

2021 My**Priority** Plan Overviews

Open enrollment period

Plan details and benefits

Summary of frequently used benefits. Full plan details and documents are available at priorityhealth.com

Bronze plans

MyPriority HMO HSA Bronze 7000

Benefits apply to our full and narrow network plan options:

MyPriority HMO HSA Bronze 7000
MyPriority HMO HSA Bronze 7000 – Spectrum Health Partners
MyPriority HMO HSA Bronze 7000 – Bronson Healthcare Partners
MyPriority HMO HSA Bronze 7000 – Beaumont Health Network
MyPriority HMO HSA Bronze 7000 – St. John Providence Network
MyPriority HMO HSA Bronze 7000 – St. Joseph Mercy Health System Network

MyPriority HMO Bronze 8550

Benefits apply to our full and narrow network plan options:

MyPriority HMO Bronze 8550
MyPriority HMO Bronze 8550 – Spectrum Health Partners
MyPriority HMO Bronze 8550 – Bronson Healthcare Partners
MyPriority HMO Bronze 8550 – Beaumont Health Network
MyPriority HMO Bronze 8550 – St. John Providence Network
MyPriority HMO Bronze 8550 – St. Joseph Mercy Health System Network
MyPriority HMO Bronze 8550 – Telehealth PCP

Silver plans

MyPriority HMO Silver 2400 50+ – Off-Marketplace

Benefits apply to our full and narrow network plan options:

MyPriority HMO Silver 2400 50+ – Off-Marketplace
MyPriority HMO Silver 2400 50+ – Off-Marketplace - Spectrum Health Partners
MyPriority HMO Silver 2400 50+ – Off-Marketplace - Bronson Healthcare Partners
MyPriority HMO Silver 2400 50+ – Off-Marketplace - Beaumont Health Network
MyPriority HMO Silver 2400 50+ – Off-Marketplace - St. John Providence Network
MyPriority HMO Silver 2400 50+ – Off-Marketplace - St. Joseph Mercy Health System Network

MyPriority HMO Silver 2400 50+

Benefits apply to our full and narrow network plan options:

MyPriority HMO Silver 2400 50+
MyPriority HMO Silver 2400 50+ – Spectrum Health Partners
MyPriority HMO Silver 2400 50+ – Bronson Healthcare Partners
MyPriority HMO Silver 2400 50+ – Beaumont Health Network
MyPriority HMO Silver 2400 50+ – St. John Providence Network
MyPriority HMO Silver 2400 50+ – St. Joseph Mercy Health System Network

MyPriority HMO HSA Silver 3000 – Off-Marketplace

Benefits apply to our full and narrow network plan options:

MyPriority HMO HSA Silver 3000 – Off-Marketplace
MyPriority HMO HSA Silver 3000 – Off-Marketplace – Spectrum Health Partners
MyPriority HMO HSA Silver 3000 – Off-Marketplace – Bronson Healthcare Partners
MyPriority HMO HSA Silver 3000 – Off-Marketplace – Beaumont Health Network
MyPriority HMO HSA Silver 3000 – Off-Marketplace – St. John Providence Network
MyPriority HMO HSA Silver 3000 – Off-Marketplace – St. Joseph Mercy Health System Network

MyPriority HMO Silver 3400 – Off-Marketplace

Benefits apply to our full and narrow network plan options:

MyPriority HMO Silver 3400 – Off-Marketplace
MyPriority HMO Silver 3400 – Off-Marketplace – Spectrum Health Partners
MyPriority HMO Silver 3400 – Off-Marketplace – Bronson Healthcare Partners
MyPriority HMO Silver 3400 – Off-Marketplace – Beaumont Health Network
MyPriority HMO Silver 3400 – Off-Marketplace – St. John Providence Network
MyPriority HMO Silver 3400 – Off-Marketplace – St. Joseph Mercy Health System Network

MyPriority HMO Silver 3400

Benefits apply to our full and narrow network plan options:

MyPriority HMO Silver 3400
MyPriority HMO Silver 3400 – Spectrum Health Partners
MyPriority HMO Silver 3400 – Bronson Healthcare Partners
MyPriority HMO Silver 3400 – Beaumont Health Network
MyPriority HMO Silver 3400 – St. John Providence Network
MyPriority HMO Silver 3400 – St. Joseph Mercy Health System Network

MyPriority HMO Silver 5500 – Off-Marketplace

Benefits apply to our full and narrow network plan options:

MyPriority HMO Silver 5500 - Off-Marketplace
MyPriority HMO Silver 5500 - Off-Marketplace – Spectrum Health Partners
MyPriority HMO Silver 5500 - Off-Marketplace – Bronson Healthcare Partners
MyPriority HMO Silver 5500 - Off-Marketplace – Beaumont Health Network
MyPriority HMO Silver 5500 - Off-Marketplace – St. John Providence Network
MyPriority HMO Silver 5500 - Off-Marketplace – St. Joseph Mercy Health System Network
MyPriority HMO Silver 5500 - Off-Marketplace – Telehealth PCP

MyPriority HMO Silver 5500

Benefits apply to our full and narrow network plan options:

MyPriority HMO Silver 5500
MyPriority HMO Silver 5500 – Spectrum Health Partners
MyPriority HMO Silver 5500 – Bronson Healthcare Partners
MyPriority HMO Silver 5500 – Beaumont Health Network
MyPriority HMO Silver 5500 – St. John Providence Network
MyPriority HMO Silver 5500 – St. Joseph Mercy Health System Network
MyPriority HMO Silver 5500 – Telehealth PCP

Gold plans

MyPriority HMO Gold 1100

Benefits apply to our full network plan option:

MyPriority HMO Gold 1100

MyPriority HMO Gold Copay+

Benefits apply to our narrow network plan options:

MyPriority HMO Gold Copay+ – Spectrum Health Partners

MyPriority HMO Gold Copay+ – Bronson Healthcare Partners

MyPriority HMO Gold Copay+ – Beaumont Health Network

MyPriority HMO Gold Copay+ – St. John Providence Network

MyPriority HMO Gold Copay+ – St. Joseph Mercy Health System Network

MyPriority HMO HSA Bronze 7000

Full network option

PLAN	MyPriority HMO HSA Bronze 7000
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$7,000 / \$14,000
Out-of-pocket limit: Individual / family	\$7,000 / \$14,000
Coinsurance: Plan pays / member pays	100% / 0% HSA Bronze plans have 0% coinsurance for all services, because the deductible is equal to the out-of-pocket limit
Office visits: Primary care	100% / 0%; office visits only, after deductible
Office visits: Urgent care	
Office visits: Specialist	
Office visits: Mental health	
Virtual visits: 24/7 access to a doctor via mobile device or web	100% / 0%, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	100% / 0%, after deductible
Outpatient surgery	100% / 0%, after deductible
Diagnostic tests, X-rays, lab services and radiology services	100% / 0%, after deductible
Emergency services	100% / 0%, after deductible. Out-of-network emergency services are covered at the in-network benefit level.
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.
Outpatient physical and occupational therapy (including chiropractic)	100% / 0%, 30 combined visits per year, after deductible
Allergy	100% / 0%, after deductible
In-home hospice, in-home health care	100% / 0%, after deductible
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	100% / 0%, after deductible
PRESCRIPTION DRUG COVERAGE	
Tier 1a and 1b drugs	100% / 0%, after deductible
Tier 2 drugs	
Tier 3 drugs	
Tier 4 and 5 drugs	

Narrow network options¹

PLAN	Spectrum Health Partners ²	Bronson Healthcare Partners ³	Beaumont Health Network ⁴	St. John Providence Network ⁵	St. Joseph Mercy Health System Network ⁶
NETWORK	Available only to residents who live in Kent County	Available only to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties
Deductible: Individual / family	\$7,000 / \$14,000				
Out-of-pocket limit: Individual / family	\$7,000 / \$14,000				
Coinsurance: Plan pays / member pays	100% / 0% HSA Bronze plans have 0% coinsurance for all services, because the deductible is equal to the out-of-pocket limit				
Office visits: Primary care	100% / 0%; office visits only, after deductible				
Office visits: Urgent care					
Office visits: Specialist					
Office visits: Mental health					
Virtual visits: 24/7 access to a doctor via mobile device or web	100% / 0%, before deductible				
Maternity	Routine prenatal and postnatal care covered in full, after deductible				
Inpatient hospital care <i>(includes labor and delivery)</i>	100% / 0%, after deductible				
Outpatient surgery	100% / 0%, after deductible				
Diagnostic tests, X-rays, lab services and radiology services	100% / 0%, after deductible				
Emergency services	100 / 0%, after deductible. Out-of-network emergency services are covered at the in-network benefit level.				
Preventive services <i>(including annual physical exam)</i>	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Deductible does not apply.				
Outpatient physical and occupational therapy <i>(including chiropractic)</i>	100% / 0%, 30 combined visits per year, after deductible				
Allergy	100% / 0%, after deductible				
In-home hospice, in-home health care	100% / 0%, after deductible				
Dental	Available as supplemental coverage with our partner Delta Dental®				
Vision coverage	Available as supplemental coverage with our partner EyeMed®				
Global travel emergency assistance	Included (provided by Assist America®)				
Retail health clinics	100% / 0%, after deductible				
PRESCRIPTION DRUG COVERAGE					
Tier 1a and 1b drugs	100% / 0%, after deductible				
Tier 2 drugs					
Tier 3 drugs					
Tier 4 and 5 drugs					

¹Members must receive care within the narrow network's system of doctors and hospitals. Care received outside of the network will not be covered, and members will be required to cover the full cost for out-of-network care. ²Spectrum Health Partners is a narrow network available only to residents of Kent County. ³Bronson Healthcare Partners is a narrow network only available to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County. ⁴Beaumont Health Network is a narrow network available only to residents of Wayne, Oakland and Macomb counties. ⁵St. John Providence Health Network is a narrow network only available to residents who live in Wayne, Oakland and Macomb counties. ⁶St. Joseph Mercy Health System Network is a narrow network only available to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties.

MyPriority HMO Bronze 8550

Full network option

PLAN	MyPriority HMO Bronze 8550
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$8,550 / \$17,100
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100
Coinsurance: Plan pays / member pays	100% / 0%
Office visits: Primary care	\$30 copay; office visits only, before deductible
Office visits: Urgent care	\$75 copay; office visits only, before deductible
Office visits: Specialist	100% / 0%; office visits only, after deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	100% / 0%, after deductible
Outpatient surgery	100% / 0%, after deductible
Diagnostic tests, X-rays, lab services and radiology services	100% / 0%, after deductible
Emergency services	100% / 0%, after deductible. Out-of-network emergency services are covered at the in-network benefit level.
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.
Outpatient physical and occupational therapy (including chiropractic)	100% / 0%, 30 combined visits per year, after deductible
Allergy	100% / 0%, after deductible
In-home hospice, in-home health care	100% / 0%, after deductible
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	\$75 copay, before deductible
PRESCRIPTION DRUG COVERAGE	
Tier 1a drugs	\$5 copay, before deductible
Tier 1b drugs	\$20 copay, before deductible
Tier 2 drugs	100% / 0%, after deductible
Tier 3 drugs	100% / 0%, after deductible
Tier 4 and 5 drugs	100% / 0%, after deductible

Narrow network options¹

PLAN	Spectrum Health Partners ²	Bronson Healthcare Partners ³	Beaumont Health Network ⁴	St. John Providence Network ⁵	St. Joseph Mercy Health System Network ⁶
NETWORK	Available only to residents who live in Kent County	Available only to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties
Deductible: Individual / family	\$8,550 / \$17,100				
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100				
Coinsurance: Plan pays / member pays	100% / 0%				
Office visits: Primary care	\$30 copay; office visits only, before deductible				
Office visits: Urgent care	\$75 copay; office visits only, before deductible				
Office visits: Specialist	100% / 0%; office visits only, after deductible				
Office visits: Mental health	\$30 copay; office visits only, before deductible				
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible				
Maternity	Routine prenatal and postnatal care covered in full, before deductible				
Inpatient hospital care (includes labor and delivery)	100% / 0%, after deductible				
Outpatient surgery	100% / 0%, after deductible				
Diagnostic tests, X-rays, lab services and radiology services	100% / 0%, after deductible				
Emergency services	100 / 0%, after deductible . Out-of-network emergency services are covered at the in-network benefit level.				
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible .				
Outpatient physical and occupational therapy (including chiropractic)	100% / 0%, 30 combined visits per year, after deductible				
Allergy	100% / 0%, after deductible				
In-home hospice, in-home health care	100% / 0%, after deductible				
Dental	Available as supplemental coverage with our partner Delta Dental®				
Vision coverage	Available as supplemental coverage with our partner EyeMed®				
Global travel emergency assistance	Included (provided by Assist America®)				
Retail health clinics	\$75 copay, before deductible				
PRESCRIPTION DRUG COVERAGE					
Tier 1a drugs	\$5 copay, before deductible				
Tier 1b drugs	\$20 copay, before deductible				
Tier 2 drugs	100% / 0%, after deductible				
Tier 3 drugs	100% / 0%, after deductible				
Tier 4 and 5 drugs	100% / 0%, after deductible				

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MyPriority HMO Bronze 8550 – Telehealth PCP

Full network option

PLAN	MyPriority HMO Bronze 8550 – Telehealth PCP
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$8,550 / \$17,100
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100
Coinsurance: Plan pays / member pays	100% / 0%
Doctor on Demand virtual visits: Primary care	\$30 copay; before deductible referral needed from Doctor on Demand to seek care from another provider
Doctor on Demand virtual visits: Urgent care	\$75 copay; before deductible referral needed from Doctor on Demand to seek care from another provider
Doctor on Demand virtual visits: Specialist	100% / 0%; after deductible referral needed from Doctor on Demand to seek care from another provider
Doctor on Demand virtual visits: Mental health	\$30 copay; before deductible referral needed from Doctor on Demand to seek care from another provider
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible. Provided by Doctor on Demand, referral needed to utilize another provider
Inpatient hospital care (includes labor and delivery)	100% / 0%, after deductible, referral needed from Doctor on Demand
Outpatient surgery	100% / 0%, after deductible, referral needed from Doctor on Demand
Diagnostic tests, X-rays, lab services and radiology services	100% / 0%, after deductible, referral needed from Doctor on Demand
Emergency services	100% / 0%, after deductible. Out-of-network emergency services are covered at the in-network benefit level.
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible, referral needed from Doctor on Demand
Outpatient physical and occupational therapy (including chiropractic)	100% / 0%, 30 combined visits per year, after deductible, referral needed from Doctor on Demand
Allergy	100% / 0%, after deductible, referral needed from Doctor on Demand
In-home hospice, in-home health care	100% / 0%, after deductible, referral needed from Doctor on Demand
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	\$75 copay, before deductible, referral needed from Doctor on Demand
PRESCRIPTION DRUG COVERAGE	
Tier 1a drugs	\$5 copay, before deductible
Tier 1b drugs	\$20 copay, before deductible
Tier 2 drugs	100% / 0%, after deductible
Tier 3 drugs	100% / 0%, after deductible
Tier 4 and 5 drugs	100% / 0%, after deductible

MyPriority HMO Silver 2400 50+

Full network option

PLAN	MyPriority HMO Silver 2400 50+
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$2,400 / \$4,800
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100
Coinsurance: Plan pays / member pays	70% / 30%
Office visits: Primary care	\$30 copay; office visits only, before deductible
Office visits: Urgent care	\$75 copay; office visits only, before deductible
Office visits: Specialist	\$45 copay; office visits only, after deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Out-of-state coverage	Four out-of-state Cigna office visits
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible
Prime Fitness	No-cost gym membership with access to 10,000+ gyms, fitness centers and community locations nationwide
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10/year) then 70% / 30%, after deductible
Outpatient surgery	\$1,000 copay, 70% / 30%, after deductible
Diagnostic tests, X-rays, lab services and radiology services	70% / 30%, after deductible
Emergency services	\$250 copay (waived if admitted), 70% / 30% coinsurance, after deductible
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year 70% / 30%, after deductible
Allergy	70% / 30%, after deductible
In-home hospice, in-home health care	70% / 30%, after deductible
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	\$75 copay, before deductible
PRESCRIPTION DRUG COVERAGE	
Tier 1a drugs	\$5 copay, before deductible
Tier 1b drugs	\$20 copay, before deductible
Tier 2 drugs	\$75 copay, after deductible
Tier 3 drugs	\$100 copay, after deductible
Tier 4 and 5 drugs	50% / 50%, after deductible

Narrow network options¹

PLAN	Spectrum Health Partners ²	Bronson Healthcare Partners ³	Beaumont Health Network ⁴	St. John Providence Network ⁵	St. Joseph Mercy Health System Network ⁶
NETWORK	Available only to residents who live in Kent County	Available only to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties
Deductible: Individual / family	\$2,400 / \$4,800				
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100				
Coinsurance: Plan pays / member pays	70% / 30%				
Office visits: Primary care	\$30 copay; office visits only, before deductible				
Office visits: Urgent care	\$75 copay; office visits only, before deductible				
Office visits: Specialist	\$45 copay; office visits only, after deductible				
Office visits: Mental health	\$30 copay; office visits only, before deductible				
Out-of-state coverage	Four out-of-state Cigna office visits				
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible				
Prime Fitness	No-cost gym membership with access to 10,000+ gyms, fitness centers and community locations nationwide				
Maternity	Routine prenatal and postnatal care covered in full, before deductible				
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10/year) then 70% / 30%, after deductible				
Outpatient surgery	\$1,000 copay, 70% / 30%, after deductible				
Diagnostic tests, X-rays, lab services and radiology services	70% / 30%, after deductible				
Emergency services	\$250 copay (waived if admitted), 70% / 30% coinsurance, after deductible				
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.				
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year 70% / 30%, after deductible				
Allergy	70% / 30%, after deductible				
In-home hospice, in-home health care	70% / 30%, after deductible				
Dental	Available as supplemental coverage with our partner Delta Dental®				
Vision coverage	Available as supplemental coverage with our partner EyeMed®				
Global travel emergency assistance	Included (provided by Assist America®)				
Retail health clinics	\$75 copay, before deductible				
PRESCRIPTION DRUG COVERAGE					
Tier 1a drugs	\$5 copay, before deductible				
Tier 1b drugs	\$20 copay, before deductible				
Tier 2 drugs	\$75 copay, after deductible				
Tier 3 drugs	\$100 copay, after deductible				
Tier 4 and 5 drugs	50% / 50%, after deductible				

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MyPriority HMO Silver 2400 50+ – Off-Marketplace

Full network option

PLAN	MyPriority HMO Silver 2400 50+ – Off-Marketplace
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$2,400 / \$4,800
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100
Coinsurance: Plan pays / member pays	70% / 30%
Office visits: Primary care	\$30 copay; office visits only, before deductible
Office visits: Urgent care	\$75 copay; office visits only, before deductible
Office visits: Specialist	\$45 copay; office visits only, after deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Out-of-state coverage	Four out-of-state Cigna office visits
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible
Prime Fitness	No-cost gym membership with access to 10,000+ gyms, fitness centers and community locations nationwide
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care <i>(includes labor and delivery)</i>	\$500 copay per day (up to 10/year) then 70% / 30%, after deductible
Outpatient surgery	\$1,000 copay, 70% / 30%, after deductible
Diagnostic tests, X-rays, lab services and radiology services	70% / 30%, after deductible
Emergency services	\$250 copay (waived if admitted), 70% / 30% coinsurance, after deductible
Preventive services <i>(including annual physical exam)</i>	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.
Outpatient physical and occupational therapy <i>(including chiropractic)</i>	30 combined visits per year 70% / 30%, after deductible
Allergy	70% / 30%, after deductible
In-home hospice, in-home health care	70% / 30%, after deductible
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	\$75 copay, before deductible
PRESCRIPTION DRUG COVERAGE	
Tier 1a drugs	\$5 copay, before deductible
Tier 1b drugs	\$20 copay, before deductible
Tier 2 drugs	\$75 copay, after deductible
Tier 3 drugs	\$100 copay, after deductible
Tier 4 and 5 drugs	50% / 50%, after deductible

Narrow network options¹

PLAN	Spectrum Health Partners ²	Bronson Healthcare Partners ³	Beaumont Health Network ⁴	St. John Providence Network ⁵	St. Joseph Mercy Health System Network ⁶
NETWORK	Available only to residents who live in Kent County	Available only to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties
Deductible: Individual / family	\$2,400 / \$4,800				
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100				
Coinsurance: Plan pays / member pays	70% / 30%				
Office visits: Primary care	\$30 copay; office visits only, before deductible				
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Office visits: Mental health	\$30 copay; office visits only, before deductible				
Out-of-state coverage	Four out-of-state Cigna office visits				
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible				
Prime Fitness	No-cost gym membership with access to 10,000+ gyms, fitness centers and community locations nationwide				
Maternity	Routine prenatal and postnatal care covered in full, before deductible				
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Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.				
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year 70% / 30%, after deductible				
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Dental	Available as supplemental coverage with our partner Delta Dental®				
Vision coverage	Available as supplemental coverage with our partner EyeMed®				
Global travel emergency assistance	Included (provided by Assist America®)				
Retail health clinics	\$75 copay, before deductible				
PRESCRIPTION DRUG COVERAGE					
Tier 1a drugs	\$5 copay, before deductible				
Tier 1b drugs	\$20 copay, before deductible				
Tier 2 drugs	\$75 copay, after deductible				
Tier 3 drugs	\$100 copay, after deductible				
Tier 4 and 5 drugs	50% / 50%, after deductible				

¹Members must receive care within the narrow network's system of doctors and hospitals. Care received outside of the network will not be covered, and members will be required to cover the full cost for out-of-network care. ²Spectrum Health Partners is a narrow network available only to residents of Kent County. ³Bronson Healthcare Partners is a narrow network only available to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County. ⁴Beaumont Health Network is a narrow network available only to residents of Wayne, Oakland and Macomb counties. ⁵St. John Providence Health Network is a narrow network only available to residents who live in Wayne, Oakland and Macomb counties. ⁶St. Joseph Mercy Health System Network is a narrow network only available to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties.

MyPriority HMO HSA Silver 3000 – Off-Marketplace

Full network option

These plans are not offered on healthcare.gov.

PLAN	MyPriority HMO HSA Silver 3000 – Off-Marketplace
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$3,000 / \$6,000
Out-of-pocket limit: Individual / family	\$7,000 / \$14,000
Coinsurance: Plan pays / member pays	70% / 30%
Office visits: Primary care	70% / 30%; office visits only, after deductible
Office visits: Urgent care	70% / 30%; office visits only, after deductible
Office visits: Specialist	70% / 30%; office visits only, after deductible
Office visits: Mental health	70% / 30%; office visits only, after deductible
Virtual visits: 24/7 access to a doctor via mobile device or web	No charge, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care <i>(includes labor and delivery)</i>	70% / 30%, after deductible
Outpatient surgery	70% / 30%, after deductible
Diagnostic tests, X-rays, lab services and radiology services	70% / 30%, after deductible
Emergency services	70% / 30%, after deductible
Preventive services <i>(including annual physical exam)</i>	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.
Outpatient physical and occupational therapy <i>(including chiropractic)</i>	30 combined visits per year 70% / 30%, after deductible
Allergy	70% / 30%, after deductible
In-home hospice, in-home health care	70% / 30%, after deductible
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	70% / 30%, after deductible
PRESCRIPTION DRUG COVERAGE	
Tier 1a drugs	70% / 30%, after deductible
Tier 1b drugs	70% / 30%, after deductible
Tier 2 drugs	70% / 30%, after deductible
Tier 3 drugs	70% / 30%, after deductible
Tier 4 and 5 drugs	70% / 30%, after deductible

Narrow network options¹

These plans are not offered on healthcare.gov.

PLAN	Spectrum Health Partners ²	Bronson Healthcare Partners ³	Beaumont Health Network ⁴	St. John Providence Network ⁵	St. Joseph Mercy Health System Network ⁶
NETWORK	Available only to residents who live in Kent County	Available only to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties
Deductible: Individual / family	\$3,000 / \$6,000				
Out-of-pocket limit: Individual / family	\$7,000 / \$14,000				
Coinsurance: Plan pays / member pays	70% / 30%				
Office visits: Primary care	70% / 30%; office visits only, after deductible				
Office visits: Urgent care	70% / 30%; office visits only, after deductible				
Office visits: Specialist	70% / 30%; office visits only, after deductible				
Office visits: Mental health	70% / 30%; office visits only, after deductible				
Virtual visits: 24/7 access to a doctor via mobile device or web	No charge, before deductible				
Maternity	Routine prenatal and postnatal care covered in full, before deductible				
Inpatient hospital care (includes labor and delivery)	70% / 30%, after deductible				
Outpatient surgery	70% / 30%, after deductible				
Diagnostic tests, X-rays, lab services and radiology services	70% / 30%, after deductible				
Emergency services	70% / 30%, after deductible				
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible				
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year 70% / 30%, after deductible				
Allergy	70% / 30%, after deductible				
In-home hospice, in-home health care	70% / 30%, after deductible				
Dental	Available as supplemental coverage with our partner Delta Dental®				
Vision coverage	Available as supplemental coverage with our partner EyeMed®				
Global travel emergency assistance	Included (provided by Assist America®)				
Retail health clinics	70% / 30%, after deductible				
PRESCRIPTION DRUG COVERAGE					
Tier 1a drugs	70% / 30%, after deductible				
Tier 1b drugs	70% / 30%, after deductible				
Tier 2 drugs	70% / 30%, after deductible				
Tier 3 drugs	70% / 30%, after deductible				
Tier 4 and 5 drugs	70% / 30%, after deductible				

¹Members must receive care within the narrow network's system of doctors and hospitals. Care received outside of the network will not be covered, and members will be required to cover the full cost for out-of-network care. ²Spectrum Health Partners is a narrow network available only to residents of Kent County. ³Bronson Healthcare Partners is a narrow network only available to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County. ⁴Beaumont Health Network is a narrow network available only to residents of Wayne, Oakland and Macomb counties. ⁵St. John Providence Health Network is a narrow network only available to residents who live in Wayne, Oakland and Macomb counties. ⁶St. Joseph Mercy Health System Network is a narrow network only available to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties.

MyPriority HMO Silver 3400

Full network option

PLAN	MyPriority HMO Silver 3400
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$3,400 / \$6,800
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100
Coinsurance: Plan pays / member pays	70% / 30%
Office visits: Primary care	\$30 copay; office visits only, before deductible
Office visits: Urgent care	\$75 copay; office visits only, before deductible
Office visits: Specialist	\$45 copay; office visits only, after deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10 days per year combined with all inpatient services) 70% / 30%, after deductible
Outpatient surgery	\$1,000 copay, 70% / 30%, after deductible
Diagnostic tests, X-rays, lab services and radiology services	70% / 30%, after deductible
Emergency services	\$250 copay (waived if admitted) 70% / 30%, after deductible
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year 70% / 30%, after deductible
Allergy	70% / 30%, after deductible
In-home hospice, in-home health care	70% / 30%, after deductible
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	\$75 copay, before deductible
PRESCRIPTION DRUG COVERAGE	
Tier 1a drugs	\$5 copay, before deductible
Tier 1b drugs	\$20 copay, before deductible
Tier 2 drugs	\$75 copay, after deductible
Tier 3 drugs	\$100 copay, after deductible
Tier 4 and 5 drugs	50% / 50%, after deductible

Narrow network options¹

PLAN	Spectrum Health Partners ²	Bronson Healthcare Partners ³	Beaumont Health Network ⁴	St. John Providence Network ⁵	St. Joseph Mercy Health System Network ⁶
NETWORK	Available only to residents who live in Kent County	Available only to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties
Deductible: Individual / family	\$3,200 / \$6,400				
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100				
Coinsurance: Plan pays / member pays	70% / 30%				
Office visits: Primary care	\$30 copay; office visits only, before deductible				
Office visits: Urgent care	\$75 copay; office visits only, before deductible				
Office visits: Specialist	\$45 copay; office visits only, after deductible				
Office visits: Mental health	\$30 copay; office visits only, before deductible				
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible				
Maternity	Routine prenatal and postnatal care covered in full, before deductible				
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10 days per year combined with all inpatient services) 70% / 30%, after deductible				
Outpatient surgery	\$1,000 copay, 70% / 30%, after deductible				
Diagnostic tests, X-rays, lab services and radiology services	70% / 30%, after deductible				
Emergency services	\$250 copay (waived if admitted) 70% / 30%, after deductible				
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.				
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year 70% / 30%, after deductible				
Allergy	70% / 30%, after deductible				
In-home hospice, in-home health care	70% / 30%, after deductible				
Dental	Available as supplemental coverage with our partner Delta Dental®				
Vision coverage	Available as supplemental coverage with our partner EyeMed®				
Global travel emergency assistance	Included (provided by Assist America®)				
Retail health clinics	\$75 copay, before deductible				
PRESCRIPTION DRUG COVERAGE					
Our HMO Silver 3200 – Off-Marketplace plan has a different drug formulary. Remind your clients to check the approved drug list at priorityhealth.com .					
Tier 1a drugs	\$5 copay, before deductible				
Tier 1b drugs	\$20 copay, before deductible				
Tier 2 drugs	\$75 copay, after deductible				
Tier 3 drugs	\$100 copay, after deductible				
Tier 4 and 5 drugs	50% / 50%, after deductible				

¹Members must receive care within the narrow network's system of doctors and hospitals. Care received outside of the network will not be covered, and members will be required to cover the full cost for out-of-network care. ²Spectrum Health Partners is a narrow network available only to residents of Kent County. ³Bronson Healthcare Partners is a narrow network only available to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County. ⁴Beaumont Health Network is a narrow network available only to residents of Wayne, Oakland and Macomb counties. ⁵St. John Providence Health Network is a narrow network only available to residents who live in Wayne, Oakland and Macomb counties. ⁶St. Joseph Mercy Health System Network is a narrow network only available to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties.

MyPriority HMO Silver 3400 – Off-Marketplace

Full network option

These plans are not offered on healthcare.gov.

PLAN	MyPriority HMO Silver 3400 – Off-Marketplace
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$3,400 / \$6,800
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100
Coinsurance: Plan pays / member pays	70% / 30%
Office visits: Primary care	\$30 copay; office visits only, before deductible
Office visits: Urgent care	\$75 copay; office visits only, before deductible
Office visits: Specialist	\$45 copay; office visits only, after deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care <i>(includes labor and delivery)</i>	\$500 copay per day (up to 10 days per year combined with all inpatient services) 70% / 30%, after deductible
Outpatient surgery	\$1,000 copay, 70% / 30%, after deductible
Diagnostic tests, X-rays, lab services and radiology services	70% / 30%, after deductible
Emergency services	\$250 copay (waived if admitted) 70% / 30% coinsurance, after deductible
Preventive services <i>(including annual physical exam)</i>	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.
Outpatient physical and occupational therapy <i>(including chiropractic)</i>	30 combined visits per year 70% / 30%, after deductible
Allergy	70% / 30%, after deductible
In-home hospice, in-home health care	70% / 30%, after deductible
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	\$75 copay, before deductible
PRESCRIPTION DRUG COVERAGE	
Our HMO Silver 3200 – Off-Marketplace plan has a different drug formulary. Remind your clients to check the approved drug list at priorityhealth.com .	
Tier 1a drugs	\$5 copay, before deductible
Tier 1b drugs	\$20 copay, before deductible
Tier 2 drugs	\$75 copay, after deductible
Tier 3 drugs	\$100 copay, after deductible
Tier 4 and 5 drugs	50% / 50%, after deductible

Narrow network options¹

These plans are not offered on healthcare.gov.

PLAN	Spectrum Health Partners ²	Bronson Healthcare Partners ³	Beaumont Health Network ⁴	St. John Providence Network ⁵	St. Joseph Mercy Health System Network ⁶
NETWORK	Available only to residents who live in Kent County	Available only to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties
Deductible: Individual / family	\$3,400 / \$6,800				
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100				
Coinsurance: Plan pays / member pays	70% / 30%				
Office visits: Primary care	\$30 copay; office visits only, before deductible				
Office visits: Urgent care	\$75 copay; office visits only, before deductible				
Office visits: Specialist	\$45 copay; office visits only, after deductible				
Office visits: Mental health	\$30 copay; office visits only, before deductible				
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible				
Maternity	Routine prenatal and postnatal care covered in full, before deductible				
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10 days per year combined with all inpatient services) 70% / 30% coinsurance, after deductible				
Outpatient surgery	\$1,000 copay, 70% / 30% coinsurance, after deductible				
Diagnostic tests, X-rays, lab services and radiology services	70% / 30% coinsurance, after deductible				
Emergency services	\$250 copay (waived if admitted) 70% / 30% coinsurance, after deductible				
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.				
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year 70% / 30% coinsurance, after deductible				
Allergy	70% / 30% coinsurance, after deductible				
In-home hospice, in-home health care	70% / 30% coinsurance, after deductible				
Dental	Available as supplemental coverage with our partner Delta Dental®				
Vision coverage	Available as supplemental coverage with our partner EyeMed®				
Global travel emergency assistance	Included (provided by Assist America®)				
Retail health clinics	\$75 copay, before deductible				
PRESCRIPTION DRUG COVERAGE					
Our HMO Silver 3200 – Off-Marketplace plan has a different drug formulary. Remind your clients to check the approved drug list at priorityhealth.com .					
Tier 1a drugs	\$5 copay, before deductible				
Tier 1b drugs	\$20 copay, before deductible				
Tier 2 drugs	\$75 copay, after deductible				
Tier 3 drugs	\$100 copay, after deductible				
Tier 4 and 5 drugs	50% / 50%, after deductible				

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MyPriority HMO Silver 5500

Full network option

PLAN	MyPriority HMO Silver 5500
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100
Coinsurance: Plan pays / member pays	70% / 30%
Office visits: Primary care	\$30 copay; office visits only, before deductible
Office visits: Urgent care	\$75 copay; office visits only, before deductible
Office visits: Specialist	\$65 copay; office visits only, before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10 days per year combined with all inpatient services) 70% / 30% after deductible
Outpatient surgery	\$1,000 copay, 70% / 30% after deductible
Diagnostic tests, X-rays, lab services and radiology services	\$10 copay, before deductible
Emergency services	\$250 copay (waived if admitted) 70% / 30% after deductible
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year; 70% / 30%, after deductible
Allergy	70% / 30%, after deductible
In-home hospice, in-home health care	70% / 30%, after deductible
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	\$75 copay, before deductible
PRESCRIPTION DRUG COVERAGE	
Tier 1a drugs	\$5 copay, before deductible
Tier 1b drugs	\$20 copay, before deductible
Tier 2 drugs	\$75 copay, before deductible
Tier 3 drugs	\$125 copay, before deductible
Tier 4 and 5 drugs	50% / 50%, after deductible

Narrow network options¹

PLAN	Spectrum Health Partners ²	Bronson Healthcare Partners ³	Beaumont Health Network ⁴	St. John Providence Network ⁵	St. Joseph Mercy Health System Network ⁶
NETWORK	Available only to residents who live in Kent County	Available only to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties
Deductible: Individual / family	\$5,500 / \$11,000				
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100				
Coinsurance: Plan pays / member pays	70% / 30%				
Office visits: Primary care	\$30 copay; office visits only, before deductible				
Office visits: Urgent care	\$75 copay; office visits only, before deductible				
Office visits: Specialist	\$65 copay; office visits only, before deductible				
Office visits: Mental health	\$30 copay; office visits only, before deductible				
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible				
Maternity	Routine prenatal and postnatal care covered in full, before deductible				
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10 days per year combined with all inpatient services) 70% / 30% after deductible				
Outpatient surgery	\$1,000 copay, 70% / 30% after deductible				
Diagnostic tests, X-rays, lab services and radiology services	\$10 copay, before deductible				
Emergency services	\$250 copay (waived if admitted) 70% / 30% after deductible				
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible				
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year; 70% / 30%, after deductible				
Allergy	70% / 30%, after deductible				
In-home hospice, in-home health care	70% / 30%, after deductible				
Dental	Available as supplemental coverage with our partner Delta Dental®				
Vision coverage	Available as supplemental coverage with our partner EyeMed®				
Global travel emergency assistance	Included (provided by Assist America®)				
Retail health clinics	\$75 copay, before deductible				
PRESCRIPTION DRUG COVERAGE					
Tier 1a drugs	\$5 copay, before deductible				
Tier 1b drugs	\$20 copay, before deductible				
Tier 2 drugs	\$75 copay, before deductible				
Tier 3 drugs	\$125 copay, before deductible				
Tier 4 and 5 drugs	50% / 50%, after deductible				

¹Members must receive care within the narrow network's system of doctors and hospitals. Care received outside of the network will not be covered, and members will be required to cover the full cost for out-of-network care. ²Spectrum Health Partners is a narrow network available only to residents of Kent County. ³Bronson Healthcare Partners is a narrow network only available to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County. ⁴Beaumont Health Network is a narrow network available only to residents of Wayne, Oakland and Macomb counties. ⁵St. John Providence Health Network is a narrow network only available to residents who live in Wayne, Oakland and Macomb counties. ⁶St. Joseph Mercy Health System Network is a narrow network only available to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties.

MyPriority HMO Silver 5500 – Telehealth PCP

Full network option

PLAN	MyPriority HMO Silver 5500 - Telehealth PCP
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100
Coinsurance: Plan pays / member pays	70% / 30%
Doctor on Demand virtual visits: Primary care	\$30 copay; office visits only, before deductible, referral needed from Doctor on Demand to seek care from another provider
Doctor on Demand virtual visits: Urgent care	\$75 copay; office visits only, before deductible, referral needed from Doctor on Demand to seek care from another provider
Doctor on Demand virtual visits: Specialist	\$65 copay; office visits only, before deductible, referral needed from Doctor on Demand to seek care from another provider
Doctor on Demand virtual visits: Mental health	\$30 copay; office visits only, before deductible, referral needed from Doctor on Demand to seek care from another provider
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible, provided by Doctor on Demand, referral needed to utilize another provider
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10 days per year combined with all inpatient services) 70% / 30% after deductible, referral needed from Doctor on Demand
Outpatient surgery	\$1,000 copay, 70% / 30% after deductible, referral needed from Doctor on Demand
Diagnostic tests, X-rays, lab services and radiology services	\$10 copay, before deductible, referral needed from Doctor on Demand
Emergency services	\$250 copay (waived if admitted) 70% / 30% after deductible
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible, referral needed from Doctor on Demand
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year; 70% / 30%, after deductible, referral needed from Doctor on Demand
Allergy	70% / 30%, after deductible, referral needed from Doctor on Demand
In-home hospice, in-home health care	70% / 30%, after deductible, referral needed from Doctor on Demand
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	\$75 copay, before deductible, referral needed from Doctor on Demand
PRESCRIPTION DRUG COVERAGE	
Tier 1a drugs	\$5 copay, before deductible
Tier 1b drugs	\$20 copay, before deductible
Tier 2 drugs	\$75 copay, before deductible
Tier 3 drugs	\$125 copay, before deductible
Tier 4 and 5 drugs	50% / 50%, after deductible

MyPriority HMO Silver 5500 – Off-Marketplace

Full network option

These plans are not offered on healthcare.gov.

PLAN	MyPriority HMO Silver 5500 – Off-Marketplace
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100
Coinsurance: Plan pays / member pays	70% / 30%
Office visits: Primary care	\$30 copay; office visits only, before deductible
Office visits: Urgent care	\$75 copay; office visits only, before deductible
Office visits: Specialist	\$65 copay; office visits only, before deductible
Office visits: Mental health	\$30 copay; office visits only, before deductible
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care <i>(includes labor and delivery)</i>	\$500 copay per day (up to 10 days per year combined with all inpatient services) 70% / 30% after deductible
Outpatient surgery	\$1,000 copay, 70% / 30% after deductible
Diagnostic tests, X-rays, lab services and radiology services	\$10 copay, before deductible
Emergency services	\$250 copay (waived if admitted) 70% / 30% after deductible
Preventive services <i>(including annual physical exam)</i>	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible
Outpatient physical and occupational therapy <i>(including chiropractic)</i>	30 combined visits per year; 70% / 30%, after deductible
Allergy	70% / 30%, after deductible
In-home hospice, in-home health care	70% / 30%, after deductible
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	\$75 copay, before deductible
PRESCRIPTION DRUG COVERAGE	
Tier 1a drugs	\$5 copay, before deductible
Tier 1b drugs	\$20 copay, before deductible
Tier 2 drugs	\$75 copay, before deductible
Tier 3 drugs	\$125 copay, before deductible
Tier 4 and 5 drugs	50% / 50%, after deductible

Narrow network options¹

These plans are not offered on healthcare.gov.

PLAN	Spectrum Health Partners ²	Bronson Healthcare Partners ³	Beaumont Health Network ⁴	St. John Providence Network ⁵	St. Joseph Mercy Health System Network ⁶
NETWORK	Available only to residents who live in Kent County	Available only to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties
Deductible: Individual / family	\$5,500 / \$11,000				
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100				
Coinsurance: Plan pays / member pays	70% / 30%				
Office visits: Primary care	\$30 copay; office visits only, before deductible				
Office visits: Urgent care	\$75 copay; office visits only, before deductible				
Office visits: Specialist	\$65 copay; office visits only, before deductible				
Office visits: Mental health	\$30 copay; office visits only, before deductible				
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible				
Maternity	Routine prenatal and postnatal care covered in full, before deductible				
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10 days per year combined with all inpatient services) 70% / 30% after deductible				
Outpatient surgery	\$1,000 copay, 70% / 30% after deductible				
Diagnostic tests, X-rays, lab services and radiology services	\$10 copay, before deductible				
Emergency services	\$250 copay (waived if admitted) 70% / 30% after deductible				
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible				
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year; 70% / 30%, after deductible				
Allergy	70% / 30%, after deductible				
In-home hospice, in-home health care	70% / 30%, after deductible				
Dental	Available as supplemental coverage with our partner Delta Dental®				
Vision coverage	Available as supplemental coverage with our partner EyeMed®				
Global travel emergency assistance	Included (provided by Assist America®)				
Retail health clinics	\$75 copay, before deductible				
PRESCRIPTION DRUG COVERAGE					
Tier 1a drugs	\$5 copay, before deductible				
Tier 1b drugs	\$20 copay, before deductible				
Tier 2 drugs	\$75 copay, before deductible				
Tier 3 drugs	\$125 copay, before deductible				
Tier 4 and 5 drugs	50% / 50%, after deductible				

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MyPriority HMO Silver 5500 – Off-Marketplace – Telehealth PCP

Full network option

These plans are not offered on healthcare.gov.

PLAN	MyPriority HMO Silver 5500 – Off-Marketplace - Telehealth PCP
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$5,500 / \$11,000
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100
Coinsurance: Plan pays / member pays	70% / 30%
Doctor on Demand virtual visits: Primary care	\$30 copay; office visits only, before deductible, referral needed from Doctor on Demand to seek care from another provider
Doctor on Demand virtual visits: Urgent care	\$75 copay; office visits only, before deductible, referral needed from Doctor on Demand to seek care from another provider
Doctor on Demand virtual visits: Specialist	\$65 copay; office visits only, before deductible, referral needed from Doctor on Demand to seek care from another provide
Doctor on Demand virtual visits: Mental health	\$30 copay; office visits only, before deductible, referral needed from Doctor on Demand to seek care from another provider
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible provided by Doctor on Demand, referral needed to seek care from another provider
Inpatient hospital care (includes labor and delivery)	\$500 copay per day (up to 10 days per year combined with all inpatient services) 70% / 30% after deductible, referral needed from Doctor on Demand
Outpatient surgery	\$1,000 copay, 70% / 30% after deductible, referral needed from Doctor on Demand
Diagnostic tests, X-rays, lab services and radiology services	\$10 copay, before deductible, referral needed from Doctor on Demand
Emergency services	\$250 copay (waived if admitted) 70% / 30% after deductible
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible, referral needed from Doctor on Demand
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year; 70% / 30%, after deductible, referral needed from Doctor on Demand
Allergy	70% / 30%, after deductible, referral needed from Doctor on Demand
In-home hospice, in-home health care	70% / 30%, after deductible, referral needed from Doctor on Demand
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	\$75 copay, before deductible, referral needed from Doctor on Demand
PRESCRIPTION DRUG COVERAGE	
Tier 1a drugs	\$5 copay, before deductible
Tier 1b drugs	\$20 copay, before deductible
Tier 2 drugs	\$75 copay, before deductible
Tier 3 drugs	\$125 copay, before deductible
Tier 4 and 5 drugs	50% / 50%, after deductible

MyPriority HMO Gold 1100

Full network option

PLAN	MyPriority HMO Gold 1100
NETWORK	Available on our full HMO network
Deductible: Individual / family	\$1,100 / \$2,200
Out-of-pocket limit: Individual / family	\$8,150 / \$16,300
Coinsurance: Plan pays / member pays	80% / 20%
Office visits: Primary care	80% / 20%; office visits only, after deductible
Office visits: Urgent care	80% / 20%; office visits only, after deductible
Office visits: Specialist	80% / 20%; office visits only, after deductible
Office visits: Mental health	80% / 20%; office visits only, after deductible
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full, before deductible
Maternity	Routine prenatal and postnatal care covered in full, before deductible
Inpatient hospital care <i>(includes labor and delivery)</i>	80% / 20% coinsurance, after deductible
Outpatient surgery	80% / 20% coinsurance, after deductible
Diagnostic tests, X-rays, lab services and radiology services	80% / 20% coinsurance, after deductible
Emergency services	80% / 20% coinsurance, after deductible
Preventive services <i>(including annual physical exam)</i>	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details). Before deductible.
Outpatient physical and occupational therapy <i>(including chiropractic)</i>	30 combined visits per year 80% / 20% coinsurance, after deductible
Allergy	80% / 20% coinsurance, after deductible
In-home hospice, in-home health care	80% / 20% coinsurance, after deductible
Dental	Available as supplemental coverage with our partner Delta Dental®
Vision coverage	Available as supplemental coverage with our partner EyeMed®
Global travel emergency assistance	Included (provided by Assist America®)
Retail health clinics	80% / 20% coinsurance, after deductible
PRESCRIPTION DRUG COVERAGE	
Tier 1a drugs	80% / 20%, after deductible
Tier 1b drugs	80% / 20%, after deductible
Tier 2 drugs	80% / 20%, after deductible
Tier 3 drugs	80% / 20%, after deductible
Tier 4 and 5 drugs	80% / 20%, after deductible

MyPriority HMO Gold Copay+

Offered exclusively on our five narrow networks

PLAN	Spectrum Health Partners ²	Bronson Healthcare Partners ³	Beaumont Health Network ⁴	St. John Providence Network ⁵	St. Joseph Mercy Health System Network ⁶
NETWORK	Available only to residents who live in Kent County	Available only to residents who live in Kalamazoo, Van Buren and a portion of Calhoun County	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland and Macomb counties	Available only to residents who live in Wayne, Oakland, Macomb, Washtenaw and Livingston counties
Deductible: Individual / family	\$0 / \$0				
Out-of-pocket limit: Individual / family	\$8,550 / \$17,100				
Coinsurance: Plan pays / member pays	100% / 0%				
Office visits: Primary care	\$20 copay; office visits only				
Office visits: Urgent care	\$75 copay; office visits only				
Office visits: Specialist	\$45 copay; office visits only				
Office visits: Mental health	\$20 copay; office visits only				
Virtual visits: 24/7 access to a doctor via mobile device or web	Covered in full				
Maternity	Routine prenatal and postnatal care covered in full				
Inpatient hospital care (includes labor and delivery)	\$1,000 copay per day (maximum 5 copayments)				
Outpatient surgery	\$1,000 copay				
Diagnostic tests, X-rays, lab services and radiology services	\$45 copay				
Emergency services	\$250 copay (waived if admitted)				
Preventive services (including annual physical exam)	Covered in full (see Preventive Care Guidelines on priorityhealth.com for more details).				
Outpatient physical and occupational therapy (including chiropractic)	30 combined visits per year, \$45 copay				
Allergy	Included with office visit copay; Allergy testing \$250 copay				
In-home hospice	Covered in full				
In-home health care	\$45 copay				
Dental	Available as supplemental coverage with our partner Delta Dental®				
Vision coverage	Available as supplemental coverage with our partner EyeMed®				
Global travel emergency assistance	Included (provided by Assist America®)				
Retail health clinics	\$75 copay				
PRESCRIPTION DRUG COVERAGE					
Tier 1a drugs	\$5 copay				
Tier 1b drugs	\$20 copay				
Tier 2 drugs	\$75 copay				
Tier 3 drugs	\$100 copay				
Tier 4 and 5 drugs	50% / 50%				

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