



Summary of benefits

MyPriority PPO



Annual deductible in-network ¹	\$1,000 single/ \$2,000 family	\$2,500 single/ \$5,000 family	\$3,500 single/ \$7,000 family	\$5,000 single/ \$10,000 family	\$1,000 single/ \$2000 family	\$2500 single/ \$5,000 family
Annual deductible out-of-network	\$2,000 single/ \$4,000 family	\$5,000 single/ \$10,000 family	\$7,000 single/ \$14,000 family	\$10,000 single/ \$20,000 family	\$2,000 single/ \$4,000 family	\$5,000 single/ \$10,000 family
Annual out-of-pocket maximum ²	\$3,000	\$4,500	\$5,500	\$7,000	\$4,000	\$6,500
Lifetime maximum	\$5 million				\$5 million	

Benefit	What you pay	
Preventive care ³	<ul style="list-style-type: none"> \$0 before deductible 	<ul style="list-style-type: none"> \$0 before deductible
Doctor's office visits ⁴	<ul style="list-style-type: none"> \$30 copay before deductible 	<ul style="list-style-type: none"> \$30 copay in-network before deductible
Urgent care ⁴		
Emergency room ⁵	<ul style="list-style-type: none"> \$150 copay before deductible 20% coinsurance in-network after deductible 40% coinsurance out-of-network after deductible 	<ul style="list-style-type: none"> \$150 copay before deductible 30% coinsurance in-network after deductible 30% coinsurance out-of-network after deductible
Outpatient lab/X-ray	<ul style="list-style-type: none"> 20% coinsurance in-network after deductible 40% coinsurance out-of-network after deductible 	<ul style="list-style-type: none"> 30% coinsurance in-network after deductible 50% coinsurance out-of-network after deductible
Outpatient surgery		
Hospitalization		
Ambulance		
Outpatient speech therapy ⁶		
Outpatient occupational therapy ⁶		
Outpatient physical therapy/ spinal manipulation ⁶		
Cardiac rehab ⁶		
Skilled nursing; Subacute; Inpatient rehab; Hospice ⁷		
Home health care ⁸		
Substance abuse ⁹		
DME; P&O ¹⁰	<ul style="list-style-type: none"> 50% coinsurance after deductible 	<ul style="list-style-type: none"> 50% coinsurance after deductible
Dietitian services ¹¹	<ul style="list-style-type: none"> 20% coinsurance in-network after deductible 40% coinsurance out-of network after deductible 	<ul style="list-style-type: none"> 30% coinsurance in-network after deductible 50% coinsurance out-of-network after deductible
Prescription drug coverage ¹²	<ul style="list-style-type: none"> 40% coinsurance for generics and brand drugs before deductible 	<ul style="list-style-type: none"> 40% coinsurance for generics and brand drugs before deductible
Medical specialty drugs ¹³	<ul style="list-style-type: none"> 20% coinsurance in-network after deductible 40% coinsurance out-of network after deductible 	<ul style="list-style-type: none"> 30% coinsurance in-network after deductible 50% coinsurance out-of-network after deductible
Transplants ¹⁴	<ul style="list-style-type: none"> At designated transplant facility 	<ul style="list-style-type: none"> At designated transplant facility

Riders		
Maternity rider ¹⁵	<ul style="list-style-type: none"> • 20% coinsurance in-network after deductible • 40% coinsurance out-of-network after deductible 	<ul style="list-style-type: none"> • 30% coinsurance in-network after deductible • 50% coinsurance out-of-network after deductible
Accident rider ¹⁶	<ul style="list-style-type: none"> • 20% coinsurance in-network before deductible • 40% coinsurance out-of-network before deductible 	<ul style="list-style-type: none"> • 30% coinsurance out-of-network before deductible • 50% coinsurance out-of-network before deductible

Not covered (for all deductible options)

- Certain surgeries — bariatric surgery, blepharoplasty of upper eyelids, breast reduction, panniculectomy, surgical treatment of male gynecomastia and procedures to correct obstructive sleep apnea.
- Family planning/infertility services — vasectomy, tubal ligation, diaphragm, infertility counseling and treatment of underlying cause of infertility
- TMJ, port wine stains, orthognathic surgery

6 month waiting period (for all deductible options)

Tonsils, adenoids, bunions, hemorrhoids, varicose veins, inguinal hernia (other than strangulated or incarcerated) elective hysterectomy (unless the condition is life-threatening), carpal tunnel surgery and other female reproductive conditions.

1 Family deductible may be met collectively by 2 or more individuals in the family

2 Excludes copays, includes coinsurance, no out-of-network OOP max

3 90-day waiting period within Priority Health Preventive Health Care Guidelines; \$500 annual max per member. After the max is met incurred expenses are applied towards deductible and coinsurance.

4 Limited to 4 combined visits per member annually – after the 4 visits, covered charges (coinsurance) apply towards deductible.

5 Copay waived if admitted within 24 hours

6 \$3,000 combined annual max per member

7 60-day combined annual max per member

8 60 visits annual max per member

9 Up to the state-mandated benefit

10 \$2,000 annual max per member

11 6 visits per member per year

12 \$5,000 annual max per member

13 \$25,000 annual max per member

14 \$1,000,000 maximum

15 180 day waiting period. \$5000 per member per year maximum for vaginal and elective cesarean deliveries.

16 For services incurred within 60-days of the injury. After the 60-days the deductible will be applied to any covered charges.