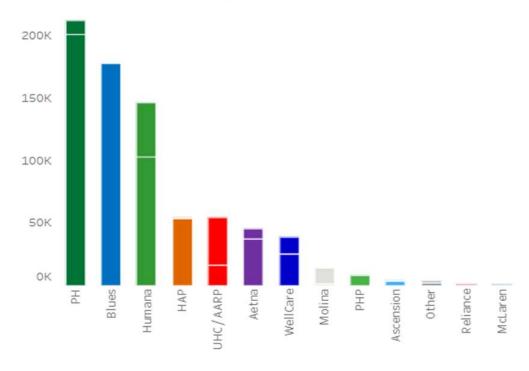
TO THE POINT.

2024 MEDICARE AGENT TRAINING



Priority Health Medicare leads the market – again.

Total Enrollment - As of July 2023





Over 5,000 5 Star enrollments YTD!

70% of these have come from agents. Thank you!

	2023	Example
<i>New to Medicare</i> <i>Advantage</i>	\$601	Medigap to MAPD conversion
New to Priority Health	\$301*	Competitor to Priority

You can leverage this opportunity until November 30, 2023.

Who qualifies to use the 5 Star Election?

Existing Medigap member

With any carrier, with or without a PDP, wishing to enroll in MAPD outside of AEP

Original Medicare Member

With or without a PDP, enrolled with any carrier, wishing to enroll in MAPD

Delinquent Member

Former member of a premium plan who became delinquent on their plan premium, resulting in their termination

Lost Part B

Any member who lost their Part B due to non-payment of premium, resulting in the termination of their medical plan

Existing PPO or HMO-POS member

Any member already on an HMO-POS or PPO plan with any carrier, looking to move to a new plan



Qualifying to be a Medicare Elite Agent

- Medicare Elite Agents are defined as top performers in size of Medicare book of business per territory or 50 contracts in a calendar year. Qualifications to earn elite status for 2024 are as follows per territory:
 - o Southern region a book of business of 200
 - o Northern region a book of business of 300
 - o Central region a book of business of 400
 - o Eastern region a book of business of 150
 - o Southeast region a book of business of 150
- Elite status perks include:
 - o Priority access to an Agent Service Specialist phone line
 - o Unique email inbox to send questions to our Agent Service Specialists
 - o Special invitation-only product certification training
 - o \$400 allowance for marketing items
 - o Marketing collateral





AGENT EXPERIENCE

2024 commission rates



	2023	2024
New to Medicare Advantage	\$601	\$611
New to Priority Health (not new to MA)	\$301	\$306*
Priority Health renewal (including plan changes and AOR)	\$301	\$306**

^{*}Distributed on a lump sum, prorated basis.



^{**}Distributed on a monthly prorated basis at \$25.50 each month a renewing member is enrolled.

Agenda

01	WHY PRIORITY HEALTH?		I
02	2024 PRODUCT	05	PHARMACY
02 H	HIGHLIGHTS	06	MEDIGAP
03	2024 PLAN DETAILS	07	AGENT EXPERIENCE
04	EMBEDDED EXTRAS	37	AGEITT EXPERIENCE





1.3M+

Priority Health Medicare, Medicaid, Group and Individual members



FIVE STAR

agent and member customer service



250K+

Priority Health Medicare members served

9 OUT OF 10

primary care providers in Michigan are part of the Priority Health Medicare network²



of removing barriers to health care

#1 CHOICE

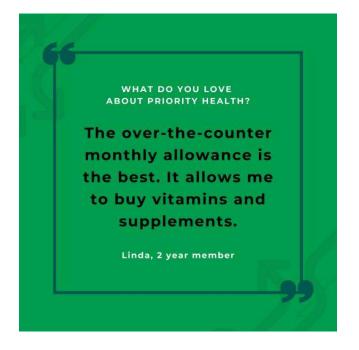
for Individual Medicare Advantage Plan in Michigan¹

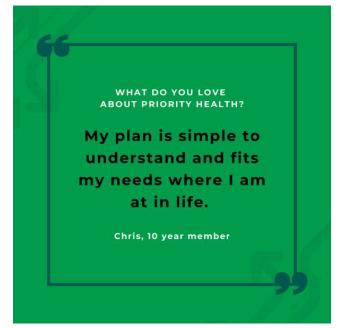


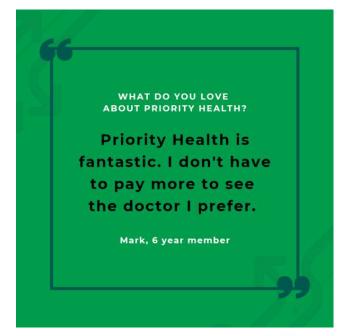


1 According to May 2023 monthly enrollment from Centers for Medicare and Medicaid Services. 2According to CMS National Downloadable File for Physicians, July 2022. Network varies by plan.

Why 94% of our members stay with us³







3 According to the 2021 Medicare Advantage Health and Drug Plan Disenrollment Reasons Survey Results issued by the Centers for Medicare and Medicaid Services (CMS), September 2022. Results for HMO-POS plans.



2024 PRODUCT HIGHLIGHTS

Highlights



- Both of our D-SNP plans have been approved to participate in the VBID model for plan year 2024.
- As part of VBID, D-SNP members are targeted by socioeconomic status (LIS) and will be provided the following enhanced benefits:
 - o PriorityFlex card with access to OTC, food, utilities, and pest control
 - o \$0 Part D drugs across any tier.
- All premium plans now include a quarterly OTC allowance.
- We have ended our partnership with Kroger and expanded access to members. The plans have been renamed to **Priority**Medicare Thrive (PPO) and **Priority**Medicare D-SNP Advantage (HMO).
 - o Both plans have expanded to all of Region 5
- Members can receive their annual wellness visit (AWV) once per calendar year instead of the previous once per 11 months.



Plan Details

Why our plans lead the charge

- There are two major differences between our HMO-POS and PPO plans:
 - Members on HMO-POS plans **MUST** have an assigned primary care provider.
 - 2. Members on HMO-POS plans **MUST** get prior authorization for certain services when out-of-network. PPO members do not need to get prior authorization when using out-of-network providers.
- Besides that, our HMO-POS plans act the exact same as our PPO plans.
 Most benefits are offered both in- or- out-of-network on either plan type.
- Please remember: to be considered HMO-POS, plans only need to offer one benefit out-of-network



Plan Details

Even better, these PPOs have an Open Network

- We offer three open network PPO plans:
 - o **Priority**Medicare Vital (regions 1, 2 and 5)
 - o **Priority**Medicare Compass (regions 3 and 4)
 - o **Priority**Medicare Thrive (region 5)
- This means that members of these three plans will have the same costshare whether they see an in- or- out-of-network provider. It does not matter where they are in the state of Michigan or across the country.

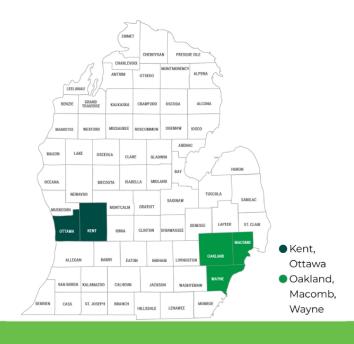


HMO-POS PLANS

PLAN DETAILS | PriorityMedicare ONE (HMO-POS)

More coverage. Extra support.

PriorityMedicare ONE is for those who prioritize affordability over other features, are engaged with their healthcare that want extra support and need regular care.



Plan highlights:



\$0 in-network deductible

\$0 Rx deductible



30 one-way trips to any medical appointment within **40 miles**



PriorityCare benefit with **72 hours/year** of Papa



\$4,300 combined max out-of-pocket



Dental, vision, hearing and fitness benefits



\$26/month OTC plus allowance to use on overthe-counter items & food (if eligible)

PriorityMedicare ONE (HMO-POS)

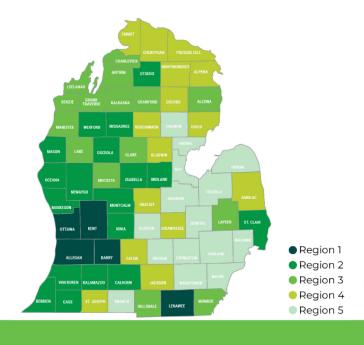
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$35	\$35
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$285/day, days 1-7	\$285/day, days 1-7
Outpatient hospital	\$285	\$285
Labs/tests & procedures	\$0 anticoagulant labs \$10 all other	\$0 anticoagulant labs \$10 all other
Diagnostic radiology (i.e., MRI)	\$175	\$175
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$285	\$285

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$35	\$120/\$120 /\$35
Max out-of-pocket	\$4,300	\$4,300
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0	\$0
Rx preferred	\$0/\$10/\$42/45%/33%	\$0/\$10/\$42/45%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC Plus	\$15/M for OTC + Food if SSBCI eligible	\$26 /M for OTC + Food if SSBCI eligible

PLAN DETAILS | PriorityMedicare Key (HMO-POS)

Most popular \$0 plan. Better benefits.

PriorityMedicare Key is for those who want affordable medical coverage. These members do not want their illness to take over their life, so they are looking for medical benefits designed around them.



Plan highlights:



\$0 In-network medical deductible **\$0** Rx deductible



\$0 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



Embedded comprehensive dental up to **\$2,500** per year



\$74-\$100/quarter OTC plus allowance to use on over-the-counter items & food (if eligible)



Priority Travel Pass gives you in-network coverage wherever you go



Free and convenient fitness program giving you access to classes and centers nationwide

PriorityMedicare Key (HMO-POS)

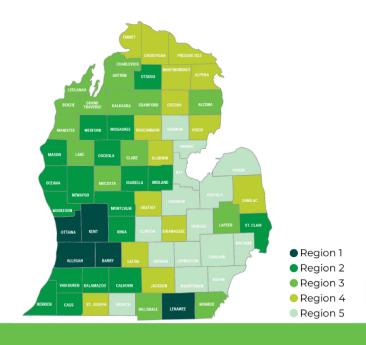
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0 (Regions 1, 2 & 5) \$10 (Regions 3 & 4)	\$0 (Regions 1, 2 & 5) \$10 (Regions 3 & 4)
Specialist visit	\$45	\$45
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$325/day, days 1-6	\$320/day, days 1-7
Outpatient hospital	\$290	\$290
Labs/tests & procedures	\$0 anticoagulant labs \$10 all other	\$0 anticoagulant labs \$10 all other
Diagnostic radiology (i.e MRI)	\$160 (1, 2, 3 & 4) \$130 (5)	\$160 (1, 2, 3 & 4) \$160 (5)
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$270	\$270

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$50	\$120/\$120 /\$50
Max out-of-pocket	\$5,000 (1, 2, 5) \$5,500 (3 & 4)	\$5,000 (1, 2, 5) \$5,500 (3 & 4)
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0 All Tiers	\$0 All Tiers
Rx preferred	\$4/\$15/\$42/45%/33%	\$4/\$15/\$42/45%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$80/Q (1 & 2) - OTC only \$75/Q (5) - OTC only \$55/Q (3 & 4) - OTC only	\$100/Q (1 & 2) \$95/Q (5) \$74/Q (3 & 4) for OTC + Food if SSBCI eligible

PLAN DETAILS | PriorityMedicare Value (HMO-POS)

Incredible coverage for members with chronic conditions.

PriorityMedicare Value is great for insulin dependent diabetics who want a lower out-of-pocket max and an affordable premium.



Plan highlights:



\$0 In-network medical deductible



\$5 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



\$0 Rx deductible on TI & T2 prescriptions



\$40/quarter OTC allowance



Priority Travel Pass gives you in-network coverage wherever you go



Dental, vision, hearing and fitness benefits

PriorityMedicare Value (HMO-POS)

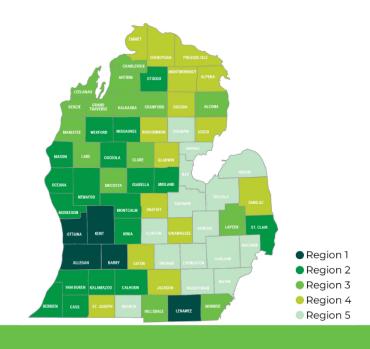
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$5	\$5
Specialist visit	\$45	\$45
Cardiac/pulmonary rehab.	\$10	\$10
Inpatient hospital	\$325/day, days 1-5	\$325/day, days 1-5
Outpatient hospital	\$225	\$225
Labs/tests & procedures	\$0 anticoagulant labs \$10 all other	\$0 anticoagulant labs \$10 all other
Diagnostic radiology (i.e., MRI)	\$225	\$225
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$265	\$265

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$55	\$120/\$120 /\$55
Max out-of-pocket	\$4,900	\$4,900
Routine chiro (limit 12)	Not covered	Not covered
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$75 (tiers 3-5)	\$75 (tiers 3-5)
Rx preferred	\$2/\$10/\$42/50%/31%	\$2/\$10/\$42/50%/31%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$25/Q	\$40/Q

PLAN DETAILS | PriorityMedicare (HMO-POS)

Low drug cost. Maximum medical coverage.

PriorityMedicare is great for those who need low drug costs.



Plan highlights:



\$0 In-network medical deductible



\$10 PCP **\$0** Virtual visits **\$40** Specialist



\$0 Rx deductible



\$40/quarter OTC allowance



Priority Travel Pass gives you in-network coverage wherever you go



Dental, vision, hearing and fitness benefits

PriorityMedicare (HMO-POS)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$10	\$10
Specialist visit	\$40	\$40
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$225/day, days 1-6	\$225/day, days 1-6
Outpatient hospital	\$175	\$175
Labs/tests & procedures	\$0 anticoagulant labs \$30 all other	\$0 anticoagulant labs \$30 all other
Diagnostic radiology (i.e., MRI)	\$125	\$125
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$210	\$210

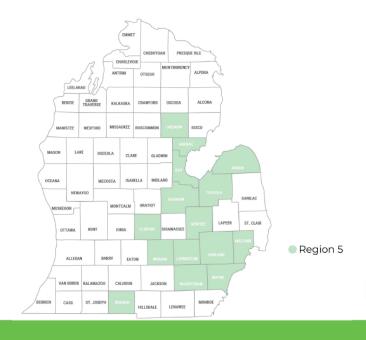
In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$50	\$120/\$120 /\$50
Max out-of-pocket	\$4,500	\$4,500
Routine chiro (limit 12)	Not covered	Not covered
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0	\$0
Rx preferred	\$1/\$8/\$38/45%/33%	\$1/\$8/\$38/45%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$25/Q	\$40/Q

PPO PLANS

PLAN DETAILS | PriorityMedicare Thrive (PPO)

Affordable coverage. Active lifestyle.

PriorityMedicare Thrive is for those looking for affordability in their health coverage for when they need it. They are looking for all the extras to help them thrive in life.



Plan highlights:



- **\$0** in-network deductible
- **\$0** Rx deductible



Pay the same in and out-ofnetwork with open network



Embedded comprehensive dental up to **\$3,000** per year



\$35/month OTC Plus allowance to use on overthe-counter items & food (if eligible)



Free and convenient fitness program giving you access to classes and centers nationwide



\$200 embedded eyewear allowance, plus hearing embedded

PriorityMedicare Thrive(PPO)

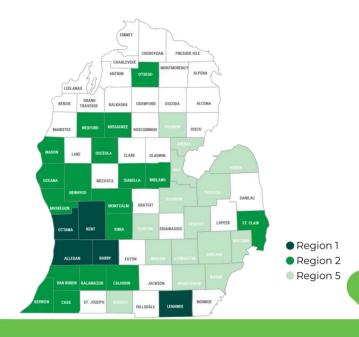
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$40	\$40
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$325/day, days 1-5	\$320/day, days 1-7
Outpatient hospital	\$275	\$275
Labs/tests & procedures	\$0	\$0
Diagnostic radiology (i.e MRI)	\$275	\$275
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$290	\$290

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$40	\$120/\$120 /\$40
Max out-of-pocket	\$4,900	\$5,200
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0	\$0
Rx preferred	\$3/\$10/\$42/45%/33%	\$3/\$10/\$42/45%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$25/M for OTC + Food if SSBCI eligible	\$35/M for OTC + Food if SSBCI eligible

PLAN DETAILS | PriorityMedicare Vital (PPO)

Part B credit. No medical deductible.

PriorityMedicare Vital is designed for individuals who do not use healthcare often. They are looking for low medical costs when they need it – they want money back in their pocket and ALL the extras.



Plan highlights:



\$30 Part B credit **\$0** medical deductible



Pay the same in and out-ofnetwork with open network



Embedded comprehensive dental up to **\$2,500** per year



\$30/month OTC Plus allowance to use on overthe-counter items & food (if eligible)



\$0 Rx deductible for TI and T2 prescriptions



\$0 copay for two advanced hearing aids (1 per ear, per year)

PriorityMedicare Vital(PPO)

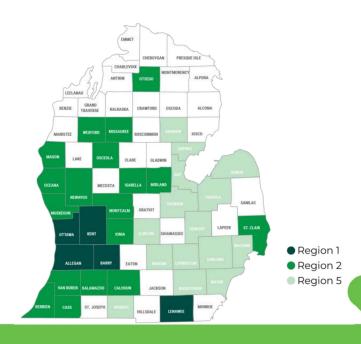
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$50	\$50
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$350/day, days 1-5	\$350/day, days 1-5
Outpatient hospital	\$300	\$300
Labs/tests & procedures	\$0	\$0
Diagnostic radiology (i.e MRI)	20%	20%
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$265	\$265

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$60	\$120/\$120 /\$60
Max out-of-pocket	\$4,900	\$5,100
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$350 (tiers 3-5)	\$350 (tiers 3-5)
Rx preferred	\$1/\$10/\$42/45%/26%	\$1/\$10/\$42/45%/26%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$20/M for OTC + Food if SSBCI eligible	\$30/M for OTC + Food if SSBCI eligible

PLAN DETAILS | PriorityMedicare Edge (PPO)

Great support. Extra benefits.

PriorityMedicare Edge is for members who have chronic conditions that are well managed, so they want as many \$0 benefits as possible.

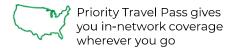


Plan highlights:



\$0 Medical deductible

\$0 Rx deductible





PriorityCare benefit with **48 hours/year** of Papa



\$0 PCP, **\$0** Labs & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



Dental, vision, hearing and fitness benefits



\$95/quarter OTC allowance

PriorityMedicare Edge (PPO)

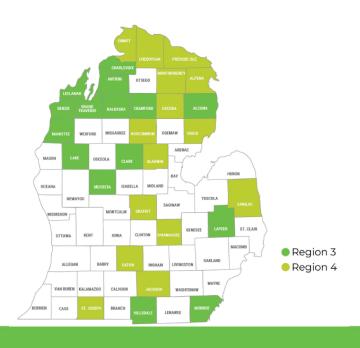
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$45	\$45
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$350/day, days 1-5	\$320/day, days 1-7
Outpatient hospital	\$325	\$325
Labs/tests & procedures	\$0	\$0
Diagnostic radiology (i.e., MRI)	\$270	\$270
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$275	\$275

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$30	\$120/\$120 /\$30
Max out-of-pocket	\$5,300	\$5,300
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0	\$0
Rx preferred	\$2/\$8/\$38/40%/33%	\$2/\$8/\$38/40%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$60/Q	\$95/Q

PLAN DETAILS | PriorityMedicare Compass (PPO)

Open network. Optimal costs.

PriorityMedicare Compass is for individuals who enjoy traveling and want to ensure they are covered wherever they go. They are relatively healthy, so they do not want the burden of high expenses.



Plan highlights:



\$0 Medical deductible

\$0 Rx deductible



Pay the same in and out-ofnetwork with open network



PriorityCare benefit with **36 hours/year** of Papa



\$0 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



Dental, vision, hearing and fitness benefits



\$80/quarter OTC allowance

PriorityMedicare Compass (PPO)

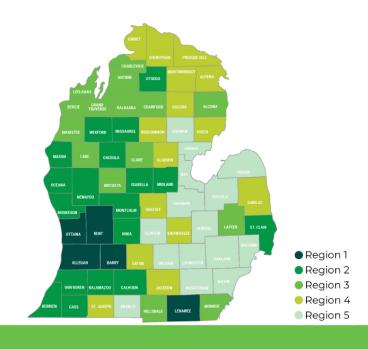
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$50	\$50
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$350/day, days 1-5	\$320/day, days 1-7
Outpatient hospital	\$325	\$325
Labs/tests & procedures	\$0 for anticoagulant labs \$20 for all other	\$0 for anticoagulant labs \$20 for all other
Diagnostic radiology (i.e MRI)	\$275	\$275
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$325	\$325

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$30	\$120/\$120 /\$30
Max out-of-pocket	\$5,650	\$5,650
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0 All Tiers	\$0 All Tiers
Rx preferred	\$4/\$15/\$42/45%/33%	\$4/\$15/\$42/45%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$35/Q	\$80/Q

PLAN DETAILS | PriorityMedicare Ideal (PPO)

Extra care. Affordable coverage.

PriorityMedicare Ideal is meant for those who are looking for a low premium plan.



Plan highlights:



\$0 combined medical deductible **\$0** Rx deductible on T1 & T2



\$15 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



PriorityCare benefit with **48** hours/year for Papa



\$80/quarter OTC allowance



Priority Travel Pass gives you in-network coverage wherever you go



Dental, vision, hearing and fitness benefits

PriorityMedicare Ideal (PPO)

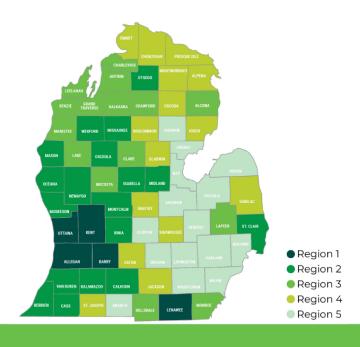
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$15	\$15
Specialist visit	\$45	\$45
Cardiac/pulmonary rehab.	\$10	\$10
Inpatient hospital	\$300/day, days 1-6	\$300/day, days 1-6
Outpatient hospital	\$250	\$250
Labs/tests & procedures	\$0 for anticoagulant labs \$15 for all other	\$0 for anticoagulant labs \$15 for all other
Diagnostic radiology (i.e MRI)	\$140	\$140
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$240	\$240

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$50	\$120/\$120 /\$50
Max out-of-pocket	\$5,800	\$5,800
Routine chiro (limit 12)	\$20	\$20
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$125 (tiers 3-5)	\$125 (tiers 3-5)
Rx preferred	\$4/\$13/\$42/50%/30%	\$4/\$13/\$42/50%/30%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	\$80/Q	\$80/Q

PLAN DETAILS | PriorityMedicare Merit (PPO)

More care. Additional coverage.

PriorityMedicare Merit is designed for members who want a peace of mind.



Plan highlights:



\$0 combined medical deductible



\$20 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



\$0 Rx deductible on T1 & T2 prescriptions



\$4,100 maximum-out-of-pocket



Priority Travel Pass gives you in-network coverage wherever you go



Dental, vision, hearing and fitness benefits

PriorityMedicare Merit (PPO)

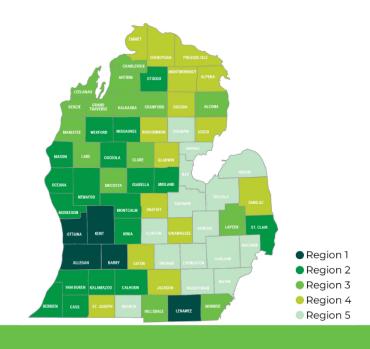
In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$20	\$20
Specialist visit	\$45	\$45
Cardiac/pulmonary rehab.	\$20	\$20/ \$15
Inpatient hospital	\$375-day, days 1-5	\$375-day, days 1-5
Outpatient hospital	\$225	\$225
Labs/tests & procedures	\$0 for anticoagulant labs \$20 for all other	\$0 for anticoagulant labs \$20 for all other
Diagnostic radiology (i.e MRI)	\$125	\$125
Outpatient behavioral health visit	\$20	\$20
Ambulance (transport or treat/non-transport)	\$270	\$270

In-network benefit	2023	2024
ER/Observation/UC	\$110/\$110/\$55	\$120/\$120 /\$55
Max out-of-pocket	\$4,100	\$4,100
Routine chiro (limit 12)	Not covered	Not covered
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0
Rx deductible	\$0	\$0
Rx preferred	\$2/\$10/\$42/50%/33%	\$2/\$10/\$42/50%/33%
Tier 1 (90-day preferred retail)	\$0	\$0
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0
OTC	Not covered	\$25/Q

PLAN DETAILS | PriorityMedicare Select (PPO)

Maximum coverage with low out-of-pocket.

PriorityMedicare Select offers members the highest coverage with a low maximum-out-of-pocket.



Plan highlights:



\$0 In-network medical deductible



\$15 PCP & **\$0** virtual visits for PCP, Specialists and Behavioral Health appointments



\$3,500 maximum-out-of-pocket



\$25/quarter OTC allowance



Priority Travel Pass gives you in-network coverage wherever you go



Dental, vision, hearing and fitness benefits

PLAN DETAILS

PriorityMedicare Select (PPO)

In-network benefit	2023	2024	
Medical deductible	\$0	\$0	
PCP visit	\$15	\$15	
Specialist visit	\$40	\$40	
Cardiac/pulmonary rehab.	\$15	\$15	
Inpatient hospital	\$200/day, days 1-6	\$200/day, days 1-6	
Outpatient hospital	\$200	\$200	
Labs/tests & procedures	\$0 for anticoagulant labs \$20 for all other	\$0 for anticoagulant labs \$20 for all other	
Diagnostic radiology (i.e MRI)	\$75	\$75	
Outpatient behavioral health visit	\$20	\$20	
Ambulance (transport or treat/non-transport)	\$215	\$215	

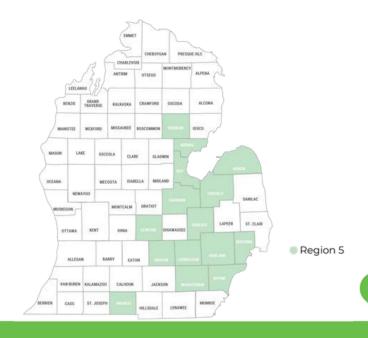
In-network benefit	2023	2024	
ER/Observation/UC	\$110/\$110/\$50	\$120/\$120 /\$50	
Max out-of-pocket	\$3,500	\$3,500	
Routine chiro (limit 12)	Not covered	Not covered	
Virtual visits (PCP, specialist & behavioral health provider)	\$0	\$0	
Rx deductible	\$0	\$0	
Rx preferred	\$1/\$6/\$37/45%/33%	\$1/\$6/\$37/45%/33%	
Tier 1 (90-day preferred retail)	\$0	\$0	
Tier 1 & Tier 2 (90-day mail order)	\$0/\$0	\$0/\$0	
OTC	Not covered	\$25/Q	

D-SNP PLANS

PLAN DETAILS | PriorityMedicare D-SNP Advantage (HMO)

Expanded access. Enhanced benefits.

PriorityMedicare D-SNP Advantage is designed for our most vulnerable members who have both Medicare and Medicaid coverage. These individuals likely have multiple chronic conditions/disabilities who face social factors that contribute to poor health outcomes.



Plan highlights:



PriorityCare benefit with **100 hours/year** of companion care



30 one-way trips to any medical appointment within **40** miles



\$0 copay for two advanced hearing aids (1 per ear, per year)



\$200 embedded eyewear allowance



Preventive & comprehensive dental up to **\$4,000 annual max**



\$106/month flex card to use on OTC items, food, utilities and pest control

PLAN DETAILS

PriorityMedicare D-SNP Advantage (HMO)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$0	\$0
Cardiac/pulmonary rehab.	\$0	\$0
Inpatient hospital	\$0	\$0
Outpatient hospital	\$0	\$0
Labs/tests & procedures	\$0	\$0
Diagnostic radiology (i.e MRI)	\$0	\$0
Outpatient behavioral health visit	\$0	\$0
Ambulance (transport or treat/non-transport)	\$0	\$0

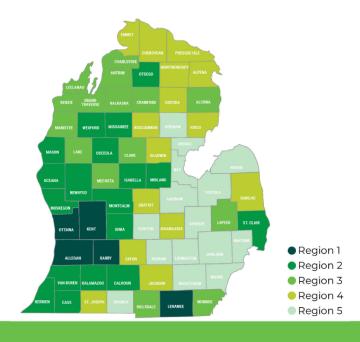
In-network benefit	2023	2024
ER/Observation/UC	\$0	\$0
Max out-of-pocket	\$0	\$0
Rx deductible	\$0	\$0

All services covered by Original Medicare are a \$0 liability to the D-SNP member

PLAN DETAILS | PriorityMedicare D-SNP (HMO)

Statewide coverage. Seamless support.

PriorityMedicare D-SNP is designed for our most vulnerable members who have both Medicare and Medicaid coverage. These individuals likely have multiple chronic conditions/disabilities. They also face social factors that contribute to poor health and outcomes.



Plan highlights:



PriorityCare benefit with 100 hours/year of companion care



30 one-way trips to any medical appointment within **40** miles



\$0 copay for two advanced hearing aids (1 per ear, per year)



\$200 embedded eyewear allowance



Preventive & comprehensive dental up to \$2,500 annual max



\$222/quarter flex card to use on OTC items, food, utilities and pest control

PLAN DETAILS

PriorityMedicare D-SNP (HMO)

In-network benefit	2023	2024
Medical deductible	\$0	\$0
PCP visit	\$0	\$0
Specialist visit	\$0	\$0
Cardiac/pulmonary rehab.	\$0	\$0
Inpatient hospital	\$0	\$0
Outpatient hospital	\$0	\$0
Labs/tests & procedures	\$0	\$0
Diagnostic radiology (i.e MRI)	\$0	\$0
Outpatient behavioral health visit	\$0	\$0
Ambulance (transport or treat/non-transport)	\$0	\$0

In-network benefit	2023	2024
ER/Observation/UC	\$0	\$0
Max out-of-pocket	\$0	\$0
Rx deductible	\$0	\$0

All services covered by Original Medicare are a \$0 liability to the D-SNP Advantage member

PLAN DETAILS

	Region 1	Region 2	Region 3	Region 4	Region 5	DV Package Buy-up
Priority Medicare ONE (HMO-POS)	\$0 in l		iwa, Wayr omb coui	ne, Oaklar nties	nd and	\$42
Priority Medicare Key (HMO-POS)	\$0	\$0	\$0	\$0	\$0	\$33
Priority Medicare Value (HMO-POS)	\$12	\$31	\$68	\$43	\$31	\$42
Priority Medicare (HMO-POS)	\$74	\$79	\$113	\$103	\$59	\$42
Priority Medicare Thrive (PPO)					\$0	\$33
PriorityMedicare Vital (PPO)	\$0	\$0			\$0	\$33
PriorityMedicare Edge (PPO)	\$0	\$0			\$0	\$42
Priority Medicare Compass (PPO)			\$0	\$0		\$42
PriorityMedicare Ideal (PPO)	\$19	\$19	\$19	\$19	\$19	\$42
Priority Medicare Merit (PPO)	\$60	\$73	\$104	\$118	\$95	\$42
PriorityMedicare Select (PPO)	\$157	\$147	\$206	\$223	\$212	\$42
Priority Medicare D-SNP Advantage					\$0	N/A
PriorityMedicare D-SNP	\$0	\$0	\$0	\$0	\$0	N/A

EMBEDDED EXTRAS

Great benefits. Great Support.

Supplemental Benefit	Medicare	Select	Merit	Value	Ideal	Edge	Compass	Key	Vital	Thrive	ONE	D-SNP	D-SNP Advantage
Abridge®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
myStrength®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BrainHQ®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
OTC only	\$40/Q	\$25/Q	\$25/Q	\$40/Q	\$80/Q	\$95/Q	80/Q		-	-	-	-	-
OTC + Food *Food if SSBCI	-	-	-	-	-	-	-	Key 1&2 \$100/Q Key 3&4 \$74/Q Key 5 \$95/Q	\$30/M	\$35/M	\$26/M	-	-
Mom's Meals®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Multiplan®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	-
Assist America®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	-
Papa®					48 hours/year	48 hours/year	36 hours/year				72 hours/year	100 hours/year	100 hours/year
SilverSneakers®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PERs	-	-	-	-	-	-	-	-	-	-	-	✓	✓
Transportation (Saferide®)	-	-	-	-	-	-	-	-	-	-	✓	✓	✓
PriorityFlex												\$222/Q	\$106/M

Dental Coverage



- Largest network of dentists in Michigan
- Same great \$0 preventive dental on all Priority Health Medicare plans.
- PriorityMedicare D-SNP and PriorityMedicare D-SNP Advantage include the following comprehensive dental services:
 - 100% coverage for two additional periodontal maintenance cleanings, non-surgical periodontal procedures, simple and surgical extractions of teeth, fillings and crown repairs, bridges and dentures (including relines and repairs), and anesthesia when used during any of the services above.
- Annual maximums on D-SNP plans apply to both preventive and comprehensive services
 - o **Priority**Medicare D-SNP: \$2,500
 - o **Priority**Medicare D-SNP Advantage: \$4,000





Dental Coverage



- Comprehensive dental on PriorityMedicare Key, PriorityMedicare Thrive and PriorityMedicare Vital includes:
 - o 100% coverage for fillings, crown repairs, non-surgical ("simple") extractions and anesthesia when used during any of these services.
- Annual maximums on these three plans applies ONLY to comprehensive dental services:



- o **Priority**Medicare Key: \$2,500
- o **Priority**Medicare Vital: \$2,500
- o **Priority**Medicare Thrive: \$3,000



Vision Coverage



- Medical coverage: \$0 annual glaucoma screenings and annual diabetic retinopathy screenings. A specialty copay applies for Medicare-covered exams to diagnose and treat disease or conditions of the eye.
- Members will pay an outpatient surgery copay for cataract surgery. There is a chance the member may pay up to a 20% coinsurance for a Part B injection if it goes beyond the standard procedure.
 - o After surgery there is a \$0 copay Medicare-covered eyewear after each cataract surgery that includes insertion of an intraocular lens.



Vision Coverage



- Routine coverage: provided by EyeMed®
- 100% coverage for one routine eye exam including refraction and dilation and one non-Medicare covered retinal imaging and a \$100-\$200 eyewear allowance depending on plan.
- Members can use services with a non-EyeMed provider
 - o Up to \$50 reimbursement for one routine vision exam, including dilation and refraction, as necessary.
 - o Up to \$20 reimbursement for non-Medicare covered retinal imaging.
 - o Member can use their eyewear allowance out-of-network but they will have to submit for reimbursement.



Optional *enhanced* dental and vision

	PM Key, PM Vital and PM Thrive	PM Value, PM Merit, PM, PM Select, PM Ideal, PM Compass, PM Edge and PM ONE		
Monthly premium	\$33	\$42		
Dental (Delta Dental®)	\$0 copay for emergency treatment of dental pain, anesthesia and one fluoride treatment	\$0 copay for fillings, crown repairs, emergency treatment of dental pain, anesthesia and one fluoride treatment		
	50% coinsurance for crowns/onlays, root canals, denture relines & repairs, bridge repairs and surgical extractions/oral surgery	50% coinsurance for crowns/onlays, root canals, denture relines & repairs, bridge repairs, simple extractions and surgical extractions/oral surgery		
	50% coinsurance for implants & implant	50% coinsurance for implants & implant repairs		
	repairs	50% coverage for dentures		
	50% coverage for dentures	\$2,500 annual coverage limit		
	\$2,500 annual coverage limit			
Vision (EyeMed®)	\$150 additional eyewear allowance per year with OON reimbursement option			



Optional enhanced dental and vision

- Available to individual Priority Health Medicare Advantage members
 - Runs on calendar year, no deductibles and no waiting periods and benefits are offered as a package
- Easy to enroll
 - o Either click the box during MAPD enrollment, or enroll within two months of a member's MAPD effective date at *priorityhealth.com/enrollDV*
- Find in-network providers
 - o Dental: *priorityhealth.com/findadoc*, choose Medicare plans and then dental by Delta Dental
 - o Vision: *priorityhealth.com/findadoc*, choose Medicare plans and then vision, by EyeMed..



Hearing Coverage



- Hearing coverage provided by TruHearing®
 - o Members should call TruHearing to set up their first appointment.
- 100% coverage for one routine hearing exam every year.
- Hearing aid coverage:
 - PriorityMedicare D-SNP, PriorityMedicare D-SNP Advantage and PriorityMedicare Vital include 100% coverage for two Advanced Aids, one per ear per year.
 - All other Priority Health Medicare plans cover hearing aids on a 4-tier copay structure. Aids range from \$295-\$1,295.



PriorityCare

PriorityCare is our benefit package that includes all of the services offered by Papa on select plans.

- In-person or virtual companion care
 - Hourly allowances moving from monthly to yearly, allowing members greater flexibility to use as needed.
 - o Papa Pals can help with things such as:
 - Household chores
 - Transportation
 - Grocery shopping
 - Light meal prepping
 - Companionship
 - Technical set-up and how-to
- 2. Unlimited **Social Care Navigation** to help members navigate plan benefits, find providers, schedule doctor appointments, transportation, etc.



Embedded hours per plan:

Plan	Companion Care	Social Care Navigation
PM Compass	36 hrs/year	Unlimited
PM Edge	48 hrs/year	Unlimited
PM Ideal	48 hrs/year	Unlimited
PM ONE	72 hrs/year	Unlimited
PM D-SNP	100 hrs/year	Unlimited
PM D-SNP Advantage	100 hrs/year	Unlimited



PriorityCare



- 3. Unlimited Caregiver Support for D-SNP members including:
 - Care advocates that have a vast knowledge of topics such as;
 - Social needs
 - o Housing insecurities and resources
 - o Family communication coaching
 - o Community services
 - o And more...
 - Care advocates have all been caregivers themselves

Embedded per plan:

Plan	Monthly Amt
PM D-SNP	Unlimited
PM D-SNP Advantage	Unlimited



Transportation

- Available on PriorityMedicare D-SNP,
 PriorityMedicare ONE and PriorityMedicare D-SNP Advantage
- Powered by SafeRide®
 - o Lyft and Uber are part of the SafeRide® network
- Coverage includes 30 one-way trips per year; up to 40 miles per one-way trip; to/from healthrelated locations



Embedded per plan:

Plan

PM ONE

PM D-SNP

PM D-SNP Advantage



Over-the-Counter (OTC) Allowance



- Powered by Convey/InComm[®]
- Three convenient ways to shop:
 - o Buy online or via mobile app
 - o Call to order
 - Buy in store (Meijer/Walmart/ CVS/Kroger/Walgreens/Rite Aid/Family Dollar/Dollar General)
- Free shipping on all online and phone orders. Limit of 3 phone/online orders per quarter

Embedded OTC quarterly allowance per plan:

Plan	Quarterly Amt*
PM Edge	\$95
PM Compass	\$80
PM Ideal	\$80
PM Value	\$40
РМ	\$40
PM Select	\$25
PM Merit	\$25



*Amounts do not roll over



OTC Plus Allowance

- All members who have OTC Plus can use their monthly allowance on OTC items.
- Healthy food and produce can be purchased at the same in-store retailers as OTC but can also be used towards meal/pantry boxes through Mom's Meals®.
- To be eligible for healthy food and produce members must meet **all of** the following criteria:
 - Have one or more of the qualifying comorbid and medically complex chronic conditions (Obesity added to criteria in 2024).
 - o A high risk of hospitalization or other adverse health outcomes
 - o Require intensive care coordination



Embedded OTC Plus allowance per plan:

Plan	Monthly Amt*
PM ONE	\$26/Month
PM Vital	\$30/Month
PM Thrive	\$35/Month
PM Key 1 & 2	\$100/Quarter
PM Key 3 & 4	\$74/Quarter
PM Key 5	\$95/Quarter

*Amounts do not roll over



Special Supplemental Benefits for the Chronically III (SSBCI)

- Only applies to OTC Plus benefit.
- CMS recognizes certain chronic conditions that meet SSBCI criteria (listed in member EOC), and we have added obesity as a condition to increase access and eligibility to our members.
- To be eligible for SSBCI members can qualify one of three ways.
 - 1. Claims Data existing members will not have to do anything, we will pull the data and ensure on 1/1/24 they can purchase healthy food and produce with their OTC Plus card.
 - 2. HRA Data once HRA is completed, we will pull the data and if the member is eligible, they will be able to purchase healthy food and produce the first of the month following the HRA completion date.
 - 3. Complete our online survey if they are eligible, they will know upon completion of the survey. They can use their allowance towards healthy food and produce the first of the next month, following the day they took the survey.



PriorityFlex Allowance

NEW

- Included on both PriorityMedicare D-SNP and PriorityMedicare D-SNP Advantage
- To qualify for this benefit member must have a low-income subsidy (LIS) of any level all D-SNP members should qualify.
- PriorityFlex allowance can be used towards:
 - o OTC (can be purchased the same way as all other OTC allowances)
 - o Food (can be purchased at the same retailers as OTC Plus)
 - Pest control services
 - Utilities (water, sewer, electric, gas, trash, septic, internet and phone)
- Members will receive a VISA card. They should be able to pay bills/purchase services the same as they would with any other VISA card they have.

Embedded PriorityFlex allowance per plan:

Plan	Amount
PM D-SNP	\$222/Quarter
PM D-SNP Advantage	\$106/Month

*Amounts do not roll over



Low Income Subsidy (LIS)

- Only applies to PriorityFlex and \$0 Part D benefits on both D-SNP plans.
- Both of our D-SNP plans are participating in the VBID model in 2024 which allows us to target members by socioeconomic status (LIS).
- Most of our D-SNP members have a LIS status which means they are all eligible for these benefits. *If the member does not have LIS and needs help enrolling please reach out to our customer service team.
- **Please remember**: LIS status is separate from Medicaid eligibility. If a D-SNP member loses full Medicaid coverage they will still fall into the grace period and be responsible for any cost-share. PriorityFlex and \$0 Part D cost-share will not be affected by the grace period, these benefits will remain the same



Chiropractic Coverage



- \$20 copay per service*
- All our plans offer manual manipulation of the spine to correct subluxation.
- Beyond standard coverage, non-Medicare routine visits are covered on: Compass, Edge, Ideal, Key, ONE, Thrive, Vital and both D-SNP plans.
 - o Routine coverage can be used for conditions including, but not limited to, back pain, neck pain, and headache.
 - o Limited to 12 routine visits and one non-Medicare covered x-ray per year.



Acupuncture



- \$20 copay per session*
- Up to 20 Medicare-covered sessions for chronic lower back pain
- Plus, 6 non-Medicare covered sessions for other conditions such as:
 - o Chronic pain (not lower back pain)
 - o Anxiety and sleep problems
 - o Headaches
 - o Chemo side effects



Abridge



- Embedded on all Priority Health Medicare Advantage plans.
- Abridge is a smartphone-based application that allows members to record conversations with their physicians.
- Members need to download the Abridge app and ask providers for permission to record to use the app.
 - o A transcription of the appointment is automatically created to allow the user to go back and revisit any part of the conversation.
 - o The app automatically finds the key points to provide helpful medical terms.
 - o Member can access medical conversations in the app and share with caregivers, family, etc. who can access recordings via the app too.



Personal Emergency Response(PERS)



- Powered by Critical Signal Technologies (CST)
- CST can utilize cellular networks, ensuring PERS works anywhere, not only at home.
- All D-SNP members can obtain a device without meeting eligibility criteria*
- Care manager will coordinate PERS device for the members along with the risk of falling assessment which is done as part of the individual care plan assessment.



Fitness benefits with SilverSneakers®



- Embedded on all Priority Health Medicare Advantage plans.
- Robust at-home options
 - o Over 100 on-demand classes designed for all abilities.
 - o SilverSneakers GO ™ fitness app for additional workout ideas
 - o Fitness kits (toning, strength, yoga and walking).
- Over 480 facilities in Michigan and 16,000 nationwide find a participating location at silversneakers.com
- Members can "gym hop" at home or when traveling.
- Tuition rewards; members can earn in-person or virtually



Brain HQ



- Embedded on all Priority Health Medicare Advantage plans.
- "A personal gym for the brain"
- 29 online exercises that help with attention, brain speed, memory, people skills, navigation and intelligence
- Can be accessed via computer, tablet, smartphone, etc.



myStrength



- Embedded on all Priority Health Medicare Advantage plans.
- Access to online mental wellness tools to help: manage depression, sleep better, reduce stress, find daily inspiration and improve mood.
- Members can opt-in to having a dedicated one-on-one coach while they go through this program.
- Over 1,400 self-directed activities, each just 3-5 minutes.



Mom's meals®



- Eligible to anyone following an inpatient discharge from inpatient acute hospital, psychiatric hospital or SNF facility.
- \$0 for up to 28 meals (2 meals per day x14 days), up to 4 times per year.
- All members also have the option to purchase meals and pantry boxes from Mom's Meals at any point during the plan year.
 - o \$7.99 per meal (\$8.99 for gluten free and renal meals) shipping is included.
 - o Members with OTC Plus or PriorityFlex can use their allowances to purchase meals.



\$0 services – across ALL plans

- "Free to talk" physical a truly \$0 annual physical or annual wellness visit, with no hidden fees when your client's discuss things that fall outside what's included in these visits
- \$0 anticoagulant labs
- \$0 copay for palliative care
- \$0 for virtual visits with a primary care, specialist or behavioral health provider
- \$0 enhanced disease management
- \$0 in-home safety assessments
- \$0 nutritional education
- \$0 post-discharge in-home medication reconciliation
- \$0 telemonitoring



Prior Authorization



- No Prior Authorization changes in 2024.
- As a reminder: All plans require certain prior authorizations for in-network services.
 - o HMO-POS plans require certain prior authorizations for out-of-network services as well.
 - o PPO members do not need to get prior authorization when using outof-network providers.



If your clients travel, they will have in-network coverage with any Medicare-participating provider across the nation outside of Michigan's lower peninsula

And don't forget these unique Priority Health differences:

- Unlimited emergent and urgent care anywhere in the world
- Assist America® for global emergency travel assistance



Embedded Extras

Priority Health Travel Pass



- Visitor/travel benefit allows members to reside outside of Michigan for up to 12 months
- Members pay in-network copays/coinsurance at out-of-network, Medicare participating providers, everywhere but the lower peninsula of Michigan (unless on an open network plan).
- Partnered with MultiPlan® to offer better access to Medicare providers outside Michigan
 - o Members not limited to MultiPlan providers—can still get services from any Medicare-participating provider
 - o MultiPlan participating providers can submit the claim to Priority Health
 - o MultiPlan logo on back of ID cards



Embedded Extras

Priority Health Travel Pass



- Members can see Medicare-participating dentists in Delta Dental's® commercial network outside of Michigan, Indiana and Ohio
- Plus, all plans include unlimited worldwide emergent and urgent care coverage
- Includes Assist America®





Note: new members receive their travel pass (left) at the same time they receive their ID card.



PHARMACY

Pharmacy highlights



- \$0 cost-share on Part D drugs (all tiers) on both D-SNP plans.
- Statin quantity limits added to align with FDA-approved labeling
- Prior authorizations added to GLP-1s to add a review for a covered diagnosis
- Multiple generic and biosimilar additions with minimal member disruption
- Kroger pharmacies will be **moving out of network** for all Medicare products effective January 1, 2024.



Inflation Reduction Act



- Insulin coverage is capped at \$35 for a one-month supply (both Part B and Part D).
 - o Part B Members will pay 20% **UP TO** \$35. The member will never pay more than \$35.
 - o Part D A one month supply of insulin will never exceed \$35.
 - If the copay is less than \$35 it will be the lesser copay
 - If the copay is more than \$35 or a coinsurance the member will pay \$35 for a one-month supply.
- \$0 cost-share for all Part D adult vaccines.
- Expansion of Low-Income Subsidy (LIS or Extra Help) program expansion.
- Elimination of the 5% coinsurance for catastrophic coverage.



2024 positive formulary changes

Common Use	Drug(s)	Estimated member impact	Change
Asthma/COPD	fluticasone/salmeterol (generic Advair Diskus)	N/A	Added to formulary
Bone Health	cinacalcet 60 mg and 90 mg	4	Lowered tier
Diabetes	insulin lispro injection (vials)	N/A	Added to formulary as a preferred insulin
Growth Hormone Deficiency	Omnitrope	N/A	Added to formulary as a preferred product
Multiple sclerosis	Avonex, Betaseron, Plegridy, Rebif	N/A	Removed step therapy requirement

Priority Health

New generics or biosimilars added/coming to formulary in 2024

- fluticasone/salmeterol (generic Advair Diskus)
- budesonide/formoterol (generic Symbicort)*
- teriflunomide (Aubagio)
- Insulin lispro (Humalog)
- Lenalidomide (Revlimid)
- Sodium oxybate (Xyrem)
- Humira biosimilars*



2024 formulary removals

Common use	Drug	Estimated member impact	PH will continue covering members currently taking	Covered alternatives
Allergies	Qnasl	13	Yes	azelastine nasal spray, mometasone nasal spray, olopatadine nasal spray, fluticasone nasal spray
Asthma/COPD	Advair Diskus	1,051	No	fluticasone/salmeterol (generic Advair Diskus and Airduo), Dulera, Breo Ellipta,
Astrima/COPD	Symbicort*	4,045	No	budesonide/formoterol (generic Symbicort)*
Cancer	Revlimid	126	No	lenalidomide (generic Revlimid)
Crohn's disease	mesalamine ER 500 mg capsule	10	Yes	mesalamine ER 0.375 gram capsule, mesalamine DR capsule, mesalamine DR tablet
Growth Hormone Deficiency	Genotropin	0	No	Norditropin Flexpro, Omnitrope
Hormone Replacement	Femring	33	Yes	Estring, estradiol vaginal cream, estradiol vaginal tablets, estradiol patch

2024 formulary removals

Common use	Drug	Estimated member impact	PH will continue covering members currently taking	Covered alternatives
Multiple Sclerosis	Aubagio	25	No	teriflunomide (generic for Aubagio), fingolimod,
	Mayzent	3	Yes	dimethyl fumarate
Nausea	metoclopramide ODT	0	No	metoclopramide oral tablet and oral solution
Narcolepsy	Xyrem	2	No	sodium oxybate (generic for Xyrem)
Prostate cancer	Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	1	No	leuprolide depot 22.5 mg, leuprolide acetate injection (vial), Eligard
Rheumatoid	Amjevita	0	No	Humira; Humira biosimilars*
arthritis	Trexall	1	Yes	methotrexate (generic Trexall)
Urea cycle disorder	Ravicti	0	Yes	sodium phenylbutyrate (generic Buphenyl)

2024 negative tier changes

Common use	Drug	Estimated member impact	Tier change	Lower tier alternatives
Alzheimer's disease	donepezil 23 mg tablet	97	Tier 2 to Tier 4	donepezil 5 mg and 10 mg tablet
Asthma	albuterol sulfate tablet	14	Tier 2 to Tier 4	albuterol sulfate HFA inhaler
Bipolar disorder	aripiprazole orally disintegrating tablet (ODT)*	7	Tier 5 to Tier 4	aripiprazole tablet, olanzapine ODT, risperidone ODT
HIV	emtricitabine/tenofovir*	13	Tier 5 to Tier 4	N/A
Kidney disease	lanthanum tablet*	23	Tier 5 to Tier 4	calcium acetate
Nausea	chlorpromazine	56	Tier 2 to Tier 4	prochlorperazine maleate tablet, promethazine tablet



Medications for diabetics

NEW for 2024: GLP-1s will require prior authorization for members when a claim for a covered diagnosis (Type 2 Diabetes) is not on file with Priority Health; Medicare does not cover medications for weight loss.

GLP-Is and	SGL12IS

Preferred	Class	2024	Non-Preferred
Byetta	GLP-1	3, QL, PA	The following are covered on our formulary but require
Bydureon	GLP-1	3, QL, PA	PA for a covered diagnosis and use of a
Trulicity	GLP-1	3, QL, PA	preferred drug:
Mounjaro	GLP-1	3, QL, PA	Victoza (GLP-1)Ozempic (GLP-1)
Jardiance	SGLT2i	3, QL	Invokana (SGLT2)Invokamet (SGLT2)
Farxiga	SGLT2i	3, QL	
Glyxambi	SGLT2i	3, QL	

Rapid/short acting insulins

Drug	2024
Humalog	T2
Humulin	T2
Lyumjev	T2
insulin lispro	T2
insulin aspart	T4
Apidra	NF
Fiasp	NF

Long-acting insulins

Drug	Tier
Lantus	3
Toujeo	3
Levemir	NF
Tresiba	NF
Basaglar	NF

*NF = Non-formulary, QL = Quantity limit, PA = Prior authorization



Inhalers for respiratory conditions

Short-acting inhalers

Preferred Drugs	2024
Ventolin HFA	3, QL
albuterol sulfate HFA inhaler	2, QL
Non-Preferred Drugs	2024
Non-Preferred Drugs levalbuterol HFA	2024 4, QL

Long- acting muscarinic antagonist

Preferred Drugs	2024
Spiriva HandiHaler	3, QL
Spiriva Respimat	3, QL
Incruse Ellipta	3, QL
Non-Preferred Drugs	2024
Tudorza Pressair	NF

Long-acting inhalers

Preferred Drugs	2024
fluticasone/salmeterol (generic Airduo)	2, QL
Advair HFA	3, QL
Breo Ellipta	3, QL
Breztri Aerosphere	3, QL
Trelegy	3, QL
Dulera	3, QL
budesonide-formoterol (generic for Symbicort)	*3, QL
fluticasone/salmeterol (generic for Advair Diskus)	3, QL
Non-Preferred Drugs	2024
Symbicort (brand)	NF
Advair Diskus (brand) *Anticipating based on generic availability and pricing.	NF

*NF = Non-formulary, QL = Quantity limit



MEDIGAP

Medigap

- Members are eligible for a 12% reduction in premium if another person in their household currently has or is enrolling in a Priority Health Medigap plan.
- 12-month rate guarantee, with renewals on members' enrollment anniversary date each year
- **Fast-track underwriting** for applicants who are age 65+ and within three years of Part B enrollment minimal health questions
- No hidden fees, and no application or association fees, so your clients start saving money sooner
- Billing starts when the plan goes into effect
- Low or no cost sharing for your clients
- Members have access to Assist America for global travel assistance when more than 100 miles from home or in a foreign country at no extra cost



Book of Business



- Coming soon, the book of business will transfer from PriorityQuote into the Agent Center.
- Enhancements include:
 - o Ability to view/order ID cards
 - View 'Under 65' members aging into Medicare within the next 6 months
 - o More self service and reporting capabilities





Connecture – Retention platform

- Launching in Q4
- Access to active beneficiaries enrolled in a Under 65 plan that is aging into Medicare that you are the AOR
 - Must be certified to sell Medicare to access these leads
- Allows you to seamlessly enroll beneficiaries into an MAPD plan.
- A retention summary will recommend plans based on data such as prescription claims, lowest cost plan in zip code, and demographics



Let's get to the point–Priority Health leads the charge in health plans

- Smart investments in sustainable benefit and plan designs
- #1 enrolled individual Medicare Advantage plan in the state
- Every hospital in the lower peninsula including the thumb
- Personalized approach to health care
- Same formulary and provider network on all plans
- Self-referral to in-network specialists
- Direct access to territory managers
- Retention status updates to your book of business via termination reports



O Priority Health