Plan ID 826308

# Benefits summary:

## HMO PriorityHSA

Priority Health

*Coverage period: 07.01.2024 to 06.30.2025*

*Empowering members to take greater control of their health care spending* *Newaygo Public Schools*

**This document is intended to be an easy-to-read summary to provide a general overview of your benefits. It is not a contract or legal document.** Additional limitations and exclusions may apply to covered services. This plan has a specific network of providers, so check the Provider Directory prior to receiving services. Prior authorizations for certain services ma apply. A complete description of benefits is contained in the Certificate of Coverage, Schedule or Agreement as applicable.

| Member cost-sharing | |
|---|---|
| **Aggregate Deductible**<br>*The amount you pay before we begin to pay.* | $1,600 individual/$3,200 family<br>Out-of-network services not covered. |
| **Coinsurance**<br>*Your share of the costs of a covered health care service.* | No cost for services after deductible is met, except where noted. Out-of-network services not covered. |
| **Coinsurance maximum**<br>*The most coinsurance cost share you'll pay for covered services in a contract year. Your coinsurance cost share counts toward your out-of-pocket limit.* | Not applicable |
| **Out-of-pocket limit**<br>*The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.* | $3,200 individual/$6,400 family |
| **Office visits** | |
| **Primary care provider (PCP)** | Covered in full after deductible |
| **Specialists** | Covered in full after deductible |
| **Urgent care** | Covered in full after deductible |
| **Virtual Care Services**<br>*For medical and behavioral health visits* | Covered in full after deductible |
| **Allergy testing, serum and injections** | Covered in full after deductible |
| **Retail health clinic**<br>*Located in a retail center, like a supermarket or pharmacy and provides care for common illnesses and services (examples: ear aches, sore throats, flu shots)* | Covered in full after deductible |
| **Mental and behavioral health** | |
| **Inpatient hospital** | Covered in full after deductible |
| **Outpatient office visits** | Covered in full after deductible |

| Prescription drug coverage<br>*Visit priorityhealth.com and search Optimized or Traditional in the **Approved Drug** list to see coverage and pricing information.* | |
|---|---|
| **Formulary** | Traditional |
| **Tier 1** | $10 copayment; after deductible |
| **Tier 2** | $40 copayment; after deductible |
| **Tier 3** | $80 copayment; after deductible |
| **Tier 4** | $40 copayment; after deductible |
| **Tier 5** | $80 copayment; after deductible |
| **Mail Order** | Tier 1/2/3 = 2x, after deductible |
| **Preventive care** | |
| **Preventive care, immunizations** | Covered in full; includes women's preventative health care services, well-child visits, flu shots and routine physical exams. Get the most up-to-date list of all the care that's recommended in our Preventative Health Care Guidelines when you login to your online account at PriorityHealth.com |
| **Laboratory and X-ray** | |
| **Radiology** | Covered in full after deductible |
| **Advanced imaging (CT/ PET/MRI)** | Covered in full after deductible |
| **Laboratory** | Covered in full after deductible |
| **Emergency services** | |
| **Emergency room** | Covered in full after deductible |
| **Emergency transportation/ ambulance services** | Covered in full after deductible |
| **Hospital care** | |
| **Inpatient hospital physician services** | Covered in full after deductible; exceptions apply |
| **Surgery and/or facility fee** | Covered in full after deductible; exceptions apply |
| **Bariatric surgery** | Covered in full after deductible; covered once per lifetime |
| **Outpatient care** | |
| **Skilled nursing services and residential treatment** | Covered in full after deductible;<br>Up to 90 days covered per member each contract year |
| **Outpatient surgery** | Covered in full after deductible |
| **In-home and hospice care** | Covered in full after deductible |
| **Rehabilitation services and devices** | |
| **Physical and occupational therapy** | Covered in full after deductible<br>Combined maximum 60 visits per member per contract year |
| **Chiropractic care** | Covered in full after deductible<br>Maximum 30 visits per member per contract year |
| **Speech therapy** | Covered in full after deductible; Maximum 60 visits per member per contract year |
| **Prosthetic and orthotic support** | 20% coinsurance after deductible |
| **Durable medical equipment (DME)** | 20% coinsurance after deductible |
| **Family planning and maternity care** | |
| **Family planning** | 50% coinsurance after deductible |
| **Routine prenatal and postpartum care** | Covered in full for evaluation and management; see Preventative Health Care Guidelines for recommendations and services |
| **Maternity delivery and nursery care** | Covered in full after deductible |
| **Tubal ligation** | Covered in full for physicians services and outpatient facility<br>Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery |
| **Vasectomy** | Covered in full when performed in physician's office or in connection with other surgery after deductible |

| Riders | |
|---|---|
| **Durable medical equipment** | 80% coverage |
| **Prosthetics and orthotics** | 80% coverage |
| **Rehabilitative medicine** | 30 additional visits from the standard 30 visits. Does not include chiropractic visits. |
| **Skilled Nursing Facility** | Skilled nursing facility services are covered up to 90 days. |

# Additional benefits:



**Cost estimator:** Calculates specific costs for hundreds of procedures, based on where you're at with your deductible, coinsurance, etc. If a selected procedure is above fair market price, the tool will provide a list o nearby facilities where it's offered at a lower cost.



**Travel assistance:** If you become ill or injured while traveling more than 100 miles from home, AssistAmerica® coverage is included in your plan. Receive help with medical care, coordinating prescriptions, assistance with lost luggage, and even arrange your travel back home.