Benefits overview

Michigan Public School Employees' Retirement System

EFFECTIVE JANUARY 1, 2026

Health care benefit	Non-Medicare	Medicare
Annual deductible	$500 individual	$650 individual
Office visits	· $25 copayment before deductible for primary care provider · $40 copayment before deductible for specialists (no referral required)	· $0 copayment before deductible for primary care provider · $35 copayment before deductible for specialists (no referral required)
Routine physical exams	$0 copayment for PCP before deductible	$0 copayment for PCP before deductible
Virtual care	$0 copayment before deductible	$0 copayment before deductible
Routine pap smears	Covered in full, before deductible	Covered in full, before deductible
Routine mammograms	Covered in full, before deductible	Covered in full, before deductible
Allergy testing and treatment	Included in office visit	Included in office visit
Chiropractic visits	· Covered as part of rehabilitation therapy benefit · $30 copayment · Max benefit 30 visits per year — combined with physical and occupational therapy	· $10 copayment for manual manipulations of the spine only to correct subluxation. $10 for routine chiropractor visits, no limit amount for services. · $10 for non-Medicare covered x-ray services performed by a chiropractor
Acupuncture	N/A	· $10 copay for Medicare-covered visits for chronic low back pain. · $10 copay for routine acupuncture visits (limited to 6 visits whether done in- or out-of-network)
Hospital – Inpatient care	10% coinsurance	10% coinsurance
Hospital – Outpatient care (including diagnostic services)	10% coinsurance	· 10% coinsurance · $10 copayment for labs, pathology and x-rays

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Health care benefit	Non-Medicare	Medicare
Medical/surgical care (including surgery, anesthesia, technical surgical assistance)	10% coinsurance	10% coinsurance
Emergency room	· $150 copayment before deductible (waived if admitted) · Worldwide coverage	· $120 copayment before deductible (waived if admitted) · Worldwide coverage
Urgent care	· $60 copayment before deductible · Worldwide coverage	· $45 copayment before deductible · Worldwide coverage
Care outside Michigan	· Covered for urgent care and emergencies, same as in Michigan · Most other services covered at 70% after $1,500 deductible	· Covered for urgent care and emergencies worldwide · Out-of-state travel benefit, made easier with MultiPlan, covers out of state care the same as in-network when you visit a Medicare-participating provider.
Gym membership	Active&Fit, one time $28 membership fee, $28 monthly fee to access a nationwide network of gyms.	$0 access to One Pass®, the largest nationwide network of gyms including Planet Fitness and boutique gym locations, along with live digital fitness classes and on-demand workouts[1]
Mental health	Teladoc Health Mental Health is a free online mental health resource including tools to create goals, habits, improve sleep, manage stress and track health	· CogniFit® is a $0 memory fitness program that includes a collection of brain games and tailors the training the member receives specifically towards what the member needs. · Teladoc Health Mental Health is a free online mental health resource including tools to create goals, habits, improve sleep, manage stress and track health.
Home health care	10% coinsurance	$0 copayment after deductible
Skilled nursing facility	10% coinsurance, 100 days (can be renewed)	10% coinsurance, 100 days (can be renewed)
Hospice	10% coinsurance	Original Medicare covers care obtained in Medicare-certified hospice
Outpatient mental health services	$25 copayment	$10 copayment

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Health care benefit	Non-Medicare	Medicare
Prescription drugs	**Applies to all pharmacies** **Tiers 1 and 2 (Generic):** $10 copayment **Tier 3 (Preferred brand):** $50 copayment **Tier 4 (Non-preferred drug):** $80 copayment **Tier 5 (Specialty medications**):** 20% coinsurance, maximum $150 per prescription · Up to 3-month supply available for 2 copayments through mail pharmacy service. Use of mail pharmacy service is not required.	**Applies to preferred pharmacies only*** **Tiers 1 and 2 (Generic):** $9 copayment **Tier 3 (Preferred brand):** $55 copayment **Tier 4 (Non-preferred drug):** $85 copayment **Tier 5 (Specialty medications**):** 20% coinsurance, maximum $120 per prescription · Up to 3-month supply available for 2 copayments through mail pharmacy service. Use of mail pharmacy service is not required. · $0 for generic prescriptions (tier 1) through mail order.
Durable medical equipment supplier	20% coinsurance	20% coinsurance
Hearing benefits	**Hearing exam:** Covered in full. One hearing exam, one audiometric exam every 24 months. **Hearing aids:** $499 copay per hearing aid for advanced aids. $799 per hearing aid for premium aids. One basic hearing aid per ear every 12 months. **Must use a TruHearing provider**	**Hearing exam:** Covered in full. One hearing exam, one audiometric exam every 24 months. **Hearing aids:** $499 copay per hearing aid for advanced aids. $799 per hearing aid for premium aids. One basic hearing aid per ear every 12 months. **Must use a TruHearing provider**
Out-of-pocket maximum	N/A	· $2,900 in-network · $3,200 out of pocket max for non-Medicare providers
Coinsurance maximum	· $3,000 in-network · $6,000 travel benefit	N/A

Questions? Visit ***priorityhealth.com/mpsers*** or call **844.403.0847** (TTY 711)

[1]One Pass is a voluntary program. The One Pass program varies by plan/area. Information provided is not medical advice. Consult a health care professional before beginning any exercise program.
For accommodations of persons with special needs at meetings call 888.389.6648, TTY users call 711.
*Your Priority Health Medicare plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if your plan has a deductible). You also won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. **Specialty drugs are only available in 30-day increments.

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