

Michigan Public School Employees' Retirement System FAQs



Answers to help you pick you pick the right plan

COVERAGE DETAILS AND BENEFITS

Q: What has changed since last year?

A: For Medicare, there are 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 are covered and preventive. Learn what else is covered by visiting priorityhealth.com.

Q: Does Priority Health cover dependents?

A: Yes, medical and pharmacy benefits are covered through your HMO Priority Health plan.

Q: Does Priority Health cover dental and vision?

A: Vision and dental care would be covered through the Office of Retirement Services (ORS).

Q: Are massages and chiropractic care covered and are there any limits?

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.

Q: Can I continue seeing my current primary care physician if they are no longer in-network?

A: You must choose an in-network provider for visits to be covered when in the state of Michigan.

Q: Do I need a referral to see a specialist?

A: Priority Health does not require a referral for you to see a participating specialist.

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TRAVEL AND OUT OF STATE COVERAGE

Q: Does Priority Health cover out-of-state and international travel, including extended stays in other states?

A: When traveling internationally, emergent and urgent services are covered the same as if you were at home in Michigan. Emergency and urgent services are covered out of state the same as if you were at home, and routine services are covered with a separate deductible and coinsurance.

Q: If I'm traveling out of the country, how do I handle claims and reimbursement?

A: You would pay for the claim and then submit the claim to Priority Health for reimbursement.

PRESCRIPTION AND PHARMACY COVERAGE

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: Are medications like Tier 4 drugs covered?

A: Yes

Q: Does Priority Health offer Part D or other Medicare-related coverage automatically?

A: Yes

COST AND BILLING

Q: What are the monthly premiums for Priority Health plans?

A: You will need to contact the ORS at 800.381.5111 or go to your MiAccount for that information.

Q: What is the deductible, and when does it reset?

A: The deductible for non-Medicare is \$500 per person annually, and the Medicare deductible is \$650 per person annually. The deductibles reset on Jan. 1.

Q: How do out-of-pocket costs and deductibles compare between Priority Health and other insurers?

A: Priority Health's deductibles, coinsurance and copays are very competitive with the other insurers. The ORS puts out a document called the Insurance Options Summary form every year that is available on their website to provide a side-by-side comparison of all the offered plans.

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Q: Is there a monthly payment?

A: You will not have a monthly payment to Priority Health.

MEDICARE AND ENROLLMENT INFORMATION

Q: Can I switch from my current insurance provider to Priority Health without penalty, and can I switch back?

A: Yes. If you are currently enrolled in any health insurance plan with the retirement system, you can change your enrollment to another plan regardless of your Medicare status. Your change in coverage will be effective the first day of the second month after your request and required proofs are received. For example, if ORS receives your change request and any required proofs Jan. 10, your coverage with the new plan will begin March 1.

Q: What does Priority Health offer that other insurance companies don't?

A: Priority Health offers low-copays, award winning customer care, a free fitness program for Medicare members, as well as a fitness program for your brain. You will have access to robust online tools and programs for your mental health and a care manager is available if you should need one.

Q: How does Priority Health's out-of-pocket maximum compare to other insurance companies?

A: The non-Medicare coinsurance maximum is \$3,000 annually per person, or \$6,000 annually per family. The Medicare out of pocket maximum is \$2,900 annually per person.

Priority Health Medicare has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. For accommodations of persons with special needs at meetings call 888.389.6648, TTY users call 711.