

2023

# Summary of Benefits

PriorityMedicare + Kroger<sup>SM</sup> (PPO)

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JANUARY 1, 2023–DECEMBER 31, 2023



A plan created to prioritize you.  
Inside, you'll find information to help  
you understand what is included with  
your Medicare plan.

#### Contact us

Speak with Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711).



Already a member? Call 888.389.6648. Not a member yet? Call 888.481.2090.

Visit [prioritymedicare.com](https://prioritymedicare.com) to learn more about our plans and how Medicare works.

This information is not a complete description of benefits. Call 888.356.1369 (TTY 711) for more information. This doesn't list every service we cover or tell you if a deductible must be met before you pay the amount listed in this document. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document available online at [prioritymedicare.com](https://prioritymedicare.com).

# PriorityMedicare + Kroger is offered as a PPO plan.

**PPO** stands for preferred provider organization (PPO). With this plan, we don't require you to get a referral to see a specialist for care. You'll get the most value from your plan when using in-network providers, but you can see any provider who participates with Medicare. You don't have to choose a primary care physician (PCP), although selecting one can help you coordinate care.

To confirm that your doctor, clinic or health center is part of the Priority Health Medicare network of providers, go to [priorityhealth.com/findadoc](https://priorityhealth.com/findadoc).



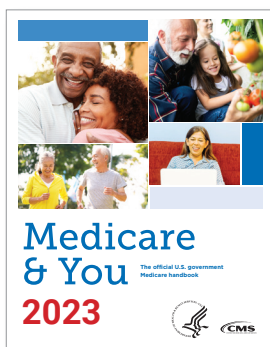
## Prescription coverage

The **PriorityMedicare + Kroger** plan includes prescription drug coverage. To make an informed decision about your Medicare plan, review our provider/pharmacy directory. You generally need to use network pharmacies to fill your prescriptions for covered Part D drugs. To save even more on your prescription costs, use a pharmacy in our preferred pharmacy network. Make sure to review the approved drug list to see which drugs are covered by our plans. You can find in-network pharmacies and approved drugs on our website at [prioritymedicare.com](https://prioritymedicare.com), or call our customer service number.



## Eligibility

In order to join a Priority Health Medicare plan, you need to be enrolled in Medicare Part A and Part B and live in our service area—which includes Wayne, Oakland, Macomb, Saginaw, Genesee, Livingston, Washtenaw or Ingham County. There are no exclusions for pre-existing conditions.



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

View it online at [medicare.gov](https://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.

# Important health insurance terms to know

To help you better understand our plans, here are some common terms you'll come across while researching:



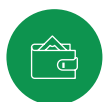
**Deductible:** This is the amount you pay each year before the health plan starts to pay for certain services, and you start paying a portion of the cost (copay or coinsurance). Priority Health Medicare Advantage plans do not have an in-network medical deductible, so you'll start paying only your copay or coinsurance right away. Some plans, like our PPO plans, don't have an out-of-network medical deductible either.



**Coinsurance:** After you've paid your deductible, you may have a coinsurance as your portion of the cost for medical services or prescriptions. Coinsurance is a percentage of the cost of a medical service or prescription and is listed as a benefit in your health plan.

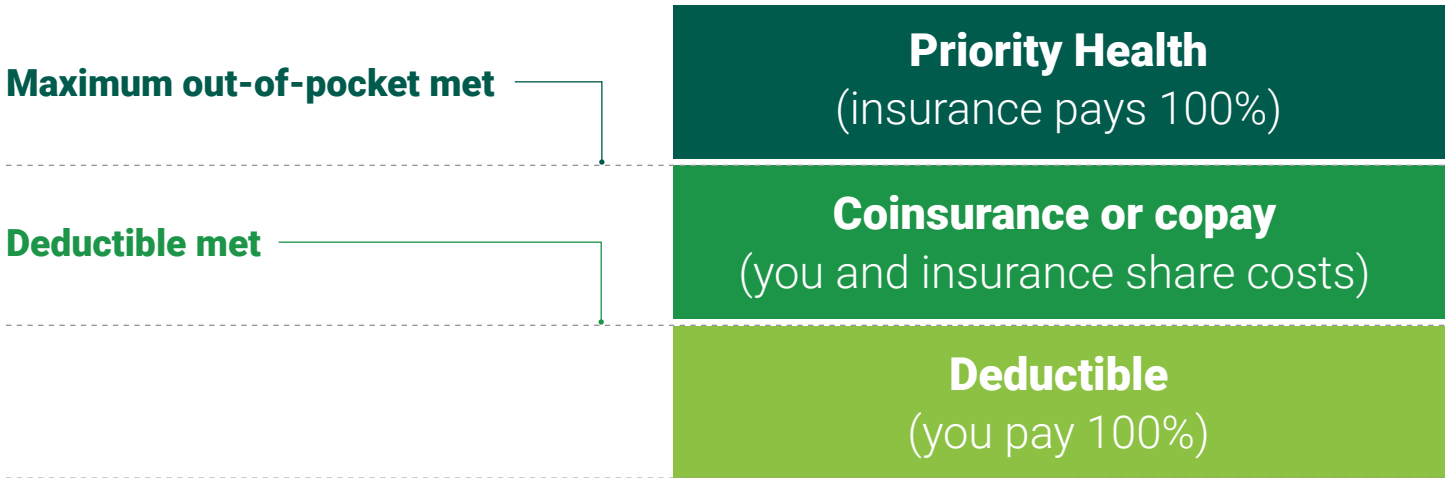


**Copay:** After you've paid your deductible, you may have a copay as your portion of the cost for medical services or prescriptions. This is a fixed amount you pay, generally at the time you receive a health care service or when you get a prescription filled.



**Maximum out-of-pocket:** This is the most you will pay for covered medical services for the year—this means Priority Health pays 100% of the cost after you hit this amount. Your coinsurance or copays count towards the maximum out-of-pocket; premiums and prescription costs do not.

# How do health insurance costs work?



# How does Original Medicare work with Medicare Advantage plans?

Original Medicare (health insurance from the federal government) may not be enough to cover all of your health care needs in retirement. Priority Health Medicare Advantage plans include everything that Original Medicare covers, plus extra benefits and services to help you save money and stay healthy.

	Original Medicare	Priority Health Medicare Advantage Plans
Covers your Medicare Part A and Part B services	●	●
Coverage in addition to Medicare Part A and B		●
Predictable copays and limits to what you'll pay out of pocket for medical care		●
Part D prescription drug coverage		●
Additional dental services		●
Free gym membership		●
Routine vision, including eyewear allowance		●
Routine hearing, including hearing aid coverage		●

# \$0 plan

An open network plan with rich benefits and affordable coverage

## **PriorityMedicare + Kroger**

- *\$0 primary care physician visits*
- *\$0 labs*
- *\$0 diagnostic tests and procedures*
- *\$0 Rx deductible*
- *\$0 virtual visits*

PriorityMedicare + Kroger fully supports members on their health journey.

From discounts on food to comprehensive care—our members are covered.

## PREMIUMS AND BENEFITS | PriorityMedicare + Kroger

Benefits and what you should know	PriorityMedicare + Kroger (PPO)
<b>Plan availability</b>	Genesse, Ingham, Livingston, Macomb, Oakland, Saginaw, Washtenaw and Wayne
<b>Monthly plan premium</b>	\$0 per month. You must keep paying your Medicare Part B premium.
<b>Deductible</b> The amount you'll pay for most covered services before you start paying only copays or coinsurance and Priority Health pays the balance.	<b>Medical services</b> <i>In-network- and out-of-network (combined):</i> \$0  <b>Prescription drugs (Part D)</b> \$0
<b>Maximum out-of-pocket amount</b> This is the most you pay for covered medical services for the year, excluding Part D prescription drugs.	<i>In-network- and out-of-network services (combined):</i> \$4,900

## MEDICAL BENEFITS COVERED UNDER YOUR PLAN

Benefits and what you should know	PriorityMedicare + Kroger (PPO)
<b>Inpatient hospital coverage</b> We cover an unlimited number of days for an inpatient hospital stay.  Prior authorization may be required.	<i>In- and out-of-network:</i> Days 1-5: \$350 each day  Days 6 and beyond: \$0 each day
<b>Outpatient hospital coverage</b> Prior authorization may be required.	<b>Outpatient hospital</b> <i>In- and out-of-network:</i> \$0 for each visit at a rural health clinic  \$275 for each visit at all other locations  <b>Observation</b> <i>In- and out-of-network:</i> \$110 for each visit, including all services received
<b>Ambulatory surgical center coverage</b> Prior authorization may be required.	<i>In- and out-of-network:</i> \$275 for each visit
<b>Doctor visits</b> Prior authorization may be required for some specialist visits.	<b>Primary care physician (PCP)</b> <i>In- and out-of-network:</i> \$0 for each office visit  \$0 for surgical procedures performed in a PCP's office

Benefits and what you should know	Priority Medicare + Kroger (PPO)
<p><b>Doctor visits (continued)</b></p>	<p><b>Specialist visit</b>  <i>In- and out-of-network:</i>            \$0 for palliative care physician office visit            \$0 for surgical procedures performed in a specialist's office            \$40 for all other office visits</p>
<p><b>Preventive care</b>            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.</p>	<p><i>In- and out-of-network:</i> \$0 for each service            A referral from your doctor may be required for some preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p><b>Emergency care</b>            This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit.</p>	<p><i>In- and out-of-network:</i> \$110 for each visit</p>
<p><b>Urgently needed services</b>            This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your urgent care visit.</p>	<p><i>In- and out-of-network:</i> \$40 for each visit</p>
<p><b>Outpatient diagnostic services (labs, radiology/imaging and X-rays)</b>            Prior authorization may be required for some services.</p>	<p><b>Radiology/ imaging</b>  <i>In- and out-of-network:</i> \$275 per day, per provider</p> <p><b>Tests/procedures</b>  <i>In- and out-of-network:</i> \$0 per day, per provider</p> <p><b>Lab services</b>  <i>In- and out-of-network:</i> \$0 per day, per provider</p> <p><b>Outpatient X-rays</b>  <i>In- and out-of-network:</i> \$20 per day, per provider</p> <p><b>Radiation therapy</b>  <i>In- and out-of-network:</i> \$40 per day, per provider</p>
<p><b>Hearing services</b>            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.</p>	<p><b>Medicare-covered diagnostic hearing exam</b>  <i>In- and out-of-network:</i> \$0-\$40 for each office visit</p> <p><b>Routine hearing coverage (TruHearing® provider)</b>            \$0 for one routine hearing exam, per year             \$295, \$695, \$1,095 or \$1,495 copay, per ear per year, for hearing aids from top manufacturers depending on level selected             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</p>



Benefits and what you should know	Priority Medicare + Kroger (PPO)
<p><b>Dental services</b> Prior authorization may be required for Medicare-covered dental services.</p> <p>Delta Dental® is the preferred provider for additional dental services.</p>	<p><b>Medicare-covered dental services</b> <i>In- and out-of-network:</i> \$0-\$275 for each visit, depending on the service performed</p> <p><b>Additional dental services</b></p> <ul style="list-style-type: none"> <li>\$0 for two cleanings (regular or periodontal maintenance) per year</li> <li>\$0 for two exams per year</li> <li>\$0 for one set of bitewing X-rays per year</li> <li>\$0 for one brush biopsy per year</li> <li>\$0 for other X-rays (i.e. panoramic) once every two years</li> <li>\$1,500 annual maximum that applies to the following services: <ul style="list-style-type: none"> <li>\$0 for fillings (includes composite resin and amalgam), once per tooth, every 24 months</li> <li>\$0 for simple extractions, once per tooth per lifetime</li> <li>\$0 for crown repairs, once per tooth every 12 months</li> <li>\$0 for anesthesia, no limit when used during any of the services above</li> </ul> </li> </ul>
<p><b>Vision services</b> Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye and additional Medicare-covered services.</p> <p>In-network routine vision services must be provided by an EyeMed® “Select” provider. If received by a non-EyeMed “Select” provider (out-of-network), you must seek reimbursement. In-network and out-of-network benefit cannot be combined.</p>	<p><b>Medicare-covered services</b> <i>In- and out-of-network:</i></p> <ul style="list-style-type: none"> <li>\$40 for each visit</li> <li>\$0 for eyeglasses or contact lenses after cataract surgery</li> <li>\$0 for a yearly glaucoma screening</li> </ul> <p><b>Routine vision services</b> <i>In-network:</i></p> <ul style="list-style-type: none"> <li>\$0 for one routine exam each year (includes dilation and refraction)</li> <li>\$0 for one retinal imaging per year</li> <li>\$200 eyewear allowance per year</li> </ul> <p><i>Out-of-network:</i></p> <ul style="list-style-type: none"> <li>Up to \$200 reimbursement for eyewear</li> <li>Up to \$50 reimbursement for one routine exam</li> <li>Up to \$20 reimbursement for retinal imaging</li> </ul>

Benefits and what you should know	Priority Medicare + Kroger (PPO)
<p><b>Mental health care</b> We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>Prior authorization may be required.</p>	<p><b>Inpatient visit</b> <i>In- and out-of-network:</i> Days 1-5: \$350 each day Days 6 and beyond: \$0 each day</p> <p><b>Outpatient therapy (individual or group)</b> <i>In- and out-of-network:</i> \$20 for each visit</p>
<p><b>Skilled Nursing Facility (SNF)</b> Our plan covers up to 100 days each benefit period. A benefit period starts the day you go into a SNF and ends when you go for 60 days in a row without SNF care.</p> <p>Prior authorization may be required.</p>	<p><i>In- and out-of-network:</i> Days 1-20: \$0 each day Days 21-100: \$196 each day</p>
<p><b>Physical therapy</b></p>	<p><i>In- and out-of-network:</i> \$40 for each service</p>
<p><b>Ambulance</b> Prior authorization may be required.</p>	<p><i>In- and out-of-network:</i> \$290 each way</p>
<p><b>Transportation</b></p>	<p>Not covered</p>

## PRESCRIPTION DRUG BENEFITS

Prescription drug benefits	Priority Medicare + Kroger (PPO)
<p><b>Medicare Part B drugs</b> Prior authorization or step therapy may be required.</p>	<p><b>Chemotherapy drugs</b> <i>In- and out-of-network:</i> 20% for each drug</p> <p><b>Other Part B drugs</b> <i>In- and out-of-network:</i> 20% for each drug</p> <p><b>Select home infusion drugs:</b> <i>In- and out-of-network:</i> \$0 for each drug</p>

## PART D OUTPATIENT PRESCRIPTION DRUGS

Prescription drug benefits	Priority Medicare + Kroger (PPO)
<b>Deductible stage</b> You'll pay this amount before you begin paying copays or coinsurance only.	\$0
<b>Initial coverage stage</b> 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.	You pay what is listed in the chart below.

## PREFERRED RETAIL PHARMACY

Prescription drug benefits	Priority Medicare + Kroger (PPO)		
Initial coverage stage	30-day supply	60-day supply	90-day supply
<b>Tier 1</b> (Preferred generic)	\$3	\$6	\$0
<b>Tier 2</b> (Generic)	\$10	\$20	\$30
<b>Tier 3</b> (Preferred brand)	\$42	\$84	\$126
<b>Tier 4</b> (Non-preferred drug)	45%	45%	45%
<b>Tier 5</b> (Specialty)	33%	N/A	N/A
<b>Covered Insulin</b> (defined by Medicare)	Up to \$35	Up to \$70	Up to \$105
<b>Vaccines</b> (defined by Medicare)	\$0 for certain vaccines regardless of the drug tier the vaccine is in.		

Your costs will be less for your covered drugs when you use a pharmacy in our preferred network (includes Meijer, Walgreens, Walmart, Rite Aid, Kroger, Family Fare Supermarkets, Costco, Dollar General and Dollar Tree). Go to [prioritymedicare.com](http://prioritymedicare.com) to view the list in the provider/pharmacy directory.

## STANDARD RETAIL PHARMACY

Prescription drug benefits	Priority Medicare + Kroger (PPO)		
Initial coverage stage	30-day supply	60-day supply	90-day supply
<b>Tier 1</b> (Preferred generic)	\$11	\$22	\$33
<b>Tier 2</b> (Generic)	\$18	\$36	\$54
<b>Tier 3</b> (Preferred brand)	\$47	\$94	\$141
<b>Tier 4</b> (Non-preferred drug)	50%	50%	50%
<b>Tier 5</b> (Specialty)	33%	N/A	N/A
<b>Covered Insulin</b> (defined by Medicare)	Up to \$35	Up to \$70	Up to \$105
<b>Vaccines</b> (defined by Medicare)	\$0 for certain vaccines regardless of the drug tier the vaccine is in.		

MAIL ORDER THROUGH EXPRESS SCRIPTS (ESI)			
Prescription drug benefits	Priority Medicare + Kroger (PPO)		
Initial coverage stage	30-day supply	60-day supply	90-day supply
<b>Tier 1</b> (Preferred generic)	\$3	\$6	\$0
<b>Tier 2</b> (Generic)	\$10	\$20	\$0
<b>Tier 3</b> (Preferred brand)	\$42	\$84	\$105
<b>Tier 4</b> (Non-preferred drug)	45%	45%	45%
<b>Tier 5</b> (Specialty)	33%	N/A	N/A
<b>Covered Insulin</b> (defined by Medicare)	Up to \$35	Up to \$70	Up to \$105
<b>Vaccines</b> (defined by Medicare)	\$0 for certain vaccines regardless of the drug tier the vaccine is in.		

Prescription drug benefits	Priority Medicare + Kroger (PPO)
<b>Coverage gap stage</b> (also known as the “donut hole”)	<p>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 a percentage of the cost we have negotiated for the drug:</p> <ul style="list-style-type: none"> <li>• 25% of what we would pay for the covered brand name drug</li> <li>• 25% of what we would pay for the covered generic drug</li> </ul> <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 whether you fill your prescription at a preferred or standard pharmacy.</p> <p>When your out-of-pocket drug costs reach \$7,400, this is the end of the coverage gap stage.</p>
<b>Catastrophic coverage stage</b>	<p>Once your out-of-pocket drug costs reach \$7,400 you will pay the larger amount, which is either:</p> <ul style="list-style-type: none"> <li>• 5% of the drug, or</li> <li>• \$4.15 for generics and</li> <li>• \$10.35 for all other drugs</li> </ul>
<b>Long-term care (LTC)</b>	<p>If you are a resident of a long-term care (LTC) facility, you may get your prescription drugs through the facility’s pharmacy as long as it is part of our network.</p>

## OPTIONAL ENHANCED DENTAL AND VISION PACKAGE

Benefits and what you should know	Priority Medicare + Kroger (PPO)
<b>Benefits</b>	Additional dental coverage, including coverage for dental services and an additional vision allowance for use on eyeglasses or contacts
<b>Premium</b>	\$29.00 per month. You must keep paying your Medicare Part B premium.
<b>Deductible</b>	\$0
<b>Maximum plan benefit coverage amount</b>	\$2,500 for dental services and an additional \$150 for eyewear, per calendar year
<p><b>Dental services</b> Delta Dental® is the preferred provider for additional dental services.</p> <p><b>Dental services (continued)</b></p>	<p>\$0 copay for one fluoride treatment per year</p> <p>\$0 copay for emergency treatment of dental pain and anesthesia, no limit</p> <p>50% of the cost for implants &amp; implant repairs per tooth every 5 years</p> <p>50% of the cost for surgical extractions, once per tooth per lifetime</p> <p>50% of the cost for endodontics, once per tooth, every 24 months</p> <p>50% of the cost of dentures once every 60 months, denture relines and repairs and bridge repairs, once every 36 months</p> <p>50% of the cost of onlays, crowns and associated substructures, once per tooth, every 60 months</p>
<p><b>Vision services</b> In-network vision services must be provided by an EyeMed® "Select" provider. If received by a non-EyeMed "Select" provider (out-of-network), you must seek reimbursement. In-network and out of-network benefits cannot be combined.</p>	\$150 additional eyewear allowance/reimbursement per year

## ADDITIONAL MEDICAL BENEFITS COVERED UNDER YOUR PLAN

Benefits and what you should know	Priority Medicare + Kroger (PPO)
<p><b>Abridge</b></p>	<p>\$0</p> <p>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.</p> <p><i>*Medical professionals must verbally consent to being recorded.</i></p>
<p><b>Acupuncture</b></p>	<p><b>Medicare-covered acupuncture for lower chronic back pain</b>  <i>In- and out-of-network: \$20 per visit</i></p> <p><b>Non-Medicare covered routine acupuncture for other conditions</b>  <i>In- and out-of-network: \$20 per visit (limit 6 visits each year)</i></p>
<p><b>Annual preventive physical exam</b>            You're free to talk at your annual preventive exam. When we say no cost, we mean it - \$0 annual physical exam, without the worry of being charged for an office visit. This is an opportunity for you and your physician to discuss any concerns or questions you have.</p>	<p><i>In- and out-of-network: \$0 for an exam</i></p>
<p><b>BrainHQ</b>            Access to online exercises and games that improve memory, attention, brain speed and more. Train on any device like a computer, tablet or smartphone.</p>	<p>\$0</p>
<p><b>Chiropractic care</b></p>	<p><b>Medicare-covered care</b>  <i>In- and out-of-network: \$20 for each visit</i></p> <p><b>Non-Medicare covered routine care</b>  <i>In- and out-of-network: \$20 for each visit</i></p> <p>\$20 for X-ray services performed once per year</p> <p>Limited to 12 non-Medicare covered routine visits per year whether done in- or out-of-network.</p>
<p><b>Dialysis</b></p>	<p><i>In- and out-of-network: 20% for each service</i></p>
<p><b>Home health services</b>            Prior authorization may be required.</p>	<p><i>In- and out-of-network: \$0 for each Medicare-covered service</i></p>

Benefits and what you should know	Priority Medicare + Kroger (PPO)
<p><b>Meal benefit</b> Home-delivered meals, provided through Mom's Meals following a discharge from a hospital (acute or psychiatric) or Skilled Nursing Facility (SNF) stay.</p>	<p>\$0 for 28 meals following a discharge (limit 4 times per year)</p>
<p><b>Medical equipment and supplies</b> Examples include diabetic supplies (shoes/inserts, diabetic test strips), durable medical equipment (wheelchairs, oxygen, insulin pumps) and prosthetic devices (braces, artificial limbs).  Diabetic test strips are limited to JJHCS and Bayer products when dispensed by a retail pharmacy or mail-order pharmacy.  Prior authorization may be required.</p>	<p><b>Diabetes supplies</b> <i>In- and out-of-network:</i> \$0 for each item</p> <p><b>Durable medical equipment</b> <i>In- and out-of-network:</i> 20% for each item</p> <p><b>Prosthetic devices</b> <i>In- and out-of-network:</i> \$0-20% for each item, depending on the device</p>
<p><b>OTC Plus</b> Use your OTC Plus card to purchase over-the-counter drugs and health-related products that do not need a prescription such as; allergy medication, eye drops, cough drops, nasal spray, vitamins and more.  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.</p>	<p>\$25 allowance per month for OTC items and if eligible, healthy food.  Eligible OTC items and healthy food can be purchased at Kroger stores. OTC items may also be purchased online at <i>PriorityHealth.com/OTC</i>, by phone or by mail using the plan's OTC catalog for home delivery.</p>
<p><b>Podiatry services</b></p>	<p><i>In- and out-of-network:</i> \$40 for each visit</p> <p>\$0 for nail debridement and callous removal for members with specific conditions (up to 6 of each)</p>
<p><b>Priority Health Travel Pass</b></p>	<p><b>Out-of-area travel benefit</b> You'll pay in-network prices when seeking care from Medicare-participating providers anywhere in the U.S. outside of the lower peninsula of Michigan if your plan has a different cost-share for in-network and out-of-network benefits/services. Our partnership with Multiplan® can make accessing Medicare-participating providers even easier.  You may stay enrolled in the plan when outside of the service area for up to 12 months, as long as your permanent residency remains in your plans service area.</p> <p><b>Worldwide urgent and emergent care</b> Unlimited worldwide emergent and urgent care coverage.</p>

Benefits and what you should know	Priority Medicare + Kroger (PPO)
<p><b>Priority Health Travel Pass (continued)</b></p>	<p><b>Worldwide travel assistance program</b>            \$0 for emergency travel assistance services through Assist America® when you're more than 100 miles from home or in a foreign country. 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 but also assistance while on your trip should a medical travel emergency arise, like needing help replacing lost or forgotten prescriptions (costs may apply for the prescriptions drugs), retrieval of vehicles or other valuable property left stranded because of a medical situation and more, at no extra cost to you.</p> <p>You will still pay for benefits covered by Priority Health Medicare, such as emergency, urgent care or prescription drug copays.</p>
<p><b>Rehabilitation services</b></p>	<p><b>Cardiac, pulmonary rehabilitation services and supervised exercise therapy (SET) services</b>  <i>In- and out-of-network: \$20 for each service</i></p> <p><b>Physical therapy, occupational therapy and speech therapy services</b>  <i>In- and out-of-network: \$40 for each service</i></p>
<p><b>SilverSneakers®</b>            Fitness membership</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 kits.</p> <p>You can also sign up for Tuition Rewards® through SilverSneakers to earn money towards 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><b>Virtual care</b>            Online care you receive from the comfort of your home, or wherever you may be, with a virtual visit via video on your computer, smart phone or tablet.</p>	<p><i>In-network: \$0 virtual visits with primary care, specialist and behavioral health providers.</i></p> <p>Available 24/7, virtual visits let you see a provider for, and get treatment for, non-emergency care.</p> <p><i>Out-of-network: Not covered</i></p>



**PREMIUMS AND BENEFITS | Monthly Premiums**

Counties	Priority Medicare + Kroger (PPO)
Genesse, Ingham, Livingston, Macomb, Oakland, Saginaw, Washtenaw and Wayne	\$0

# 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 Medicare expert at **888.356.1369** from 8 a.m. to 8 p.m., seven days a week (TTY 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 [prioritymedicare.com](https://prioritymedicare.com) or call 888.356.1369 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



In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.



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



Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services for HMO-POS plans that are provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.



Priority Health's pharmacy network includes limited lower-cost, preferred pharmacies in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 888.389.6648, TTY users call 711, or consult the online pharmacy directory at [prioritymedicare.com](http://prioritymedicare.com).

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 HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.