

# Benefits overview



Effective January 1, 2024

Michigan Public School Employees Retirement System

| Health care benefit  | Pre-Medicare  | Medicare   |
|--|---|--|
| <b>Annual deductible</b>   | \$750 individual  | \$550 individual   |
| <b>Office visits</b>   | <ul style="list-style-type: none"> <li>· \$25 copayment before deductible for primary care provider</li> <li>· \$40 copayment before deductible for specialists (no referral required)</li> </ul>                           | <ul style="list-style-type: none"> <li>· \$0 copayment before deductible for primary care provider</li> <li>· \$35 copayment before deductible for specialists (no referral required)</li> </ul>   |
| <b>Routine physical exams</b>  | \$0 copayment for PCP before deductible   | \$0 copayment for PCP before deductible  |
| <b>Virtual care</b>  | \$0 copayment before deductible   | \$0 copayment before deductible  |
| <b>Routine pap smears</b>  | Covered in full, before deductible  | Covered in full, before deductible   |
| <b>Routine mammograms</b>  | Covered in full, before deductible  | Covered in full, before deductible   |
| <b>Allergy testing and treatment</b>   | Included in office visit  | Included in office visit   |
| <b>Chiropractic visits</b>   | <ul style="list-style-type: none"> <li>· Covered as part of rehabilitation therapy benefit</li> <li>· \$30 copayment</li> <li>· Max benefit 30 visits per year — combined with physical and occupational therapy</li> </ul> | \$10 copayment for manual manipulations of the spine only to correct subluxation   |
| <b>Acupuncture</b>   | N/A   | \$20 copay for Medicare-covered visits for chronic low back pain   |
| <b>Hospital – Inpatient care</b>   | 10% coinsurance   | 10% coinsurance  |
| <b>Hospital – Outpatient care</b><br>(including diagnostic services)                           | 10% coinsurance   | 10% coinsurance<br>\$10 copayment for labs, pathology and x-rays   |
| <b>Medical/surgical care</b><br>(including surgery, anesthesia, technical surgical assistance) | 10% coinsurance   | 10% coinsurance  |
| <b>Emergency room</b>  | <ul style="list-style-type: none"> <li>· \$150 copayment before deductible (waived if admitted)</li> <li>· Worldwide coverage</li> </ul>  | <ul style="list-style-type: none"> <li>· \$120 copayment before deductible (waived if admitted)</li> <li>· Worldwide coverage</li> </ul>   |
| <b>Urgent care</b>   | <ul style="list-style-type: none"> <li>· \$60 copayment before deductible</li> <li>· Worldwide coverage</li> </ul>  | <ul style="list-style-type: none"> <li>· \$45 copayment before deductible</li> <li>· Worldwide coverage</li> </ul>   |
| <b>Care outside Michigan</b>   | <ul style="list-style-type: none"> <li>· Covered for urgent care and emergencies, same as in Michigan</li> <li>· Most other services covered at 70% after \$1,500 deductible</li> </ul>                                     | <ul style="list-style-type: none"> <li>· Covered for urgent care and emergencies worldwide</li> <li>· <b>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.</b></li> </ul> |

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

continued >

| Health care benefit                       | Pre-Medicare  | Medicare   |
|---|---|--|
| <b>Gym membership</b>                     | Active&Fit, one time \$28 membership fee, \$28 monthly fee to access a nationwide network of gyms.  | SilverSneakers, free fitness membership with the ability to choose any participating gym, anywhere, anytime.   |
| <b>Brain health</b>                       | myStrength is free online mental health resource including tools to create goals, habits, improve sleep, manage stress and track health.  | BrainHQ, \$0 personal gym for the brain. Access to online exercises that improve memory, attention, brain speed and more.  |
| <b>Home health care</b>                   | 10% coinsurance   | Covered in full  |
| <b>Skilled nursing facility</b>           | 10% coinsurance, 100 days (can be renewed)  | 10% coinsurance, 100 days (can be renewed)   |
| <b>Hospice</b>                            | 10% coinsurance   | Original Medicare covers care obtained in Medicare-certified hospice   |
| <b>Outpatient mental health services</b>  | \$25 copayment  | \$10 copayment   |
| <b>Prescription drugs</b>                 | <p><b>Applies to all pharmacies</b></p> <p><b>Generic:</b> \$10 copayment<br/> <b>Preferred brand:</b> \$50 copayment<br/> <b>Non-preferred brand:</b> \$80 copayment<br/> <b>Specialty medications:</b> 20% coinsurance, maximum \$150 per prescription</p> <ul style="list-style-type: none"> <li>Up to 3-month supply available for 2 copayments through mail pharmacy service. Use of mail pharmacy service is not required.</li> </ul> | <p><b>Applies to preferred pharmacies only*</b></p> <p><b>Generic:</b> \$9 copayment<br/> <b>Preferred brand:</b> \$55 copayment<br/> <b>Non-preferred brand:</b> \$85 copayment<br/> <b>Specialty medications:</b> 20% coinsurance, maximum \$120 per prescription</p> <ul style="list-style-type: none"> <li>Up to 3-month supply available for 2 copayments through mail pharmacy service. Use of mail pharmacy service is not required.</li> <li>\$0 for generic prescriptions (tier 1) through mail order.</li> </ul> |
| <b>Durable medical equipment supplier</b> | 20% coinsurance   | 20% coinsurance  |
| <b>Hearing benefits</b>                   | <p><b>Hearing exam:</b> Covered in full. One hearing exam, one audiometric exam every 24 months.</p> <p><b>Hearing aids:</b> \$499 copay per hearing aid for advanced aids. \$799 per hearing aid for premium aids. One basic hearing aid per ear every 12 months.</p> <p><b>Must use a TruHearing provider</b></p>   | <p><b>Hearing exam:</b> Covered in full. One hearing exam, one audiometric exam every 24 months.</p> <p><b>Hearing aids:</b> \$499 copay per hearing aid for advanced aids. \$799 per hearing aid for premium aids. One basic hearing aid per ear every 12 months.</p> <p><b>Must use a TruHearing provider</b></p>  |
| <b>Out-of-pocket maximum</b>              | N/A   | \$2,500 in-network<br>\$3,200 out of pocket max for non-Medicare providers   |
| <b>Coinsurance maximum</b>                | \$5,000 in-network<br>\$10,000 travel benefit   | N/A  |

\*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.

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