

2024 FEHB Priority Health Benefits

Priority Health Highlights

- Michigan based for over 35 years
- No referrals to see in-network specialists
- Worldwide Urgent and Emergency Care
- Priority Health offers 3 HMO medical benefit plan options (High, Standard, Value)
- If you have Medicare parts A & B, you will get enhanced benefits which waive costs such as deductibles, coinsurance, copays, except prescriptions.
- If you do not have Medicare parts A & B, you will still pay the applicable deductibles, coinsurance, and copays.
- No deductible or copay changes for 2024

What we will cover

- Plan types, benefit highlights and rates
- Benefits of membership
- Open Season enrollment



Open Season is

Nov. 13 - Dec. 11

Benefits at Glance - Medical

In-network service	High Plan	Standard Plan	Value Plan
Deductible	\$0	\$350 self only/\$700 self plus one and self and family	\$1,500 self only, \$3,000 self plus one and self and family
Primary Care Visit Preventative care visit covered in full	\$10	\$15	\$10
Specialist Visit	\$35	\$45	\$35*
Urgent Care Facility	\$75	\$75	\$75*
Emergency Room Visit	\$200	\$200*	\$200*
Ambulance Services	\$150	\$150*	\$150*
Outpatient Services	10%	20%*	10%*
Inpatient Hospital Services	Covered in full	20%*	10%*

* Deductible applies

Benefits at Glance - Pharmacy

Type of Prescription	High Plan	Standard Plan	Value Plan
Generic	\$15	\$20	\$20
Preferred Brand	\$50	\$60	\$60
Non-preferred Brand	\$80	\$90	\$90
Preferred Brand Specialty	20% Note: \$150 max	20% Note: \$200 max	20% Note: \$200 max
Non-preferred Brand Specialty	20% Note: \$300 max	20% Note: \$400 max	20% Note: \$400 max

Retail: copays listed above are for a 31-day supply. If a 90 day-supply is filled at retail, you will be 3 copays

Mail order: save money by receiving a 90-day supply for 2 copays through our mail order vendor Express Scripts

2024 Premiums

High plan - premium increased

Standard plan - premium increased

Value plan - premium decreased

Type of Enrollment	Enrollment Code	Monthly Premium
High option self only	LE1	\$617.22
High option self plus one	LE3	\$1,380.95
High option self and family	LE2	\$1,432.42
Standard option self only	LE4	\$178.76
Standard option self plus one	LE6	\$393.27
Standard option self and family	LE5	\$420.09
Value option self only	Y41	\$118.30
Value option self plus one	Y43	\$260.28
Value option self and family	Y42	\$278.02

Benefits of membership

Your member account

- Track spending balances
- Search claims and see prescription costs
- View plan ID info and EOB's
- Get virtual care, even a video
- Find in-network doctors, hospitals, labs and more
- Compare medical and prescription costs by plan



Make the most of your membership. Download the Priority Health app on the App Store or Google Play or sign up online at: member.priorityhealth.com

Wellness reward for subscribers and spouses

Earn a \$60 gift card between January 1 - December 31

To qualify:

1. Log in to your Priority Health account
2. Take your health assessment

Your gift card will be mailed within 5 - 7 business days from date of completion.

Active & Fit™

Get on the path to a happier, healthier life through regular exercise.

Offers fitness center membership programs well under market price.

Option to switch fitness centers so participants can find the right fit. Plus, at-home memberships now available!



\$28/month, per person
with **\$28** enrollment fee

9,000+ participating
fitness centers nationwide,
302 in Michigan*

Care management

Licensed nurses and social workers

Offer you support and guidance
managing chronic conditions

Call the customer service number
on your member ID card.



Diabetes Prevention Program

Gain the tools and accountability needed to prevent diabetes through classes and sessions with a lifestyle coach.

Diabetes supplies from a participating durable medical equipment provider are covered at 100% for members with diabetes with all 3 plans.

Items covered are:

Blood Glucose Monitors

Syringes, lancets and test strips

Insulin pumps

Shoe inserts for members with diabetic neuropathy

Special shoes prescribed when medically necessary



Livongo by Teladoc Health Diabetes Management

Diabetes Management, Simplified

About 1 in 10 Americans are living with diabetes and approximately 90-95% of them have type 2 diabetes.¹ To help members manage their type 2 diabetes, we're offering the Livongo by Teladoc Health diabetes management program to them at no cost to them.

What is diabetes management?

The diabetes management program is designed to lower member's A1c, improve overall health and drive down related medical costs. It supports members of all background regardless of where they are on their journey with diabetes.² Members receive:

- A connected blood glucose meter
- Unlimited test strips and lancets
- Data-driven personalized insights
- Expert coaching and real time support
- Guidance on healthy habits

Who's eligible?

Priority Health members over the age of 18 who are diagnosed with and currently managing type 2 diabetes are eligible to participate in this diabetes management program at no additional cost to them. Eligible members will be invited to participate through targeted communications and can register online or by calling.

The program* is a standard benefit for fully funded groups. Self-funded groups can opt-in and will be charged a monthly participation fee per participant. There are no administrative fees for either fully funded or self-funded groups.

How does it work?

The diabetes management program offers a single integrated and personalized experience comprised of connected technology, digital programs and expert coaching.



Effortless data collection through a connected blood glucose meter that offers real-time feedback for glucose readings



Personalized insights delivered when members are most receptive, to help drive engagement and help them reach their health goals



Human-centered approach including 24/7 remote monitoring and 1:1 live coaching

Once enrolled every participant receives a welcome kit that includes:

- Cellular-enabled blood glucose monitor
- Lancing device and lancets
- Blood glucose test strips
- Two blood glucose control solution droppers
- AC adapter & USB charger
- 'Getting Started Guide'
- Carrying case

2nd.MD

Providing peace of mind with a second medical opinion

2nd.MD provides members a second medical opinion for certain procedures or surgeries. Members get peace of mind through a consultation with an objective, third-party network of leading specialists.

Who is 2nd.MD?

2nd.MD is a nationwide second medical opinion service that offers an external third-party review of a member's treatment plan by a leading expert outside of the Priority Health provider network—lending additional objectivity, credibility and confidence.

Through a 30+ minute virtual consultation, 2nd.MD gives members assurance around their current treatment plan or may recommend an alternative treatment.

2nd.MD provides:

- Access to a virtual second opinion within days, not weeks
- Independent expertise and an unbiased second opinion from a nationwide network of leading specialists
- Data-driven outreach with best-in-class ability to identify eligible members
- A personal experience with live interactions throughout the process

Who's eligible?

Members may qualify if they have received a new, eligible diagnosis or are scheduled for an eligible procedure or surgery. If a member qualifies for a second medical opinion, 2nd.MD will reach out directly. A member may also be referred by a Priority Health care manager.

How does it work?

- 1 A member is contacted directly by 2nd.MD when they are eligible to participate.
- 2 If the member decides to receive a second medical opinion, 2nd.MD will first request member approval to release medical records, then reach out to the treating doctor to obtain the necessary medical records.
- 3 A 2nd.MD specialist will be recommended, and a virtual consultation will be scheduled. Virtual consultations last 30+ minutes.
- 4 After the consultation, the member will receive a written summary and post consultation follow-up support.

Contact Customer Service

- Local dedicated representatives
- Open during lunch hours and holidays

Monday-Thursday	7:30 a.m. - 7:00 p.m.
Friday	9:00 a.m. - 5:00 p.m.
Saturday	8:30 a.m. - 12:00 p.m.



Have questions?

Call **1.800.446.5674**

For current members, you can also send us a message through your member account.

Make your benefits selection by DEC 11

- No need to make changes if staying with current plan
- Visit the OPM employee website
- Visit the OPM plan comparison tool
- Your benefits will renew on Jan. 1, 2024

Thank you