

Michigan Public School Employees' Retirement System FAQs to help you pick the right plan



Coverage details and benefits

Q: What has changed with Priority Health's coverage and benefits?

A: Several enhancements for next year will help reduce out-of-pocket healthcare costs for Michigan Public School Employees' Retirement System members.

The Medicare HMO-POS plan includes a lower in-network deductible of \$425.

Non-Medicare HMO-POS plan members will have:

- Lower in-network deductible of \$300 individual / \$600 family.
- Reduced office visit copays, with primary care visits at \$15 and specialist visits at \$30.
- No-cost covered lab services.
- Durable medical equipment (DME) coverage at 10% coinsurance.

Q: Are my doctors in-network?

A: To see if your doctors are in-network, visit priorityhealth.com/findadoc. Or, you can call our dedicated Michigan Public School Employees' Retirement System customer service team at 844-403-0847 (TTY 711), available 8 a.m. to 8 p.m., seven days a week. Priority Health does not require referrals to see in-network specialists.

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/preventive.

Q: If I become eligible for Medicare during the year, will my deductible and out-of-pocket expenses carry over to the Medicare HMO-POS plan?

A: No. If you become eligible for Medicare and move to the Medicare HMO-POS plan, your deductible and out-of-pocket costs will restart under the Medicare plan.

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

A: Chiropractic care is covered as part of the rehabilitation therapy benefit. There is a \$30 copayment and a maximum of 30 visits per year, combined with physical and occupational therapy. Massages are not covered.

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: 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.

Q: Is there a monthly payment to Priority Health?

A: You will not have a monthly payment to Priority Health. If your pension does not cover your entire monthly premium, any payments will be handled directly with the Office of Retirement Services.

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.