



All co-payment and co-insurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	$\frac{3}{40}$ ) // ' ' 4 $\frac{1}{24}$	$\frac{1}{4}$ ) 4 $\frac{1}{24}$		

\* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

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	<p>1) 2/3, - . 1/2</p> <p>. 1/4 - 1/4,</p>	<p>) 1/4 '4) //</p> <p>) 1/4 '4) //</p>	<p>) 1/4 '4) //</p> <p>) 1/4 '4) //</p>	<p>1) 1/4 / / ) 1/4 3 - 4)/</p> <p>1) . ' - , 1/4 . 3 4'2. '2. // / . ' 4 1</p>
	<p>' / 4 )</p>	<p>) 1/4 '4) //</p>	<p>) 1/4 '4) //</p>	

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## Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan documents for more information and a list of any other <u>excluded services</u> .)		
$\left. \begin{array}{l} 4) \\ / \ / - \\ 3 \ / - \end{array} \right\}$	$\left. \begin{array}{l} 4' 2)' \\ 4- 3)' \end{array} \right\}$	$\left. \begin{array}{l} 4' /4- \\ /4, /4)' \\ 2' /2 \end{array} \right\}$

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan documents</u> .)		
$\left. \begin{array}{l} . / \ / ' ) / )' \\ ' /4- ' / \end{array} \right\}$	$\left. \begin{array}{l} 4, /2' ' 3 4 \\ 2 44/4- / , \\ /4, /2' \end{array} \right\}$	$\left. \begin{array}{l} /4 3 - 4)' \\ /- 2' - 3' \\ . 4 ' 24- / \end{array} \right\}$

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Insurance and Financial Services (DIFS) at 1-877-999-2842 or [difs-HICAP@michigan.gov](mailto:difs-HICAP@michigan.gov); the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x61565 or [www.ccio.cms.gov](http://www.ccio.cms.gov); or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the number on the back of your Priority Health ID card or [www.priorityhealth.com](http://www.priorityhealth.com); the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or

The plan