

# 5 Tips for Choosing a Medicare Plan in Retirement (and Other Must-Know Info)



**MICHIGAN PUBLIC SCHOOL EMPLOYEES'  
RETIREMENT SYSTEM EDITION**

**This guide includes:**

- Health care 101 definitions
- Special FAQs section



The more you know about your Medicare benefit options, the easier it will be to make an informed decision on which plan to choose. And while retirement brings a new chapter full of new hobbies, new adventures and new beginnings, navigating your Medicare benefits in retirement can be complex. Use this guide to help you select a Medicare plan that fits all of your needs.

## Learn the lingo: the ABCs of Medicare

### 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.

### COPAYMENT

A copayment, also known as a copay, is the portion you pay at the time you receive a Medicare-covered service. You may also have a copay when you get a prescription filled.

### 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.



## **TIP 1:**

Understand how to  
access care

To get the most from your Medicare plan, you'll want to know how and where to access care, how to find a provider and how your services are covered.



### How are things covered?

This is probably one of the biggest questions you have. We understand it's not fun to be surprised when you receive a bill. That's why 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.

### Make sure your doctor is in-network.

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. Many Medicare plans provide an online tool that helps you search for in-network providers.

**Myth:** HMO-POS plans offer restricted access to providers, so your provider probably won't be in-network.

**Fact:** HMO-POS plans offer the same robust access to providers as other plans. The best way to ensure that your provider is in-network is to use an online search tool or call the health plan's customer service. Read more on page 9 for information on using your insurance when traveling.

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.



*Get virtual care at virtually no cost. Priority Health offers virtual care at no extra cost, meaning **you'll pay \$0** when you see a doctor virtually.*

### No referrals? No problem.

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.



*Use our Find a Doctor tool online to see if your doctors are in our HMO-POS network. **All major hospital systems in Michigan's lower peninsula and most primary care doctors are in our Medicare network,\*** so it's likely you'll find them. Go to [priorityhealth.com](https://priorityhealth.com), scroll to the bottom of the page and click **Find a Doctor** to get started.*

## **TIP 2:**

Know the prescription  
coverage principles



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



### **Become a tier expert.**

Plans may cover prescriptions differently, which could impact your cost. However, most plans include prescription drug tiers. This means the more expensive drugs (like the ones you see on TV commercials) rank at a higher tier. Five tiers are common: preferred generic, generic, preferred brand, non-preferred brand and specialty. Insurers base prescription copay amounts on the tier of the medication and overall cost.

### **Make sure your drug is on the list.**

Most insurance companies 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](https://priorityhealth.com/formulary).

### **Know your options when it comes to mail-order prescriptions.**

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.

### **Transitioning to a Medicare plan should be seamless.**

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.



### **What if the unexpected happens?**

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 state, your Priority Health Medicare coverage travels with you. The out-of-state 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-state travel benefit helps you travel with confidence, whether you're a snowbird or just on vacation. Contact our dedicated customer service team to help you arrange these services.

### **Access resources that are there when you need them.**

We also have a worldwide resource called Assist America that helps you when you need care more than 100 miles away from home (including international travel). Features include foreign hospital admission assistance, emergency medical evacuation, prescription assistance, lost luggage and document assistance and more. You can access Assist America over the phone or through a mobile app.

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*For a more detailed outline of costs, review our plan documents, available at [priorityhealth.com/mpsers](https://priorityhealth.com/mpsers).*

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## **TIP 4:**

Select a partner  
that has your  
whole health  
at heart

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



### **Support for your mind and body.**

With tools like BrainHQ (like a gym for your brain), myStrength for mental wellbeing and acupuncture, your Priority Health Medicare plan looks at the whole you, with benefits that help take care of your mental health and wellbeing.

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*With BrainHQ, you can access online exercises and games that improve memory, attention, brain speed and more.*

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### **What's a care manager?**

A care manager is usually a registered nurse who can help you manage chronic conditions like diabetes, navigate the health care system and meet you where you are with your health needs to provide the support you need.

Priority Health takes your wellness seriously and includes care management in our Medicare plan. With care management, a certified care manager works to help you understand your health, connect you with local resources and help prevent and manage any health conditions.

You'll have access to a designated care manager at no cost, which means you'll always work with the same expert. For example, a care manager will help coordinate your care after surgery or an inpatient event. That way you, your doctor and your Medicare plan are on the same page—yours.



This is Kathryn. She's just one of our registered nurse care managers ready and available to help.

## **TIP 5:**

Partner with a health plan that fits your lifestyle



The cost of health care services and prescriptions shouldn't be a secret. Choose a Medicare plan that's transparent about costs so you can plan and budget accordingly.



### Know your costs with Cost Estimator

We've taken transparency to the next level with Cost Estimator. It's our exclusive online tool that shows you what in-network facilities and pharmacies charge for services and prescriptions based on your plan. That way you can see your out-of-pocket costs before you get the bill.

### Get information the way you want it.

Whether you prefer online or landline 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.



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*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.*

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### Look for personalized resources online.

With the Priority Health Wellbeing Hub, you can access tools and activities designed to help you live your healthiest life. Participate in challenges and earn rewards and incentives for getting the care you already need to stay healthy.

### 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.



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*The Priority Health Medicare Advantage plan includes SilverSneakers®, a fitness and lifestyle program with flexible options. With thousands of fitness locations nationwide, you can take classes at a new gym everyday. Or workout from the comfort of your home with the SilverSneakers GO™ app.*

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# 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](https://michigan.gov/orsmiaccount) to enroll or call 800.381.5111 for assistance.

You may also contact ORS to learn more about the enrollment process. The quickest way to do this is by logging in to miAccount at [michigan.gov/orsmiaccount](https://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](https://michigan.gov/orsschools) to learn about enrollment, or contact ORS at 517.284.4400 in the Lansing area or toll-free at 800.381.5111.

## KEEP LEARNING with Priority Health

Below are more resources to help you choose the best plan for you in retirement.

- Local customer care representatives are available. Talk with a representative at 888.389.6648 (TTY 711), option 3, 8 a.m. to 8 p.m., seven days a week.
- Go to [priorityhealth.com/mpsersinfo](https://priorityhealth.com/mpsersinfo) to learn more about membership and getting started. You can also download/watch our on-demand educational webinar.

# FAQS

## We have the answers

### **Q What is covered as preventive care?**

**A** Rest assured that Medicare-covered preventive services are covered at 100% under the Priority Health Medicare plan. This includes annual wellness exams, flu shots and cancer screenings. To review all services covered under our preventive care guidelines, go to [priorityhealth.com/mpsers/member](https://priorityhealth.com/mpsers/member).

### **Q How can I get care from home if I don't feel safe going to my doctor's office?**

**A** We know that seeking care safely is important. That's why we cover virtual care at no cost, so you can see a provider on your smartphone, tablet or computer from the comfort of home, 24/7.

### **Q Do Priority Health members have coverage outside of Michigan?**

**A** Yes. Members have an out-of-state travel benefit. When you visit any Medicare-participating provider outside of Michigan, you'll pay in-network prices for copays. Whether you're a snowbird or just on vacation, travel with confidence knowing you're covered.

Plus, all Medicare plans include Assist America for emergency travel assistance when you're more than 100 miles from home or in a foreign country. Our plans also include unlimited worldwide emergency and urgent care coverage.

### **Q What will health insurance cost me?**

**A** Priority Health does not determine premium rates. That information is maintained by ORS. Please refer to your ORS resources at [michigan.gov/orsschools](https://michigan.gov/orsschools) to review premium details. You can also call 517.284.4400 in the Lansing area or toll-free at 800.381.5111 with questions regarding your insurance enrollment and associated costs.

### **Q How will I know if my prescription is covered?**

**A** We understand that knowing how your prescriptions are covered is important. Our Approved Drug List is available at [priorityhealth.com/formulary](https://priorityhealth.com/formulary). Once you become a member, you can also research the exact cost of your prescriptions with Cost Estimator.





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

\*Excludes hospitals in Michigan's Upper Peninsula based on American Hospital Directory April 2019 data and Priority Health provider contracts.

Coverage varies.

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](http://prioritymedicare.com).