



2019 Quick Start Guide

West MI Partners Tiered Network

PriorityHealth 

Welcome to your new membership with Priority Health. As your health plan partner, we're committed to helping you receive the right care at the right time, in the right place.

Your West MI Partners plan offers one of our lowest monthly premiums and gives you access to care in some of the nation's top hospital systems. Because this is a tiered network plan, you'll pay less out-of-pocket costs for Tier 1 hospitals and primary care providers that are high quality and lower in cost. Care outside of Tier 1 offers similar quality, but at a higher cost.

Thank you for choosing Priority Health.





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Register your online account



Register your MyHealth account to access tools and resources that help you get the most out of your membership. Your account is tailored to your health plan, and includes all of the information in this guide.

In your MyHealth account, you can:

- Find health plan information and documents.
- Track claims and benefit information.
- Use our Find a Doctor tool.
- Get 24/7 virtual care for nonemergencies.
- Search Cost Estimator.
- Review the Approved Drug List and Rx manager.
- Schedule preventive care at no cost to you.*
- Access the Wellbeing Hub.

Getting started is easy

1. Visit priorityhealth.com/myhealth.
2. Click **Register now**.
3. Follow the instructions to register your account.
4. Download the MyHealth app for account information on the go.
Your username and password will be the same on every device.

Questions about your MyHealth account?

Email myhealthsupport@spectrumhealth.org
and we'll help get you started.

Getting care





Plan and coverage documents

Your plan and coverage documents are important. Make sure you review them to understand the medical services included in your health plan and how we share the cost of your care. This includes deductibles, coinsurance, copayments and out-of-pocket maximum amounts.*

Your specific plan and coverage documents also provide details on how to receive hospital services, primary and specialty care services and behavioral health care. Refer to your plan documents to learn how we evaluate new technology for inclusion as a covered benefit.

In your MyHealth account, select **Insurance** and then **Plan Documents** to view your:

- **Certificate of Coverage (COC)/Policy/Agreement:** This describes what is and isn't included as health care benefits by your plan.
- **Schedule of Copayments/Schedule of Benefits:** This lists the various services included in your health care benefits under your plan and the associated costs.
- **Summary of Benefits and Coverage (SBC):** An easy-to-understand summary about your benefits and coverage.
- **Riders/addenda:** An addition to a member's coverage documents that describes any changes to your basic plan.

*See glossary on page 26 for definitions of common health insurance terms.

Choose an in-network provider

Our health plan gives you access to providers, hospitals and other services that share our commitment to providing you with the best care. Plus, you don't need a referral to see an in-network specialist.

Everyone on your plan can choose their own primary care provider (PCP), internist, pediatrician or obstetrician/gynecologist (OB/GYN). Because you have a tiered network plan, you'll pay less by choosing a provider from your Tier 1 network. Use our Find a Doctor tool to check that your providers, including your doctors, specialists, facilities and more, are in network and in the right tier.

And just to be sure, ask your doctors to refer you to specialists, send your labs or schedule your procedures in facilities that are also in network. That way you don't pay more for your care.

Find a doctor by logging in to your MyHealth account selecting [Find a Doctor](#) or by going to priorityhealth.com and clicking [Find a Doctor](#) at the bottom of the page. Select [West MI Partners](#) (plan A or B) from the plan menu to begin searching for providers. Once results are located, identify Tier 1 providers within the "In-Network" column.

Your providers

Tier 1

Spectrum Health, Metro Health, Holland Hospital, Bronson Healthcare* and the providers with admitting privileges to these facilities:

- Orthopaedic Associates of Michigan
- Mary Free Bed
- Pine Rest
- Forest View
- All in-network pharmacies
- Unaffiliated ancillary providers such as physical therapists, social workers and skilled nursing facilities

Tier 2

All non-Tier 1 providers in our current HMO network

Out-of-network (POS or PPO plans only)

All out-of-network providers and facilities

**Bronson facilities include: Bronson Battle Creek Hospital, Bronson Lakeview Hospital and Bronson Methodist Hospital*

If you can't see your doctor, VUE your care

It's always best to talk to your primary care provider when you experience symptoms, but if that's not an option, VUE your care to determine if you need a virtual visit, urgent care or the emergency room.

VIRTUAL CARE

Virtual care is a fast, convenient and affordable way to see a licensed doctor.

- Allergies, bites and stings
- Sore throat, fever and headache
- Cold, cough and flu

If you prefer in-person interaction, retail health clinics serve as a great alternative to virtual care.

Look for virtual care options in your MyHealth account or speak with your provider for other options they may offer.

URGENT CARE

Visit these facilities for non-life-threatening conditions that can't wait for an appointment.

- Minor broken bones and fractures in fingers or toes
- Sprains and strains
- X-rays and lab tests

Professionals can see you quickly and offer the right medical attention, right when you need it.

EMERGENCY ROOM

The emergency room (ER) is for emergencies or symptoms that can't wait.

- Bleeding that won't stop
- Pain in the chest or one arm
- Poisoning or drug overdose
- Seizure or slurred speech
- Broken bones

If you have an emergency and can't get to the ER, call 911 immediately.

Preventive care at no cost to you

Being in good health means more than just getting care when you're sick or injured. Stay up to date with preventive health care services to protect against health concerns before they start. These services help you avoid potential health problems, or detect them early, when they are most treatable—before you feel sick or have symptoms.

We include preventive health care services such as well-child visits, flu shots, annual physicals and some prescriptions in your plan at no cost to you.

Review the Preventive Health Care Guidelines for a full list of services included in your plan, and learn when a preventive care visit is outside of the guidelines. These services require payment if further treatment, labs or tests are needed.

In your MyHealth account, search **Preventive Health**.

Manage your prescriptions

We partner with Express Scripts®, the nation's largest pharmacy benefits manager, to get you the most competitive rates in the market. In your Express Scripts account, you can check prescriptions, schedule home delivery and more. We regularly review new drugs to make sure you're receiving safe and effective care.

In your MyHealth account, select **Rx Manager**.

Travel the world without having to worry

Whenever you're traveling more than 100 miles from home, even internationally, download the Assist America™ app for both emergency and non-emergency services.

Assist America provides pre-trip assistance to help you prepare for your travel, including finding a doctor or a pharmacy to fill your prescriptions at your destination.

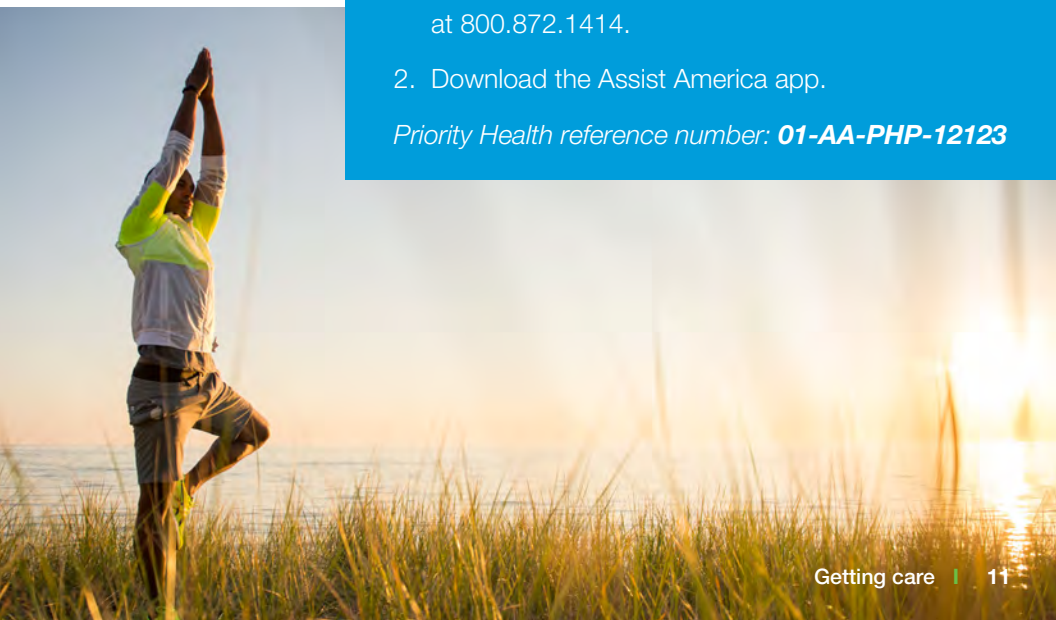
While traveling, whether you need emergency medical care, medical monitoring and referrals, prescription assistance, return of vehicle or lost luggage assistance, Assist America is just a phone call away. It's included in your plan at no extra cost to you—and they'll even arrange your trip back home to ensure you get back safely.

Learn more at priorityhealth.com/assist-america.

Two ways to access services:

1. Call Assist America's 24-hour Operations Center at 800.872.1414.
2. Download the Assist America app.

*Priority Health reference number: **01-AA-PHP-12123***





Paying for care

Know your costs with Cost Estimator

Knowing the cost of health care services and prescriptions shouldn't be difficult. Did you know that the price of a procedure varies depending on where it's performed? With our Cost Estimator, you don't have to brace yourself for the bill. Costs for hundreds of services are available to you whether you need to schedule a doctor's visit, fill a prescription, get an MRI or plan for surgery.

Our Cost Estimator always allows you to search the price of hundreds of medical services and prescriptions based on your specific health plan. It allows you to make decisions about your care with you, your family and your budget in mind.

Whether you're planning ahead or setting up additional services right in your doctor's office, know your costs ahead of time by doing some quick research.

*In your MyHealth account, choose **Cost Estimator**.*

Go green, go paperless

Save time and trees by opting in to receive electronic claim statements. By going paperless, you'll get an email alert each time a new claim becomes available in your MyHealth account.

1. Log in to your MyHealth account at priorityhealth.com.
2. Choose **Costs**, then **Claims**.
3. Under **Claims** details, select **I choose to go paperless**.

Go to priorityhealth.com/go-paperless for more information.

A woman with long blonde hair, wearing a bright yellow sleeveless dress, stands in a lush garden. She is positioned on the right side of the frame, looking towards the left. The garden is filled with tall green grasses and various flowers, including purple and pink ones in the foreground. In the background, there are large green trees and a body of water. A semi-transparent green rectangular box is overlaid on the left side of the image, containing the text "Wellness opportunities" in white. The entire image has a subtle geometric pattern of thin white lines.

Wellness opportunities



Care management

A little extra care can make all the difference. Our care managers are licensed nurses and social workers who offer guidance and support so you can be your healthiest—whether you're managing a chronic condition or need personalized help.

For more information or to be connected to a Care Manager, call the phone number on the back of your member ID card.

The Wellbeing Hub

We know that living healthy goes beyond doctor visits. That's why we offer the Wellbeing Hub—a personalized online solution that offers useful information, tools, programs and activities to help you monitor and improve your health and wellbeing.

If you're managing a condition, need to improve your finances or are looking for ways to de-stress, you'll have access to the topics that interest you most. Get started by answering a short quiz and we'll personalize your experience so you can track your progress and achieve results.

The Wellbeing Hub can help you with:

- A walking challenge to motivate you to walk that extra mile
- Understanding your sleeping habits and how to get better sleep
- Ways to reduce stress, so you can enjoy life
- Tips that make you smarter about your health
- Weight loss
- Quitting tobacco
- Chronic condition management

In your MyHealth account, select **Wellness**, then **Wellbeing Hub**.



Get more from
your plan



Break a sweat without breaking the bank

Ready to get moving? It's easier than ever with the Active&Fit Direct program, which allows you to choose from 9,000+ participating fitness centers nationwide. Pay a \$25 enrollment fee, \$25 for the current month (regardless of the day you enroll) and \$25 for the next month (plus applicable taxes). After a 3-month commitment, participation is month-to-month.*

The program offers:

- Online directory maps and locator for fitness centers (available on any device)
- A free guest pass to try out a fitness center before enrolling (where available)
- The option to switch fitness centers to make sure you find the right fit
- Online fitness tracking from a wide variety of popular wearable fitness devices, apps and exercise equipment

Go to priorityhealth.com and search **Active&Fit to get started.**

**Participants must be 18 years of age and have a valid email address. Participants may pay by credit card and are charged in advance on a monthly basis using a recurring payment subscription. This is a per member fee. Participants commit to 3 months of membership. If a participant chooses to cancel, they must provide a 30-day notice of cancellation. All payments are subject to tax, if applicable, based on the participant's location. Members are encouraged to enroll and pay their fees at the beginning of the month, as fees are charged on a per-calendar month basis.*

This program is only available to employer group and individual members. Individual Medicare Advantage members can take advantage of the Silver&Fit® program as part of their health plan benefit. The Active&Fit Direct program and Silver&Fit programs are offered through American Specialty Health Fitness, Inc., one of the nation's leading fitness networks serving millions of members. Active&Fit Direct and Silver&Fit are trademarks of American Specialty Health Incorporated and used with permission herein.

Join PriorityVoice

Our online, members-only community, PriorityVoice, is invaluable to our success. Our members have helped us improve products, advertising campaigns and even how we talk about health insurance.

You're invited to join PriorityVoice and share your experiences with us. We'll look to you for input and feedback on:

- New initiatives, services and programs
- Helping us understand what's working and what needs improvement

We'll provide updates on how your responses impact decisions that improve the overall member experience.

Sign up at priorityvoice.com.

Become a Champion

Are you a rock star at getting to the gym? Someone who's managed weight loss with healthy eating and exercise? Looking to simply improve your health and inspire others? Every year we look for people like you to join the Priority Health Champions.

As a team member, you can receive free gear and discounted rates to a variety of races and events.

Go to priorityhealth.com/champions to learn more.

The background is a solid green color with a pattern of thin, dark green lines forming a complex, interconnected geometric mesh of polygons. A semi-transparent white rectangular box is positioned in the upper left quadrant, containing the text.

Helpful information and resources

Select how we connect with you

Set your communication channel preferences in your MyHealth account to tell us how you want to receive health plan updates, cost savings options and more—choose text, email or mail.

It's quick, easy and secure.

- Log in to your MyHealth account and click on your name or profile picture.
- Click the **Communication Settings** tab and check the boxes to select your preferences.

Hit save, and you're done.

Change your primary care provider

You can change your primary care provider (PCP) in one of three ways:

1 In your MyHealth account:

1. Log in to your MyHealth account at priorityhealth.com/member.
2. Search "Change PCP".
3. Click the **continue** button.
4. Follow steps to change your PCP.

2 Call customer service:

Use the number on the back of your member ID card to reach an expert in your plan, or call 800.942.0954.

3 Send us a written Change PCP Form:

Download and fill out the Change PCP form found at priorityhealth.com/member/forms, then, based on your plan type, fax it to the applicable number listed on the form.

Change your address

Update your address with your Human Resources department or whoever manages your company's health benefits. They'll send the change to us.

Opioid dependency and substance abuse resources

Opioids are often overprescribed for acute pain and are not always the best medicine for chronic pain. Our trained Behavioral Health team members will talk to you, assess your immediate needs and review your benefit eligibility for substance abuse treatment and/or medical management options.

If you or a family member has concerns about opioid dependency or substance overuse, call 800.673.8043 or go to [*priorityhealth.com/dependency*](https://priorityhealth.com/dependency).



Still have questions?

Our customer service experts are ready to help assist you with any questions you might have about your plan. There are two ways you can reach Priority Health Customer Service:

- Call the number on the back of your Priority Health member ID card to reach an expert in your plan.
- Log in to your MyHealth account and send us a message using your secure mailbox.

Customer Service hours

Monday–Thursday, 7:30 a.m. to 7 p.m.

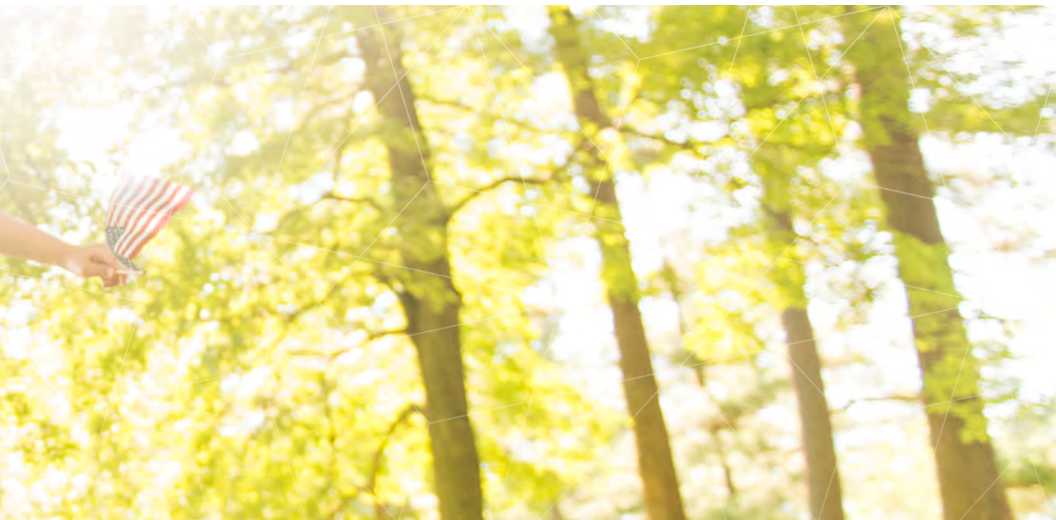
Friday, 9 a.m. to 5 p.m.

Saturday, 8:30 a.m. to noon

If your question is specific to using your MyHealth account, email myhealthsupport@spectrumhealth.org for technical assistance.

For more ways to reach us, including walk-in hours and locations, go to priorityhealth.com/contact-us.

For information on benefits and how to find a doctor, and to download forms and more, go to priorityhealth.com/member.



Glossary

Covered: Medical services and prescriptions listed as benefits in your insurance documents.

Coinsurance: Your share of the costs of a covered health care service. This is usually calculated as a percent (for example, 20%) of the amount we allow providers to charge for the service. You pay coinsurance plus any deductibles you owe. For example, if your plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. Priority Health would pay the rest of the allowed amount: 80% or \$80.

Copayment: A fixed amount (for example, \$25) you pay for a covered health care service, usually when you receive the service, after you have met your deductible. Copayments may also apply when you get your prescriptions filled. The amount may vary by the type of covered health care service.

Deductible: The amount you pay each contract year for the health care services your plan covers, before we begin to pay. For example, if your deductible is \$1,000, we begin paying after you've spent \$1,000 for covered health care services that apply to the deductible. Not all health care costs will count toward your deductible.

Explanation of Benefits (EOB): Summary that shows what you should owe your provider and what Priority Health pays for medical services received. An Explanation of Benefits is **not a bill**. The total amount shown on your Explanation of Benefits, or EOB, should be the amount your provider charges you for services.

Network: The providers (doctors, hospitals, pharmacies etc.) and suppliers your Priority Health plan has contracted with to provide health care services to plan members. Providers may be in one Priority Health plan network, such as our PPO plan network, but not in others, such as our HMO plan network.

Out-of-pocket maximum: The most you'll pay, in a contract year for covered services, before we begin paying 100% of the costs for covered services. This amount may include deductibles, coinsurance and copayments. This amount doesn't include premiums, out-of-network or non-participating provider costs, or costs for non-covered services. Your coverage documents list any costs that don't apply toward your out-of-pocket maximum.

For more terms and definitions, go to priorityhealth.com, scroll to the bottom of the page and search "glossary."

Understand your rights

*In your MyHealth account, select **Insurance**, then **Member Center**, then **Continue to Member Center**.*

Privacy statement

Learn how we're committed to keeping your health information private.

Rights and responsibilities

Know what you can expect from us and what we expect from you.

Grievance procedure

Get information about how our grievance procedure works.

Notice of Nondiscrimination and Language Assistance Service

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.

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)

Notice of Nondiscrimination and Language Assistance Service, continued

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 on the back of your member ID card (TTY users call 711).

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, DC 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)。

ملاحظة: يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 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 নি:খরচায় 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).



Questions about your plan?

Call the number on the back of your member ID card or log in at priorityhealth.com to send us a secure message.

Questions about your MyHealth account?

Email myhealthsupport@spectrumhealth.org.

Questions about your Priority Health plan?
Call the number on the back of your member
ID card or go to *priorityhealth.com* to send us
a secure message. Questions about using your
MyHealth account?
Email *myhealthsupport@spectrumhealth.org*.

