



Your Priority Health Plan

Open Enrollment Benefits Guide

Access your plan anytime, anywhere.

Finding all your important health plan information is easier than ever with a Priority Health member account. With your member account, you can:

- See what's covered by your plan.
- Find or change your primary care physician.
- Replace a lost ID card.
- Estimate the cost of care.
- Schedule virtual care appointments.
- Pay your bill.

Download the Priority Health app, or go to **member.priorityhealth.com** to get started.

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Find doctors in your network

If you live **IN MICHIGAN**

Your plan may require you to be assigned an in-network primary care provider, or PCP, whom you'll visit for all your routine and preventive care needs.

To view or change your PCP:

- 1 Log in to your Priority Health member account at **member.priorityhealth.com** or through the Priority Health app.
- 2 Click or tap on Menu and select Find Care.
- 3 Select "Find a Doctor or Specialist." You'll be redirected to the Find a Doctor tool.
- 4 Search by name, specialty or location.

Search results are based on your specific plan and home address, so you'll only see doctors in your network and your area.

If you live **OUTSIDE OF MICHIGAN**

You have access to Open Access Plus (OAP)¹ doctors, hospitals and other services that share our commitment to providing you with the best care.

To find or switch your Cigna OAP provider:

- 1 Log in to your Priority Health member account at **member.priorityhealth.com** or through the Priority Health app.
- 2 On the homepage, click or tap the Provider tab under "Coverage check".
- 3 Click or tap the "Go there now" button. You'll be redirected to the Cigna Find a Doctor tool.

Search results are based on your location.

Exceptional care no matter where you live or work



We've created a new provider support card to reinforce your access to OAP-participating providers. Keep this card in your wallet with your member ID card, and share it with providers when you seek care.



Provider support card

Show this card, along with your member ID card, when receiving care at a Cigna Open Access Plus (OAP) network participating location or provider.

For providers: Priority Health is a strategic alliance partner of Cigna. This member gets in-network benefits with any Cigna Open Access Plus (OAP) provider, anywhere in the U.S., outside of Michigan.

To confirm eligibility or benefits: Call 833.300.3628.

To submit claims electronically: Use Priority Health payer ID 38217.

To submit paper claims, send to the mailing address:
Priority Health Claims, P.O. Box 232, Grand Rapids, MI 49501

For more information, go to priorityhealth.com/cignaproviders.

To learn more about Cigna's strategic alliances, visit the Cigna Health Care Professions website at cignaforHCP.com.



Preventive care at no cost to you



We believe in the importance of preventive care—finding illnesses before they get serious and fighting them when things are most treatable. That's why we include preventive health care services, such as flu shots and routine physicals, in every plan at no cost to you.¹

Preventive care can help you avoid health problems, recognize health risks and detect illness early. To see what's covered in the Preventive Health Care Guidelines of your plan, visit priorityhealth.com/preventive.



FOR CHILDREN

Well-child visits
Vaccines for chickenpox, flu and more



FOR ADULTS

Routine physical exams
Colon screenings
Flu shots
Cholesterol and diabetes screening labs



FOR WOMEN

Contraceptives²
Breast cancer screenings³
Pap and HPV tests

¹Most Priority Health plans include preventive health care at no cost to our members. There are a few plans that do not include preventive health care or have special guidelines: Preventive care may be excluded or may include specific costs for certain services if the plan is grandfathered—typically an employer-sponsored plan that hasn't changed since 2010. Contraceptives may be excluded from benefits for certain religious employers, eligible organizations or closely held for-profit companies with an exemption. ²Religious employers or other eligible organizations may not be required to offer contraceptive coverage. You can find out if your plan includes this service by calling customer service at the number listed on the back of your Priority Health member ID card. ³Effective 1/1/24, Priority Health will cover breast cancer screenings for males with a familial history of breast cancer at 100% as a preventive health care guideline. Diagnostic breast cancer screenings for males will continue to be subject to cost share.

Care options that save you time and money



With Priority Health, you have options for care—options that can save you time and money.

ER and urgent care visits are often time consuming and expensive. If you can't see your PCP right away, Priority Health's virtual care services allow you to see a doctor 24/7, including nights, weekends and holidays.

Use virtual care to connect with a doctor over the phone, through video chat or by submitting an online questionnaire. Depending on your condition and the type of virtual care you choose, a doctor can:

- Develop a treatment plan.
- Prescribe a medication and send it to your preferred pharmacy.
- Notify your PCP with current information.
- Make follow-up recommendations, including next steps with a specialist.

Virtual care is perfect for treating nonemergency issues such as:

- Cough
- Cold and flu
- Fever
- Nausea and vomiting
- Sinus infections
- Pink eye
- Allergies
- Bites and stings
- Rashes and hives
- Anxiety
- And more



When to use urgent care

Use urgent care for non-life-threatening conditions that can't wait for an appointment, such as minor broken bones or fractures in fingers or toes, sprains and strains, or X-rays and lab tests.

When to use the emergency room

Use the emergency room for emergencies or symptoms that can't wait, such as bleeding that won't stop, pain in the chest or one arm, poisoning or drug overdose, seizures or slurred speech, and broken bones.

Prescription coverage



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Is my prescription covered?

That's an important question. We know prescription coverage can make a difference in both your health and budget. That's why we improve our prescription benefits, expand our approved drug list and update you on your options as regularly as possible.

How to check if your prescriptions are covered

The easiest way to see if your plan covers your prescriptions is to check the approved drug list, or ADL. You can find it on our website:

- Go to priorityhealth.com/formulary/employer.
- Check the back of your member ID card to see if you have the traditional or optimized formulary, and select the appropriate list.
- Search for medications alphabetically by name or by therapeutic class—like antihistamines, for example. You can also search for medications by cost.



Lower the cost of your prescription drugs.

Prescription drugs can be costly. That's why we offer exclusive programs to help you save. Show your member ID card at the pharmacy so that you get the lowest cost on your prescription drugs.



What do prescription tiers mean for you?

“Tiers” are simply a way of grouping prescription drugs by cost and value. Different insurance carriers categorize drugs into tiers according to their specific ADLs,, so it’s important for you to check Priority Health’s ADL for your prescriptions.

Tier 1 (\$): Includes low-cost generic drugs—which are proven to be as safe as brand-name drugs—and, on some formularies, select brand-name drugs.

Tier 2 (\$\$): Includes preferred and lower-cost brand-name drugs, and some higher-cost generic drugs. If you must take a brand-name drug, you should work with your doctor to choose one that is covered here, as it will be the most affordable.

Tier 3 (\$\$\$): Includes non-preferred and expensive brand-name drugs, as well as higher-cost generic drugs. These drugs may cost you a significant amount out of pocket, so ask your provider if a tier 1 or 2 option can be prescribed instead.

Tier 4 (\$\$\$\$): Includes very expensive brand-name and generic drugs, as well as preferred specialty drugs used to treat complex conditions. Specialty drugs often have high costs and may have special handling or storage requirements. They are usually dispensed by trained personnel at specialty pharmacies. If you need to take a specialty drug, you should work with your doctor to choose one that is covered here. These drugs do not typically have a specific copay. Instead, you may pay a percentage of the total cost, up to a maximum amount per prescription.

Tier 5 (\$\$\$\$\$): Includes non-preferred specialty drugs, and the most expensive brand-name and generic drugs are covered here because they offer limited clinical value. Most have a similar lower-cost option offering the same clinical value on tiers 1 through 4. Ask your provider about alternatives. These drugs typically do not have a specific copay. Instead, you may pay a percentage of the total cost, up to a maximum amount per prescription.

Prescription FAQs



What if my drug isn't on the list?



The ADL says I need prior authorization. What does that mean?



The ADL says I need step therapy. What does that mean?



What if my drug isn't covered and my doctor can't switch my prescription before my new plan starts?



Who decides which drugs are on the ADL?



Learn more about the ADL at [**priorityhealth.com/rx101**](https://priorityhealth.com/rx101).

What will it cost me?



Remove guesswork and reduce costs with Cost Estimator.

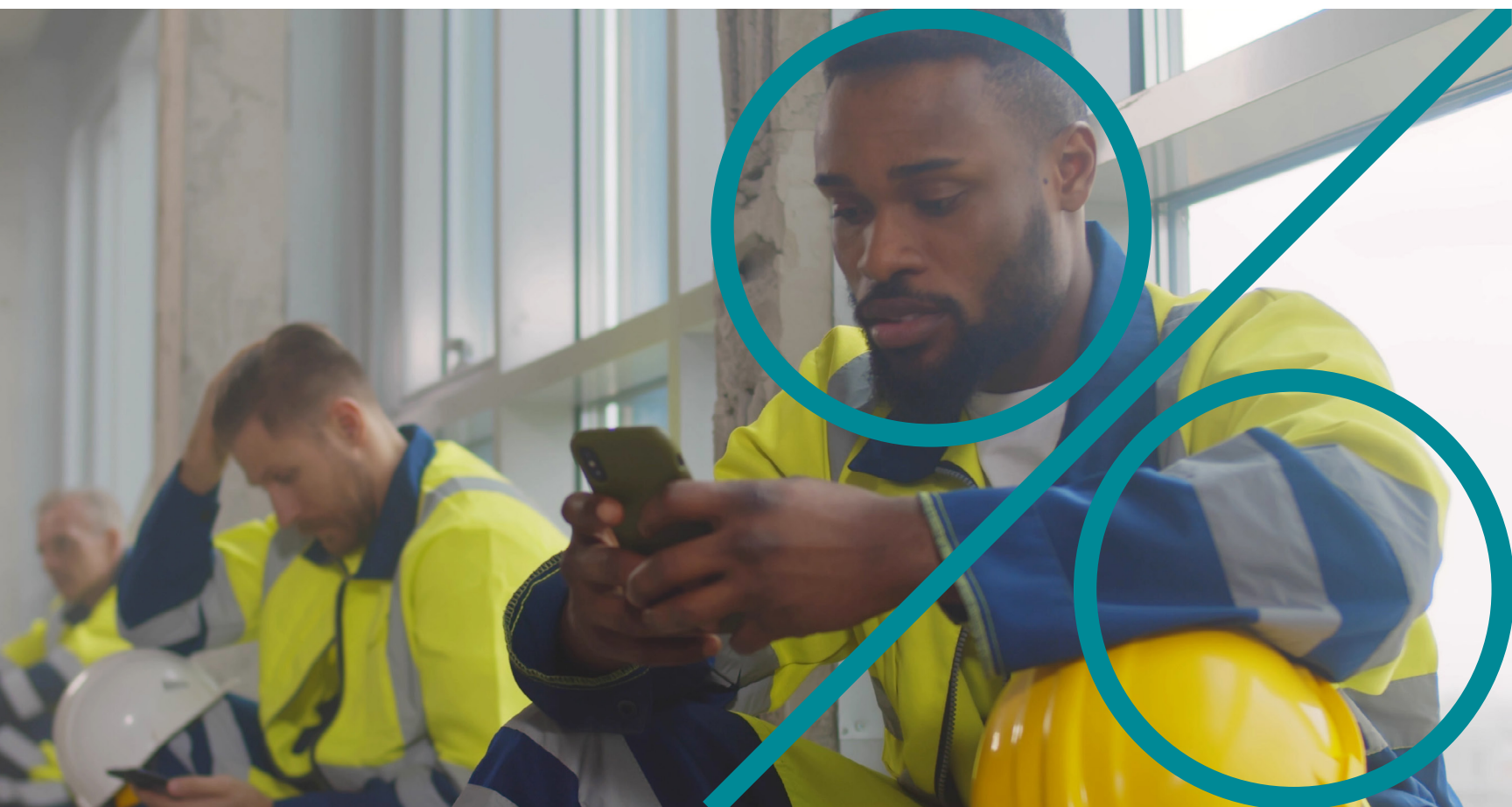
Did you know the price of a procedure can vary depending on where it's performed? Want to know what health care services will cost you?

You can with our Cost Estimator. It's a valuable tool in your member account that allows you to see what in-network facilities charge for common services and your out-of-pocket share, based on your plan—this puts you in control of how you spend your money.

Find Cost Estimator in your member account. Use it to search by procedure, at locations near you.

Stop bracing yourself for the bill; be financially prepared for your services, doctor's visits or medical procedures with Cost Estimator.

Visit priorityhealth.com/member/getting-care/cost-estimator to learn more.



Staying healthy and engaged



Your journey to health and wellness starts here.

We know that the health and wellness journey can look different for each one of our members. That's why these programs are designed to support the unique, personalized needs of Priority Health members through experiences that spark interest, encourage engagement and ultimately improve health.

Get personalized support.

Learn healthier habits. Get personalized wellness suggestions. Complete nutritional programs. Set goals and track achievements. If it has to do with your health and wellness, you can do it all in the Priority Health Wellbeing Hub. It's free, easy to access, and customizable to fit your interests and needs. Learn more at priorityhealth.com/wellbeing-hub.

Get discounted gym memberships.

What's the best way to break a sweat without breaking the bank? Active&Fit Direct™. It's a program designed to help you work out at one of our many fitness centers in Michigan—and more than 12,000 centers nationwide. Membership is \$28 per month, plus a one-time \$28 enrollment fee (plus applicable taxes).¹ Learn more at priorityhealth.com/activeandfit.

Get healthy tips and more.

Our digital magazine, *ThinkHealth*, offers the latest stories and information to help you live your healthiest life. Topics include personal well-being, nutrition, healthy tips and ways to save on your health care. Learn more at priorityhealth.com/thinkhealth.

Join PriorityVoice.

Your experience with Priority Health is important to us—so important we think you should have a say in how things run around here. You're invited to join PriorityVoice, an online community for our members, through which you can share your feedback. The information you provide will help us better serve you and more than 1 million members. Learn more and sign up at priorityvoice.com/c/r/join.

Become an Ambassador.

Priority Health has partnered with the National Fitness Campaign to build Fitness Courts in public spaces, with the goal of fighting obesity, improving quality of life and creating equitable access to exercise. Learn more about becoming a Fitness Court Ambassador at nationalfitnesscampaign.com/ambassador.

¹Participants must be 18 years of age and have a valid email address. Participants may pay by credit card and are charged in advance on a monthly basis using a recurring payment subscription. This is a per-member fee. Participants commit to three months of membership. If participants choose to cancel, they must provide a 30-day notice of cancellation. All payments are subject to tax, if applicable, based on the participant's location. Members are encouraged to enroll and pay their fees at the beginning of the month, as fees are charged on a per-calendar-month basis.

Exclusive programs



**Travel the country
and be covered.**



**Get support when
managing a chronic
condition.**



**Prevent and manage
your diabetes.**



Say what?



There's more to Priority Health than costs and coverage.

A Priority Health plan comes with access to a number of unique, affordable health services. Here are just a few ways you can get the most out of a Priority Health plan through our exclusive, low- or no-cost programs.



**Keep mental wellness
top of mind.**



More for moms.



**Save on the brands
you love.**



**Connecting you to the
resources you need.**







Questions? Call customer service.

Did you know our customer service team members have won awards for being helpful, efficient and there when you need them? If you have questions regarding your health plan, please call the number listed on the back of your member ID card to be connected with a customer service representative.

Each representative is located right here in Michigan and is available Monday to Thursday, 7:30 a.m. to 7 p.m.; Friday, 9 a.m. to 5 p.m.; and Saturday, 8:30 a.m. to noon.

Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Priority Health:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Priority Health customer service by calling the number on the back of your member ID card (TTY users call 711).

If you believe that Priority Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Priority Health Compliance Department
Attention: Civil Rights Coordinator
1231 E. Beltline Ave. NE
Grand Rapids, MI 49525-4501
Toll free: 866.807.1931 (TTY users call 711)
Fax: 616.975.8850
PH-compliance@priorityhealth.com

You can file a grievance in person or by mail, fax or email.
If you need help filing a grievance, the Priority Health civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ***ocrportal.hhs.gov*** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave. SW
Room 509F, HHH Building
Washington, DC 20201
800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
hhs.gov/ocr/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打會員卡背面的客服電話 (TTY: 711)。

දන්තය: ඔබ කිසිදු භාෂාවකින් කතා කරන්නේ නම්, ඔබට ඔබගේ භාෂාවෙන් නිදහස්ව සහන සේවාවක් ලබා ගත හැකිය. ඔබගේ සාමාජිකත්වයේ පිටුපසින් ඇති සේවා සංඛ්‍යාව ඔබගේ සාමාජිකත්වයේ පිටුපසින් ඇති සේවා සංඛ්‍යාව (TTY: 711) වෙත දුරකථන කථනානුකූලව කතා කරන්න.

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin hãy gọi tới số điện thoại của bộ phận dịch vụ khách hàng có ở mặt sau thẻ ID thành viên của quý vị. (TTY: 711).

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutem kontaktoni qendrën e shërbimit për klient në pjesën e pasme të ID kartës tuaj të anëtaresimit (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 멤버십 ID카드의 뒷면에 있는 고객 서비스 번호로 전화해 주십시오. (TTY: 711)

লক্ষ্য করুন: আপনি বাংলায় কথা বলতে পারলে আপনার জন্য নিঃখরচায় ভাষা সহায়তা সেবা সুলভ রয়েছে। অনুগ্রহ করে আপনার সদস্যপদ আইডি কার্ডের পেছনে থাকা গ্রাহক সেবা নম্বরে কল করুন। (TTY: 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer telefonicznej obsługi klienta wskazany na odwrocie Twojej legitymacji członkowskiej (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienste zur Verfügung. Bitte rufen Sie die Kundendienstnummer auf der Rückseite Ihrer Mitgliedskarte an. (TTY: 711).

ATTENZIONE: se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero sul retro della tessera identificativa di membro. (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。メンバーシップIDカードの裏面にあるお客様サービスセンターの番号までお電話にてご連絡ください。 (TTY: 711).

ВНИМАНИЕ! Если Вы говорите на русском языке, то Вам доступны услуги бесплатной языковой поддержки. Пожалуйста, позвоните в службу поддержки клиентов по номеру, указанному на обратной стороне Вашей идентификационной карточки участника (телетайп (TTY: 711)).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Molimo nazovite broj službe za korisnike na pozadini vaše članske iskaznice (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, ng libre, ay available para sa iyo. Pakitawan ang numero ng customer service sa likod ng iyong ID card ng pagiging miyembro. (TTY: 711).

