

# Benefits overview

Effective January 1, 2017

Michigan Public School

Employees Retirement System



Health care benefit	Non-Medicare	Medicare
<b>Annual deductible</b>	\$600 individual	\$250 individual
<b>Office visits</b>	<ul style="list-style-type: none"> <li>• \$20 copayment for primary care provider</li> <li>• \$35 copayment for specialists, no referral required</li> </ul>	<ul style="list-style-type: none"> <li>• \$20 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>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>• \$35 copayment</li> <li>• Max benefit 30 visits per year — combined with physical and occupational therapy</li> </ul>	\$20 copayment for manual manipulations of the spine only to correct subluxation
<b>Hospital - Inpatient care</b>	10% coinsurance	10% coinsurance
<b>Hospital - Outpatient care (including diagnostic services)</b>	10% coinsurance	10% coinsurance
<b>Medical/surgical care (including surgery, anesthesia, technical surgical assistance)</b>	10% coinsurance	10% coinsurance
<b>Emergency room</b>	<ul style="list-style-type: none"> <li>• \$100 copayment (waived if admitted)</li> <li>• Worldwide coverage</li> </ul>	<ul style="list-style-type: none"> <li>• \$75 copayment (waived if admitted)</li> <li>• Worldwide coverage</li> </ul>
<b>Urgent care</b>	<ul style="list-style-type: none"> <li>• \$45 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 \$1,200 deductible up to \$1,600 maximum</li> </ul>	<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 \$500 deductible up to \$3,000 maximum</li> </ul>

Health care benefit	Non-Medicare	Medicare
Home health care	10% coinsurance	Covered in full
Skilled nursing facility	10% coinsurance. 100 days (can be renewed)	10% coinsurance. 100 days (can be renewed)
Hospice	10% coinsurance	Original Medicare covers care obtained in Medicare-certified hospice
Outpatient mental health services	\$20 copayment	\$20 copayment
Prescription drugs	<p><b>Applies to all pharmacies</b></p> <p><b>Generic:</b> \$10 copayment  <b>Preferred brand:</b> \$40 copayment  <b>Non-preferred brand:</b> \$70 copayment  <b>Specialty medications:</b> 20% coinsurance, maximum \$100 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  <b>Preferred brand:</b> \$40 copayment  <b>Non-preferred brand:</b> \$70 copayment  <b>Specialty medications:</b> 20% coinsurance, maximum \$100 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>
Durable medical equipment supplier	20% coinsurance	20% coinsurance
Hearing benefits	<ul style="list-style-type: none"> <li>Hearing and audiometric exams covered in full every 36 months</li> <li>Hearing aid covered in full up to \$500 per aid every three years</li> </ul>	<ul style="list-style-type: none"> <li>Hearing and audiometric exams covered in full every 36 months</li> <li>Hearing aid covered in full up to \$1,000 per aid every three years</li> </ul>
Out-of-pocket maximum	\$800 in-network \$1,600 travel benefit	\$2,100 in-network \$3,000 travel benefit

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