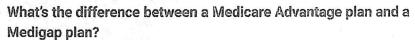
How to choose a plan

Do I have to sign up for a Medicare Advantage or Medigap plan? Can't I just have Original Medicare?

You can stick with just Original Medicare—but that only covers your costs 80/20, meaning Medicare covers 80% of costs and you're left paying 20% of the bill. Depending on the procedure, that remaining 20% could cost you thousands of dollars. Original Medicare doesn't cover prescription drugs, routine dental and vision, hearing aids and exams for fitting them, long-term care and more. That's where Medicare Advantage and Medigap plans come in.



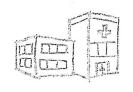
Medicare Advantage (also known as Medicare Part C) is Medicare Parts A and B bundled together. When a Medicare Advantage plan includes Part D (coverage for prescriptions) this is called an MAPD plan. With an MAPD plan, your hospital, doctor and prescription costs are covered, plus you get extras like gym memberships, dental, vision, hearing and more. These plans, offered through private insurers like Priority Health, include all of the benefits you get with Original Medicare, so you won't lose any coverage—you'll only get more. They give you the security of knowing you have that extra coverage and some plans even have \$0 premiums.

Medigap works in conjunction with Original Medicare—it fills in the gaps that Original Medicare doesn't cover (like that remaining 20% of costs). Medigap plans don't come with the extras offered in Medicare Advantage plans. A Medigap plan might be right for you if you don't mind paying a higher monthly premium but paying less—or nothing—when you get medical care. If you choose a Medigap plan, you also don't mind having to purchase a stand-alone Part D prescription drug plan.

How do I decide which Medicare Advantage plan is right for me?

That depends on your needs. In addition to comparing what you'll pay in monthly premiums¹, you should also look at things that will impact your overall costs—like your current health. Compare the copays, coinsurance and deductibles of different plans to estimate your annual costs to find the right choice. Pay attention to the plan's provider and pharmacy networks. If your doctor, hospital or pharmacy isn't part of a plan's network, you may pay more or you may not have any coverage, depending on the kind of plan you choose.















Why should I choose a Medicare Advantage plan?

A Medicare Advantage plan can help lower your out-of-pocket costs with predictable copayments, lower deductibles and out-of-pocket maximums. This type of plan may be right for you if:

- You want predictable copayments, deductibles and an out-of-pocket maximum
- Paying a lower monthly premium is important to you
- You want to have your Part D prescription drug coverage bundled with your Parts A and B coverage (included in MAPD plans)
- You want additional coverage for pre-existing conditions, now and in the future
- · You want to see doctors in the plan's network to save money

Priority Health has a robust network of providers in Michigan, including all of the major hospital systems, as well as pharmacies. We even offer preferred pricing at select pharmacies, saving you money on your prescription medication.² Priority Health plans also offer out-of-state travel coverage, so when you're outside of Michigan you'll have the same coverage (and cost) as if you were in network when you visit any provider in the U.S. who accepts Medicare.

Some Medicare Advantage plans include additional coverage like dental or a fitness membership at no additional cost to you. Priority Health Medicare Advantage plans include SilverSneakers®, dental, vision and hearing benefits included in your plan and over-the-counter allowances for medications and health items that don't require a prescription (amount varies by plan). Priority Health offers seven Medicare Advantage plans with premiums that range from \$0 to \$205.

How do I decide which Medigap plan is right for me?

There are 12 standard Medigap plans (named Plan A through N), but not all insurance companies offer all of them. Priority Health offers Plans A, C, D, F, G and N. Medigap plans are standardized across the country, so all plans offer the same benefit structure—the main difference between them is in the monthly premium cost and customer service quality. You should look at what you'll pay for copays, coinsurance and deductibles. And remember—Medigap plans don't include prescription coverage, so you'll need to get a separate prescription drug plan.



I found a plan I like, but how do I know if it's high quality?

The Centers for Medicare and Medicaid Services (CMS) uses Star Ratings to measure how well plans perform overall each year. The better the star rating, the better care is delivered. A plan can get a rating between one (poor) and five (excellent) stars.



Priority Health Medicare Advantage plans offer the highest CMS-rated plan in the state, earning 4.5 out of 5 stars for 2019.³