Michigan Public School Employees' Retirement System FAQs

2026 COVERAGE DETAILS AND BENEFITS

Q: What has changed with my coverage and benefits?
A: Medicare plans will have no changes for your coverage and benefits. For non-Medicare, the in-network deductible will **decrease** to $500/$1,000, and the out-of-network routine travel deductible to $1,000/$2,000. The medical coinsurance maximum will be **reduced** to $3,000/$6,000 for in-network and $6,000/$12,000 for out-of-network routine travel benefits.

Q: What types of preventive care are covered?
A: Mammograms, colonoscopies and vaccines and preventive are covered. Learn what else is covered by visiting priorityhealth.com.

Q: Is the latest blood test for cancer covered?
A: It depends on if the test is FDA approved and available. Contact Priority Health customer Care team at 844.403.0847 (TTY users should call 711) for these types of details. The Customer Service team is available 8 a.m. to 8 p.m., seven days a week.

Q: Is mental health therapy covered and are there limits on sessions?
A: Yes, mental health therapy is covered and there are no limits on the number of sessions.

Q: Does Priority Health cover travel-related health needs, such as medical emergencies abroad?
A: Yes. If you are traveling out of the state of Michigan or internationally, urgent and emergency services are covered the same as if you were at home.

Q: Is chiropractic care and massages covered, and how many visits per year are allowed?
A: Chiropractic care is covered with a $30 copay and a 30-visit annual limit for non-Medicare members, and a $10 copay with no visit limits for Medicare members. Massages are not covered.

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Q: How do I find traditional and mail-order pharmacies in-network?
A: You can go to *priorityhealth.com* to find participating pharmacies. Express Scripts is the mail-order pharmacy that Priority Health uses.

Q: Where can I view my Explanation of Benefits (EOB)?
A: You can view your EOBs in your **Priority Health member account**, or you can request that they be sent to you. Call 844.403.0847.

Q: How do I sign up for virtual care?
A: Virtual care is free for members. You can sign up through your Priority Health member account.

COST AND BILLING

Q: I've reached my max out-of-pocket, yet providers continue to collect copays. Do I get a refund?
A: Please contact Priority Health's customer service at 844.403.0847 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week for a copy of the form you will need.

Q: What is the deductible, and when does it reset?
A: The deductible is the amount you pay each year before the health plan starts to pay for certain services. It resets every Jan. 1.

Q: What is the difference between copay and coinsurance, and do they count toward the deductible?
A: Copay is the portion you pay at the time you receive a medical service or prescription. Coinsurance occurs after you pay your deductible and is the portion of cost for medical services listed on your plan (for example 10%). Coinsurance and copays do not count towards the deductible.

MEDICARE AND ENROLLMENT INFORMATION

Q: Do I need to re-enroll every year?
A: No.

Q: When do I need to enroll in Medicare if I'm turning 65?
A: Contact the Social Security office 90 to 180 days before turning 65. Priority Health will automatically transfer you from the non-Medicare plan to the Medicare plan if you have signed up for parts A and B through the Social Security office. If you choose to enroll in another plan, please contact the Office of Retirement Services (ORS). If you have already turned 65, you should enroll as soon as possible to avoid late penalties and gaps in coverage.

For accommodations of persons with special needs at meetings call 888.389.6648, TTY users call 711.