

healthjournal

The Priority Health magazine for healthy living

Fall 2018

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PriorityHealth 

YOUR 2019 PLAN AT A GLANCE

WHAT'S NEW FOR 2019

This year we are renewing our commitment to keep quality health care accessible and affordable for our members. Below are a few highlights of changes we've made to help you get more from your plan and be your healthiest in 2019. More details about your plan are included in your Annual Notice of Changes, which was delivered to you in September, and Evidence of Coverage, which can be found at priorityhealth.com/mapd-plan-info.

If you're happy with your current plan, you don't have to do anything. Your plan will automatically renew on January 1.

2019 PLAN HIGHLIGHTS

Premiums

You'll be happy to note our continued commitment to making quality health care affordable, with premiums competitively priced for 2019.

Get the care you need

All of our plans offer low-cost in-network PCP visits from day one, now with no deductible to meet first. And, we have removed the copay for in-network virtual care on our Medicare Advantage plans. Virtual care allows you to receive 24/7 care for non-emergency needs wherever you are from your phone or computer.

Save on prescription costs

We're giving you more ways to save on prescription drugs, including \$0 copays for a 90-day supply of tier 1 and tier 2 drugs via mail order on all plans—including PriorityMedicare KeySM (HMO-POS) and PriorityMedicare IdealSM (PPO) for 2019. And, all of our plans offer preferred pharmacy pricing, meaning you could save money on your prescriptions when you fill them at a preferred pharmacy. Our preferred pharmacy network includes many major chains, like Walmart, Costco, Walgreens and Meijer, as well as local pharmacies.

Preserve your pearly whites

You asked for more dental benefits and we listened. All Priority Health Medicare Advantage plans now come with preventive dental services, including exam(s), cleaning(s), and coverage for one set of bitewing x-rays covered at 50% of the cost. Now that's something to smile about!

We're not just a health plan. We're your health partner.



We believe in going the extra mile for our members, which is why we offer services that help you be your healthiest, so you can spend more time doing what you love. It's all part of our commitment to be a partner in your health.

Care whenever and wherever you need it

Virtual care is a great option for the times when you need care but can't get to your doctor. Virtual care gives you 24/7 access to a health care provider via phone or video chat for non-emergency issues. And with a \$0 in-network copay, virtual care is a good option for things like fevers, a cold, sinus infections and sore throats.

Contact your doctor's office to see if they offer virtual care. You can also go to prioritymedicare.com and log in to your MyHealth account or call 844.322.7374 (TTY users call 711).

Optional enhanced vision, dental and hearing package

You can add an enhanced vision, dental and hearing package to your coverage by enrolling within two months of your plan start date. This enhanced package includes coverage for vision exams and eyeglasses, additional dental services like crowns and simple extractions, and hearing aids. There's no deductible and no waiting period. Visit prioritymedicare.com and click on **Already a member** for additional information and how to enroll.

Get fit with Silver&Fit®

You can choose one of the two following Silver&Fit options available at no cost to you to help you get or stay fit:

- 1. Fitness center membership:** As a Priority Health Medicare Advantage member, you can go to a participating fitness center of your choice—at no extra cost to you.
- 2. Home fitness program:** This program is for members who prefer to exercise in the comfort of their own home or when traveling instead of in a fitness center. Members can choose up to two kits per year from a variety of fitness activities.

There are no copayments, coinsurances or deductibles for the Silver&Fit programs. Visit prioritymedicare.com and click on **Already a member** for details and how to sign up. You can also find this information in your Evidence of Coverage.

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, whether you're managing chronic conditions or need special help with your health.

There's no cost to you and you can get started with just a phone call to the Customer Service number on the back of your member ID card.



Medication review

Keep up-to-date on your medications with our Medication Therapy Management (MTM) program. We work with specially-trained pharmacists to help you review your current medications, consult with your provider on any concerns or opportunities and go over any questions you may have.

Simply ask any pharmacy who participates with our MTM program to schedule a comprehensive medication review. Visit prioritymedicare.com and select **Already a Member** to learn more and view a list of participating pharmacies.

Bonus health assessment at home

Take advantage of a bonus check-up in the comfort of your own home every year through our in-home health assessment program with CenseoHealth.

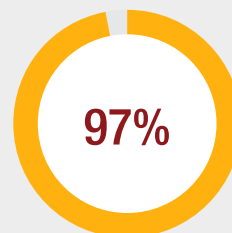
A licensed health care provider will come to you and review your medical history, talk about your medications and discuss any questions and health concerns you have. The findings from this visit are shared with your primary care provider to help you get the best overall care. Call CenseoHealth toll-free at 855.746.8710 (TTY users call 711), Monday – Friday from 8 a.m. – 7 p.m. with any questions or to schedule your in-home assessment.

Nutrition education

One of the foundations of health is proper nutrition. As a Priority Health Medicare Advantage member, you have a nutrition education benefit which gives you 6 half-hour classes or counseling sessions with a registered dietician, when recommended by a physician. Whether you are looking to lose weight or change your diet to help manage a health condition, you can work with a dietician to design a plan that's just right for you. Call your physician to get a recommendation.



More individuals choose Priority Health Medicare plans over any other in Michigan¹



of members stay with us, compared to the national average of 88%²

Caring for you at home, outside Michigan and around the world



Understanding your network benefits

Your Priority Health Medicare Advantage plan gives you peace of mind knowing you can receive the care you need wherever life takes you—whether you're home, outside of Michigan or around the world. From our extensive network throughout Michigan, plus the extra benefits of being able to see providers outside our network for routine, emergent or urgently needed care, you can live your life knowing your plan will be there, whenever and wherever you need it.

Know your network

You get the most value when you use our network. With 98% of providers and all of the major health systems in Michigan in our Medicare Advantage network, that means you have lots of choices. When you choose a doctor in our network, it will save you money. Plus, you don't need a referral to see an in-network specialist. To find an in-network doctor, use the Find a Doctor tool at priorityhealth.com/findadoc.

Care beyond Michigan

While our network gives you access to over 98% of providers in Michigan, your plan goes further by giving you the flexibility to pay a little more if you need or want to see a health care provider outside of the network.

Whether you spend a few months of the year outside of Michigan or need to seek care while away from home, you can get care wherever you are. When you see a doctor who is not in the Priority Health Medicare Advantage network, you'll use your out-of-network benefits which extend the reach of the providers you can see. For more details on how to use your out-of-network benefit for 2019, refer to your Evidence of Coverage.⁴



Cut this out and keep it with your ID card!

How to use your plan with an out-of-network provider:

- ❶ Make sure the provider participates with Medicare (*medicare.gov*).
- ❷ Show your Priority Health Medicare Advantage member ID card.
- ❸ If the provider has questions, instruct them to call the provider service number on the back of your member ID card.



PriorityHealth 

Plans that do out-of-network best

PriorityMedicareSM (HMO-POS) and PriorityMedicareSM Select (PPO) provide additional benefits that maximize out-of-network coverage.

With these plans you pay the same copay whether you see an in-network or out-of-network provider for many services, including the following:

- PCP and specialist visits
- Labs and diagnostic procedures & tests
- Inpatient hospital stays and inpatient mental health stays
- Outpatient hospital, observation and ambulatory surgical center visits
- Cardiac and pulmonary rehab services

And with PriorityMedicareSM (HMO-POS), your out-of-network deductible does not apply, which means you don't have to pay a deductible before your coverage begins.

Worldwide ER and urgent care

Planning a trip? You can travel with confidence knowing you have unlimited world-wide coverage for emergency and urgently needed services and the same copay as if you were at home. Additionally, if you're authorized to be admitted to the hospital from an emergency room visit while you're away from home, your hospital stay will be covered as an in-network benefit.





Know the cost before you go to the doctor or pharmacy

Cost Estimator shows your estimated out-of-pocket costs for hundreds of services and thousands of prescriptions based on your Priority Health Medicare Advantage plan. Now you can estimate what your costs will be before you have a procedure, and find out if there are lower cost prescriptions. It's all part of how we're working to help you make the most of your plan.

How to use Cost Estimator

- Create or log in to your **MyHealth** account at priorityhealth.com
- Select **Cost Estimator** from the Costs menu on the side of your screen.
- Register and start using Cost Estimator to find out the cost before you go.

Sign up for MyHealth, your online account


Use MyHealth to review details about your plan and billing information, as well as use Cost Estimator and more. And with the MyHealth mobile app, you have access to your information on-the-go, no matter where you are.

MyHealth gives you access to the following information:

- Health plan documents—these documents, including your Evidence of Coverage, Annual Notice of Changes and more, provide details about your plan and what it covers.
- Prescription drug coverage
- Current claims and billings
- Digital copy of your Priority Health Medicare member ID card
- Schedule 24/7 virtual care visits with MedNow^{SM*} to receive care by using your phone or computer
- Cost estimator to check the cost of many services and prescriptions

How to sign up for your My Health account:

1. Visit priorityhealth.com/new.
2. Select **Register** and follow the prompts.



Download the MyHealth mobile app for convenient access to your information from your mobile phone.

We're going even greener

New solutions to keep information at your fingertips



This year, you may have noticed something different when you received your plan documents from us in the mail in September.

You first received a copy of your Evidence of Coverage, the legal document that explains what your coverage includes, when you enrolled. This year, you will be able to access your EOC at priorityhealth.com/mapd-plan-info. By making this document available online, you'll have the most up-to-date information wherever and whenever you need it and it reduces the amount of mailings we print and mail.

If you'd like a printed copy of your EOC, here's how you can request one.

- Call 833.255.1917 (TTY users call 711)
- Email us at MedicareCS@priorityhealth.com

We're available from 8 a.m. to 8 p.m., seven days a week.

As a non-profit health plan, we're committed to helping you be your healthiest through access to quality, affordable care — which includes saving costs by not mailing large documents like your EOC every year.

New Medicare cards are coming



The Centers for Medicare & Medicaid Services (CMS) will be sending out new Medicare cards to Medicare participants. This means you will get a new card with a new Medicare number that is unique to you. This change is part of CMS' effort to protect you from identity theft. Your new Medicare number will replace the use of your Social Security Number (SSN) on your current Medicare card. CMS will mail your card, at no cost, to the address you have on file with the Social Security Administration. For more information visit go.medicare.gov/newcard.

Here are five things to know about your new Medicare card:

- 1 Members who live in Michigan are scheduled to receive their cards sometime before April 2019. This new Medicare card replaces your current red, white and blue Medicare card.
- 2 Your new card will have a new Medicare number that's unique to you, instead of your Social Security number. This will help protect your identity.
- 3 Your new card will be mailed to you. You don't need to do anything—or pay anything—as long as your address is up to date. To update your address, contact Social Security at ssa.gov/myaccount or call 800.772.1213 (TTY: 1.800.325.0778).
- 4 Put your new red, white and blue Medicare card away in a safe place. Destroy your old Medicare card once you receive your new card.
- 5 This new Medicare card does not replace your Priority Health member ID card and your benefits will not change. Continue to use your Priority Health member ID card when receiving services.

Protect yourself!

Medical equipment schemes

Durable medical equipment, or DME, is medical equipment prescribed by your doctor. It includes hospital beds, walkers, wheelchairs, home oxygen equipment and scooters. Be aware of schemes from DME suppliers resulting in potential fraud, waste or abuse. Some things to watch out for:

- Newspaper or TV ad offering free medical equipment
- Callers offering free medical equipment in exchange for your name, date of birth, insurance number and physician's name
- Postcard in the mail saying you are eligible for free medical equipment in exchange for your name, date of birth, insurance number and physician's name
- Offers claiming that you will have no out-of-pocket expense (ex. copay, deductible, etc.)

Take these steps to protect yourself:

- Be wary of offers that promise "free" products or services.
- If you receive an unsolicited call to buy medical equipment, do not be afraid to end the call.
- Contact your physician for your DME needs. Your health care provider knows you and your medical history. Don't let a sales person talk you into something you do not need.

If you have questions, or if you suspect fraud or abuse, tell us. You don't have to give your name, address or phone number. Contact us in the way that's most convenient for you:

By phone

- Call Customer Service at
- 888.389.6648 (TTY call 711)
- Call the Compliance Helpline at 800.560.7013. This third party organization is open 24 hours a day and they will report your concerns to us.

Write to the Priority Health Fraud and Abuse Program

Mail to:

Priority Health Fraud and Abuse Program, MS 3175
1231 E. Beltline NE, Grand Rapids, MI 49525

Fax number:

616.942.7916

Email:

SIU@priorityhealth.com

For more information on this and other types of healthcare fraud, waste and abuse, go to prioritymedicare.com and type "fraud" in the search box.



Get engaged in your health with our Wellbeing Hub

Engage in your health with our online, personalized tool where you can get information that you want. Take part in a walking challenge, find out how to improve your sleeping habits, learn ways to reduce your stress. Find ways to make changes that will guide you toward a healthier you. To learn more and sign up, visit priorityhealth.com/wellbeing-hub.



Your voice matters

That's why we've created PriorityVoice, a member-only online community. It's a great way to share your feedback so that we can serve you better.

Here's what you can expect as a member of PriorityVoice:

- Exclusive invitations to take brief surveys that help us improve our services
- An outlet to voice your member experience
- Be the first to find out about new services and ideas
- Feedback on how your opinions are shaping our future

Go to priorityvoice.com/myvoice to learn more about this online community and how you can join.



We're here to help

Have a question about your plan or a bill you received?
Have an address change? Call us. We have customer service experts dedicated to helping you.

Call us at 888.389.6648 (TTY users call: 711). We're available 7 days a week from 8 a.m. – 8 p.m.

We provide important information to help you understand how your health plan works. Knowing how your health plan works will help you get the most out of your Priority Health membership. You can visit priorityhealth.com, check your Evidence of Coverage document, or contact Customer Service at 888.389.6648 (TTY users call 711) if you have any questions.

PLAN BASICS*

Review your Evidence of Coverage for information about benefits, costs for services and much more. You'll find information about how to make the most of your plan using in-network doctors. There's also information about getting care after normal offices hours, receiving emergency care and what to do when you're out of our service area.

PRESCRIPTION DRUG UPDATES*

We regularly review new drugs to help make sure you're receiving safe and effective care. If you take prescriptions, please review our Approved Drug List to note changes or updates. We also provide information about our prescription coverage, including the tier the drug is on, if a generic is available and other coverage details. For the most up-to-date prescription drug information use our Approved Drug List tool at priorityhealth.com.

PRIVACY STATEMENT

Priority Health protects the privacy, confidentiality and security of your information online. In general, this means:

- Your personal information is safe. We will not sell or share your email address, phone number, or any other information about you without your permission.
- Your health information is safe. If you are a member of one of our plans, we will not discuss your health with anyone online or over the phone unless you give us permission. (If we can figure out from circumstances that you don't object, we will share your health information with a family member.)

GRIEVANCE (COMPLAINT) PROCEDURE

The Centers for Medicare and Medicaid Services (CMS) calls complaints about the service you get from Priority Health or from our doctors, hospitals, pharmacies, etc., "grievances." We will try to resolve any complaint that you might have over the phone. If you ask for a written answer to your phone complaint, we will answer you in writing. You can also send us your grievance in writing to Priority Health Medicare Grievance and Appeal Coordinator, 1231 East Beltline NE, MS 1115, Grand Rapids, MI 49525 or fax at 616.942.0995. Visit priorityhealth.com and search **Grievance process**.

QUALITY PERFORMANCE

We want to make sure you receive safe and effective health care services. You can review summary information regarding our Quality Improvement Program performance online. Visit priorityhealth.com/about-us and select **Accreditation**.

CARE MANAGEMENT PROGRAMS*

We have professional care managers available to help our members coordinate their care. This is available to members who are at risk for, or who have experienced, a significant health episode or who have one or more chronic conditions. Learn what programs are available to help you manage chronic illnesses, how to use the services and how to become eligible. Visit priorityhealth.com and search **Disease management**.

RIGHTS AND RESPONSIBILITIES

As a Priority Health member, you have certain rights and protections afforded to you. You also have responsibilities. It's important for you to understand these for your own protection and to make the most of your plan benefits. This is available in individual Medicare Advantage plans' Evidence of Coverage document in Chapter 8.

DECISION CRITERIA

Our goal is to cover care that meets high medical standards and is also cost-effective. This is called utilization management. If you have questions regarding our process or decisions, contact Customer Service at 888.389.6648 7 days a week, 8 a.m. – 8 p.m. (TTY users call: 711), and they'll contact a health management staff member to help. Know that all utilization management decisions are based on appropriateness of care and service and that no financial incentives exist for issuing denials. Visit priorityhealth.com and search **Decision**.

*Does not apply to Medigap (Medicare Supplement) plans

¹Priority Health Medicare's pharmacy network includes limited lower-cost, preferred pharmacies 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 whether there are any lower-cost preferred pharmacies in your care, please call 888.689.6648 (TTY:711) or consult the online pharmacy directory at prioritymedicare.com.

²According to the 2016 Medicare Advantage Health and Drug Plan Disenrollment Reasons Survey Results issued by the Centers for Medicare and Medicaid Services (CMS), August 2017. Results for HMO-POS plans. ³According to January 2012-July 2017 monthly enrollment reports from the Centers for Medicare and Medicaid Services. ⁴Out-of-network/non-contracted providers are under no obligation to treat Priority Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. 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. Call 888.389.6648 for more information.

Notice of Nondiscrimination and Language Assistance Services

Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Federal law requires that we provide you with this Notice of Nondiscrimination and Language assistance services.

Free aids and services

Priority Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Priority Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Priority Health customer service by calling the number at the back of your membership ID card (TTY users call 711).

To file a civil rights grievance

If you believe that Priority Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Priority Health Compliance Department
Attention: Civil Rights Coordinator
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501
Toll free: 866.807.1931 (TTY users call 711) Fax: 616.975.8850
PH-compliance@priorityhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Priority Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at *ocrportal.hhs.gov* or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at *hhs.gov/ocr/office/file/index.html*.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打會員卡背面的客服電話 (TTY: 711)。

பயன்பாடு: நீங்கள் இந்தியில் பேசினால், உங்களுக்கு இலவச உதவிகளும், உங்களுடைய உரிமையாளர் அட்டையின் பின்புறத்தில் குறிப்பிடப்பட்டுள்ள தொலைபேசி எண்ணின் மூலமாக உங்களுக்கு உதவி கிடைக்கும். (TTY: 711).

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin hãy gọi tới số điện thoại của bộ phận dịch vụ khách hàng có ở mặt sau thẻ ID thành viên của quý vị. (TTY: 711).

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutem kontaktoni qendrën e shërbimit për klient në pjesën e pasme të ID kartës tuaj të anëtaresimit (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 멤버십 ID카드의 뒷면에 있는 고객 서비스 번호로 전화해 주십시오. (TTY: 711)

লক্ষ্য করুন: আপনি বাংলায় কথা বলতে পারলে আপনার জন্য নিঃখরচায় ভাষা সহায়তা সেবা সুলভ রয়েছে। অনুগ্রহ করে আপনার সদস্যপদ আইডি কার্ডের পেছনে থাকা গ্রাহক সেবা নম্বরে কল করুন। (TTY: 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer telefonicznej obsługi klienta wskazany na odwrocie Twojej legitymacji członkowskiej (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienste zur Verfügung. Bitte rufen Sie die Kundendienstnummer auf der Rückseite Ihrer Mitgliedskarte an. (TTY: 711).

ATTENZIONE: se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero sul retro della tessera identificativa di membro. (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。メンバーシップIDカードの裏面にあるお客様サービスセンターの番号までお電話にてご連絡ください。(TTY: 711).

ВНИМАНИЕ! Если Вы говорите на русском языке, то Вам доступны услуги бесплатной языковой поддержки. Пожалуйста, позвоните в службу поддержки клиентов по номеру, указанному на обратной стороне Вашей идентификационной карточки участника (телетайп (TTY: 711)).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Molimo nazovite broj službe za korisnike na pozadini vaše članske iskaznice (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, ng libre, ay available para sa iyo. Pakitawan ang numero ng customer service sa likod ng iyong ID card ng pagiging miyembro. (TTY: 711).



Get the latest news, tips and information. “Like” us on Facebook or follow @PriorityHealth on Twitter, Instagram and Pinterest.



Be a Champion

Do you enjoy having an active lifestyle and inspiring others? Then check out Priority Health Champions. Priority Health Champions is a team of individuals who come together, online and in person, to share stories, inspire others in their health journeys and cheer each other on.

Stay connected with other Champions in our private Facebook group. Spot other Champions in real life by looking for the green Priority Health shirts at races, yoga class, the gym and around your neighborhood. Earn team gear by being active, sharing your journey and representing Priority Health in your community. We will even reimburse you for entry fees to a variety of events.

You don't need to be a Priority Health member to be a Champion – anyone in Michigan can join. Learn how you can be a Champion and fill out the online application form at teampriorityhealth.com.

Take the first step and start today!