



Summary of benefits

MyPriority U31



Annual deductible in-network	\$1,000	\$3,000
Annual deductible out-of-network	\$2,000	\$6,000
Annual out-of-pocket maximum¹	\$3,000	\$9,000
Lifetime maximum	\$5 million	

Benefit	What you pay
Preventive care ²	<ul style="list-style-type: none"> • 30% coinsurance before deductible
Doctor's office visits ³	<ul style="list-style-type: none"> • \$30 copay before deductible
Urgent care	
Emergency room	<ul style="list-style-type: none"> • \$150 copay before deductible • 30% in-network coinsurance after deductible • 50% out-of-network coinsurance after deductible
Outpatient lab/X-ray	<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 ⁴	
Outpatient occupational therapy ⁴	
Outpatient physical therapy/spinal manipulation ⁴	
Cardiac rehab ⁴	
Skilled nursing; Subacute; Inpatient rehab; Hospice ⁵	
Home health care ⁶	
Substance abuse ⁷	
Dietician services ⁸	
DME; P&O ⁹	<ul style="list-style-type: none"> • 50% coinsurance after deductible
Prescription drug coverage ¹⁰	<ul style="list-style-type: none"> • Generic drugs covered at 50% before deductible • Brands at Priority Health discounted price before deductible
Medical specialty drugs ¹¹	<ul style="list-style-type: none"> • 50% coinsurance after deductible
Transplants ¹²	<ul style="list-style-type: none"> • At designated transplant facility

Rider	
Accident rider ¹³	<ul style="list-style-type: none"> • 30% coinsurance in-network before deductible • 50% coinsurance out-of-network before deductible

6 month waiting period
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.

Not covered
<ul style="list-style-type: none"> • 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 Excludes copays
- 2 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.
- 3 Limited to 4 visits combined per member each year - after the 4 visits, covered charges (coinsurance) apply towards deductible
- 4 \$3,000 combined annual max per member
- 5 60-day combined max per member per year
- 6 60-day annual max
- 7 Up to the state-mandated benefit
- 8 6 visits per member per year
- 9 \$2,000 max per member per year
- 10 \$500 max per member per year
- 11 \$25,000 max per member per year
- 12 \$1,000,000 max
- 13 For services incurred within 60 days of the injury. After the 60 days the deductible will be applied to any covered charges.