

Summary of benefits

PriorityMedicareSM (Employer HMO-POS)

Michigan Public School Employees Retirement System

January 1, 2019 - December 31, 2019

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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.

This booklet gives you a summary of the benefits you can expect when you choose a **Priority** Medicare Employer plan. Inside you'll find information you can use to make a Medicare decision you'll feel good about.

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):

Already a member? Call 888.389.6648 (press #3).

Not a member yet? Call 800.334.0504.



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 *2019 Medicare & You* handbook. View it online at [medicare.gov](https://www.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.

Overview of in-network benefits

Deductible What you pay each year before you pay a copayment (\$) or coinsurance (%)	Maximum Out-of-Pocket Responsibility The most you pay for medical services for the year	Primary care physician (PCP)	Specialist visit
\$300	\$2,100	\$20*	\$35*

Emergency care	Urgently needed services	Ambulance	Inpatient hospital
\$75*	\$45*	\$100	10% for each stay

Outpatient hospital	Outpatient diagnostic radiology	Outpatient tests and labs	Outpatient x-rays
10%	\$150	\$20	\$20

Cardiac/pulmonary	PT/OT/ST	Outpatient mental health	Chiropractic care
Cardiac rehab: \$0* Pulmonary rehab: \$35*	\$35*	Individual visits: \$20* Group visits: \$20*	\$20*

Durable medical equipment	Prosthetics & orthotics	Diabetic supplies	Podiatry (foot care)
20%	20%	\$0*	\$0*

Diabetic test strips are limited to OneTouch®(JJHCS), Breeze® (Bayer) and Contour® (Bayer) products when dispensed by a retail pharmacy or mail-order pharmacy.

*Deductible does not apply

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

Overview of in-network benefits

Preventive care: Services that Medicare pays for to keep you healthy

\$0* for preventive services such as mammograms, colonoscopy screening and immunizations.

Skilled nursing facility (SNF)	Inpatient mental health care	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 \$35*
Routine exam \$0* every two years, with a TruHearing provider	Routine exam Not covered
Hearing aids \$499* per aid for TruHearing Advanced Aids / \$799* per aid for TruHearing Premium Aids. Up to two TruHearing-branded hearing aids every year.	Eyewear \$0* for Medicare-covered eyewear after cataract surgery.

Supplemental benefits: Available services because you have Priority Health Medicare

\$0* for enhanced disease management, health education, in-home safety assessment, nutritional education, post-discharge in-home medication reconciliation, and telemonitoring.

\$0* for a fitness membership at a participating Silver&Fit fitness center or up to two home fitness kits with the Silver&Fit home fitness program.

\$0* for remote access technologies (virtual visits).

Out-of-network benefits:

30% for most benefits when using out-of-network services

\$500 out-of-network deductible

\$3,000 out-of-network maximum out of pocket

*Deductible does not apply

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Overview of in-network benefits

Medicare 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 outpatient prescription drug benefits

Prescription drug deductible: \$0

	Standard retail pharmacy		
	30-day	60-day	90-day
Tier 1	\$15*	\$30*	\$45*
Tier 2	\$15*	\$30*	\$45*
Tier 3	\$45*	\$90*	\$135*
Tier 4	\$75*	\$150*	\$225*
Tier 5	20% up to \$100* max	Not offered	Not offered

As an employer sponsored plan, if you enter the coverage gap or the catastrophic coverage stage you will continue to pay the same cost share as 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 an "ED" (excluded drug).

*Deductible does not apply

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Overview of in-network benefits

Part D outpatient prescription drug benefits

	Preferred retail pharmacy		
	30-day	60-day	90-day
Tier 1	\$9*	\$18*	\$27*
Tier 2	\$9*	\$18*	\$27*
Tier 3	\$40*	\$80*	\$120*
Tier 4	\$70*	\$140*	\$210*
Tier 5	20% up to \$100* max	Not offered	Not offered

	Mail order		
	30-day	60-day	90-day
Tier 1	\$9*	\$18*	\$0*
Tier 2	\$9*	\$18*	\$18*
Tier 3	\$40*	\$80*	\$80*
Tier 4	\$70*	\$140*	\$140*
Tier 5	20% up to \$100* max	Not offered	Not offered

*Deductible does not apply

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

Notice of Nondiscrimination and Language Assistance Services

Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Federal law requires that we provide you with this Notice of Nondiscrimination and Language assistance services.

Free aids and services

Priority Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Priority Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Priority Health Medicare customer service by calling 1.888.389.6648 (TTY users call 711), 8 a.m. - 8 p.m., 7 days a week.

To file a civil rights grievance

If you believe that Priority Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Priority Health Compliance Department
Attention: Civil Rights Coordinator
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501
Toll free: 866.807.1931 (TTY users call 711) Fax: 616.975.8850
PH-compliance@priorityhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Priority Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at *ocrportal.hhs.gov* or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at *hhs.gov/ocr/office/file/index.html*.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.389.6648 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.389.6648 (رقم هاتف الصم والبكم: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.389.6648 (TTY: 711)。

1.888.389.6648 (TTY:711) جلد حسنة

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.888.389.6648 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.888.389.6648 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.389.6648 (TTY: 711)번으로 전화해 주십시오.

লক্ষ্যকরুন:যদিআপনি বাং লা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহাতয়া পরিষেবা উপলব্ধআছে। ফোন করুন 1.888.389.6648 (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.888.389.6648 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.888.389.6648 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.888.389.6648 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.888.389.6648 (TTY:711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.389.6648 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1.888.389.6648 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.888.389.6648 (TTY: 711).

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Priority Health'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 call 711, or consult the online pharmacy directory at prioritymedicare.com.

This information is not a complete description of benefits.

Call 888.389.6648, TTY users should call 711, seven days a week from 8 a.m. to 8 p.m. for more information.

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.