



Choose My**Priority**

2022 individual  
and family plans



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

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## Plans explained

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

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## Why choose Priority Health?

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

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## The strength of our network

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

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## Prescription coverage

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

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## MyPriority plans we offer

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

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## Dental coverage

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MyPriority Delta Dental standard and enhanced plans explained.

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## Vision coverage

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MyPriority EyeMed Medium and High vision coverage explained.





# See prices and enroll

For coverage beginning Jan. 1, 2022,  
you can enroll Nov. 1, 2021 through  
Dec. 15, 2021.



**Contact a licensed Priority Health agent.**



**Visit *mypriority.com*.**



**Call our enrollment specialists at 833.351.0928.**

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

## **Deductible**

The amount you pay for covered in-network health care services before we begin to pay.

## **Coinsurance**

The percentage you pay for in-network health care services, generally after you meet your deductible.

## **In network**

This refers to providers or health care facilities that are part of our network of providers. You get the most out of your health insurance plan when you visit in-network doctors and facilities because we've already negotiated a discounted rate for services.

## **Out of network**

This refers to providers or health care facilities that are not a part of our network of providers. You will pay a higher percentage or the total cost of care received from out-of-network doctors and facilities.

## **Out-of-pocket limit**

This is the most you pay during a policy period before we begin to pay 100 percent of the allowed amount. This includes your copayments, deductibles and coinsurance payments. This limit does not include your monthly premium.

# Understanding plans by name

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

My**Priority** HSA Bronze 7050 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.

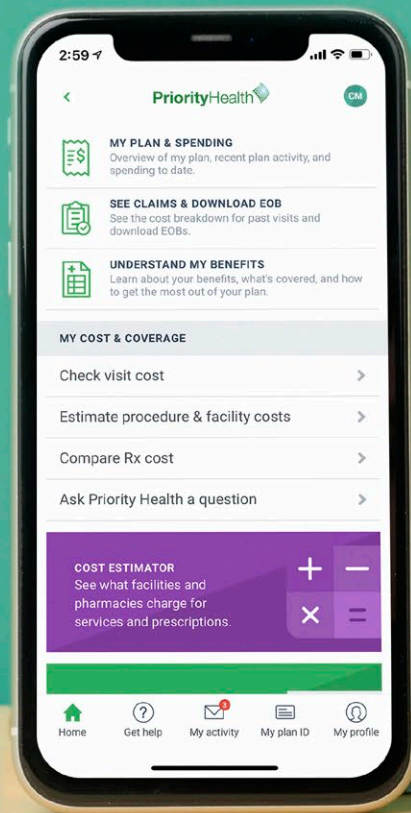
Generally, the higher the deductible, the lower the monthly premium you'll pay.

## 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

Manage your health insurance information all in one place with the Priority Health 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 convenient time to get sick. That's why we offer 24/7 limited virtual care 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—you just need an internet connection and your phone or tablet.

Access 24/7 virtual care through the Spectrum Health App—available for download on the App Store or Google Play.



# The benefits of membership



## Cost Estimator

With Cost Estimator, you can compare prices of procedures and prescriptions before you receive them, which saves you money. Plus, when you choose a lower-cost, high-quality facility for care, we'll send you a Visa® rewards card through our PriorityRewards program.\*

Learn more at [priorityhealth.com/estimate-my-costs](https://priorityhealth.com/estimate-my-costs).



## Wellbeing Hub

Whether you're managing a health condition, want financial advice or are just looking for ways to de-stress, the Wellbeing Hub can help. Information and tools offered are tailored to each member's specific interests and health needs. Become empowered to be happier and healthier while improving your overall wellbeing.

Learn more at [priorityhealth.com/wellbeing-hub](https://priorityhealth.com/wellbeing-hub).



## Discounted gym memberships

The Active&Fit Direct™ program can put you on the path to a happier, healthier life through regular exercise. For one low enrollment fee of \$25 and a recurring monthly fee of \$25, you'll get a membership to any of the program's contracted fitness centers in Michigan.

Visit [priorityhealth.com/activeandfit](https://priorityhealth.com/activeandfit) to learn more.



## Diabetes and chronic condition management

You'll have access to a variety of medications and services to help keep your chronic conditions under control ahead of deductible. Diabetes supplies, classes and insulin pumps are no cost, before deductible.



### **Global emergency assistance**

If you 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 Priority Health store on Amazon, where you can use your HSA card to purchase thousands of eligible items, from bandages to contact solution. If you're already an Amazon user, you can add eligible items to your existing shopping visits for convenient shopping and easy delivery.

Visit our storefront at [amazon.com/priorityhealth](https://amazon.com/priorityhealth).



### **Hearing exams and hearing aids**

Good hearing is important to your health. As a member, you have access to TruHearing®, a comprehensive hearing care solution. You and your extended family will receive access to discounts on hearing exams and high-quality hearing aids, saving you money on hearing services.

Visit [priorityhealth.com/truhearing](https://priorityhealth.com/truhearing) or call 844.808.4224 to learn more.

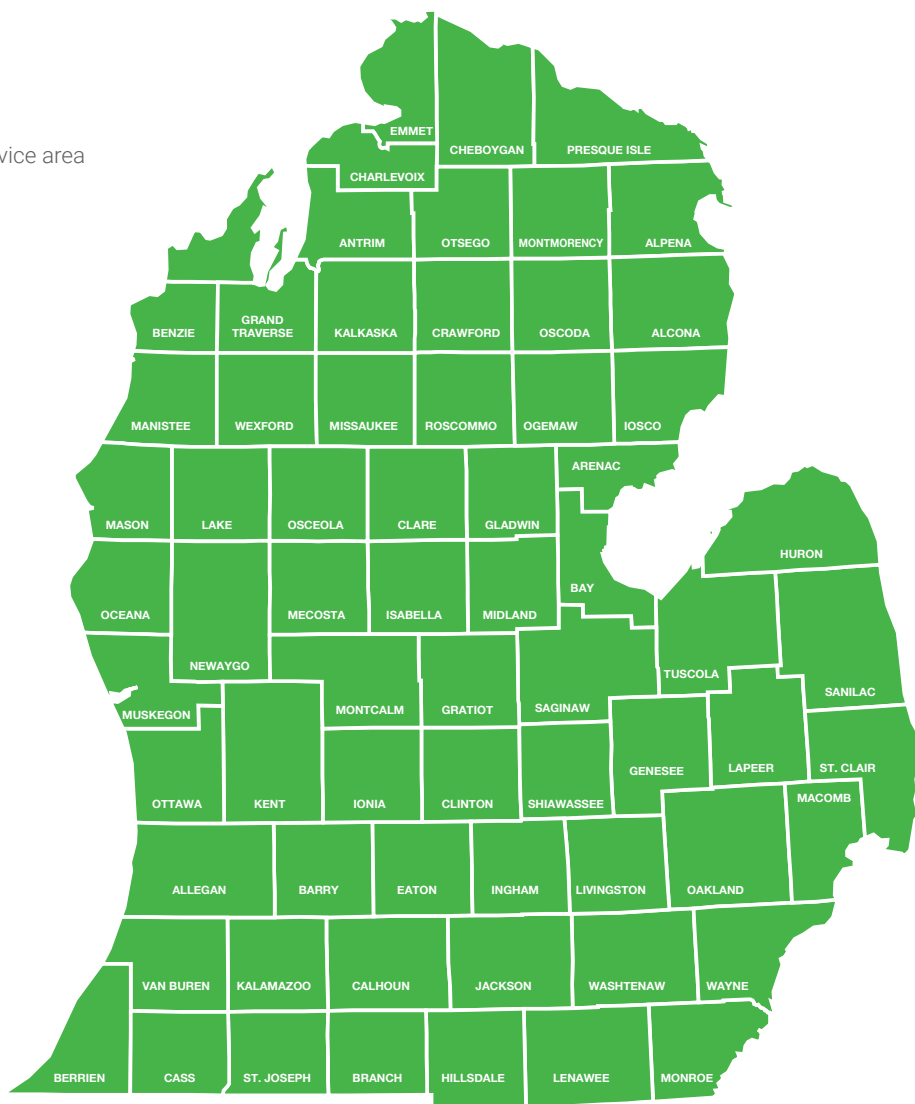
# The strength of our My**Priority** network

The largest individual network  
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 PPO Network\*

\*Cigna's PPO network refers to the health care providers (doctors, hospitals and specialists) contracted as part of the Cigna PPO 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	Bronson Methodist Hospital	Mackinac Straits Hospital And Health Center
Ascension Borgess Hospital	Bronson South Haven Hospital	Marlette Regional Hospital
Ascension Borgess-Lee Hospital	Children's Hospital of Michigan (DMC)	Mckenzie Memorial Hospital
Ascension Genesys Hospital	Covenant Healthcare	McLaren Bay Region
Ascension Macomb – Oakland Hospital, Madison Heights	Deckerville Community Hospital	McLaren Caro Region
Ascension Macomb – Oakland Hospital, Warren Campus	Eaton Rapids Medical Center	McLaren Central Michigan
Ascension Providence Hospital – Novi Campus	Forest Health Medical Center	McLaren Flint
Ascension Providence Hospital – Southfield Campus	Harbor Beach Community Hospital	McLaren Greater Lansing
Ascension Providence Rochester Hospital	Hayes Green Beach Memorial Hospital	McLaren Greater Lansing Orthopedic
Ascension River District Hospital	Henry Ford Allegiance Health	McLaren Lapeer Region
Ascension St. John Hospital & Medical Center	Henry Ford Hospital	McLaren Macomb
Beaumont Hospital – Dearborn	Henry Ford Macomb Hospital	McLaren Northern Michigan
Beaumont Hospital – Farmington Hills	Henry Ford West Bloomfield Hospital	McLaren Oakland
Beaumont Hospital – Grosse Pointe	Henry Ford Wyandotte Hospital	McLaren Port Huron
Beaumont Hospital – Royal Oak	Hills & Dales General Hospital	McLaren Thumb Region
Beaumont Hospital – Taylor	Hillsdale Community Hospital	Memorial Healthcare
Beaumont Hospital – Trenton	Holland Hospital	Mercy Health Lakeshore Campus
Beaumont Hospital – Troy	Hurley Medical Center	Mercy Health Muskegon – General Campus
Beaumont Hospital – Wayne	Huron Valley-Sinai Hospital (DMC)	Mercy Health Muskegon – Hackley Campus
Bronson Battle Creek Hospital	Kalkaska Memorial Health Center	Mercy Health Muskegon – Mercy Campus
Bronson Lakeview Hospital	Karmanos Cancer Center – Barbara Ann Karmanos Cancer Institute	Mercy Health – Saint Mary's
	Lake Huron Medical Center	Metro Health Hospital

Our network of health care providers covers 97 percent of primary care doctors and hospitals in Michigan. For the most current list of participating hospitals, physicians, pharmacies and labs, visit [priorityhealth.com](https://priorityhealth.com) and click on **Find a Doctor**.

MidMichigan Medical Center – Alpena	Sheridan Community Hospital	St. Mary Mercy Hospital Livonia
MidMichigan Medical Center – Clare	Sinai-Grace Hospital (DMC)	St. Mary's of Michigan
MidMichigan Medical Center – Gladwin	Sparrow Carson Hospital	St. Mary's of Michigan Standish Hospital
MidMichigan Medical Center – Gratiot	Sparrow Ionia Hospital	Straith Hospital For Special Surgery
MidMichigan Medical Center – Midland	Spectrum Health Big Rapids Hospital	Sturgis Hospital
MidMichigan Medical Center – West Branch	Spectrum Health Blodgett Hospital	Surgeons Choice Medical Center
Munson Healthcare Cadillac Hospital	Spectrum Health Butterworth Hospital	Tawas St. Joseph Health System
Munson Healthcare Charlevoix Hospital	Spectrum Health Gerber Memorial	The Toledo Hospital
Munson Healthcare Grayling Hospital	Spectrum Health Kelsey Hospital	Three Rivers Health
Munson Healthcare Manistee Hospital	Spectrum Health Lakeland	Detroit Medical Center-DMC (VHS Detroit Receiving Hospital)
Munson Healthcare Otsego Memorial Hospital	Spectrum Health Lakeland Hospital Niles	
Munson Medical Center	Spectrum Health Lakeland Hospital Watervliet	
North Ottawa Community Hospital	Spectrum Health Ludington Hospital	
Oaklawn Hospital	Spectrum Health Pennock	
Paul Oliver Memorial Hospital	Spectrum Health Reed City Hospital	
Pontiac General Hospital	Spectrum Health United Memorial	
ProMedica Bixby Medical Center	Spectrum Health Zeeland Community Hospital	
ProMedica Community Health Center of Branch County	St. Joseph Mercy Chelsea	
ProMedica Herrick Medical Center	St. Joseph Mercy Hospital	
Promedica Monroe Regional Hospital	St. Joseph Mercy Livingston Hospital	
Scheurer Hospital	St. Joseph Mercy Oakland	

# 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 County*

This network includes:

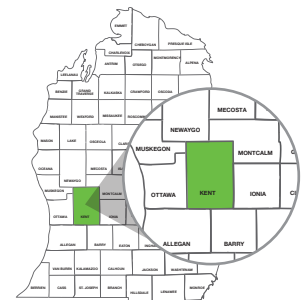
**Hospitals:** All Spectrum Health hospitals, including those outside of Kent County, with the exception of Spectrum Health Lakeland

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

**Other facilities:** Orthopedic Associates of Michigan (OAM) physicians (procedures must be done at a Spectrum Health facility)

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.

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



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.

## Bronson Healthcare Partners

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

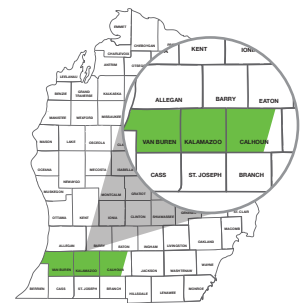
This network includes:

**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*

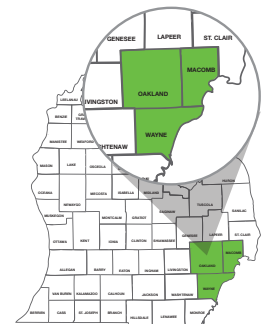
This network includes:

**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*

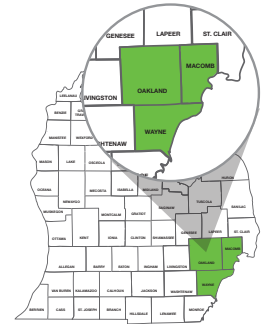
This network includes:

**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.

## St. Joseph Mercy Health System Network

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

This network includes:

**Hospitals:** St. Joseph Mercy Chelsea, St. Joseph Mercy Hospital, St. Joseph Mercy Livingston Hospital, St. Joseph Mercy Oakland Hospital, St. Mary Mercy Livonia Hospital

**Physicians (primary care and specialist) network:** Physicians who are affiliated with the St. Joseph Mercy groups as listed below:

IHA

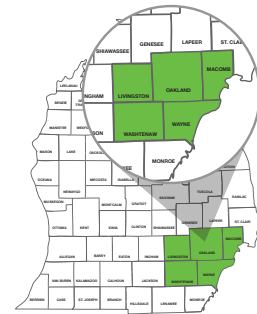
Huron Valley Physician Association

Oakland Physician Network Services with St. Joseph Mercy Oakland

designated as the primary hospital

Livingston Physician Organization

St. Mary Mercy Physician Practices



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 our partner, Doctor on Demand.<sup>®</sup> The virtual PCP serves as a primary care doctor, urgent care, behavioral health, preventive health and chronic care provider, 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 8700 – 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

Plans with this travel benefit allow members to receive covered services and care from any Cigna 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 8700
- 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
<b>Tier 1a</b>	Lowest-cost generic drugs—proven to be as safe as brand-name drugs—and select brand-name drugs.
<b>Tier 1b</b>	Low-cost generic drugs—proven to be as safe as brand-name drugs—and select brand-name drugs.
<b>Tier 2</b>	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 the most affordable.
<b>Tier 3</b>	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.
<b>Tier 4</b>	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.
<b>Tier 5</b>	Non-preferred specialty drugs and the most expensive brand-name and generic drugs are covered here 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.



A person's arm, wearing a light blue ribbed sweater, is visible on the right side of the frame. The background is a warm, textured orange. The text "MyPriority plans we offer" is centered on the left side, with a thin vertical line to its left.

# My**Priority** plans we offer



## MyPriority HSA Bronze 7050

**MyPriority HSA Bronze 7050** (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.

### 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 offers discounted prices for gym memberships and more



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



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



**Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible



**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



MyPriority HSA Bronze 7050	
Deductible: Individual / family	\$7,050 / \$14,100
Out-of-pocket limit: Individual / family	\$7,050 / \$14,100
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 doctor with a Spectrum Health On-Demand Video Visit	Covered in full, before 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	
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	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 (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	Covered in full, after deductible
Physical and occupational 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
Network options	
Full network option	MyPriority HSA Bronze 7050
Narrow network options (must stay within assigned network)	MyPriority HSA Bronze 7050—Spectrum Health Partners Available only to residents who live in Kent County
	MyPriority HSA Bronze 7050—Bronson Healthcare Partners Available only to residents who live in Kalamazoo and Van Buren counties and a portion of Calhoun County*
	MyPriority HSA Bronze 7050—Beaumont Health Network Available only to residents who live in Wayne, Oakland and Macomb counties
	MyPriority HSA Bronze 7050—Ascension St. John Providence Network Available only to residents who live in Wayne, Oakland and Macomb counties
	MyPriority HSA Bronze 7050—St. Joseph Mercy Health System Network Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties

\*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

## MyPriority Bronze 8700

**MyPriority Bronze 8700** (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.

### Plan highlights:



**Primary doctor visits**—\$30 primary care doctor visits, before deductible



**Urgent care**—\$75 urgent care visits, before deductible



**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 offers discounted prices for gym memberships and more



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



**Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible



**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

MyPriority Bronze 8700	
Deductible: Individual / family	\$8,700 / \$17,400
Out-of-pocket limit: Individual / family	\$8,700 / \$17,400
Coinsurance	Covered in full, after deductible
Office visits: Primary doctor	\$30 copay; office visits (evaluation only), before deductible
Office visits: Urgent care	\$75 copay; office visits (evaluation only), before deductible
Office visits: Retail health clinic	\$75 copay; office visits (evaluation only), before deductible
Office visits: Specialist	Covered in full, after deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Limited virtual care services: 24/7 access to a doctor with a Spectrum Health On-Demand Video Visit	Covered in full, before deductible
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	Covered in full, after deductible
Tier 3	
Tier 4	
Tier 5	
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	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 (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 and occupational 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, before deductible
Network options	
Full network option	MyPriority Bronze 8700
Narrow network options (must stay within assigned network)	MyPriority Bronze 8700—Spectrum Health Partners Available only to residents who live in Kent County  MyPriority Bronze 8700—Bronson Healthcare Partners Available only to residents who live in Kalamazoo and Van Buren counties and a portion of Calhoun County*  MyPriority Bronze 8700—Beaumont Health Network Available only to residents who live in Wayne, Oakland and Macomb counties  MyPriority Bronze 8700—Ascension St. John Providence Network Available only to residents who live in Wayne, Oakland and Macomb counties  MyPriority Bronze 8700—St. Joseph Mercy Health System Network Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties

\*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

## MyPriority Travel Bronze 8700

**MyPriority Travel Bronze 8700** 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 provider outside of Michigan and within the United States.

### Plan highlights:



**Primary doctor visits**—\$30 primary care doctor visits, before deductible



**Urgent care**—\$75 urgent care visits, before deductible



**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 offers discounted prices for gym memberships and more



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



**Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible



**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

MyPriority Travel Bronze 8700	
<b>Deductible:</b> Individual / family	\$8,700 / \$17,400
<b>Out-of-pocket limit:</b> Individual / family	\$8,700 / \$17,400
<b>Coinsurance</b>	Covered in full, after deductible
<b>Office visits:</b> Primary doctor	\$30 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Urgent care	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Retail health clinic	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Specialist	Covered in full, after deductible
<b>Office visits:</b> Mental health	\$30 copay; office visits only, before deductible
<b>Limited virtual care services:</b> 24/7 access to a doctor with a Spectrum Health On-Demand Video Visit	Covered in full, before deductible
<b>Out-of-state coverage</b>	Receive in-network benefits outside the state of Michigan, but within the United States, with a Cigna provider
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	Covered in full, after deductible
Tier 3	
Tier 4	
Tier 5	
<b>Maternity</b>	Routine prenatal and postnatal care covered in full, before deductible
<b>Inpatient hospital care</b> ( <i>includes labor and delivery</i> )	Covered in full, after deductible
<b>Outpatient surgery</b>	Covered in full, after deductible
<b>Diagnostic tests, X-rays, lab services and radiology services</b>	Covered in full, after deductible
<b>Emergency services</b>	Covered in full, after deductible
<b>Preventive services</b> ( <i>including annual physical exam</i> )	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
<b>Allergy</b>	Covered in full, after deductible
<b>Physical and occupational therapy</b> ( <i>including chiropractic</i> )	30 combined visits per year covered in full, after deductible
<b>In-home hospice, in-home health care</b>	Covered in full, after deductible
<b>Outpatient substance use disorder services</b>	Covered in full, before deductible
Network options	
<b>Full network option</b>	<b>MyPriority Travel Bronze 8700</b>

## MyPriority Telehealth PCP Bronze 8700—Virtual First

**MyPriority Telehealth PCP 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) will begin with virtual care provided by Doctor on Demand. Referrals from a telehealth doctor are required to seek care in a traditional office setting, or with a specialist, as needed.

### Plan highlights:



**Virtual-first primary care and more**—This Telehealth PCP plan acts as a primary care doctor, urgent care, behavioral health, preventive health and chronic care provider, with the convenience of being able to seek care from the comfort and safety of home



**Primary and urgent care**—Telehealth visits with Doctor on Demand are covered before deductible



**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



**Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible



**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



**Global emergency assistance**—If you 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



**Discounted gym memberships**—The Active&Fit Direct™ program offers discounted prices for gym memberships and more



MyPriority Telehealth PCP Bronze 8700—Virtual First	
<b>Deductible:</b> Individual / family	\$8,700 / \$17,400
<b>Out-of-pocket limit:</b> Individual / family	\$8,700 / \$17,400
<b>Coinsurance</b>	Covered in full, after deductible
<b>Doctor on Demand virtual visits:</b> Primary care, urgent care, behavioral health	\$10 copay; before deductible
<b>In-person office visits:</b> Referral needed from Doctor on Demand to seek care from another provider	Covered in full; after deductible
<b>Prescription drug coverage</b> (a drug is categorized in one of the tiers below)	
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	
<b>Maternity</b>	Routine prenatal and postnatal care covered in full, before deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Inpatient hospital care</b> (includes labor and delivery)	Covered in full, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Outpatient surgery</b>	Covered in full, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Diagnostic tests, X-rays, lab services and radiology services</b>	Covered in full, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Emergency services</b>	Covered in full, after deductible
<b>Preventive services</b> (including annual physical exam)	Covered in full, before deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i> (See Preventive Care Guidelines on <a href="https://priorityhealth.com">priorityhealth.com</a> for more details)
<b>Allergy</b>	Covered in full, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Physical and occupational therapy</b> (including chiropractic)	30 combined visits per year covered in full, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>In-home hospice, in-home health care</b>	Covered in full, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Network options</b>	
<b>Full network option</b>	<b>MyPriority Telehealth PCP Bronze 8700—Virtual First</b>

## MyPriority Silver 2500 (On-Marketplace or Off-Marketplace)

**MyPriority Silver 2500** (full or narrow network) plans are a smart option for individuals and families who want the reassurance of being covered for general care. Off-Marketplace plans are an affordable option for individuals who do not qualify for a federal subsidy or choose not to use it. This plan is especially great for early retirees or individuals who travel and want peace of mind knowing they're covered wherever they go.

### Plan highlights:

-  **Out-of-state coverage**—Four out-of-state Cigna office visits
-  **Prescription drugs**—\$5 copay for Tier 1a and \$20 copay for Tier 1b, before deductible
-  **Primary doctor visits**—\$30 primary care doctor visits, before deductible
-  **Urgent care**—\$75 urgent care visits, before deductible
-  **Discounted gym memberships**—The Active&Fit Direct™ program offers discounted prices for gym memberships and more
-  **Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible
-  **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
-  **Limited virtual care services**—24/7 access to a doctor with a Spectrum Health On-Demand Video Visit

MyPriority Silver 2500 (On-Marketplace or Off-Marketplace)	
<b>Deductible:</b> Individual / family	\$2,500 / \$5,000
<b>Out-of-pocket limit:</b> Individual / family	\$8,700 / \$17,400
<b>Coinsurance</b>	30% coinsurance, after deductible
<b>Office visits:</b> Primary doctor	\$30 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Urgent care	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Retail health clinic	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Specialist	\$90 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Mental health	\$30 copay; office visits only, before deductible
<b>Limited virtual care services:</b> 24/7 access to a doctor with a Spectrum Health On-Demand Video Visit	\$0 copay, before deductible
<b>Out-of-state coverage</b>	Four out-of-state Cigna office visits
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, after deductible
Tier 3	\$100 copay, after deductible
Tier 4	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
<b>Maternity</b>	Routine prenatal and postnatal care covered in full, before deductible
<b>Inpatient hospital care</b> ( <i>includes labor and delivery</i> )	30% coinsurance, after deductible
<b>Outpatient surgery</b>	\$1,000 copay; 30% coinsurance, after deductible
<b>Diagnostic tests, X-rays, lab services and radiology services</b>	30% coinsurance, after deductible
<b>Emergency services</b>	\$250 copay ( <i>waived if admitted</i> ); 30% coinsurance, after deductible
<b>Preventive services</b> ( <i>including annual physical exam</i> )	Covered in full, before deductible (See Preventive Care Guidelines on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
<b>Allergy</b>	30% coinsurance, after deductible
<b>Physical and occupational therapy</b> ( <i>including chiropractic</i> )	30 combined visits per year with 30% coinsurance, after deductible
<b>In-home hospice, in-home health care</b>	30% coinsurance, after deductible
<b>Outpatient substance use disorder services</b>	Covered in full, before deductible
Network options	
<b>Full network option</b>	<b>MyPriority Silver 2500 (On-Marketplace and Off-Marketplace)</b>
<b>Narrow network options</b> ( <i>must stay within assigned network</i> )	<b>MyPriority Silver 2500 (On-/Off-Mrkt)—Spectrum Health Partners</b> Available only to residents who live in Kent County  <b>MyPriority Silver 2500 (On-/Off-Mrkt)—Bronson Healthcare Partners</b> Available only to residents who live in Kalamazoo and Van Buren counties and a portion of Calhoun County*  <b>MyPriority Silver 2500 (On-/Off-Mrkt)—Beaumont Health Network</b> Available only to residents who live in Wayne, Oakland and Macomb counties  <b>MyPriority Silver 2500 (On-/Off-Mrkt)—Ascension St. John Providence Network</b> Available only to residents who live in Wayne, Oakland and Macomb counties  <b>MyPriority Silver 2500 (On-/Off-Mrkt)—St. Joseph Mercy Health System Network</b> Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties

\*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

## 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.

### 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 offers discounted prices for gym memberships and more



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



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



**Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible



**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

MyPriority Silver 3000 Off-Marketplace	
Deductible: Individual / family	\$3,000 / \$6,000
Out-of-pocket limit: Individual / family	\$7,050 / \$14,100
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 doctor with a Spectrum Health On-Demand Video Visit	Covered in full, before 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	
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 <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	30% coinsurance, after deductible
Physical and occupational 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
Network options	
Full network option	MyPriority Silver 3000 Off-Marketplace
Narrow network options (must stay within assigned network)	MyPriority Silver 3000 Off-Marketplace—Spectrum Health Partners Available only to residents who live in Kent County
	MyPriority Silver 3000 Off-Marketplace—Bronson Healthcare Partners Available only to residents who live in Kalamazoo and Van Buren counties and a portion of Calhoun County*
	MyPriority Silver 3000 Off-Marketplace—Beaumont Health Network Available only to residents who live in Wayne, Oakland and Macomb counties
	MyPriority Silver 3000 Off-Marketplace—Ascension St. John Providence Network Available only to residents who live in Wayne, Oakland and Macomb counties
	MyPriority Silver 3000 Off-Marketplace—St. Joseph Mercy Health System Network Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties

\*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

## MyPriority Silver 3500 (On-Marketplace or Off-Marketplace)

**MyPriority Silver 3500** (On 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.

### Plan highlights:

-  **Limited virtual care services**—24/7 access to a doctor with a Spectrum Health On-Demand Video Visit
-  **Prescription drugs**—\$5 copay for Tier 1a and \$20 copay for Tier 1b, before deductible
-  **Primary care visits**—\$30 primary care doctor visits, before deductible
-  **Urgent care**—\$75 urgent care visits, before deductible
-  **Discounted gym memberships**—The Active&Fit Direct™ program offers discounted prices for gym memberships and more
-  **Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible
-  **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
-  **Global emergency assistance**—If you 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










MyPriority Silver 3500 (On-Marketplace or Off-Marketplace)	
<b>Deductible:</b> Individual / family	\$3,500 / \$7,000
<b>Out-of-pocket limit:</b> Individual / family	\$8,700 / \$17,400
<b>Coinsurance</b>	30% coinsurance, after deductible
<b>Office visits:</b> Primary doctor	\$30 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Urgent care	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Retail health clinic	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Specialist	\$90 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Mental health	\$30 copay; office visits only, before deductible
<b>Limited virtual care services:</b> 24/7 access to a doctor with a Spectrum Health On-Demand Video Visit	Covered in full, before deductible
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, after deductible
Tier 3	\$100 copay, after deductible
Tier 4	50% coinsurance, after deductible
Tier 5	50% coinsurance, after deductible
<b>Maternity</b>	Routine prenatal and postnatal care covered in full, before deductible
<b>Inpatient hospital care</b> ( <i>includes labor and delivery</i> )	30% coinsurance, after deductible
<b>Outpatient surgery</b>	\$1,000 copay; 30% coinsurance, after deductible
<b>Diagnostic tests, X-rays, lab services and radiology services</b>	30% coinsurance, after deductible
<b>Emergency services</b>	\$250 copay ( <i>waived if admitted</i> ); 30% coinsurance, after deductible
<b>Preventive services</b> ( <i>including annual physical exam</i> )	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
<b>Allergy</b>	30% coinsurance, after deductible
<b>Physical and occupational therapy</b> ( <i>including chiropractic</i> )	30 combined visits per year with 30% coinsurance, after deductible
<b>In-home hospice, in-home health care</b>	30% coinsurance, after deductible
<b>Outpatient substance use disorder services</b>	Covered in full, before deductible
Network options	
<b>Full network option</b>	<b>MyPriority Silver 3500 (On-Marketplace and Off-Marketplace)</b>
<b>Narrow network options</b> ( <i>must stay within assigned network</i> )	<b>MyPriority Silver 3500 (On-/Off-Mrkt)—Spectrum Health Partners</b> <i>Available only to residents who live in Kent County</i>
	<b>MyPriority Silver 3500 (On-/Off-Mrkt)—Bronson Healthcare Partners</b> <i>Available only to residents who live in Kalamazoo and Van Buren counties and a portion of Calhoun County*</i>
	<b>MyPriority Silver 3500 (On-/Off-Mrkt)—Beaumont Health Network</b> <i>Available only to residents who live in Wayne, Oakland and Macomb counties</i>
	<b>MyPriority Silver 3500 (On-/Off-Mrkt)—Ascension St. John Providence Network</b> <i>Available only to residents who live in Wayne, Oakland and Macomb counties</i>
	<b>MyPriority Silver 3500 (On-/Off-Mrkt)—St. Joseph Mercy Health System Network</b> <i>Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties</i>

\*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

## 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.

### Plan highlights:

-  **Limited virtual care services**—24/7 access to a doctor with a Spectrum Health On-Demand Video Visit
-  **Prescription drugs**—\$5 copay for Tier 1a and \$20 copay for Tier 1b, before deductible
-  **Primary care visits**—\$30 primary care doctor visits, before deductible
-  **Discounted gym memberships**—The Active&Fit Direct™ program offers discounted prices for gym memberships and more
-  **Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible
-  **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
-  **Global emergency assistance**—If you 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

MyPriority Silver 5500 (On-Marketplace or Off-Marketplace)	
<b>Deductible:</b> Individual / family	\$5,500 / \$11,000
<b>Out-of-pocket limit:</b> Individual / family	\$8,700 / \$17,400
<b>Coinsurance</b>	30% coinsurance, after deductible
<b>Office visits:</b> Primary doctor	\$30 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Urgent care	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Retail health clinic	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Specialist	\$65 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Mental health	\$30 copay; office visits only, before deductible
<b>Limited virtual care services:</b> 24/7 access to a doctor with a Spectrum Health On-Demand Video Visit	Covered in full, before deductible
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
<b>Maternity</b>	Routine prenatal and postnatal care covered in full, before deductible
<b>Inpatient hospital care</b> ( <i>includes labor and delivery</i> )	30% coinsurance, after deductible
<b>Outpatient surgery</b>	\$1,000 copay; 30% coinsurance, after deductible
<b>Diagnostic tests and lab services</b>	\$10 copay, before deductible
<b>X-rays and radiology services</b>	30% coinsurance, after deductible
<b>Emergency services</b>	\$250 copay ( <i>waived if admitted</i> ); 30% coinsurance, after deductible
<b>Preventive services</b> ( <i>including annual physical exam</i> )	Covered in full, before deductible (See Preventive Care Guidelines on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
<b>Allergy</b>	30% coinsurance, after deductible
<b>Physical and occupational therapy</b> ( <i>including chiropractic</i> )	30 combined visits per year with 30% coinsurance, after deductible
<b>In-home hospice, in-home health care</b>	30% coinsurance, after deductible
<b>Outpatient substance use disorder services</b>	Covered in full, before deductible
Network options	
<b>Full network option</b>	<b>MyPriority Silver 5500 (On-Marketplace and Off-Marketplace)</b>
<b>Narrow network options</b> ( <i>must stay within assigned network</i> )	<b>MyPriority Silver 5500 (On-/Off-Mrkt)—Spectrum Health Partners</b> Available only to residents who live in Kent County <b>MyPriority Silver 5500 (On-/Off-Mrkt)—Bronson Healthcare Partners</b> Available only to residents who live in Kalamazoo and Van Buren counties and a portion of Calhoun County* <b>MyPriority Silver 5500 (On-/Off-Mrkt)—Beaumont Health Network</b> Available only to residents who live in Wayne, Oakland and Macomb counties <b>MyPriority Silver 5500 (On-/Off-Mrkt)—Ascension St. John Providence Network</b> Available only to residents who live in Wayne, Oakland and Macomb counties <b>MyPriority Silver 5500 (On-/Off-Mrkt)—St. Joseph Mercy Health System Network</b> Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties

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## 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 provider outside of Michigan and within the United States.

### Plan highlights:



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



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



**Primary care visits**—\$30 primary care doctor visits, before deductible



**Discounted gym memberships**—The Active&Fit Direct™ program offers discounted prices for gym memberships and more



**Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible



**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



**Global emergency assistance**—If you 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

MyPriority Travel Silver 5500	
<b>Deductible:</b> Individual / family	\$5,500 / \$11,000
<b>Out-of-pocket limit:</b> Individual / family	\$8,700 / \$17,400
<b>Coinsurance</b>	30% coinsurance, after deductible
<b>Office visits:</b> Primary doctor	\$30 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Urgent care	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Retail health clinic	\$75 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Specialist	\$65 copay; office visits ( <i>evaluation only</i> ), before deductible
<b>Office visits:</b> Mental health	\$30 copay; office visits only, before deductible
<b>Limited virtual care services:</b> 24/7 access to a doctor with a Spectrum Health On-Demand Video Visit	Covered in full, before deductible
<b>Out-of-state coverage</b>	Receive in-network benefits outside the state of Michigan, but within the United States, with a Cigna provider
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
<b>Maternity</b>	Routine prenatal and postnatal care covered in full, before deductible
<b>Inpatient hospital care</b> ( <i>includes labor and delivery</i> )	30% coinsurance, after deductible
<b>Outpatient surgery</b>	\$1,000 copay; 30% coinsurance, after deductible
<b>Diagnostic tests and lab services</b>	\$10 copay, before deductible
<b>X-rays and radiology services</b>	30% coinsurance, after deductible
<b>Emergency services</b>	\$250 copay ( <i>waived if admitted</i> ); 30% coinsurance, after deductible
<b>Preventive services</b> ( <i>including annual physical exam</i> )	Covered in full, before deductible (See <i>Preventive Care Guidelines</i> on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
<b>Allergy</b>	30% coinsurance, after deductible
<b>Physical and occupational therapy</b> ( <i>including chiropractic</i> )	30 combined visits per year with 30% coinsurance, after deductible
<b>In-home hospice, in-home health care</b>	30% coinsurance, after deductible
<b>Outpatient substance use disorder services</b>	Covered in full, before deductible
Network options	
Full network option	MyPriority Travel Silver 5500

## 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) will begin with virtual care provided by Doctor on Demand. Referrals from a telehealth doctor are required to seek care in a traditional office setting, or with a specialist, as needed.

### Plan highlights:



**Virtual-first primary care and more**—This Telehealth PCP plan acts as a primary care doctor, urgent care, behavioral health, preventive health and chronic care provider, with the convenience of being able to seek care from the comfort and safety of home



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



**Primary and urgent care visits**—Telehealth visits with Doctor on Demand are covered before deductible



**Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible



**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



**Global emergency assistance**—If you 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



**Discounted gym memberships**—The Active&Fit Direct™ program offers discounted prices for gym memberships and more



MyPriority Telehealth PCP Silver 5500—Virtual First (On-Marketplace or Off-Marketplace)	
<b>Deductible:</b> Individual / family	\$5,500 / \$11,000
<b>Out-of-pocket limit:</b> Individual / family	\$8,700 / \$17,400
<b>Coinsurance</b>	30% coinsurance, after deductible
<b>Doctor on Demand virtual visits:</b> Primary care, urgent care, behavioral health	\$10 copay; before deductible
<b>In-person office visits:</b> Referral needed from Doctor on Demand to seek care from another provider	\$65 copay; before deductible
<b>Prescription drug coverage</b> (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
<b>Maternity</b>	Routine prenatal and postnatal care covered in full, before deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Inpatient hospital care</b> (includes labor and delivery)	30% coinsurance, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Outpatient surgery</b>	\$1,000 copay; 30% coinsurance, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Diagnostic tests and lab services</b>	\$10 copay, before deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>X-rays and radiology services</b>	30% coinsurance, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Preventive services</b> (including annual physical exam)	Covered in full, before deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i> (See Preventive Care Guidelines on <a href="https://priorityhealth.com">priorityhealth.com</a> for more details)
<b>Allergy</b>	30% coinsurance, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Physical and occupational therapy</b> (including chiropractic)	30 combined visits per year with 30% coinsurance, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>In-home hospice, in-home health care</b>	30% coinsurance, after deductible <i>Referral needed from Doctor on Demand to seek care from another provider</i>
<b>Network options</b>	
<b>Full network option</b>	<b>MyPriority Telehealth PCP Silver 5500—Virtual First (On-Marketplace or Off-Marketplace)</b>

## MyPriority Gold 1100

Our **MyPriority HMO Gold 1100** (full network) plan is designed for individuals and families who anticipate needing health care services throughout the year. Once the deductible is met, you share the costs with the health plan. Keep in mind that you'll pay 100% of the cost for your health care out of pocket until the deductible is met.

### Plan highlights:



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



**Discounted gym memberships**—The Active&Fit Direct™ program offers discounted prices for gym memberships and more



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



**Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible



**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

MyPriority Gold 1100	
Deductible: Individual / family	\$1,100 / \$2,200
Out-of-pocket limit: Individual / family	\$8,150 / \$16,300
Coinsurance	20% coinsurance, after deductible
Office visits: Primary doctor	20% 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 doctor with a Spectrum Health On-Demand Video Visit	Covered in full, before deductible
Prescription drug coverage (a drug is categorized in one of the tiers below)	
Tier 1a	20% coinsurance, after deductible
Tier 1b	
Tier 2	
Tier 3	
Tier 4	
Tier 5	
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	20% coinsurance, after deductible
Outpatient surgery	20% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	20% coinsurance, after deductible
Emergency services	20% coinsurance, after deductible
Preventive services (including annual physical exam)	Covered in full, before deductible (See Preventive Care Guidelines on <a href="http://priorityhealth.com">priorityhealth.com</a> for more details)
Allergy	20% coinsurance, after deductible
Physical and occupational therapy (including chiropractic)	30 combined visits per year with 20% coinsurance, after deductible
In-home hospice, in-home health care	20% coinsurance, after deductible
Outpatient substance use disorder services	Covered in full, before deductible
Network options	
Full network option	MyPriority Gold 1100

## 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.

### Plan highlights:



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



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



**Primary doctor visits**—\$20 primary care doctor visits



**Urgent care**—\$75 urgent care visits



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



**Discounted gym memberships**—The Active&Fit Direct™ program offers discounted prices for gym memberships and more



**Diabetes management**—Education classes, diabetes supplies and insulin pumps at no cost, before deductible



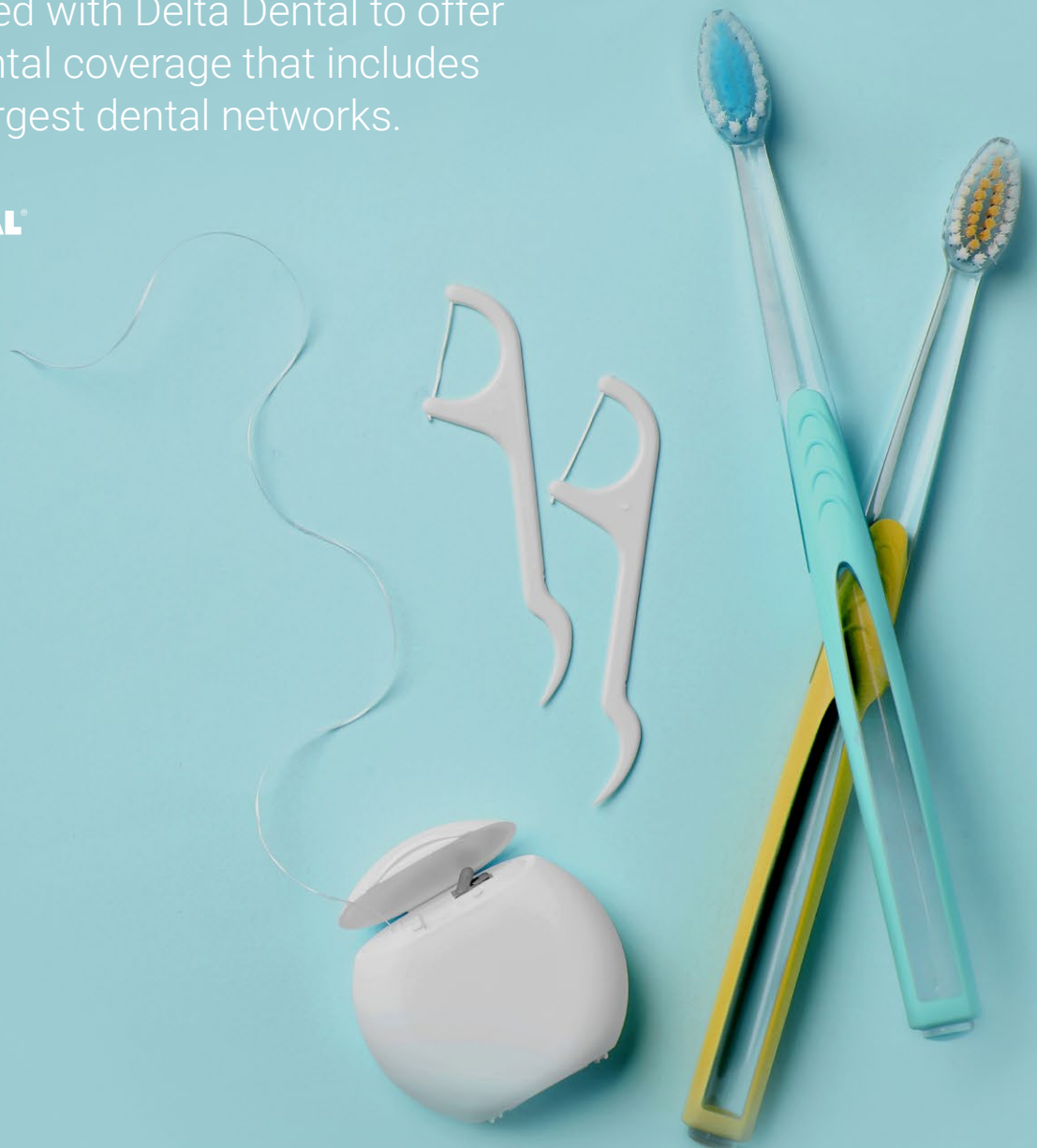
**Chronic condition management**—Access to a variety of medications, supplies and services to help keep your chronic conditions under control—covered in full or with cost share, ahead of deductible

<b>MyPriority Gold Copay+ (offered exclusively as a narrow network plan option)</b>	
<b>Deductible:</b> Individual / family	\$0 / \$0
<b>Out-of-pocket limit:</b> Individual / family	\$8,700 / \$17,400
<b>Coinsurance</b>	0% coinsurance
<b>Office visits:</b> Primary doctor	\$20 copay; unlimited office visits ( <i>evaluation only</i> )
<b>Office visits:</b> Urgent care	\$75 copay; unlimited office visits ( <i>evaluation only</i> )
<b>Office visits:</b> Retail health clinic	\$75 copay; unlimited office visits ( <i>evaluation only</i> )
<b>Office visits:</b> Specialist	\$45 copay; office visits ( <i>evaluation only</i> )
<b>Office visits:</b> Mental health	\$20 copay; office visits only
<b>Limited virtual care services:</b> 24/7 access to a doctor with a Spectrum Health On-Demand Video Visit	Covered in full
<b>Prescription drug coverage (a drug is categorized in one of the tiers below)</b>	
Tier 1a	\$5 copay
Tier 1b	\$20 copay
Tier 2	\$75 copay
Tier 3	\$100 copay
Tier 4	50% coinsurance
Tier 5	50% coinsurance
<b>Maternity</b>	Routine prenatal and postnatal care covered in full
<b>Inpatient hospital care</b> ( <i>includes labor and delivery</i> )	\$1,000 copay per day ( <i>up to 5 days</i> )
<b>Outpatient surgery</b>	\$1,000 copay
<b>Diagnostic tests, X-rays, lab services and radiology services</b>	\$45 copay
<b>Emergency services</b>	\$250 copay ( <i>waived if admitted</i> )
<b>Preventive services</b> ( <i>including annual physical exam</i> )	Covered in full ( <i>See Preventive Care Guidelines on <a href="https://priorityhealth.com">priorityhealth.com</a> for more details</i> )
<b>Allergy</b>	Included with office visit copay—Allergy testing \$250 copay
<b>Physical and occupational therapy</b> ( <i>including chiropractic</i> )	30 combined visits per year with \$45 copay
<b>In-home hospice</b>	Covered in full
<b>In-home health care</b>	\$45 copay
<b>Outpatient substance use disorder services</b>	Covered in full
<b>Network options</b>	
<b>Narrow network options</b> ( <i>must stay within assigned network</i> )	<p><b>MyPriority Gold Copay+—Spectrum Health Partners</b> Available only to residents who live in Kent County</p> <p><b>MyPriority Gold Copay+—Bronson Healthcare Partners</b> Available only to residents who live in Kalamazoo and Van Buren counties and a portion of Calhoun County*</p> <p><b>MyPriority Gold Copay+—Beaumont Health Network</b> Available only to residents who live in Wayne, Oakland and Macomb counties</p> <p><b>MyPriority Gold Copay+—Ascension St. John Providence Network</b> Available only to residents who live in Wayne, Oakland and Macomb counties</p> <p><b>MyPriority Gold Copay+—St. Joseph Mercy Health System Network</b> Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties</p>

\*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

# 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	\$27.29	\$37.11
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.

# MyPriority EyeMed coverage

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

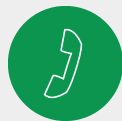


## Vision care highlights

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

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To find a participating vision provider or see if your provider is in the EyeMed network, go to [priorityhealth.com](https://priorityhealth.com) and use the Find a Doctor tool.



### 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. EST; Saturday, 8 a.m.–11 p.m. EST; and Sunday, 11 a.m.–8 p.m. EST.

# Vision care services

	Member in-network cost (EyeMed Select Network)	
	Product Medium	Product High
<b>Premium</b> Other add-ons	80% of charge 20% off retail price	80% of charge 20% off retail price
<b>Exam with dilation as necessary</b>	\$15 copay	\$10 copay
<b>Fundus photography benefit</b>	Up to \$39	Up to \$39
<b>Exam options</b>		
<b>Standard contact lens</b> fit and follow-up	Up to \$40	Up to \$40
<b>Premium contact lens</b> fit and follow-up	10% off retail price	10% off retail price
<b>Frames</b>		
<b>Any available frame at provider location</b>	\$0 copay; \$150 allowance, 20% off balance over \$150	\$0 copay; \$200 allowance, 20% off balance over \$200
<b>Standard plastic lenses</b>		
<b>Single vision</b>	\$25 copay	\$20 copay
<b>Bifocal</b>		
<b>Trifocal</b>		
<b>Lenticular</b>		
<b>Standard progressive lens</b>	\$90 copay	\$85 copay
<b>Premium progressive lens</b>	\$90 copay; 80% of charge less \$120 allowance	\$85 copay; 80% of charge less \$120 allowance
<b>Lens options</b>		
<b>UV treatment tint</b> ( <i>solid and gradient</i> )	\$15	\$15
<b>Standard plastic scratch coating</b>	\$15	\$15
<b>Standard polycarbonate</b>	\$0 copay	\$0 copay
<b>Standard anti-reflective coating</b>	\$0 copay	\$0 copay
<b>Premium anti-reflective polarized</b>	\$45	\$45

	Member in-network cost (EyeMed Select Network)	
	Product Medium	Product High
<b>Contact lenses</b> (contact lens allowance includes materials only)		
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	\$0 copay, paid in full
Standard anti-reflective coating	\$0 copay	\$0 copay
Premium anti-reflective polarized	\$45	\$45
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotion price	15% off retail price or 5% off promotion price
<b>Additional Pairs Benefit</b>		
	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	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
<b>Premiums</b>		
Supplemental vision added to any plan	\$7.93	\$11.85

\*Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.



Visit [mypriority.com](https://mypriority.com)

Call our enrollment specialists  
at 833.351.0928

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).