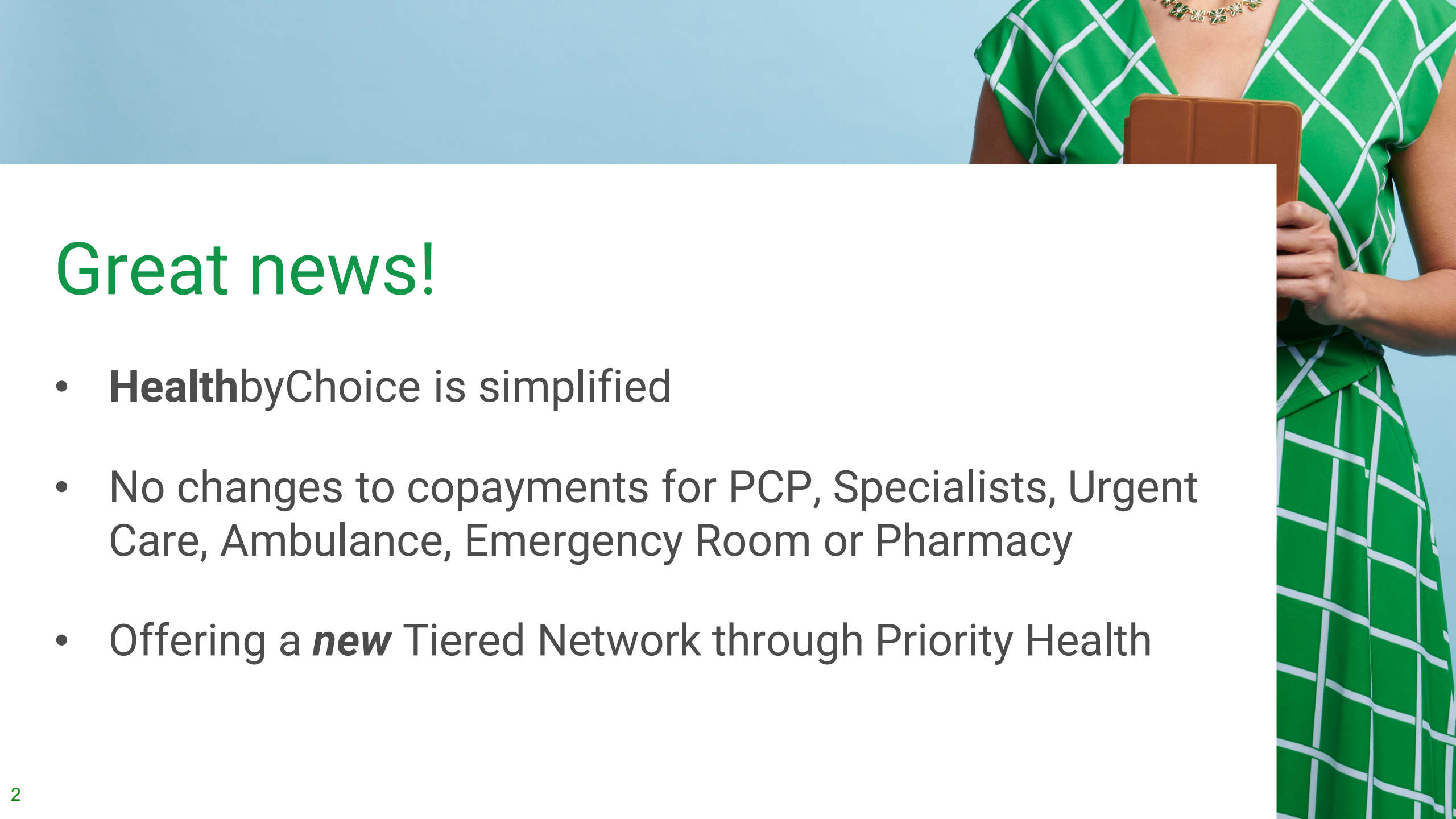
Your Guide to Getting Care

2020/2021 Open Enrollment

PriorityHealth®

THINK SMART. LIVE SMART.™

MUNSON HEALTHCARE



Great news!

- **Health**byChoice is simplified
- No changes to copayments for PCP, Specialists, Urgent Care, Ambulance, Emergency Room or Pharmacy
- Offering a ***new*** Tiered Network through Priority Health

Munson Employer Group HMO and POS plan

Your new Tiered Network

We believe that the more you know about your health insurance plan, and the more comfortable you are with your health care provider, the more informed you become. And that can help you make the smartest choices about your care.

Why does this change make sense?

- Munson's integrated health system provides a high quality of care the staff believes in
  - More than 80% of services provided by the health plan are being performed at Munson Healthcare facilities
- Continue to share the value of using those services, providing a lower cost when using Munson services and facilities through the **Munson Employer Group** plan

What does “tiered network” mean to Munson?

- **Tiers apply to facilities and services**, not to providers
  - You may continue to see health care providers within the Priority Health network
- Save money by having procedures or tests done at a Munson Healthcare facility
  - Munson Healthcare facilities and services will be considered Tier 1 and provide the lowest out-of-pocket costs
  - You may choose to have procedures and services done at other facilities in the Priority Health network, but they will be considered Tier 2 and out-of-pocket costs will be higher

How does it compare?

- The **Munson Employer Group** plan for 2020/2021 offers richer benefits than the 2019/2020 plan when using a Munson Healthcare facility (Tier 1)

- **Tier 1 benefit level effective 7/1 compared to current plan (HMO Choice):**

	Current plan	Tier 1 7/1/20	Difference
Deductible	$500 / $1,000	$400 / $800	$100 / $200 savings
Coinsurance	80% / 20%	85% / 15%	5% savings
Coinsurance Maximum	$1,500 / $3,000	$1,400 / $2,800	$100 / $200 savings
True Out of Pocket Limit	$7,350/$14,700	$7,350/$14,700	$0

SAVE UP TO
$200 / $400

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How does Tier 1 compare to Tier 2?

- The **Munson Employer Group** plan requires a higher cost-share when using a non-Munson Healthcare facility within the Priority Health network (Tier 2)
- **Tier 1 vs Tier 2 benefit level effective 7/1 (HMO Choice):**

July 1, 2020	Tier 1	Tier 2
Deductible	$400 / $800 T1 deductible applies toward T2 deductible	$750 / $1,500 T2 deductible applies toward T1 deductible
Coinsurance	85% / 15%	70% / 30%
Coinsurance Maximum	$1,400 / $2,800 T1 coinsurance applies toward T2 coinsurance	$1,750 / $3,500 T2 coinsurance applies toward T1 coinsurance
True Out of Pocket Limit	$7,350/$14,700	

Save by utilizing a Tier 1 facility

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What isn’t subject to tiering?

Seeing your provider

Other services, including:

- Autism-related services
- Behavioral Health
- Chiropractic
- Emergency transportation/ambulance
- Prosthetic & Orthotics
- Skilled Nursing Facilities
- Substance Abuse

Emergencies

If you are not near a Munson Healthcare hospital, your emergency visit will be treated as Tier 1

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What is considered a Tier 1 facility or service?

Facilities

Any location where Munson Healthcare has ownership or locations that are part of the Munson Healthcare system are considered Tier 1 facilities:

- Munson Medical Center
- Munson Cadillac
- Munson Charlevoix
- Munson Grayling
- Munson Manistee
- Munson Otsego
- Paul Oliver Memorial Health
- Kalkaska Memorial Health Center
- Mackinac Straits Health System
- Copper Ridge Surgery Center
- Munson Dialysis Center
- Munson Home Care

Services

Laboratory, advanced diagnostic imaging, radiology, PT/OT/ST, cardiac and pulmonary rehabilitation, Durable Medical Equipment, Home Health and Hospice offered through Munson Healthcare

What if a procedure or service is not available at a Munson Healthcare facility?

Some procedures and services may qualify for Tier 1 level coverage

- Burn care
- Endovascular stroke care
- Pediatric (ICU/PICU, heart & specialty surgeries)
- Transplants

- A pre-service prior authorization through Priority Health will be needed in advance, submitted by your Primary Care Provider or Specialist office
- No retrospective reviews

Tier 1 vs. Tier 2 reference

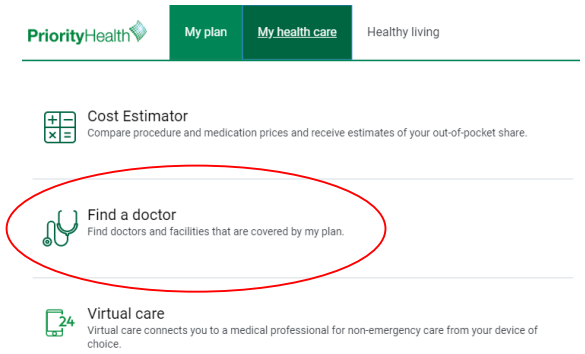
Prior to July 1

- This presentation will be available on myHR

Beginning July 1

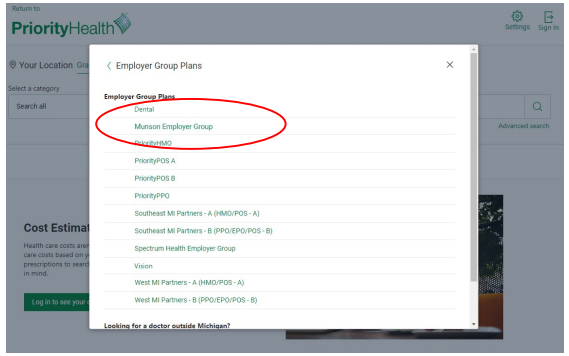
1

Use the Priority Health Find A Doctor tool through your member account on the website or app.



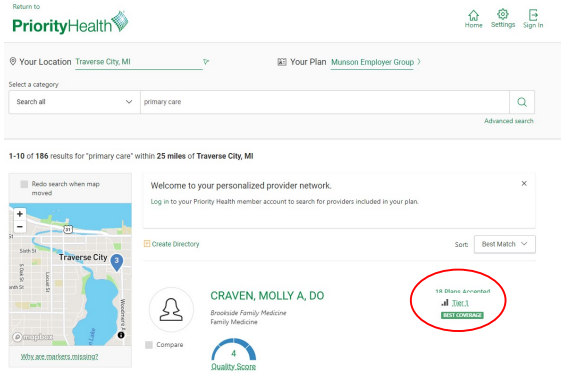
2

Click **All Plans, Employer Group plans**, then choose **Munson Employer Group**.



3

Search by the name of your health facility. Identify Tier 1 facilities specified on the right side of the results page.



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Munson Employer Group plan HMO Choice

Description	Tier 1	Tier 2
PCP	$20	$20
Specialist	$35	$35
Virtual Visit	Covered in full	Covered in full
Preventive Services	Covered in full	Covered in full
Urgent Care	$75	$75
Ambulance	$150	$150
Emergency Room	$150	$150
PT/OT, 30 combined visits	$20	$30
Chiropractic, 30 combined visits	$20	$20
Speech Therapy, 30 combined visits	$20	$30
Cardiac Therapy, 30 combined visits	$20	$30

Amounts above reflect copayments, per visit

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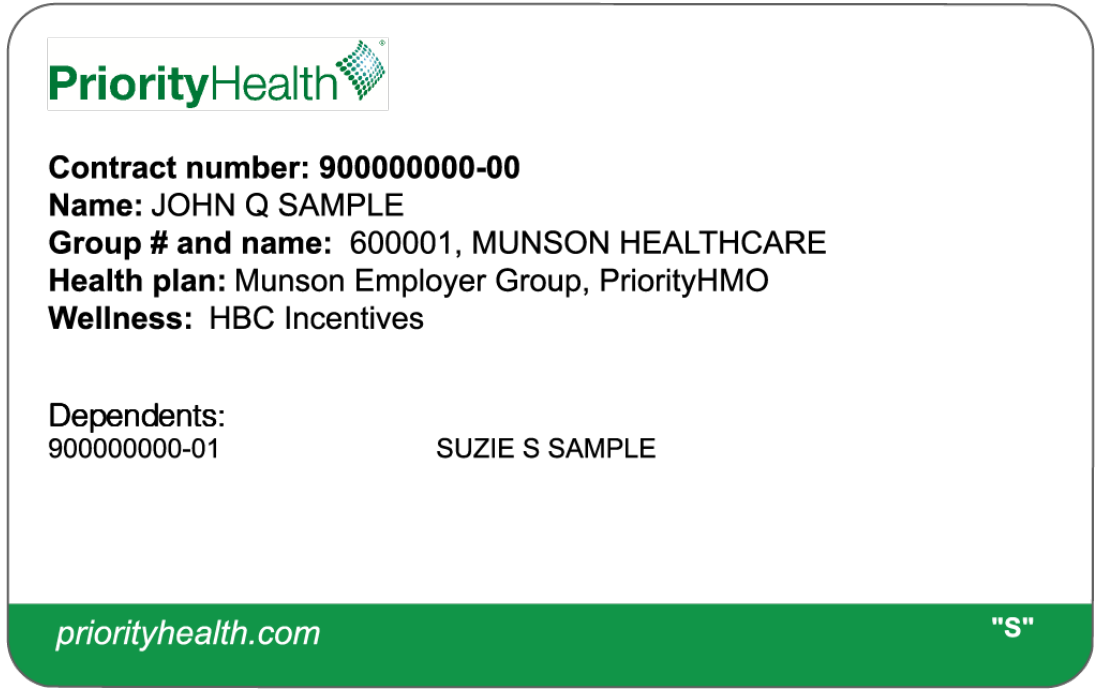
New ID Cards for everyone

- All members will receive new cards for this plan year
- New cards should arrive prior to July 1 plan start date



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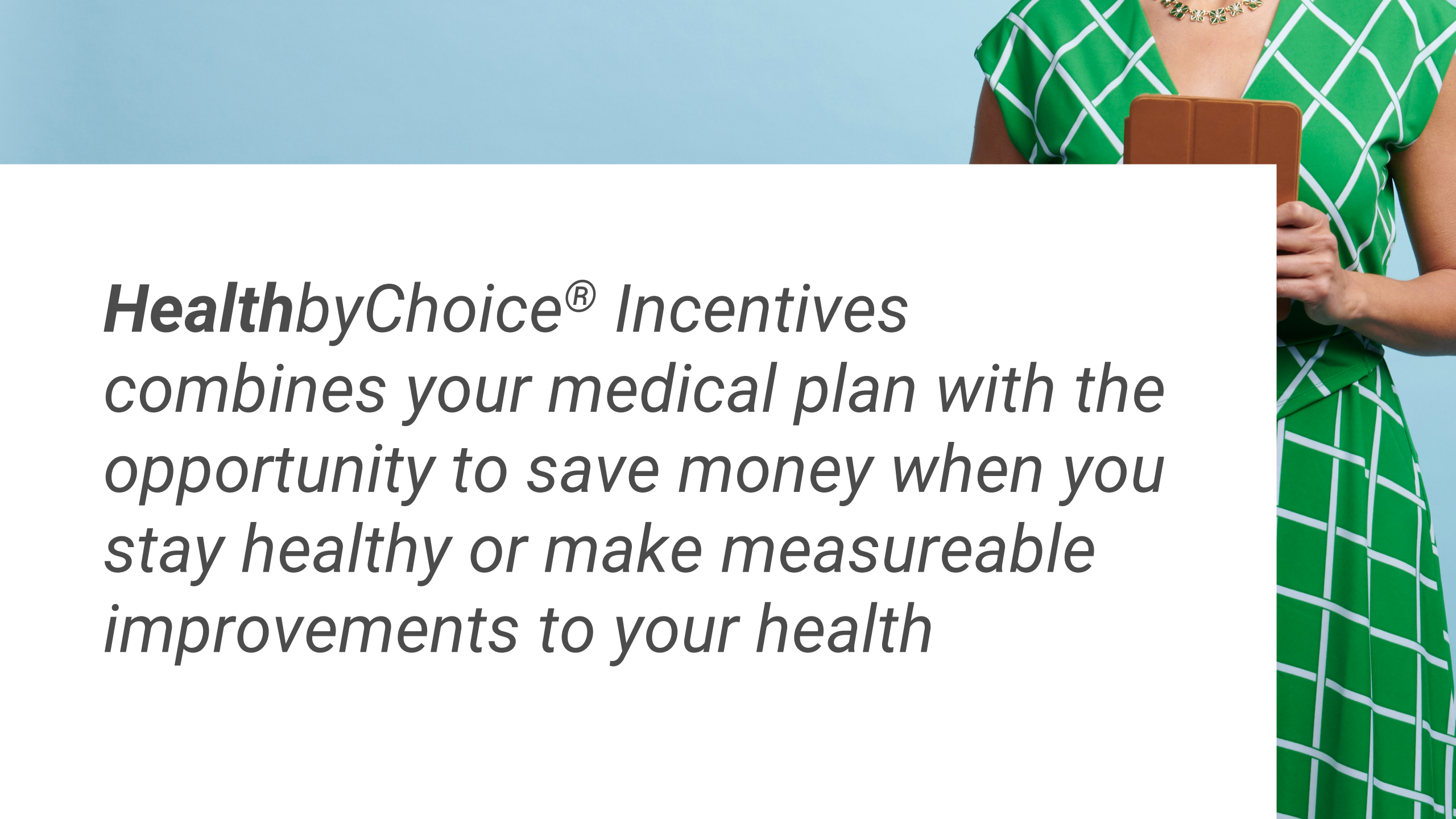
HealthbyChoice Incentives

A health plan that creates a simple path to a healthier lifestyle



***Health**byChoice® Incentives combines your medical plan with the opportunity to save money when you stay healthy or make measureable improvements to your health*

Two benefit levels

***Standard**:*

Higher deductibles and copayments

***Choice**:*

Lower out-of-pocket costs, including lower deductibles and copayments

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How it works

- When you first join the plan, you'll start at the money-saving **Choice** level, with the same great benefits at lower copayments and deductibles

- To remain at or achieve the **Choice** level, you and your covered spouse (if applicable) must meet the health criteria within **122 days** of the plan effective date

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HMO plan – single level, Tier 1

Member cost share	Choice	Standard	Difference
Deductible	$400	$2,400	$2,000
Coinsurance	85% / 15%	75% / 25%	10%
Out-of-pocket	$1,400	$2,400	$1,000
Copayment			
Primary care	$20	$40	$20
Specialty	$35	$55	$20
Urgent care	$75	$75	$0

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POS – single preferred level, Tier 1

Member cost share	Choice	Standard	Difference
Deductible	$400	$2,400	$2,000
Coinsurance	85% / 15%	75% / 25%	10%
Out-of-pocket	$1,400	$2,400	$1,000
Copayment			
Primary care	$20	$40	$20
Specialty	$35	$55	$20
Urgent care	$75	$75	$0

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Qualifying for **Choice**

This year, qualifying for **Health**byChoice takes a single step**.**

Ask your doctor to complete the **Health**byChoice Incentives online qualification form confirming you meet the following health criteria:

Tobacco use: Must be tobacco free, including e-cigarettes

Body mass index (BMI): Must be under 30 **or waist circumference** must be under 41 inches for men or under 35 inches for women

Blood pressure: Must be under 140/90 (or under 150/90 for those 60 years of age or older)

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Alternate goal

If you or your covered spouse don’t meet one or more of the health criteria, you can still qualify for the **Choice** level if you:

- ✓ Complete a fasting cholesterol test
- ✓ Complete a fasting blood sugar test
- ✓ Agree to follow your doctor’s treatment recommendations

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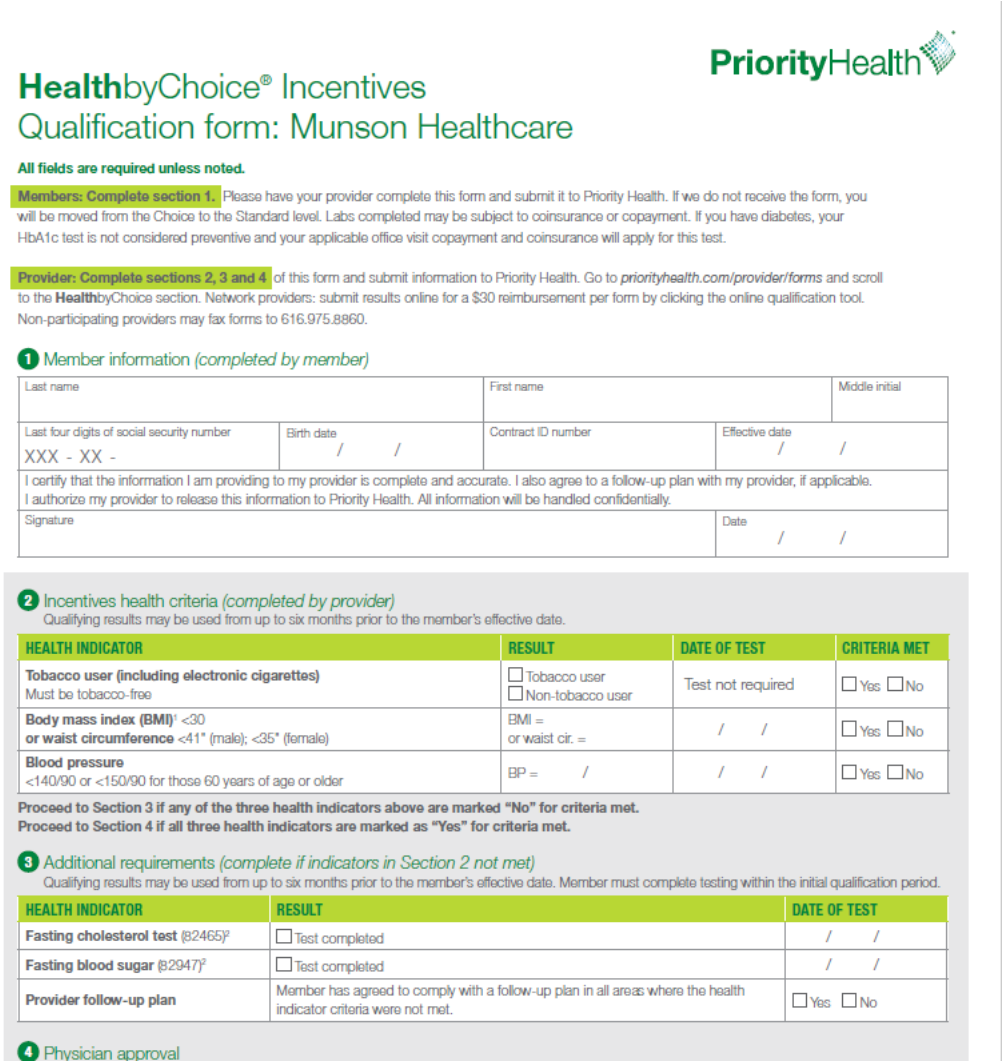
- Have your doctor complete the qualification form. Your doctor will submit the form to Priority Health
- ***Note**: Qualifying results may be used from up to 6 months prior to your plan's effective date*



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HealthbyChoice® Incentives
Qualification form: Munson Healthcare

All fields are required unless noted.

Members: Complete section 1. Please have your provider complete this form and submit it to Priority Health. If we do not receive the form, you will be moved from the Choice to the Standard level. Labs completed may be subject to coinsurance or copayment. If you have diabetes, your HbA1c test is not considered preventive and your applicable office visit copayment and coinsurance will apply for this test.

Provider: Complete sections 2, 3 and 4 of this form and submit information to Priority Health. Go to *priorityhealth.com/provider/forms* and scroll to the **Health**byChoice section. Network providers: submit results online for a $30 reimbursement per form by clicking the online qualification tool. Non-participating providers may fax forms to 616.975.8860.

1 Member information *(completed by member)*

Last name		First name	Middle initial
Last four digits of social security number XXX - XX -	Birth date / /	Contract ID number	Effective date / /
I certify that the information I am providing to my provider is complete and accurate. I also agree to a follow-up plan with my provider, if applicable. I authorize my provider to release this information to Priority Health. All information will be handled confidentially.			
Signature			Date / /

2 Incentives health criteria *(completed by provider)*
Qualifying results may be used from up to six months prior to the member's effective date.

HEALTH INDICATOR	RESULT	DATE OF TEST	CRITERIA MET
Tobacco user (including electronic cigarettes) Must be tobacco-free	☐ Tobacco user ☐ Non-tobacco user	Test not required	☐ Yes ☐ No
Body mass index (BMI)[1] <30 **or waist circumference** <41" (male); <35" (female)	BMI = or waist cir. =	/ /	☐ Yes ☐ No
Blood pressure <140/90 or <150/90 for those 60 years of age or older	BP = /	/ /	☐ Yes ☐ No

Proceed to Section 3 if any of the three health indicators above are marked "No" for criteria met.
Proceed to Section 4 if all three health indicators are marked as "Yes" for criteria met.

3 Additional requirements *(complete if indicators in Section 2 not met)*
Qualifying results may be used from up to six months prior to the member's effective date. Member must complete testing within the initial qualification period.

HEALTH INDICATOR	RESULT	DATE OF TEST
Fasting cholesterol test (82465)[2]	☐ Test completed	/ /
Fasting blood sugar (82947)[2]	☐ Test completed	/ /
Provider follow-up plan	Member has agreed to comply with a follow-up plan in all areas where the health indicator criteria were not met.	☐ Yes ☐ No

4 Physician approval

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What happens on day 123?

- If you and your **spouse** meet the criteria within 122 days of your plan's effective date, you'll remain at the money-saving **Choice** level
  - Example: For those enrolled as of 7/1/20, your due date is 10/31/20
- If you miss the deadline, everyone on your plan will move to **Standard** level on day 123. You keep the same great benefits, but you'll have higher copayments, coinsurance and deductibles

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The next plan year

You keep the level you were in – Choice or Standard – for the first 122 days while you complete the criteria to earn the Choice level again

Don’t worry, we’ll remind you to re-qualify every year you’re in the plan

Communications you'll receive from us

- **5** and **45**-day reminder letters with instructions outlining qualification requirements.
- A congratulations letter once the requirements are met
- A notification letter if requirements are left incomplete upon form submission, before the deadline, or the requirements have not been met within the qualification period – resulting in a move to the **Standard** level

Questions?

Contact

munsonhealthcare@priorityhealth.com

THANK YOU