

Optional Enhanced Dental and Vision Package Benefits

Benefit year – January 1, 2023 through December 31, 2023

*This is an overview of the benefits included in the optional
Enhanced Dental and Vision package.*

PriorityHealth 

Eligibility

You are eligible to enroll at the time of initial enrollment into one of the Priority Health Medicare Advantage plans below, within two months of your initial effective date in one of these plans or during the annual election period (AEP).

PriorityMedicare EdgeSM (PPO), **Priority**Medicare KeySM (HMO-POS),
PriorityMedicare IdealSM (PPO), **Priority**Medicare ValueSM (HMO-POS),
PriorityMedicare MeritSM (PPO), **Priority**MedicareSM (HMO-POS),
PriorityMedicare SelectSM (PPO), **Priority**Medicare VitalSM (PPO),
PriorityMedicare CompassSM (PPO), **Priority**Medicare + KrogerSM (PPO) and
PriorityMedicare ONESM (HMO-POS)

Note: If this enhanced coverage is terminated during the calendar year, you may not re-enroll until the next annual election or special election period.

Premiums

PriorityMedicare Key (HMO-POS)
PriorityMedicare Vital (PPO)
PriorityMedicare + Kroger (PPO)

Premium: \$29.00

PriorityMedicare (HMO-POS)
PriorityMedicare Value (HMO-POS)
PriorityMedicare Merit (PPO)
PriorityMedicare Select (PPO)
PriorityMedicare Ideal (PPO)
PriorityMedicare Edge (PPO)
PriorityMedicare Compass (PPO)
PriorityMedicare ONE (HMO-POS)

Premium: \$38.00

Dental Benefits

This is an overview of the optional enhanced dental benefits, offered through Delta Dental® (under group numbers 1179-3000 and 3514-3000). There is a **\$2,500 maximum dental benefit per calendar year**. Once you meet that maximum, you are responsible for 100% of your dental costs.

You already have preventive dental services included in your Priority Health Medicare Advantage plan. This plan is in addition to those benefits. See below for details.

Covered services	Priority Medicare Priority Medicare Value Priority Medicare Merit Priority Medicare Select Priority Medicare Ideal Priority Medicare Edge Priority Medicare Compass Priority Medicare ONE	Priority Medicare Key Priority Medicare Vital Priority Medicare + Kroger	Frequency
	You pay		
Emergency treatment of dental pain	\$0*		No limit
Fluoride treatment	\$0*		Once per calendar year
Minor restorative services: fillings and crown repair	\$0*	Included in your Priority Health Medicare Advantage plan	Resin and amalgam fillings on anterior or posterior teeth – once per tooth every 24 months, Crown repairs are once per tooth every 12 months
Endodontic services: root canals	50%*		Once every 24 months, per tooth
Major restorative services: crowns, onlays and associated substructures	50%*	50%	Once every five years, per tooth
Implants and related services	50%*		Once every five years, per tooth
Simple extractions: non-surgical removal of teeth	50%*	Included in your Priority Health Medicare Advantage plan	Once per lifetime, per tooth
Oral surgery: surgical extractions and other dental surgery	50%*		Extractions are covered once per tooth per lifetime
Anesthesia	\$0*		Payable in conjunction with covered services when medically necessary
Relines and repairs: bridge repairs, dentures, denture relines/repairs	50%*	50%	Dentures: once every 60 months Denture and bridge relines/repairs: Once every 36 months

*The copay/coinsurance amounts listed above are applicable for services from both in-network (participating) providers and out-of-network (non-participating) providers. See the appendix of the Evidence of Coverage document for more information.

The following are not covered services. See the Evidence of Coverage document for a full listing of exclusions and all other plan details:

- Space maintainers
- Sealants

Access to Delta Dental providers

To find a participating Delta Dental Medicare Advantage PPO or Medicare Advantage Premier in-network dentist within Michigan, Ohio and Indiana, go to [priorityhealth.com](https://www.priorityhealth.com) and use the **Find a Doctor** tool. Choose **Medicare plans** in the **Your Plan** drop-down menu, then select **Dental, by Delta Dental** to access the provider directory.

Contact Delta Dental for participating provider details if you plan on using your out-of-state travel benefit for care outside of Michigan.

You can also call customer service at 800.330.2732 (TTY users should call 711), Monday – Friday, from 8 a.m. to 8 p.m. or Priority Health Medicare at 888.389.6648 (TTY users should call 711), Saturday and Sunday from 8 a.m. to 8 p.m.

Out-of-network

If you choose to visit an out-of-network dental provider, the dental staff may submit your claim to Delta Dental for payment or they may require you to pay for your visit and submit the receipt and a claim form to Delta Dental for reimbursement yourself.

Vision Benefits

This is an overview of the optional enhanced vision benefit offered through the EyeMed® “Select” network. You already have routine vision services included in your Priority Health Medicare Advantage plan. This plan is in addition to those benefits. Included in your Medicare Advantage Plan, a \$100 eyewear allowance on all plans except:

PriorityMedicare Vital: \$125 allowance

PriorityMedicare ONE: \$175 allowance

PriorityMedicare + Kroger: \$200 allowance

Services	Priority Medicare Priority Medicare Value Priority Medicare Merit Priority Medicare Select Priority Medicare Key Priority Medicare Ideal Priority Medicare Edge Priority Medicare Compass	Priority Medicare Vital	Priority Medicare ONE	Priority Medicare + Kroger	Frequency
Frames, lens and lens options benefits package (combined) Or Contact lenses (For prescription contact lenses for one eye only, the plan will pay one half of the amount payable for contact lenses for both eyes)	Frames, lens and lens options package (combined): \$250 allowance/reimbursement*; or	Frames, lens and lens options package (combined): \$275 allowance/reimbursement*; or	Frames, lens and lens options package (combined): \$325 allowance/reimbursement*; or	Frames, lens and lens options package (combined): \$350 allowance/reimbursement*; or	Once per calendar year
	Conventional contact lenses: \$250 allowance/reimbursement*; or	Conventional contact lenses: \$275 allowance/reimbursement*; or	Conventional contact lenses: \$325 allowance/reimbursement*; or	Conventional contact lenses: \$350 allowance/reimbursement*; or	
	Disposable contact lenses: \$250 allowance/reimbursement*	Disposable contact lenses: \$275 allowance/reimbursement*	Disposable contact lenses: \$325 allowance/reimbursement*	Disposable contact lenses: \$350 allowance/reimbursement*	

The copay/coinsurance amounts listed above are applicable for services from both in-network (participating) providers and out-of-network (non-participating) providers.

**You must use an EyeMed “Select” Network provider when using in-network benefits. Plan allows members to file materials (eyeglasses or contacts) until the allowance is used in full. Plan allowance cannot be combined with in-store promotion.*

The following vision services and supplies are not covered. See the the Evidence of Coverage document for a full listing of exclusions:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing: Aniseikonic lenses
- Medical and/or surgical treatment of the eye, eyes or supporting structures. These may be covered under your medical plan.
- Any corrective or safety eyewear required by an employer as a condition of employment
- Safety eyewear of any kind, for any purpose
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or employer as a condition of employment
- Plano (non-prescription) lenses and/or contact lenses
- Non-prescription sunglasses
- Two pairs of glasses in lieu of bifocals
- Services rendered after the date an eligible person ceases to be covered under the Certificate, except when vision materials ordered before coverage ended are delivered, and the services rendered to the eligible person are within 31 days from the date of such order
- Services or materials provided by any other group benefit plan providing vision care
- Lost or broken lenses, frames, glasses or contact lenses, except in the next benefit frequency when vision materials would next become available
- Glasses or contacts post-cataract surgery. These are covered under your medical plan.

The vision network

Our network of participating providers (the EyeMed "Select" network) includes private practitioners, as well as the following national retailers: LensCrafters®, Target® Optical and most Pearle Vision® locations. You can also purchase your eyewear online at **Glasses.com**, **ContactsDirect.com** and **LensCraftersContacts.com**.

To find a participating provider in the EyeMed "Select" network, go to priorityhealth.com and use the **Find a Doctor** tool. Choose **Medicare plans** in the **Your Plan** drop-down menu, then select **Vision by EyeMed** to access our EyeMed provider directory. From there, choose the **Select** network option.

You can also call EyeMed at 844.366.5127 (TTY users should call 711), Monday – Friday, from 8 a.m. to 8 p.m., or Priority Health Medicare at 888.389.6648 (TTY users should call 711), Saturday and Sunday from 8 a.m. to 8 p.m.

Out-of-network

If you choose to visit a Non-EyeMed "Select" Network Provider, you'll need to pay out-of-pocket for your visit and then submit a claim form, along with an itemized paid receipt with your name, for reimbursement for covered services. Once the out-of-network claim is received, it takes 15 business days for processing; payment comes in check form.

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 the Evidence of Coverage document 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 from 8 a.m. to 8 p.m., seven days a week (TTY users should call 711) for more information.

