

# Medicare Supplement Plans



2010 Outline of Coverage  
for Plans A, D, F and N

▶ Life just got a little easier.®

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# Understanding your premiums

You can use the following charts to determine your specific Priority Health Medigap plan premium effective June 1, 2010.

Priority Health can raise your premium only if we raise the premium for all plans like yours in Michigan. (All premium changes are subject to state approval.) Premiums will change each year on January 1. To keep your plan active, be sure to pay the required monthly premium amount when it is due.

For Priority Health Medicare Supplement plans, certain factors may affect your monthly premium cost. We base our premiums on the county you live in, as well as your age and gender. If you permanently move outside the State of Michigan after you have enrolled with us, your Coverage will continue provided all other eligibility requirements continue to be satisfied. Upon renewal, your premiums will be the “Area 2” premiums.

The **preferred** premium always applies if you are in your open enrollment period or if you have a guaranteed issue right. It may apply if you meet certain medical criteria.

The **non-standard** premium applies if you are no longer in your open enrollment period and aren't eligible for a guaranteed issue right. It is based on your health status and whether or not you use tobacco products.

# Area 1

Counties:

Allegan, Barry, Kent, Newaygo, Ottawa

Attained Age	Plan A				Plan D				Plan F				Plan N			
	Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$81	\$76	\$131	\$123	\$105	\$99	\$170	\$159	\$117	\$110	\$189	\$177	\$94	\$88	\$151	\$142
66	\$86	\$79	\$138	\$128	\$111	\$103	\$179	\$166	\$124	\$115	\$200	\$185	\$99	\$92	\$160	\$148
67	\$90	\$83	\$145	\$133	\$117	\$107	\$188	\$173	\$130	\$119	\$210	\$192	\$104	\$95	\$168	\$154
68	\$95	\$86	\$153	\$138	\$122	\$111	\$197	\$179	\$136	\$124	\$220	\$200	\$109	\$99	\$176	\$160
69	\$99	\$89	\$160	\$144	\$128	\$115	\$206	\$186	\$143	\$128	\$230	\$207	\$114	\$103	\$184	\$166
70	\$103	\$92	\$167	\$149	\$134	\$119	\$216	\$192	\$149	\$133	\$240	\$214	\$119	\$106	\$192	\$171
71	\$108	\$95	\$174	\$154	\$139	\$123	\$225	\$199	\$155	\$137	\$250	\$222	\$124	\$110	\$200	\$177
72	\$112	\$99	\$181	\$159	\$145	\$127	\$234	\$206	\$162	\$142	\$261	\$229	\$129	\$114	\$208	\$183
73	\$116	\$102	\$188	\$164	\$151	\$132	\$243	\$213	\$168	\$147	\$271	\$237	\$134	\$118	\$216	\$190
74	\$121	\$105	\$194	\$170	\$156	\$136	\$252	\$220	\$174	\$152	\$280	\$245	\$139	\$121	\$224	\$196
75	\$125	\$109	\$201	\$175	\$161	\$141	\$260	\$227	\$180	\$157	\$290	\$253	\$144	\$125	\$232	\$202
76	\$129	\$112	\$208	\$181	\$167	\$145	\$269	\$234	\$186	\$162	\$300	\$261	\$149	\$129	\$240	\$209
77	\$133	\$116	\$215	\$186	\$172	\$149	\$278	\$241	\$192	\$167	\$310	\$269	\$154	\$133	\$248	\$215
78	\$137	\$118	\$221	\$191	\$177	\$153	\$285	\$247	\$197	\$170	\$318	\$275	\$158	\$136	\$254	\$220
79	\$140	\$121	\$226	\$195	\$182	\$156	\$293	\$252	\$202	\$174	\$326	\$281	\$162	\$139	\$261	\$225
80	\$144	\$124	\$232	\$199	\$186	\$160	\$300	\$258	\$207	\$178	\$335	\$287	\$166	\$142	\$268	\$230
81	\$147	\$126	\$238	\$204	\$191	\$163	\$308	\$263	\$213	\$182	\$343	\$294	\$170	\$146	\$274	\$235
82	\$151	\$129	\$243	\$208	\$195	\$167	\$315	\$269	\$218	\$186	\$351	\$300	\$174	\$149	\$281	\$240
83	\$155	\$132	\$251	\$213	\$201	\$171	\$324	\$276	\$224	\$191	\$361	\$308	\$179	\$153	\$289	\$246
84	\$160	\$136	\$258	\$219	\$207	\$176	\$334	\$283	\$231	\$196	\$372	\$316	\$184	\$157	\$297	\$253
85+	\$164	\$139	\$265	\$225	\$213	\$180	\$343	\$291	\$237	\$201	\$382	\$324	\$190	\$161	\$306	\$259

# Area 2

Counties:

Cass, Ionia, Kalamazoo, Missaukee, Montcalm, Muskegon, Oceana, Osceola, St. Clair, Wexford and outside the state of Michigan.

Attained Age	Plan A				Plan D				Plan F				Plan N			
	Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$92	\$87	\$149	\$140	\$120	\$112	\$193	\$181	\$133	\$125	\$215	\$202	\$107	\$100	\$172	\$161
66	\$97	\$90	\$157	\$146	\$126	\$117	\$203	\$188	\$141	\$130	\$227	\$210	\$112	\$104	\$181	\$168
67	\$102	\$94	\$165	\$151	\$133	\$122	\$214	\$196	\$148	\$135	\$238	\$218	\$118	\$108	\$191	\$175
68	\$107	\$98	\$173	\$157	\$139	\$126	\$224	\$204	\$155	\$141	\$250	\$227	\$124	\$112	\$200	\$181
69	\$112	\$101	\$181	\$163	\$145	\$131	\$235	\$211	\$162	\$146	\$261	\$235	\$130	\$117	\$209	\$188
70	\$117	\$105	\$189	\$169	\$152	\$136	\$245	\$219	\$169	\$151	\$273	\$244	\$135	\$121	\$218	\$195
71	\$122	\$108	\$197	\$175	\$158	\$140	\$255	\$226	\$176	\$156	\$285	\$252	\$141	\$125	\$228	\$201
72	\$127	\$112	\$205	\$181	\$165	\$145	\$266	\$234	\$184	\$161	\$296	\$260	\$147	\$129	\$237	\$208
73	\$132	\$116	\$213	\$187	\$171	\$150	\$276	\$242	\$191	\$167	\$307	\$269	\$152	\$134	\$246	\$215
74	\$137	\$120	\$221	\$193	\$177	\$155	\$286	\$250	\$197	\$173	\$319	\$278	\$158	\$138	\$255	\$223
75	\$142	\$123	\$229	\$199	\$183	\$160	\$296	\$258	\$204	\$178	\$330	\$287	\$163	\$142	\$264	\$230
76	\$147	\$127	\$236	\$205	\$190	\$165	\$306	\$266	\$211	\$184	\$341	\$296	\$169	\$147	\$273	\$237
77	\$151	\$131	\$244	\$212	\$196	\$170	\$316	\$274	\$218	\$189	\$352	\$305	\$175	\$151	\$282	\$244
78	\$155	\$134	\$251	\$217	\$201	\$174	\$324	\$280	\$224	\$194	\$361	\$312	\$179	\$155	\$289	\$250
79	\$159	\$137	\$257	\$221	\$206	\$178	\$333	\$287	\$230	\$198	\$371	\$319	\$184	\$158	\$297	\$255
80	\$163	\$140	\$264	\$226	\$211	\$182	\$341	\$293	\$236	\$202	\$380	\$326	\$188	\$162	\$304	\$261
81	\$167	\$143	\$270	\$231	\$217	\$186	\$349	\$299	\$241	\$207	\$389	\$333	\$193	\$165	\$311	\$267
82	\$171	\$146	\$277	\$236	\$222	\$189	\$358	\$306	\$247	\$211	\$399	\$340	\$198	\$169	\$319	\$272
83	\$177	\$150	\$285	\$243	\$228	\$195	\$368	\$314	\$255	\$217	\$411	\$350	\$204	\$173	\$328	\$280
84	\$182	\$154	\$293	\$249	\$235	\$200	\$379	\$322	\$262	\$222	\$422	\$359	\$209	\$178	\$338	\$287
85+	\$187	\$158	\$301	\$255	\$242	\$205	\$390	\$330	\$269	\$228	\$434	\$368	\$215	\$183	\$347	\$294

# Area 3

## Counties:

Antrim, Benzie, Crawford, Grand Traverse, Hillsdale,  
Leelanau, Livingston, Manistee, Mecosta, Monroe

Attained Age	Plan A				Plan D				Plan F				Plan N			
	Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$88	\$82	\$141	\$133	\$114	\$106	\$183	\$172	\$126	\$119	\$204	\$191	\$101	\$95	\$163	\$153
66	\$92	\$86	\$149	\$138	\$120	\$111	\$193	\$179	\$133	\$124	\$215	\$199	\$107	\$99	\$172	\$159
67	\$97	\$89	\$157	\$144	\$126	\$115	\$203	\$186	\$140	\$128	\$226	\$207	\$112	\$103	\$181	\$166
68	\$102	\$92	\$164	\$149	\$132	\$120	\$213	\$193	\$147	\$133	\$237	\$215	\$117	\$107	\$190	\$172
69	\$107	\$96	\$172	\$155	\$138	\$124	\$223	\$200	\$154	\$138	\$248	\$223	\$123	\$111	\$198	\$178
70	\$111	\$99	\$180	\$160	\$144	\$129	\$232	\$207	\$161	\$143	\$259	\$231	\$128	\$115	\$207	\$185
71	\$116	\$103	\$187	\$166	\$150	\$133	\$242	\$214	\$167	\$148	\$270	\$239	\$134	\$118	\$216	\$191
72	\$121	\$106	\$195	\$171	\$156	\$137	\$252	\$222	\$174	\$153	\$281	\$247	\$139	\$122	\$225	\$197
73	\$125	\$110	\$202	\$177	\$162	\$142	\$262	\$229	\$181	\$158	\$292	\$255	\$145	\$127	\$233	\$204
74	\$130	\$113	\$210	\$183	\$168	\$147	\$271	\$237	\$187	\$164	\$302	\$264	\$150	\$131	\$242	\$211
75	\$134	\$117	\$217	\$189	\$174	\$152	\$281	\$244	\$194	\$169	\$313	\$272	\$155	\$135	\$250	\$218
76	\$139	\$121	\$224	\$195	\$180	\$156	\$290	\$252	\$200	\$174	\$323	\$281	\$160	\$139	\$259	\$225
77	\$144	\$124	\$232	\$201	\$186	\$161	\$300	\$260	\$207	\$179	\$334	\$289	\$166	\$144	\$267	\$231
78	\$147	\$127	\$238	\$205	\$191	\$165	\$308	\$266	\$213	\$184	\$343	\$296	\$170	\$147	\$274	\$237
79	\$151	\$130	\$244	\$210	\$196	\$169	\$316	\$272	\$218	\$188	\$352	\$303	\$174	\$150	\$281	\$242
80	\$155	\$133	\$250	\$215	\$201	\$172	\$324	\$278	\$224	\$192	\$361	\$310	\$179	\$153	\$288	\$248
81	\$159	\$136	\$256	\$219	\$206	\$176	\$332	\$284	\$229	\$196	\$369	\$316	\$183	\$157	\$295	\$253
82	\$163	\$139	\$262	\$224	\$210	\$180	\$339	\$290	\$235	\$200	\$378	\$323	\$188	\$160	\$303	\$258
83	\$167	\$143	\$270	\$230	\$217	\$185	\$350	\$298	\$241	\$206	\$390	\$332	\$193	\$164	\$312	\$265
84	\$172	\$146	\$278	\$236	\$223	\$189	\$360	\$305	\$248	\$211	\$401	\$340	\$199	\$169	\$320	\$272
85+	\$177	\$150	\$286	\$242	\$229	\$194	\$370	\$313	\$255	\$216	\$412	\$349	\$204	\$173	\$329	\$279

# Area 4

## Counties:

Emmet, Jackson, Kalkaska, Roscommon

Attained Age	Plan A				Plan D				Plan F				Plan N			
	Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$88	\$83	\$143	\$134	\$114	\$107	\$185	\$173	\$128	\$120	\$206	\$193	\$102	\$96	\$164	\$154
66	\$93	\$86	\$150	\$139	\$121	\$112	\$195	\$180	\$134	\$125	\$217	\$201	\$107	\$100	\$173	\$161
67	\$98	\$90	\$158	\$145	\$127	\$116	\$204	\$187	\$141	\$129	\$228	\$209	\$113	\$104	\$182	\$167
68	\$103	\$93	\$166	\$150	\$133	\$121	\$214	\$195	\$148	\$134	\$239	\$217	\$118	\$108	\$191	\$173
69	\$107	\$97	\$173	\$156	\$139	\$125	\$224	\$202	\$155	\$139	\$250	\$225	\$124	\$112	\$200	\$180
70	\$112	\$100	\$181	\$162	\$145	\$130	\$234	\$209	\$162	\$144	\$261	\$233	\$129	\$115	\$209	\$186
71	\$117	\$104	\$189	\$167	\$151	\$134	\$244	\$216	\$169	\$149	\$272	\$241	\$135	\$119	\$218	\$193
72	\$122	\$107	\$196	\$173	\$158	\$139	\$254	\$223	\$176	\$154	\$283	\$249	\$140	\$123	\$226	\$199
73	\$126	\$111	\$204	\$179	\$164	\$143	\$264	\$231	\$182	\$160	\$294	\$258	\$146	\$128	\$235	\$206
74	\$131	\$114	\$211	\$185	\$169	\$148	\$273	\$239	\$189	\$165	\$305	\$266	\$151	\$132	\$244	\$213
75	\$136	\$118	\$219	\$190	\$175	\$153	\$283	\$246	\$195	\$170	\$315	\$275	\$156	\$136	\$252	\$220
76	\$140	\$122	\$226	\$196	\$181	\$158	\$293	\$254	\$202	\$176	\$326	\$283	\$162	\$140	\$261	\$227
77	\$145	\$125	\$233	\$202	\$187	\$162	\$302	\$262	\$209	\$181	\$337	\$292	\$167	\$145	\$269	\$233
78	\$149	\$128	\$240	\$207	\$192	\$166	\$310	\$268	\$214	\$185	\$346	\$299	\$171	\$148	\$276	\$239
79	\$152	\$131	\$246	\$212	\$197	\$170	\$318	\$274	\$220	\$189	\$355	\$305	\$176	\$151	\$284	\$244
80	\$156	\$134	\$252	\$216	\$202	\$174	\$326	\$280	\$225	\$194	\$364	\$312	\$180	\$155	\$291	\$250
81	\$160	\$137	\$258	\$221	\$207	\$177	\$334	\$286	\$231	\$198	\$372	\$319	\$185	\$158	\$298	\$255
82	\$164	\$140	\$264	\$226	\$212	\$181	\$342	\$292	\$236	\$202	\$381	\$326	\$189	\$161	\$305	\$260
83	\$169	\$144	\$272	\$232	\$218	\$186	\$352	\$300	\$243	\$207	\$393	\$334	\$195	\$166	\$314	\$267
84	\$174	\$148	\$280	\$238	\$225	\$191	\$363	\$308	\$250	\$213	\$404	\$343	\$200	\$170	\$323	\$274
85+	\$179	\$151	\$288	\$244	\$231	\$196	\$373	\$316	\$257	\$218	\$415	\$352	\$206	\$175	\$332	\$282

# Area 5

**Counties:**  
Oakland, Washtenaw

Attained Age	Plan A				Plan D				Plan F				Plan N			
	Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$90	\$85	\$146	\$137	\$117	\$110	\$189	\$177	\$130	\$122	\$210	\$197	\$104	\$98	\$168	\$157
66	\$95	\$88	\$154	\$142	\$123	\$114	\$199	\$184	\$137	\$127	\$221	\$205	\$110	\$102	\$177	\$164
67	\$100	\$92	\$161	\$148	\$129	\$119	\$209	\$191	\$144	\$132	\$233	\$213	\$115	\$106	\$186	\$171
68	\$105	\$95	\$169	\$154	\$136	\$123	\$219	\$199	\$151	\$137	\$244	\$221	\$121	\$110	\$195	\$177
69	\$110	\$99	\$177	\$159	\$142	\$128	\$229	\$206	\$158	\$142	\$255	\$230	\$127	\$114	\$204	\$184
70	\$115	\$102	\$185	\$165	\$148	\$132	\$239	\$213	\$165	\$147	\$267	\$238	\$132	\$118	\$213	\$190
71	\$119	\$106	\$193	\$171	\$155	\$137	\$249	\$221	\$172	\$153	\$278	\$246	\$138	\$122	\$222	\$197
72	\$124	\$109	\$201	\$176	\$161	\$141	\$260	\$228	\$179	\$158	\$289	\$254	\$143	\$126	\$231	\$203
73	\$129	\$113	\$208	\$182	\$167	\$146	\$269	\$236	\$186	\$163	\$300	\$263	\$149	\$130	\$240	\$210
74	\$134	\$117	\$216	\$188	\$173	\$151	\$279	\$244	\$193	\$168	\$311	\$272	\$154	\$135	\$249	\$217
75	\$138	\$121	\$223	\$195	\$179	\$156	\$289	\$252	\$200	\$174	\$322	\$281	\$160	\$139	\$258	\$224
76	\$143	\$124	\$231	\$201	\$185	\$161	\$299	\$260	\$206	\$179	\$333	\$289	\$165	\$143	\$266	\$231
77	\$148	\$128	\$238	\$207	\$191	\$166	\$309	\$267	\$213	\$185	\$344	\$298	\$170	\$148	\$275	\$238
78	\$152	\$131	\$245	\$211	\$196	\$170	\$317	\$274	\$219	\$189	\$353	\$305	\$175	\$151	\$282	\$244
79	\$156	\$134	\$251	\$216	\$201	\$174	\$325	\$280	\$225	\$193	\$362	\$312	\$180	\$155	\$290	\$249
80	\$160	\$137	\$257	\$221	\$207	\$177	\$333	\$286	\$230	\$198	\$371	\$319	\$184	\$158	\$297	\$255
81	\$164	\$140	\$264	\$226	\$212	\$181	\$341	\$292	\$236	\$202	\$380	\$326	\$189	\$161	\$304	\$260
82	\$167	\$143	\$270	\$231	\$217	\$185	\$350	\$298	\$241	\$206	\$390	\$333	\$193	\$165	\$312	\$266
83	\$172	\$147	\$278	\$237	\$223	\$190	\$360	\$306	\$249	\$212	\$401	\$342	\$199	\$169	\$321	\$273
84	\$177	\$151	\$286	\$243	\$230	\$195	\$370	\$315	\$256	\$217	\$413	\$350	\$205	\$174	\$330	\$280
85+	\$182	\$155	\$294	\$249	\$236	\$200	\$381	\$323	\$263	\$223	\$424	\$359	\$210	\$178	\$339	\$287

**Counties:**

Alcona, Alger, Alpena, Arenac, Baraga, Bay, Berrien, Branch, Calhoun, Charlevoix, Cheboygan, Chippewa, Clare, Clinton, Delta, Dickinson, Eaton, Genesee, Gladwin, Gogebic, Gratiot, Houghton, Huron, Ingham, Iosco, Iron, Isabella, Keweenaw, Lake, Lapeer, Lenawee, Luce, Mackinac, Macomb, Marquette, Mason, Menominee, Midland, Montmorency, Ogemaw, Ontonagon, Oscoda, Otsego, Presque Isle, Saginaw, Sanilac, Schoolcraft, Shiawassee, St. Joseph, Tuscola, Van Buren, Wayne

# Area 6

Attained Age	Plan A				Plan D				Plan F				Plan N			
	Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard		Preferred		Non-standard	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$90	\$84	\$145	\$136	\$117	\$109	\$188	\$176	\$130	\$122	\$209	\$196	\$104	\$97	\$168	\$157
66	\$95	\$88	\$153	\$142	\$123	\$114	\$198	\$184	\$137	\$127	\$221	\$205	\$109	\$101	\$177	\$164
67	\$100	\$91	\$161	\$148	\$129	\$118	\$208	\$191	\$144	\$132	\$232	\$213	\$115	\$105	\$186	\$170
68	\$105	\$95	\$169	\$153	\$135	\$123	\$218	\$198	\$151	\$137	\$243	\$221	\$121	\$110	\$195	\$177
69	\$109	\$98	\$177	\$159	\$142	\$127	\$228	\$206	\$158	\$142	\$255	\$229	\$126	\$114	\$204	\$183
70	\$114	\$102	\$184	\$165	\$148	\$132	\$239	\$213	\$165	\$147	\$266	\$237	\$132	\$118	\$213	\$190
71	\$119	\$106	\$192	\$170	\$154	\$137	\$249	\$220	\$172	\$152	\$277	\$245	\$137	\$122	\$222	\$196
72	\$124	\$109	\$200	\$176	\$160	\$141	\$259	\$228	\$179	\$157	\$288	\$254	\$143	\$126	\$231	\$203
73	\$129	\$113	\$208	\$182	\$167	\$146	\$269	\$235	\$186	\$163	\$299	\$262	\$148	\$130	\$239	\$210
74	\$133	\$117	\$215	\$188	\$173	\$151	\$278	\$243	\$192	\$168	\$310	\$271	\$154	\$134	\$248	\$217
75	\$138	\$120	\$223	\$194	\$179	\$156	\$288	\$251	\$199	\$173	\$321	\$280	\$159	\$139	\$257	\$224
76	\$143	\$124	\$230	\$200	\$185	\$161	\$298	\$259	\$206	\$179	\$332	\$288	\$165	\$143	\$266	\$231
77	\$147	\$128	\$238	\$206	\$191	\$165	\$308	\$267	\$213	\$184	\$343	\$297	\$170	\$147	\$274	\$238
78	\$151	\$131	\$244	\$211	\$196	\$169	\$316	\$273	\$218	\$189	\$352	\$304	\$175	\$151	\$282	\$243
79	\$155	\$134	\$250	\$216	\$201	\$173	\$324	\$279	\$224	\$193	\$361	\$311	\$179	\$154	\$289	\$249
80	\$159	\$137	\$257	\$220	\$206	\$177	\$332	\$285	\$230	\$197	\$370	\$318	\$184	\$158	\$296	\$254
81	\$163	\$140	\$263	\$225	\$211	\$181	\$340	\$291	\$235	\$201	\$379	\$325	\$188	\$161	\$303	\$260
82	\$167	\$143	\$269	\$230	\$216	\$185	\$349	\$298	\$241	\$206	\$388	\$332	\$193	\$164	\$311	\$265
83	\$172	\$146	\$277	\$236	\$223	\$189	\$359	\$306	\$248	\$211	\$400	\$341	\$198	\$169	\$320	\$272
84	\$177	\$150	\$285	\$242	\$229	\$194	\$369	\$314	\$255	\$217	\$411	\$350	\$204	\$173	\$329	\$280
85+	\$182	\$154	\$293	\$249	\$235	\$199	\$380	\$322	\$262	\$222	\$423	\$358	\$210	\$178	\$338	\$287

# Choosing a plan is easy

We have what you're looking for in a Medigap (Medicare Supplement) plan. With a Priority Health Medigap plan, you'll be protected from large medical bills with reliable, easy-to-understand coverage.



## The coverage you need

If you have Original Medicare, you're covered for many hospital and medical expenses. But you may be surprised how quickly your deductibles, copays and coinsurance can add up.

Can you afford the coverage "gaps" in Original Medicare? For example, in 2010, if you went to the hospital, you would need to pay a \$1,100 deductible right away, before your coverage began. If you needed to be in the hospital for a long time, you'd need to pay \$275 per day for days 60 – 90, then \$550 each day after 90 days. To avoid paying for these costly coverage gaps, consider a Priority Health Medigap plan to help with these expenses.

## The service you deserve

- We answer 96% of questions on the first call\*
- A real person will answer your call within 30 seconds
- We're available 24 hours a day, 7 days a week to answer questions
- Based in Michigan for more than 20 years

Call us toll-free at 800 852-9780 or contact your local agent.

## Basic benefits and more

Priority Health offers Medicare Supplement Plan A, Plan D, Plan F and Plan N. The federal government standardizes all of the plans we offer.

*See page 9 for more complete information about each plan.*

Learn More

*If you have internet access, visit our website at [prioritymedicare.com](http://prioritymedicare.com) for additional plan information and 24/7 answers to your questions.*

\*Based on Priority Health's internal tracking of 2007-2009 average first call resolution.

# Coverage that meets your needs

## Live with confidence because you know you're covered

- Use any doctor or hospital in the United States that participates with Medicare
- No referral needed to see a specialist
- Use your benefits on day one, no waiting period
- Virtually no paperwork for you
- Worldwide emergency coverage\*\*
- And much more

## Depend on a company that makes life a little easier

If you know Priority Health, you know our reputation for making life a little easier. From our local, friendly customer service to our easy-to-use website at [prioritymedicare.com](http://prioritymedicare.com), you can depend on Priority Health for excellent coverage — no matter which plan you choose.

## Enjoy easy renewal

Once you've enrolled in a Priority Health Medigap plan, the rest is easy. Your claims are processed automatically, and we'll pay your providers directly. Your coverage will automatically be renewed each year as long as you pay your premiums.

## Choose the benefits that are most important to you

Medicare Supplement insurance can be sold in only 11 standard plans, one of which is a high deductible plan. The following chart shows the benefits included in each plan. Every insurer shall make available plan A. Some plans may not be available in your state.


Plans E, H, I and J are no longer available for sale.

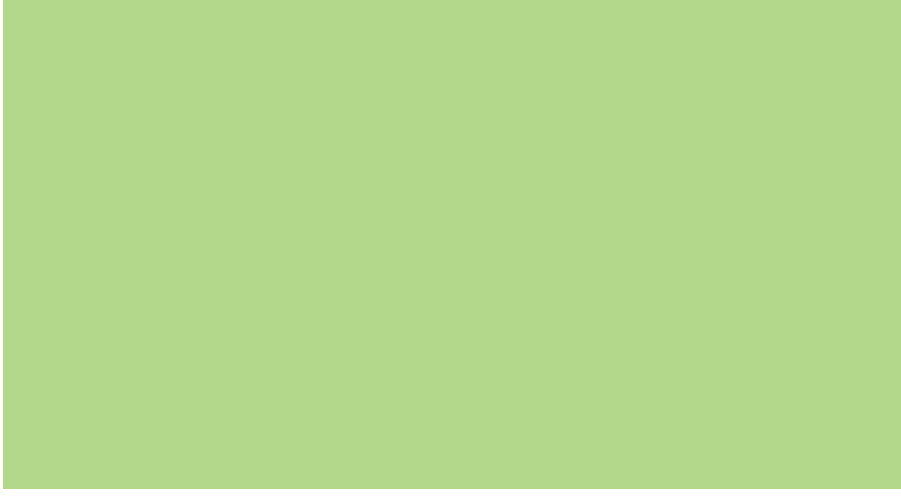
\*\*Plan D, F and N

## Basic benefits included in all Medicare Supplement plans

- **Hospitalization** — Part A copay plus coverage for 365 additional days after Medicare benefits end
- **Medical expenses** — Part B coinsurance (20% of Medicare-approved expenses) or copays. Plans K, L and N require you to pay a portion of the Part B coinsurance or copayments.
- **Blood**— First three pints of blood each year (Original Medicare covers additional pints)
- **Hospice** — Part A coinsurance for inpatient respite care and copays for outpatient prescription drugs

## Additional benefits available in select Medicare Supplement plans

- **Hospitalization** — Part A deductible per benefit period (\$1,100 in 2010)
  - **Skilled nursing facility care** — Part A daily copay for days 21 through 100 of each benefit period
  - **Medical expenses** — Part B deductible per calendar year (\$155 in 2010)
  - **Part B excess charges** — All costs above Medicare approved amounts
  - **Foreign travel emergency care** — 80% of Medicare eligible expenses for emergency care services received outside the U.S. after you meet a foreign travel deductible
- 



Benefits included in all  
Medicare Supplement plans

Benefits	Plans										
	A	B	C	D	F/F*	G	K**	L**	M	N	
<b>Inpatient hospital services</b> Medicare Part A daily copayments plus an additional 365 days of coverage after Medicare benefits end	•	•	•	•	•	•	•	•	•	•	
<b>Hospice care</b> Medicare Part A coinsurance and copayments	•	•	•	•	•	•	50%	75%	•	•	
<b>Medical expenses</b> Medicare Part B coinsurance							50%	75%	•	100% after you pay up to a \$20 office visit copay/coinsurance and up to a \$50 emergency visit copay/coinsurance	
<b>Blood</b> First 3 pints under Medicare Parts A and B	•	•	•	•	•	•	50%	75%	•	•	
<b>Skilled nursing facility care</b> Medicare Part A daily copayments			•	•	•	•	50%	75%	•	•	
<b>Medicare Part A deductible</b>		•	•	•	•	•	50%	75%	50%	•	
<b>Medicare Part B deductible</b>			•		•						
<b>Medicare Part B excess charges</b>					•	•					
<b>Foreign travel</b> Emergency services			•	•	•	•			•	•	
<b>Out-of-pocket annual limit***</b>							\$4,000	\$2,000			

\*Plan F has an option called a high deductible plan F. This high deductible plan pays the same benefits as plan F after you have paid a calendar year deductible of \$2000. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the plan. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

\*\*Plans K and L include the same basic benefits as the other Medicare Supplement plans, but the cost-sharing you pay for the basic benefits is at different levels. Once you reach the out-of-pocket annual limit, the plan pays 100% of the Medicare copays, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does not include charges from your provider that exceed Medicare-approved amounts, called "excess charges." You will be responsible for paying excess charges.

\*\*\*The out-of-pocket annual limit will increase each year for inflation.

See outline of coverage for details and exceptions.

# Priority Health Medigap Plans

All dollar amounts shown are the 2010 Original Medicare numbers. This outline shows benefits and premiums for plans effective on or after June 1, 2010. Plans that were effective before June 1, 2010 have different benefits and premiums. Plans E, H, I and J are no longer available for sale.

Services	Plan A		Plan D	
	Original Medicare Pays	Plan Pays	You Pay	Plan Pays
<b>Medicare (Part A) hospital services per benefit period</b>				
<b>Hospitalization*</b> — Semi-private room and board, general nursing and miscellaneous services and supplies				
First 60 days	All but \$1,100	Nothing	\$1,100 (Part A deductible)	Nothing
61st thru 90th day	All but \$275 a day	\$275 a day	Nothing	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$550 a day	\$550 a day	Nothing	Nothing
Once lifetime reserve days are used; additional 365 days	Nothing	100% of Medicare eligible expenses	Nothing**	Nothing**
Beyond the additional 365 days	Nothing	Nothing	All costs	All costs
<b>Skilled nursing facility care*</b> — You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital				
First 20 days	100%	Nothing	Nothing	Nothing
21st thru 100th day	All but \$137.50 a day	Nothing	Up to \$137.50 a day	Nothing
101st day and after	Nothing	Nothing	Nothing	All costs
<b>Blood</b>				
First 3 pints	Nothing	3 pints	Nothing	Nothing
Additional amounts	100%	Nothing	Nothing	Nothing
<b>Hospice care</b> — Available as long as your doctor certifies you are terminally ill and you elect to receive these services				
Hospice care	100%	Nothing	Nothing	Nothing
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing	Nothing
Inpatient respite care	95%	5% of Medicare eligible expenses	Nothing	Nothing

\* A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, Priority Health stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Services	Original Medicare Pays		Plan A		Plan D	
	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
<b>Medicare (Part B) medical services per calendar year</b>						
<b>Medical expenses</b> – In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.						
First \$155 of Medicare approved amounts*	Nothing	Nothing	Nothing	\$155 (Part B deductible)	Nothing	\$155 (Part B Deductible)
Remainder of Medicare approved amounts	80%	20% after the deductible	20% after the deductible	Nothing	20% after the deductible	Nothing
Part B excess charges (above Medicare approved amounts)	Nothing	Nothing	Nothing	All costs	Nothing	All costs
<b>Blood</b>						
First 3 pints	Nothing	3 pints	3 pints	Nothing	3 pints	Nothing
Next \$155 of Medicare approved amounts*	Nothing	Nothing	Nothing	\$155 (Part B deductible)	Nothing	\$155 (Part B Deductible)
Remainder of Medicare approved amounts	80%	20% after the deductible	20% after the deductible	Nothing	20% after the deductible	Nothing
<b>Clinical laboratory services</b>						
Tests for diagnostic services	100%	Nothing	Nothing	Nothing	Nothing	Nothing
<b>Parts A &amp; B – Home health care – Medicare approved services</b>						
Medically necessary skilled care services and medical supplies	100%	Nothing	Nothing	Nothing	Nothing	Nothing
Durable medical equipment first \$155 of Medicare-approved amounts*	Nothing	Nothing	Nothing	\$155 (Part B Deductible)	Nothing	\$155 (Part B Deductible)
Remainder of Medicare-approved amounts for durable medical equipment	80%	20% after the deductible	20% after the deductible	Nothing	20% after the deductible	Nothing
<b>Other benefits (services not covered by Medicare)</b>						
<b>Foreign travel</b> – Emergency care services beginning during the first 60 days of each trip outside the U.S.						
\$250 foreign travel deductible that must be met once each calendar year	Nothing	Nothing	Nothing	All costs	Nothing	\$250
Remainder of charges up to a lifetime maximum of \$50,000 †	Nothing	Nothing	Nothing	All costs	80% after the deductible	20% after the deductible

\*The Part B deductible needs to be met only once each calendar year (January 1 – December 31). Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

†Member pays all amounts over \$50,000.

Services	Original Medicare Pays		Plan F		Plan N	
	Original Medicare Pays	Plan Pays	You Pay	Plan Pays	You Pay	
<b>Medicare (Part A) hospital services per benefit period</b>						
<b>Hospitalization*</b> — Semi-private room and board, general nursing and miscellaneous services and supplies						
First 60 days	All but \$1,100	\$1,100 (Part A deductible)	Nothing	\$1,100 (Part A deductible)	Nothing	
61st thru 90th day	All but \$275 a day	\$275 a day	Nothing	\$275 a day	Nothing	
91st day and after (while using 60 lifetime reserve days)	All but \$550 a day	\$550 a day	Nothing	\$550 a day	Nothing	
Once lifetime reserve days are used; additional 365 days	Nothing	100% of Medicare eligible expenses	Nothing**	100% of Medicare eligible expenses	Nothing**	
Beyond the additional 365 days	Nothing	Nothing	All costs	Nothing	All costs	
<b>Skilled nursing facility care*</b> — You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital						
First 20 days	100%			Nothing		
21st thru 100th day	All but \$137.50 a day	Up to \$137.50 a day	Nothing	Up to \$137.50 a day	Nothing	
101st day and after	Nothing	Nothing	All costs	Nothing	All costs	
<b>Blood</b>						
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	
Additional amounts	100%			Nothing		
<b>Hospice care</b> — Available as long as your doctor certifies you are terminally ill and you elect to receive these services						
Hospice care	100%			Nothing		
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing	\$5 per prescription	Nothing	
Inpatient respite care	95%	5% of Medicare eligible expenses	Nothing	5% of Medicare eligible expenses	Nothing	
<b>Medicare (Part B) medical services per calendar year</b>						
<b>Medical expenses</b> — In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.						

\* A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, Priority Health stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Services	Original Medicare Pays		Plan F		Plan N	
	Original Medicare Pays	Plan Pays	You Pay	Plan Pays	You Pay	You Pay
First \$155 of Medicare approved amounts*	Nothing	\$155 (Part B deductible)	Nothing	Nothing	\$155 (Part B deductible)	
Remainder of Medicare approved amounts	80%	20% after the deductible	Nothing	Balance – after you pay up to a \$20 office visit copay/coinsurance and up to a \$50 emergency visit copay/coinsurance	<ul style="list-style-type: none"> <li>Up to \$20 per office visit</li> <li>Up to \$50 per emergency room visit</li> <li>Emergency visit copay waived and visit covered as a Part A expense if you are admitted to any hospital.</li> </ul>	
Part B excess charges (above Medicare approved amounts)	Nothing	All costs	Nothing	Nothing	All costs	
<b>Blood</b>						
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	
Next \$155 of Medicare approved amounts*	Nothing	\$155 (Part B deductible)	Nothing	Nothing	\$155 (Part B deductible)	
Remainder of Medicare approved amounts	80%	20% after the deductible	Nothing	20% after the deductible	Nothing	
<b>Clinical laboratory services</b>						
Tests for diagnostic services	100%			Nothing		
<b>Parts A &amp; B – Home health care – Medicare approved services</b>						
Medically necessary skilled care services and medical supplies	100%			Nothing		
Durable medical equipment first \$155 of Medicare-approved amounts*	Nothing	\$155 (Part B deductible)	Nothing	Nothing	\$155 (Part B deductible)	
Remainder of Medicare-approved amounts for durable medical equipment	80%	20% after the deductible	Nothing	20% after the deductible	Nothing	
<b>Other benefits (services not covered by Medicare)</b>						
<b>Foreign travel</b> — Emergency care services beginning during the first 60 days of each trip outside the U.S.						
\$250 foreign travel deductible that must be met once each calendar year	Nothing	Nothing	\$250	Nothing	Nothing	\$250
Remainder of charges up to a lifetime maximum of \$50,000 †	Nothing	80% after the deductible	20% after the deductible	80% after the deductible	20% after the deductible	20% after the deductible

\* The Part B deductible needs to be met only once each calendar year (January 1 – December 31). Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

† Member pays all amounts over \$50,000.

## Important information about replacing your current coverage

If you are replacing another health insurance policy with Priority Health Medicare Supplement coverage, do not cancel your current insurance right away. Wait until you have received your new certificate and are sure you want to keep it.

## It's important for you to understand your plan

You can use this outline of coverage to compare benefits and premiums among different policies, certificates and contracts. Please keep in mind that this is only an outline of the most important features of the plans. The certificate is your insurance contract. Be sure to read the certificate itself so you understand all of your rights and duties, and you understand the rights and duties of your health plan.

## If you change your mind

We want you to be satisfied with your coverage, so please take time to review it carefully.

- If you are not satisfied with your certificate, you may return it to:

Priority Health  
Enrollment Department, MS1175  
1231 E. Beltline NE  
Grand Rapids, MI 49525

- If you send the certificate back to us within 30 days after it comes to you, we will act as though the certificate was never issued, and we will return all of your payments. We can collect from you all costs for covered services that you received and we paid.



*Notice:*

*Please be aware that this outline of coverage does not include all the details of your Medicare Supplement coverage, and this plan may not fully cover all of your medical costs.*

*Priority Health Medigap plans are not connected with or endorsed by the United States government or the federal Medicare program. Priority Health Medigap plans and agents are not connected with Medicare.*

*This outline of coverage does not give all the details of your Medicare coverage. Please contact your local Social Security Office or consult “the Medicare handbook” for more details.*

# Learning more about your choices

We want to be sure you have all the information you need about Priority Health Medigap plans. Go online to [prioritymedicare.com](http://prioritymedicare.com) for more information. Or give us a call at 800 852-9780.

## What you need to know

There are several ways to learn more about Priority Health Medigap plans.

### **Attend a free informational meeting.**

Call us at the number listed at the bottom of this page or go online to find dates and locations near you.

### **Call our Priority Health Medicare Supplement Help-line.**

Call us at the number listed at the bottom of this page to get your questions answered.

### **Meet one-on-one with a Priority Health Medicare Supplement representative.**

Visit one of our Medicare Info Centers. For more information, call the number at the bottom of this page or visit [prioritymedicare.com](http://prioritymedicare.com).



# Applying is easy

## To apply for any of our Priority Health Medigap plans:

- You must be enrolled in Medicare Part A and Part B

## Here's how to apply:

### Complete the application.

1. Fill out the application included in this packet.
2. After you complete it, mail it back to us in the enclosed self-addressed envelope. If you don't have the envelope, you can mail it to:

Priority Health  
Enrollment Department, MS1175  
1231 E. Beltline, NE  
Grand Rapids, MI 49525

### OR

### Complete an application on our website.

1. Go to [prioritymedicare.com](http://prioritymedicare.com).
2. Follow the directions for completing and submitting the application.

### Note:

*Be detailed and complete when applying for coverage. When you fill out your application, be sure to answer all questions truthfully and completely. Priority Health may cancel your plan and refuse to pay any claims if you leave out information or falsify important information. Review your application carefully before you sign it to be sure that all information has been recorded properly.*



Life just got a little easier.®