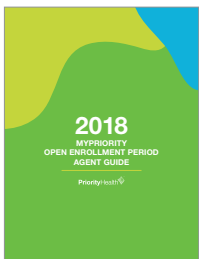


MyPriority® supply order form

Company name	Contact	Broker ID
Mailing address		City/State/ZIP
Phone number that we may use to contact you () <input type="checkbox"/> Landline (home phone) <input type="checkbox"/> Cell phone		Send supply requests to <u>one</u> of the following: Email: mypriority@priorityhealth.com Fax: 248.324.2973

Sales materials for agents to use



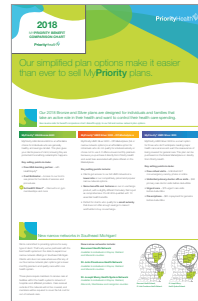
2018 MyPriority OEP agent guide

Item #: PH874
Qty needed: _____



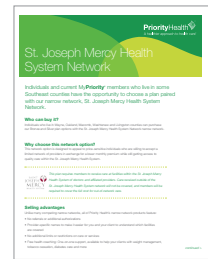
MyPriority rate book

Item #: PH761
Qty needed: _____



MyPriority benefit comparison chart

Item #: PH720
Qty needed: _____



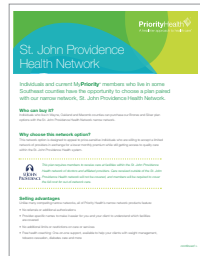
St. Joseph Mercy Health System Network sell sheet

Item #: PH729
Qty needed: _____



Beaumont Health Network sell sheet

Item #: PH725
Qty needed: _____



St. John Providence Health Network sell sheet

Item #: PH738
Qty needed: _____



Spectrum Health Partners sell sheet

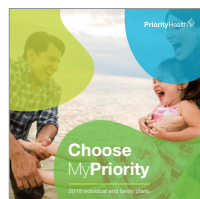
Item #: PH723
Qty needed: _____



Bronson Healthcare Partners sell sheet

Item #: PH856
Qty needed: _____

Sales materials for agents to give to individual consumers



MyPriority plan guide for consumers

Item #: PH764
Qty needed: _____



MyPriority enrollment form

Item #: PH758
Qty needed: _____



MyPriority short-term kit

Item #: MH010
Qty needed: _____