



Summary of benefits

MyPriority Short-term

Annual deductible	\$500 single/\$1,000 family	\$1,000 single/\$2,000 family	\$2,500 single/\$5,000 family
Out-of-pocket maximum	\$1,500	\$2,000	\$3,500
Lifetime maximum	\$1 million		

Benefit	What you pay
Doctor's office visits	<ul style="list-style-type: none"> • 20% coinsurance in-network after deductible • 40% coinsurance out-of-network after deductible
Urgent care	
Emergency room	
Outpatient lab/X-ray	
Outpatient surgery	
Hospitalization	
Ambulance	
Outpatient speech therapy ¹	
Outpatient occupational therapy ¹	
Outpatient physical therapy/ spinal manipulation ¹	
Cardiac rehab ¹	
Skilled nursing; Subacute; Inpatient rehab; Hospice ²	
Home health care ³	
Substance abuse ⁴	
DME; P&O ⁵	<ul style="list-style-type: none"> • 50% coinsurance after deductible
Prescription drug coverage	<ul style="list-style-type: none"> • Priority Health discount
Medical specialty drugs ⁶	<ul style="list-style-type: none"> • 50% coinsurance after deductible

Not covered
<ul style="list-style-type: none"> • Preventive health, maternity, mental health, dietitian services, transplants, pre-existing conditions • 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

1 \$1000 combined max per member

2 30-day combined max per member

3 30-day combined max per member

4 Up to the state-mandated benefit

5 \$2,000 max per member per year

6 \$25,000 max per member