

2023

Summary of Benefits

Priority Medicare D-SNP + KrogerSM (HMO)

JANUARY 1, 2023–DECEMBER 31, 2023



Priority
Health[®]



This booklet gives you a summary of the benefits you can expect when you choose a Priority Health Medicare Dual Eligible Special Needs Plan (D-SNP).

Please note this is a summary of the plan's benefits; it doesn't list every service we cover. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document available online at priorityhealth.com/dsnp, or call our customer service number. For additional information, call us toll-free at 888.356.1370 from 8 a.m. to 8 p.m., seven days a week (TTY users call 711).

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and full Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources and other factors. As a member of this plan, you will not be responsible for cost sharing for plan benefits*. The medical and hospital benefit chart included shows the benefits you will receive from Priority Health in conjunction with your Medicaid.

Be sure to show your Medicaid ID card in addition to your Priority Health membership card to make your provider aware that you may have additional coverage. Your services are paid first by Priority Health and then by Medicaid.

*Applies to members with full Medicaid eligibility.

Contact us

If you have questions, call one of our Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711):



Already a member? Call 833.939.0983. Not a member yet? Call 888.379.0019

Visit priorityhealth.com/dsnp and learn more about our plans and how Medicare works.

Get more from your Medicare plan

In addition to Medicare Part A & Part B benefits, you will also receive these extras to help you stay healthy.

- Dental, vision and hearing coverage
- \$0 Copay for Tier 1 preferred generic drugs
- \$70 monthly allowance for over-the-counter drugs and health products*
- Personal Emergency Response System (PERS) device and services
- 100 hours of companion care with Papa—access to a companion to help with household chores, play games with and take you to appointments
- 28 fully prepared, refrigerated, home delivered meals following an inpatient stay
- Transportation up to 30 one-way visits per year
- Brain health support with BrainHQ and emotional support with myStrength
- SilverSneakers® gym membership with classes available online and in person

Eligibility

You are eligible to join the **Priority** Medicare D-SNP + Kroger (HMO) plan if:

- You are enrolled in Medicare Parts A and B
- You are eligible for full Medicaid benefits
- You reside within the service area: Wayne, Oakland, Macomb, Saginaw, Genesee, Livingston, Washtenaw, or Ingham County, **and**
- You are 21 years of age or older

Your eligibility to enroll in this plan depends on your type of Medicaid. You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts and you are eligible for full Medicaid benefits. You pay nothing, except for Part D prescription drug copays.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and you are eligible for full Medicaid benefits.
- **Full Benefits Dual Eligible (FBDE):** You are eligible for full Medicaid benefits. Medicaid will provide assistance in paying for your Medicare services. Generally your cost share is \$0 when the service is covered by both Medicare and Medicaid.

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office to maintain your Medicaid eligibility status. Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category.

*Members must be SSBCI eligible to receive healthy food and produce.

To determine if you qualify, please call the customer service at 888.356.1370, 8 a.m. to 8 p.m., seven days a week (TTY users call 711).

If you lose eligibility for one of the three Medicaid categories listed above, you will have a six month grace period to achieve Medicaid redetermination. You will be allowed to remain in this plan, but you will be responsible for the cost share of your Medicare benefits as if you were on Original Medicare. All of your supplemental benefits will continue to be offered at \$0 along with any allowance you may have, for example, eyewear or your OTC Plus card. If you do not regain Medicaid eligibility by the end of the six month grace period, your D-SNP plan coverage will be terminated.

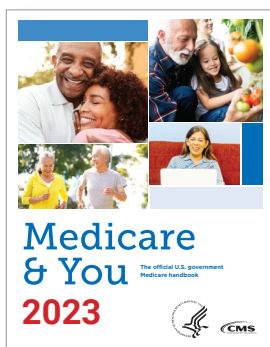
Your plan's network

PriorityMedicare D-SNP is an HMO plan. HMO stands for Health Maintenance Organization (HMO). You'll choose a primary care physician (PCP) in the network to coordinate your care. You typically don't need a referral to see a specialist, but your doctor can sometimes help you get in to see one more quickly.

You can go to priorityhealth.com/findadoc to confirm that your doctor, clinic or hospitals part of the Priority Health Medicare network.

Prescription coverage

This plan includes prescription drug coverage. You'll want to review our Provider/Pharmacy Directory because you generally need to use network pharmacies to fill your prescriptions for covered Part D drugs. You will also want to review our formulary, the list of drugs our plans cover. You can find in-network pharmacies and approved drugs on our website at priorityhealth.com/dsnp, or call our customer service number.



Get a free copy of the 2023 Medicare & You handbook.

View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week. TTY users should call 877.486.2048.

PREMIUM AND BENEFITS** | Priority Medicare D-SNP + Kroger (HMO) Plan

Premium and benefits ¹	In-network
Monthly plan premium	\$0 (there is no monthly premium)
Annual medical deductible	\$0 (there is no deductible)
Maximum out-of-pocket amount (does not include prescription drugs)	\$0 (there is no maximum responsibility for covered medical services)

PRESCRIPTION DRUGS

PART D OUTPATIENT PRESCRIPTION DRUGS	
Prescription drug benefits	Depending on the level of Extra Help you receive, you'll pay one of the following cost-share amounts for covered drugs.
Deductible stage You'll pay this amount before you begin paying copays or coinsurance only.	Tier 1: \$0 Tiers 2-5: \$0 or \$104 *Covered insulins (defined by Medicare) do not apply to deductible.
Initial coverage stage You are in this stage until your drug total reaches \$4,660, which includes what you pay out-of-pocket and what we pay for your covered drugs.	Once you have paid your deductible (if applicable, only required for drugs in tiers 2-5) you pay what is listed in the chart below for a 30, 60 or 90 day supply of drugs during the Initial Coverage Stage*
Tier 1 – Preferred generic	\$0
Generic drugs (including brand drugs treated as generic), either:	\$0, \$1.45 or \$4.15 or 15% of the total cost of the drug
All other drugs, either:	\$0, \$4.30 or \$10.35 or 15% of the total cost of the drug
Covered Insulin (defined by Medicare)	No more than \$35 for a 30-day supply.
Vaccines (defined by Medicare)	\$0 for certain vaccines regardless of the drug tier the vaccine is in.
Coverage gap stage (also known as the "donut hole")	Once the total yearly drug costs (what you've paid plus what we've paid) reach \$4,660 you enter the coverage gap and then you pay what is listed

¹If you lose your Medicaid eligibility and fall into the grace period you are responsible for the cost share of your benefits. The most you will have to pay out-of-pocket for the plan services in 2023 is \$8,300. What you pay for Medicare-covered benefits (deductibles, copayments or coinsurance) count toward this maximum out of pocket amount.

** Costs remaining after Medicare has paid its portion are covered by Medicaid.

	<p>in the chart below for a 30, 60 or 90 day supply of drugs*</p> <p>During the Coverage Gap stage, your out-of-pocket cost for covered insulins (defined by Medicare) will be the same as what you pay in the initial coverage stage.</p> <p>When your out-of-pocket drug costs reach \$7,400, this is the end of the coverage gap stage.</p>
Generic drugs (including brand drugs treated as generic), either:	<p>\$0, \$1.45 or \$4.15 or</p> <p>15% of the total cost of the drug</p>
All other drugs, either:	<p>\$0, \$4.30 or \$10.35 or</p> <p>15% of the total cost of the drug</p>
Catastrophic coverage stage	<p>Once your out-of-pocket drug costs reach \$7,400 you will pay what is listed in the chart below for a 30, 60 or 90 day supply of drugs*</p> <p>During the Catastrophic Coverage stage, your out-of-pocket cost for covered insulins (defined by Medicare) will be the same as what you pay in the initial coverage stage.</p>
Generic drugs (including brand drugs treated as generic), either:	\$0 or \$4.15
All other drugs, either:	\$0 or \$10.35

*Specialty drugs are limited to a 30-day supply.

MEDICAL AND HOSPITAL BENEFITS

Medical and hospital benefits	In-network	Prior authorization may be required
Inpatient hospital	\$0 per stay	✓
Outpatient hospital	\$0 for each visit	✓
Ambulatory surgery center	\$0 for each service	✓
Doctor visits	<p>Primary care physician (PCP): \$0 for each office visit</p> <p>Specialist: \$0 for each office visit</p>	✓

** Costs remaining after Medicare has paid its portion are covered by Medicaid.

Medical and hospital benefits	In-network	Prior authorization may be required
Preventive care Services that can help with prevention and early detection of many illnesses, disabilities and diseases. Examples include annual wellness visit, breast cancer screening, diabetic screening, flu vaccine and more.	\$0 for each service A referral from your doctor may be required for some preventive services.	
Emergency care This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.	\$0 for each visit	
Urgently needed services	\$0 for each visit	
Outpatient diagnostic services	Radiology/imaging: \$0 for each service Lab services: \$0 for each service Tests/procedures: \$0 for each service Radiation therapy: \$0 for each service X-rays: \$0 for each service	✓
Hearing services Medicare-covered exam performed by a primary care physician or specialist to diagnose and treat hearing and balance issues. Routine hearing services must be received from a TruHearing® provider.	Medicare-covered hearing exams: \$0 for each visit Routine hearing (with a TruHearing® provider): \$0 for a hearing aid exam each year \$0 for Advanced Aids, one per ear, each year Hearing aid cost includes a 60-day trial period, one year of post-purchase follow-up visits, 80 batteries per non-rechargeable hearing aid and a full 3-year manufacturer warranty.	
Dental services Routine dental services provided by Delta Dental®	Medicare-covered dental services: \$0 for each visit Non-Medicare covered routine dental: \$0 for two exams and two cleanings (regular or periodontal maintenance) each year \$0 for one brush biopsy, one fluoride treatment and one set of bitewing x-rays each year \$0 for all other radiographs (full-mouth series, periapical or panoramic x-rays) every 24 months \$0 for two additional periodontal maintenance cleanings (four total each year) \$0 for non-surgical periodontal procedures (scaling and root planning) \$0 for simple and surgical extraction of teeth (once per tooth per lifetime)	✓

** Costs remaining after Medicare has paid its portion are covered by Medicaid.

Medical and hospital benefits	In-network	Prior authorization may be required
Dental services (<i>continued</i>) Routine dental services provided by Delta Dental®	\$0 for crown repairs, once per tooth every 12 months \$0 for fillings (resin and amalgam on anterior teeth), once per tooth, every 24 months \$0 for bridges and dentures (once every 60 months) and relines and repairs to bridges and dentures (once every 36 months, per appliance) \$0 for anesthesia, no limit when used during any of the services above \$3,000 annual maximum on all covered dental services	✓
Vision services Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye, and additional Medicare-covered services. Routine vision services must be provided by an EyeMed "Select" provider.	Medicare-covered vision: \$0 for each visit or eyewear after cataract surgery Routine vision (with an EyeMed provider): \$0 for one exam each year \$200 allowance each year for eyeglasses or contact lenses	
Mental health care We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	Inpatient visit: \$0 per stay Outpatient therapy (individual or group): \$0 for each visit	✓
Skilled Nursing Facility (SNF)	\$0 per stay	✓
Physical therapy, occupational therapy and speech/language therapy	\$0 for each visit	
Ambulance	\$0 for each trip	✓
Transportation	\$0 for up to 30 one-way trips every year to or from health-related locations. Trips are limited to 30 miles per one-way trip.	
Medicare Part B drugs	Chemotherapy drugs: \$0 for each drug Other Part B drugs: \$0 for each drug	✓
Diabetes management	Diabetes monitoring supplies, self-management training and shoes or inserts: \$0 for supplies and services. Diabetic test strips are limited to JJHCS and Bayer products when dispensed by a retail pharmacy or mail-order pharmacy.	

** Costs remaining after Medicare has paid its portion are covered by Medicaid.

Medical and hospital benefits	In-network	Prior authorization may be required
Foot care (podiatry services)	Medicare-covered podiatry: \$0 for each visit \$0 for nail debridement and callous removal for members with specific conditions (up to 6 of each per year) Non-Medicare covered routine podiatry: \$0 for each routine nail debridement or callous removal service (limit 6 per year)	
Home health care	\$0 for each visit	✓
Hospice	\$0 for hospice consultation and hospice care	
Kidney dialysis	\$0 for each service	
Medical equipment and supplies	Durable medical equipment (wheelchairs, oxygen, insulin pumps): \$0 for each item Prosthetics (braces, artificial limbs): \$0 for each item	✓
Outpatient substance abuse	Outpatient therapy (individual or group): \$0 for each visit	

ADDITIONAL BENEFITS COVERED UNDER YOUR PLAN |

Priority Medicare D-SNP + Kroger (HMO) Plan

Additional benefits	What you should know
Abridge	\$0 copay for Abridge services A smartphone based application that securely records medical conversations during patient appointments.* Once the recording is complete the Abridge app will transcribe the conversation and pull out any key information (prescription refills, follow up appointments, etc.). The app also allows members to share the transcripts with caregivers/family as they wish. *Medical professionals must verbally consent to being recorded.
Acupuncture	Medicare-covered acupuncture for lower chronic back pain: \$0 per visit Non-Medicare covered routine acupuncture for other conditions: \$0 per visit (limit 6 per year)

** Costs remaining after Medicare has paid its portion are covered by Medicaid.

Additional benefits	What you should know
BrainHQ® Access to online exercises and games that improve memory, attention, brain speed and more. Train on any device like a computer, tablet or smartphone.	\$0 for BrainHQ services
Chiropractic care	Medicare-covered care: \$0 for each visit Non-Medicare covered routine care: \$0 for each visit (limit 24 per year) \$0 for x-ray services performed by a chiropractor, once per year
Meal benefit Home-delivered meals, provided through Mom's Meals following a discharge from a hospital (acute or psychiatric) or Skilled Nursing Facility (SNF) stay	\$0 for 28 meals following a discharge (limited to 4 times per year; available within 30 days from discharge date)
OTC Plus Use your OTC Plus card to purchase over-the-counter (non-prescription) medications and health-related items. Members who qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI) may also use their OTC Plus card to purchase healthy foods such as vegetables, fruits, meats, milk and more.	\$70 allowance per month Eligible OTC items and healthy food can be purchased at participating Kroger locations. OTC items may also be purchased online, by phone or by mail using the plan's OTC catalog for home delivery.
Personal Emergency Response System (PERS)	\$0 for Personal Emergency Response System (PERS) device and services.

*** Costs remaining after Medicare has paid its portion are covered by Medicaid.*

Additional benefits	What you should know
<p>PriorityCare Services provided by Papa including:</p> <ol style="list-style-type: none"> 1. Companion care- Papa provides you with access to Papa Pals, a network of friendly helpers available both in-person and virtually via a phone call. Papa Pals offer companionship and can assist with everyday tasks such as transportation, grocery shopping and much more. 2. Papa Care Concierge- a team of individuals who can help you navigate your benefits, schedule doctor appointments and find providers. 3. Caregiver support- consultation and guidance plus digital resources to reduce the stress of care-giving related responsibilities and improve confidence in caring for loved ones. 	<p>\$0 for up to 100 hours per year of in-person or virtual companion care visits plus unlimited Papa Care Concierge and caregiver support services</p>
<p>SilverSneakers® (Fitness)</p>	<p>\$0 membership at thousands of participating SilverSneakers® fitness centers nationwide. Plus, options for working out from the comfort of your home with access to members-only virtual exercise classes and online workshops with the SilverSneaker GO™ fitness app or SilverSneakers® home fitness kit.</p> <p>You can also sign up for Tuition Rewards® through SilverSneakers to earn money toward college tuition for family members.</p> <p>The SilverSneakers® program is provided by Tivity Health®. All programs and services may not be available in all areas.</p>
<p>Virtual care Online care you receive from the comfort of your home, or wherever you may be, with a virtual visit via video on your computer or smart phone or tablet.</p>	<p>\$0 virtual visits with primary care, specialist and behavioral health providers</p> <p>Available 24/7, virtual visits let you see a provider for and get treatment for non-emergency care.</p>

**** Costs remaining after Medicare has paid its portion are covered by Medicaid.**

MEDICAID BENEFITS | PriorityMedicare D-SNP + Kroger (HMO) Plan

Your services are paid first by Medicare and then by Medicaid. The benefits described below are covered by Medicaid. You can see what the Michigan Department of Health and Human Services covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the Michigan Department of Health and Human Services, 517.373.3740.

	PriorityMedicare D-SNP + Kroger	Medicaid state plan
OUTPATIENT CARE SERVICES		
Routine acupuncture	Covered	Not Covered
Ambulance	Covered	Covered
Chiropractic care	Covered	Covered
Dental services	Covered	Covered
Diabetes management	Covered	Covered
Diagnostic tests, X-Rays, Lab Services and Radiology Services	Covered	Covered
Doctor visits	Covered	Covered
Durable medical equipment (wheelchairs, oxygen, etc.)	Covered	Covered
Emergency care	Covered	Covered
Hearing services	Covered	Covered
Home health care	Covered	Covered
Mental health	Covered	Covered
Outpatient hospital	Covered	Covered
Outpatient substance abuse	Covered	Covered through Community Mental Health Services program
Preventive care	Covered	Covered
Podiatry services	Covered	Covered
Prosthetic devices (braces, artificial limbs)	Covered	Covered
Urgently needed services	Covered	Covered
Transportation (Non-Emergency Medical Transportation Services)	Covered	Covered
Vision Services	Covered	Covered
INPATIENT CARE		
Inpatient hospital care	Covered	Covered
Inpatient mental health	Covered	Covered through Community Mental Health Services program
Skilled nursing facility (SNF)	Covered	Covered
PRESCRIPTION DRUG BENEFITS		
Prescription drugs	Covered	Covered

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules.

If you have any questions, you can call and speak to a customer service representative at **888.356.1370**, 8 a.m. to 8 p.m., seven days a week (TTY users call 711).

UNDERSTANDING THE BENEFITS



The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit priorityhealth.com/dsnp or call 888.356.1370 to view a copy of the EOC.



Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.



Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.



Review the formulary to make sure your drugs are covered.

UNDERSTANDING IMPORTANT RULES



Rules, benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.



Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).



This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under full Medicaid.



Out-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 a D-SNP (HMO) plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Priority Medicare D-SNP (HMO) depends on contract renewal.