



# 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 <sup>1</sup>	\$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	• 20% coinsurance in-network after deductible
Urgent care	• 40% coinsurance out-of-network after deductible
Emergency room	• 30% coinsurance in-network after deductible • 30% coinsurance out-of-network after deductible
Ambulance	• 30% coinsurance in-network after deductible • 30% coinsurance out-of-network after deductible
Outpatient lab/X-ray	• 20% coinsurance in-network after deductible • 40% coinsurance out-of-network after deductible
Outpatient surgery	
Hospitalization	
Outpatient speech therapy <sup>2</sup>	
Outpatient occupational therapy <sup>2</sup>	
Outpatient physical therapy/ spinal manipulation <sup>2</sup>	
Cardiac rehab <sup>2</sup>	
Skilled nursing; Subacute; Inpatient rehab; Hospice <sup>3</sup>	
Home health care <sup>4</sup>	
Substance abuse <sup>5</sup>	
DME; P&O <sup>6</sup>	• 50% coinsurance after deductible
Prescription drug coverage	• Priority Health discount
Medical specialty drugs <sup>7</sup>	• 50% coinsurance after deductible

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

<sup>1</sup> Includes coinsurance and deductible

<sup>2</sup> \$1000 combined max per member

<sup>3</sup> 30-day combined max per member

<sup>4</sup> 30-day combined max per member

<sup>5</sup> Up to the state-mandated benefit

<sup>6</sup> \$2,000 max per member per year

<sup>7</sup> \$25,000 max per member