

# Confused by Medicare?







## Get an expert opinion.

Whether you're looking for a Medicare plan, or simply wanting to learn more about how Medicare works, I can help. As a certified and licensed agent, I can give you advice about your Medicare options.

## Get the Medicare Advantage plan more individuals in Michigan choose!<sup>1</sup>

Priority Health Medicare Advantage plans deliver on the things you need from your health plan—affordable premiums, a broad network of providers and comprehensive coverage. You'll also get a plan that partners with you in your health, so you can continue to enjoy the things that matter most.

Priority Health Medicare Advantage plans start at \$0 per month and include:

-  Doctor visits, hospital coverage and Part D prescription drug coverage with low or no deductibles
-  Out-of-pocket maximums, so you'll know the most you'll have to pay for medical costs
-  Ways to save on prescriptions, like \$0 copay on 90-day mail order generics and preferred pharmacy pricing<sup>2</sup>
-  No referrals required to see in-network specialists
-  Coverage with any doctor who accepts Medicare<sup>3</sup>, plus unlimited emergency and urgent care in the United States and around the world
-  Services to help you be your healthiest, like preventive dental coverage, a free gym membership or home fitness kit, and more!

Plans start at  
\$0 per month

**Contact me today  
to learn more!**

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Richland, MI 49083

By appointment only

# Compare 2019 plans\*

<b>In-Network Benefits</b>	<b>Priority</b> Medicare Key <sup>SM</sup> (HMO-POS) \$0 monthly premium	<b>Priority</b> Medicare Value <sup>SM</sup> (HMO-POS) \$8 – 61 monthly premium
<b>Annual in-network deductible</b>	\$250	\$0
<b>Primary Care Doctor office visits</b>	\$20 copayment (deductible does not apply)	\$5 copayment
<b>Specialist office visits</b> (no referrals in-network)	\$45 copayment	\$50 copayment
<b>Inpatient hospitalization</b>	\$225 copayment per day (days 1 – 6), \$0 per day (days 7+)	\$250 copayment per day (days 1 – 7) \$0 per day (days 8+)
<b>Prescriptions</b> (One month supply)	\$0 deductible (tiers 1 – 2) \$125 deductible (tiers 3 – 5)  <b>Preferred Pharmacy:</b> Tier 1 (Preferred generic): \$5 Tier 2 (Generic): \$15 Tier 3 (Preferred brand): \$42 Tier 4 (Non-preferred): 45% Tier 5 (Specialty): 30%  <b>Standard Pharmacy:</b> Tier 1 (Preferred generic): \$10 Tier 2 (Generic): \$20 Tier 3 (Preferred brand): \$47 Tier 4 (Non-preferred): 50% Tier 5 (Specialty): 30%	\$75 deductible (tiers 1 – 5)  <b>Preferred Pharmacy:</b> Tier 1 (Preferred generic): \$2 Tier 2 (Generic): \$10 Tier 3 (Preferred brand): \$42 Tier 4 (Non-preferred): 45% Tier 5 (Specialty): 31%  <b>Standard Pharmacy:</b> Tier 1 (Preferred generic): \$7 Tier 2 (Generic): \$15 Tier 3 (Preferred brand): \$47 Tier 4 (Non-preferred): 50% Tier 5 (Specialty): 31%
<b>Emergency care</b> (no limits/no cap)	\$80 for each visit (deductible does not apply).	
<b>Preventive care</b>	In-network (HMO): \$0 for each service Out-of-network (POS): 50% for each service	In-network (HMO): \$0 for each service Out-of-network (POS): 40% for each service
<b>Dental coverage</b>	<b>Medicare-covered dental services</b> In-network (HMO): \$20 – \$150 for each visit, depending on the service performed  Out-of-network (POS): 50% for each visit  <b>Preventive (routine) dental services</b> \$0 for one cleaning \$0 for one exam 50% for one set of bitewing x-rays	<b>Medicare-covered dental services</b> In-network (HMO): \$5 – \$200 for each visit, depending on the service performed  Out-of-network (POS): 40% for each visit  <b>Preventive (routine) dental services</b> \$0 for two cleanings \$0 for two exams 50% for one set of bitewing x-rays
<b>Fitness membership</b>	\$0 for a fitness membership at a participating Silver&Fit <sup>®</sup> fitness center or up to two home fitness kits with the Silver&Fit <sup>®</sup> home fitness program	

\*More plans available

<sup>1</sup>According to January 2012 – August 2018 monthly enrollment reports from the Centers for Medicare and Medicaid Services. <sup>2</sup>Generic prescriptions in tiers 1 and 2. <sup>3</sup>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 your Evidence of Coverage 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 (TTY 711) for more information. 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. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.389.6648 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوافر لك بالمانجان. اتصل برقم 1.888.389.6648 (رقم هاتف الصم والبكم: 711).