



# 2024 Annual Notice of Changes

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**Michigan Public School Employees' Retirement Services**

offered by Priority Health

January 1, 2024 - December 31, 2024

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You are currently enrolled as a member of  
PriorityMedicare<sup>SM</sup>(Employer HMO-POS)

Next year, there will be changes to your plan's costs and benefits. **This booklet details these changes.**

### **Additional Resources**

This information is available in a different format, including Braille and large print.

Please contact our Customer Service at 888.389.6648, option #3, for additional information. (TTY users should call 711). We're available 8 a.m. to 8 p.m., seven days a week.

Coverage under this Plan qualifies as Qualifying Health Coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at ***irs.gov/Affordable-Care-Act/Individuals-and-Families*** for more information.

### **About your plan**

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

When this booklet says "we," "us," or "our," it means Priority Health Medicare. When it says "plan" or "our plan," it means your Priority Health plan.



*Please see page 3 for a Summary of Important Costs, including Premium.*

**ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

**CHOOSE:** Decide whether you want to change your plan

- If you want to keep **PriorityMedicare** (Employer HMO-POS), you don’t need to do anything. You will stay in **PriorityMedicare** (Employer HMO-POS).
- If you decide other coverage will better meet your needs, contact the Office of Retirement Services at 800.381.5111 to see what your plan options are. Look in Section 2.2 to learn more about your choices.

## ***Annual Notice of Changes for 2024***

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for **PriorityMedicare** (Employer HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b> * Your coverage is provided through a contract with the Michigan Public School Employees' Retirement System. Contact the Office of Retirement Services for information about your plan premium. See Section 1.1 for details.	Contact the Office of Retirement Services at 800.381.5111	Contact the Office of Retirement Services at 800.381.5111
<b>Deductible</b>	<u>HMO (in-network)</u> \$525  <u>POS (out-of-network)</u> \$725	<u>HMO (in-network)</u> \$550, except for insulin furnished through an item of durable medical equipment.  <u>POS (out-of-network)</u> \$725, except for insulin furnished through an item of durable medical equipment.
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	<u>HMO (in-network)</u> \$2,300  <u>POS (out-of-network)</u> \$3,200	<u>HMO (in-network)</u> \$2,500  <u>POS (out-of-network)</u> \$3,200

Cost	2023 (this year)	2024 (next year)
<b>Doctor office visits</b>	<u>HMO (in-network)</u> Primary care visits: \$0-\$10 per visit.  Specialist visits: \$0-\$35 per visit.  <u>POS (out-of-network)</u> 30% per visit with a PCP or specialist, after deductible.	<u>HMO (in-network)</u> Primary care visits: \$0 per visit.  Specialist visits: \$0-\$35 per visit.  <u>POS (out-of-network)</u> 30% per visit with a PCP or specialist, after deductible.
<b>Inpatient hospital stays</b>	<u>HMO (in-network)</u> 10% per stay, after deductible.  <u>POS (out-of-network)</u> 30% per stay, after deductible.	<u>HMO (in-network)</u> 10% per stay, after deductible.  <u>POS (out-of-network)</u> 30% per stay, after deductible.
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: \$0  Your cost during the Initial Coverage Stage:  <u>Preferred Retail</u> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$9</li> <li>• Drug Tier 2: \$9</li> <li>• Drug Tier 3: \$55 You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$85 You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul>	Deductible: \$0  Your cost during the Initial Coverage Stage:  <u>Preferred Retail</u> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$9</li> <li>• Drug Tier 2: \$9</li> <li>• Drug Tier 3: \$55 You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$85 You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul>

Cost	2023 (this year)	2024 (next year)
<b>Part D prescription drug coverage (<i>continued</i>)</b>	<p><u>Preferred Retail</u></p> <ul style="list-style-type: none"> <li>Drug Tier 5: 20% of the cost up to a \$120 maximum You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> <p><u>Standard Retail</u></p> <ul style="list-style-type: none"> <li>Drug Tier 1: \$15</li> <li>Drug Tier 2: \$15</li> <li>Drug Tier 3: \$60 You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>Drug Tier 4: \$90 You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>Drug Tier 5: 20% of the cost up to a \$120 maximum You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul>	<p><u>Preferred Retail</u></p> <ul style="list-style-type: none"> <li>Drug Tier 5: 20% of the cost up to a \$120 maximum You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> <p><u>Standard Retail</u></p> <ul style="list-style-type: none"> <li>Drug Tier 1: \$15</li> <li>Drug Tier 2: \$15</li> <li>Drug Tier 3: \$60 You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>Drug Tier 4: \$90 You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>Drug Tier 5: 20% of the cost up to a \$120 maximum You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul>

Cost	2023 (this year)	2024 (next year)
<b>Part D prescription drug coverage</b> ( <i>continued</i> )	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"><li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li><li>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.)</li></ul>	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"><li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li></ul>

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

- Your coverage is provided through a contract with the Michigan Public School Employees' Retirement System. Please contact the Office of Retirement Services at 800.381.5111, Monday through Friday, 8:30 a.m. to 5 p.m. for information about your plan premium.
- You must continue to pay your Medicare Part B premium.
- You may be required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more. The Michigan Public School Employees' Retirement System pays this penalty on your behalf.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<b>Maximum out-of-pocket amount</b>	<u>HMO (in-network)</u>	<u>HMO (in-network)</u>
Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium (if applicable) and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$2,300	\$2,500 Once you have paid \$2,500 out-of-pocket for in-network covered services, you will pay nothing for your covered services from in-network providers for the rest of the plan year.

Cost	2023 (this year)	2024 (next year)
<b>Maximum out-of-pocket amount</b> <i>(continued)</i>	<u>POS (out-of-network)</u> \$3,200	<u>POS (out-of-network)</u> Once you have paid \$3,200 out-of-pocket for out-of-network covered services, you will pay nothing for your covered services from out-of-network providers for the rest of the plan year.

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [prioritymedicare.com](http://prioritymedicare.com). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider/Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Provider/Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.



## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<b>Allergy shots and serum</b>	<u>HMO (in-network)</u> 10% for each Medicare-covered Part B drug obtained in a provider's office.  <u>POS (out-of-network)</u> 30% for each Medicare-covered Part B drug obtained in a provider's office.	<u>HMO (in-network)</u> Up to 10% for each Medicare-covered Part B drug obtained in a provider's office.  <u>POS (out-of-network)</u> Up to 10% for each Medicare-covered Part B drug obtained in a provider's office.
<b>Medicare Part B prescription drugs</b>	<u>In-and out-of-network Part B chemotherapy/radiation</u> \$0 for each Medicare-covered Part B drug.  <b>Part B drugs obtained in a provider's office or outpatient setting</b> 10% for each Medicare-covered Part B drug.  <b>Part B drugs obtained at a pharmacy/mail-order</b> 20% for each Medicare-covered Part B drug.  <b>Part B insulin</b> 20% for Medicare-covered Part B insulin.	<u>In-and out-of-network Part B chemotherapy/radiation</u> \$0 for each Medicare-covered Part B drug.  <b>Part B drugs obtained in a provider's office or outpatient setting</b> Up to 10% for each Medicare-covered Part B drug.  <b>Part B drugs obtained at a pharmacy/mail-order</b> Up to 20% for each Medicare-covered Part B drug.  <b>Part B insulin</b> 20% up to a \$35 copayment for Medicare-covered Part B insulin.

Cost	2023 (this year)	2024 (next year)
<b>Physician/Practitioner services, including doctor's office visits</b>	<u>HMO (in-network)</u> \$10 for each Medicare-covered visit with a primary care physician.  <u>POS (out-of-network)</u> 30% for each Medicare-covered visit with a primary care physician.	<u>HMO (in-network)</u> \$0 for each Medicare-covered visit with a primary care physician.  <u>POS (out-of-network)</u> 30% for each Medicare-covered visit with a primary care physician.
<b>Pulmonary rehabilitation services</b>	<u>HMO (in-network)</u> \$30 for each Medicare-covered pulmonary rehab service.  <u>POS (out-of-network)</u> 30% for each Medicare-covered pulmonary rehab service, after deductible.	<u>HMO (in-network)</u> \$15 for each Medicare-covered pulmonary rehab service.  <u>POS (out-of-network)</u> 30% for each Medicare-covered pulmonary rehab service, after deductible.
<b>Supervised Exercise Therapy (SET)</b>	<u>HMO (in-network)</u> \$30 for each Medicare-covered SET visit.  <u>POS (out-of-network)</u> 30% for each Medicare-covered SET visit, after deductible.	<u>HMO (in-network)</u> \$15 for each Medicare-covered SET visit.  <u>POS (out-of-network)</u> 30% for each Medicare-covered SET visit, after deductible.

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically. You can get the complete “Drug List” by calling Customer Service or visiting our website ([prioritymedicare.com](http://prioritymedicare.com)).

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We will send a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert, please call Customer Service and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

## Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

## Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage (30 day retail)</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 - preferred generic drugs:</b>  <i>Preferred cost sharing:</i>            \$9</p> <p><i>Standard cost sharing:</i>            \$15</p> <p><b>Tier 2 - generic drugs:</b>  <i>Preferred cost sharing:</i>            \$9</p> <p><i>Standard cost sharing:</i>            \$15</p> <p><b>Tier 3 - preferred brand drugs:</b>  <i>Preferred cost sharing:</i>            \$55            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i>            \$60            You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 - preferred generic drugs:</b>  <i>Preferred cost sharing:</i>            \$9</p> <p><i>Standard cost sharing:</i>            \$15</p> <p><b>Tier 2 - generic drugs:</b>  <i>Preferred cost sharing:</i>            \$9</p> <p><i>Standard cost sharing:</i>            \$15</p> <p><b>Tier 3 - preferred brand drugs:</b>  <i>Preferred cost sharing:</i>            \$55            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i>            \$60            You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
<b>Stage 2: Initial Coverage Stage</b> <b>(30 day retail) (continued)</b>	<p><b>Tier 4 - non-preferred drugs:</b>  <i>Preferred cost sharing:</i>            \$85            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i>            \$90            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 5 - specialty drugs:</b>  <i>Preferred cost sharing:</i>            20% of the cost up to a \$120 maximum            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i>            20% of the cost up to a \$120 maximum            You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p><b>Tier 4 - non-preferred drugs:</b>  <i>Preferred cost sharing:</i>            \$85            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i>            \$90            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 5 - specialty drugs:</b>  <i>Preferred cost sharing:</i>            20% of the cost up to a \$120 maximum            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i>            20% of the cost up to a \$120 maximum            You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage (90 day retail)</b></p> <p>The costs in this row are for a three-month (90-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a three-month supply at a network pharmacy:</p> <p><b>Tier 1 – preferred generic drugs:</b>  <i>Preferred cost sharing:</i>            \$27</p> <p><i>Standard cost sharing:</i>            \$45</p> <p><b>Tier 2 – generic drugs:</b>  <i>Preferred cost sharing:</i>            \$27</p> <p><i>Standard cost sharing:</i>            \$45</p> <p><b>Tier 3 - preferred brand drugs:</b>  <i>Preferred cost sharing:</i>            \$165            You pay \$105 per three-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i>            \$180            You pay \$105 per three-month supply of each covered insulin product on this tier.</p>	<p>Your cost for a three-month supply at a network pharmacy:</p> <p><b>Tier 1 - preferred generic drugs:</b>  <i>Preferred cost sharing:</i>            \$27</p> <p><i>Standard cost sharing:</i>            \$45</p> <p><b>Tier 2 - generic drugs:</b>  <i>Preferred cost sharing:</i>            \$27</p> <p><i>Standard cost sharing:</i>            \$45</p> <p><b>Tier 3 - preferred brand drugs:</b>  <i>Preferred cost sharing:</i>            \$165            You pay \$105 per three-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i>            \$180            You pay \$105 per three-month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
<b>Stage 2: Initial Coverage Stage (90 day retail) (continued)</b>  	<b>Tier 4 - non-preferred drugs:</b> <i>Preferred cost sharing:</i> \$255 You pay \$105 per three-month supply of each covered insulin product on this tier.  <i>Standard cost sharing:</i> \$270 You pay \$105 per three-month supply of each covered insulin product on this tier.  <b>Tier 5 – specialty drugs:</b> Not available	<b>Tier 4 - non-preferred drugs:</b> <i>Preferred cost sharing:</i> \$255 You pay \$105 per three-month supply of each covered insulin product on this tier.  <i>Standard cost sharing:</i> \$270 You pay \$105 per three-month supply of each covered insulin product on this tier.  <b>Tier 5 – specialty drugs:</b> Not available
<b>Stage 2: Initial Coverage Stage (90 day mail-order)</b> The costs in this row are for a three-month (90-day) supply when you fill your prescription through mail-order.  For information about the costs, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .  Our pharmacy network includes mail-order pharmacies that offer standard cost sharing and preferred cost sharing. Preferred cost sharing for mail-order is limited to our preferred mail-order pharmacy, Express Scripts, but you may choose any network mail-order pharmacy to receive your covered prescription drugs. Your cost sharing may be less at Express Scripts.	Your cost for a three-month supply at a mail-order pharmacy:  <b>Tier 1 - preferred generic drugs:</b> <i>Preferred cost sharing:</i> \$0  <i>Standard cost sharing:</i> \$45  <b>Tier 2 - generic drugs:</b> <i>Preferred cost sharing:</i> \$18  <i>Standard cost sharing:</i> \$45	Your cost for a three-month supply at a mail-order pharmacy:  <b>Tier 1 - preferred generic drugs:</b> <i>Preferred cost sharing:</i> \$0  <i>Standard cost sharing:</i> \$45  <b>Tier 2 - generic drugs:</b> <i>Preferred cost sharing:</i> \$18  <i>Standard cost sharing:</i> \$45

Stage	2023 (this year)	2024 (next year)
<b>Stage 2: Initial Coverage Stage (90 day mail-order) (continued)</b>  Our pharmacy network includes mail-order pharmacies that offer standard cost sharing and preferred cost sharing. Preferred cost sharing for mail-order is limited to our preferred mail-order pharmacy, Express Scripts, but you may choose any network mail-order pharmacy to receive your covered prescription drugs. Your cost sharing may be less at Express Scripts.	<b>Tier 3 - preferred brand drugs:</b> <i>Preferred cost sharing:</i> \$110  <i>Standard cost sharing:</i> \$180 You pay \$105 per three-month supply of each covered insulin product on this tier.  <b>Tier 4 - non-preferred drugs:</b> <i>Preferred cost sharing:</i> \$170 You pay \$105 per three-month supply of each covered insulin product on this tier.  <i>Standard cost sharing:</i> \$270 You pay \$105 per three-month supply of each covered insulin product on this tier.  <b>Tier 5 – specialty drugs:</b> Not available  <hr/> Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).	<b>Tier 3 - preferred brand drugs:</b> <i>Preferred cost sharing:</i> \$110  <i>Standard cost sharing:</i> \$180 You pay \$105 per three-month supply of each covered insulin product on this tier.  <b>Tier 4 - non-preferred drugs:</b> <i>Preferred cost sharing:</i> \$170 You pay \$105 per three-month supply of each covered insulin product on this tier.  <i>Standard cost sharing:</i> \$270 You pay \$105 per three-month supply of each covered insulin product on this tier.  <b>Tier 5 – specialty drugs:</b> Not available  <hr/> Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**



**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in PriorityMedicare (Employer HMO-POS)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare, you will automatically be enrolled in our **PriorityMedicare** (Employer HMO-POS).

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

#### Step 1: Learn about and compare your choices

- Contact the Office of Retirement Services at 800.381.5111 to discuss your options.
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

#### Step 2: Change your coverage

- If you choose to change plans, contact the Office of Retirement Services. They will notify Priority Health Medicare on your behalf.
- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from **PriorityMedicare** (Employer HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from **PriorityMedicare** (Employer HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:

- Send the Office of Retirement Services a written request to disenroll. Contact the Office of Retirement Services at 800.381.5111.
- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

### SECTION 3 Deadline for Changing Plans

If you want to change to a different plan for next year, contact the Office of Retirement Services at 800.381.5111 for more information.

#### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

### SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. MMAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call MMAP at 800.803.7174 or dial 211. [Plans may insert the following: You can learn more about MMAP by visiting their website ([mmapinc.org](http://mmapinc.org)).

### SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or

- Your State Medicaid Office (applications).
- Change Healthcare at 877.817.0857, between 9 a.m. and 6 p.m., Monday through Friday. TTY users should call 877.644.3244. Priority Health works with MyAdvocate Change Healthcare to help members identify and apply for programs that they may qualify for. For additional information please go to *MyAdvocateHelps.com*.
- An additional source for members to see if they qualify for extra help from Medicare may be found by calling Priority Health at 844.403.0847.
- **Help from your state’s pharmaceutical assistance program.** Michigan has a program called Michigan Drug Assistance Program (MIDAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Michigan HIV/AIDS Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 888.826.6565.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from PriorityMedicare (Employer HMO-POS)

Questions? We’re here to help. Please call Customer Service at 844.403.0847. (TTY only, call 711.) We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

#### **Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for **PriorityMedicare** (Employer HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at *prioritymedicare.com*. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at *prioritymedicare.com*. As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

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## Section 6.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**PriorityMedicare** (Employer HMO-POS)'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 844.403.0847, TTY users should call 711, or consult the online pharmacy directory at [prioritymedicare.com](http://prioritymedicare.com).



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*prioritymedicare.com*