency services	\$250 copay (<i>waived if admitted</i>); 30% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on priorityhealth.com for more details)
Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with 30% coinsurance, after deductible
In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$5 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$75 copay, before deductible
Tier 3	\$125 copay, before deductible
Tier 4	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
Network options	

MyPriority Gold Copay+

MyPriority Gold Copay+ (narrow networks only) plans are an affordable option for individuals and families who anticipate needing health care services throughout the year. With no deductible, you share the costs with the health plan.

MyPriority Gold Copay+ (offered exclusively as a narrow network plan option)	
Deductible: Individual / family	\$0 / \$0
Out-of-pocket limit: Individual / family	\$9,100 / \$18,200
Coinsurance	0% coinsurance
Office visits: Primary doctor	\$20 copay; office visits (evaluation only)
Office visits: Urgent care	\$75 copay; office visits (evaluation only)
Office visits: Retail health clinic	\$75 copay; office visits (evaluation only)
Office visits: Specialist	\$45 copay; office visits (evaluation only)
Office visits: Mental health	\$20 copay; office visits only
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full
Maternity	
	Routine prenatal and postnatal care covered in full
Inpatient hospital care (includes labor and delivery)	\$1,000 copay per day (up to 5 days)
Outpatient surgery	\$1,000 copay
Diagnostic tests, X-rays, lab services and radiology services	\$45 copay
Emergency services	\$250 copay (waived if admitted)
Preventive services (including annual physical exam)	Covered in full (See Preventive Care Guidelines on priorityhealth.com for more details)
Allergy	Included with office visit copay—Allergy testing \$250 copay
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year with \$45 copay
In-home hospice	Covered in full
In-home health care	\$45 copay
Outpatient substance use disorder services	Covered in full
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	\$5 copay
Tier 1b	\$20 copay
Tier 2	\$75 copay
Tier 3	\$100 copay
Tier 4	50% coinsurance
Tier 5	50% coinsurance
Network options	
MyPriority HMO Network	Available on all of our narrow networks. See pages 16–19 for network details and ZIP codes

MyPriority HSA Plans

HSA Plans Offered:

MyPriority HSA Bronze 7100

MyPriority HSA Silver 3000 - Off Marketplace

HSA Plan highlights:



Free HSA banking partner—HealthEquity® sets up and helps you manage your HSA banking account



Cost Estimator—Access to our tool to see prices for hundreds of services and procedures



Discounted gym memberships—The Active&Fit Direct Program helps you stay active at the gym or at home with affordable fitness options starting at just \$25 a month



Amazon HSA store—Access to our online Priority Health storefront on Amazon, where you can use your HSA card to purchase thousands of eligible items



Limited virtual care services—24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit*



Diabetes management—Coverage for diabetes management services, supplies and treatments for no cost, before deductible when furnished by a participating durable medical equipment (DME) provider.



Chronic condition management—Access to a variety of medications, supplies and services to help keep your chronic conditions under control—covered in full or with cost share, before deductible



Benefit Hub—Free, easy-to-use benefits portal with a full range of discounts and rewards



On-demand mental health support—myStrength is a free mental health and wellness online tool that helps you live your best life.

MyPriority HSA Bronze 7100

MyPriority HSA Bronze 7100 (full or narrow network) plans are an affordable choice if you're generally healthy and savings-minded. This plan has a higher deductible than Silver plans, but a lower monthly premium. Keep in mind you pay 100 percent of the cost of your health care out of pocket until your deductible is met.

MyPriority HSA Bronze 7100	
Deductible: Individual / family	\$7,100 / \$14,200
Out-of-pocket limit: Individual / family	\$7,100 / \$14,200
Coinsurance	Covered in full, after deductible
Office visits: Primary doctor	Covered in full, after deductible
Office visits: Urgent care	
Office visits: Retail health clinic	
Office visits: Specialist	
Office visits: Mental health	
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, after deductible
Maternity	
Inpatient hospital care (includes labor and delivery)	Routine prenatal and postnatal care covered in full, before deductible
Outpatient surgery	Covered in full, after deductible
Diagnostic tests, X-rays, lab services and radiology services	Covered in full, after deductible
Emergency services	Covered in full, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on priorityhealth.com for more details)
Allergy	Covered in full, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year covered in full, after deductible
In-home hospice, in-home health care	Covered in full, after deductible
Outpatient substance use disorder services	Covered in full, after deductible
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	Covered in full, after deductible
Tier 1b	
Tier 2	
Tier 3	
Tier 4	
Tier 5	
Network options	
MyPriority HMO Network	MyPriority HSA Bronze 7100
Narrow network options	Available on all of our narrow networks. See pages 16–19 for network details and ZIP codes

MyPriority HSA Silver 3000 Off-Marketplace

MyPriority HSA Silver 3000 Off-Marketplace (full or narrow network) plans are an affordable option for individuals who do not qualify for a federal subsidy or choose not to use it. The plan offers a lower monthly premium because you purchase it directly from Priority Health and avoid fees associated with plans offered on the federally run Marketplace. Keep in mind that you pay 100% of the cost of your health care out of pocket until you meet your deductible.

MyPriority HSA Silver 3000 Off-Marketplace	
Deductible: Individual / family	\$3,000 / \$6,000
Out-of-pocket limit: Individual / family	\$7,100 / \$14,200
Coinsurance	30% coinsurance, after deductible
Office visits: Primary doctor	30% coinsurance, after deductible
Office visits: Urgent care	
Office visits: Retail health clinic	
Office visits: Specialist	
Office visits: Mental health	
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, after deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	30% coinsurance, after deductible
Outpatient surgery	30% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	30% coinsurance, after deductible
Emergency services	30% coinsurance, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on priorityhealth.com for more details)
Allergy	30% coinsurance, after deductible
Physical, occupational and speech therapy (including chiropractic)	30 combined visits per year with 30% coinsurance, after deductible
In-home hospice, in-home health care	30% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, after deductible
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	30% coinsurance, after deductible
Tier 1b	
Tier 2	
Tier 3	
Tier 4	
Tier 5	
Network options	
MyPriority HMO Network	MyPriority Silver 3000 Off-Marketplace
Narrow network options	Available on all of our narrow networks. See pages 16–19 for network details and ZIP codes



MyPriority Standard Plans

Standard Plans Offered:

MyPriority Standard Bronze 7500

MyPriority Standard Silver 5800

MyPriority Standard Gold 2000

Standard Plan highlights:



Limited virtual care services—24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit*



Prescription drugs—\$5 copay for Tier 1a before deductible



Primary doctor visits—Low copay for primary care doctor visits before deductible



Cost Estimator—Access to our tool to see prices for hundreds of services and procedures



Discounted gym memberships—The Active&Fit Direct Program helps you stay active at the gym or at home with affordable fitness options starting at just \$25 a month



Diabetes management—Coverage for diabetes management services, supplies and treatments for no cost, before deductible when furnished by a participating durable medical equipment (DME) provider.



Chronic condition management—Access to a variety of medications, supplies and services to help keep your chronic conditions under control—covered in full or with cost share, ahead of deductible



Benefit Hub—Free, easy-to-use benefits portal with a full range of discounts and rewards



On-demand mental health support—myStrength is a free mental health and wellness online tool that helps you live your best life.

MyPriority Standard Bronze 7500

MyPriority Standard Bronze 7500 is a standardized plan, offered by qualified health plans (QHPs) on the federal Marketplace. Standard plans have uniform plan designs with the same cost-sharing parameters from issuer to issuer, making plan choice and comparison simpler for enrollees. These standard plans allow consumers to more easily find the right form of quality, affordable health coverage for their circumstances.

MyPriority Standard Bronze 7500	
Deductible: Individual / family	\$7,500 / \$15,000
Out-of-pocket limit: Individual / family	\$9,000 / \$18,000
Coinsurance	50% coinsurance, after deductible
Office visits: Primary doctor	\$50 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$100 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$50 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	50% coinsurance, after deductible
Outpatient surgery	50% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	50% coinsurance, after deductible
Emergency services	50% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on priorityhealth.com for more details)
Allergy	50% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with \$50 copay, before deductible
In-home hospice, in-home health care	50% coinsurance, after deductible Prior authorization required for in-home health care
Outpatient substance use disorder services	\$50 copay, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$25 copay, before deductible
Tier 1b	\$25 copay, before deductible
Tier 2	\$50 copay, after deductible
Tier 3	\$100 copay, after deductible
Tier 4	\$500 copay, after deductible
Tier 5	\$500 copay, after deductible
Network options	
MyPriority HMO Network	MyPriority Standard Bronze 7500
Narrow network options	Available on all of our narrow networks. See pages 16–19 for network details and ZIP codes

MyPriority Standard Silver 5800

MyPriority Standard Silver 5800 is a standardized plan, offered by qualified health plans (QHPs) on the federal Marketplace. Standard plans have uniform plan designs with the same cost-sharing parameters from issuer to issuer, making plan choice and comparison simpler for enrollees. These standard plans allow consumers to more easily find the right form of quality, affordable health coverage for their circumstances.

MyPriority Standard Silver 5800	
Deductible: Individual / family	\$5,800 / \$11,600
Out-of-pocket limit: Individual / family	\$8,900 / \$17,800
Coinsurance	40% coinsurance, after deductible
Office visits: Primary doctor	\$40 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$60 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$60 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$80 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$40 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	40% coinsurance, after deductible
Outpatient surgery	40% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	40% coinsurance, after deductible
Emergency services	40% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on priorityhealth.com for more details)
Allergy	40% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with \$40 copay, before deductible
In-home hospice, in-home health care	40% coinsurance, after deductible Prior authorization required for in-home health care
Outpatient substance use disorder services	\$40 copay, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$20 copay, before deductible
Tier 1b	\$20 copay, before deductible
Tier 2	\$40 copay, before deductible
Tier 3	\$80 copay, after deductible
Tier 4	\$350 copay, after deductible
Tier 5	\$350 copay, after deductible
Network options	
MyPriority HMO Network	MyPriority Standard Silver 5800
Narrow network options	Available on all of our narrow networks. See pages 16–19 for network details and ZIP codes

MyPriority Standard Gold 2000

MyPriority Standard Gold 2000 is a standardized plan, offered by qualified health plans (QHPs) on the federal Marketplace. Standard plans have uniform plan designs with the same cost-sharing parameters from issuer to issuer, making plan choice and comparison simpler for enrollees. These standard plans allow consumers to more easily find the right form of quality, affordable health coverage for their circumstances.

MyPriority Standard Gold 2000	
Deductible: Individual / family	\$2,000 / \$4,000
Out-of-pocket limit: Individual / family	\$8,700 / \$17,400
Coinsurance	25% coinsurance, after deductible
Office visits: Primary doctor	\$30 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Urgent care	\$45 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Retail health clinic	\$45 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Specialist	\$60 copay; office visits (<i>evaluation only</i>), before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a provider with a Spectrum Health On-Demand Virtual Visit	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (<i>includes labor and delivery</i>)	25% coinsurance, after deductible
Outpatient surgery	25% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	25% coinsurance, after deductible
Emergency services	25% coinsurance, after deductible
Preventive services (<i>including annual physical exam</i>)	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on priorityhealth.com for more details)
Allergy	25% coinsurance, after deductible
Physical, occupational and speech therapy (<i>including chiropractic</i>)	30 combined visits per year with \$30 copay, before deductible
In-home hospice, in-home health care	25% coinsurance, after deductible Prior authorization required for in-home health care
Outpatient substance use disorder services	\$30 copay, before deductible
Prescription drug coverage (<i>a drug is categorized in one of the tiers below</i>)	
Tier 1a	\$15 copay, before deductible
Tier 1b	\$15 copay, before deductible
Tier 2	\$30 copay, before deductible
Tier 3	\$60 copay, before deductible
Tier 4	\$250 copay, before deductible
Tier 5	\$250 copay, before deductible
Network options	
MyPriority HMO Gold Network	MyPriority Standard Gold 2000
Narrow network options	Available on all of our narrow networks. See pages 16–19 for network details and ZIP codes



MyPriority Delta Dental coverage

We've partnered with Delta Dental to offer affordable dental coverage that includes the nation's largest dental networks.





MyPriority Delta Dental Benefits	Standard	Enhanced
Premiums	You pay	You pay
Supplemental dental added to any plan	\$28.64	\$38.94
Deductibles	You pay	You pay
Annual deductible Individual / family	\$50 / \$150	None
Benefits	You pay	You pay
Exams / cleanings (limit two per year)	0%	0%
Fluoride treatments (up to age 14; limit one per year)	0%	0%
Emergency treatment to temporarily relieve pain	20%	20%
X-rays (limit one per 24 months)	20%	20%
Sealants to prevent decay of permanent molars (to age 9 on first molars and age 14 on second molars, limit one per lifetime)	20%	20%
Oral surgery services, extractions and dental surgery (Includes preoperative and postoperative care)	50% after deductible*	25%**
Minor restorative services (like fillings) to repair teeth damaged by disease or injury	50% after deductible*	25%**
Endodontics (like root canals) to treat teeth with diseased or damaged nerves	50% after deductible*	50%**
Periodontics to treat diseases of the gums and supporting structures of the teeth	50% after deductible*	50%**
Bridges / dentures / implants / crowns	50% after deductible*	50%**
Orthodontic diagnostic procedures (to age 19) (\$1,500 maximum per person per lifetime)	Not covered	50%**
Annual benefit maximum*		
Maximums apply per individual for preventive, basic and major dental treatment. Maximums for orthodontic services are calculated separately.	\$1,000 per person on the plan	\$1,500 per person on the plan

* There is a 12-month waiting period on oral surgery, minor restorative, periodontics, endodontics, relines and repairs, other basic, major restorative, prosthodontic and implant services. Waiting periods can be waived for all services if the enrollee was covered at least 12 months under an immediately preceding dental plan.

** There is a six-month waiting period on oral surgery, minor restorative, periodontics, endodontics, relines and repairs, other basic, major restorative, prosthodontic, implant and orthodontic services. Waiting periods can be waived for all services if the enrollee was covered at least 12 months under an immediately preceding dental plan.



Customer Service

Members can contact EyeMed directly with questions on their benefits. Call EyeMed at **866.276.8399** Monday–Friday, 7:30 a.m.–11 p.m. Eastern Time; Saturday, 8 a.m.–11 p.m. Eastern Time; and Sunday, 11 a.m.–8 p.m. Eastern Time.



MyPriority EyeMed coverage



We've partnered with EyeMed to offer affordable vision coverage.

Vision care highlights

Examinations, lenses or contact lenses and frames are allowed once every 12 months.

To find a participating vision provider or see if your provider is in the EyeMed network, go to priorityhealth.com and use the Find a Doctor tool.

Vision care services

	Member in-network cost (EyeMed Select Network)	
	Product Medium	Product High
Premium Other add-ons	80% of charge 20% off retail price	
Exam with dilation as necessary	\$15 copay	\$10 copay
Fundus photography benefit	Up to \$39	
Exam options		
Standard contact lens fit and follow-up	Up to \$40	
Premium contact lens fit and follow-up	10% off retail price	
Frames		
Any available frame at provider location	\$0 copay; \$150 allowance, 20% off balance over \$150	\$0 copay; \$200 allowance, 20% off balance over \$200
Standard plastic lenses		
Single vision	\$25 copay	\$20 copay
Bifocal		
Trifocal		
Lenticular		
Standard progressive lens	\$90 copay	\$85 copay
Premium progressive lens	\$90 copay; 80% of charge less \$120 allowance	\$85 copay; 80% of charge less \$120 allowance
Lens options		
UV treatment tint (<i>solid and gradient</i>)	\$15 copay	
Standard plastic scratch coating	\$15 copay	
Standard polycarbonate	\$0 copay	
Standard anti-reflective coating	\$0 copay	
Premium anti-reflective polarized	\$45 copay	
Contact lenses (<i>contact lens allowance includes materials only</i>)		
Conventional	\$0 copay; \$150 allowance, 15% off balance over \$150	\$0 copay; \$200 allowance, 15% off balance over \$200
Disposable	\$0 copay; \$150 allowance, plus balance over \$150	\$0 copay; \$200 allowance, plus balance over \$200
Medically necessary	\$0 copay, paid in full	
Standard anti-reflective coating	\$0 copay	
Premium anti-reflective polarized	\$45 copay	
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotion price	
Additional Pairs Benefit		
	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used	
Premiums		
Supplemental vision added to any plan	\$7.93	\$11.85

Notes



Visit mypriority.com

Call our enrollment specialists
at **833.709.2963**

8 a.m.–8 p.m., Monday–Friday

9 a.m.–1 p.m., Saturday and Sunday

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. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).