MICHIGAN OFFICE OF RETIREMENT SERVICES
Big Plans. Small Steps.

www.michigan.gov/ors
PO Box 30171 · Lansing, MI 48909-7671
800-381-5111 or 517-322-5103

Insurance Option Summary Public School Retirees

Your Health Plans

The Office of Retirement Services strives to be good stewards of your pension and healthcare dollars. We work with the Michigan Public School Employees Retirement System Board yearly to maintain a quality plan and remain fiscally responsible for the future of our retirement system. We offer several competitive insurance options to choose from. Below are the current options. Plan offerings are updated regularly, so check the ORS website for the most current information.

Enrolling in or Changing Insurance After Retirement

Enrolling after retirement. If you are enrolling yourself, your spouse, or dependents in insurance after retirement, your coverage will begin on the first day of the sixth month after ORS receives all required forms and proofs. For example, if we receive you request on February 10, your coverage would begin August 1.

If you or a dependent has a qualifying event and ORS gets the request and proofs within 30 days of the event, coverage can begin sooner. For retirees who do not have Medicare, coverage can begin the first of the month after the month we receive your completed application and proofs. For retirees with Medicare, if we get your request and proofs by the 15th of the month, we will enroll you the following month. If we get the request and proofs later, but within 30 days of the qualifying event, you may not be enrolled until a month later.

Personal Healthcare Fund (PHF). If you have PHF, you cannot enroll in insurance after you have retired. You can only change plans. If you're not sure if you have PHF, check miAccount **www.michigan.gov/orsmiaccount.**

Changing plans. To change your insurance plan, log in to miAccount and click on Insurance Coverage, or complete an *Insurance Enrollment/Change Request (R0452C)* and return it to ORS along with all required proofs.

If you are currently enrolled in an HMO, you must remain in the HMO for at least six months, unless coverage is no longer available in the coverage area.

Coverage will begin the first day of the month after ORS receives your materials if you are enrolling in BCBSM or moving out of an HMO coverage area. Coverage will begin the first day of the second month if you are voluntarily changing HMOs.

For More Information

This is a summary document to help you compare plans. For detailed plan information, and answers to benefit and coverage questions, contact the insurance carriers at the phone numbers listed on the following pages. **Please note:** the information in this summary may change throughout the year. Your insurance carrier will provide the most up to date information on coverage areas and benefit levels. Review the *Insurance Information (R0058C)* sheet for details about how to enroll, who can be enrolled, insurance cards, effective dates of coverage, required proofs, the effects of Medicare and other group insurance coverage. This sheet can be found at **www.michigan.gov/orsschools**.

Insurance Plans Available

The following list is current at the date of printing. If you are interested in enrolling in an HMO, you should contact the HMO directly to receive the most current coverage area listing.

Insurance Carriers by County

Effective January 1, 2017

CARRIERS	COUNTIES	NON-MEDICARE
Blue Preferred PPO **BCBSM 800-422-9146** **OptumRx 866-288-5209**	No county restrictions.	
Blue Care Network **800-662-6667**	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Chippewa, Clare, Clinton, Crawford, Dickinson, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Houghton, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Lenawee, Leelanau, Livingston, Mackinac, Macomb, Manistee, Marquette, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford.	
Priority Health **800-446-5674**	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Mackinac, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac , Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford.	
Health Alliance Plan **800-422-4641** Henry Ford Preferred Network	Non-Medicare Participants Only: Macomb, Oakland, Wayne.	

CARRIERS	COUNTIES	MEDICARE
Medicare Plus Blue **BCBSM 800-422-9146** **OptumRx 855-577-6517**	No county restrictions.	
BCN Advantage **866-966-2583**	Medicare Participants Only—Expanded Network: Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Branch, Calhoun, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Luce, Mackinac, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, St. Clair, St. Joseph (only the following zip codes: 49011, 49030, 49052, 49072, 49093, 49097), Tuscola, Van Buren, Washtenaw, Wayne and Wexford.	
HAP Senior Plus **800-801-1770**	Medicare Participants Only: Arenac, Bay, Clare, Genesee, Gladwin, Gratiot, Huron, Iosco, Jackson, Lapeer, Livingston, Macomb, Midland, Monroe, Oakland, Saginaw, Shiawassee, St. Clair, Tuscola, Washtenaw, and Wayne.	
PriorityMedicare **888-389-6648**	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford.	

NON-Medicare Summary Comparison Sheet*

Effective January 1, 2017

HEALTH CARE BENEFIT	Blue Preferred PPO BCBSM 800-422-9146 OptumRx 866-288-5209	Blue Care Network 800-662-6667	Health Alliance Plan 800-422-4641 Henry Ford Preferred Network	Priority Health 800-446-5674
Office Calls	10% co-ins plus deductible	$25 copay Primary $35 copay after deductible Specialist	$25 copay Primary/$50 copay Specialist, deductible does not apply	$20 copay Primary/$35 copay Specialist, deductible does not apply
Routine Physical Exams	Covered in full once annually	$25 copay Primary $35 copay after deductible Specialist	$25 copay, deductible does not apply	Covered in full, deductible does not apply
Routine Pap Smears	Covered in full–Dr. office & Quest Labs; 10% co-ins after deductible–outpatient	Covered in full	Covered in full	Covered in full, deductible does not apply
Routine Mammograms	10% co-ins plus deductible	Covered in full	Covered in full	Covered in full, deductible does not apply
Allergy Testing and Treatment	10% co-ins plus deductible	50% co-ins after deductible $5 copay for allergy injections	10% co-ins after deductible	Included in office visit, deductible does not apply
Chiropractic Visits	10% co-ins plus deductible, up to 26 visits annually	$35 copay after deductible	Not Covered	$35 copay, max benefit 30 visits/yr with PT & OT, deductible does not apply
Hospital Inpatient Care	10% co-ins plus deductible	10% co-ins after deductible	10% co-ins after deductible	10% co-ins after deductible
Hospital Outpatient Care (inc. diagnostic services)	10% co-ins plus deductible	10% co-ins after deductible $150 copay after deductible for high tech imaging services	10% co-ins after deductible	10% co-ins after deductible
MedI/Surg Care (inc. surgery, anesthesia, tech. surg. assist.)	10% co-ins plus deductible	10% co-ins after deductible	10% co-ins after deductible	10% co-ins after deductible
Emergency Medical Care	10% co-ins plus deductible, $75 copay/visit after OOP Max met. Waived if admitted within 3 days.	$150 copay after deductible, waived if admitted	$250 copay, waived if admitted.	$100 copay, waived if admitted. Worldwide coverage, deductible does not apply
Urgent Medical Care	10% co-ins plus deductible	$65 copay	$50 copay, deductible does not apply	$45 copay. Worldwide coverage, deductible does not apply
Care Outside Michigan	Same in US through BlueCard; outside US, hospital coverage through BlueCard.	Routine, urgent & follow-up care through BlueCard	Emergency or urgent med. care only (Copays will apply)	Emergency & Urgent Care same as in-network. Most other covered services, travel deductible and coinsurance apply.
Care Outside the Network in Michigan	Additional 20% out of network fee. Waived if member has referral from Blue Preferred PPO physician	Emergency & urgent care covered; other care not covered unless member has prior auth on file	Emergency or urgent med. care only (Copays apply)	Emergency & Urgent Care same as in-network
Home Health Care	Deductible	$35 copay after deductible	10% co-ins after deductible up to 60 visits/benefit period	10% co-ins after deductible

NON-Medicare Summary Comparison Sheet (continued)*

Effective January 1, 2017

HEALTH CARE BENEFIT	Blue Preferred PPO BCBSM 800-422-9146 OptumRx 866-288-5209	Blue Care Network 800-662-6667	Health Alliance Plan 800-422-4641 Henry Ford Preferred Network	Priority Health 800-446-5674
Skilled Nursing Facility	10% co-ins plus deductible up to 100 days	10% co-ins after deductible up to 120 days per calendar year	10% co-ins after deductible up to 100 days/benefit period	10% co-ins, 100 days (can be renewed) after deductible
Hospice	Covered in full	Covered in full after deductible; inpatient hospice care requires prior authorization	10% co-ins after deductible up to 210 days per lifetime	10% co-ins after deductible
Outpatient Mental Health Services	10% co-ins plus deductible	50% co-ins, up to 20 visits/calendar year	$25 copay, deductible does not apply	$20 copay, deductible does not apply
Prescription Drugs	20% Coinsurance- Preferred Brand and Generic $10 min/$40 max retail (30 day); $25 min/$100 max mail (90 day) 40% Coinsurance - Non-Preferred Brand Additional 10% coinsurance on maint. drug on and after 4th refill at retail Exclusive Specialty pharmacy medications through BriovaRx	$20 Copay Generic $60 Copay Preferred Brand $80 Copay Non-Preferred Brand 50% co-ins sexual dysfunction drugs (30 day supply) Specialty: 20% co-ins ($200 max per prescription Tier 4, $400 max per prescription Tier 5) Mail Order: Up to 90 day supply for 2 Copays	$20 Copay Generic $50 Copay Preferred Brand $100 Copay Non-Preferred Brand $200 Specialty Retail pharmacy: 30 day supply of non-maintenance drugs for 1 copay, 90 day supply of eligible maintenance drugs for 2 Copays Mail Order: 90 day supply of eligible drugs for 2 Copays	$10 Copay Generic; $40 Copay Preferred Brand; $70 Copay Non-Preferred Brand Specialty: 20% co-ins ($100 max per prescription) Mail Order: 90 day supply for 2 Copays
Durable Medical Equipment Supplier	In Network -10% co-ins plus deductible; Out of Network - 30% co-ins plus deductible and diff in cost between provider's charge and the BCBSM approved amount;	50% co-ins of the Approved Amount when authorized and obtained from a participating provider	10% co-ins after deductible. Coverage provided for approved equipment based on HAP's guidelines.	20% co-ins after deductible
Hearing Benefits	Hearing Exam: 10% co-ins plus deductible. One exam every 36 months Hearing Aids: 10% co-ins plus deductible/ Two hearing aids (if purchased same day)	Hearing Exam: Covered in full. One exam every 36 months Hearing Aids: Covered in full. One hearing aid every 36 months.	Hearing Exam: $50 copay, deductible does not apply Hearing Aids: 10% co-ins after deductible, covered for authorized equipment, conventional hearing aids	Hearing Exam: Covered in full. One hearing exam, one audiometric exam every 36 months Hearing Aids: One basic hearing aid per ear every 36 months, max $500/hearing aid
Deductible	$1,000 Indiv**	$400 Indiv/$800 Family	$300 Indiv/$600 Family	$600 Indiv/$1,200 Family
Pharmacy Max	$1,000 Indiv	Specialty only: $4,800 Indiv	None	None
Medical Max	Co-ins max: $900 Indiv Total med OOP max (Deductible + Co-ins max): $1,900 Indiv	Co-ins max: $750 Indiv/$1,500 Family	Co-ins max: $500 Indiv/$1,000 Family	Co-ins max: $800 Indiv/$1,600 Family

***This document is only a summary. For complete plan details, contact the individual providers. Benefit levels are subject to change.**

**BCBSM Members enrolled in the LivingWell program have the opportunity to reduce their deductibles.

Medicare Summary Comparison Sheet*

Effective January 1, 2017

HEALTH CARE BENEFIT	Medicare Plus Blue BCBSM 800-422-9146 OptumRx 855-577-6517	BCN Advantage 866-966-2583	HAP Senior Plus 800-801-1770	PriorityMedicare 888-389-6648
Office Calls	10% co-ins plus deductible	$25 copay Primary $40 copay after deductible Specialist	$30 copay Primary/$50 copay Specialist, deductible does not apply Preventative services covered	$20 copay Primary/$35 copay Specialist, deductible does not apply
Routine Physical Exams	Medicare Wellness Exam covered in full once annually	Medicare Wellness Exam covered in full once annually	Covered in full	Covered in full, deductible does not apply
Routine Pap Smears	Covered in full	Covered in full	Covered in full	Covered in full, deductible does not apply
Routine Mammograms	Covered in full	Covered in full	Covered in full	Covered in full, deductible does not apply
Allergy Testing and Treatment	10% co-ins plus deductible	Covered in full Office visit copay may apply after deductible	10% co-ins after deductible	Covered in full Office visit copay may apply, deductible does not apply
Chiropractic Visits	10% co-ins plus deductible	$20 copay after deductible when referred	$20 copay, deductible does not apply	$20 copay, deductible does not apply
Hospital Inpatient Care	10% co-ins plus deductible	10% co-ins after deductible	10% co-ins after deductible	10% co-ins after deductible
Hospital Outpatient Care (inc. diagnostic services)	10% co-ins plus deductible	10% co-ins after deductible Office visit copay may apply $150 copay after deductible for high tech imaging services	10% co-ins after deductible	10% co-ins after deductible
Med/Surg Care (surg, anesthesia, tech. surg assistance)	10% co-ins plus deductible	10% co-ins after deductible	10% co-ins after deductible	10% co-ins after deductible
Emergency Medical Care	$75 max copay, waived if admitted within 3 days	$75 copay after deductible, waived if admitted	$65 copay, applies to deductible, waived if admitted	$75 copay, waived if admitted. Worldwide coverage, deductible does not apply
Urgent Medical Care	10% co-ins	$40 copay	$45 copay, applies to deductible	$45 copay. Worldwide coverage, deductible does not apply
Care Outside of Michigan	Same in US; outside US, member pays for services up front & BCBSM will reimburse member.	Routine, urgent & follow-up care through BlueCard	Emergency or Urgent Med. Care only (Copays will apply)	Emergency & Urgent Care same as in-network. Most other covered services, travel deductible and coinsurance apply.
Care Outside the Network in Michigan	Same as in network	Emergency & Urgent care covered. Other care not covered unless member has prior auth on file	Emergency or Urgent Med. Care only (Copays will apply)	Emergency & Urgent Care same as in-network. Most other covered services, travel deductible and coinsurance apply.
Home Health Care	Covered in full	Covered in full after deductible; copay may apply for physician's visit	10% co-ins after deductible	Covered in full, deductible does not apply

Medicare Summary Comparison Sheet (continued)*
Effective January 1, 2017

HEALTH CARE BENEFIT	Medicare Plus Blue BCBSM 800-422-9146 OptumRx 855-577-6517	BCN Advantage 866-966-2583	HAP Senior Plus 800-801-1770	PriorityMedicare 888-389-6648
Skilled Nursing Facility	10% co-ins plus deductible, up to 100 days	Covered in full after deductible for 100 days (can be renewed after 60 days)	10% co-ins after deductible, 100 days/benefit period	10% co-ins 100 days (can be renewed after 60 days) after deductible
Hospice	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare
Outpatient Mental Health Services	10% co-ins plus deductible	Covered in full	$30 Copay, deductible does not apply	$20 Copay, deductible does not apply
Prescription Drugs	20% Coinsurance-Preferred Brand and Generic $10 min/$40 max retail (30 day); $25 min/$100 max mail- (90 day) 40% Coinsurance-Non-Preferred Brand Additional 10% coinsurance on maint. drug on and after 4th refill at retail Preferred Specialty medications through BriovaRx	$20 Copay Generic $60 Copay Preferred Brand $80 Copay Non-Preferred Brand 50% co-ins sexual dysfunction drugs (31 day supply) Mail Order: 31 day to 90 day supply for 2 Copays Specialty: 20% co-ins ($200 max per prescription)	$15 Copay Generic $50 Copay Preferred Brand $70 Copay Non-Preferred Brand $70 Copay Specialty Retail Pharmacy: 30 day supply of Part D drugs for 1 copay, 90 day supply of Part D drugs for 2 Copays Mail Order: Up to 90 day supply for 2 Copays	Preferred Pharmacy: $9 Copay Generic $40 Copay Preferred Brand) $70 Copay Non-Preferred Brand Mail Order: Up to 90 day supply for 2 Copays Non-Preferred Pharmacy: $15 Copay Generic; $45 Copay Preferred Brand $75 Copay Non-Preferred Brand Specialty: 20% co-ins ($100 max per prescription)
Durable Medical Equipment Supplier	In network – 10% co-ins plus deductible Out of network 30% co-ins plus deductible	20% co-ins	20% co-ins after deductible. Coverage provided for approved equipment based on Medicare guidelines.	20% co-ins after deductible
Hearing Benefits	Hearing Exam: 10% co-ins plus deductible. One exam every 36 months Hearing Aids: 10% co-ins plus deductible/ Two hearing aids (if purchased same day)	Hearing Exam: Covered in full. One exam every 36 months Hearing Aids: Covered in full. One hearing aid every 36 months.	Hearing Exam:$50 copay/visit, deductible does not apply Hearing Aids: 10% co-ins after deductible, covered for auth. Conventional hearing aids	Hearing Exam: Covered in full. One hearing exam, one audiometric exam every 36 months Hearing Aids: One basic hearing aid per ear every 36 months, max $1,000/aid
Deductible	$800 Indiv **	$400 Indiv	$500 Indiv	$250 Indiv
Pharmacy Max	Co-ins max: $1,000 Indiv	Specialty only: $3,600 Indiv	None	None
Medical Max	Co-ins max: $900 Indiv Total med OOP max (Deductible + Co-ins max): $1,700 Indiv	Total med OOP max: $2,100 Indiv	Co-ins max: $1,200 Indiv Total med OOP max: $1,700 Indiv	Total med OOP max: $2,100 Indiv

***This document is only a summary. For complete plan details, contact the individual providers. Benefit levels are subject to change.**

**BCBSM Medicare Members are automatically enrolled in the LivingWell Program and receive the lower deductible for being a part of the program.