



Large Group Solutions Guide



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Funding options

Every one of your clients is unique. Learn more about the different funding options available to help them find the best choice for their 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. Priority Health pays all claims and administers the plan to keep the administrative burden low for employers.

Self-funded

Self-funded plans have the employer pay for claims out of pocket as they are presented instead of paying a predetermined premium to Priority Health. 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.



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 Priority Health to administer the benefits, and we 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 Priority Health 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 offers the following services:

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

**Download the 50/50 Level Funding
for Large Groups FAQ.**

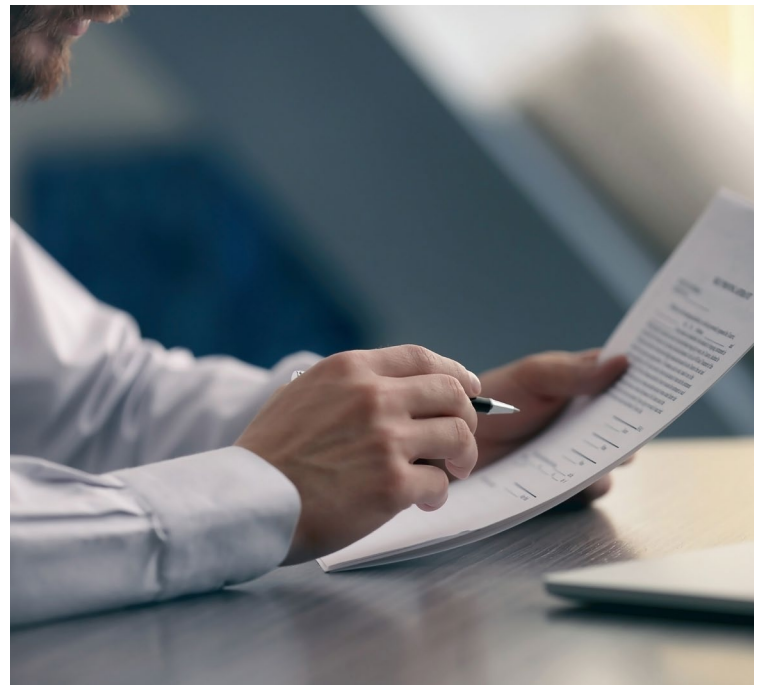


TPA solution

Priority Health and Healthcare Management Administrators (HMA) have collaborated to offer a TPA (third-party administrator) solution for self-funded Michigan-based employers. This new solution combines HMA's expertise in self-funded health plans with Priority Health's extensive network and provides employers with flexibility, control and support they need to achieve healthier outcomes for employees at the best possible value.

This solution is available to select brokers, with expansion to all in the future.

Download TPA overview.



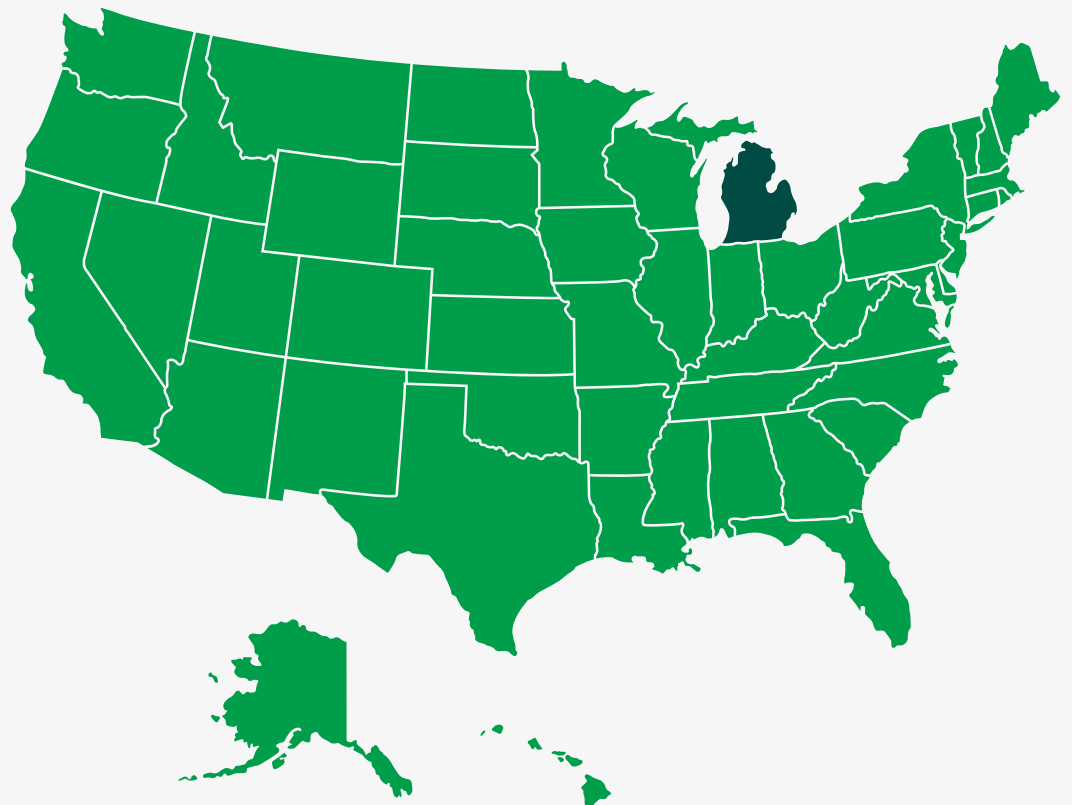
**Compare our funding options
in the Agent Center.**

VISIT NOW →

Health plans

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 health plan that meets their specific need.

Priority Health has one of the strongest networks available to serve our members, with primary care doctors and hospitals across Michigan and **over 1 million providers nationwide¹** through our Cigna partnership.



¹ 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 provider²
- 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 provider network 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

²If a member lives outside of Michigan, they are not required to have a designated PCP.

How our plans stack up

	HMO	POS	PPO
Summary	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.
PCP requirements	<p>Member is required to have a designated PCP to receive in-network benefits.</p> <p>No referral required to see a specialist.</p>	<p>Member is required to have a designated PCP to receive in-network benefits.²</p> <p>No referral required to see a specialist.</p>	<p>Member is not required to have a PCP to receive in-network benefits.</p> <p>No referral required to see a specialist.</p>
Out-of-network policy	Out-of-network care is not covered unless it's an emergency.	<p>Out-of-network care is covered, but members pay higher out-of-pocket costs for out-of-network services.</p> <p>Services performed out of state through participating Cigna providers are covered at the in-network (preferred) benefit level.</p>	
Enrollment requirements	<p>Group must be headquartered in Michigan.</p> <p>100% of employees enrolled must work or live in Michigan.</p>	<p>Group must be headquartered in Michigan.</p> <p>For large groups with 51+ employees, 50% of employees enrolled must live in Michigan.</p> <p>For small groups with 50 or fewer employees, 65% of employees enrolled must live in Michigan.</p>	
New member continuity of care	<p>New member continuity of care for the first 90 days.</p> <ul style="list-style-type: none"> • New-to-Priority-Health members can receive services from out-of-network providers at the in-network benefit level for preauthorized services that were scheduled prior to enrollment with Priority Health. • A Priority Health nurse case manager will help members transition to an in-network provider following the services. 		N/A

²If a member lives outside of Michigan, they are not required to have a designated PCP.

Benefit designs

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 are best for employers and employees.

Copay
Aligned
pg. 9

Tiered
Copay
pg. 10

Traditional
Copay
pg. 11

PriorityValue
pg. 12

PriorityHSA
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Minimum
Value
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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

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

³Includes 100 percent coverage (\$0 copay) for fully funded plans and opt-in for self-funded employers.

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.

Benefit overview

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

³Includes 100 percent coverage (\$0 copay) for fully funded plans and opt-in for self-funded employers.

Traditional Copay

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

Encourage employees to better manage their physical and behavioral well-being 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

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

³Includes 100 percent coverage (\$0 copay) for fully funded plans and opt-in for self-funded employers.

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 higher-cost plans.

Benefit overview

PCP visit	Covered in full, for E&M ⁴ only
Specialist visit	Coinsurance, after deductible
In-network virtual care	Covered in full ³
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

³Includes 100 percent coverage (\$0 copay) for fully funded plans and opt-in for self-funded employers.

⁴Evaluation and management, as determined by provider.



Pharmacy savings?

Our ValueRx plans offer complimentary coverage to the PriorityValue plan for prescription drugs. They have low, fixed copays on select drugs and coinsurance on all other medications, which are not subject to a 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.

For employers who want to:

- Lower their premiums. HSA-qualified HDHPs typically have higher deductibles, meaning lower premiums.
- Attract and retain top talent with flexible benefits that help employees control their costs, take a more active role in their health care and invest for the future.
- Make tax-deductible HSA contributions, incentivizing 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 ⁵
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

⁵Includes 100 percent coverage (\$0 copay) after deductible for fully funded plans and opt-in for self-funded employers.

Employers have access to HealthEquity health savings accounts (HSA). These accounts offer employers and employees easy access to their HSA account information via online portals and a user-friendly mobile app.
See page 23 for more information. →

Download the Understanding Health Savings Account member brochure.



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 percent 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

PCP visit	Coinsurance, after deductible
Specialist visit	Coinsurance, after deductible
In-network virtual care	Covered in full ⁶
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

⁶Includes 100 percent 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.

Network solutions

Network solutions can help both employers and their employees save on health care costs. It's a win-win for employers looking to lower their health care spend and better engage employees in health care decision-making.

Tiered network products

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

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 provider, they will have a higher cost share.

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

Narrow networks

A narrow network can help reduce the cost of care by limiting choice of providers and facilities in exchange for lower premiums.

A narrow network is made up of a specific subset of providers and facilities from the carrier's broader network. These plans have a lower monthly premium compared to broad plans but come with a limited amount of provider choice. And care is only covered if it's received from the defined (narrow) provider network. Narrow networks can be a good choice for employers looking to reduce premium costs that are located near a specific network of providers and facilities.



**Interested
in learning
more about
network
solutions?**

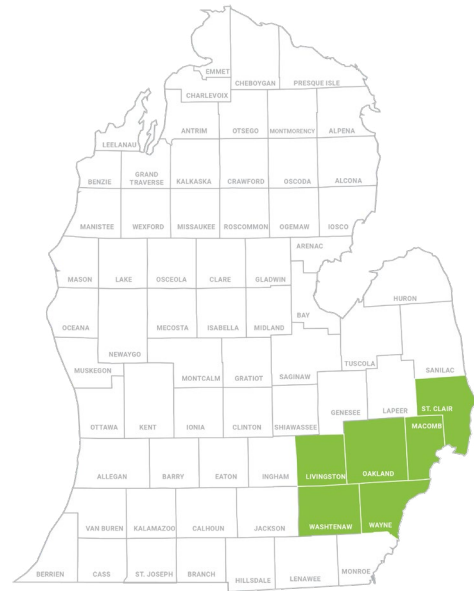
**DOWNLOAD
THIS GUIDE
TO LEARN
MORE →**

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 many of the region's top health care systems in Tier 1.

Southeast MI Partners is available to companies located 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
- Corewell Health in Southeast Michigan (formerly Beaumont Health) and affiliated physicians
- Detroit Medical Center hospitals and affiliated physicians
- Lake Huron Medical Center and affiliated physicians
- Michigan Medicine for nonprimary care (with referral only)
- Trinity Health in Southeast Michigan and select affiliated physicians
- Statewide ancillary facilities in the Priority Health network, including labs, physical therapy, radiology and home health care
- All in-network pharmacies
- Emergency services

Tier 2

All non-Tier 1 providers currently covered under the Priority Health network

Tiered networks are offered in the Southeast and are available on the following plan designs:

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



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

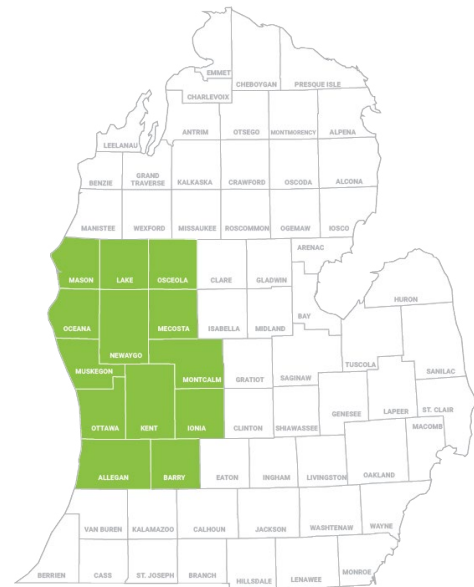


West MI Partners

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 13-county area and includes Corewell Health in West Michigan⁷, Holland Hospital, University of Michigan Health-West and Bronson Healthcare in Tier 1.⁸

West MI Partners is available to companies located in these 13 counties: Allegan⁹, Barry, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa



Tier 1

- Corewell Health in West Michigan⁷, University of Michigan Health-West, Holland Hospital and Bronson Healthcare⁸, and providers with admitting privileges to these facilities
- Forest View Hospital
- Mary Free Bed Rehabilitation Hospital
- Orthopedic Associates of Michigan
- Pine Rest Christian Mental Health Services
- Ancillary providers in the Priority Health network, including physical therapists, social workers, labs and skilled nursing facilities
- All in-network pharmacies
- Emergency services

Tier 2

All non-Tier 1 providers currently covered under the Priority Health network

⁷With the exception of Corewell Health in Southwest Michigan (formerly Spectrum Health Lakeland).

⁸Moving to Tier 2 1/1/2026.

⁹All of Allegan County except 49010.

Tiered networks are offered in West Michigan and are available on the following plan designs:

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



West MI Partners is the only tiered network solution in West Michigan.





PriorityIntegra

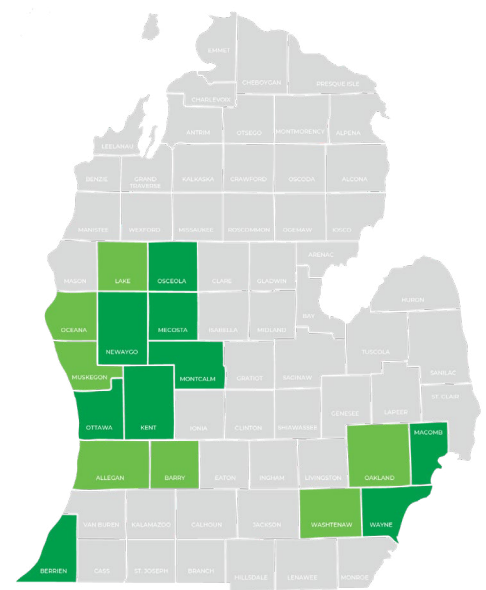
Health care complexity and poor coordination between providers and insurers often leads to consumer dissatisfaction¹⁰. As the largest integrated health system in the state, we believe taking down those barriers and building bridges between care and coverage benefits employers and employees by giving them a supported, coordinated and simple experience.

Our narrow network plan, PriorityIntegra leverages the unique integration points between Priority Health and Corewell Health to deliver an exceptional member experience, integrated whole-person care and access to a straightforward network of Corewell Health providers and select affiliate providers. PriorityIntegra is available to self-funded employers.

Features:

- PriorityIntegra comes with concierge-level service, employees have a designated phone line that provides navigation and quick access to assistance.
- Optional services to keep employees healthy and productive with Corewell Health Occupational Health and Wellness services¹¹. Additionally, groups that opt into these services are eligible for exclusive discounts of up to 12 percent!
- TytoCare kits give employees more convenient access to care, members with dependents between the ages of 2-18 are eligible to receive a TytoCare medical exam kit with PriorityIntegra.

PriorityIntegra is best for groups with employees who live and work in one of the shaded counties. Counties shaded in dark green scored above the recommended provider adequacy threshold. Counties in light green are slightly below the threshold but still have good access.



Providers:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Corewell Health East, West, South (including Lakeland) • Answer Health • Health Point • We Are for Children | <ul style="list-style-type: none"> • Arvon CIN (Formerly Beaumont ACO) • Olympia Medical Services • United Physicians • United Outstanding Physicians • Medical Network One | <ul style="list-style-type: none"> • Pine Rest Christian Mental Health Hospital • Forest View Hospital • Mary Free Bed Rehabilitation Hospital • Emergency services • In-network pharmacies |
|--|--|--|

Learn more about how we've supported Shape Corp team members through integrated offerings and innovative solutions.

WATCH THE VIDEO HERE →

Download the PriorityIntegra overview.



¹⁰Forbes 2021. ¹¹Occupational Health services through Corewell Health are billed separately.

Additional coverage

Want more? With our broad suite of offerings, employers can build a benefits package that best suits their business needs while attracting and retaining top talent. Consider options that help employees pay for services before deductible or a solution that navigates them through the health care journey.

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MSK COE pg. 24	PriorityGPS pg. 25	PriorityHRA pg. 26	PriorityPharmacy pg. 27
PriorityVision pg. 28	Sword Health pg. 29	Teladoc Health Condition Management pg. 30	

Reproductive health, family-building and hormonal health with Carrot

One in six couples will experience infertility¹². One in five women would consider changing jobs for better menopause support¹³. We know that members need more comprehensive support to address their whole self and help guide them through every stage of life.

That is why Priority Health has partnered with Carrot, the global leader in fertility health care and family-building support, offering comprehensive and personalized care for every journey.


For employers who want to:

- Attract and retain employees by offering reproductive and hormonal health benefits.
- Choose between two benefit designs based on employees needs, one of which is not offered if a client goes direct with Carrot.
- Save on fees. Employers save more than going directly through Carrot.
- Carrot can assist with:
 - Fertility treatments for those without a diagnosis of infertility
 - Pathfinding with education and exploration
 - Pregnancy
 - Postpartum
 - Doula support
 - Surrogacy
 - Adoption
 - Menopause
 - Low testosterone

How it works:

When employers purchase a Priority Health medical plan, they can choose to partner with Carrot to offer reproductive and hormonal health benefits. Employers can choose between two designs; Carrot Core & Carrot Pro.

Download the Carrot overview.



Carrot Core (Buy-Up)	Carrot Pro (Rider)
<ul style="list-style-type: none">• Access to the Carrot platform, education resources and experts—24/7 real-time support• Support from the Carrot nonfertility provider network—adoption, surrogacy• Access to the Carrot hormonal health network—menopause, low-testosterone and gender-affirming care• Fee only charged when a member creates a Carrot care plan—covered services hit medical plan and members can pay out of pocket for noncovered services	<div>Includes Core coverage plus additional benefits:</div> <ul style="list-style-type: none">• Enhanced fertility coverage to provide coverage with and without an infertility diagnosis, including egg freezing, assisted reproduction and artificial conception services• Carrot nonmedical coverage reimbursement—adoption, surrogacy, doula support• Benefit allowance options—lifetime maximums of \$15,000, \$25,000, \$40,000, \$50,000 or unlimited. A benefit allowance maximum is selected separately for qualified as well as nonqualified medical expenses

¹²1 in 6 people globally affected by infertility, by World Health Organization, 2023. ¹³Menopause in the Workplace, by Carrot Fertility, 2023.

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:

- Manage their medical and dental enrollment and billing with 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®.
- 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 percent 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 and claims administration
- Customer service
- Quoting

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 be reimbursed only 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 over 14 million members in partnership with employers, benefits advisers, 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). 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:

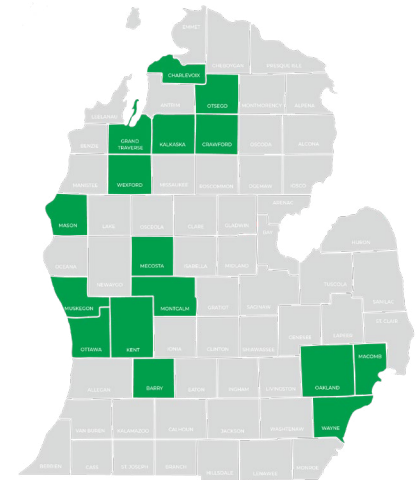
- New customer onboarding and education
- Customer service for employer and employee

Musculoskeletal Centers of Excellence

Offered on large group plans¹⁴, this rider provides access to carefully curated physician groups who achieve the highest-quality outpatient surgical outcomes. This helps members achieve better care, cost savings and a streamlined surgical journey.

For employers who want to:

- Prioritize quality. We selected the highest-quality, most cost-efficient providers for hip, knee and spinal surgeries based on internal and third-party quality data.
- Receive cost savings by leveraging high-value care.
- Provide their employees access to high-quality care with reduced cost share and travel expenses covered.



Physician groups are located in the shaded counties

How it works:



The Musculoskeletal Centers of Excellence rider offers lower-cost surgeries at participating Centers of Excellence.



Professional and facility fees for eligible surgeries will be \$0.¹⁵ Anesthesia fees are subject to deductible and plan coinsurance.



Members will receive a proactive email outreach after applicable MRI claims to explain benefits and next steps.

Travel reimbursement

If members need to travel to a facility that is more than 50 miles from their residence, the embedded travel rider covers IRS eligible travel expenses up to \$1,000 per contract year for covered services provided by a Priority Health Centers of Excellence provider.

- Prior authorization is required
- Travel reimbursement covers reasonable expenses for transportation, meals and lodging related to prior authorized services¹⁶
- Amounts reimbursed for travel expenses do not apply to member's deductible or out-of-pocket limit¹⁷

Download the MSK COE overview.



¹⁴Excludes PriorityIntegra and TPA.

¹⁵PriorityHSA plan deductibles apply.

¹⁶Alcohol and tobacco expenses are excluded from coverage.

¹⁷Eligible travel expense reimbursements will track toward the PriorityHSA deductible, pursuant to IRS rules governing health savings accounts.



PriorityGPS offers enhanced and personalized member concierge support to help members better understand and optimize their health benefits. Employees enrolled in PriorityGPS benefit from enhanced support and navigation delivered by dedicated and award-winning PriorityGPS Care Navigators as the single point of contact. This team responds promptly, addresses concerns on the first call and offers personalized direction toward care.

PriorityGPS is available to fully funded and self-funded employers with 300+ enrolled employees.



For employers who want to:

- Simplify their employees' health experience by providing guided support for specific health benefits, goals and needs.
- Help employees better understand their health benefits and available programs that may lead them to better outcomes.
- Provide peace of mind by giving employees access to proactive outreach on drug formulary changes, claims and prior authorization status.
- Support employees starting at pre-effective dates in understanding network coverage options and transition of care needs.

How it works

- PriorityGPS members call their dedicated phone number to contact our experienced and award-winning PriorityGPS Care Navigators. They can also log in to the Priority Health member portal or app to message or chat with a Care Navigator.
- Members are promptly connected to a Care Navigator who can help them find and coordinate care, answer benefit questions and more!

Through their dedicated PriorityGPS phone number, members are assisted during extended services hours with:

- Finding a doctor anywhere in the United States
- Connecting with expert care teams in behavioral health, pharmacy and more
- Enrolling in health programs at no extra cost
- Understanding benefits and coverage



Download the PriorityGPS 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.

Download our PriorityHRA overview.



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
- PriorityValue
- Tiered Copay
- Traditional Copay

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 only, or Tier 1 and Tier 2 drugs, plus 25 percent 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.
- Simplify their health care administration. There's just one member ID card for both medical and prescription benefits.

Enjoy the benefits of a drug savings program. Priority Health and Greenback Health have partnered to offer PriceMyMeds, a first-of-its-kind pharmacy program that evaluates every prescription in real time for savings. Currently available to fully funded employers.

Formularies available to large groups:

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 percent 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.

Download our employer overview.



How it works

Priority Health manages:

- Eligibility
- Billing
- Account management

EyeMed manages:

- Network management
- Claims administration
- Member customer service

Virtual physical therapy with Sword Health

Untreated pain is all too common, with over 50 percent of Americans suffering from musculoskeletal (MSK) pain.¹⁸ That is why we are partnering with Sword Health. Sword is an industry leader in demonstrating the expanded reach of digitally enabled clinical-grade musculoskeletal care—without compromise to quality and clinical outcomes. Sword’s solutions make it possible for people to get virtual care for preventive, acute and chronic musculoskeletal disorders, pelvic health conditions, fall prevention and post-surgical rehab.

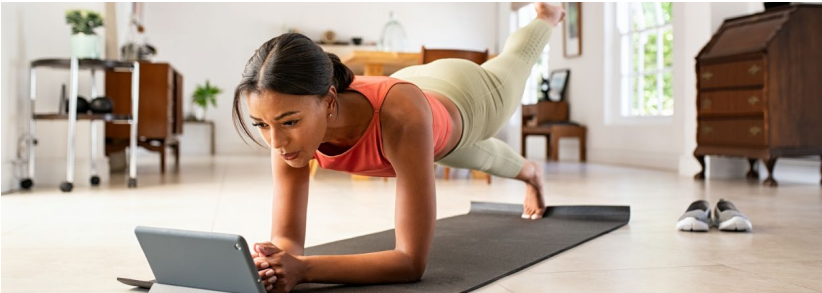
For employers who want to:

- Offer unmatched member care with access to doctors of physical therapy who use proprietary AI.
- Receive unparalleled health care cost savings from Sword through their development of more technology patents and higher clinical results than any other company in the industry.
- Provide their employees the individualized treatment they need, from the comfort of their homes—freeing them from pain, while reducing your spend on surgical care and other costly interventions.

How it works

Everyone’s pain is different and requires a tailored approach. Sword represents multiple treatment pathways, all interconnected but available under a single enrollment experience. Learn more about Sword’s solutions below:

Thrive	Digital physical therapy with motion-sensing technology and a tablet. As good as in-person physical therapy, but much more convenient
Bloom	Clinical-grade pelvic health care that offers individualized care from pelvic health specialists, the Bloom Pod by Elvie and the Sword app
Move	Designed to help people with low pain and keep them healthy to avoid chronic conditions attributed to physical inactivity
Predict	Sword’s AI-powered detection engine finds and engages high-risk members via personalized outreach before they become high-cost claimants
On Call	On-demand help for pain care 24/7 to avoid unnecessary visits to the ER or urgent care
Academy	Short-form videos from clinical experts to help understand pain, reduce risks, and build healthy habits



Download the Sword
Health overview.



¹⁸ The Hidden Impact of Musculoskeletal disorders on Americans, Bone and Joint Initiative USA.

Teladoc Health Condition Management

About 1 in 10 Americans are living with diabetes, and approximately 90 to 95 percent of them have type 2 diabetes¹⁹. The Teladoc Health Condition Management program is designed to lower members' A1c, improve overall health and drive down related medical costs. To help members manage their type 2 diabetes we're offering the program to them at no cost.

For employers who want to:

- Enhance employee well-being while reducing health care costs.
- Provide employees with the tools and support they need to manage diabetes effectively.

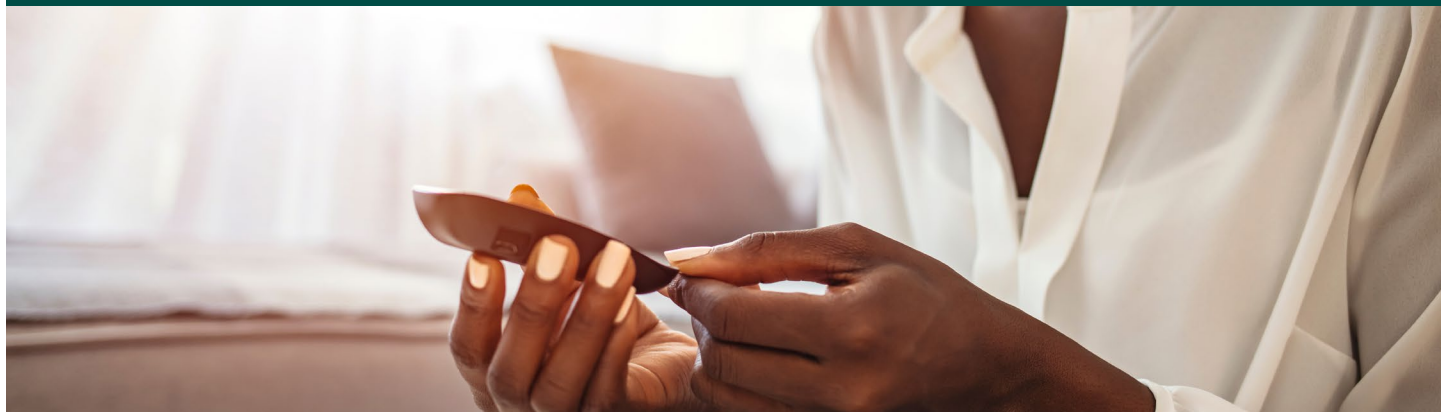
How it works

The Condition Management program offers a single integrated and personalized experience comprised of connected technology, digital programs and expert coaching. Members receive:

- A connected blood glucose meter
- Unlimited test strips and lancets
- Data-driven personalized insights
- Expert coaching and real-time support
- Guidance on healthy habits
- Hypertension and weight management support

The program is a standard benefit for fully funded groups. Self-funded groups can opt into the Condition management or Diabetes Management programs and will be charged a per participant per month fee.

Download the Teladoc Condition Management overview.



¹⁹ CDC Diabetes Quick Facts (2022), <https://www.cdc.gov/diabetes/basics/quick-facts.html>

Partnerships

Through our strategic partnerships, we ensure that employers receive health solutions that are both comprehensive and adaptable, all while providing cost savings, making it easier to meet your diverse needs.

Guardian

Priority Health has partnered with Guardian, a leading global mutual life insurance company, to create a comprehensive benefits package that meets group needs and reduces costs.

Our collaboration offers a suite of Guardian's benefit products and discounts on Priority Health medical plans, with premium savings ranging from 0.5 percent to 2 percent based on the selection and mix of products chosen. Available products in the partnership include life insurance, short-term and long-term disability insurance, and various voluntary worksite insurance options and supplemental life insurance.

HealthBar

Priority Health and HealthBar have partnered to offer enhanced on-site health care services through an exclusive partnership. This collaboration provides personalized on-site services, increased employee engagement and competitive pricing on HealthBar services, up to 11 percent off, ensuring convenient, high-quality health solutions that seamlessly integrate with your health plan.

Benefits of bundling Priority Health and HealthBar:



Employers get automatic data connectivity between Priority Health and HealthBar. This data integration is designed to drive guaranteed engagement of 50 percent in year one.²⁰



Employers have access to exclusive services like referrals to clinical point solutions and your Priority Health programs driving additional engagement.



When you pair services with a Priority Health plan, you'll get the lowest available price for HealthBar virtual and on-site packages, up to 11 percent off.

[Download the Guardian overview.](#)[Download the HealthBar overview.](#)

²⁰ Available only for ASO customers leveraging the Innovu data platform through HealthBar. 50 percent guaranteed engagement only for ASO employers who purchase an on-site package from HealthBar.

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
- **Nonstandard eligibility riders:** Expand eligibility for nontraditional situations

Deductible riders

Rider description	Accepted plan type
Calendar-year deductible Changes the deductible to reset at the calendar year rather than the standard plan renewal month.	All except Minimum Value, Minimum Value HSA
Embedded deductible Changes standard deductible and out-of-pocket maximum from aggregate to embedded.	PriorityHSA only
Tiered Copay emergency room deductible waiver²¹ 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 full²¹

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

Accepted plan type

All except PriorityHSA (100%) only, Minimum Value, Minimum Value HSA

Carrot Pro Rider

Provides medical and drug coverage for reproductive services, including hormonal health, fertility and the underlining cause of infertility, and family building services at 50% coinsurance after deductible, with a lifetime maximum of \$15,000, \$25,000, \$40,000, \$50,000, or an unlimited lifetime maximum.

All except Minimum Value, Minimum Value HSA

Certain surgeries and treatments: physician fees only, \$0 copayment²²

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 PriorityHSA, PriorityValue, Minimum Value, Minimum Value HSA

Certain surgeries and treatments: physician fees only, \$0 copayment, excluding bariatric²²

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 PriorityHSA, PriorityValue, Minimum Value, Minimum Value HSA

Dental gap, coverage for accidental injury²¹

Covers in full, or in full after deductible for PriorityHSA plans, any outpatient dental work, surgery or orthodontic treatment to remove, repair, replace, restore or reposition natural teeth that are damaged, lost or removed due to accidental injury.

All except Minimum Value, Minimum Value HSA

Diabetes supplies²¹

Provides pre-deductible coverage at 50%, plan coinsurance or 100% for select diabetic supplies: blood glucose monitor, syringes, lancets, needles, test strips, insulin pumps, shoe inserts and special shoes. The deductible applies for PriorityHSA plans. Standard is durable medical equipment at 50% plan coverage after deductible.

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 PriorityHSA²¹

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

All except PriorityHSA (100% only), Minimum Value, Minimum Value HSA

Durable medical equipment, and prosthetics and orthotics²²

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

All except PriorityValue, PriorityHSA (100% only), Minimum Value, Minimum Value HSA

Rider description

Elective termination of pregnancy²¹

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

Accepted plan type

All except Minimum Value,
Minimum Value HSA

Habilitation services (not relating to autism spectrum disorder)²²

This rider adds coverage for habilitation services (not related to autism spectrum disorder) for physical, occupational and speech therapy services. Cost share and visit limitations will follow the rehabilitation medicine services section in the schedule. Standard coverage is no coverage for habilitation services.

All except Minimum Value,
Minimum Value HSA

Hearing²¹

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 are: \$500, \$750 or \$1,000. Standard is no coverage for hearing aids.

All except Minimum
Value, Minimum
Value HSA

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

IRS-allowed chronic condition services, supplies and prescription drugs rider²¹

Covers durable medical equipment, lab tests and medications identified by the IRS as eligible for pre-deductible coverage on HSA-qualified high-deductible health plans. *Groups may select only one IRS-allowed chronic condition rider.*

PriorityHSA only

**Download the
chronic condition
rider comparison.**

IRS-allowed chronic condition services and supplies rider²¹

Covers durable medical equipment and lab tests identified by the IRS as eligible for pre-deductible coverage on HSA-qualified high-deductible health plans. *Groups may select only one IRS-allowed chronic condition rider.*

PriorityHSA only



Minimum abortion²¹

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

Musculoskeletal (MSK) Centers of Excellence²¹

Adds reduced musculoskeletal surgical cost sharing (after deductible for HSA) through the Musculoskeletal Centers of Excellence program.

All except PriorityIntegra

Rider description	Accepted plan type
<p>Musculoskeletal (MSK) Centers of Excellence with Travel²¹ Adds reduced musculoskeletal surgical cost sharing and travel reimbursement (after deductible for HSA) through the Musculoskeletal Centers of Excellence program.</p>	All except PriorityIntegra
<p>Outpatient labs²¹ Covers labs in full, or in full after deductible for PriorityHSA plans, including outpatient laboratory procedures (and associated professional fees) performed by a participating provider in:</p> <ul style="list-style-type: none"> • A hospital outpatient care or hospital observation care facility, • A free-standing outpatient facility, • A physician's office, or • An independent laboratory. <p>Standard is applicable plan cost-share.</p>	All except PriorityHSA (100% only), Minimum Value, Minimum Value HSA
<p>PSA test²¹ Covers the prostate-specific antigen (PSA) test in full, or in full after deductible for PriorityHSA plans, when obtained from a participating provider.</p>	All except PriorityHSA (100% only), Minimum Value, Minimum Value HSA
<p>Rehabilitative medicine²¹ Offers 10, 20 or 30 additional visits over the standard 30-visit limit for physical therapy, occupational therapy, speech therapy and cardiac and pulmonary rehabilitation.</p>	All except Minimum Value, Minimum Value HSA
<p>Skilled nursing facility services: 90-day limit²¹ Increases the day limit for skilled nursing services from 45 days per contract year to 90 days per contract year for in-network coverage.</p>	PriorityHSA only
<p>Skilled nursing facility services: 120-day limit²¹ Increases the day limit for skilled nursing services to 120 days. Standard is 45 days per contract year.</p>	All except Minimum Value, Minimum Value HSA
<p>Skilled nursing facility services: lifetime benefit²¹ Increases standard to 100% plan coverage for up to 730 days/lifetime. Includes nonhospital services at skilled nursing facility, subacute facility or hospice facility. Prior approval required. Out-of-pocket limit applies to these services.</p>	All except PriorityHSA, PriorityValue, Minimum Value, Minimum Value HSA

Rider description	Accepted plan type
<p>Standard radiology²¹</p> <p>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:</p> <ul style="list-style-type: none"> • A hospital outpatient care or hospital observation care facility, • A free-standing outpatient facility, • A physician's office, or • An independent laboratory. 	<p>All except PriorityHSA (100% only), Minimum Value, Minimum Value HSA</p>
<p>Tooth extraction, bony impacted third molar or wisdom teeth, subject to copay²¹</p> <p>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.</p>	<p>All except Minimum Value, Minimum Value HSA</p>
<p>Travel expense reimbursement²¹</p> <p>Covers IRS eligible travel expenses up to \$10,000 per contract or calendar/hybrid year for certain covered medical services that are not available in the state in which the member resides and requires the member to travel more than 100 miles.</p>	<p>All except Minimum Value, Minimum Value HSA</p>
<p>Virtual care at applicable in-person cost share²¹</p> <p>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>	<p>All except Minimum Value and Minimum Value HSA</p>
<p>Virtual care covered at a flat copay (\$10/\$15/\$20)²¹</p> <p>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>	<p>All except Minimum Value HSA</p>

Prescription drug riders

Rider description

All coinsurance prescription drugs

Changes prescription drug coverage benefit to coinsurance-based option that includes a minimum flat-dollar copay and removes the bill fee maximum.

Accepted plan type

All except Minimum Value,
Minimum Value HSA

Infertility drug copay (family planning)

Covers family planning medications at the applicable prescription drug cost-share. Standard is covered at 50%.

All except Minimum Value, Minimum Value HSA and PriorityValue Rx plans

Infertility drug exclusion

Excludes from coverage drugs used for the purpose of treating infertility.

All except Minimum Value,
Minimum Value HSA

IRS-allowed chronic condition prescription drugs rider

Applies to pharmacy coverage only. Includes all categories of medications identified by the IRS as eligible for pre-deductible coverage on HSA-qualified high-deductible health plans. *Groups may select only one IRS-allowed chronic condition rider.*

PriorityHSA only

Mail-order prescription drugs 1x, 1.5x, 2.5x retail copay

This rider allows a 90-day supply of medication for choice of 1x, 1.5x or 2.5x copayments, except in the case of specialty drugs or drugs that are prohibited by law (such as Accutane). Standard coverage is a 90-day supply of medication for two copayments.

All except Minimum Value,
Minimum Value HSA
and PriorityHSA

Prescription drug deductible \$100/\$200 or \$200/\$400

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.

All except PriorityHSA, Minimum Value,
Minimum Value HSA

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 benzphetamine, 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.

All except Minimum Value,
Minimum Value HSA

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



Retail pharmacy prescription drugs 2x copay

Allows a 90-day supply of medication at the retail setting for two copayments (standard is three copayments), except in the case of specialty drugs or drugs that are prohibited by law (such as Accutane).

All except Minimum Value,
Minimum Value HSA

Rider description**Sexual dysfunction, oral and nonoral treatment: 50% copay**

Includes coverage for available FDA-approved injectable, oral and intraurethral 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. *Groups may select only one sexual dysfunction rider.*

Sexual dysfunction, oral and nonoral treatment: matching drug copay

Includes coverage for available FDA-approved injectable, intraurethral 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. *Groups may select only one sexual dysfunction rider.*

Sexual dysfunction, nonoral treatment: 50% copay

Includes coverage for available FDA-approved injectable and intraurethral 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. *Groups may select only one sexual dysfunction rider.*

Sexual dysfunction, nonoral treatment: matching drug copay

Includes coverage for available FDA-approved injectable and intraurethral 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. *Groups may select only one sexual dysfunction rider.*

Accepted plan type

All except Minimum Value,
Minimum Value HSA

All except Minimum Value,
Minimum Value HSA

All except Minimum Value,
Minimum Value HSA

All except Minimum Value,
Minimum Value HSA

Nonstandard eligibility riders

Rider description	Accepted plan type
Domestic partner, limited Allows domestic partners of the same gender of eligible employees to receive benefits as a dependent on the plan.	Available on all plan types
Domestic partner, enhanced Allows domestic partners of the same or opposite gender of eligible employees to receive benefits as a dependent on the plan.	Available on all plan types
Early retiree Provides coverage for retired employees not yet eligible for Medicare.	Available on all plan types
Medicare retiree Provides coverage for Medicare retirees.	Available on all plan types
Sponsored dependent Provides coverage for dependents otherwise not covered.	Available on all plan types
Surviving spouse with dependents Allows, upon the death of a subscriber, coverage for the subscriber's spouse and dependents as a surviving spouse and dependents.	Available on all plan types
Surviving spouse without dependents Allows, upon the death of a subscriber, coverage for the subscriber's spouse as a surviving spouse.	Available on all plan types

²¹ If chosen for a Tiered Network Plan, coverage under this rider applies to services from participating Tier 1 and Tier 2 providers.

²² If chosen for a Tiered Network Plan, coverage under this rider applies only to Tier 1 participating providers. Tier 2 providers would be subjected to standard coverage cost share.

Solutions snapshot

 Before deductible

²³Includes 100% coverage (\$0 copay) for fully funded plans and opt-in for self-funded employers. PriorityHSA and PriorityHSA Minimum Value plans are covered in full after deductible.
²⁴Powered by EyeMed.

		\$	\$\$	\$\$\$	\$\$\$\$	\$\$\$\$\$	\$\$\$\$\$\$
Health plans		HMO/POS/PPO	HMO/POS/PPO	HMO/POS/PPO	HMO/POS/PPO	HMO/POS/PPO	HMO/POS/PPO
KEY BENEFITS	Benefit designs	Minimum Value/ PriorityHSA Minimum Value	PriorityHSA	PriorityValue	Traditional Copay	Tiered Copay	Copay Aligned
	PCP visit	Coinsurance	Coinsurance	Covered in full (E&M only)	Copay	Copay	Copay
	Specialist visit	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	In-network virtual care	Covered in full ²³	Covered in full ²³	Covered in full ²³	Covered in full ²³	Covered in full ²³	Covered in full ²³
	Urgent care	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Advanced diagnostic imaging	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Emergency room services	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Ambulance	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Substance use/behavioral health services	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Physical/occupational/chiropractic/speech therapy	Coinsurance	Coinsurance	Coinsurance	Copay	Copay	Copay
	Inpatient services	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
	Outpatient services	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
ADDITIONAL SOLUTIONS AND COVERAGE	Southeast MI Partners West MI Partners		X	X	X	X	X
	Delta Dental PPO Delta Dental Premier	X	X	X	X	X	X
	HealthEquity FSA	X	X	X	X	X	X
	HealthEquity HSA	X	X				
	PriorityGPS	X	X	X	X	X	X
	PriorityHRA			X	X	X	X
	Pharmacy	ValueRx	PriorityPharmacy	PriorityPharmacy/ValueRx	PriorityPharmacy	PriorityPharmacy	PriorityPharmacy
	PriorityVision ²⁴	X	X	X	X	X	X
	PriorityIntegra	X	X	X	X	X	X

