Making Medicare choices easier
2017 plan information
A health plan that puts you first

With today’s complexity and cost of health care, Priority Health is always working to make sure you get the most out of your Medicare plan. Stretch your health care dollars and get coverage that fits your needs with a Priority Health Medicare plan.

We offer a variety of plans that cater to your budget and coverage needs. Built into every plan is exceptional customer service that’s available seven days a week, and extras like a fitness membership and wellness information that helps you be your healthiest.

You can count on quality when you choose us:

- More individuals choose Priority Health Medicare Advantage plans over any other plan in Michigan.¹
- 96% of our Medicare members stayed with us, compared to the national average of 88%.²
Choosing your plan

Whatever you’re looking for, Priority Health has a plan for you. Our plans are priced to meet your needs and your budget — and our Medicare Advantage plans all include Part D prescription drug coverage!

Our plans can offer:

• Doctor visits, hospital coverage and prescription drug coverage with low or no deductibles
• $0 copay for 90-day mail order* for many common generic drugs and lower drug costs with preferred pharmacy pricing6
• Preventive coverage such as annual exams, mammograms and prostate screenings included at no cost
• Optional enhanced vision, dental and hearing package
• Emergency and urgent care coverage in the United States and around the world
• The same in- and out-of-network copays for several services available on PriorityMedicare and PriorityMedicare Select plans, including PCP and specialist visits and outpatient surgery
• Extras like a fitness membership or home fitness kits and wellness programs

See page 12 for plans available by county.

*Not available with PriorityMedicare Key or PriorityMedicare Ideal. Applies to Tier 1 and Tier 2 generic drugs.
Which Priority Health Medicare plan is right for you?
The chart below gives you a look at our in-network\textsuperscript{3} plan benefits\textsuperscript{4}.

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<tr>
<th>IN-NETWORK BENEFITS</th>
<th>PRIORITY MEDICARE\textsuperscript{SM} KEY (HMO-POS)</th>
<th>PRIORITY MEDICARE\textsuperscript{SM} IDEAL (PPO)</th>
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<tr>
<td>Medical deductible</td>
<td>$325</td>
<td>$160</td>
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<td>Annual out-of-pocket maximum</td>
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<tr>
<td>Hospitalization\textsuperscript{6} copayment</td>
<td>$225 per day, days 1 – 6</td>
<td>$260 per day, days 1 – 6</td>
<td>$250 per day, days 1 – 7</td>
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<td>Primary care physician (PCP) office visit copayment</td>
<td>$20</td>
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<td>Prescription drug deductible</td>
<td>$400</td>
<td>$400</td>
<td>$75</td>
<td>$75, for tiers 3 – 5 only</td>
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<tr>
<td>Prescription drug coverage</td>
<td>25%</td>
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<td>25%</td>
<td>$2 for a one-month (30-day) supply</td>
<td>$1 for a one-month (30-day) supply</td>
<td>$0 for 90-day supply of mail-order generics</td>
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<tr>
<td>Tier 1 (preferred generic) at preferred retail pharmacy copayment</td>
<td>$2 for a one-month (30-day) supply</td>
<td>$0 for 90-day supply of mail-order generics</td>
<td>$1 for a one-month (30-day) supply</td>
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We’re more than just your health plan. We’re your health partner.

We help you manage your health by including extra tools and services in every one of our plans to help you be your healthiest, so you can spend more time doing what you love.

**Health and wellness tools**

- Priority Health Member Perks program, download the Benefit app onto your smartphone and you can earn cash back from national retailers to support your healthy lifestyle.
- Online health assessment that identifies potential health issues before they occur and provides personalized next steps for improving your health.
- A free subscription to our *Health Journal* newsletter, with tips for staying healthy and ways to get the most out of your plan benefits.
- An in-home health assessment at no additional charge.
- Successful Aging classes and workshops that focus on total wellness.
Silver&Fit – Exercise and healthy aging program

The Silver&Fit® program is included when you become a Priority Health Medicare Advantage plan member. There’s no additional cost for the program: no copayments, coinsurance or deductibles.

Program benefits include:

• Membership at a local participating fitness club or exercise center
• A home fitness program for members who are unable to participate in a fitness facility or who prefer to work out at home
• The Silver Slate® newsletter and website, specifically designed for Silver&Fit members

To find a fitness facility near you or for more information, call toll-free 877.427.4788 (TTY/TDD 877.710.2746), Monday – Friday, 8 a.m. – 9 p.m. (Eastern Time) or go to silverandfit.com.

Care management

A little extra care can make all the difference. Every Priority Health Medicare plan includes support from our on-staff care managers who are licensed nurses or social workers. They offer guidance and support by phone or in-person so you can be your healthiest whether you’re managing chronic conditions or need special help with your health. There’s no cost and it’s convenient.

Preventive dental services* — Something to smile about

PriorityMedicare Value, PriorityMedicare Merit, PriorityMedicare and PriorityMedicare Select plans include preventive dental services at no additional cost to you. We have a contract with Delta Dental to provide a nationwide network of dentists and great service that includes:

• One preventive exam
• One cleaning
• One set of bitewing x-rays covered at 50% of the cost

*Preventive dental services are not included with the PriorityMedicare Key and PriorityMedicare Ideal plans.
Optional enhanced vision, dental and hearing package
You can upgrade to our enhanced package that offers vision, dental and hearing benefits for $20.50 per month.* A few of the many in-network benefits offered as part of this package include:

Vision:
• $0 copay for one routine exam every calendar year
• $100 allowance for eyewear, per calendar year

Dental:
• $0 copay for one additional exam & cleaning, per calendar year

Hearing:
• $0 for one exam, every 24 months, based on a calendar year
• Hearing aids: $500 per ear, every 60 months, based on a calendar year
  ($1,000 limit every 5 years)

*The $20.50 premium is for PriorityMedicare Value, PriorityMedicare Merit, PriorityMedicare and PriorityMedicare Select plans. An optional vision, dental and hearing package is also available for PriorityMedicare Ideal and PriorityMedicare Key plans. See details in the summary of benefits booklet.
Understanding Medicare

We want to make Medicare easier, and help you understand your health care options. Priority Health offers these free tools to help explain how Medicare works.

Medicare helpline
Call our Michigan-based Medicare experts toll-free at 866.562.5909 from 8 a.m. – 8 p.m., seven days a week. TTY users should call 711.

Medicare Explained meetings
Get the facts about Medicare and your options. Go to prioritymedicare.com or call us to find out dates and locations, register to attend an meeting and let us know if you need accommodations of a person with special needs at sales meetings. A sales person will be present with information and applications.

Medicare Information Centers
Visit one of our Medicare Information Centers to meet with a Medicare expert. For locations, go to prioritymedicare.com or call us.

Medicare Explained at prioritymedicare.com
Use our interactive online resource to watch videos, take a quiz and read informational articles about Medicare. Medicare Explained will help you understand the parts of Medicare and how they work together to provide you with health care coverage.

A free ebook about Medicare
Go to priorityhealth.com/medicarebook and download your free Medicare for Dummies eBook. It provides simple explanations about all parts of Medicare, along with tips about eligibility, enrollment and much more.
Prescription drug coverage

Get the most from the prescription drug benefits included with your Priority Health Medicare plan.

Fill your prescriptions
You can fill your prescriptions at any of the more than 95,000 pharmacies — including big-name chains — that are in our nationwide network. Our network of pharmacies across the United States also includes long-term care, Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) and home-infusion pharmacies.

Mail order
If you use our mail-order pharmacy, you’ll get up to a 90-day supply of your prescription for less. Usually you’ll get up to a 90-day supply for the cost of two and a half copayments.

And don’t forget that four of our plans offer a $0 copay for 90-day Tier 1 and Tier 2 generic drugs through mail order.

Preferred pharmacy
We know that the cost of prescriptions is one of the biggest concerns of Medicare beneficiaries. New for 2017 is preferred pharmacy pricing* so you can pay as little as $1 for certain drugs. And the preferred network includes many popular pharmacies like Meijer, Walgreens, Costco and more.

*25% cost-sharing amount for PriorityMedicare Key and PriorityMedicare Ideal is the same at all network pharmacies, including standard and preferred.
Check our approved drug list
Not all drugs are covered by every Medicare plan. Remember to check our approved drug list, called a “formulary,” to make sure your drugs are covered by Priority Health Medicare. The list shows both generic and brand-name drugs that we cover. This is available at prioritymedicare.com.

The drug “tiers”
Prescription drugs come in a wide range of prices, even if they treat the same condition. Priority Health divides drugs into five tiers to make it easier for you and your doctor to understand the cost. Each tier has its own copayment or coinsurance.

• Tier 1 (Preferred generic drug tier)
  This is the lowest tier and includes preferred generic drugs.

• Tier 2 (Generic drug tier)
  This tier includes generic drugs and some brand drugs.
  It also includes some self-administered insulin.

• Tier 3 (Preferred brand drug tier)
  Includes preferred brand drugs.

• Tier 4 (Non-preferred drug)
  Includes non-preferred brand drugs and some high-cost generic drugs.

• Tier 5 (Specialty drugs)
  This is the highest tier and includes specialty drugs, which are limited to a maximum of a 30-day supply per prescription or refill.

Be your healthiest and save money with a medication review
A yearly medication review is just as important as your yearly check-up with your doctor. As your health changes, so can your medication needs. Our plans include a face-to-face visit with a pharmacist to discuss side effects, voice any concerns you may have and make changes that can help you feel better and save money. And there is no cost to you for this review.

Need more prescription drug information?
To get current information about Priority Health Medicare network pharmacies in your area or our approved drug list, go to prioritymedicare.com or call the number listed on the bottom of these pages.
### 2017 monthly premiums

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<tr>
<th>COUNTIES</th>
<th>PRIORITY MEDICARE KEY (HMO-POS)</th>
<th>PRIORITY MEDICARE IDEAL (PPO)</th>
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<th>PRIORITY MEDICARE MERIT (PPO)</th>
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*Call us toll-free at 866.562.5909, from 8 a.m. – 8 p.m. TTY users should call 711.*
Ready to enroll?

There are three requirements you must meet before you can enroll in a Priority Health Medicare Advantage plan.

1. You must have both Medicare Parts A and B and continue to pay your Part B premium (unless it’s paid by Medicaid or another third party).

2. You must have a primary residence in one of the counties in our service area listed on page 12.

3. You can be enrolled in only one Medicare Advantage or Medigap plan at a time.

You may enroll or disenroll from a Medicare Advantage plan only during specific times of the year. If you have questions about when you can enroll, call the number at the bottom of these pages.

How to enroll

Once you’ve chosen a plan, there are three easy ways to enroll:

Phone
Call one of our Medicare experts toll-free at 866.562.5909 from 8 a.m. – 8 p.m., seven days a week. TTY users should call 711.

Mail
Go to prioritymedicare.com and follow the directions for printing and completing the enrollment form. Or, complete the form in this packet and mail it back to us in the envelope provided.

Online
Go to prioritymedicare.com to complete and submit the form online.
Footnotes

1 According to January 2012–July 2016 monthly enrollment reports from the Centers for Medicare and Medicaid Services.

2 According to the 2015 Medicare Advantage Health and Drug Plan Disenrollment Reasons Survey Results issued by the Centers for Medicare and Medicaid Services (CMS), August 2016. Results for HMO-POS plans.

3 Both the Health Maintenance Organization with a Point of Service option and the Preferred Provider Organization plans offered by Priority Health use a network of providers. You do not need a referral to see a specialist. You will receive the maximum benefit by using our Medicare in-network providers. With the exception of emergencies, stabilization care following an emergency, urgent care and dialysis, it may cost more to get care from out-of-network providers.

4 Priority Health provides reimbursement for all covered benefits regardless of whether they are received in-network, as long as they are medically necessary.

5 $0 copayment for additional days. No limit on the number of days each benefit period.

6 You must use in-network pharmacies to access prescription drug benefits, except under non-routine circumstances. Quantity limitations and restrictions may apply. If you choose to fill your prescription at a pharmacy that’s not in our network, you will have to pay upfront and seek reimbursement. Priority Health Medicare may reimburse you up to the negotiated in-network pharmacy cost (minus your copayment or coinsurance amount). We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

7 Priority Health Medicare’s pharmacy network offers limited access to pharmacies with preferred cost sharing in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 888.389.6648, TTY users should call 711, or consult the online pharmacy directory at prioritymedicare.com.

8 You must continue to pay your Medicare Part B premium.

9 Medicare beneficiaries may also enroll in any of the Priority Health Medicare plans through the CMS Medicare Online Enrollment Center, located at medicare.gov.

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

If you have questions regarding the utilization management process and decisions, please contact Priority Health. Know that utilization management decisions are based on appropriateness of care and service and that no financial incentives exist for issuing denials. Visit priorityhealth.com for more information.
Contact us

If you still have questions, you can reach one of our Medicare experts using the following options:

Call us.
We’re available from 8 a.m. – 8 p.m., seven days a week, toll-free at 866.562.5909. TTY users should call 711.

Write to us.
Priority Health
MS 1125
1231 East Beltline NE
Grand Rapids, MI 49525

Send us an email.
1. Go to prioritymedicare.com
2. Click on the “Contact Us” link at the top
3. Complete the “Send us an email” form to send a secure message