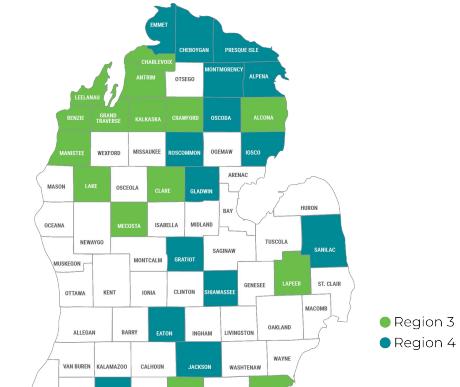




PriorityMedicareSM Thrive

(PPO for Regions 3 and 4)

- ✓ \$0 premium
- ✓ \$0 copay for primary care provider (PCP) office visits
- ✓ \$150 copay every two years for the Galleri® multi-cancer early detection test from GRAIL¹
- ✓ \$60/Q OTC allowance and a \$185/Y wellness allowance
- ✓ Erectile dysfunction drugs to promote sexual wellness on T2 and T3.



Agent: Amber Cable

Email: amber@seniorhis.com

Phone: 517-618-1511

Benefit (in-network)	2025	+ subject to deductible
Medical deductible	\$570 (combined INN/OON)	
Annual out-of-pocket maximum	\$5,900 (combined INN/OON)	
Inpatient hospital	\$320 copay per day, days 1–7 ⁺	
Office visits Primary care provider	\$0 copay	
Office visits Specialist	\$40 copay / \$0 copay skin check at dermatologist	
PT/OT/ST	\$25 copay	
Outpatient diagnostic services (labs, imaging, X-rays)	\$0 copay for anticoagulant lab services	
	\$0 copay for all other lab services	
	\$0 copay for diagnostic procedures/tests	
	\$20 copay for X-rays ⁺ / \$0 copay for diagnostic mammograms after routine screening	
	\$275 copay for diagnostic radiology/imaging ⁺	
Outpatient hospital coverage (ambulatory surgical center or outpatient hospital facility visit)	\$400 copay ⁺	
Ambulance and ambulance stabilization	\$290 copay	
Worldwide emergency care/urgently needed services	\$120 copay / \$40 copay	
Observation	\$120 copay for each observation visit, including all services received	

Benefit (in-network)	2025
Dental services (Delta Dental®)	\$0 copay for two exams, two cleanings (regular or periodontal maintenance), one set of bitewing X-rays and one brush biopsy per year, and other X-rays (e.g. panoramic) once every two years.
	Up to \$1,500 per year to use toward fillings, crown repairs and non-surgical simple extractions.
Routine vision (EyeMed®)	\$0 copay for one routine exam (including refraction) and one retinal imaging, per year; \$100 eyewear allowance each year. Reimbursement options for out-of-network services.
Routine hearing (TruHearing®)	\$0 copay for one routine exam per year; four levels of hearing aid copays, ranging from \$295 to \$1,495 per ear, per year. Hearing aid cost includes all fitting and follow-up evaluations within the first year and 80 batteries per hearing aid.

Part D prescription drugs benefit overview

PriorityMedicare Thrive has a \$0 prescription drug deductible.

Amounts shown are for the initial coverage period (until drug costs reach \$2,000).

	Preferred pharmacy ²			Mail-order through Express Scripts		
	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 — preferred generic	\$3	\$6	\$0	\$3	\$6	\$0
Tier 2 — generic	\$10	\$20	\$30	\$10	\$20	\$0
Tier 3 — preferred brand	\$35 for insulins and 25% for other drugs	\$70 for insulins and 25% for other drugs	\$105 for insulins and 25% for other drugs	\$35 for insulins and 25% for other drugs	\$70 for insulins and 25% for other drugs	\$105 for insulins and 25% for other drugs
Tier 4 — non-preferred	\$35 for insulins and 45% for other drugs	\$70 for insulins and 45% for other drugs	\$105 for insulins and 45% for other drugs	\$35 for insulins and 45% for other drugs	\$70 for insulins and 45% for other drugs	\$105 for insulins and 45% for other drugs
Tier 5 — specialty	\$35 for insulins and 33% for other drugs	N/A	N/A	\$35 for insulins and 33% for other drugs	N/A	N/A

¹The Galleri test is available by prescription only. Galleri does not detect a signal for all cancers and not all cancers can be detected in the blood. False positive and false negative results do occur. Galleri is a screening test and does not diagnose cancer. Diagnostic testing is needed to confirm cancer. The Galleri test identifies DNA in the bloodstream shed by cancer cells and does not predict future genetic risk for cancer. The Galleri test should be used in addition to healthcare provider recommended screening tests. Eligibility rules apply. ²Priority Health's Medicare network includes limited lower-cost, preferred pharmacies across the United States. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 833.415.4381, TTY users call 711, or consult the online pharmacy directory at prioritymedicare.com.