



Medigap

Outline of Coverage for
Plans A, C, D, F, G and N

PriorityHealth 

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A healthier approach to health care.®

Priority Health is dedicated to improving the health and lives of our members. That means we do what it takes to make sure you get the quality care you need, when you need it.

We're committed to making it easier for you to understand your coverage options and how to get the most from your health plan. You can depend on Priority Health for excellent coverage — no matter which plan you choose.

Service you can count on

- Local, friendly customer service available 7 days a week to answer questions
- Based in Michigan, with more than 30 years of experience improving member health
- 97% of our Medicare members would recommend us to their friends and family*

* July 2014 Priority Health Medicare research report conducted by Kiekoover Marketing.



Choosing a plan is easy

We have what you're looking for in a Medigap plan. With a Priority Health Medigap plan, you'll be protected from large medical bills with reliable, easy-to-understand coverage.

The coverage you need

If you have Original Medicare, you're covered for many hospital and medical expenses. But you may be surprised how quickly your deductibles, copays and coinsurance can add up.

Can you afford the coverage "gaps" in Original Medicare? For example, in 2017, if you go to the hospital, you will need to pay a \$1,316 deductible right away, before your coverage begins. If you need to be in the hospital for a long time, you'll pay \$329 per day for days 61 – 90, then \$658 each day after 90 days. To avoid paying for these costly coverage gaps, consider a Priority Health Medigap plan to help with these expenses.

Priority Health offers Medicare Supplement Plan A, Plan C, Plan D, Plan F, Plan G and Plan N. The federal government standardizes all of the plans.

See page 6 for more complete information about each plan.

Questions about our plans?

- *Call us toll-free at 866.562.5921, TTY users should call 711*
 - *Visit prioritymedicare.com*
 - *Contact your local agent*
-

Coverage that meets your needs

Live with confidence because you know you're covered.



The freedom to go to any **doctor or hospital** who accepts Medicare anywhere



No referral needed to see a specialist



No hidden fees – no application or association fee on top of your monthly premium



A guarantee that your rate can only change **once every 12 months**



Earn cash back to support your healthy lifestyle with the **Benefit mobile app**



Online health risk appraisal and **healthy living resources**



Virtually **no claims paperwork** for you



Worldwide emergency coverage**

Enjoy easy renewal

Once you've enrolled in a Priority Health Medigap plan, the rest is easy. Your claims are processed automatically, and we'll pay your providers directly. Your coverage will automatically be renewed each year as long as you pay your premiums.

**Plans C, D, F, G and N

Choose the benefits that are most important to you

Medicare Supplement insurance can be sold in only 11 standard plans, one of which is a high deductible plan. The following chart shows the benefits included in each plan. Every insurer must offer Plan A and Plan C. Some plans may not be available in your state. Priority Health offers Plans A, C, D, F, G and N.

Basic benefits included in all Medigap plans:

- **Hospitalization:** Part A copayments plus coverage for 365 additional days after Medicare benefits end
- **Medical expenses:** Part B coinsurance (20% of Medicare-approved expenses) or copays. Plans K, L and N require you to pay a portion of the Part B coinsurance or copayments
- **Medicare preventive care:** Part B coinsurance (20% of Medicare-approved expenses) when applicable
- **Blood:** First three pints of blood each year (Original Medicare covers additional pints)
- **Hospice:** Part A coinsurance for inpatient respite care and copays for outpatient prescription drugs

Additional benefits available in select Medigap plans:

- **Hospitalization:** Part A deductible per Benefit Period (\$1,316 in 2017)
- **Skilled nursing facility care:** Part A daily copayments for days 21 through 100 of each Benefit Period
- **Medical expenses:** Part B deductible per calendar year (\$183 in 2017)
- **Part B excess charges:** All costs above Medicare-approved amounts
- **Foreign travel emergency care:** 80% of Medicare-eligible expenses for emergency care services received outside the U.S. after you meet a foreign travel deductible

Benefits included in all Medigap plans

Benefits	Plans										
	A	B	C	D	F	F*	G	K**	L**	M	N
Inpatient hospital services Medicare Part A daily copayments plus an additional 365 days of coverage after Medicare benefits end	•	•	•	•	•	•	•	•	•	•	•
Hospice care Medicare Part A coinsurance and copayments	•	•	•	•	•	•	•	50%	75%	•	•
Medicare preventive care Medicare Part B coinsurance when applicable	•	•	•	•	•	•	•	•	•	•	•
Medical expenses Medicare Part B coinsurance	•	•	•	•	•	•	•	50%	75%	•	100% except up to a \$20 office visit copayment and up to a \$50 emergency visit copayment
Blood First 3 pints under Medicare Parts A and B	•	•	•	•	•	•	•	50%	75%	•	•
Skilled nursing facility care Medicare Part A daily copayments			•	•	•	•	•	50%	75%	•	•
Medicare Part A deductible		•	•	•	•	•	•	50%	75%	50%	•
Medicare Part B deductible			•		•	•					
Medicare Part B excess charges					•	•	•				
Foreign travel Emergency services			80%	80%	80%	80%	80%			80%	80%
Out-of-pocket annual limit***								\$5,120	\$2,560		

All benefits listed are covered at 100% unless the chart indicates otherwise. The Medigap plan covers copayments/coinsurances only after the deductible is met unless the plan covers it.

*Plan F has an option called a high deductible plan F. This high deductible plan pays the same benefits as plan F after you have paid a calendar year deductible of \$2,000. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the plan. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**Plans K and L include the same basic benefits as the other Medigap plans, but the cost-sharing you pay for the basic benefits is at different levels. Once you reach the out-of-pocket annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does not include charges from your provider that exceed Medicare-approved amounts, called "excess charges." You will be responsible for paying excess charges.

***The out-of-pocket annual limit will increase each year for inflation.

Medigap plans A, C, D, F, G and N

All dollar amounts shown are the 2017 Original Medicare numbers. The benefits and costs shown below are for plans effective on or after January 1, 2017.

Services	Original Medicare pays	Plan A		Plan C		Plan D	
		Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare (Part A) hospital services per benefit period							
Hospitalization¹ — Semi-private room and board, general nursing and miscellaneous services and supplies							
First 60 days	All but \$1,316	Nothing	\$1,316 (Part A deductible)	\$1,316 (Part A deductible)	Nothing	\$1,316 (Part A deductible)	Nothing
61st thru 90th day	All but \$329 a day	\$329 a day	Nothing	\$329 a day	Nothing	\$329 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$658 a day	\$658 a day	Nothing	\$658 a day	Nothing	\$658 a day	Nothing
Once lifetime reserve days are used; additional 365 days	Nothing	100% of Medicare eligible expenses	Nothing ²	100% of Medicare eligible expenses	Nothing ²	100% of Medicare eligible expenses	Nothing ²
Beyond the additional 365 days	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Skilled nursing facility care¹ — You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital							
First 20 days	100%	Nothing					
21st thru 100th day	All but \$164.50 a day	Nothing	Up to \$164.50 a day	Up to \$164.50 a day	Nothing	Up to \$164.50 a day	Nothing
101st day and after	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing					
Hospice care — Available as long as your doctor certifies you are terminally ill and you elect to receive these services							
Hospice care	100%	Nothing					
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing	\$5 per prescription	Nothing	\$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare eligible expenses	Nothing	5% of Medicare eligible expenses	Nothing	5% of Medicare eligible expenses	Nothing
Medicare (Part B) medical services per calendar year							
Medical expenses — In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.							
First \$183 of Medicare approved amounts (Part B deductible ³)	Nothing	Nothing	\$183	\$183	Nothing	Nothing	\$183
Remainder of Medicare approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Part B excess charges (above Medicare approved amounts)	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs

Services	Original Medicare pays	Plan F		Plan G		Plan N	
		Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare (Part A) hospital services per benefit period							
Hospitalization¹ — Semi-private room and board, general nursing and miscellaneous services and supplies							
First 60 days	All but \$1,316	\$1,316 (Part A deductible)	Nothing	\$1,316 (Part A deductible)	Nothing	\$1,316 (Part A deductible)	Nothing
61st thru 90th day	All but \$329 a day	\$329 a day	Nothing	\$329 a day	Nothing	\$329 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$658 a day	\$658 a day	Nothing	\$658 a day	Nothing	\$658 a day	Nothing
Once lifetime reserve days are used; additional 365 days	Nothing	100% of Medicare eligible expenses	Nothing ²	100% of Medicare eligible expenses	Nothing ²	100% of Medicare eligible expenses	Nothing ²
Beyond the additional 365 days	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Skilled nursing facility care¹ — You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital							
First 20 days	100%				Nothing		
21st thru 100th day	All but \$164.50 a day	Up to \$164.50 a day	Nothing	Up to \$164.50 a day	Nothing	Up to \$164.50 a day	Nothing
101st day and after	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Additional amounts	100%				Nothing		
Hospice care — Available as long as your doctor certifies you are terminally ill and you elect to receive these services							
Hospice care	100%				Nothing		
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing	\$5 per prescription	Nothing	\$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare eligible expenses	Nothing	5% of Medicare eligible expenses	Nothing	5% of Medicare eligible expenses	Nothing
Medicare (Part B) medical services per calendar year							
Medical expenses — In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.							
First \$183 of Medicare approved amounts (Part B deductible ³)	Nothing	\$183	Nothing	Nothing	\$183	Nothing	\$183
Remainder of Medicare approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20% except up to a \$20 office visit and up to a \$50 emergency visit copay	Up to \$20 per office visit and up to \$50 per emergency room visit. ⁴
Part B excess charges (above Medicare approved amounts)	Nothing	All costs	Nothing	All costs	Nothing	Nothing	All costs

Medigap plans A, C, D, F, G and N *(continued)*

All dollar amounts shown are the 2017 Original Medicare numbers. The benefits and costs shown below are for plans effective on or after January 1, 2017.

Services	Original Medicare pays	Plan A		Plan C		Plan D	
		Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare preventive care							
First \$183 of Medicare approved amounts (Part B deductible ³) when applicable	Nothing	Nothing	\$183	\$183	Nothing	Nothing	\$183
Medicare approved amounts (after deductible is met) when applicable	80%	20%	Nothing	20%	Nothing	20%	Nothing
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Next \$183 of Medicare approved amounts (Part B deductible ³)	Nothing	Nothing	\$183	\$183	Nothing	Nothing	\$183
Remainder of Medicare approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Clinical laboratory services							
Tests for diagnostic services	100%	Nothing					
Parts A & B							
Home health care — Medicare approved services							
Medically necessary skilled care services and medical supplies	100%	Nothing					
Durable medical equipment first \$183 of Medicare approved amounts (Part B deductible ³)	Nothing	Nothing	\$183	\$183	Nothing	Nothing	\$183
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Other Benefits — Services not covered by Medicare							
Foreign travel — Emergency care services beginning during the first 60 days of each trip outside the U.S.							
\$250 Foreign travel deductible that must be met once each calendar year	Nothing	Nothing	All costs	Nothing	\$250	Nothing	\$250
Remainder of charges after the foreign travel deductible is met up to a lifetime maximum of \$50,000 ⁵	Nothing	Nothing	All costs	80%	20%	80%	20%

Services	Original Medicare pays	Plan F		Plan G		Plan N	
		Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare preventive care							
First \$183 of Medicare approved amounts (Part B deductible ³)when applicable	Nothing	\$183	Nothing	Nothing	\$183	Nothing	\$183
Medicare approved amounts (after deductible is met) when applicable	80%	20%	Nothing	20%	Nothing	20%	Nothing
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Next \$183 of Medicare approved amounts (Part B deductible ³)	Nothing	\$183	Nothing	Nothing	\$183	Nothing	\$183
Remainder of Medicare approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Clinical laboratory services							
Tests for diagnostic services	100%	Nothing					
Parts A & B Home health care — Medicare approved services							
Medically necessary skilled care services and medical supplies	100%	Nothing					
Durable medical equipment first \$183 of Medicare approved amounts (Part B deductible ³)	Nothing	\$183	Nothing	Nothing	\$183	Nothing	\$183
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Other Benefits — Services not covered by Medicare							
Foreign travel — Emergency care services beginning during the first 60 days of each trip outside the U.S.							
\$250 Foreign travel deductible that must be met once each calendar year	Nothing	Nothing	\$250	Nothing	\$250	Nothing	\$250
Remainder of charges after the foreign travel deductible is met up to a lifetime maximum of \$50,000 ⁵	Nothing	80%	20%	80%	20%	80%	20%

Learning more about your choices

You can learn more about Priority Health Medigap plans on the phone, online or in person. Ask a question, research your options or attend a Medicare Explained meeting.



Call our Medigap experts

Get one-on-one help when you call 866.562.5921, seven days a week. TTY users should call 711.



Go online

Visit prioritymedicare.com to view your options.



Attend a free Medicare Explained meeting

Call us at the number listed at the bottom of this page or go online to find dates and locations near you.

¹ A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² NOTICE: When your Medicare Part A hospital benefits are exhausted, Priority Health stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

³ The Part B deductible needs to be met only once each calendar year (January 1 – December 31). Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a ¹), your Part B deductible will have been met for the calendar year.

⁴ Emergency visit copay waived and visit covered as a Part A expense if you are admitted to any hospital.

⁵ Member pays all amounts over \$50,000.

Understanding your premiums

Use the following charts to determine your Priority Health Medigap plan premium, which is effective as of April 1, 2017.

For Priority Health Medigap plans, certain factors may affect your monthly premium.

At the time of application, we base our premiums on the county you live in, as well as your age, gender, health status, use of tobacco products and eligibility for open enrollment or a guaranteed issue right. Once you're a Priority Health Medigap member, your premium amount is guaranteed for 12 months. You will receive one premium adjustment annually on the anniversary of your effective date. This will include an age adjustment which is an increase based on being one year older. It will also include any potential premium changes (increase or decrease). We may change the plan premiums each year but only if we change the premium for all members in the same plan (This premium change is subject to state approval). Your premium could also change if you move to a different area.

After you become a member you may continue your coverage if you permanently move outside the State of Michigan. You must reside in Michigan for at least six months of every year to be considered a resident. If you reside in Michigan for less than six months, we will consider you to have permanently moved out of the state. If you remain living in the United States or one of its territories, you may continue your coverage provided all other eligibility requirements continue to be satisfied. After you move, your premium will change to the Area 2 premium. If you move outside of the United States or its territories your Priority Health Medigap plan will be terminated.

The **preferred** premium always applies if you are in your open enrollment period or if you have a guaranteed issue right. Your open enrollment period starts on the first day of the month in which you're both 65 and enrolled in Medicare Part B. In most cases, you have a guaranteed issue right when you have other health coverage that changes in some way, for example, if you lose your retiree coverage through your employer. This premium may also apply if you meet certain medical criteria.

A **tier one** or **tier two** premium may apply if you are no longer in your open enrollment period and/or do not have a guaranteed issue right. These premiums are based on your age, area you live in, health status and whether or not you use tobacco products.

The State of Michigan requires all Medigap members in Michigan, no matter what insurer you have, to pay a fee called the Health Insurance Claims Assessment (HICA). It has been effective since January 1, 2012. You'll see this tax reflected on your invoice. It is in addition to your monthly premium amount and is factored as a percentage of your premium. The State of Michigan changes the percentage each year.

Note:

If you're under age 65 and meet the eligibility requirements you may be eligible to enroll in Plan A or Plan C. Call us to learn more at 866.562.5921.

TTY users should call 711.

Area 1

Counties:

Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Saint Joseph, Van Buren.

Attained age	Plan A						Plan C						Plan D					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	\$213	\$199	\$225	\$210	\$322	\$301	\$361	\$338	\$397	\$371	\$583	\$544	—	—	—	—	—	—
65	\$95	\$89	\$101	\$94	\$144	\$135	\$162	\$151	\$178	\$167	\$261	\$244	\$144	\$135	\$153	\$143	\$218	\$204
66	\$99	\$92	\$105	\$97	\$150	\$139	\$168	\$156	\$185	\$172	\$272	\$252	\$150	\$139	\$159	\$147	\$227	\$210
67	\$104	\$96	\$110	\$101	\$158	\$145	\$177	\$162	\$195	\$179	\$286	\$262	\$158	\$145	\$167	\$153	\$239	\$219
68	\$109	\$99	\$115	\$105	\$165	\$150	\$186	\$169	\$204	\$185	\$299	\$272	\$165	\$150	\$175	\$159	\$250	\$227
69	\$114	\$103	\$121	\$109	\$173	\$156	\$194	\$175	\$214	\$192	\$313	\$282	\$173	\$156	\$183	\$165	\$262	\$236
70	\$119	\$107	\$126	\$113	\$181	\$161	\$203	\$181	\$223	\$199	\$327	\$292	\$181	\$161	\$191	\$170	\$273	\$244
71	\$124	\$110	\$132	\$116	\$188	\$167	\$211	\$187	\$233	\$206	\$341	\$302	\$188	\$167	\$199	\$176	\$285	\$252
72	\$130	\$114	\$137	\$120	\$196	\$172	\$220	\$193	\$242	\$213	\$355	\$312	\$196	\$172	\$207	\$182	\$297	\$261
73	\$134	\$118	\$142	\$124	\$203	\$178	\$228	\$200	\$251	\$220	\$368	\$323	\$204	\$178	\$215	\$188	\$308	\$270
74	\$139	\$122	\$147	\$129	\$211	\$184	\$237	\$207	\$260	\$227	\$382	\$333	\$211	\$184	\$223	\$195	\$319	\$279
75	\$144	\$126	\$152	\$133	\$218	\$190	\$245	\$213	\$269	\$235	\$395	\$344	\$218	\$190	\$231	\$201	\$330	\$288
76	\$149	\$130	\$158	\$137	\$226	\$196	\$253	\$220	\$279	\$242	\$409	\$355	\$226	\$196	\$239	\$207	\$342	\$297
77	\$154	\$134	\$163	\$141	\$233	\$202	\$262	\$227	\$288	\$249	\$422	\$366	\$233	\$202	\$246	\$214	\$353	\$306
78	\$158	\$137	\$167	\$144	\$239	\$207	\$269	\$232	\$295	\$255	\$433	\$374	\$239	\$207	\$253	\$218	\$362	\$313
79	\$162	\$140	\$171	\$148	\$245	\$211	\$275	\$237	\$303	\$261	\$444	\$383	\$246	\$211	\$259	\$223	\$371	\$320
80	\$166	\$143	\$176	\$151	\$252	\$216	\$282	\$243	\$311	\$267	\$456	\$391	\$252	\$216	\$266	\$228	\$381	\$327
81	\$170	\$146	\$180	\$154	\$258	\$221	\$289	\$248	\$318	\$273	\$467	\$400	\$258	\$221	\$273	\$233	\$390	\$334
82	\$174	\$149	\$184	\$157	\$264	\$225	\$296	\$253	\$326	\$278	\$478	\$408	\$264	\$225	\$279	\$238	\$400	\$341
83	\$180	\$153	\$190	\$162	\$272	\$231	\$305	\$260	\$336	\$286	\$492	\$419	\$272	\$232	\$287	\$245	\$411	\$350
84	\$185	\$157	\$195	\$166	\$280	\$238	\$314	\$267	\$345	\$293	\$506	\$430	\$280	\$238	\$296	\$251	\$423	\$360
85+	\$190	\$161	\$201	\$170	\$287	\$244	\$323	\$273	\$355	\$301	\$520	\$441	\$288	\$244	\$304	\$258	\$435	\$369

Claims tax is not reflected in the premium amounts shown in this booklet and will be added to your monthly bill.

Attained age	Plan F						Plan G						Plan N					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	\$167	\$156	\$176	\$165	\$252	\$236	\$148	\$139	\$157	\$147	\$225	\$210	\$117	\$109	\$123	\$115	\$177	\$165
66	\$173	\$160	\$183	\$170	\$262	\$243	\$154	\$143	\$163	\$151	\$234	\$216	\$121	\$112	\$128	\$119	\$184	\$170
67	\$182	\$167	\$192	\$176	\$275	\$252	\$162	\$149	\$171	\$157	\$245	\$225	\$128	\$117	\$135	\$124	\$193	\$177
68	\$191	\$173	\$202	\$183	\$289	\$262	\$170	\$154	\$180	\$163	\$257	\$234	\$134	\$121	\$141	\$128	\$202	\$184
69	\$200	\$180	\$211	\$190	\$302	\$272	\$178	\$160	\$188	\$169	\$269	\$242	\$140	\$126	\$148	\$133	\$212	\$190
70	\$209	\$186	\$220	\$197	\$316	\$282	\$186	\$166	\$196	\$175	\$281	\$251	\$146	\$130	\$154	\$138	\$221	\$197
71	\$217	\$193	\$230	\$203	\$329	\$291	\$194	\$172	\$205	\$181	\$293	\$260	\$152	\$135	\$161	\$143	\$230	\$204
72	\$226	\$199	\$239	\$210	\$342	\$301	\$202	\$177	\$213	\$187	\$305	\$268	\$159	\$139	\$168	\$147	\$240	\$211
73	\$235	\$206	\$248	\$217	\$355	\$311	\$209	\$183	\$221	\$194	\$317	\$277	\$165	\$144	\$174	\$152	\$249	\$218
74	\$243	\$213	\$257	\$225	\$368	\$322	\$217	\$189	\$229	\$200	\$328	\$287	\$171	\$149	\$180	\$157	\$258	\$225
75	\$252	\$220	\$266	\$232	\$381	\$332	\$225	\$196	\$237	\$207	\$340	\$296	\$177	\$154	\$186	\$162	\$267	\$233
76	\$261	\$226	\$275	\$239	\$394	\$342	\$232	\$202	\$245	\$213	\$351	\$305	\$182	\$159	\$193	\$168	\$276	\$240
77	\$269	\$233	\$284	\$246	\$407	\$353	\$240	\$208	\$253	\$220	\$363	\$314	\$188	\$163	\$199	\$173	\$285	\$247
78	\$276	\$239	\$292	\$252	\$418	\$361	\$246	\$213	\$260	\$225	\$372	\$322	\$193	\$167	\$204	\$177	\$293	\$253
79	\$283	\$244	\$299	\$258	\$429	\$369	\$252	\$217	\$267	\$230	\$382	\$329	\$198	\$171	\$210	\$181	\$300	\$259
80	\$290	\$249	\$307	\$264	\$439	\$377	\$259	\$222	\$274	\$235	\$392	\$336	\$204	\$175	\$215	\$185	\$308	\$264
81	\$298	\$255	\$314	\$269	\$450	\$385	\$265	\$227	\$280	\$240	\$401	\$344	\$209	\$179	\$220	\$189	\$315	\$270
82	\$305	\$260	\$322	\$275	\$461	\$394	\$272	\$232	\$287	\$245	\$411	\$351	\$214	\$182	\$226	\$193	\$323	\$276
83	\$314	\$267	\$332	\$282	\$475	\$404	\$280	\$238	\$295	\$252	\$423	\$360	\$220	\$187	\$232	\$198	\$333	\$283
84	\$323	\$274	\$341	\$290	\$488	\$415	\$288	\$244	\$304	\$258	\$435	\$370	\$226	\$192	\$239	\$203	\$342	\$291
85+	\$332	\$281	\$351	\$297	\$502	\$426	\$296	\$251	\$312	\$265	\$447	\$379	\$233	\$197	\$246	\$208	\$352	\$298

Area 2

Counties:

Arenac, Bay, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Isabella, Jackson, Lapeer, Lenawee, Livingston, Macomb, Midland, Monroe, Oakland, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne, and outside the state of Michigan.

Attained age	Plan A						Plan C						Plan D					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	\$207	\$193	\$219	\$204	\$313	\$292	\$354	\$331	\$390	\$364	\$572	\$534	—	—	—	—	—	—
65	\$93	\$87	\$98	\$92	\$140	\$131	\$159	\$149	\$175	\$163	\$256	\$240	\$140	\$131	\$148	\$139	\$212	\$199
66	\$96	\$89	\$102	\$94	\$146	\$135	\$165	\$153	\$182	\$168	\$267	\$247	\$146	\$135	\$154	\$143	\$221	\$205
67	\$101	\$93	\$107	\$98	\$153	\$141	\$174	\$159	\$191	\$175	\$280	\$257	\$153	\$141	\$162	\$149	\$232	\$213
68	\$106	\$97	\$112	\$102	\$161	\$146	\$182	\$165	\$200	\$182	\$294	\$267	\$161	\$146	\$170	\$154	\$243	\$221
69	\$111	\$100	\$118	\$106	\$168	\$151	\$191	\$171	\$210	\$189	\$307	\$277	\$168	\$151	\$178	\$160	\$255	\$229
70	\$116	\$104	\$123	\$110	\$176	\$157	\$199	\$178	\$219	\$195	\$321	\$286	\$176	\$157	\$186	\$166	\$266	\$237
71	\$121	\$107	\$128	\$113	\$183	\$162	\$207	\$184	\$228	\$202	\$335	\$296	\$183	\$162	\$194	\$171	\$277	\$245
72	\$126	\$111	\$133	\$117	\$191	\$168	\$216	\$190	\$237	\$209	\$348	\$306	\$191	\$168	\$202	\$177	\$289	\$254
73	\$131	\$115	\$138	\$121	\$198	\$173	\$224	\$196	\$246	\$216	\$361	\$317	\$198	\$173	\$209	\$183	\$299	\$262
74	\$136	\$118	\$143	\$125	\$205	\$179	\$232	\$203	\$255	\$223	\$375	\$327	\$205	\$179	\$217	\$189	\$310	\$271
75	\$140	\$122	\$148	\$129	\$212	\$185	\$240	\$209	\$264	\$230	\$388	\$338	\$212	\$185	\$224	\$195	\$321	\$280
76	\$145	\$126	\$153	\$133	\$219	\$191	\$249	\$216	\$273	\$238	\$401	\$348	\$220	\$191	\$232	\$202	\$332	\$289
77	\$150	\$130	\$158	\$137	\$227	\$196	\$257	\$222	\$282	\$245	\$414	\$359	\$227	\$197	\$240	\$208	\$343	\$297
78	\$154	\$133	\$163	\$140	\$233	\$201	\$263	\$228	\$290	\$250	\$425	\$367	\$233	\$201	\$246	\$213	\$352	\$304
79	\$158	\$136	\$167	\$144	\$239	\$206	\$270	\$233	\$297	\$256	\$436	\$375	\$239	\$206	\$252	\$217	\$361	\$311
80	\$162	\$139	\$171	\$147	\$245	\$210	\$277	\$238	\$305	\$262	\$447	\$384	\$245	\$210	\$259	\$222	\$370	\$318
81	\$166	\$142	\$175	\$150	\$251	\$215	\$284	\$243	\$312	\$267	\$458	\$392	\$251	\$215	\$265	\$227	\$380	\$325
82	\$170	\$145	\$179	\$153	\$257	\$219	\$291	\$248	\$320	\$273	\$469	\$400	\$257	\$219	\$271	\$232	\$389	\$332
83	\$175	\$149	\$185	\$157	\$264	\$225	\$299	\$255	\$329	\$280	\$483	\$411	\$265	\$225	\$279	\$238	\$400	\$341
84	\$180	\$153	\$190	\$161	\$272	\$231	\$308	\$262	\$339	\$288	\$497	\$422	\$272	\$231	\$288	\$244	\$412	\$350
85+	\$185	\$157	\$195	\$165	\$280	\$237	\$317	\$268	\$348	\$295	\$511	\$433	\$280	\$237	\$296	\$251	\$423	\$359

Claims tax is not reflected in the premium amounts shown in this booklet and will be added to your monthly bill.

Attained age	Plan F						Plan G						Plan N					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	\$162	\$151	\$171	\$160	\$245	\$229	\$144	\$135	\$153	\$143	\$218	\$204	\$114	\$106	\$120	\$112	\$172	\$160
66	\$168	\$156	\$178	\$165	\$255	\$236	\$150	\$139	\$159	\$147	\$227	\$210	\$118	\$109	\$125	\$116	\$179	\$165
67	\$177	\$162	\$187	\$172	\$268	\$246	\$158	\$145	\$167	\$153	\$239	\$219	\$124	\$114	\$131	\$120	\$188	\$172
68	\$186	\$169	\$196	\$178	\$281	\$255	\$165	\$150	\$175	\$159	\$250	\$227	\$130	\$118	\$137	\$125	\$197	\$179
69	\$194	\$175	\$205	\$185	\$294	\$264	\$173	\$156	\$183	\$165	\$262	\$236	\$136	\$122	\$144	\$129	\$206	\$185
70	\$203	\$181	\$214	\$191	\$307	\$274	\$181	\$161	\$191	\$170	\$274	\$244	\$142	\$127	\$150	\$134	\$215	\$192
71	\$212	\$187	\$223	\$198	\$320	\$283	\$188	\$167	\$199	\$176	\$285	\$252	\$148	\$131	\$157	\$139	\$224	\$198
72	\$220	\$194	\$233	\$204	\$333	\$293	\$196	\$172	\$207	\$182	\$297	\$261	\$154	\$136	\$163	\$143	\$233	\$205
73	\$228	\$200	\$241	\$212	\$346	\$303	\$204	\$178	\$215	\$188	\$308	\$270	\$160	\$140	\$169	\$148	\$242	\$212
74	\$237	\$207	\$250	\$219	\$358	\$313	\$211	\$184	\$223	\$195	\$319	\$279	\$166	\$145	\$175	\$153	\$251	\$219
75	\$245	\$214	\$259	\$226	\$371	\$323	\$218	\$190	\$231	\$201	\$330	\$288	\$172	\$150	\$181	\$158	\$260	\$226
76	\$253	\$220	\$268	\$233	\$383	\$333	\$226	\$196	\$239	\$207	\$342	\$297	\$178	\$154	\$188	\$163	\$269	\$233
77	\$262	\$227	\$277	\$240	\$396	\$343	\$233	\$202	\$246	\$214	\$353	\$306	\$183	\$159	\$194	\$168	\$277	\$240
78	\$269	\$232	\$284	\$245	\$406	\$351	\$239	\$207	\$253	\$219	\$362	\$313	\$188	\$163	\$199	\$172	\$285	\$246
79	\$276	\$237	\$291	\$251	\$417	\$359	\$246	\$212	\$260	\$223	\$372	\$320	\$193	\$166	\$204	\$176	\$292	\$252
80	\$283	\$243	\$299	\$256	\$427	\$367	\$252	\$216	\$266	\$228	\$381	\$327	\$198	\$170	\$209	\$180	\$299	\$257
81	\$290	\$248	\$306	\$262	\$438	\$375	\$258	\$221	\$273	\$233	\$390	\$334	\$203	\$174	\$214	\$183	\$307	\$263
82	\$296	\$253	\$313	\$267	\$448	\$383	\$264	\$226	\$279	\$238	\$400	\$341	\$208	\$177	\$219	\$187	\$314	\$268
83	\$305	\$260	\$323	\$275	\$462	\$393	\$272	\$232	\$287	\$245	\$412	\$350	\$214	\$182	\$226	\$192	\$323	\$275
84	\$314	\$267	\$332	\$282	\$475	\$404	\$280	\$238	\$296	\$251	\$423	\$360	\$220	\$187	\$232	\$197	\$333	\$283
85+	\$323	\$274	\$341	\$289	\$488	\$414	\$288	\$244	\$304	\$258	\$435	\$369	\$226	\$192	\$239	\$203	\$342	\$290

Area 3

Counties:

Alcona, Alger, Alpena, Antrim, Baraga, Benzie, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, Dickinson, Emmet, Gogebic, Grand Traverse, Houghton, Iosco, Kalkaska, Keweenaw, Leelanau, Luce, Mackinac, Manistee, Marquette, Menominee, Missaukee, Montmorency, Ogemaw, Ontonagon, Oscoda, Otsego, Presque Isle, Roscommon, Schoolcraft, Wexford.

Attained age	Plan A						Plan C						Plan D					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	\$209	\$196	\$221	\$207	\$316	\$296	\$340	\$318	\$374	\$350	\$549	\$513	—	—	—	—	—	—
65	\$94	\$88	\$99	\$93	\$142	\$133	\$153	\$143	\$168	\$157	\$246	\$230	\$142	\$133	\$150	\$140	\$215	\$201
66	\$98	\$90	\$103	\$96	\$148	\$137	\$159	\$147	\$175	\$162	\$256	\$237	\$148	\$137	\$156	\$145	\$223	\$207
67	\$103	\$94	\$108	\$99	\$155	\$142	\$167	\$153	\$183	\$168	\$269	\$247	\$155	\$142	\$164	\$150	\$235	\$215
68	\$108	\$98	\$114	\$103	\$163	\$148	\$175	\$159	\$192	\$175	\$282	\$256	\$163	\$148	\$172	\$156	\$246	\$224
69	\$113	\$101	\$119	\$107	\$170	\$153	\$183	\$165	\$201	\$181	\$295	\$266	\$170	\$153	\$180	\$162	\$258	\$232
70	\$117	\$105	\$124	\$111	\$178	\$159	\$191	\$170	\$210	\$188	\$308	\$275	\$178	\$159	\$188	\$168	\$269	\$240
71	\$122	\$108	\$129	\$115	\$185	\$164	\$199	\$176	\$219	\$194	\$321	\$284	\$185	\$164	\$196	\$173	\$280	\$248
72	\$127	\$112	\$135	\$118	\$193	\$169	\$207	\$182	\$228	\$200	\$334	\$294	\$193	\$170	\$204	\$179	\$292	\$257
73	\$132	\$116	\$140	\$122	\$200	\$175	\$215	\$189	\$237	\$207	\$347	\$304	\$200	\$175	\$212	\$185	\$303	\$265
74	\$137	\$120	\$145	\$127	\$207	\$181	\$223	\$195	\$245	\$214	\$360	\$314	\$207	\$181	\$219	\$192	\$314	\$274
75	\$142	\$124	\$150	\$131	\$215	\$187	\$231	\$201	\$254	\$221	\$372	\$324	\$215	\$187	\$227	\$198	\$325	\$283
76	\$147	\$127	\$155	\$135	\$222	\$193	\$239	\$207	\$262	\$228	\$385	\$334	\$222	\$193	\$235	\$204	\$336	\$292
77	\$152	\$131	\$160	\$139	\$229	\$199	\$246	\$214	\$271	\$235	\$398	\$345	\$229	\$199	\$242	\$210	\$347	\$301
78	\$156	\$134	\$164	\$142	\$235	\$203	\$253	\$219	\$278	\$240	\$408	\$353	\$235	\$203	\$249	\$215	\$356	\$308
79	\$160	\$137	\$169	\$145	\$241	\$208	\$260	\$224	\$286	\$246	\$419	\$361	\$242	\$208	\$255	\$220	\$365	\$315
80	\$164	\$140	\$173	\$148	\$247	\$212	\$266	\$228	\$293	\$251	\$429	\$368	\$248	\$213	\$262	\$225	\$375	\$322
81	\$168	\$144	\$177	\$152	\$254	\$217	\$273	\$233	\$300	\$257	\$440	\$376	\$254	\$217	\$268	\$230	\$384	\$329
82	\$172	\$147	\$181	\$155	\$260	\$222	\$279	\$238	\$307	\$262	\$450	\$384	\$260	\$222	\$275	\$234	\$393	\$336
83	\$177	\$151	\$187	\$159	\$267	\$228	\$287	\$245	\$316	\$269	\$464	\$395	\$268	\$228	\$283	\$241	\$405	\$345
84	\$182	\$154	\$192	\$163	\$275	\$234	\$296	\$251	\$325	\$276	\$477	\$405	\$275	\$234	\$291	\$247	\$416	\$354
85+	\$187	\$158	\$198	\$167	\$283	\$240	\$304	\$258	\$334	\$283	\$490	\$416	\$283	\$240	\$299	\$253	\$428	\$363

Claims tax is not reflected in the premium amounts shown in this booklet and will be added to your monthly bill.

Attained age	Plan F						Plan G						Plan N					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	\$164	\$153	\$173	\$162	\$248	\$232	\$146	\$136	\$154	\$144	\$221	\$206	\$115	\$107	\$121	\$113	\$174	\$162
66	\$170	\$158	\$180	\$167	\$258	\$239	\$152	\$141	\$160	\$149	\$230	\$213	\$119	\$111	\$126	\$117	\$181	\$167
67	\$179	\$164	\$189	\$173	\$271	\$248	\$160	\$146	\$169	\$155	\$241	\$221	\$125	\$115	\$133	\$122	\$190	\$174
68	\$188	\$170	\$198	\$180	\$284	\$258	\$167	\$152	\$177	\$161	\$253	\$230	\$132	\$119	\$139	\$126	\$199	\$181
69	\$197	\$177	\$208	\$187	\$297	\$267	\$175	\$158	\$185	\$166	\$265	\$238	\$138	\$124	\$145	\$131	\$208	\$187
70	\$205	\$183	\$217	\$193	\$310	\$277	\$183	\$163	\$193	\$172	\$277	\$247	\$144	\$128	\$152	\$136	\$217	\$194
71	\$214	\$189	\$226	\$200	\$324	\$287	\$191	\$169	\$201	\$178	\$288	\$255	\$150	\$133	\$158	\$140	\$227	\$201
72	\$223	\$196	\$235	\$207	\$337	\$296	\$198	\$174	\$210	\$184	\$300	\$264	\$156	\$137	\$165	\$145	\$236	\$207
73	\$231	\$202	\$244	\$214	\$350	\$306	\$206	\$180	\$218	\$191	\$311	\$273	\$162	\$142	\$171	\$150	\$245	\$215
74	\$239	\$209	\$253	\$221	\$362	\$316	\$213	\$186	\$225	\$197	\$323	\$282	\$168	\$147	\$177	\$155	\$254	\$222
75	\$248	\$216	\$262	\$228	\$375	\$327	\$221	\$192	\$233	\$203	\$334	\$291	\$174	\$151	\$183	\$160	\$263	\$229
76	\$256	\$223	\$271	\$235	\$388	\$337	\$228	\$198	\$241	\$210	\$345	\$300	\$180	\$156	\$190	\$165	\$272	\$236
77	\$265	\$229	\$280	\$242	\$400	\$347	\$236	\$204	\$249	\$216	\$357	\$309	\$185	\$161	\$196	\$170	\$281	\$243
78	\$272	\$235	\$287	\$248	\$411	\$355	\$242	\$209	\$256	\$221	\$366	\$316	\$190	\$164	\$201	\$174	\$288	\$249
79	\$279	\$240	\$295	\$254	\$422	\$363	\$248	\$214	\$262	\$226	\$376	\$324	\$195	\$168	\$206	\$178	\$295	\$254
80	\$286	\$245	\$302	\$259	\$432	\$371	\$255	\$219	\$269	\$231	\$385	\$331	\$200	\$172	\$212	\$182	\$303	\$260
81	\$293	\$251	\$309	\$265	\$443	\$379	\$261	\$223	\$276	\$236	\$395	\$338	\$205	\$176	\$217	\$186	\$310	\$266
82	\$300	\$256	\$317	\$270	\$454	\$387	\$267	\$228	\$282	\$241	\$404	\$345	\$210	\$179	\$222	\$189	\$318	\$271
83	\$309	\$263	\$326	\$278	\$467	\$398	\$275	\$234	\$291	\$248	\$416	\$354	\$216	\$184	\$229	\$195	\$327	\$279
84	\$318	\$270	\$336	\$285	\$480	\$408	\$283	\$240	\$299	\$254	\$428	\$364	\$223	\$189	\$235	\$200	\$337	\$286
85+	\$327	\$277	\$345	\$292	\$494	\$419	\$291	\$247	\$307	\$261	\$440	\$373	\$229	\$194	\$242	\$205	\$346	\$293

How to apply

To apply for any of our Priority Health Medigap plans, You **must** be enrolled in Medicare Part A and Part B.

Once you've chosen a plan, there are three ways to apply:

1

Online

Go to prioritymedicare.com and follow the directions for completing and submitting the application.

2

Call

Contact one of our Medicare experts at 866.562.5921, seven days a week from 8 a.m. – 8 p.m. (TTY 711).

3

By mail

Fill out the application included in this packet. After you complete it, mail it back to us in the enclosed self-addressed envelope. If you don't have the envelope, you can mail it to:

Priority Health

Enrollment Department, MS1175
1231 E. Beltline, NE
Grand Rapids, MI 49525

Note:

Be detailed and complete when applying for coverage. When you fill out your application, be sure to answer all questions truthfully and completely. Priority Health may cancel your plan and refuse to pay any claims if you leave out information or falsify important information. Review your application carefully before you sign it to be sure that all information has been recorded properly.





Important information

Eligibility

At the time of enrollment you must be:

- 65 or older*
- Enrolled in Medicare Parts A and B
- A permanent resident of the State of Michigan (physically residing there six months of every year).

Replacing your current coverage

If you are replacing your current health insurance policy with a Priority Health Medigap plan, do not cancel your current insurance right away. Wait until you have received your new Medigap certificate and are sure you want to keep it.

Are you eligible for the Michigan Medigap subsidy?

If you have or enroll in a Medigap plan, you may be eligible to receive the Michigan Medigap Subsidy. If you qualify, you will pay less for your Medigap coverage. The program pays part of your premium (monthly cost) and you pay the rest. Learn more and apply for a subsidy at MichiganMedigapSubsidy.com

It's important for you to understand your plan

You can use this outline of coverage to compare benefits and premiums among different policies, certificates and contracts. Please keep in mind that this is only an outline of the most important features of the plans. The certificate is your insurance contract. Be sure to read the certificate itself so you understand all of your rights and duties, and you understand the rights and duties of your health plan.

If you change your mind

We want you to be satisfied with your coverage, so please take time to review it carefully.

If you are not satisfied with your certificate, you may return it to:

Priority Health

Enrollment Department, MS 1175

1231 East Beltline NE

Grand Rapids, MI 49525

If you send the certificate back to us within 30 days after it comes to you, we will act as though the certificate was never issued, and we will return all of your payments. We can collect from you all costs for covered services that you received and we paid.

** If you're under age 65 and meet the eligibility requirements you may be eligible to enroll in Plan A or Plan C. Call us to learn more at 866.562.5921.*

Notice:

Please be aware that this outline of coverage does not include all the details of your Medigap (Medicare Supplement) coverage, and this plan may not fully cover all of your medical costs.

Neither Priority Health Medigap plans nor agents authorized to sell Priority Health Medigap plans are connected with or endorsed by the United States government or the federal Medicare program.

This outline of coverage does not give all the details of your Medicare coverage. For information about your Part A and Part B coverage, contact your local Social Security Office or consult the "Medicare and You" handbook for more details.

