Optional Enhanced Dental and Vision package

Plan	Monthly premium	Vision in-network	Dental in-network
PriorityMedicare Value℠ (HMO-POS) *This package is available with additional plans not shown here, see the summary of benefits for details.*	$36	**Eyewear:** $150 eyewear allowance, per calendar year	**Dental services:** $0 copay for fillings, crown repair, anesthesia and emergency treatment of dental pain. 50% of the cost for implants and implant related services, crowns, root canals, simple extractions (nonsurgical), and relines and repairs to bridges and dentures. 30% of the cost for oral surgery (e.g. surgical extractions). $1,500 yearly limit per calendar year.
PriorityMedicare Edge℠ (PPO) **Priority**Medicare Compass℠ (PPO) **Priority**Medicare Key℠ (HMO-POS) **Priority**Medicare Vital℠ (PPO) **Priority**Medicare Ideal℠ (PPO)	$37	**Eyewear:** $150 eyewear allowance, per calendar year	**Dental services:** $0 copay for a brush biopsy, fillings, crown repair, anesthesia and emergency treatment of dental pain. And all other radiographs (e.g. panoramic X-rays). 50% of the cost for implants and implant related services, crowns, root canals, simple extractions (nonsurgical), and relines and repairs to bridges and dentures. 30% of the cost for oral surgery (e.g. surgical extractions). $1,500 yearly limit per calendar year.

2021 Priority Health Medicare Advantage benefit comparison

Summary of the most frequently used benefits on many of our plans. A complete list is available in the Evidence of Coverage document.

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Benefit (In-network)	**Priority**Medicare Edge℠ (PPO) *Available in select counties; see the listing in the premiums chart.*	**Priority**Medicare Compass℠ (PPO) *Available in select counties; see the listing in the premiums chart.*	**Priority**Medicare Key℠ (HMO-POS)
Medical Deductible	$0	$0	$0
Office visit: primary care	$0 copay	$0 copay	$10 copay
Office visit: specialist	$40 copay	$50 copay	$45 copay
Annual physical exam	$0 copay	$0 copay	$0 copay
Virtual care visit with a primary care provider, specialist or behavioral health provider	$0 copay	$0 copay	$0 copay
Outpatient diagnostic services (labs, imaging, X-rays)	$0 copay for lab services $0 copay for diagnostic procedures and tests $20 copay for X-rays $275 copay for diagnostic radiology/imaging	$20 copay for lab services $20 copay for diagnostic procedures and tests $20 copay for X-rays $275 copay for diagnostic radiology/imaging	$10 copay for lab services $10 copay for diagnostic procedures and tests $35 copay for X-rays $150 copay for diagnostic radiology/imaging
Preventive dental (by Delta Dental)	$0 copay for two exams and two cleanings each year $0 for one set of bitewing X-rays each year	$0 copay for two exams and two cleanings each year $0 for one set of bitewing X-rays each year	$0 copay for two exams and two cleanings each year $0 for one set of bitewing X-rays each year
Routine vision (by EyeMed)	$0 copay for one routine eye exam each year $100 eyewear allowance each year $0 for one retinal imaging each year	$0 copay for one routine eye exam each year $100 eyewear allowance each year $0 for one retinal imaging each year	$0 copay for one routine eye exam each year $100 eyewear allowance each year $0 for one retinal imaging each year
Routine hearing (by TruHearing)	$0 copay 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	$0 copay 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	$0 copay 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
Over-the-counter (OTC) allowance For use on drugs and health-related products that do not need a prescription.	$50 per quarter	$25 per quarter	$75 per quarter in regions 1, 2, and 5 $50 per quarter in regions 3 and 4 *Regions listed in premiums chart*
Inpatient hospital coverage	$350 copay per day, days 1-5	$350 copay per day, days 1-5	$325 copay per day, days 1-6
Outpatient hospital coverage (ambulatory surgery center or outpatient hospital facility)	$325 copay for each visit	$325 copay for each visit	$290 copay for each visit
Outpatient hospital observation	$90 copay for each in-network or out-of-network visit, including all services received	$90 copay for each in-network or out-of-network visit, including all services received	$90 copay for each in-network or out-of-network visit, including all services received
Unlimited U.S. & worldwide emergency / urgently needed services	$90 copay / $30 copay	$90 copay / $30 copay	$90 copay / $50 copay
Durable medical equipment (e.g., wheelchairs, oxygen or insulin pumps)	20% coinsurance	20% coinsurance	20% coinsurance
Companion care (by Papa)	$0 for up to 8 hours of companion care each month	Not covered	Not covered
Chiropractic (Medicare-covered / Routine)	$20 copay for each Medicare-covered visit / $20 copay for each routine visit (limit 12) and $20 copay for one chiropractic X-ray	$20 copay for each Medicare-covered visit / $20 copay for each routine visit (limit 12) and $20 copay for one chiropractic X-ray	$20 copay for each Medicare-covered visit / $20 copay for each routine visit (limit 12) and $35 copay for one chiropractic X-ray
Acupuncture (Medicare-covered / Routine)	$20 copay for each Medicare-covered visit / $20 copay for each routine visit (limit 6)	$20 copay for each Medicare-covered visit / $20 copay for each routine visit (limit 6)	$20 copay for each Medicare-covered visit / $20 copay for each routine visit (limit 6)
Annual out-of-pocket maximum	$5,300 combined in- and out-of-network	$5,500 combined in- and out-of-network	$5,500

NOT ALL AVAILABLE PLANS ARE SHOWN HERE, SEE THE SUMMARY OF BENEFITS FOR ADDITIONAL PLANS.

2021 Priority Health Medicare Advantage benefit comparison

Summary of the most frequently used benefits on many of our plans. A complete list is available in the Evidence of Coverage document.

	MORE THAN ORIGINAL MEDICARE FOR $0	BEST PLANS FOR CHRONIC CONDITION MANAGEMENT	
Benefit (In-network)	**Priority**Medicare Vital℠ (PPO) *Available in select counties; see the listing in the premiums chart.*	**Priority**Medicare Ideal℠ (PPO)	**Priority**Medicare Value℠ (HMO-POS)
Medical Deductible	$0	$0	$0
Office visit: primary care	20% coinsurance	$15 copay	$5 copay
Office visit: specialist	20% coinsurance	$45 copay	$45 copay
Annual physical exam	$0 copay	$0 copay	$0 copay
Virtual care visit with a primary care provider, specialist or behavioral health provider	20% coinsurance	$0 copay	$0 copay
Outpatient diagnostic services (labs, imaging, X-rays)	$0 copay for lab services 20% coinsurance for diagnostic procedures and tests 20% coinsurance for X-rays 20% coinsurance for diagnostic radiology/imaging	$15 copay for lab services $15 copay for diagnostic procedures and tests $40 copay for X-rays $150 copay for diagnostic radiology/imaging	$10 copay for lab services $10 copay for diagnostic procedures and tests $35 copay for X-rays $225 copay for diagnostic radiology/imaging
Preventive dental (by Delta Dental)	$0 copay for two exams and two cleanings each year $0 for one set of bitewing X-rays each year	$0 copay for two exams and two cleanings each year $0 for one set of bitewing X-rays each year	$0 copay for two exams and two cleanings each year $0 copay for one set of bitewing X-rays each year $0 copay for one brush biopsy each year and $0 for all other X-rays (once every 2 years)
Routine vision (by EyeMed)	$0 copay for one routine eye exam each year $100 eyewear allowance each year $0 for one retinal imaging each year	$0 copay for one routine eye exam each year $100 eyewear allowance each year $0 for one retinal imaging each year	$0 copay for one routine eye exam each year $100 eyewear allowance each year $0 for one retinal imaging each year
Routine hearing (by TruHearing)	$0 copay for one routine hearing exam, per year $0 copay for up to 2 TruHearing-branded 'Advanced' hearing aids, one per ear per year	$0 copay 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	$0 copay 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
Over-the-counter (OTC) allowance For use on drugs and health-related products that do not need a prescription.	$40 per quarter	$75 per quarter	$25 per quarter
Inpatient hospital coverage	$400 copay per day, days 1-4	$300 copay per day, days 1-6	$325 copay per day, days 1-5
Outpatient hospital coverage (ambulatory surgery center or outpatient hospital facility)	20% coinsurance for each visit	$250 copay for each visit	$225 copay for each visit
Outpatient hospital observation	20% coinsurance for each in-network or out-of-network visit, including all services received	$90 copay for each in-network or out-of-network visit, including all services received	$90 copay for each in-network or out-of-network visit, including all services received
Unlimited U.S. & worldwide emergency / urgently needed services	20% coinsurance / 20% coinsurance	$90 copay / $50 copay	$90 copay / $55 copay
Durable medical equipment (e.g., wheelchairs, oxygen or insulin pumps)	20% coinsurance	20% coinsurance	20% coinsurance
Companion care (by Papa)	Not covered	$0 for up to 8 hours of companion care each month	Not covered
Chiropractic (Medicare-covered / Routine)	20% coinsurance for each Medicare-covered visit / 20% coinsurance for each routine visit (limit 12) and 20% coinsurance for one chiropractic X-ray	$20 copay for each Medicare-covered visit / $20 copay for each routine visit (limit 12) and $40 copay for one chiropractic X-ray	$20 copay for each Medicare-covered visit / Not covered
Acupuncture (Medicare-covered / Routine)	$20 copay for each Medicare-covered visit / $20 copay for each routine visit (limit 6)	$20 copay for each Medicare-covered visit / $20 copay for each routine visit (limit 6)	$20 copay for each Medicare-covered visit / $20 copay for each routine visit (limit 6)
Annual out-of-pocket maximum	$6,000 combined in- and out-of-network	$5,800 combined in- and out-of-network	$4,900

Part D prescription drugs benefits summary

Amounts shown are for a one-month (30-day) retail supply, unless otherwise noted. Benefits shown are for the initial coverage period which lasts until your total drug costs reach $4,130.

	PriorityMedicare Edge℠ (PPO)	**Priority**Medicare Compass℠ (PPO)	**Priority**Medicare Key℠ (HMO-POS)
Part D deductible	$0 deductible, tiers 1–5	$0 deductible, tiers 1 & 2, $100 deductible, tiers 3-5	$0 deductible, tiers 1 & 2, $100 deductible, tiers 3-5
Tier 1 (preferred generic)	$2 (preferred retail) $6 (standard retail) $0 (90-day mail order)	$4 (preferred retail) $10 (standard retail) $0 (90-day mail order)	$4 (preferred retail) $10 (standard retail) $0 (90-day mail order)
Tier 2 (generic)	$8 (preferred retail) $13 (standard retail) $0 (90-day mail order)	$15 (preferred retail) $20 (standard retail) $0 (90-day mail order)	$15 (preferred retail) $20 (standard retail) $0 (90-day mail order)
Tier 3 (preferred brand)	$38 (preferred retail) $43 (standard retail)	$42 (preferred retail) $47 (standard retail)	$42 (preferred retail) $47 (standard retail)
Tier 4 (non-preferred drug)	40% coinsurance (preferred retail) 45% coinsurance (standard retail)	45% coinsurance (preferred retail) 50% coinsurance (standard retail)	45% coinsurance (preferred retail) 50% coinsurance (standard retail)
Tier 5 (specialty)	33% coinsurance	31% coinsurance	31% coinsurance

	PriorityMedicare Vital℠ (PPO)	**Priority**Medicare Ideal℠ (PPO)	**Priority**Medicare Value℠ (HMO-POS)
Part D deductible	$0 deductible, tiers 1 & 2, $350 deductible, tiers 3-5	$0 deductible, tiers 1 & 2, $125 deductible, tiers 3-5	$0 deductible, tiers 1 & 2, $75 deductible, tiers 3-5*
Tier 1 (preferred generic)	$1(preferred retail) $6 (standard retail) $0 (90-Day Mail Order)	$4 (preferred retail) $9 (standard retail) $0 (90-day mail order)	$2 (preferred retail) $7 (standard retail) $0 (90-day mail order)
Tier 2 (generic)	$4 (preferred retail) $10 (standard retail) $0 (90-Day Mail Order)	$13 (preferred retail) $18 (standard retail) $0 (90-day mail order)	$10 (preferred retail) $15 (standard retail) $0 (90-day mail order)
Tier 3 (preferred brand)	$42 (preferred retail) $47 (standard retail)	$42 (preferred retail) $47 (standard retail)	$42 (preferred retail) $47 (standard retail) $35 (preferred or standard retail) for Lantus and Toujeo
Tier 4 (non-preferred drug)	45% coinsurance (preferred retail) 50% coinsurance (standard retail)	50% coinsurance (preferred retail) 50% coinsurance (standard retail)	50% coinsurance (preferred retail) 50% coinsurance (standard retail)
Tier 5 (specialty)	26% coinsurance	30% coinsurance	31% coinsurance

The Value plan offers coverage in the gap for select insulins; Humalog, Humulin 100 unit/ml products, Lantus and Toujeo. *See page 15 for more details.*

**Deductible does not apply to tier 3 insulins Lantus and Toujeo.*

2021 monthly premiums

	PriorityMedicare Edge℠ (PPO)	**Priority**Medicare Compass℠ (PPO)	**Priority**Medicare Key℠ (HMO-POS)
Region 1 *Allegan, Barry, Kent, Lenawee, Ottawa*	$0	**Priority**Medicare Compass is not available in these counties.	$0
Region 2 *Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford*	$0		$0
Region 3 *Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe*	**Priority**Medicare Edge is not available in these counties.	$0	$0
Region 4 *Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph*		$0	$0
Region 5 *Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne*	$0	**Priority**Medicare Compass is not available in these counties.	$0

	PriorityMedicare Vital℠ (PPO)	**Priority**Medicare Ideal℠ (PPO)	**Priority**Medicare Value℠ (HMO-POS)
Region 1 *Allegan, Barry, Kent, Lenawee, Ottawa*	$0	$23	$13
Region 2 *Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford*	$0	$19	$32
Region 3 *Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe*	**Priority**Medicare Vital is not available in these counties.	$25	$73
Region 4 *Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph*		$23	$68
Region 5 *Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne*	$0	$20	$45