

Summary of benefits

This booklet gives you a summary of the benefits you can expect when you choose a **Priority**Medicare Employer plan.

PriorityMedicareSM Employer HMO-POS

Michigan Public School Employees' Retirement System

January 1, 2023 - December 31, 2023

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

Overview of in-network benefits

Deductible	Maximum out-of-pocket responsibility	Primary care physician (PCP)	Inpatient hospital
\$525	\$2,300	\$10*	10% for each stay

Virtual care	Emergency and urgent care	Ambulance and observation	Specialist and palliative care
PCP: \$0*	Emergency care: \$120*	Ambulance: \$100*	Specialist visit: \$35*
Specialist: \$0*	Urgently needed services: \$45*	Observation: \$120*	Palliative care visit: \$0*
Mental health: \$0*			

Outpatient hospital and diagnostic radiology	Outpatient tests, labs and x-rays	Anticoagulant labs
Outpatient hospital: \$0	Outpatient tests and labs: \$10	Lab services required to manage blood thinner drugs such as Warfarin or Coumadin. \$0
Outpatient diagnostic radiology: \$150	Outpatient x-rays: \$10	

Rehabilitation services	Outpatient mental health and opioid treatment	Chiropractic care and acupuncture
PT/OT/ST: \$35*	Outpatient mental health: \$10* group and individual	Chiropractic care: \$10*
Cardiac and pulmonary rehab: Cardiac \$0* Pulmonary \$30*	Opioid treatment: \$10*	Acupuncture: \$10*

Dialysis	DME and prosthetics and orthotics	Diabetic supplies	Podiatry (foot care)
10%	20%	\$0*	\$0*

Preventive care: Services that Medicare pays for to keep you healthy
Preventive services such as mammograms, colonoscopy screening and immunizations: \$0*

Prior authorization may apply for some benefits. Contact the plan for more information.

*Deductible does not apply

Overview of in-network benefits

Skilled nursing facility (SNF)	Inpatient services in a psychiatric hospital	Hospice care Services are covered by Original Medicare.	Home health care
10% for each stay	10% for each stay	\$0* for the initial consultation	\$0

Hearing services	Vision services
Diagnostic exam: \$0*	Diagnostic exam: \$25*
Routine exam: \$0*	Routine exam: Not covered
Hearing aids: Member pays \$499* or \$799* per ear. Up to two hearing aids every year through TruHearing.	Eyewear: \$0 for Medicare-covered eyewear after cataract surgery.

Supplemental benefits
<p>\$0* for nutrition education, in-home safety assessments and telemonitoring</p> <p>\$0* for a membership at participating SilverSneakers fitness centers and access to online educational programs and SilverSneakers On-Demand workout videos.</p> <p>\$10* for each routine chiropractic visit and \$10 for one set of x-rays performed by a chiropractor.</p> <p>\$10* for each routine acupuncture visit, up to 6 visits each year.</p> <p>\$0* for emergency travel assistance services through Assist America</p> <p>\$0* for BrainHQ a personal gym for the brain. You can access online exercises that improve memory, attention, brain</p>

Travel benefit:
You will pay in-network prices when seeing care from Medicare-participating providers anywhere in the U.S. outside the lower peninsula of Michigan. Our partnership with Multiplan can make accessing Medicare-participating providers easier.

Note: You will pay out-of-network benefit cost-sharing if you see a provider who is not in our network within the lower peninsula of Michigan.

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*Deductible does not apply

Overview of in-network benefits

Part B drugs

Chemotherapy drugs	Part B drugs Obtained in a provider's office or outpatient setting	Part B drugs Obtained in a pharmacy or by mail order service
\$0*	10%*	20%*

Part D prescription drug benefits

Prescription drug deductible:

	Standard retail pharmacy	
	30-day	90-day
Tier 1	\$15*	\$45*
Tier 2	\$15*	\$45*
Tier 3	\$60*	\$180*
Tier 4	\$90*	\$270*
Tier 5	20% up to \$120* max	Not offered

As an employer sponsored plan beneficiary, if you enter the coverage gap or the catastrophic coverage stage you will continue to pay the same cost-share you did in your initial coverage stage. (Amounts listed in the chart above.)

We offer additional coverage for some prescription drugs not normally covered by a Medicare prescription drug plan. These drugs are noted in your formulary with "ED" (excluded drug).

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*Deductible does not apply

Overview of in-network benefits

Part D prescription drug benefits

	Preferred retail pharmacy	
	30-day	90-day
Tier 1	\$9*	\$27*
Tier 2	\$9*	\$27*
Tier 3	\$55*	\$165*
Tier 4	\$85*	\$255*
Tier 5	20% up to \$120*	Not offered

	Mail order	
	30-day	90-day
Tier 1	\$9*	\$0
Tier 2	\$9*	\$27*
Tier 3	\$55*	\$165*
Tier 4	\$85*	\$255*
Tier 5	20% up to \$120	Not offered

Prior authorization may apply for some benefits. Contact the plan for more information.

Contact us



If you have questions, call one of our Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711). Call 888.389.6648 (press #3).



Email us any time. Visit **prioritymedicare.com** and click on **Contact Us** to send a secure email.

Please note that this is just a summary of the plans' benefits; it doesn't list every service we cover or list every limitation or exclusion. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document. Or by calling our customer service number. For additional information, call us at 888.389.6648, option 3 (TTY users should call 711). Another resource available to you when researching your Medicare options is the **2021 Medicare & You** handbook. View it online at **medicare.gov** or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week. TTY users should call 877.486.2048.



Out-of-network/non-contracted providers are under no obligation to treat Priority Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.