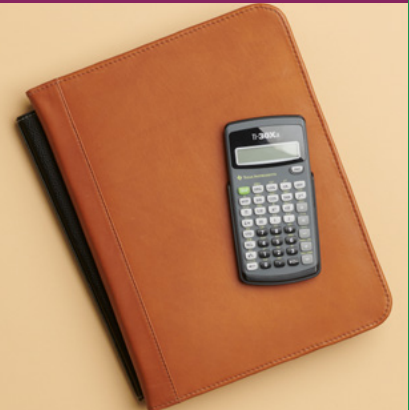


2022

# Large Group Solutions Overview



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## Funding options

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Fully Funded  
Self-funded

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## Network solutions

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## Medical coverage

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Copay Aligned  
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Traditional Copay  
PriorityValue<sup>®</sup>  
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Minimum Value

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## Additional products and coverage

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### Tiered network products

- Southeast MI Partners
- West MI Partners

Dental benefits

provided by Delta Dental

HealthEquity FSA

HealthEquity HSA

PriorityAllowance

PriorityEngage<sup>SM</sup>

PriorityHRA

PriorityPharmacy

PriorityVision

PriorityWell<sup>®</sup>

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## Riders

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Deductible riders

Medical benefits riders

Prescription drug riders

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## Large group solutions snapshot

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# Funding options

Every one of your clients is unique. Learn more about the different funding options available to help your clients find the best choice for their unique needs based on the health of their workforce, risk tolerance and more.

## Fully funded

Fully funded plans offer the most stability by providing employers with a fixed monthly cost without assuming additional risk for unexpected large claims. Employers pay a monthly premium for their health care coverage and receive all the benefits associated with the plan. The carrier pays all claims and administers the plan to keep the administrative burden low for employers.

## Self-funded

Self-funded plans offer lower monthly fees, less regulation and more flexibility than fully funded plans. Self-funded plans are not subject to state premium taxes and are exempt from many of the provisions of health care reform.



## You have options

Download our *Self-funding explained: Understanding your funding options* brochure

**CLICK HERE TO DOWNLOAD**



### Traditional self-funded plans

Traditional self-funded plans can be the most cost-effective but come with the highest financial risk. Employers who self-fund their own plans assume the financial risk of providing benefits to their employees by paying claims as they are incurred. Each month, the employer sets aside funds based on the expected cost of employee health claims. Claims are sent to the health plan that administers the benefits, and they process the claims and pay them using the money that was set aside. Because of monthly claims variability, self-funded plans also usually include a form of stop-loss insurance.

### Level-funded plans

Level-funded plans offer all the benefits of traditional self-funding with the added feature of stable monthly costs, so groups can reap the financial rewards of being self-insured with less financial risk. Employers fund a fixed amount each month based on the group's enrollment, and the carrier uses the funds as needed to pay the claims. At the end of the year, the account is reconciled for funds more than claims costs, or vice versa.

Self-funding is one of the many ways Priority Health helps employers control their health care costs. Unlike other carriers that have a fragmented experience, our integrated approach includes the following services—all for just one fee.

- Administration
- Care management
- COBRA administration
- Member ID cards and mobile app
- Plan documents, including SPDs and SBCs
- Pharmacy
- 24/7 virtual care
- Wellbeing Hub

**Download the all-inclusive  
administrative fee overview.**



**Compare  
our funding  
options in the  
Agent Center.**

**VISIT NOW** →

**Want to learn more  
about self-funding?**

Watch our *Making sense  
of self-funding* webinars.

**VISIT NOW** →

# Network solutions

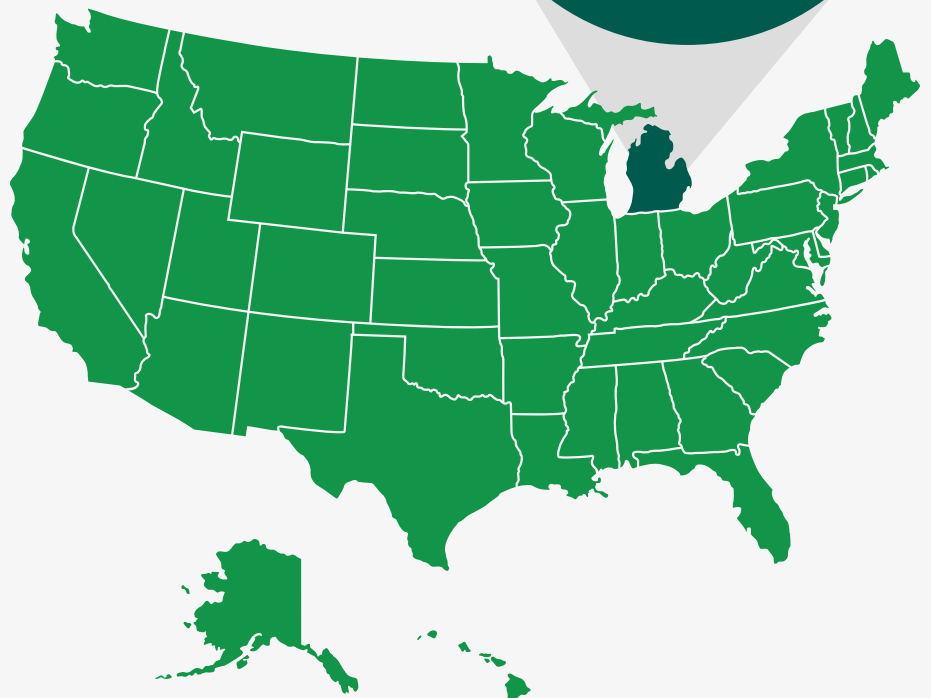
Our strong network makes it easier for employees to get care at a cost they can afford. Because we contract with so many providers and medical facilities throughout the state, employers can choose the network options that meet their specific needs.

**97%** of primary care physicians in Michigan

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Priority Health has one of the strongest networks available to serve our members with **97% of primary care doctors in Michigan<sup>1</sup>** and **over 1 million providers nationwide<sup>2</sup>** through our Cigna partnership.

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<sup>1</sup>According to the Michigan Department of Insurance and Financial Services 2019 Individual and Small Group network filings, excluding out-of-state and Upper Peninsula providers. Network varies by plan. Excludes hospitals in Michigan's Upper Peninsula.

<sup>2</sup>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.

## PriorityHMO

Health maintenance organization (HMO) plans offer cost savings with limited coverage outside the plan's network of participating providers. This is ideal for employers looking to manage medical costs, ensuring employees receive all the services they need but none that are unnecessary.

- Requires employees to choose a primary care physician (PCP)
- Does not require referrals to see specialists

## PriorityPOS

Point of service (POS) plans combine the cost savings of an HMO with the flexibility of a PPO with more coverage for services outside of network. This is ideal for employers who are looking for more flexible network benefits but want the cost savings of our HMO network.

- Participants must designate an in-network physician to be their primary care provider
- Does not require referrals to see specialists
- Employees can choose to use preferred (in-network) benefits or pay a higher cost share for alternate (out-of-network) benefits
- Offers coverage for employees who reside outside the state of Michigan

## PriorityPPO

Preferred Provider Organization (PPO) plans provide employees with access to the Priority Health network providers and to out-of-network providers of their choice. This is ideal for employers with members outside of Michigan or planning to expand operations outside of the state.

- No requirement to choose a primary care physician
- Does not require referrals to see specialists
- Employees can choose to use in- or out-of-network benefits; out-of-network benefits will have a higher employee cost share
- Offers coverage for employees who reside outside the state of Michigan

## How our plans stack up

|                                      | HMO   | POS   | PPO   |
|--------------------------------------|---|---|---|
| <b>Summary</b>                       | Offers cost savings with limited coverage outside the plan's network of participating providers.  | Combines the cost savings of an HMO with the flexibility of a PPO with more coverage for services outside of network.   | Provides employees with access to Priority Health provider network and out-of-network providers of their choice.      |
| <b>PCP requirements</b>              | Member is required to have a designated PCP to receive in-network benefits.<br><br>No referral required to see a specialist.  | Member is required to have a designated PCP to receive in-network benefits.<br><br>No referral required to see a specialist.  | Member is not required to have a PCP to receive in-network benefits.<br><br>No referral required to see a specialist. |
| <b>Out-of-network policy</b>         | Out-of-network care is not covered unless it's an emergency.  | Out-of-network care is covered, but members pay higher out-of-pocket costs for out-of-network services.<br><br>Services performed out of state through participating Cigna providers are covered at the in-network (preferred) benefit level. |   |
| <b>Enrollment requirements</b>       | Group must be headquartered in Michigan.<br><br>100% of employees enrolled must work or live in Michigan.   | Group must be headquartered in Michigan.<br><br>For large groups with 51+ employees, 50% of employees enrolled must live in Michigan.<br><br>For small groups with 50 or fewer employees, 65% of employees enrolled must live in Michigan.    |   |
| <b>New member continuity of care</b> | New member continuity of care for the first 90 days. <ul style="list-style-type: none"> <li>New-to-Priority Health members can receive services from out-of-network providers at the in-network benefit level for pre-authorized services that were scheduled prior to enrollment with Priority Health.</li> <li>A Priority Health nurse case manager will help members transition to an in-network provider following the services.</li> </ul> |   | N/A   |



# Medical coverage

When it comes to helping your clients put together their benefits packages, you have a partner in Priority Health. We can help you decide on the exact combination of plan benefits that benefit employers and employees best. Plus, Priority Health plans are carefully designed with your clients' specific sets of needs in mind.

| Benefit<br>plan designs               | Medical coverage                 |                                  |  |
|---------------------------------------|----------------------------------|----------------------------------|--|
|                                       | Copay<br>Aligned<br><b>pg. 9</b> | Tiered<br>Copay<br><b>pg. 10</b> | Priority<br>Made Simple<br><b>pg. 11</b> |
| Traditional<br>Copay<br><b>pg. 12</b> | PriorityValue<br><b>pg. 13</b>   | PriorityHSA<br><b>pg. 14</b>     | Minimum<br>Value<br><b>pg. 15</b>        |



## Copay Aligned

### Offers employees predictable copays before deductible for most services.

With a lower cost share for employees, employers can attract and retain top talent with a rich benefit structure that allows pre-deductible copay coverage on nearly all services.

#### For employers who want to ...

- Encourage a healthier workforce by providing straightforward, predictable copays before deductible.
- Attract and retain top talent with competitive benefits with a low cost-share for employees.
- Make it easier for employees to get the level of care they need at the appropriate location of services (which leads to lower rates of absenteeism).
- Engage employees in their health through place-of-service cost transparency.

#### Benefit overview

|  |                               |
|--|-------------------------------|
| <b>PCP visit</b>   | Copay, before deductible      |
| <b>Specialist visit</b>                                  | Copay, before deductible      |
| <b>In-network virtual care</b>                           | Covered in full <sup>3</sup>  |
| <b>Urgent care</b>                                       | Copay, before deductible      |
| <b>Advanced diagnostic imaging</b>                       | Copay, before deductible      |
| <b>Emergency room services</b>                           | Copay, before deductible      |
| <b>Ambulance</b>   | Copay, before deductible      |
| <b>Substance use/behavioral health services</b>          | Copay, before deductible      |
| <b>Physical/occupational/chiropractic/speech therapy</b> | Copay, before deductible      |
| <b>Inpatient services</b>                                | Coinsurance, after deductible |
| <b>Outpatient services</b>                               | Coinsurance, after deductible |

<sup>3</sup>Includes 100% coverage (\$0 copay) for fully funded plans and opt-in for self-funded employers in 2022. Coverage may change in 2023.

## Tiered Copay

**Offers employees predictable copays for most services—some before deductible, some after.**

Provide employees with predictable copays for primary care, specialist and urgent care visits and prescription drugs before deductible so they get the care they need in the correct place—all while lowering the cost of premiums by moving some services after deductible.

### For employers who want to ...

- Support a healthier workforce by taking on some cost sharing at a lower overall cost than our Copay Aligned plan.
- Drive employees to the right site of care for lower-cost services.
- Manage the cost of premiums by moving higher-cost services after deductible.



Learn more about **PriorityAllowance** and ways to optimize a Tiered Copay plan [here](#).

### Benefit overview

|  |                               |
|--|-------------------------------|
| <b>PCP visit</b>   | Copay, before deductible      |
| <b>Specialist visit</b>                                  | Copay, before deductible      |
| <b>In-network virtual care</b>                           | Covered in full <sup>3</sup>  |
| <b>Urgent care</b>                                       | Copay, before deductible      |
| <b>Advanced diagnostic imaging</b>                       | Copay, after deductible       |
| <b>Emergency room services</b>                           | Copay, after deductible       |
| <b>Ambulance</b>   | Copay, after deductible       |
| <b>Substance use/behavioral health services</b>          | Copay, before deductible      |
| <b>Physical/occupational/chiropractic/speech therapy</b> | Copay, before deductible      |
| <b>Inpatient services</b>                                | Coinsurance, after deductible |
| <b>Outpatient services</b>                               | Coinsurance, after deductible |

<sup>3</sup>Includes 100% coverage (\$0 copay) for fully funded plans and opt-in for self-funded employers in 2022. Coverage may change in 2023.

## Priority Made Simple

### Simple benefits and clear copays so employees know the cost of care up front.

Remove the financial barriers to accessing care with a simple plan structure and predictable costs. When employees have easier-to-understand benefits, they can properly budget and get the care they need to be their healthiest.

Download the agent overview.



#### For employers who want to ...

- Provide employees with clear, easy-to-understand coverage so they don't delay care and aren't surprised by the cost afterward.
- Simplify their benefits by capping copays and removing confusing professional claims and coinsurance from the picture.
- Reduce or eliminate financial barriers to care for their employees. With no deductible, employees see value and get predictable costs right away.

#### Benefit overview

|   |   |
|---|---|
| PCP visit   | Copay or covered in full <sup>4</sup> , no deductible |
| Specialist visit                                  | Copay, no deductible                                  |
| In-network virtual care                           | Covered in full <sup>3</sup>                          |
| Urgent care                                       | Copay, no deductible                                  |
| Advanced diagnostic imaging                       | Copay, no deductible                                  |
| Emergency room services                           | Copay, no deductible                                  |
| Ambulance   | Copay, no deductible                                  |
| Substance use/behavioral health services          | Copay or covered in full, no deductible               |
| Physical/occupational/chiropractic/speech therapy | Copay, no deductible                                  |
| Inpatient services                                | Copay, no deductible                                  |
| Outpatient services                               | Copay, no deductible                                  |

<sup>3</sup>Includes 100% coverage (\$0 copay) for fully funded plans and opt-in for self-funded employers in 2022. Coverage may change in 2023.

<sup>4</sup>Based on group selection

## Traditional Copay

### Our tried and true primary-care-focused, primarily copay-based coverage.

Encourage employees to better manage their physical and behavioral wellbeing through pre-deductible copay coverage of all primary care visits, substance use services and behavioral health services.

#### For employers who want to ...

- Control spending with our lowest-cost, copay-based plan. Most services apply to the deductible, lowering the overall cost to the employer.
- Encourage employees to see their PCP, as well as promote healthier behaviors through behavioral health visits and substance use services.
- Provide employees with rich benefits while keeping an eye on the bottom line—*there's no sacrificing coverage for cost or vice versa.*

#### Benefit overview

|  |                               |
|--|-------------------------------|
| <b>PCP visit</b>   | Copay, before deductible      |
| <b>Specialist visit</b>                                  | Copay, after deductible       |
| <b>In-network virtual care</b>                           | Covered in full <sup>3</sup>  |
| <b>Urgent care</b>                                       | Copay, after deductible       |
| <b>Advanced diagnostic imaging</b>                       | Copay, after deductible       |
| <b>Emergency room services</b>                           | Copay, after deductible       |
| <b>Ambulance</b>   | Copay, after deductible       |
| <b>Substance use/behavioral health services</b>          | Copay, before deductible      |
| <b>Physical/occupational/chiropractic/speech therapy</b> | Copay, after deductible       |
| <b>Inpatient services</b>                                | Coinsurance, after deductible |
| <b>Outpatient services</b>                               | Coinsurance, after deductible |

<sup>3</sup>Includes 100% coverage (\$0 copay) for fully funded plans and opt-in for self-funded employers in 2022. Coverage may change in 2023.

## PriorityValue

### A simple coinsurance-based benefits structure with increased employer cost savings.

Save money on premiums and overall costs while still providing employees with a straightforward health plan that lets them easily access their PCP.

#### For employers who want to ...

- Control costs by incentivizing employees to see their PCP with 100 percent coverage for most primary care office visits, virtual care and preventive care.
- Offer a less complex plan for employees to understand. Most services are subject to the same deductible and coinsurance.
- Pair their health plan with an HRA or FSA product so both they and their employees can put aside additional money for unexpected expenses.
- Save on premiums over other high-cost plans.

#### Benefit overview

|  |  |
|--|--|
| <b>PCP visit</b>   | Covered in full, for E&M <sup>5</sup> only |
| <b>Specialist visit</b>                                  | Coinsurance, after deductible              |
| <b>In-network virtual care</b>                           | Covered in full <sup>3</sup>               |
| <b>Urgent care</b>                                       | Coinsurance, after deductible              |
| <b>Advanced diagnostic imaging</b>                       | Coinsurance, after deductible              |
| <b>Emergency room services</b>                           | Coinsurance, after deductible              |
| <b>Ambulance</b>   | Coinsurance, after deductible              |
| <b>Substance use/behavioral health services</b>          | Coinsurance, after deductible              |
| <b>Physical/occupational/chiropractic/speech therapy</b> | Coinsurance, after deductible              |
| <b>Inpatient services</b>                                | Coinsurance, after deductible              |
| <b>Outpatient services</b>                               | Coinsurance, after deductible              |

<sup>3</sup>Includes 100% coverage (\$0 copay) for fully funded plans and opt-in for self-funded employers in 2022. Coverage may change in 2023.

<sup>5</sup>Evaluation and management, as determined by provider



## Pharmacy savings?

Our ValueRx plans offer complementary coverage to the PriorityValue plan for prescription drugs, with low, fixed copays on select drugs and coinsurance on all other medications after deductible.



# PriorityHSA

## Save on premiums and get tax advantages.

A high-deductible health plan (HDHP) that offers employers a way to save on their health care premiums and overall costs, while providing employees the option to pair it with a tax-free savings account to use for medical expenses or retirement savings. All ACA-compliant PriorityHSA plans cover preventive care in full, ahead of the deductible.

Download the Understanding Health Savings Account member brochure.



### For employers who want to ...

- Lower their premiums. HSA-qualified HDHPs typically have higher deductibles, meaning lower premiums than other plans.
- Attract and retain top talent with flexible benefits that help employees control their costs, take a more active role in their healthcare, and invest for the future.
- Have the option to make tax-deductible HSA contributions, helping incentivize employees to make contributions as well.
- Save on payroll taxes. HSA contributions made through payroll deductions are typically pre-tax for employees and reduce employer payroll tax liability.
- Pair their health plan with optional riders that cover medical services and prescriptions for chronic conditions ahead of the deductible.

### Benefit overview

|   |  |
|---|--|
| PCP visit   | Coinsurance, after deductible                  |
| Specialist visit                                  | Coinsurance, after deductible                  |
| In-network virtual care                           | Covered in full, after deductible <sup>6</sup> |
| Urgent care                                       | Coinsurance, after deductible                  |
| Advanced diagnostic imaging                       | Coinsurance, after deductible                  |
| Emergency room services                           | Coinsurance, after deductible                  |
| Ambulance   | Coinsurance, after deductible                  |
| Substance use/behavioral health services          | Coinsurance, after deductible                  |
| Physical/occupational/chiropractic/speech therapy | Coinsurance, after deductible                  |
| Inpatient services                                | Coinsurance, after deductible                  |
| Outpatient services                               | Coinsurance, after deductible                  |

<sup>6</sup>Includes 100% coverage (\$0 copay) after deductible for fully funded plans and opt-in for self-funded employers.

## Minimum Value

### Minimal coverage doesn't mean minimal benefits.

This plan includes minimum essential coverage (MEC) from Michigan's benchmark plan and meets the 60% threshold on member cost sharing as mandated by the Affordable Care Act (ACA).

#### For employers who want to ...

- Meet both their MEC and MVC (minimum value coverage) requirements as stipulated in the Employer Mandate of the ACA.
- Explore HSA-compatible options so both they and their employees can set aside additional funds for unexpected expenses.

#### Benefit overview

|  |                               |
|--|-------------------------------|
| <b>PCP visit</b>   | Coinsurance, after deductible |
| <b>Specialist visit</b>                                  | Coinsurance, after deductible |
| <b>In-network virtual care</b>                           | Covered in full <sup>7</sup>  |
| <b>Urgent care</b>                                       | Coinsurance, after deductible |
| <b>Advanced diagnostic imaging</b>                       | Coinsurance, after deductible |
| <b>Emergency room services</b>                           | Coinsurance, after deductible |
| <b>Ambulance</b>   | Coinsurance, after deductible |
| <b>Substance use/behavioral health services</b>          | Coinsurance, after deductible |
| <b>Physical/occupational/chiropractic/speech therapy</b> | Coinsurance, after deductible |
| <b>Inpatient services</b>                                | Coinsurance, after deductible |
| <b>Outpatient services</b>                               | Coinsurance, after deductible |

<sup>7</sup>Includes 100% coverage (\$0 copay) for fully funded plans and opt-in for self-funded employers. For Minimum Value HSA plan, in-network virtual care is covered in full after deductible. Coverage may change in 2023.

# Additional products and coverage

Want more? With our broad offering of additional coverage, employers can build a benefits package that best suits their business needs while attracting and retaining top talent in today's competitive hiring landscape. Pair a tiered network or consumer-engaged product with one of our medical plans. Choose from dental, vision and wellness coverage, or find more ways to save in the form of an HSA, FSA or HRA.

## Tiered network products

A tiered network can help employers save up to 11% on premiums and help employees save on deductibles, out-of-pocket limits and cost sharing—all by utilizing the selected Tier 1 provider network.

### How tiered networks work

Providers are separated into two tiers: Tier 1 and Tier 2. We partner with our Tier 1 providers to lower member costs. If employees choose care through a Tier 1 provider, they'll benefit from lower coinsurance, copays and deductibles. Employees have access to our entire Priority Health network; however, if they choose to receive care from a Tier 2 hospital and provider, they will have a higher cost share for care.

Tiered networks are ideal for price-sensitive groups with employees who are geographically located within the Tier 1 service area.

Tiered networks can be paired with a PriorityHRA product and are available on the following plan designs:

- Copay Aligned
- Tiered Copay
- Traditional Copay
- PriorityValue
- PriorityHSA

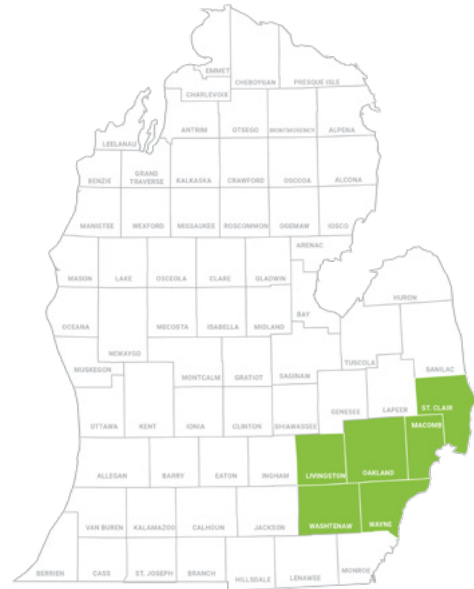


## Southeast MI Partners

**An ideal solution for employers with employees who live and work in Southeast Michigan.**

This tiered network plan is available to large employers within a six-county area and includes Ascension, Beaumont, Detroit Medical Center and St. Joseph hospitals in Tier 1.

**Southeast MI Partners is available to groups that reside in these six counties:** Livingston, Macomb, Oakland, St. Clair, Washtenaw, Wayne



### Tier 1 hospitals

- Ascension St. John and Ascension Providence hospitals and select affiliated physicians
- Beaumont ACO Hospitals and select affiliated physicians
- Detroit Medical Center hospitals and affiliated physicians
- Lake Huron Medical Center and all HMO-affiliated physicians
- Michigan Medicine (University of Michigan and health centers) for non-primary care (with referral only)
- St. Joseph Mercy Health System hospitals and select affiliated physicians
- Statewide ancillary coverage: all Tier 1 providers and statewide, free-standing, independent ancillary facilities such as: labs, physical therapy, radiology and home health
- All in-network pharmacies
- Emergency room services

### Tier 2

All providers currently covered under the Priority Health network



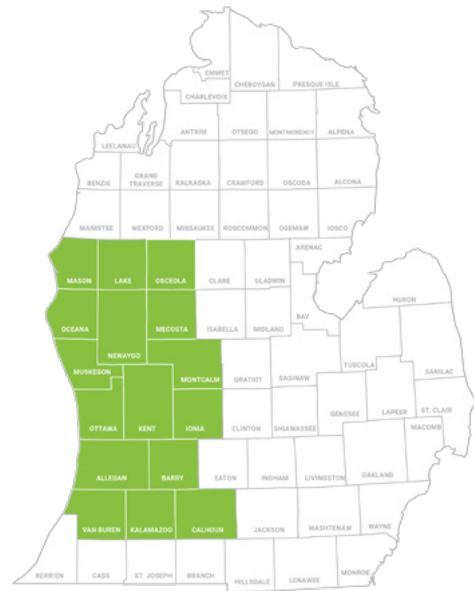
Southeast MI Partners has more than twice as many available locations and two and half times as many providers as the competition.

## West MI Partners

**An ideal solution for employers with employees who live and work in West and Southwest Michigan.**

This tiered network plan is available to large employers within a 16-county area and includes our Tier 1 health systems: Spectrum Health<sup>8</sup>, Holland Hospital, Metro Health and Bronson Healthcare.

**West MI Partners is available to groups that reside in these 16 counties:** Allegan<sup>9</sup>, Barry, Calhoun<sup>10</sup>, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Van Buren



### Tier 1

- Spectrum Health<sup>8</sup>, Metro Health, Holland Hospital and Bronson Healthcare and providers with admitting privileges to these facilities:
  - Forest View
  - Mary Free Bed
  - Orthopedic Associates of Michigan
  - Pine Rest
- Unaffiliated ancillary providers such as physical therapists, social workers and skilled nursing facilities
- All in-network pharmacies

### Tier 2

All providers currently covered under the Priority Health network

<sup>8</sup>With the exception of Lakeland Health

<sup>9</sup>All of Allegan County except 49010

<sup>10</sup>Calhoun County ZIP codes included in Tier 1: 49011, 49014, 49015, 49017, 49021, 49029, 49033, 49034, 49037, 49051, 49052, 49068, 49076, 49092, 49094  
Calhoun County ZIP codes NOT included in Tier 1: 49224, 49237, 49245, 49252, 49284



West MI Partners is the only Tiered Network solution in West Michigan.



## HealthEquity FSA

HealthEquity offers flexible spending accounts (FSAs) for qualified health and dependent care expenses. Employers can choose from a traditional FSA product, a limited-purpose FSA to complement their HSA plans and Dependent Care Reimbursement Accounts (DCRAs).

### For employers who want to ...

- Save employees money by allowing them to set aside tax-free dollars to pay for dependent care and/or certain health care expenses that are not paid for by their health insurance plan.
- Set the contribution limit for health care expenses and let employees decide how much money to set aside.
  - **For FSAs:** The entire annual amount an employee sets aside is available right away.
  - **For DCRAs:** The employee can only be reimbursed for what they have contributed to date.
- Provide employees with a convenient, easy-to-use Visa debit card for health spending.
- Give employees an easy way to track their account balance through the HealthEquity member portal and mobile app.

## HealthEquity

HealthEquity® is dedicated to helping Americans thrive in today's health care system by empowering health savings while helping employers manage benefit costs. As a leader in their field, HealthEquity administers FSAs, HSAs and other consumer-directed benefits for nearly 13 million members in partnership with employers, benefits advisors and health and retirement plan providers—including Priority Health.

Explore [HealthEquity Engage360](#) to find its open enrollment toolkit, engagement packages and more.



### How it works

When employers purchase a Priority Health medical plan, they can choose to partner with HealthEquity to administer an FSA. Employers can access the employer portal to see reporting and manage contributions to employees.

### Priority Health manages

- Sending eligibility data to HealthEquity
- Sending employee claims data for reimbursement options
- Administrative fee billing

### HealthEquity manages

- New customer onboarding and education
- Setup for the funding arrangement
- Processing claims
- Creation of plan documents
- Customer service for employer and employee

## HealthEquity HSA

HealthEquity helps employees set up and manage their health savings accounts (HSAs). Priority Health is one of the few carriers in Michigan that offers this service at no cost to employers or employees. HealthEquity HSA is integrated with Priority Health eligibility and claims information, reducing the administrative burden of managing multiple vendors and providing a seamless experience for employees.

### **For employers who want to ...**

- Take advantage of tax savings. Neither employers nor employees are required to pay payroll taxes on HSA contributions deducted through payroll.
- Lower their premiums and apply cost savings to fund employee HSA contributions and make their benefits more attractive.
- Allow employees to save money through the triple-tax advantage of HSAs: tax-free contributions, tax-free growth and tax-free distributions for qualified medical expenses.
- Provide their employees with 24/7 customer service and a debit card linked to their HSA account, making it easier to pay for, or be reimbursed for, medical expenses.
- Allow employees to pay providers directly from their HSA accounts.
- Give employees the option to invest a portion of their HSA tax-free and save for retirement.

### **How it works**

When employers purchase a PriorityHSA plan, they can choose to partner with HealthEquity. When they do, all their employees can enroll with HealthEquity at no cost. Employers can access the employer portal to see reporting and manage contributions to employees.

### **Priority Health manages**

- Sending eligibility data to HealthEquity
- Sending employee claims data for reimbursement options

### **HealthEquity manages**

- New customer onboarding and education
- Customer service for employer and employee

## PriorityAllowance

PriorityAllowance is a turnkey solution that offers an upfront allowance to cover member costs for popular in-network health services (both in and out of state).

### For fully funded employers who:

- Are looking to reduce premium costs and out-of-pocket expenses for their employees.
- Want better upfront benefits for often-used services.
- Want a simpler alternative to an HRA or HDHP.
- Have many members not reaching their annual deductibles.
- Have an existing Tiered Copay plan design or are purchasing one.

### How it works

Employers can choose an allowance amount of \$100, \$200, \$300 or \$400. Each family member gets their own allowance.

- The allowance can be used to cover select in-network copays from the first day of the plan year until the end of the plan year
- PriorityAllowance automatically covers copays for services up to the per-member allowance set by the employer
- If the allowance balance does not cover the full copay for covered services, the member will be responsible for paying the remaining balance of the specified copay amount
- Allowance payments do not count toward a member's deductible or out-of-pocket limit
- Unused allowance balances do not carry over from year to year

Download the list of approved health care services.



Visit the webpage.



## PriorityEngage

Helping employees on **self-funded plans** get quality care at the best price with support tools and concierge services.

### For self-funded employers who want to ...

- Save money by incentivizing employees to shop for the best cost on PriorityEngage eligible services with our self-service pricing tools.<sup>11</sup>
- Provide employees with a dedicated concierge team to help guide and educate them to make the best health care shopping decisions.
- Help their employees better understand their health plan. We'll guide employees with targeted communications to help them receive high-quality, low-cost care. This member-centered approach creates more informed, cost-conscious and empowered consumers.

### Option 1 – Reduced benefits

**Standard benefits** (including deductible and coinsurance) for 55 services:

- When they shop using our pricing tools or call the designated concierge team and
- Select an at- or below-fair-market facility for PriorityEngage-eligible services

#### Reduced in-network benefit level

When they do not shop PriorityEngage-eligible services or call the concierge team or do so but select an above-fair-market facility.

### Option 2 – Enhanced benefits

**Enhanced benefits** (including deductible and coinsurance) for 55 services:

- When they shop using our pricing tools or call the designated concierge team and
- Select an at- or below-fair-market facility for PriorityEngage-eligible services

#### Standard in-network benefit level

When they do not shop PriorityEngage-eligible services or call the concierge team or do so but select an above-fair-market facility.

<sup>11</sup>Members in Michigan will use Cost Estimator; out-of-state members will have access to Healthcare Bluebook.

Download the agent overview.



## PriorityHRA

PriorityHRA is a health reimbursement arrangement (HRA) that can be added to large-group Priority Health medical plans to lower employers' total health care spending.

### For employers who want to ...

- Reduce their monthly fixed premiums by moving to a higher deductible plan without reducing their employees' benefits.
- Have the flexibility to choose the HRA design and features that work best for their employees and budget.
- Encourage employees to become more involved in their health care and make more informed spending decisions.
- Attract and retain employees by paying a portion of their eligible out-of-pocket medical expenses.
- Simplify administration of their HRA. Our integrated system takes care of all claims processing, tracking of HRA balances and more.



### How it works

Employers can design how their HRA will reimburse employees for out-of-pocket costs.

### Employers can choose

- How much the employer will contribute
- Who pays first, employee or employer
- Whether the reimbursement applies before or after deductible
- What expenses are eligible
- Whether the account will carry over

**PriorityHRA can be paired with a tiered network product and is compatible with the following plan types:**

- Copay Aligned
- Tiered Copay
- Priority Made Simple
- Traditional Copay
- PriorityValue



## PriorityPharmacy

Just like our medical coverage, our prescription drug benefit plan PriorityPharmacy can improve health and lower costs. By integrating pharmacy and medical benefits, Priority Health continues to beat the national pharmacy cost trend.

### Large groups can choose from four different benefit designs:

- **Two-tier:** Two set copayments based on each drug tier
- **Three-tier:** Three set copayments for certain drugs based on their assigned tier
- **Five-tier with specialty drug management:** Three set copayments for certain drugs on their assigned tier plus a coinsurance percentage for specialty (preferred and nonpreferred) drugs based on their assigned tier
- **ValueRx:** Set copayment for Tier 1 drugs, plus 25% plan coverage for all other drug tiers

### For employers who want to ...

- Save on fees. PriorityPharmacy offers minimal to no fees to employers.
- Provide impressive pharmacy options and drug discounts to employees, including a large network of pharmacies and mail-order options.
- Choose from cost-sharing options that promote sensible prescription choices.
- Provide extra assistance for employees with chronic medical conditions, from administration to care management services.
- Maintain a healthier workforce with the help of our medication therapy management program.
- Simplify their health care administration. There's just one member ID card for both medical and prescription benefits.

### Formularies available to large group:

**Our traditional formulary** is the standard for all large groups that expert resources—including Michigan physicians and pharmacists—collaborate on to build an approved list of safe and effective FDA-approved medications.

**Our optimized formulary** is a more restrictive, highly managed list of safe and effective FDA-approved medications. We use utilization management programs, like prior authorization and step therapy requirements, to steer providers and members to the most cost-effective drugs. We also exclude drugs from the formulary that are grossly overpriced relative to lower-cost alternatives.



Learn more about our approach to pharmacy to help your clients save.

LEARN MORE



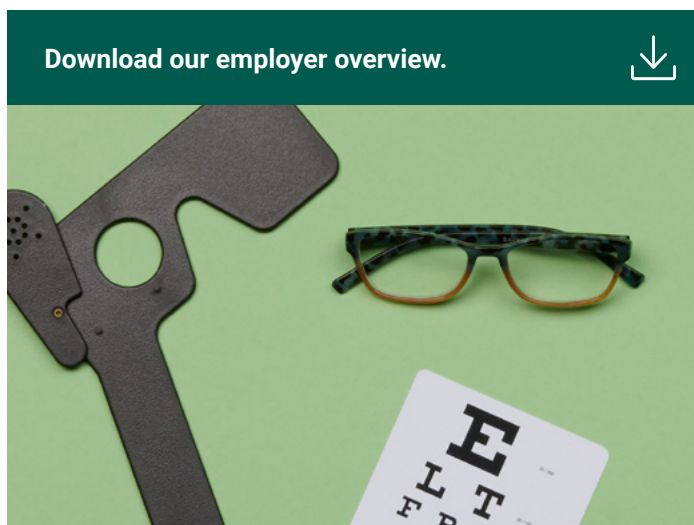


## PriorityVision

PriorityVision is a suite of plans powered by EyeMed. Large groups can add a flexible, affordable PriorityVision plan to any Priority Health medical plan and get a range of vision benefits and discounts, including exam-only plans, exam and material packages, and more.

### For employers who want to ...

- Simplify their benefits administration with one billing statement and no claim forms for in-network claims.
- Choose between voluntary and contributory plan designs to meet their needs based on group enrollment.
  - Contributory is ideal when employers want to share the cost of vision benefits with employees.
  - Voluntary is ideal when employers want employees to pay 100% of their vision coverage.
- Provide both medical and vision coverage from one carrier, streamlining the benefits process.
- Give employees access to the largest nationwide network of independent eye care professionals and retail chains, including LensCrafters®, Pearle Vision® and Target Optical®.
- Give employees access to online in-network provider options, including *Contactsdirect.com*, *Glasses.com*, *LensCrafters.com*, *TargetOptical.com* and *Ray-Ban.com*.
- Allow employees to quickly locate nearby providers with the online Find a Doctor tool in the EyeMed Select Network and schedule online and walk-in appointments with in-network providers.
- Give employees access to EyeMed's award-winning call center, ranked among America's highest-rated call centers.



### How it works

#### Priority Health manages

- Eligibility
- Billing
- Account management

#### EyeMed manages

- Network management
- Claims administration
- Member customer service

## PriorityWell powered by Virgin Pulse

Healthier employees are more productive at work and their healthy habits may prevent costly chronic health conditions. PriorityWell provides innovative and highly engaging wellbeing resources for employees to help prioritize their health both at work and at home.

### For employers who want ...

- **Personalized wellbeing that works.** PriorityWell is purposely built to deliver a truly personalized experience empowering and motivating employees to create their own path to health and wellbeing success.
- **Science backed and proven results.** PriorityWell leverages strategic resources based on data science and proven outcomes using all aspects of employees health and wellbeing from medical and pharmacy claims to physical, emotional and mental health.
- **Insights and analytics.** Employers get rich reports with measurable outcomes, engagement and proof of the value and impact the investment in PriorityWell is having on the workforce.
- **Data security and privacy.** Our PriorityWell platform, powered by Virgin Pulse, has been fully vetted for the highest level of industry standards and data security to provide employees the most secure experience available.

PriorityWell is a total health and wellbeing engagement solution for large group employers that drives sustainable long-term behavior change and delivers outcomes by bringing together high-tech and high-touch.

### How it works

- PriorityWell works alongside a Priority Health medical plan to give employers and their employees a truly integrated experience.
- PriorityWell delivers a highly personal and empowering employees experience that unlocks the value of health investments, strengthens workforce culture and delivers health outcomes.

Download the employer brochure.



Watch the video.



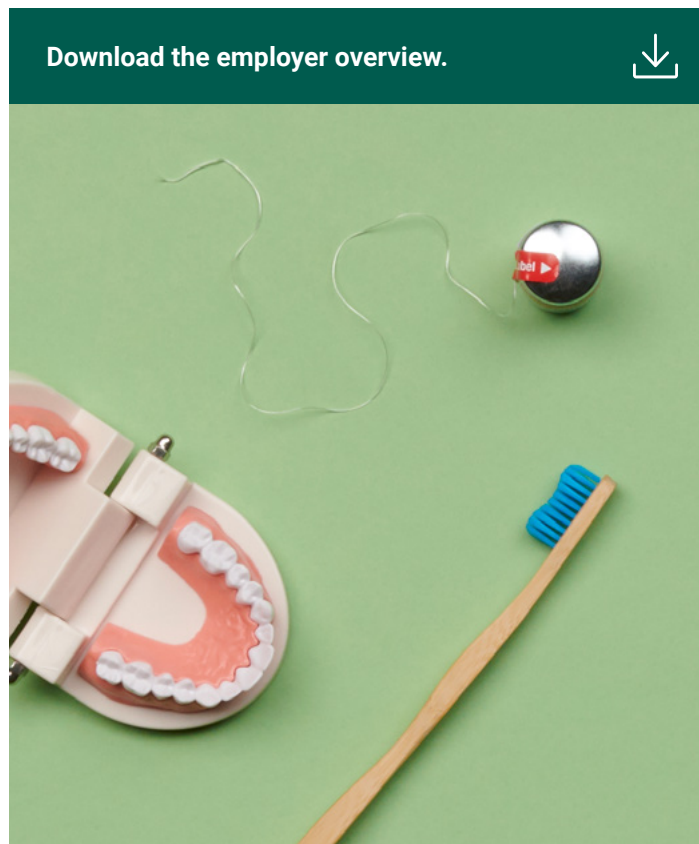
## Dental benefits provided by Delta Dental

What's going on in your mouth says a lot about what's going on in your body. Studies link oral infections with diabetes and heart disease, which is why we offer flexible dental coverage options that work with every Priority Health medical plan.

### For employers who want to ...

- Receive their medical and dental enrollment and billing from one carrier.
- Offer split enrollment. Employers can offer dental coverage for family members even if they're not covered on the medical plan.
- Lower their dental premium and claims costs with our discounted fees for services.
- Access two of the nation's largest dental provider networks: Delta Dental PPO and Delta Dental Premier®, with more than 94 percent of licensed dentists in Michigan.
- Eliminate balance billing from dental providers by using a Delta Dental network provider.

Download the employer overview.



### Funding options

- Contributory plans allow employers and employees to share the cost of dental coverage
- Voluntary plans have employees pay 100% of their dental benefits

### How it works

#### Priority Health manages

- Member enrollment
- Billing

#### Delta Dental manages

- Explanation of benefits and other plan documents
- Network management
- Claims administration and reporting
- Customer service

# Riders

Every workplace is unique. That's why we offer a variety of riders so employers can customize their health plan to meet the unique needs of their workforce.

## Types of riders

- **Deductible riders:** Alter the standard deductible
- **Medical benefits riders:** Make changes to standard coverage
- **Prescription drug riders:** Modify existing prescription benefits
- **Non-standard eligibility riders:** Expand eligibility for nontraditional situations

## Deductible riders

| Rider description   | Accepted plan type   |
|---|--|
| <b>Calendar-year deductible</b><br>Changes the deductible to reset at the calendar year rather than the standard plan renewal month   | All except Minimum Value, Minimum Value HSA, PriorityAllowance |
| <b>Embedded deductible</b><br>Changes standard deductible from aggregate to embedded  | PriorityHSA only   |
| <b>Tiered Copay emergency room deductible waiver</b><br>Waives deductible on emergency room visits on Tiered Copay plans so that deductible does not apply. Copay will still apply. | Tiered Copay only  |

## Medical benefits riders

### Rider description

#### Breast MRI: covered in full

Covers breast MRIs in full or covered in full after deductible on PriorityHSA when received from a participating provider. Standard is plan cost share (copay or coinsurance).

### Accepted plan type

All except Minimum Value,  
Minimum Value HSA

#### Certain surgeries and treatments: physician fees only, \$0 copayment

Covers physician fees at \$0 and facility fees at plan cost share. Standard is physician fees at 50% or plan coinsurance and facility fees at plan cost share.

All except HealthbyChoice, PriorityHSA,  
PriorityValue, Minimum Value,  
Minimum Value HSA

#### Certain surgeries and treatments: physician fees only, \$0 copayment, excluding bariatric

Covers physician fees at \$0 and facility fees at plan cost share. Excludes bariatric surgeries and treatments. Standard is physician fees at 50% or plan coinsurance and facility fees at plan cost share.

All except HealthbyChoice, PriorityHSA,  
PriorityValue, Minimum Value,  
Minimum Value HSA

#### Dental gap, coverage for accidental injury

Covers in full or in full after deductible for PriorityHSA any medical or dental service or supply furnished to prevent, diagnose or correct a misalignment of teeth, bite, jaws or jaw joint relationships, whether or not for the purpose of relieving pain.

All except HealthbyChoice, Minimum Value,  
Minimum Value HSA

#### Diabetes supplies

Provides pre-deductible coverage for select diabetic supplies: blood glucose monitor, syringes, lancets, needles, test strips, insulin pumps, shoe inserts, special shoes. After deductible on HSA plans. Standard is durable medical equipment at 50% plan coverage.

All except Minimum  
Value, Minimum  
Value HSA

**Download the  
diabetes supplies  
rider flyer.**



#### Durable medical equipment and prosthetics and orthotics— covered in full; after deductible on PriorityHSA

Modifies plan coverage to full coverage from the standard 50%.

All except Minimum Value,  
Minimum Value HSA

#### Durable medical equipment

Modifies plan coverage to 80%, 90% or 100% after deductible from the standard 50% after deductible.

All except HealthbyChoice, PriorityValue,  
Priority Made Simple, PriorityHSA (100% only),  
Minimum Value, Minimum Value HSA

#### Elective termination of pregnancy

Covers pregnancy termination by participating providers during first trimester, no referral required. Limit one procedure during any one 24-consecutive-month period.

All except HealthbyChoice, Minimum Value,  
Minimum Value HSA

## Rider description

### Expanded infertility rider

Provides coverage for assisted reproduction and artificial conception related to infertility at 50% coinsurance after deductible for in-network/preferred and out-of-network/alternate benefits levels with a lifetime maximum of \$15,000, \$25,000, \$40,000 or \$50,000 as selected by the group. Examples of covered assisted reproduction and artificial conception procedure services under the lifetime maximum include sperm count, IVF, egg and sperm freezing, thawing, and storage, and ancillary services associated with assisted reproduction and artificial conception.

## Accepted plan type

All except Priority Made Simple, Minimum Value, Minimum Value HSA

### Hearing

Allows for one hearing test covered in full (in full after deductible on PriorityHSA) plus an allowance per hearing aid every 36 contract months. In network only coverage for HMO plans. POS and PPO plans include both in-and-out-of-network coverage. Allowance amount options per hearing aid every 36 contract months include: \$500, \$750 or \$1,000.

All except Minimum Value, Minimum Value HSA

**Learn more about TruHearing, our hearing discount program.**



### Infertility drug copay (family planning)

Covers drugs for family planning at the matching drug prescription copay. Standard is covered at 50%.

All except HealthbyChoice, Minimum Value, Minimum Value HSA

### IRS-allowed chronic condition services, supplies and prescription drugs rider

Covers the durable medical equipment, lab tests and medications recently called out by the IRS as eligible for pre-deductible coverage on HSA-qualified high-deductible health plans.

PriorityHSA only

**Download the chronic condition rider comparison.**



### IRS-allowed chronic condition services and supplies rider

Covers the durable medical equipment and lab tests recently called out by the IRS as eligible for pre-deductible coverage on HSA-qualified high-deductible health plans.

PriorityHSA only

### Minimum abortion

Adds "abortion coverage in the event of rape or incest," which was removed from the standard medical policy due to the Abortion Opt-Out Act that applies to groups renewing on or after March 14, 2014.

All except Minimum Value, Minimum Value HSA

### Outpatient labs

Covers labs in full or after deductible on PriorityHSA plans, including outpatient laboratory procedures (and associated professional fees) performed by a participating provider in:

- a hospital outpatient care or hospital observation care facility
- a free-standing outpatient facility
- a physician's office or
- an independent laboratory

All except Minimum Value, Minimum Value HSA

## Rider description

### PriorityCares™: weight-loss prescriptions

Covers certain weight loss drugs at the corresponding cost share, including brand name drugs Contrave and Qsymia (step therapy required) and generic drugs diethylpropion, phendimetrazine and phentermine (no step therapy required). Drugs will have a copay or coinsurance associated with them. PriorityHSA plans will have these drugs covered at copayment after deductible. Standard is no coverage for these drugs.

## Accepted plan type

All except Minimum Value, Minimum Value HSA

**Download the PriorityCares Weight Loss Prescription flyer.**



### Prosthetics and orthotics

Modifies plan coverage to 80%, 90% or 100% after deductible from the standard 50% after deductible.

All except HealthbyChoice, PriorityValue, Priority Made Simple, Minimum Value, Minimum Value HSA

### PSA test

Covers PSA test in full when from a participating provider, or in full after deductible for PriorityHSA plans. Standard is covered at plan cost share.

All except Minimum Value, Minimum Value HSA

### Rehabilitative medicine

Offers 10 or 20 additional visits over the standard 30-visit limit.

All except HealthbyChoice, Minimum Value, Minimum Value HSA

### Skilled nursing facility services: 120-day limit

Increases day limit for skilled nursing services. Standard is 45 days per contract year.

All except HealthbyChoice, Minimum Value, Minimum Value HSA

### Skilled nursing facility services: lifetime benefit

Increases standard to 100% plan coverage for up to 730 days/lifetime. Includes non-hospital services at skilled nursing facility, subacute facility or hospice facility. Prior approval required. Out-of-pocket limit applies to these services.

All except HealthbyChoice, PriorityHSA, PriorityValue, Minimum Value, Minimum Value HSA

### Standard Radiology

Covers outpatient radiology examinations in full or after deductible on PriorityHSA plans, including outpatient radiology examinations (and associate professional fees) performed by a participating provider in:

- a hospital outpatient care or hospital observation care facility
- a free-standing outpatient facility
- a physician's office or
- an independent laboratory

All except Minimum Value, Minimum Value HSA

### Tooth extraction, bony impacted third molar or wisdom teeth, subject to copay

Provides coverage, subject to ambulatory surgery benefits, for the extraction of complete bony-impacted or partially bony-impacted third molars or wisdom teeth (no allowances for other extractions) if certain requirements are met.

All except HealthbyChoice, Minimum Value, Minimum Value HSA

| Rider description  | Accepted plan type   |
|--|--|
| <p><b>Virtual care at applicable in person cost share</b><br/>Virtual care will reflect the applicable in-person cost share. For example, a virtual PCP visit will reflect PCP cost share. Out of network virtual care will be covered at the applicable out-of-network plan coinsurance (POS and PPO) or not covered (HMO).</p>   | All except HealthbyChoice, Minimum Value, Minimum Value HSA, PriorityAllowance |
| <p><b>Virtual care covered at a flat copay (\$10/\$15/\$20)</b><br/>Any in-network virtual care service will be covered at a \$10/\$15/\$20 copayment (to be selected by the group, after deductible on PriorityHSA) regardless of provider type (PCP/specialist). Out-of-network virtual care will be covered at the applicable out-of-network plan coinsurance (POS and PPO) or not covered (HMO).</p> | All except HealthbyChoice, Minimum Value, Minimum Value HSA                    |

## Prescription drug riders

| Rider description   | Accepted plan type   |
|---|--|
| <p><b>All coinsurance prescription drugs</b><br/>Changes prescription drug coverage benefit to coinsurance-based option that includes a minimum flat-dollar copay and removes maximums.</p>   | All except Priority Made Simple, Minimum Value, Minimum Value HSA                              |
| <p><b>Infertility drug exclusion</b><br/>Excludes from coverage drugs used for the purpose of treating infertility.</p>   | All except HealthbyChoice, Minimum Value, Minimum Value HSA                                    |
| <p><b>IRS-allowed chronic condition enhanced prescription drugs rider</b><br/>Applies to pharmacy coverage only. Includes all the categories of medications recently called out by the IRS as eligible for pre-deductible coverage, as well as prenatal medications, seizure medications and medications for transplant patients.</p> | PriorityHSA only   |
| <p><b>Mail-order prescription drugs, 1x retail copay</b><br/>Allows a 90-day supply of medication for one copayment (standard is two copayments), except in the case of specialty drugs or drugs that are prohibited by law (such as Accutane).</p>   | All except PriorityHSA, Minimum Value, Minimum Value HSA                                       |
| <p><b>Mail-order prescription drugs, 2.5x retail copay</b><br/>Allows a 90-day supply of medication for two and a half copayments (standard is two copayments), except in the case of specialty drugs or drugs that are prohibited by law (such as Accutane).</p>   | All except HealthbyChoice, PriorityHSA, Minimum Value, Minimum Value HSA                       |
| <p><b>Prescription drug deductible \$100/\$200 or \$200/\$400</b><br/>Adds an up-front annual deductible amount of \$100/\$200 or \$200/\$400 that must be met before Priority Health will pay prescription drug benefits.</p>  | All except HealthbyChoice, PriorityHSA, Priority Made Simple, Minimum Value, Minimum Value HSA |



| Rider description  | Accepted plan type  |
|--|---|
| <p><b>Sexual dysfunction, oral and non-oral treatment: 50% copay</b><br/>Includes coverage for available FDA-approved injectable, oral and intra-urethral pellet prescription drugs for the treatment of sexual dysfunction. Prescription must be certified by Priority Health and be filled by a participating provider. Standard is no coverage for sexual dysfunction medication treatment.</p> | All except Priority Made Simple, Minimum Value, Minimum Value HSA |
| <p><b>Sexual dysfunction, oral and non-oral treatment: matching drug copay</b><br/>Includes coverage for available FDA-approved injectable, intra-urethral and oral tablets for the treatment of sexual dysfunction. Prescription must be certified by Priority Health and be filled by a participating provider. Standard is no coverage for sexual dysfunction medication treatment.</p>         | All except Minimum Value, Minimum Value HSA                       |
| <p><b>Sexual dysfunction, non-oral treatment: 50% copay</b><br/>Includes coverage for available FDA-approved injectable and intra-urethral treatment of sexual dysfunction. Prescription must be certified by Priority Health and be filled by a participating provider. Standard is no coverage for sexual dysfunction medication treatment.</p>  | All except Priority Made Simple, Minimum Value, Minimum Value HSA |
| <p><b>Sexual dysfunction, non-oral treatment: matching drug copay</b><br/>Includes coverage for available FDA-approved injectable and intra-urethral treatment of sexual dysfunction. Prescription must be certified by Priority Health and be filled by a participating provider. Standard is no coverage for sexual dysfunction medication treatment.</p>  | All except Minimum Value, Minimum Value HSA                       |

## Non-standard eligibility riders

| Rider description  | Accepted plan type                          |
|--|---|
| <p><b>Domestic partner, limited</b><br/>Allows domestic partners of the same gender of eligible employees to receive benefits as a “dependent” on the plan.</p>              | All except Minimum Value, Minimum Value HSA |
| <p><b>Domestic partner, enhanced</b><br/>Allows domestic partners of the same or opposite gender of eligible employees to receive benefits as a “dependent” on the plan.</p> | All except Minimum Value, Minimum Value HSA |

| Rider description  | Accepted plan type                             |
|--|--|
| <b>Early retiree</b><br>Provides coverage for retired employees not yet eligible for Medicare.   | All except Minimum Value,<br>Minimum Value HSA |
| <b>Medicare retiree</b><br>Provides coverage for Medicare retirees.  | All except Minimum Value,<br>Minimum Value HSA |
| <b>Sponsored dependent</b><br>Provides coverage for dependents otherwise not covered.  | All except Minimum Value,<br>Minimum Value HSA |
| <b>Surviving spouse with dependents</b><br>Allows, upon the death of a subscriber, coverage for the subscriber's spouse and dependents as a surviving spouse and dependents. | All except Minimum Value,<br>Minimum Value HSA |
| <b>Surviving spouse without dependents</b><br>Allows, upon the death of a subscriber, coverage for the subscriber's spouse as a surviving spouse.                            | All except Minimum Value,<br>Minimum Value HSA |

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