



2025

Annual Notice of Changes

Michigan Public School Employees' Retirement System

offered by Priority Health

January 1, 2025 - December 31, 2025

You are currently enrolled as a member of

PriorityMedicare HMO-POS

Next year, there will be changes to your plan's costs and benefits. **This booklet details these changes.**

Additional Resources

This information is available in a different format, including Braille and large print.

Please contact our Customer Service at 888.389.6648, option #3, for additional information. (TTY users should call 711). We're available 8 a.m. to 8 p.m., seven days a week.

Coverage under this Plan qualifies as Qualifying Health Coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at ***irs.gov/Affordable-Care-Act/Individuals-and-Families*** for more information.

About your plan

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

When this booklet says "we," "us," or "our," it means Priority Health Medicare. When it says "plan" or "our plan," it means your Priority Health plan.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 888.389.6648. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 888.389.6648. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 888.389.6648。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 888.389.6648。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 888.389.6648. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 888.389.6648. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 888.389.6648 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 888.389.6648. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 888.389.6648 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 888.389.6648. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 888.389.6648. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 888.389.6648 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 888.389.6648. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 888.389.6648. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 888.389.6648. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 888.389.6648. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、888.389.6648 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

PriorityMedicare (Employer HMO-POS) offered by Priority Health Medicare

Annual Notice of Changes for 2025

You are currently enrolled as a member of **PriorityMedicare** (Employer HMO-POS). Next year, there will be changes to the plan's costs and benefits. *Please see page Error! Bookmark not defined. for a Summary of Important Costs.*

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- Think about whether you are happy with our plan.

2. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in **PriorityMedicare** (Employer HMO-POS),
- If you decide other coverage will better meet your needs, you can contact your former employer or union group to see what your plan options are. Look in Section 2.2 to learn more about your choices.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for **PriorityMedicare** (Employer HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium*</p> <p>* Your coverage is provided through a contract with the Michigan Public School Employees' Retirement System. Contact the Office of Retirement Services for information about your plan premium. See Section 1.1 for details.</p>	Contact the Office of Retirement Services at 800.381.5111	Contact the Office of Retirement Services at 800.381.5111
Deductible	<u>HMO (in-network)</u>	<u>HMO (in-network)</u>
	\$550	\$650
	<u>POS (out-of-network)</u>	<u>POS (out-of-network)</u>
	\$725	\$725
Maximum out-of-pocket amount	<u>HMO (in-network)</u>	<u>HMO (in-network)</u>
	\$2,500	\$2,900
This is the <u>most</u> you will pay out of pocket for your covered services. (See Section 1.2 for details.)	<u>POS (out-of-network)</u>	<u>POS (out-of-network)</u>
	\$3,200	\$3,200

Cost	2024 (this year)	2025 (next year)
<p>Doctor office visits</p>	<p><u>HMO (in-network)</u> Primary care visits: \$0 copay per visit.</p> <p>Specialist visits: \$35 copay per visit.</p> <p><u>POS (out-of-network)</u> 30% of the total cost per visit with a PCP or specialist, after deductible.</p>	<p><u>HMO (in-network)</u> Primary care visits: \$0 copay per visit.</p> <p>Specialist visits: \$35 copay per visit.</p> <p><u>POS (out-of-network)</u> 30% of the total cost per visit with a PCP or specialist, after deductible.</p>
<p>Inpatient hospital stays</p>	<p><u>HMO (in-network)</u> 10% of the total cost per stay, after deductible</p> <p><u>POS (out-of-network)</u> 30% of the total cost per stay, after deductible.</p>	<p><u>HMO (in-network)</u> 10% of the total cost per stay, after deductible</p> <p><u>POS (out-of-network)</u> 30% of the total cost per stay, after deductible.</p>
<p>Part D prescription drug coverage</p> <p>(See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Tier 1 –\$9 copay at a preferred network pharmacy or \$15 copay at a standard network pharmacy.</p> <p>Tier 2 - \$9 copay at a preferred network pharmacy or \$15 copay at a standard network pharmacy.</p> <p>Tier 3 – \$55 copay at preferred network</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Tier 1 –\$9 copay at a preferred network pharmacy or \$15 copay at a standard network pharmacy.</p> <p>Tier 2 - \$9 copay at a preferred network pharmacy or \$15 copay at a standard network pharmacy.</p> <p>Tier 3 – \$55 copay at preferred network</p>

Cost	2024 (this year)	2025 (next year)
	pharmacy or \$60 copay at a standard network pharmacy.	pharmacy or \$60 copay at a standard network pharmacy.
	You pay \$35 per month supply of each covered insulin product on this tier.	You pay \$35 per month supply of each covered insulin product on this tier.
	Tier 4 – \$85 copay at preferred network pharmacy or \$90 copay at a standard network pharmacy.	Tier 4 – \$85 copay at preferred network pharmacy or \$90 copay at a standard network pharmacy.
	You pay \$35 per month supply of each covered insulin product on this tier.	You pay \$35 per month supply of each covered insulin product on this tier.
	Tier 5 - 20% of the total cost up to \$120 maximum at preferred network pharmacy or standard network pharmacy	Tier 5 - 20% of the total cost up to \$120 maximum at preferred network pharmacy or standard network pharmacy
	You pay \$35 per month supply of each covered insulin product on this tier.	You pay \$35 per month supply of each covered insulin product on this tier.
	Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

- Your coverage is provided through a contract with the Michigan Public School Employees’ Retirement System. Please contact the Office of Retirement Services at

800.381.5111, Monday through Friday, 8:30 a.m. to 5 p.m. for information about your plan premium.

- You must continue to pay your Medicare Part B premium.
- You may be required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more. The Michigan Public School Employees’ Retirement System pays this penalty on your behalf.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	<u>HMO (in-network)</u> \$2,500	<u>HMO (in-network)</u> \$2,900 Once you have paid \$2,900 out of pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.
	<u>POS (out-of-network)</u> \$3,200	<u>POS (out-of-network)</u> \$3,200 Once you have paid \$3,200 out-of-pocket for out-of-network covered services, you will pay nothing for your covered services from out-of-network providers for the rest of the plan year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Updated directories are located on our website at priorityhealth.com/mpsers. You may also call Member Services for updated provider and/or pharmacy information or ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of pharmacies for next year. **Please review the 2025 Pharmacy Directory priorityhealth.com/mpsers to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Allergy Shots and serum	<p><u>HMO (in-network)</u> Up to 10% of the total cost for each Medicare Part B drug obtained in a provider's office. Deductible does not apply.</p> <p><u>POS (out-of-network)</u> Up to 20% of the total cost for each Medicare Part B drug obtained in a provider's office. Deductible does not apply.</p>	<p><u>HMO (in-network)</u> Up to 10% of the total cost for each Medicare Part B drug obtained in a provider's office. Deductible does apply.</p> <p><u>POS (out-of-network)</u> Up to 20% of the total cost for each Medicare Part B drug obtained in a provider's office. Deductible does apply..</p>
Fitness Benefit	<p><u>HMO (in-network)</u> You pay \$0 copay for SilverSneakers®.</p>	<p><u>HMO (in-network)</u> You pay \$0 copay for One Pass® fitness network which includes access to nationwide fitness facilities, over 20,000 digital fitness classes and on-demand workouts, a brain health partnership with CogniFit® (see Memory Fitness for more details) and at-home fitness kits (1 kit per plan year).</p>

Cost	2024 (this year)	2025 (next year)
<p>Medicare Part B Prescription drugs obtained in a provider’s setting</p>	<p><u>HMO (in-network)</u> Up to 10% of the total cost for each Medicare Part B drug obtained in a provider’s office. Deductible does not apply.</p> <p><u>POS (out-of-network)</u> Up to 20% of the total cost for each Medicare Part B drug obtained in a provider’s office. Deductible does not apply.</p>	<p><u>HMO (in-network)</u> Up to 10% of the total cost for each Medicare Part B drug obtained in a provider’s office. Deductible does apply.</p> <p><u>POS (out-of-network)</u> Up to 20% of the total cost for each Medicare Part B drug obtained in a provider’s office. Deductible does apply.</p>
<p>Medicare Part B Prescription drugs obtained in a pharmacy or mail order setting</p>	<p><u>HMO (in-network)</u> Up to 20% of the total cost for each Medicare Part B drug obtained in a provider’s office. Deductible does not apply.</p> <p><u>POS (out-of-network)</u> Up to 20% of the total cost for each Medicare Part B drug obtained in a provider’s office. Deductible does not apply.</p>	<p><u>HMO (in-network)</u> Up to 20% drugs obtained in provider setting, deductible does apply.</p> <p><u>POS (out-of-network)</u> Up to 20% of the total cost for each Medicare Part B drug obtained in a provider’s office. Deductible does apply.</p>
<p>Memory Fitness</p>	<p><u>HMO (in-network)</u> You pay \$0 copay for BrainHQ®.</p>	<p><u>HMO (in-network)</u> You pay \$0 copay for the CogniFit® brain health program. Simply set up an account through One Pass to access a collection of brain games to keep you interested, challenged, and engaged. CogniFit works by training over 20 cognitive skills that we use daily such as working memory, perception,</p>

Cost	2024 (this year)	2025 (next year)
		attention, reasoning, and coordination.
Services to treat kidney disease	<u>HMO (in-network)</u> 10% of the total cost for each Medicare covered renal dialysis service deductible does not apply.	<u>HMO (in-network)</u> 10% of the total cost for each Medicare covered renal dialysis service deductible does apply.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is in this envelope. The Drug List includes many—but not all—of the drugs that we will cover next year. If you don't see your drug on this list, it might still be covered. You can get the complete Drug List by calling Member Services (see the back cover) or visiting our website (priorityhealth.com/mpsers).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website:

<https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care

provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30th, please call Member Services and ask for the LIS Rider.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply is:</p> <p>Tier 1 –\$9 copay at a preferred network pharmacy or \$15 copay at a standard network pharmacy.</p> <p>Tier 2 - \$9 copay at a preferred network pharmacy or \$15 copay at a standard network pharmacy.</p> <p>Tier 3 – \$55 copay at preferred network pharmacy or \$60 copay at a standard network pharmacy.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 – \$85 copay at preferred network pharmacy or \$90 copay at a standard network pharmacy.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 - 20% of the total cost up to \$120 maximum at preferred network pharmacy or standard network pharmacy</p>	<p>Your cost for a one-month supply is:</p> <p>Tier 1 –\$9 copay at a preferred network pharmacy or \$15 copay at a standard network pharmacy.</p> <p>Tier 2 - \$9 copay at a preferred network pharmacy or \$15 copay at a standard network pharmacy.</p> <p>Tier 3 – \$55 copay at preferred network pharmacy or \$60 copay at a standard network pharmacy.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 – \$85 copay at preferred network pharmacy or \$90 copay at a standard network pharmacy.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 - 20% of the total cost up to \$120 maximum at preferred network pharmacy or standard network pharmacy</p>

Stage	2024 (this year)	2025 (next year)
	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2024 (this year)	2025 (next year)
<p>Medicare Prescription Payment Plan</p>	<p>Not applicable.</p>	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly</p>

payments that vary throughout the year (January – December).

To learn more about this payment option, please contact us at **1-866-845-1803** or visit Medicare.gov.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in PriorityMedicare (Employer HMO-POS)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our PriorityMedicare (Employer HMO-POS).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- Contact the Office of Retirement Services at 800.381.5111 to discuss your options.
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- If you choose to change plans, contact the Office of Retirement Services. They will notify Priority Health Medicare on your behalf.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from **PriorityMedicare (Employer HMO-POS)**.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send the Office of Retirement Services a written request to disenroll. Contact the Office of Retirement Services at 800.381.5111.

- – *OR* – Contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan for next year, contact the Office of Retirement Services at 800.381.5111 for more information.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Michigan Medicare/Medicaid Assistance Program (MMAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Michigan Medicare/Medicaid Assistance Program (MMAP) at 800.803.7174 or dial 211. You can learn more about Michigan Medicare/Medicaid Assistance Program (MMAP) by visiting their website (mmapinc.org).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
 - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Michigan has a program called Michigan Drug Assistance Program (MIDAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Michigan HIV/AIDS Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Michigan HIV/AIDS Drug Assistance Program (MIDAP) at 888.826.6565. Be sure, when calling to inform them of your Medicare Part D plan name and policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-866-845-1803 or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 7 Questions?

Section 7.1 – Getting Help from PriorityMedicare (Employer HMO-POS)

Questions? We're here to help. Please call Member Services at 844.403.0847. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., 7 days a week. Calls to these numbers are free.

Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for **PriorityMedicare** (Employer HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at priorityhealth.com/mpsers. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at priorityhealth.com/mpsers. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

PriorityMedicare (Employer HMO-POS)'s pharmacy network includes limited lower-cost, preferred pharmacies in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 844.403.0847, TTY users should call 711, or consult the online pharmacy directory at priorityhealth.com/mpsers.



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