

# Benefits summary:

## HMO PriorityHSA

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

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 may apply. A complete description of benefits is contained in the Certificate of Coverage, Schedule or Agreement as applicable.

Member cost-sharing	
<b>Deductible</b> <i>The amount you pay before we begin to pay.</i>	\$1,300 individual/\$2,600 family Deductible costs don't apply towards your coinsurance maximum. Out-of-network services not covered.
<b>Coinsurance</b> <i>Your share of the costs of a covered health care service.</i>	10% coinsurance for services after deductible is met, except where noted. Out-of-network services not covered.
<b>Coinsurance maximum</b> <i>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 maximum.</i>	Not applicable
<b>Out-of-pocket maximum</b> <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i>	\$2,000 individual/\$4,000 family
Office visits	
<b>Primary care provider (PCP)</b>	10% coinsurance after deductible
<b>Specialists</b>	10% coinsurance after deductible
<b>Urgent care</b>	10% coinsurance after deductible
<b>Virtual visits</b> <i>24/7 care for non-emergency conditions</i>	10% coinsurance after deductible
<b>Allergy testing, serum and injections</b>	10% coinsurance after deductible
<b>Retail health clinic</b> <i>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)</i>	10% coinsurance after deductible
Mental and behavioral health	
<b>Inpatient hospital</b>	10% coinsurance after deductible
<b>Outpatient office visits</b>	10% coinsurance after deductible

continued	
<b>Prescription drug coverage</b>	
Visit <a href="http://priorityhealth.com">priorityhealth.com</a> and search <b>Approved Drug list</b> to see a list of covered drugs and pricing information.	
Generic	\$10 copayment after deductible
Brand	\$40 copayment after deductible
Specialty	\$40 copayment after deductible
<b>Preventive care</b>	
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 <a href="http://PriorityHealth.com">PriorityHealth.com</a>
<b>Laboratory and X-ray</b>	
Radiology	10% coinsurance after deductible
Advanced imaging (CT/ PET/MRI)	10% coinsurance after deductible
Laboratory	10% coinsurance after deductible
<b>Emergency services</b>	
Emergency room	10% coinsurance after deductible
Emergency transportation/ ambulance services	10% coinsurance after deductible
<b>Hospital care</b>	
Inpatient hospital physician services	10% coinsurance after deductible
Surgery and/or facility fee	10% coinsurance after deductible; exceptions apply
Bariatric surgery	10% coinsurance after deductible; covered once per lifetime
<b>Outpatient care</b>	
Skilled nursing services	10% coinsurance after deductible; Up to 90 days covered per member each contract year
Outpatient surgery	10% coinsurance after deductible
In-home and hospice care	10% coinsurance after deductible
<b>Rehabilitation services and devices</b>	
Physical and occupational therapy (including chiropractic)	10% coinsurance after deductible Combined maximum 60 visits per member per contract year
Speech therapy	10% coinsurance after deductible; Combined maximum 60 visits per member per contract year
Prosthetic and orthotic support	Covered in full after deductible
Durable medical equipment (DME)	Covered in full after deductible
<b>Family planning and maternity care</b>	
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	10% coinsurance after deductible
Tubal ligation	Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery
Vasectomy	10% coinsurance after deductible
<b>Riders</b>	
Durable medical equipment	100% coverage
Prosthetics and orthotics	100% coverage
Elective Termination of Pregnancy	Adds in "abortion coverage in the event of rape or incest" that was removed from the standard medical policy due to the Abortion Opt Out Act

Hearing	One hearing test plus one hearing aid every 36 contract months; in network only.
Rehabilitative medicine	30 additional visits

## 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 of 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.



**Member perks:** Earn up to 20% cash back when you purchase digital gift cards from hundreds of local and national retailers - from Amazon to Zappos. Redeem online or at checkout at the store.

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Member cost-sharing	
<b>Deductible</b> <i>The amount you pay before we begin to pay.</i>	\$1,500 individual/\$3,000 family Deductible costs don't apply towards your coinsurance maximum. Out-of-network services not covered.
<b>Coinsurance</b> <i>Your share of the costs of a covered health care service.</i>	20% coinsurance for services after deductible is met, except where noted. Out-of-network services not covered.
<b>Coinsurance maximum</b> <i>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 maximum.</i>	Not applicable
<b>Out-of-pocket maximum</b> <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i>	\$3,000 individual/\$6,000 family
Office visits	
<b>Primary care provider (PCP)</b>	20% coinsurance after deductible
<b>Specialists</b>	20% coinsurance after deductible
<b>Urgent care</b>	20% coinsurance after deductible
<b>Virtual visits</b> <i>24/7 care for non-emergency conditions</i>	20% coinsurance after deductible
<b>Allergy testing, serum and injections</b>	20% coinsurance after deductible
<b>Retail health clinic</b> <i>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)</i>	20% coinsurance after deductible
Mental and behavioral health	
<b>Inpatient hospital</b>	20% coinsurance after deductible
<b>Outpatient office visits</b>	20% coinsurance after deductible

continued	
<b>Prescription drug coverage</b>	
Visit <a href="http://priorityhealth.com">priorityhealth.com</a> and search <b>Approved Drug list</b> to see a list of covered drugs and pricing information.	
Generic	\$10 copayment after deductible
Brand	\$40 preferred brand copayment, \$80 non-preferred brand copayment after deductible
Specialty	20% coinsurance after deductible
<b>Preventive care</b>	
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 <a href="http://PriorityHealth.com">PriorityHealth.com</a>
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Radiology	20% coinsurance after deductible
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Laboratory	20% coinsurance after deductible
<b>Emergency services</b>	
Emergency room	20% coinsurance after deductible
Emergency transportation/ ambulance services	20% coinsurance after deductible
<b>Hospital care</b>	
Inpatient hospital physician services	20% coinsurance after deductible
Surgery and/or facility fee	20% coinsurance after deductible; exceptions apply
Bariatric surgery	20% coinsurance after deductible; covered once per lifetime
<b>Outpatient care</b>	
Skilled nursing services	20% coinsurance after deductible; Up to 90 days covered per member each contract year
Outpatient surgery	20% coinsurance after deductible
In-home and hospice care	20% coinsurance after deductible
<b>Rehabilitation services and devices</b>	
Physical and occupational therapy (including chiropractic)	20% coinsurance after deductible Combined maximum 60 visits per member per contract year
Speech therapy	20% coinsurance after deductible; Combined maximum 60 visits per member per contract year
Prosthetic and orthotic support	Covered in full after deductible
Durable medical equipment (DME)	Covered in full after deductible
<b>Family planning and maternity care</b>	
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	20% coinsurance after deductible
Tubal ligation	Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery
Vasectomy	20% coinsurance after deductible
<b>Riders</b>	
Durable medical equipment	100% coverage
Prosthetics and orthotics	100% coverage
Elective Termination of Pregnancy	Adds in "abortion coverage in the event of rape or incest" that was removed from the standard medical policy due to the Abortion Opt Out Act

Hearing	One hearing test plus one hearing aid every 36 contract months; in network only.
Rehabilitative medicine	30 additional visits

## Additional benefits:



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Member cost-sharing	
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<b>Coinsurance</b> <i>Your share of the costs of a covered health care service.</i>	30% coinsurance for services after deductible is met, except where noted. Out-of-network services not covered.
<b>Coinsurance maximum</b> <i>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 maximum.</i>	Not applicable
<b>Out-of-pocket maximum</b> <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i>	\$4,000 individual/\$8,000 family
Office visits	
<b>Primary care provider (PCP)</b>	30% coinsurance after deductible
<b>Specialists</b>	30% coinsurance after deductible
<b>Urgent care</b>	30% coinsurance after deductible
<b>Virtual visits</b> <i>24/7 care for non-emergency conditions</i>	30% coinsurance after deductible
<b>Allergy testing, serum and injections</b>	30% coinsurance after deductible
<b>Retail health clinic</b> <i>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)</i>	30% coinsurance after deductible
Mental and behavioral health	
<b>Inpatient hospital</b>	30% coinsurance after deductible
<b>Outpatient office visits</b>	30% coinsurance after deductible

continued	
<b>Prescription drug coverage</b>	
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Generic	\$10 copayment after deductible
Brand	\$40 preferred brand copayment, \$80 non-preferred brand copayment after deductible
Specialty	20% coinsurance after deductible
<b>Preventive care</b>	
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 <a href="http://PriorityHealth.com">PriorityHealth.com</a>
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Radiology	30% coinsurance after deductible
Advanced imaging (CT/ PET/MRI)	30% coinsurance after deductible
Laboratory	30% coinsurance after deductible
<b>Emergency services</b>	
Emergency room	30% coinsurance after deductible
Emergency transportation/ ambulance services	30% coinsurance after deductible
<b>Hospital care</b>	
Inpatient hospital physician services	30% coinsurance after deductible
Surgery and/or facility fee	30% coinsurance after deductible; exceptions apply
Bariatric surgery	30% coinsurance after deductible; covered once per lifetime
<b>Outpatient care</b>	
Skilled nursing services	30% coinsurance after deductible; Up to 90 days covered per member each contract year
Outpatient surgery	30% coinsurance after deductible
In-home and hospice care	30% coinsurance after deductible
<b>Rehabilitation services and devices</b>	
Physical and occupational therapy (including chiropractic)	30% coinsurance after deductible Combined maximum 60 visits per member per contract year
Speech therapy	30% coinsurance after deductible; Combined maximum 60 visits per member per contract year
Prosthetic and orthotic support	Covered in full after deductible
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Tubal ligation	Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery
Vasectomy	30% coinsurance after deductible
<b>Riders</b>	
Durable medical equipment	100% coverage
Prosthetics and orthotics	100% coverage
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<b>Coinsurance</b> <i>Your share of the costs of a covered health care service.</i>	30% coinsurance for services after deductible is met, except where noted. Out-of-network services not covered.
<b>Coinsurance maximum</b> <i>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 maximum.</i>	Not applicable
<b>Out-of-pocket maximum</b> <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i>	\$5,000 individual/\$10,000 family
Office visits	
<b>Primary care provider (PCP)</b>	30% coinsurance after deductible
<b>Specialists</b>	30% coinsurance after deductible
<b>Urgent care</b>	30% coinsurance after deductible
<b>Virtual visits</b> <i>24/7 care for non-emergency conditions</i>	30% coinsurance after deductible
<b>Allergy testing, serum and injections</b>	30% coinsurance after deductible
<b>Retail health clinic</b> <i>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)</i>	30% coinsurance after deductible
Mental and behavioral health	
<b>Inpatient hospital</b>	30% coinsurance after deductible
<b>Outpatient office visits</b>	30% coinsurance after deductible

<b>continued</b>	
<b>Prescription drug coverage</b> Visit <a href="http://priorityhealth.com">priorityhealth.com</a> and search <b>Approved Drug list</b> to see a list of covered drugs and pricing information.	
<b>Generic</b>	\$10 copayment after deductible
<b>Brand</b>	\$40 preferred brand copayment, \$80 non-preferred brand copayment after deductible
<b>Specialty</b>	20% coinsurance after deductible
<b>Preventive care</b>	
<b>Preventive care, immunizations</b>	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 <a href="http://PriorityHealth.com">PriorityHealth.com</a>
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<b>Radiology</b>	30% coinsurance after deductible
<b>Advanced imaging (CT/ PET/MRI)</b>	30% coinsurance after deductible
<b>Laboratory</b>	30% coinsurance after deductible
<b>Emergency services</b>	
<b>Emergency room</b>	30% coinsurance after deductible
<b>Emergency transportation/ ambulance services</b>	30% coinsurance after deductible
<b>Hospital care</b>	
<b>Inpatient hospital physician services</b>	30% coinsurance after deductible
<b>Surgery and/or facility fee</b>	30% coinsurance after deductible; exceptions apply
<b>Bariatric surgery</b>	30% coinsurance after deductible; covered once per lifetime
<b>Outpatient care</b>	
<b>Skilled nursing services</b>	30% coinsurance after deductible; Up to 90 days covered per member each contract year
<b>Outpatient surgery</b>	30% coinsurance after deductible
<b>In-home and hospice care</b>	30% coinsurance after deductible
<b>Rehabilitation services and devices</b>	
<b>Physical and occupational therapy (including chiropractic)</b>	30% coinsurance after deductible Combined maximum 60 visits per member per contract year
<b>Speech therapy</b>	30% coinsurance after deductible; Combined maximum 60 visits per member per contract year
<b>Prosthetic and orthotic support</b>	Covered in full after deductible
<b>Durable medical equipment (DME)</b>	Covered in full after deductible
<b>Family planning and maternity care</b>	
<b>Family planning</b>	50% coinsurance after deductible
<b>Routine prenatal and postpartum care</b>	Covered in full for evaluation and management; see Preventative Health Care Guidelines for recommendations and services
<b>Maternity delivery and nursery care</b>	30% coinsurance after deductible
<b>Tubal ligation</b>	Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery
<b>Vasectomy</b>	30% coinsurance after deductible
<b>Riders</b>	
<b>Durable medical equipment</b>	100% coverage
<b>Prosthetics and orthotics</b>	100% coverage
<b>Elective Termination of Pregnancy</b>	Adds in "abortion coverage in the event of rape or incest" that was removed from the standard medical policy due to the Abortion Opt Out Act

continued

Hearing	One hearing test plus one hearing aid every 36 contract months; in network only.
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## Additional benefits:



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<b>Coinsurance</b> <i>Your share of the costs of a covered health care service.</i>	30% coinsurance for services after deductible is met, except where noted. Out-of-network services not covered.
<b>Coinsurance maximum</b> <i>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 maximum.</i>	Not applicable
<b>Out-of-pocket maximum</b> <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i>	\$5,000 individual/\$10,000 family
Office visits	
<b>Primary care provider (PCP)</b>	30% coinsurance after deductible
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Mental and behavioral health	
<b>Inpatient hospital</b>	30% coinsurance after deductible
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<b>Outpatient care</b>	
<b>Skilled nursing services</b>	30% coinsurance after deductible; Up to 90 days covered per member each contract year
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<b>Deductible</b> <i>The amount you pay before we begin to pay.</i>	\$3,300 individual/\$6,600 family Deductible costs don't apply towards your coinsurance maximum. Out-of-network services not covered.
<b>Coinsurance</b> <i>Your share of the costs of a covered health care service.</i>	30% coinsurance for services after deductible is met, except where noted. Out-of-network services not covered.
<b>Coinsurance maximum</b> <i>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 maximum.</i>	Not applicable
<b>Out-of-pocket maximum</b> <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i>	\$6,350 individual/\$12,700 family
Office visits	
<b>Primary care provider (PCP)</b>	30% coinsurance after deductible
<b>Specialists</b>	30% coinsurance after deductible
<b>Urgent care</b>	30% coinsurance after deductible
<b>Virtual visits</b> <i>24/7 care for non-emergency conditions</i>	30% coinsurance after deductible
<b>Allergy testing, serum and injections</b>	30% coinsurance after deductible
<b>Retail health clinic</b> <i>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)</i>	30% coinsurance after deductible
Mental and behavioral health	
<b>Inpatient hospital</b>	30% coinsurance after deductible
<b>Outpatient office visits</b>	30% coinsurance after deductible



continued	
<b>Prescription drug coverage</b>	
Visit <a href="http://priorityhealth.com">priorityhealth.com</a> and search <b>Approved Drug list</b> to see a list of covered drugs and pricing information.	
Generic	\$10 copayment after deductible
Brand	\$40 copayment after deductible
Specialty	\$80 copayment after deductible
<b>Preventive care</b>	
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 <a href="http://PriorityHealth.com">PriorityHealth.com</a>
<b>Laboratory and X-ray</b>	
Radiology	30% coinsurance after deductible
Advanced imaging (CT/ PET/MRI)	30% coinsurance after deductible
Laboratory	30% coinsurance after deductible
<b>Emergency services</b>	
Emergency room	30% coinsurance after deductible
Emergency transportation/ ambulance services	30% coinsurance after deductible
<b>Hospital care</b>	
Inpatient hospital physician services	30% coinsurance after deductible
Surgery and/or facility fee	30% coinsurance after deductible; exceptions apply
Bariatric surgery	30% coinsurance after deductible; covered once per lifetime
<b>Outpatient care</b>	
Skilled nursing services	30% coinsurance after deductible; Up to 90 days covered per member each contract year
Outpatient surgery	30% coinsurance after deductible
In-home and hospice care	30% coinsurance after deductible
<b>Rehabilitation services and devices</b>	
Physical and occupational therapy (including chiropractic)	30% coinsurance after deductible Combined maximum 60 visits per member per contract year
Speech therapy	30% coinsurance after deductible; Combined maximum 60 visits per member per contract year
Prosthetic and orthotic support	Covered in full after deductible
Durable medical equipment (DME)	Covered in full after deductible
<b>Family planning and maternity care</b>	
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	30% coinsurance after deductible
Tubal ligation	Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery
Vasectomy	30% coinsurance after deductible
<b>Riders</b>	
Durable medical equipment	100% coverage
Prosthetics and orthotics	100% coverage
Elective Termination of Pregnancy	Adds in "abortion coverage in the event of rape or incest" that was removed from the standard medical policy due to the Abortion Opt Out Act

Hearing	One hearing test plus one hearing aid every 36 contract months; in network only.
Rehabilitative medicine	30 additional visits

## 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 of 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.



**Member perks:** Earn up to 20% cash back when you purchase digital gift cards from hundreds of local and national retailers - from Amazon to Zappos. Redeem online or at checkout at the store.