

What you need to know for 2022

Thanks for all that you do on behalf of Priority Health to serve our employers and members across Michigan and the U.S. Below is information you'll need to know as you renew your groups or sell a new plan with us in 2022.

Standard Coverage Changes

Regulatory changes

Deductible and out-of-pocket limits

Every year the IRS releases the minimum deductible and maximum out-of-pocket amounts for high-deductible health plans (HDHPs) and the Centers for Medicare and Medicaid Services (CMS) releases the maximum out-of-pocket amounts for non-high-deductible health plans.

For 2022:

- HDHP minimum deductible amounts are:
 - Individual: \$1,400
 - Family: \$2,800 but no less than \$2,800 per person
- HDHP maximum out-of-pocket limits are:
 - Individual: \$7,050
 - Family: \$14,100 but no more than \$8,700 per person
- Non-HDHP maximum out-of-pocket limits are:
 - Individual: \$8,700
 - Family: \$17,400

Member ID requirements

The Consolidated Appropriations Act, signed on Jan. 27, 2020, requires all individual and group plans to include the following on any physical or electronic insurance identification for plan years beginning on or after Jan. 1, 2022:

- All plan deductibles (both in- and out-of-network, as applicable). New requirement.

Member ID requirements continued...

- Maximum limits on out-of-pocket costs (both in- and out-of-network, as applicable).
New requirement.
- Telephone number and web address for consumer assistance.

This information will be incorporated into all new groups' member ID cards with effective dates of Jan. 1, 2022 and following. Priority Health will issue existing members new ID cards at the groups' 2022 renewal.

Preventive changes

- The COVID-19 vaccine will continue to be covered under Priority Health's Preventive Health Care Guidelines in 2022.
- Priority Health will expand coverage for all in-network dietician visits under our Preventive Health Care Guidelines. Members may be referred to a dietician by their primary care provider or treating physician when they are identified as at-risk due to chronic diseases and conditions like obesity, diabetes, hypertension, high cholesterol, cardiovascular disease and chronic kidney disease.

Product changes

Virtual care services

Line of Business	2022 – non-HDHP	2022 HDHP
Small Group – ACA	\$10 copay before deductible	\$10 copay after deductible
Small Group – Pre-ACA	Limited virtual visits (9 CPT codes) covered in full before deductible; all other virtual visits covered at applicable cost share.	Limited virtual visits (9 CPT codes) covered in full after deductible; all other virtual visits covered at applicable cost share.
Large Group – ACA	\$0 cost share before deductible (No change)	\$0 cost share after deductible
Large Group – Grandfathered	Limited virtual visits (9 CPT codes) covered in full before deductible; all other virtual visits covered at applicable cost share.	Limited virtual visits (9 CPT codes) covered in full after deductible; all other virtual visits covered at applicable cost share.
Self-funded (ASO)	Customizable per group request	Customizable per group request

Green indicates a change from 2021

Virtual care services continued...

- Small group ACA plans will have a \$10 copay
- Due to IRS regulations, virtual care on all high-deductible-health plans will be subject to deductible in addition to the outlined member cost share.
- A definition of virtual care services will be added to all fully funded and self-funded ACA plan documents upon the group's 2022 renewal. "Virtual care services connect members with a provider over the phone, through email, or through video using secure technology. Virtual care is used for a variety of health conditions for members to receive a diagnosis and treatment plan."

Chiropractic services – Small group only

- Most small group plans will cover chiropractic care at \$40 copay or at the specialist copay if the copay is less. PriorityHSA plans will maintain their current cost share.

New Small Group Product – PriorityAllowance

Available for quoting 10/01/2021 for 01/01/2022 effective.

PriorityAllowance™ is a product designed for employers who want to offer their employees coverage for commonly used services like PCP and specialist visits through an upfront allowance with the goal of helping their employees manage their health.

PriorityAllowance offers a per person dollar "allowance" that can be used toward health care services like PCP visits, specialist visits, urgent care and more. The annual allowance is funded by Priority Health and can be used only on copays for limited in-network health care services (both in and out of state). Unused allowance balances do not carry over from year to year.

Large Group Riders

Every year we evaluate our riders and adjust our offering to make sure we're meeting the needs of our employers and members. For 2022 we're updating two riders and adding four new rider options. The new rider options will be available for quoting 2022 groups in September.

- **Hearing - Update**

This change is available on all plan types and allows for one hearing test covered in full (or in full after deductible on PriorityHSA plans) plus an allowance per hearing aid every 36 contract months. This applies to in-network only coverage for HMO plans. POS and PPO plans include both in- and out-of-network coverage. The per aid allowance amount can be set every 36 contract months at \$500, \$750 or \$1,000.

- **DME covered in full - Update**

This rider modifies plan coverage to cover durable medical equipment and prosthetics and orthotics supplies in full, a change from the standard 50% coverage. This rider is available on all plan designs.

- **Virtual care covered at a flat copay (\$10/\$15/\$20) rider – NEW!**

This rider allows any in-network virtual care service be covered at a \$10, \$15 or \$20 copay. The copay amount can be selected by the group, and like other benefits is covered after deductible on PriorityHSA plans, regardless of provider type whether it be a PCP or specialist. Out-of-network virtual care will be covered at the applicable out-of-network plan coinsurance on our POS and PPO networks or not covered on HMO. This rider is available on all plan designs. As noted above, virtual care will be covered at \$0 for large groups as a standard benefit.

- **Virtual care at applicable in-person cost share rider – NEW!**

This rider changes the \$0 virtual care benefit cost-share to the in-person visit cost-share. For example, a virtual PCP visit will cost the same as an in-person PCP visit.

Out-of-network virtual care will be covered at the applicable out-of-network plan coinsurance or POS and PPO plans or not covered on HMO. This rider is available on all plan designs.

- **Expanded Infertility rider – NEW!**

This rider provides medical and drug coverage for treating the underlying cause of infertility at 50% after deductible at either the in-network/preferred benefit level or out-of-network/alternate benefit level. This rider offers options for a lifetime max of \$15,000, \$25,000, \$40,000 or \$50,000 which can be selected by the group. The new riders will be available for quoting 2022 groups in September.

Expanded Infertility rider continued...

This benefit includes covered services related to sperm count, endometrial biopsy, IVF and diagnostic laparoscopy. This rider is available on all plan designs except Priority Made Simple.

- **Emergency room deductible waiver – NEW!**

This rider is available on Tiered Copay plans only and waives the deductible on emergency room visits, however, a copay will still apply.

Featured Programs and Services

Since there's more to health care than premiums and deductibles, we want to point out a few of the no-cost services and programs we offer to all employer groups (regardless of funding status) so that members can maximize their benefits.

- **Right Price pharmacy program - NEW!**

The rising cost of prescriptions continues to be a challenge for Americans. Our new program, Right Price, works to help members save on their scripts by ensuring their cost for non-specialty prescriptions covered by their plan will be competitive with or less than the prescription discount card market (like GoodRx). This means members receive the lowest available price automatically at the pharmacy and is available at no cost to the member or employer. This pricing will take effect Jan. 1, 2022 across Commercial + Individual plans.

- **Diabetes prevention**

Research tells us that there are 86 million adults living with pre-diabetes that aren't aware they could develop type 2 diabetes. To address this issue, we offer members who are at risk of or who have been diagnosed with pre-diabetes to participate in our [Diabetes Prevention Program](#). It offers members resources like in-person classes or a meeting with a lifestyle coach to mitigate their risk of developing type 2 diabetes.

- **Medication therapy management**

For years we've offered members who take several medications for multiple chronic conditions access to our [medication therapy management](#) program which includes a 30-minute face-to-face visit with a pharmacist to help them understand their medications and discuss ways they can simplify their regimen, maximize their results and potentially save money.

Featured Programs and Services continued...

- **Care management**

Our care management program plays a pivotal role managing members' health. As many of you are aware, our care managers are licensed nurses and social workers who offer guidance and support to members with chronic conditions and help get people back on their feet after hospitalizations. Our care managers meet members where they are at whether through a video chat, on the phone, through email or in person.

- **Behavioral health**

Living through a pandemic has amplified that mental health is just as important as physical health. That's why we offer a [behavioral health hotline](#) that's available to members 24 hours a day, seven days a week by calling 800.673.8043.

- **myStrength**

[MyStrength](#), a digital solution with evidence-based activities for members to manage their mental health is a free program that can either be self-directed or through coaching support. Topical activities covered managing depression, anxiety, balancing intense emotions, moving beyond trauma, and many more.

- **TruHearing**

Members now have access to discounts on hearing exams and hearing aids saving them up to 60% on the latest hearing aids through [TruHearing](#).

- **PriorityMOM**

Recently we launched our pilot outreach program, PriorityMOM. PriorityMOM is designed to help moms navigate health care costs and coverage throughout their pregnancy. The goal is to lower the cost of obstetrics for employers by promoting more full-term pregnancies and offer helpful information on ways for women to stay happy and healthy through each trimester. This program is currently offered to fully funded groups.

- **Priority Health Connect**

This program uses an [online tool](#) to connect individuals living in the state of Michigan with free or reduced-cost programs and critical social services. Members can search for services like housing support, legal assistance, COVID-19 programs and more within their zip code.

- **BenefitHub**

[BenefitHub](#) offers members deals on travel, restaurants, shopping, family care, car rentals and more through an easy-to-use online marketplace. It provides members exclusive offers, cash back and discounted gift cards to businesses and brands tailored to where members live.

Employee Toolkits

Our employee toolkits are now available to you through the Agent Center in the Agent Resources Library. You can download and share digital resources with your clients on important tools and information so that members can get the most from their Priority Health plan.

Toolkit topics include the Priority Health member app, Cost Estimator, Pharmacy and Behavioral Health benefits, and where to receive appropriate care through the VUE your care (virtual, urgent, emergent) lens. The toolkits include digital posters, flyers and email templates that employers can distribute to increase engagement, improve utilization and lower the cost of care.

Pharmacy spotlight

We know that Pharmacy continues to be a top concern for employer groups and members alike. We're proud that we beat regional and national cost benchmarks by up to 30% and that our per member per month cost has decreased 2.9% year over year.

As a reminder you can watch our webinar, *Three ways to control climbing pharmacy costs*, on demand from the Agent Resources Library. You'll learn cost-control strategies, the importance of a well-managed formulary and how to determine if your client's medical and pharmacy benefits are in sync.

The Agent Resources Library is your go-to hub for resources to help you sell, tools for open enrollment meetings and more. Look for our monthly agent digest, Agent Priorities, in your email to read the latest updates at Priority Health.

Contact your Priority Health sales representative or account manager to discuss details on a specific group.