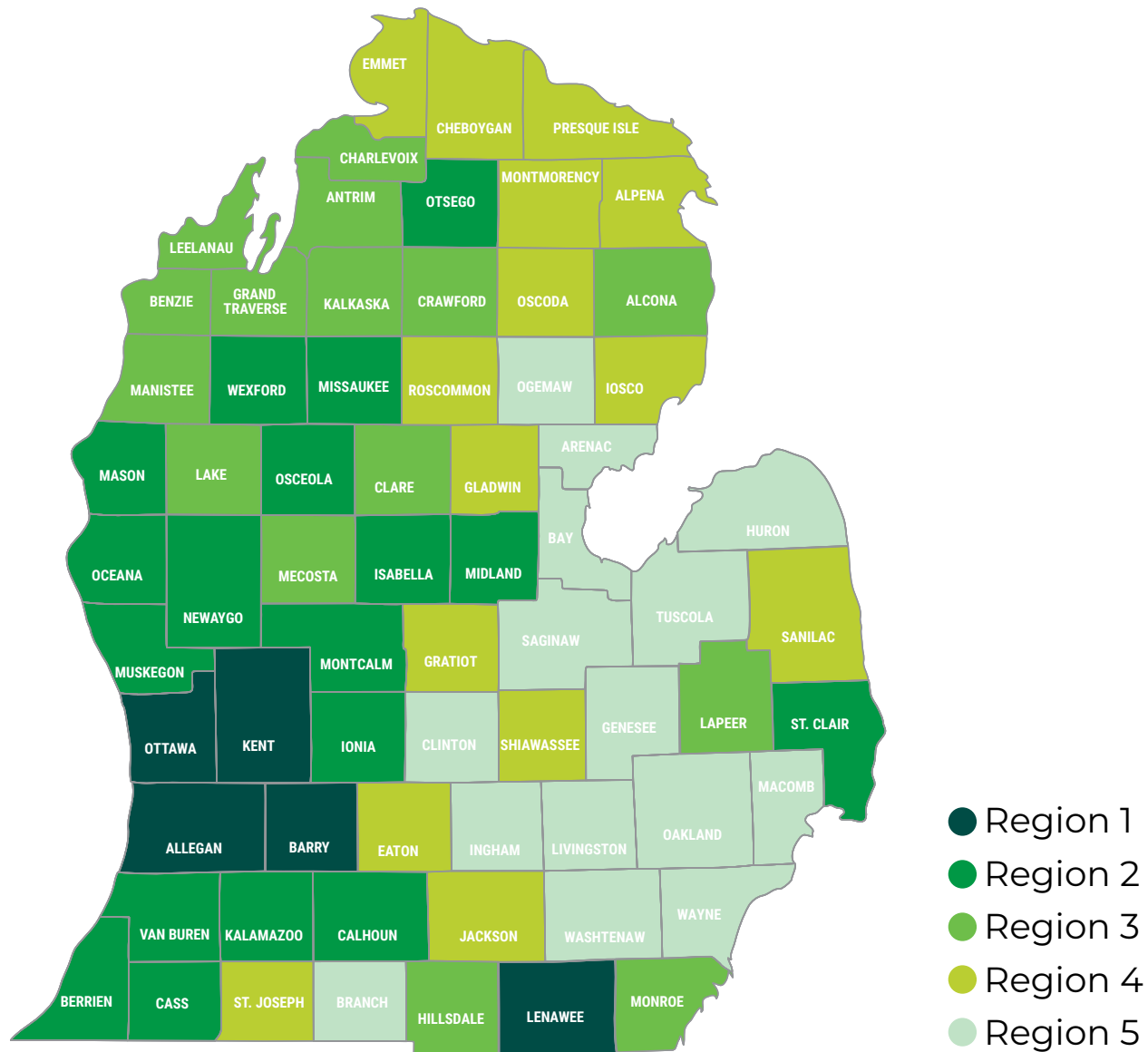


2024 Medicare Plan Comparison Guide



Medicare Plan Region Map

Use this map to identify what counties are in each selling region.



Region 1

Top \$0 plans • Kent and Ottawa counties only

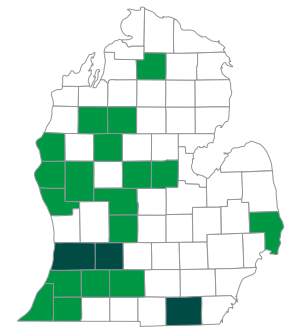


Benefit (in-network)	PriorityMedicare Vital (PPO)	PriorityMedicare Key (HMO-POS)	PriorityMedicare ONE (HMO-POS)
Medical deductible / Rx deductible	\$0 / \$350 T3-T5	\$0 / \$0	\$0 / \$0
Annual out-of-pocket maximum	\$5,100	\$5,000	\$4,300
Inpatient / Outpatient hospital	\$350 copay per day, days 1–5 / \$300 copay	\$320 copay per day, days 1–7 / \$290 copay	\$285 copay per day, days 1–7 / \$285 copay
PCP / Specialist	\$0 copay / \$50 copay	\$0 copay / \$45 copay	\$0 copay / \$35 copay
Physical Therapy	\$40 copay	\$30 copay	\$20 copay
Labs / X-rays / Diag. radiology	\$0 copay / \$40 copay / 20% coinsurance	\$0-\$10 copay / \$35 copay / \$160 copay	\$0 copay / \$20 copay / \$175 copay
Part B credit	\$30 monthly	\$0	\$0
Preferred retail pharmacy costs	Tier 1: \$1 (\$0 for 90-day) Tier 2: \$10 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 26% coinsurance	Tier 1: \$4 (\$0 for 90-day) Tier 2: \$15 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 33% coinsurance	Tier 1: \$0 (\$0 for 90-day) Tier 2: \$10 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 33% coinsurance
OTC / OTC Plus	\$0 / \$30 monthly	\$0 / \$100 quarterly	\$0 / \$26 monthly
Dental services Delta Dental®	Preventive + comprehensive up to \$2,500	Preventive + comprehensive up to \$2,500	Preventive
Vision (eyewear) EyeMed®	\$125 allowance	\$100 allowance	\$175 allowance
Hearing (hearing aids) TruHearing®	\$0 for two 'Advanced Aids' one per ear, per year	\$295-\$1,495 copay per ear, per year	\$295-\$1,495 copay per ear, per year

*Rates are subject to change based on CMS bid approval. Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. CMS-accepted Y0056_400040452400_M CMS-accepted 07312023 ©2023 Priority Health 12603V2 07/23

Regions 1 and 2

Top \$0 plans • Excluding Kent and Ottawa counties

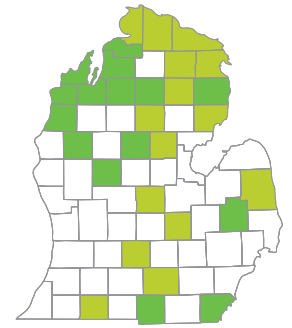


Benefit (in-network)	PriorityMedicare Vital (PPO)	PriorityMedicare Edge (PPO)	PriorityMedicare Key (HMO-POS)
Medical deductible / Rx deductible	\$0 / \$350 T3-T5	\$0 / \$0	\$0 / \$0
Annual out-of-pocket maximum	\$5,100	\$5,300	\$5,000
Inpatient / Outpatient hospital	\$350 copay per day, days 1–5 / \$300 copay	\$320 copay per day, days 1–7 / \$325 copay	\$320 copay per day, days 1–7 / \$290 copay
PCP / Specialist	\$0 copay / \$50 copay	\$0 copay / \$45 copay	\$0 copay / \$45 copay
Physical Therapy	\$40 copay	\$40 copay	\$30 copay
Labs / X-rays / Diag. radiology	\$0 copay / \$40 copay / 20% coinsurance	\$0 copay / \$20 copay / \$270 copay	\$0-\$10 copay / \$35 copay / \$160 copay
Part B credit	\$30 monthly	\$0	\$0
Preferred retail pharmacy costs	Tier 1: \$1 (\$0 for 90-day) Tier 2: \$10 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 26% coinsurance	Tier 1: \$2 (\$0 for 90-day) Tier 2: \$8 Tier 3: \$38 Tier 4: 40% coinsurance Tier 5: 33% coinsurance	Tier 1: \$4 (\$0 for 90-day) Tier 2: \$15 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 33% coinsurance
OTC / OTC Plus	\$0 / \$30 monthly	\$95 quarterly / \$0	\$0 / \$100 quarterly
Dental services Delta Dental®	Preventive + comprehensive up to \$2,500	Preventive	Preventive + comprehensive up to \$2,500
Vision (eyewear) EyeMed®	\$125 allowance	\$100 allowance	\$100 allowance
Hearing (hearing aids) TruHearing®	\$0 for two 'Advanced Aids' one per ear, per year	\$295-\$1,495 copay per ear, per year	\$295-\$1,495 copay per ear, per year

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Regions 3 and 4

Top \$0 plans

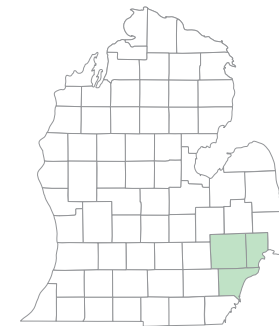


Benefit (in-network)	PriorityMedicare Key (HMO-POS)	PriorityMedicare Compass (PPO)
Medical deductible / Rx deductible	\$0 / \$0	\$0 / \$0
Annual out-of-pocket maximum	\$5,500	\$5,650
Inpatient / Outpatient hospital	\$320 copay per day, days 1–7 / \$290 copay	\$320 copay per day, days 1–7 / \$325 copay
PCP / Specialist	\$10 copay / \$45 copay	\$0 copay / \$50 copay
Physical Therapy	\$30 copay	\$40 copay
Labs / X-rays / Diag. radiology	\$0-\$10 copay / \$35 copay / \$160 copay	\$0-\$20 copay / \$20 copay / \$275 copay
Part B credit	\$0	\$0
Preferred retail pharmacy costs	Tier 1: \$4 (\$0 for 90-day) Tier 2: \$15 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 33% coinsurance	Tier 1: \$4 (\$0 for 90-day) Tier 2: \$15 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 33% coinsurance
OTC / OTC Plus	\$0 / \$74 quarterly	\$80 quarterly / \$0
Dental services Delta Dental®	Preventive + comprehensive up to \$2,500	Preventive
Vision (eyewear) EyeMed®	\$100 allowance	\$100 allowance
Hearing (hearing aids) TruHearing®	\$295-\$1,495 copay per ear, per year	\$295-\$1,495 copay per ear, per year

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Region 5

Top \$0 plans • Macomb, Oakland and Wayne counties only

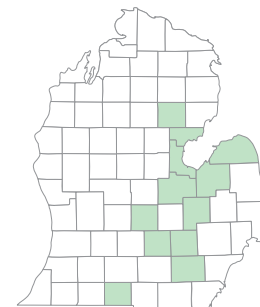


Benefit (in-network)	PriorityMedicare Thrive (PPO)	PriorityMedicare Vital (PPO)	PriorityMedicare ONE (HMO-POS)
Medical deductible / Rx deductible	\$0 / \$0	\$0 / \$350 T3-T5	\$0 / \$0
Annual out-of-pocket maximum	\$5,200	\$5,100	\$4,300
Inpatient / Outpatient hospital	\$320 copay per day, days 1–7 / \$275 copay	\$350 copay per day, days 1–5 / \$300 copay	\$285 copay per day, days 1–7 / \$285 copay
PCP / Specialist	\$0 copay / \$40 copay	\$0 copay / \$50 copay	\$0 copay / \$35 copay
Physical Therapy	\$40 copay	\$40 copay	\$20 copay
Labs / X-rays / Diag. radiology	\$0 copay / \$20 copay / \$275 copay	\$0 copay / \$40 copay / 20% coinsurance	\$0 copay / \$20 copay / \$175 copay
Part B credit	\$0	\$30 monthly	\$0
Preferred retail pharmacy costs	Tier 1: \$3 (\$0 for 90-day) Tier 2: \$10 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 33% coinsurance	Tier 1: \$1 (\$0 for 90-day) Tier 2: \$10 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 26% coinsurance	Tier 1: \$0 (\$0 for 90-day) Tier 2: \$10 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 33% coinsurance
OTC / OTC Plus	\$0 / \$35 monthly	\$0 / \$30 monthly	\$0 / \$26 monthly
Dental services Delta Dental®	Preventive + comprehensive up to \$3,000	Preventive + comprehensive up to \$2,500	Preventive
Vision (eyewear) EyeMed®	\$200 allowance	\$125 allowance	\$175 allowance
Hearing (hearing aids) TruHearing®	\$295-\$1,495 copay per ear, per year	\$0 for two 'Advanced Aids' one per ear, per year	\$295-\$1,495 copay per ear, per year

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Region 5

Top \$0 plans • Excluding Macomb, Oakland and Wayne counties



Benefit (in-network)	PriorityMedicare Thrive (PPO)	PriorityMedicare Vital (PPO)	PriorityMedicare Key (HMO-POS)
Medical deductible / Rx deductible	\$0 / \$0	\$0 / \$350 T3-T5	\$0 / \$0
Annual out-of-pocket maximum	\$5,200	\$5,100	\$5,000
Inpatient / Outpatient hospital	\$320 copay per day, days 1–7 / \$275 copay	\$350 copay per day, days 1–5 / \$300 copay	\$320 copay per day, days 1–7 / \$290 copay
PCP / Specialist	\$0 copay / \$40 copay	\$0 copay / \$50 copay	\$0 copay / \$45 copay
Physical Therapy	\$40 copay	\$40 copay	\$30 copay
Labs / X-rays / Diag. radiology	\$0 copay / \$20 copay / \$275 copay	\$0 copay / \$40 copay / 20% coinsurance	\$0-\$10 copay / \$35 copay / \$130 copay
Part B credit	\$0	\$30 monthly	\$0
Preferred retail pharmacy costs	Tier 1: \$3 (\$0 for 90-day) Tier 2: \$10 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 33% coinsurance	Tier 1: \$1 (\$0 for 90-day) Tier 2: \$10 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 26% coinsurance	Tier 1: \$4 (\$0 for 90-day) Tier 2: \$15 Tier 3: \$42 Tier 4: 45% coinsurance Tier 5: 33% coinsurance
OTC / OTC Plus	\$0 / \$35 monthly	\$0 / \$30 monthly	\$0 / \$95 quarterly
Dental services Delta Dental®	Preventive + comprehensive up to \$3,000	Preventive + comprehensive up to \$2,500	Preventive + comprehensive up to \$2,500
Vision (eyewear) EyeMed®	\$200 allowance	\$125 allowance	\$100 allowance
Hearing (hearing aids) TruHearing®	\$295-\$1,495 copay per ear, per year	\$0 for two 'Advanced Aids' one per ear, per year	\$295-\$1,495 copay per ear, per year

*Rates are subject to change based on CMS bid approval. Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. CMS-accepted Y0056_400040452402_M CMS-accepted 07312023 ©2023 Priority Health 12603V6 07/23

