



# Optional Enhanced Dental and Vision Package Benefits

**Benefit year** – January 1, 2024 through December 31, 2024

*This is an overview of the benefits included in the optional Enhanced Dental and Vision package.*



## Eligibility

You are eligible to enroll at the time of your initial enrollment into one of the Priority Health Medicare Advantage plans below, within two months of your initial effective date in one of these plans or during the annual election period (AEP).

**Priority**Medicare Compass<sup>SM</sup> (PPO), **Priority**Medicare Edge<sup>SM</sup> (PPO),  
**Priority**Medicare Ideal<sup>SM</sup> (PPO), **Priority**Medicare Merit<sup>SM</sup> (PPO),  
**Priority**Medicare Select<sup>SM</sup> (PPO), **Priority**Medicare Thrive<sup>SM</sup> (PPO)  
**Priority**Medicare Vital<sup>SM</sup> (PPO), **Priority**Key<sup>SM</sup> (HMO-POS),  
**Priority**Medicare<sup>SM</sup> (HMO-POS), **Priority**Medicare ONE<sup>SM</sup> (HMO-POS)  
and **Priority**Medicare Value<sup>SM</sup> (HMO-POS)

*Note: If this enhanced coverage is terminated during the calendar year, you may not re-enroll until the next annual election or special election period.*

## Premiums

**Priority**Medicare Key (HMO-POS)  
**Priority**Medicare Thrive (PPO)  
**Priority**Medicare Vital (PPO)

**Premium: \$33.00**

**Priority**Medicare (HMO-POS)  
**Priority**Medicare ONE (HMO-POS)  
**Priority**Medicare Value (HMO-POS)  
**Priority**Medicare Compass (PPO)  
**Priority**Medicare Edge (PPO)  
**Priority**Medicare Ideal (PPO)  
**Priority**Medicare Merit (PPO)  
**Priority**Medicare Select (PPO)

**Premium: \$42.00**

# Dental Benefits

This is an overview of the optional enhanced dental benefits, offered through Delta Dental® (under group numbers 1179-3000 and 3514-3000). There is a **\$2,500 maximum dental benefit per calendar year**. Once you meet that maximum, you are responsible for 100% of your dental costs.

You already have dental services included in your Priority Health Medicare Advantage plan. This plan is in addition to those benefits. See below for details.

| Covered services   | Priority Medicare Compass<br>Priority Medicare Edge<br>Priority Medicare Ideal<br>Priority Medicare<br>Priority Medicare Merit<br>Priority Medicare ONE<br>Priority Medicare Select<br>Priority Medicare Value | Priority Medicare Key<br>Priority Medicare Thrive<br>Priority Medicare Vital | Frequency  |
|--|--|--|--|
|  | You pay  |  |  |
| Emergency treatment of dental pain   | \$0*   |  | No limit   |
| Fluoride treatment   | \$0*   |  | Once per calendar year   |
| Minor restorative services:<br>fillings and crown repair                   | \$0*   | Included in your Priority Health Medicare Advantage plan                     | Resin and amalgam fillings on anterior or posterior teeth — once in any 2 year period, same tooth and same surface. Crown repairs are once per tooth every 12 months |
| Endodontic services:<br>root canals  | 50%*   |  | Once per tooth per lifetime  |
| Major restorative services:<br>crowns, onlays and associated substructures | 50%*   | 50%*   | Once every five years, per tooth   |
| Implants and related services  | 50%*   |  | Once every five years, per tooth   |
| Simple extractions:<br>non-surgical removal of teeth                       | 50%*   | Included in your Priority Health Medicare Advantage plan                     | Once per lifetime, per tooth   |
| Oral surgery:<br>surgical extractions and other dental surgery             | 50%*   |  | Extractions are covered once per tooth per lifetime  |

|  |      |      |  |
|--|------|------|--|
| <b>Anesthesia</b>  | \$0* |      | Payable in conjunction with qualifying dental services   |
| <b>Prosthodontics:</b><br>dentures, denture relines/<br>repairs and bridge repairs | 50%* | 50%* | Dentures: once every 5 years<br>Denture relines/<br>repairs and bridge repairs: Once every 36 months |

*\*The copay/coinsurance amounts listed above are applicable for services from both in-network (participating) providers and out-of-network (non-participating) providers. See the appendix of the Evidence of Coverage document for more information.*

The following are not covered services. See the Evidence of Coverage document for a full listing of exclusions and all other plan details:

- Space maintainers
- Sealants
- Occlusal guards

### **Access to Delta Dental providers**

To find a participating Delta Dental Medicare Advantage PPO or Medicare Advantage Premier in-network dentist within Michigan, Ohio and Indiana, go to [priorityhealth.com](http://priorityhealth.com) and use the **Find a Doctor** tool. Choose **Medicare plans** in the **Your Plan** drop-down menu, then select **Dental, by Delta Dental** to access the provider directory.

Contact Delta Dental for participating provider details if you plan on using your out-of-state travel benefit for care outside of Michigan.

You can call Delta Dental 800.330.2732 (TTY users call 711) Monday through Friday from 8 a.m. to 8 p.m. Eastern Time. For assistance on Saturday or Sunday, call Priority Health Medicare at 888.389.6648 (TTY users should call 711), from 8 a.m. – 8 p.m.

### **Out-of-network**

If you choose to visit an out-of-network dental provider, the dental staff may submit your claim to Delta Dental for payment or they may require you to pay for your visit and submit the receipt and a claim form to Delta Dental for reimbursement yourself.

# Vision Benefits

This is an overview of the optional enhanced vision benefit offered through the EyeMed® “Select” network. You already have routine vision services included in your Priority Health Medicare Advantage plan. The embedded eyewear allowance on all plans is \$100 with the exception of the following:

**Priority**Medicare Vital: \$125 allowance, **Priority**Medicare ONE: \$175 allowance and **Priority**Medicare Thrive: \$200 allowance

| Services  | <b>Priority</b> Medicare Compass<br><b>Priority</b> Medicare Edge<br><b>Priority</b> Medicare Ideal<br><b>Priority</b> Medicare Key<br><b>Priority</b> Medicare Merit<br><b>Priority</b> Medicare Select<br><b>Priority</b> Medicare Value | <b>Priority</b> Medicare Vital   | <b>Priority</b> Medicare ONE   | <b>Priority</b> Medicare Thrive  | Frequency              |
|---|--|--|--|--|------------------------|
| Frames, lens and lens options benefits package (combined)<br><br>Or<br><br>Contact lenses (For prescription contact lenses for one eye only, the plan will pay one half of the amount payable for contact lenses for both eyes) | Frames, lens and lens options package (combined): \$250 allowance/reimbursement*; or<br><br>Conventional contact lenses: \$250 allowance/reimbursement*; or<br><br>Disposable contact lenses: \$250 allowance/reimbursement*               | Frames, lens and lens options package (combined): \$275 allowance/reimbursement*; or<br><br>Conventional contact lenses: \$275 allowance/reimbursement*; or<br><br>Disposable contact lenses: \$275 allowance/reimbursement* | Frames, lens and lens options package (combined): \$325 allowance/reimbursement*; or<br><br>Conventional contact lenses: \$325 allowance/reimbursement*; or<br><br>Disposable contact lenses: \$325 allowance/reimbursement* | Frames, lens and lens options package (combined): \$350 allowance/reimbursement*; or<br><br>Conventional contact lenses: \$350 allowance/reimbursement*; or<br><br>Disposable contact lenses: \$350 allowance/reimbursement* | Once per calendar year |

The copay/coinsurance amounts listed above are applicable for services from both in-network (participating) providers and out-of-network (non-participating) providers.

\*You must use an EyeMed “Select” Network provider when using in-network benefits. Plan allows members to file materials (eyeglasses or contacts) until the allowance is used in full. Plan allowance cannot be combined with an in-store promotion.

The following vision services and supplies are not covered. See the the Evidence of Coverage document for a full listing of exclusions:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing: Aniseikonic lenses
- Medical and/or surgical treatment of the eye, eyes or supporting structures. These may be covered under your medical plan.
- Any corrective or safety eyewear required by an employer as a condition of employment
- Safety eyewear of any kind, for any purpose
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or employer as a condition of employment
- Plano (non-prescription) lenses and/or contact lenses
- Non-prescription sunglasses
- Two pairs of glasses in lieu of bifocals
- Services rendered after the date an eligible person ceases to be covered under the Certificate, except when vision materials ordered before coverage ended are delivered, and the services rendered to the eligible person are within 31 days from the date of such order
- Services or materials provided by any other group benefit plan providing vision care
- Lost or broken lenses, frames, glasses or contact lenses, except in the next benefit frequency when vision materials would next become available
- Glasses or contacts post-cataract surgery. These are covered under your medical plan.

### **The vision network**

Our network of participating providers (the EyeMed "Select" network) includes private practitioners, as well as the following national retailers: LensCrafters®, Target® Optical and most Pearle Vision® locations. You can also purchase your eyewear online at **Glasses.com, ContactsDirect.com** and **LensCraftersContacts.com**.

To find a participating provider in the EyeMed "Select" network, go to [priorityhealth.com](http://priorityhealth.com) and use the **Find a Doctor** tool. Choose **Medicare plans** in the **Your Plan** drop-down menu, then select **Vision by EyeMed** to access our EyeMed provider directory. From there, choose the **Select** network option.

You can also call EyeMed at 844.366.5127 (TTY users should call 711), Monday – Friday, from 8 a.m. to 8 p.m., or if you need assistance Saturday and Sunday please call Priority Health Medicare at 888.389.6648 (TTY users should call 711), from 8 a.m. to 8 p.m.

### **Out-of-network**

If you choose to visit a Non-EyeMed "Select" Network Provider, you'll need to pay out-of-pocket for your visit and then submit a claim form, along with an itemized paid receipt with your name to EyeMed for reimbursement of covered services. Once the out-of-network claim is received, it takes 15 business days for processing; payment comes in check form.

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 the Evidence of Coverage document for more information, including the cost sharing that applies to out-of-network services.

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

This information is not a complete description of benefits. Call 888.389.6648 from 8 a.m. to 8 p.m., seven days a week (TTY users should call 711) for more information.

