



FIVE TIPS

for choosing a **Medicare plan** in retirement
(AND OTHER MUST-KNOW INFO)



MICHIGAN
PUBLIC SCHOOL
EMPLOYEES'
RETIREMENT SYSTEM

An elderly couple with white hair are sitting on a balcony. The man, wearing glasses and a light-colored jacket over a blue and white checkered shirt, is being kissed on the cheek by the woman. She is wearing a white jacket and a colorful patterned scarf. They are both smiling and looking at each other. The balcony has a decorative metal railing and some potted plants. In the foreground, there is a round wooden table with a glass of orange juice and a glass of green juice. A colorful striped blanket is draped over the railing on the right.

While retirement brings a new chapter full of new hobbies, new adventures and new beginnings, navigating your benefits in retirement can be complex.

Use this guide to help you determine if Priority Health is the health plan that will fit your needs.

LEARN THE TERMS

THE ABCs OF HEALTH CARE

Health Maintenance Organization (HMO)

An organization that provides health care in return for pre-set monthly payments. Most HMOs provide care through a network of doctors, hospitals and other medical professionals that their members must use in order to be covered for that care.

Medicare Part A

This is hospital care coverage. At age 65 most people will automatically be enrolled in Medicare Part A. Most people don't pay a monthly Part A premium because they paid for it through their payroll deductions.

Medicare Part B

This is your coverage for medical services. You should sign up for Part B as soon as you're eligible, otherwise you could pay penalties later.

Medicare Part C

Once you have Parts A and B, you can enroll in a Medicare Advantage plan, which includes Part D prescription drug coverage. These are also referred to as MAPD plans.

Coinsurance

Coinsurance is your portion of the cost for medical services listed as benefits in your Medicare plan or prescriptions listed in the Approved Drug List.

For example, if your plan's fee for an outpatient service is \$1,000, your coinsurance payment of 20% would be \$200. Your Medicare plan would pay the remaining 80% fee, which would be \$800.

Out-of-pocket maximum

This is your annual maximum cost, or the most you'll pay for Medicare-covered services including copays and coinsurance in one year.

Preventive care

Preventive care includes specific health care services that help you avoid potential health problems or find them early when they are most treatable, before you feel sick or have symptoms.

Examples of preventive care include annual wellness exams, flu shots and cancer screenings.

In-network vs. out-of-network

The providers (doctors, hospitals, pharmacies, etc.) and suppliers your plan has contracted with to provide health care services to plan members are known as in-network. If you see a provider that does not contract with your health plan, that service is considered out-of-network.

TIP 1 UNDERSTAND HOW TO ACCESS CARE

If you want to get the most from your health benefits, you'll want to know how your services are covered, how to find an in-network provider, and where to access care.

Understand what's covered

We understand it's not fun to be surprised when you receive a bill. You should always read your health insurance plan documents. Each health plan may set up benefits differently, so doing your research and comparing coverage details is important in selecting the level of coverage that makes sense for you.

Get care without referrals

Some Medicare plans may require a referral before you can see a specialist. If you need to see a specialist in the future, it's important to understand the steps. Priority Health doesn't require a referral to see an in-network specialist. Some specialists may require a referral from your doctor before they see you, but there's no approval needed from Priority Health.

In-network care

Your network includes all the doctors and hospitals that have contracted with your insurance company. It's important to make sure your current primary care physician or any specialists are in your plan's network.

We make it easy to find in-network care with our Find a Provider online tool online. The Priority Health Medicare network includes 9 out of 10 primary care providers in Michigan¹ so it's likely you'll find them. You can search Priority Health's network at priorityhealth.com/provider-directory.

\$0 virtual care

Most Medicare plans offer more ways to receive care, including virtual or online visits. This gives you access to a provider 24/7 through a video visit on your smartphone, desktop or tablet. Virtual care is a great option for safe, at-home visits with your doctor for non-emergencies.



Priority Health offers virtual care at no extra cost.

TIP 2 KNOW THE PRESCRIPTION COVERAGE PRINCIPLES

It's important to know what to expect at the pharmacy when you fill your prescriptions under your health plan. Here's how to prepare.

Become a tier expert

Plans may cover prescriptions differently which could impact your costs. Most plans include prescription drug tiers that set copay amounts. This means more expensive drugs (like the ones trending for weight loss) are on a higher tier, and you may pay more for those prescriptions. Priority Health organizes prescriptions on tiers 1–5.

Approved drug list

Most plans have an Approved Drug List—a master list that lets you know how prescription drugs are covered (based on tiers). Referring to this will help you understand your plan documents and possible costs at the pharmacy. Find your prescriptions on our Approved Drug List at priorityhealth.com/formulary.

Mail-order prescription savings

Some people prefer to have their prescriptions delivered to their home versus making a visit to the pharmacy. It's a preference that could save you money. At Priority Health, we offer a discount when you use mail order.

Seamless transition

Your Medicare plan should support you with time for you to transition your prescriptions. This is important because some medications require prior authorization or step therapy. Priority Health understands and will allow you additional time to work with your doctor for these medications. Most prescriptions that require step therapy or prior authorization can be filled one time without fulfilling those requirements if they are filled within 90 days of your plan's start date.

Smart options

If you take several medications for multiple chronic conditions, we can help you manage your prescription regimen through Medication Therapy Management (MTM). Our plans include a 30-minute face-to-face visit with a pharmacist to help you understand your medications and discuss ways you can simplify your regimen, maximize your results and potentially save money.



TIP 3 MAKE SURE YOUR INSURANCE TRAVELS WITH YOU

When you're traveling, you want to know your Medicare plan has you covered no matter where you go.

Know what to expect in case of emergency

Priority Health covers emergency and urgent care worldwide, the same as if you were at home. That means your same copay applies whether you're admitted to an emergency room in Michigan or across the globe.

Coverage outside of Michigan, too

When you travel out of the lower peninsula of Michigan, your Priority Health Medicare coverage travels with you. The out-of-area travel benefit means you'll pay in-network prices for copays when you visit any Medicare-participating provider outside of Michigan, including routine care. We've even made things easier by adding MultiPlan® network access to help you find Medicare providers anywhere in the U.S. outside of Michigan.

The out-of-area travel benefit helps you travel with confidence, whether you're a snowbird or just on vacation. Contact our dedicated Customer Care team to help you arrange these services.



TIP 4 SELECT A PARTNER THAT HAS YOUR HEALTH AT HEART

Make sure your health plan takes care of the whole you, with tools and resources to support your mental well-being and care management to help you manage conditions.

Support for your mind and body

With tools like CogniFit®, Teladoc Health® Mental Health for mental well-being, and acupuncture, your Priority Health Medicare plan looks at the whole you, with benefits that help take care of your mental health and well-being.

With CogniFit, you can access a collection of brain games to help improve memory and focus.

Navigating health care doesn't have to be stressful

Most adults find the healthcare system overwhelming, making it hard to get the care they need. That's where care managers come in.

A care manager is usually a registered nurse who helps you manage your health more effectively. From coordinating treatments to providing support for chronic conditions, they ensure you have the guidance and resources you need every step of the way.

With a care manager by your side, you can take the stress out of health care and focus on what matters most—your well-being.



TIP 5 CHOOSE A PLAN THAT FITS YOUR LIFESTYLE

A Medicare plan for your health, your budget, and peace of mind.

Information the way you want it

Whether you prefer online or phone calls, in-person or virtual visits, your Medicare plan should fit your lifestyle. Online access to claims, benefits and spending is important to ensure that you always have a way to access your health information.

Our online member account

(including an app for your smartphone) is available 24/7 so you're never without the information you need, whether you're looking up a claim or researching the cost of care.

No-cost gym memberships

Some health plans even offer gym memberships for no extra cost. If you're looking to stay active in retirement by joining a gym, this is a great way to get more bang for your buck.

The Priority Health Medicare Advantage plan includes One Pass®, a fitness and lifestyle program that provides access to the largest nationwide network of gyms, including boutique fitness studios.²



HAVE QUESTIONS ABOUT YOUR PLAN?

Whether you have questions about coverage or need help finding a provider, our local team is ready to support you.

Call our dedicated Michigan Public School Retiree phone number at **844.403.0847** (TTY 711) from 8 a.m. to 8 p.m., seven days a week. Or visit priorityhealth.com/mpsers to learn more about your plan.



ENROLL

WITH THE MICHIGAN OFFICE OF RETIREMENT SERVICES

You can complete your enrollment online through the Michigan Office of Retirement Services (ORS). Go to michigan.gov/orsmiaccount to enroll or call 800.381.5111 for assistance.

You may also contact the ORS to learn more about the enrollment process. The quickest way to do this is by logging in to miAccount at michigan.gov/orsmiaccount. In miAccount you can enroll or change coverage or use the message board for secure, direct access to ORS customer service representatives. You can also go to the ORS website at michigan.gov/orsschools to learn about enrollment, or contact the ORS at 517.284.4400 in the Lansing area or toll-free at 800.381.5111.



¹Excludes hospitals in Michigan's Upper Peninsula; based on CMS Hospital Listing file July 2026 data and Priority Health provider database.

²One 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.

Call 888.389.6648 (TTY users should call 711) for more information. Priority Health Medicare'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 888.389.6648 (TTY users should call 711), or consult the online pharmacy directory at prioritymedicare.com. For accommodations of persons with special needs at meetings call 888.389.6648, TTY users call 711.