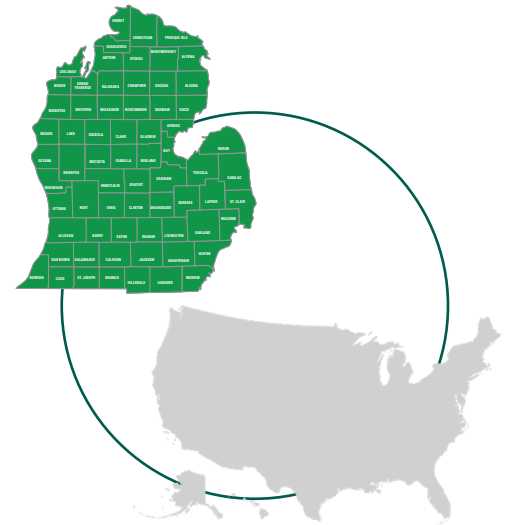




# PriorityMedicare<sup>SM</sup> (Employer HMO)

City of Detroit General Retiree Healthcare Trust | Jan. 1, 2023 – Dec. 31, 2023

- ✓ Priority Health Travel Pass with access to all Medicare-participating providers and MultiPlan® Medicare Advantage Network providers when outside the lower peninsula of Michigan
- ✓ Routine hearing coverage and a **hearing aid benefit**
- ✓ \$0 Rx deductible on all tiers
- ✓ SilverSneakers® fitness benefit with the freedom to access online workouts or visit any participating facility anywhere, anytime



Benefit (in-network)	2023
<b>Medical deductible</b>	<b>\$500</b>
<b>Annual out-of-pocket maximum</b>	<b>\$3,200</b>
<b>Inpatient hospital</b>	<b>Plan pays 90%, per stay</b>
<b>Office visits</b> Primary care doctor	<b>\$20 copay*</b>
<b>Office visits</b> Specialist	<b>\$40 copay*</b>
<b>Outpatient diagnostic services</b> (labs, imaging, X-rays)	<b>Plan pays 90%</b> for lab services
	<b>Plan pays 90%</b> for diagnostic procedures/tests
	<b>Plan pays 90%</b> for X-rays
	<b>Plan pays 90%</b> for diagnostic radiology/imaging
<b>Outpatient hospital coverage</b> (ambulatory surgical center or outpatient hospital facility visit)	<b>Plan pays 90%</b>
<b>Ambulance and ambulance stabilization</b>	<b>Plan pays 90%*</b>
<b>Worldwide emergency care/urgently needed services</b>	<b>\$65 copay/\$40 copay*, plus Assist America®</b>
<b>Observation</b>	<b>\$65 copay*</b> for each observation visit, including all services received
<b>Chiropractic care</b>	<b>\$20 copay*</b> for each Medicare covered chiropractic visit
<b>Routine hearing</b>	<b>\$40 copay*</b> for one routine exam Plan pays <b>90% for one hearing aid</b> per ear, each year from any Medicare-participating supplier

Part D prescription drugs benefit overview

**Priority**Medicare (Employer HMO) has a \$0 prescription drug deductible on Tiers 1 and 2. Amounts shown are for the initial coverage period (until drug costs reach \$4,430).

	Standard pharmacy		Mail-order pharmacy	
	1 month supply	3 month supply	1 month supply	3 month supply
Tier 1 (preferred generic)*	\$3	\$6	\$3	\$6
Tier 2 (generic)*	\$15	\$30	\$15	\$30
Tier 3 (preferred brand)	\$45	\$90	\$45	\$90
Tier 4 (non-preferred)	30%	30%	30%	30%
Tier 5 (specialty)	30%	N/A	30%	N/A
Covered Insulin (Defined by Medicare)	Up to \$35	Up to \$105	Up to \$35	Up to \$105
Vaccines (Defined by Medicare)	\$0 for certain vaccines regardless of the drug tier the vaccine is in			

\*Deductible does not apply

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