2023

# Summary of Benefits

**Priority**Medicare D-SNP[SM] (HMO)

**JANUARY 1, 2023–DECEMBER 31, 2023**

Priority Health®

# This booklet gives you a summary of the benefits you can expect when you choose a Priority Health Medicare Dual Eligible Special Needs Plan (D-SNP).

Please note this is a summary of the plan's benefits; it doesn't list every service we cover. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document available online at *priorityhealth.com/dsnp*, or call our customer service number. For additional information, call us toll-free at 888.356.1360 (TTY 711).

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and full Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources and other factors. As a member of this plan, you will not be responsible for cost sharing for plan benefits*. The medical and hospital benefit chart beginning on page five shows the benefits you will receive from Priority Health in conjunction with your Medicaid.

Be sure to show your Medicaid ID card in addition to your Priority Health membership card to make your provider aware that you may have additional coverage. Your services are paid first by Priority Health and then by Medicaid.

*Applies to members with full Medicaid eligibility.

**Contact us**

If you have questions, call one of our Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711):

Already a member? Call 833.939.0983. Not a member yet? Call 888.379.0019.

Visit ***priorityhealth.com/dsnp*** and learn more about our plans and how Medicare works.

## Get more from your Medicare plan

In addition to Medicare Part A & Part B benefits, you will also receive these extra benefits to help you stay healthy.

- Dental, vision and hearing coverage
- $0 Copay for Tier 1 preferred generic drugs
- $190 per quarter allowance for over-the-counter drugs and health products
- Personal Emergency Response System (PERS) device and services
- Access to a companion to help with household chores or accompany you to your appointments
- 28 fully prepared, refrigerated, home delivered meals following an inpatient stay
- Transportation up to 30 one-way trips per year, limited to 30 miles per trip
- Brain health support with BrainHQ and emotional support with myStrength
- SilverSneakers® gym membership with classes available online and in person

## Eligibility

You are eligible to join the **Priority**Medicare D-SNP (HMO) plan if:

- You are enrolled in Medicare Parts A and B
- You are eligible for full Medicaid benefits
- You reside within the Priority Health Medicare service area—all 68 counties in the lower peninsula of Michigan **and**
- You are 21 years of age or older

Your eligibility to enroll in this plan depends on your type of Medicaid. You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts and you are eligible for full Medicaid benefits. You pay nothing, except for Part D prescription drug copays.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and you are eligible for full Medicaid benefits.
- **Full Benefits Dual Eligible (FBDE):** You are eligible for full Medicaid benefits. Medicaid will provide assistance in paying for your Medicare services. Generally your cost share is $0 when the service is covered by both Medicare and Medicaid.

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office to maintain your Medicaid eligibility status. Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category.

If you lose eligibility for one of the three Medicaid categories listed above, you will have a six month grace period to achieve Medicaid redetermination. You will be allowed to remain in this plan, but you will be responsible for the cost share of your Medicare benefits as if you were on Original Medicare. All of your supplemental benefits will continue to be offered at $0 along with any allowance you may have, for example, eyewear or your over-the-counter (OTC) card. If you do not regain Medicaid eligibility by the end of the six month grace period, your D-SNP plan coverage will be terminated.

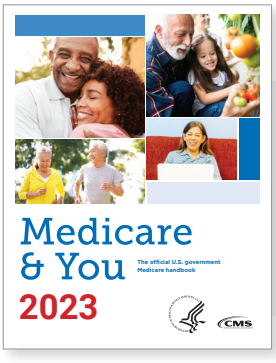
## Your plan's network

PriorityMedicare D-SNP is an HMO plan. HMO stands for Health Maintenance Organization (HMO). You'll choose a primary care physician (PCP) in the network to coordinate your care. You typically don't need a referral to see a specialist, but your doctor can sometimes help you get in to see one more quickly.

You can go to *priorityhealth.com/findadoc* to confirm that your doctor, clinic or hospitals part of the Priority Health Medicare network.

## Prescription coverage

This plan includes prescription drug coverage. You'll want to review our Provider/Pharmacy Directory because you generally need to use network pharmacies to fill your prescriptions for covered Part D drugs. You will also want to review our formulary, the list of drugs our plans cover. You can find in-network pharmacies and approved drugs on our website at *priorityhealth.com/dsnp*, or call our customer service number.




**Get a free copy of the *2023 Medicare & You* handbook**.
*View it online at **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.*

## PREMIUM AND BENEFITS** | PriorityMedicare D-SNP (HMO) Plan

| Premium and benefits[1] | In-network |
|---|---|
| **Monthly plan premium** | $0 (there is no monthly premium) |
| **Annual medical deductible** | $0 (there is no deductible) |
| **Maximum out-of-pocket amount** (does not include prescription drugs) | $0 (there is no maximum responsibility for covered medical services) |

## PRESCRIPTION DRUGS

| PART D OUTPATIENT PRESCRIPTION DRUGS | |
|---|---|
| **Prescription drug benefits** | **Depending on the level of Extra Help you receive, you'll pay one of the following cost-share amounts for covered drugs.** |
| **Deductible stage**<br><br>You'll pay this amount before you begin paying copays or coinsurance only. | Tier 1: $0<br><br>Tiers 2-5: $0 or $104<br><br>*Covered insulins (defined by Medicare) do not apply to deductible. |
| **Initial coverage stage**<br><br>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. | Once you have paid your deductible (if applicable, only required for drugs in tiers 2-5) you pay what is listed in the chart below for a 30, 60 or 90 day supply of drugs during the Initial Coverage Stage* |
| **Tier 1 – Preferred generic** | $0 |
| **Generic drugs (including brand drugs treated as generic), either:** | $0, $1.45 or $4.15 or 15% of the total cost of the drug |
| **All other drugs, either:** | $0, $4.30 or $10.35 or 15% of the total cost of the drug |
| **Covered Insulin** (defined by Medicare) | No more than $35 for a 30-day supply. |
| **Vaccines** (defined by Medicare) | $0 for certain vaccines regardless of the drug tier the vaccine is in. |
| **Coverage gap stage**<br>(also known as the "donut hole") | 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 what is listed in the chart below for a 30, 60 or 90 day supply of drugs*<br><br>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 |

*[1]If you lose your Medicaid eligibility and fall into the grace period you are responsible for the cost share of your benefits. The most you will have to pay out-of-pocket for the plan services in 2023 is $8,300. What you pay for Medicare-covered benefits (deductibles, copayments or coinsurance) count toward this maximum out of pocket amount.*

*** Costs remaining after Medicare has paid its portion are covered by Medicaid.*

| | |
|---|---|
| | initial coverage stage.<br><br>When your out-of-pocket drug costs reach $7,400, this is the end of the coverage gap stage. |
| **Generic drugs (including brand drugs treated as generic), either:** | $0, $1.45 or $4.15 or<br><br>15% of the total cost of the drug |
| **All other drugs, either:** | $0, $4.30 or $10.35 or<br><br>15% of the total cost of the drug |
| **Catastrophic coverage stage** | Once your out-of-pocket drug costs reach $7,400 you will pay what is listed in the chart below for a 30, 60 or 90 day supply of drugs*<br><br>During the Catastrophic Coverage 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. |
| **Generic drugs (including brand drugs treated as generic), either:** | $0 or $4.15 |
| **All other drugs, either:** | $0 or $10.35 |

**Specialty drugs are limited to a 30-day supply.*

## MEDICAL AND HOSPITAL BENEFITS

| Medical and hospital benefits | In-network | Prior authorization may be required |
|---|---|---|
| **Inpatient hospital** | $0 per stay | ✓ |
| **Outpatient hospital** | $0 for each visit | ✓ |
| **Ambulatory surgery center** | $0 for each service | ✓ |
| **Doctor visits** | **Primary care physician (PCP):** $0 for each office visit<br><br>**Specialist:** $0 for each office visit | ✓ |

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| Medical and hospital benefits | In-network | Prior authorization may be required |
|---|---|---|
| **Preventive care**<br>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. | $0 for each service<br>A referral from your doctor may be required for some preventive services. | |
| **Emergency care**<br>This amount is waived if you are admitted as inpatient to the hospital within 24 hours from your emergency care visit. | $0 for each visit | |
| **Urgently needed services** | $0 for each visit | |
| **Outpatient diagnostic services** | **Radiology/imaging:** $0 for each service<br>**Lab services:** $0 for each service<br>**Tests/procedures:** $0 for each service<br>**Radiation therapy:** $0 for each service<br>**X-rays:** $0 for each service | ✓ |
| **Hearing services**<br>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. | **Medicare-covered hearing exams:** $0 for each visit<br>**Routine hearing (with a TruHearing® provider):**<br>$0 for a hearing aid exam each year<br>$0 for Advanced Aids, one per ear, each year<br>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. | |
| **Dental services**<br>Routine dental services provided by Delta Dental® | **Medicare-covered dental services:** $0 for each visit<br>**Non-Medicare covered routine dental:**<br>$0 for two exams and two cleanings (regular or periodontal maintenance) each year<br>$0 for one brush biopsy, one fluoride treatment and one set of bitewing x-rays each year<br>$0 for all other radiographs (full-mouth series, periapical or panoramic x-rays) every 24 months<br>$0 for two additional periodontal maintenance cleanings (four total each year)<br>$0 for non-surgical periodontal procedures (scaling and root planning)<br>$0 for simple and surgical extraction of teeth (once per tooth per lifetime) | ✓ |

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| Medical and hospital benefits | In-network | Prior authorization may be required |
|---|---|---|
| **Dental services *(continued)*** Routine dental services provided by Delta Dental® | $0 for crown repairs, once per tooth every 12 months<br>$0 for fillings (resin and amalgam on anterior teeth), once per tooth, every 24 months<br>$0 for bridges and dentures (once every 60 months) and relines and repairs to bridges and dentures (once every 36 months, per appliance)<br>$0 for anesthesia, no limit when used during any of the services above<br>$2,500 annual maximum on all covered dental services | ✓ |
| **Vision services** Medicare-covered exam performed by a specialist to diagnose and treat diseases and conditions of the eye, and additional Medicare-covered services. Routine vision services must be provided by an EyeMed "Select" provider. | **Medicare-covered vision:**<br>$0 for each visit or eyewear after cataract surgery<br>**Routine vision (with an EyeMed provider):**<br>$0 for one exam each year<br>$200 allowance each year for eyeglasses or contact lenses | |
| **Mental health care** We cover up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. | **Inpatient visit:** $0 per stay<br>**Outpatient therapy (individual or group):** $0 for each visit | ✓ |
| **Skilled Nursing Facility (SNF)** | $0 per stay | ✓ |
| **Physical therapy, occupational therapy and speech/language therapy** | $0 for each visit | |
| **Ambulance** | $0 for each trip | ✓ |
| **Transportation** | $0 for up to 30 one-way trips every year to or from health-related locations. Trips are limited to 30 miles per one-way trip. | |
| **Medicare Part B drugs** | **Chemotherapy drugs:** $0 for each drug<br>**Other Part B drugs:** $0 for each drug | ✓ |
| **Diabetes management** | **Diabetes monitoring supplies, self-management training and shoes or inserts:** $0 for supplies and services. Diabetic test strips are limited to JJHCS and Bayer products when dispensed by a retail pharmacy or mail-order pharmacy. | |

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| Medical and hospital benefits | In-network | Prior authorization may be required |
|---|---|---|
| **Foot care (podiatry services)** | **Medicare-covered podiatry:** $0 for each visit<br>$0 for nail debridement and callous removal for members with specific conditions (up to 6 of each per year)<br>**Non-Medicare covered routine podiatry:** $0 for each routine nail debridement or callous removal service (limit 6 per year) | |
| **Home health care** | $0 for each visit | ✓ |
| **Hospice** | $0 for hospice consultation and hospice care | |
| **Kidney dialysis** | $0 for each service | |
| **Medical equipment and supplies** | **Durable medical equipment (wheelchairs, oxygen, insulin pumps):** $0 for each item<br>**Prosthetics (braces, artificial limbs):** $0 for each item | ✓ |
| **Outpatient substance abuse** | **Outpatient therapy (individual or group):**<br>$0 for each visit | |

## ADDITIONAL BENEFITS COVERED UNDER YOUR PLAN | **Priority**Medicare D-SNP (HMO) Plan

| Additional benefits | What you should know |
|---|---|
| **Abridge** | $0 for Abridge services<br>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.<br>*Medical professionals must verbally consent to being recorded. |
| **Acupuncture** | **Medicare-covered acupuncture for lower chronic back pain:**<br>$0 per visit<br>**Non-Medicare covered routine acupuncture for other conditions:**<br>$0 per visit (limit 6 per year) |

*** Costs remaining after Medicare has paid its portion are covered by Medicaid.*

| Additional benefits | What you should know |
|---|---|
| **BrainHQ®**<br>Access to online exercises and games that improve memory, attention, brain speed and more. Train on any device like a computer, tablet or smartphone. | $0 for BrainHQ services |
| **Chiropractic care** | **Medicare-covered care:**<br>$0 for each visit<br>**Non-Medicare covered routine care:**<br>$0 for each visit (limit 24 per year)<br>$0 for x-ray services performed by a chiropractor, once per year |
| **Meal benefit**<br>Home-delivered meals, provided through Mom's Meals following a discharge from a hospital (acute or psychiatric) or Skilled Nursing Facility (SNF) stay | $0 for 28 meals following a discharge (limited to 4 times per year; available within 30 days from discharge date) |
| **Over-the-counter (OTC) allowance**<br>Over-the-counter items are drugs and health related products that do not need a prescription such as; allergy medication, eye drops, cough drops, nasal spray, vitamins and more. | $190 allowance per quarter for OTC items<br>Eligible OTC items can be purchased from participating retail locations (Kroger, Walgreens, CVS, Walmart and more). Or, online, by phone or by mail using the plan's OTC catalog for home delivery. |
| **Personal Emergency Response System (PERS)** | $0 for Personal Emergency Response System (PERS) device and services. |

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| Additional benefits | What you should know |
|---|---|
| **PriorityCare**<br>Services provided by Papa including:<br>1. *Companion care*- Papa provides you with access to Papa Pals, a network of friendly helpers available both in-person and virtually via a phone call. Papa Pals offer companionship and can assist with everyday tasks such as transportation, grocery shopping and much more.<br>2. *Papa Care Concierge*- a team of individuals who can help you navigate your benefits, schedule doctor appointments and find providers.<br>3. *Caregiver support*- consultation and guidance plus digital resources to reduce the stress of care-giving related responsibilities and improve confidence in caring for loved ones. | $0 for up to 100 hours per year of in-person or virtual companion care visits plus unlimited Papa Care Concierge and caregiver support services |
| **SilverSneakers® (Fitness)** | $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 kit.<br>You can also sign up for Tuition Rewards® through SilverSneakers to earn money toward college tuition for family members.<br>The SilverSneakers® program is provided by Tivity Health®. All programs and services may not be available in all areas. |
| **Virtual care**<br>Online care you receive from the comfort of your home, or wherever you may be, with a virtual visit via video on your computer or smart phone or tablet. | $0 virtual visits with primary care, specialist and behavioral health providers<br>Available 24/7, virtual visits let you see a provider for and get treatment for non-emergency care. |

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## MEDICAID BENEFITS | **Priority**Medicare D-SNP (HMO) Plan

Your services are paid first by Medicare and then by Medicaid. The benefits described below are covered by Medicaid. You can see what the Michigan Department of Health and Human Services covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the Michigan Department of Health and Human Services, 517.373.3740.

| | **Priority**Medicare D-SNP | **Medicaid state plan** |
|---|---|---|
| **OUTPATIENT CARE SERVICES** | | |
| **Routine acupuncture** | Covered | Not Covered |
| **Ambulance** | Covered | Covered |
| **Chiropractic care** | Covered | Covered |
| **Dental services** | Covered | Covered |
| **Diabetes management** | Covered | Covered |
| **Diagnostic tests, X-Rays, Lab Services and Radiology Services** | Covered | Covered |
| **Doctor visits** | Covered | Covered |
| **Durable medical equipment (wheelchairs, oxygen, etc.)** | Covered | Covered |
| **Emergency care** | Covered | Covered |
| **Hearing services** | Covered | Covered |
| **Home health care** | Covered | Covered |
| **Mental health** | Covered | Covered |
| **Outpatient hospital** | Covered | Covered |
| **Outpatient substance abuse** | Covered | Covered through Community Mental Health Services program |
| **Preventive care** | Covered | Covered |
| **Podiatry services** | Covered | Covered |
| **Prosthetic devices (braces, artificial limbs)** | Covered | Covered |
| **Urgently needed services** | Covered | Covered |
| **Transportation (Non-Emergency Medical Transportation Services)** | Covered | Covered |
| **Vision Services** | Covered | Covered |
| **INPATIENT CARE** | | |
| **Inpatient hospital care** | Covered | Covered |
| **Inpatient mental health** | Covered | Covered through Community Mental Health Services program |
| **Skilled nursing facility (SNF)** | Covered | Covered |
| **PRESCRIPTION DRUG BENEFITS** | | |
| **Prescription drugs** | Covered | Covered |

# 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 customer service representative at **833.939.0983**.

## 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 *priorityhealth.com/dsnp* or call 888.356.1360 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

- Rules, benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under full Medicaid.


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 a D-SNP (HMO) plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Priority Medicare D-SNP (HMO) depends on contract renewal.