

# Benefits overview

Effective January 1, 2022

Michigan Public School Employees Retirement System

Health care benefit	Pre-Medicare	Medicare
<b>Annual deductible</b>	\$750 individual	\$450 individual
<b>Office visits</b>	<ul style="list-style-type: none"> <li>• \$25 copayment for primary care provider</li> <li>• \$40 copayment for specialists, no referral required</li> </ul>	<ul style="list-style-type: none"> <li>• \$10 copayment for primary care provider</li> <li>• \$35 copayment for specialists, no referral required</li> </ul>
<b>Routine physical exams</b>	\$0 copayment for PCP	\$0 copayment for PCP
<b>Virtual care</b>	\$0 copayment	\$0 copayment
<b>Routine pap smears</b>	Covered in full	Covered in full
<b>Routine mammograms</b>	Covered in full	Covered in full
<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> (including diagnostic services)	10% coinsurance	10% coinsurance \$10 copayment for labs, pathology and x-rays
<b>Medical/surgical care</b> (including surgery, anesthesia, technical surgical assistance)	10% coinsurance	10% coinsurance
<b>Emergency room</b>	<ul style="list-style-type: none"> <li>• \$150 copayment (waived if admitted)</li> <li>• Worldwide coverage</li> </ul>	<ul style="list-style-type: none"> <li>• \$120 copayment (waived if admitted)</li> <li>• Worldwide coverage</li> </ul>
<b>Urgent care</b>	<ul style="list-style-type: none"> <li>• \$60 copayment</li> <li>• Worldwide coverage</li> </ul>	<ul style="list-style-type: none"> <li>• \$45 copayment</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>

Health care benefit	Pre-Medicare	Medicare
<b>Gym membership</b>	Active&Fit, one time \$25 membership fee, \$25 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>	N/A	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>	<b>Applies to all pharmacies</b>  <b>Generic:</b> \$10 copayment <b>Preferred brand:</b> \$50 copayment <b>Non-preferred brand:</b> \$80 copayment <b>Specialty medications:</b> 20% coinsurance, maximum \$150 per prescription • Up to 3-month supply available for 2 copayments through mail pharmacy service. Use of mail pharmacy service is not required.	<b>Applies to preferred pharmacies only</b>  <b>Generic:</b> \$9 copayment <b>Preferred brand:</b> \$40 copayment <b>Non-preferred brand:</b> \$70 copayment <b>Specialty medications:</b> 20% coinsurance, maximum \$100 per prescription • Up to 3-month supply available for 2 copayments through mail pharmacy service. Use of mail pharmacy service is not required. • \$0 for generic prescriptions (tier 1) through mail order.
<b>Durable medical equipment supplier</b>	20% coinsurance	20% coinsurance
<b>Hearing benefits</b>	<b>Hearing exam:</b> Covered in full. One hearing exam, one audiometric exam every 24 months. <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. <b>Must use a TruHearing provider</b>	<b>Hearing exam:</b> Covered in full. One hearing exam, one audiometric exam every 24 months. <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. <b>Must use a TruHearing provider</b>
<b>Out-of-pocket maximum</b>	N/A	\$2,100 in-network \$3,000 out of pocket max for non-Medicare providers
<b>Coinsurance maximum</b>	\$5,000 in-network \$10,000 travel benefit	N/A