



MyPriority

Short-term PPO plans

Summary of benefits

DEDUCTIBLE	\$500 SINGLE/\$1,000 FAMILY	\$1,000 SINGLE/\$2,000 FAMILY	\$2,500 SINGLE/\$5,000 FAMILY
Out-of-pocket maximum ¹	\$1,500 single/\$3000 family	\$2,000 single/\$4,000 family	\$3,500 single/\$7,000 family
Benefit maximum per term (for in and out-of-network services combined)	\$2 million		

BENEFIT	WHAT YOU PAY	
Doctor's office visits	<ul style="list-style-type: none"> • 20% coinsurance in-network after deductible • 40% coinsurance out-of-network after deductible 	
Urgent care		
Emergency room	<ul style="list-style-type: none"> • 30% coinsurance in-network after deductible • 30% coinsurance out-of-network after deductible 	
Ambulance		
Outpatient lab/X-ray	<ul style="list-style-type: none"> • 20% coinsurance in-network after deductible • 40% coinsurance out-of-network after deductible 	
Outpatient surgery		
Hospitalization		
Outpatient speech therapy ²		
Outpatient occupational therapy ²		
Outpatient physical therapy/spinal manipulation ²		
Cardiac rehab ²		
Skilled nursing; Subacute; Inpatient rehab; Hospice ³		
Home health care ⁴		
Substance abuse ⁵		
DME; P&O ⁶		<ul style="list-style-type: none"> • 50% coinsurance after deductible
Prescription drug coverage		<ul style="list-style-type: none"> • Priority Health discount
Medical specialty drugs ⁷	<ul style="list-style-type: none"> • 50% coinsurance after deductible 	

NOT COVERED
<ul style="list-style-type: none"> • Preventive health, maternity, mental health, dietitian services, transplants, pre-existing conditions • Certain surgeries — bariatric surgery, blepharoplasty of upper eyelids, breast reduction, panniculectomy, surgical treatment of male gynecomastia and procedures to correct obstructive sleep apnea • Family planning/infertility services — vasectomy, infertility counseling and treatment of underlying cause of infertility • TMJ, port wine stains, orthognathic surgery

1 Includes coinsurance and deductible
 2 \$1000 combined max per member
 3 30-day combined max per member
 4 30-day combined max per member

5 Up to the state-mandated benefit
 6 \$2,000 max per member per year
 7 \$25,000 max per member