

Benefits summary:

PriorityHSA HMO 1500 - Gold

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	
Deductible <i>The amount you pay before we begin to pay.</i>	\$1,500 individual / \$3,000 family aggregate
Coinsurance <i>Your share of the costs of a covered health care service.</i>	15% coinsurance for in-network services after deductible is met, except where noted.
Coinsurance maximum <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>	N/A
Out-of-pocket maximum <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 embedded
Routine Care	
Primary care provider (PCP)	Face-to-Face visits: 15% coinsurance after deductible Telehealth/virtual: \$10 copayment after deductible
Specialists	Face-to-Face visits: 15% coinsurance after deductible Telehealth/virtual: \$10 copayment after deductible
Urgent care and retail health clinics	15% coinsurance after deductible (retail health clinics: 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)
Virtual care <i>24/7 care for non-emergency conditions</i>	\$10 copayment after deductible
Allergy testing, serum and injections	15% coinsurance after deductible
Diabetic services and supplies <i>(Including education classes furnished by a Participating Provider; and select diabetes supplies when purchased by a Participating DME provider)</i>	100% coverage for education classes furnished; 100% coverage for blood glucose monitors, syringes, needles, lancets and blood glucose test strips, insulin pumps, shoe inserts for members with peripheral neuropathy, including diabetic neuropathy, special shoes prescribed for a person with diabetes when Medically/Clinically Necessary according to the criteria set form in our medical policies; deductible applies Prior Authorization required for devices over \$1,000.00 and all shoe inserts
Mental and behavioral health	
Inpatient hospital	15% coinsurance after deductible
Outpatient office visits	Face-to-Face visits: 15% coinsurance after deductible Telehealth/virtual: \$10 copayment after deductible
Prescription drug coverage	
<i>Visit priorityhealth.com and search Approved Drug list to see a list of covered drugs and pricing information. Select optimized.</i>	
Tier 1a / Tier 1b	\$5 / \$30 copayment, after deductible; Mail order - 90-day supply for 2 copayments

Tier 2 / Tier 3	\$65 / \$85 copayment, after deductible; Mail order - 90-day supply for 2 copayments
Tier 4 / Tier 5	20% coinsurance up to a maximum copayment of \$250 per fill for preferred and \$450 per fill for non-preferred, 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	15% coinsurance after deductible
Advanced imaging (CT/PET/MRI)	15% coinsurance after deductible
Laboratory	15% coinsurance after deductible
Emergency Services	
Emergency room	15% coinsurance after deductible
Emergency transportation/ ambulance services	15% coinsurance after deductible
Hospital care	
Inpatient hospital physician services	15% coinsurance; exceptions apply after deductible
Surgery and/or facility fee	15% coinsurance after deductible; exceptions apply
Bariatric surgery	50% coinsurance after deductible; covered once per lifetime
Outpatient Care	
Skilled nursing or critical services	15% coinsurance after deductible; combined maximum 45 visits per member each contract year
Outpatient surgery	15% coinsurance after deductible
In-home and hospice care	15% coinsurance after deductible
Rehabilitation services and devices	
Physical and occupational therapy	15% coinsurance after deductible; combined maximum 30 visits per member per contract year
Chiropractic and osteopathic manipulations	15% coinsurance after deductible; combined maximum 30 visits per member per contract year
Speech therapy	15% coinsurance after deductible; 30 visits per member per contract year
Prosthetic and orthotic support	50% coinsurance after deductible
Durable medical equipment (DME)	50% coinsurance after deductible
Family planning and maternity care	
Family planning & infertility	50% coinsurance after deductible for treatment of the underlying cause
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	15% coinsurance after deductible
Tubal ligation	Covered in full for physicians services and outpatient facility Note: Hospital inpatient care facility charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery after deductible
Vasectomy	Covered in full when performed in physician's office or in connection with other surgery after deductible

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.

TruHearing discount program: Discounts on hearing exams and high quality hearing aides available to you and your extended family