

Best of Health



MEDICARE
FALL 2017

Information about the Michigan Public School Employees' Retirement System health plan

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A message from the Office of Retirement Services

It can be a confusing world for retirees. In recent years, the number of employers who offer health care coverage to their retirees has steadily declined. A recent survey conducted by the Kaiser Family Foundation shows the percentage of large employers (200 employees or more) offering retiree health coverage dropped from 66 percent in 1988 to 23 percent in 2015.

As medical costs continue to rise, the Office of Retirement Services is committed to keeping your plan sustainable for the long run and making sure it provides the services you need to live a longer, healthier life. To do that, periodic plan updates are necessary. During the past 23 years, the retirement system's board has passed 21 initiative packages to ensure the long-term survivability of retiree health care plans for you and future Michigan public school retirees.

You too can do your part by taking care of your health and taking advantage of programs offered through your retirement system's health plan. Being healthy means more quality time to enjoy in your retirement and less money spent on deductibles and coinsurances.

Coming soon... Benefit Seminars in Michigan, Arizona and Florida

Watch your mailbox for your invitation!

Come out, get social and learn more about your 2018 retirement system health benefits.



Have you ever wondered how decisions about your retiree health coverage are made?

Most retirees think the plan changes come from union negotiations or from insurance vendors, but this isn't the case. Insurance vendors selected through a competitive bidding process administer their part of your health care coverage, but they don't make any decisions about the plan benefits, coinsurance, deductibles, copayments or out-of-pocket maximum amounts.

Unlike the benefit plan you had as an employee of Michigan public schools, your retiree health care benefits and costs are decided by the Michigan Public School Employees' Retirement System board of directors with guidance from ORS benefit specialists and external health care benefit and actuarial consultants. The board of directors is comprised of 12 members: 11 members represent active and retired public school employees and 1 represents state government. Keeping your health plan sustainable in the

current health care environment is a serious responsibility to which the board of directors, ORS and all of our vendors are committed.

Every dollar spent on retiree health care coverage comes directly from public school budgets. The board's goal is to maintain a quality health care plan that is affordable to both the retirees and the schools. That's a challenging task given continuously rising health care costs. And yet, the board has been greatly successful. Over the years, the board has approved the addition of numerous benefits such as routine physicals, disease management programs, medication management programs and the LivingWell program, while keeping overall cost increases less than 3 percent.

The ORS and the board of directors will continue to work on your behalf to make sure your health care plan is there for you when you need it most. We've got you covered.

Retiree coverage: Is it different from employee coverage?

New retirees are sometimes surprised to learn their retiree health care coverage differs from the coverage they had as active employees. The reason? There's no connection between employer-based health care coverage negotiated by the unions and the coverage provided by the Michigan Public School Employees' Retirement System. These are two completely different health care plans.

Important updates to your 2018 retirement system medical plan

The following updates to your retirement system medical coverage, administered by Blue Cross Blue Shield of Michigan, will go into effect on Jan. 1, 2018.

	2017	2018
Annual routine physical exam	Not covered	Covered in full
Annual routine laboratory tests	Not covered	Covered in full when done in conjunction with an annual routine physical exam*
Emergency room	\$75 copay per visit**	\$100 copay per visit**
Urgent care	10% coinsurance	\$65 copay per visit
Hearing care	10% coinsurance and the annual deductible plus the difference between the plan's benefit and the cost of the hearing aid(s)	<ul style="list-style-type: none"> • \$45 copay for initial audiometric exam*** • \$499 copay per hearing aid for Flyte 770 advanced aids*** • \$799 copay per hearing aid for Flyte 990 premium aids***

*Keep in mind that you may have out-of-pocket costs for non-routine laboratory tests and other services you receive during your routine physical.

**Emergency room copay is waived if you're admitted to the hospital within 72 hours.

***Copays for routine hearing care are not included in the annual out-of-pocket maximum.

If you have questions about your retirement system medical coverage, call Blue Cross Customer Service at 1-800-422-9146, from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users should call 711.

Routine hearing services available exclusively through TruHearing™ providers

Effective Jan. 1, 2018, your routine hearing care benefits will be exclusively available through a national network of TruHearing™ providers and you will no longer have to pay the 10 percent coinsurance, annual deductible and the difference between the provider's charge and the Blue Cross approved amount. Routine hearing services and hearing aids will be **covered only when you call TruHearing™ at 1-855-205-6305** and follow the directions you're given. Your routine hearing benefits cover an initial audiometric exam as well as Flyte 770 or Flyte 990 hearing aids for both ears once every 36 months. For information about your hearing benefit coverage, appointments or support issues, call TruHearing™ at 1-855-205-6305 from 8a.m. to 8 p.m. TTY users should call 711.

Continue LivingWell in 2018

LivingWell is a program that will help you track your health, identify areas for improvement and work on an action plan with your doctor. Taking the steps below will keep you on the road to living well.

1. Complete an annual health assessment.

Completing a health assessment each year gives you a snapshot of your overall health. The assessment will help you look at your nutrition and exercise habits as well as other health factors.

2. Choose a primary care doctor.

A primary care doctor will help you manage your health by keeping track of any conditions you may have and monitoring progress toward your health goals. Choosing a doctor within the PPO network can help you save money on out-of-pocket costs. Locate network doctors using *Find a Doctor* at bcbsm.com.

3. Visit your doctor for an annual wellness exam.

Visiting your doctor for an annual wellness exam can keep you healthy by catching health problems early. It can also help you maintain your relationship with your doctor. Your retirement system medical plan covers a wellness visit once a year at no cost to you. **Effective Jan. 1, 2018, your plan will cover at 100 percent an annual routine physical exam as well as routine laboratory tests done in conjunction with an annual routine physical.** However, you may be responsible for out-of-pocket costs for other laboratory tests and additional services your doctor recommends during your visit. If you have questions about which tests are covered at 100 percent and which have out of pocket costs, call Blue Cross Customer Service at 1-800-422-9146 from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users should call 711.

4. Choose a patient-centered medical home (PCMH) doctor.

PCMH doctors lead a team of health care professionals focused on your overall health and health care needs.



Get your 2018 Medicare plan documents early

Save trees and get your 2018 Annual Notice of Changes and Evidence of Coverage online instead of in the mail. When you sign up to go paperless on bcbsm.com/mpsers, you'll receive an email when your Annual Notice of Changes and Evidence of Coverage are posted to your account.

Going paperless is easy. Here's how:

1. Go to bcbsm.com/mpsers. Click *Log in*. Enter your username and password. If you haven't registered, click *Register Now* and follow the instructions to create your account.
2. Click on *Account Settings* at the top.
3. Click on *Paperless Options* on the left.
4. Under *Choose Delivery Method*, click on (Change) to select paperless delivery of the documents you want to get online.
5. To the right, confirm the email address displayed is where you want to receive notifications.

Talk to your doctor about the flu and pneumonia vaccines

Getting the flu and pneumonia vaccines are two important ways to avoid getting sick. Your medical plan covers the flu vaccine at 100 percent once per flu season. The pneumonia vaccine is covered in full once per lifetime or more frequently if medically necessary. However, keep in mind that not all providers can bill Blue Cross directly for these services. This means you may have to pay out-of-pocket and get reimbursed by Blue Cross. The easiest way to avoid paying out of pocket for your flu or pneumonia shot is to check with your doctor, health department or pharmacy before you go to make sure they can bill Blue Cross directly.

If you need to get reimbursed for a flu vaccine, follow the steps below:

1. Go to bcbsm.com/claimsmedicare.
2. Click Medicare Plus BlueSM PPO plans under *What you'll need*.
3. Click *Medicare Advantage Member Application for Payment Consideration (PDF)* to access the form.
4. Print, complete the form and mail it to:
Blue Cross Blue Shield of Michigan
Imaging and Support Services
P.O. Box 32593
Detroit, MI 48232-0593

Pharmacy plan update

OptumRx partners with the Office of Retirement Services to help find ways to get your medication affordably and conveniently. If the medication cost is less than the listed minimum, you will only be responsible for the cost of the medication. Unless you choose to use non-preferred brand products, your cost share ends once you reach annual coinsurance maximum. **Effective Jan. 1, 2018, your annual coinsurance maximum will be updated from \$1000 to \$1500.**

Helpful tip: Medication can be expensive. Check your cost share online or find lower cost alternatives using the Low Cost Alternative drug pricing tool (formerly known as Price and Save) any time at optumrx.com.

	2018 Member Cost Share			
	Retail and BrivoRx Specialty Pharmacy* 1-31 day-supply		Home delivery or 90 day retail pharmacy 32-90-day supply	
	Coinsurance before annual maximum met	Coinsurance after annual maximum met	Coinsurance before annual maximum met	Coinsurance after annual maximum met
Generic	20% \$10 min / \$40 max	\$0	20% \$25 min / \$100 max	\$0
Preferred brand	20% \$10 min / \$40 max	\$0	20% \$25 min / \$100 max	\$0
Non-preferred brand	40% \$10 min / no max	40% minus the preferred brand coinsurance to a minimum of \$0	40% \$25 min / no max	40% minus the preferred brand coinsurance to a minimum of \$0

**Specialty pharmacies that are not BrivoRx have a different plan design*

Protect your pocketbook by knowing how to make the most of your pharmacy prescription drug plan by using this easy checklist:

- Use home delivery for medication you take regularly. It's convenient and your medication comes right to your mailbox. With 90-day supplies, your copay is less than buying it each month.
- Use generics whenever possible and, when not possible, use preferred brand.
- Find lower cost options at optumrx.com or with the OptumRx app.
- Refer to the OptumRx app to find lower cost options when you talk to your doctor.
- Take your medication as prescribed.
- If you go to a retail pharmacy, make sure it's in the network and show your membership card.

What services does BriovaRx provide?

BriovaRx® is the OptumRx® specialty pharmacy and is the preferred specialty pharmacy of your Office of Retirement Services pharmacy plan. This means that specialty medications will cost you less when purchased at BriovaRx. BriovaRx® Specialty Pharmacy does more than deliver drugs. BriovaRx's experienced staff is available to offer you guidance, answer your questions and work closely with your doctor to ensure you experience a safe, comfortable and successful course of treatment.

With BriovaRx®, you can expect:

- Access to clinicians to answer questions about your medication: How to take it, why it was prescribed, how it works and how to manage possible side effects.
- Comprehensive research and verification of insurance benefits.
- Reliable, free home delivery of medication.
- Monthly refill reminder phone calls before you run out of your medication.
- 24/7 emergency support by phone for patients—you'll always reach a live person.
- BriovaRx's customer service team is available to help answer questions from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday. To learn more about BriovaRx®, visit BriovaRx.com.

Prescription drug update

The patents on some brand-name drugs have expired or are set to expire, which means members will be able to save by using the generic equivalents. Any drug that was available on the formulary in its brand-name form will continue on the formulary in its generic form. Your pharmacist will automatically dispense the generic on new or refilled prescriptions for these drugs.

Brand name	Generic name	Indication/Use	Generic availability*
Relpax®	Eletriptan	Migraine headaches	July 2017
Vigamox®	Moxifloxacin	Eye infection	July 2017
Effient®	Prasugrel	Blood thinner	August 2017
Byetta®	Exenatide	Diabetes	October 2017

Shingles vaccine: Is it covered?

The Zostavax injection, known as the shingles vaccination, is covered by your retirement system when you get it at a participating network pharmacy. If you have questions, call OptumRx® at 1-855-577-6517.

Vision plan updates

The following updates will be made to your retirement system vision coverage effective Jan. 1, 2018:

	2017	2018
Vision benefit	\$10 exam copay / \$15 lens copay	\$10 exam copay / \$25 lens copay

EyeMed is your new vision plan vendor

Effective Jan. 1, 2018, your retirement system vision coverage will transition from BlueVision to EyeMed Vision Care. You will receive an EyeMed Welcome Kit, including new vision ID cards, in December. Members on the same policy will get identical vision ID cards. If you share a policy with your dependents or spouse, you will receive two ID cards. Each card on a shared policy will have the retiree's name on it.

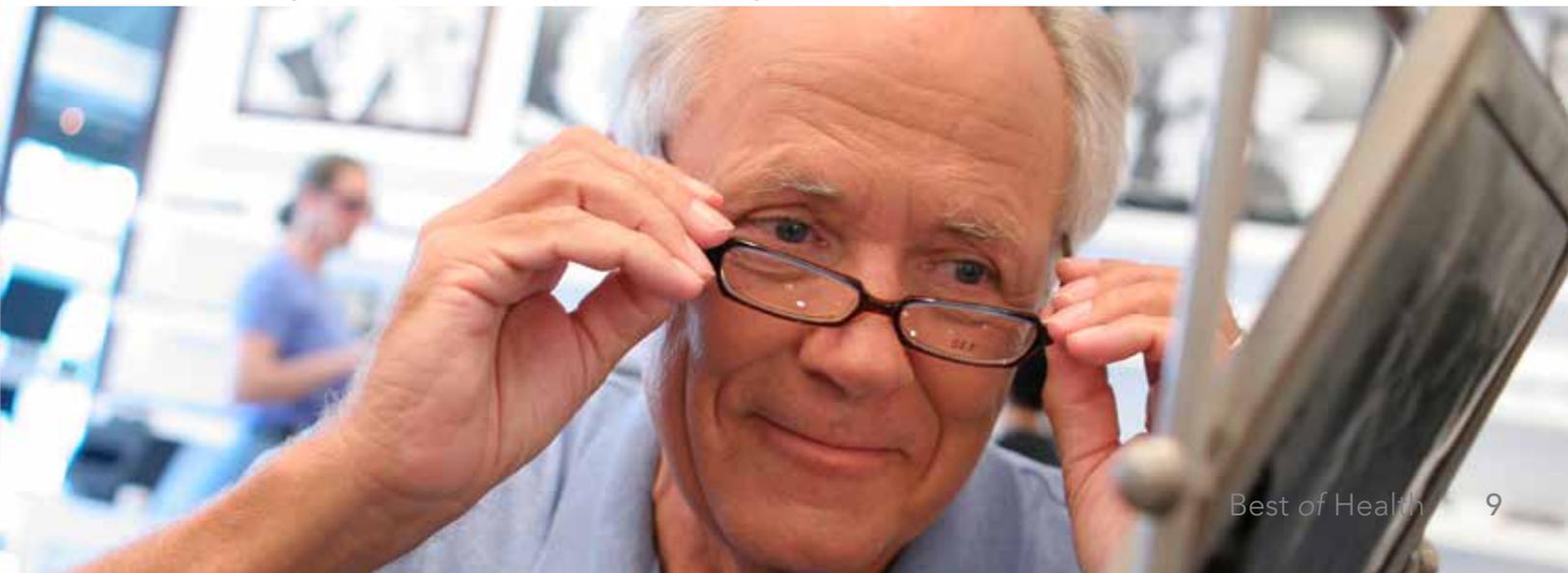
As part of your EyeMed Welcome Kit, you will also receive a list of up to eight independent and retail providers nearest to your address. You can use your EyeMed coverage to visit a provider outside of the EyeMed network. However, your costs will be lower if you visit a provider inside the network.

To locate a provider in the EyeMed network

Go to www.eyemed.com or call EyeMed at 1-866-248-2028.

Questions about your EyeMed coverage?

Call EyeMed at 1-866-248-2028, from 7:30 a.m. to 11 p.m. Eastern time, Monday through Saturday, and 11 a.m. to 8 p.m. on Sunday.



Dental plan update

Effective Jan. 1, 2018, your retirement system dental plan will introduce a \$50 deductible per person when you use a non-PPO dentist for basic and major services. Basic services refer to the dental procedures covered in the following categories: minor restorative (fillings), major restorative (crowns), periodontics, endodontics, oral surgery, relines and repairs. Dental procedures in the prosthodontic category such as bridges, implants and dentures are considered major services. With a Delta Dental PPO dentist, the deductible is waived for all services and you're only responsible for your coinsurance. Using a Delta Dental PPO dentist saves you the most money.

The example below shows the amount you'll pay for a major dental service when going to a Delta Dental PPO dentist, Delta Dental Premier® dentist or nonparticipating dentist. Additional costs are applied when seeing a Delta Dental Premier® dentist or nonparticipating dentist.

Major Service (crown) payment example (deductible added):

	Major Service Charge	Approved Amount	Member Cost Share			Amount You Pay
			Deductible	Coinsurance (Percent of Delta Dental PPO approved amount)	Additional Cost	
Delta Dental PPO	\$950	\$675	\$0	\$168.75 (25% of \$675)	\$0	\$168.75
Delta Dental Premier	\$950	\$898	\$50	\$156.25 (25% of \$625*)	\$223 (Difference between Delta Dental PPO and Delta Dental Premier approved amount)	\$429.25
Nonparticipating	\$950	\$950	\$50	\$156.25 (25% of \$625*)	\$275 (Difference between Delta Dental PPO approved amount and dentist's charge)	\$481.25

*Delta Dental PPO approved amount minus the \$50 deductible.

Maximize your retirement system dental benefits by going to a Delta Dental PPO dentist. If you have questions about your dental coverage, call Delta Dental of Michigan's Customer Service department at 1-800-345-8756 or log in to the Consumer Toolkit® at www.consumertoolkit.com.

How to reach us

When contacting us, help us help you by providing your contract number.

Blue Cross Blue Shield of Michigan

For questions about health care claims, ID cards, durable medical equipment and supplies, or participating providers in Michigan:

Call: 1-800-422-9146
TTY: 711
Weekdays, 8:30 a.m. to 5 p.m. EST

Write: Blue Cross Blue Shield of Michigan –
Attention: MPSERS
600 E. Lafayette Blvd., Dept. X521
Detroit, MI 48226-2998

Website: bcbsm.com/mpsers

BlueCard PPO providers outside Michigan

Call: 1-800-810-BLUE (810-2583)

Medicare

Call: 1-800-MEDICARE (633-4227)
TTY: 1-877-486-2048

Website: medicare.gov

OptumRx

For questions about pharmacy claims, ID cards, or participating providers, contact OptumRx Prescription Plan at:

Call: 1-855-577-6517

Customer service representatives are available 24 hours a day, 7 days a week.

Website: mycatamaranrx.com

BriovaRx

For questions about specialty medications, contact Specialty Pharmacy BriovaRx at:

Call: 1-855-4BRIOVA (1-855-427-4682)
Weekdays, 8:30 a.m. to 10 p.m., EST

Website: briovarx.com

BlueVision

For questions about vision benefits services, contact VSP.

Call: 1-877-478-7558
Monday through Friday,
8 a.m. to 11 p.m. EST
Saturday, 10 a.m. to 11 p.m. EST
Sunday, 10 a.m. to 10 p.m. EST

For vision ID cards, call Blue Cross Blue Shield of Michigan at 1-800-422-9146.

TTY: 711
Weekdays, 8:30 a.m. to 5 p.m. EST

Website: bcbsm.com/mpsers under *Vision Plan*

Delta Dental Plan of Michigan

Call: 1-800-345-8756

Customer service representatives available weekdays, 8:30 a.m. to 8 p.m., Eastern time. Automated service seven days a week, 24 hours a day.

Website: deltadentalmi.com

Michigan Public School Employees' Retirement System

For information about your pension account and health insurance enrollment and eligibility, contact Office of Retirement Services:

Call: 1-800-381-5111
Weekdays, 8:30 a.m. to 5 p.m., EST

Website: michigan.gov/orsschools

For address and membership changes:

Website: michigan.gov/orsmiaccount

Write: Office of Retirement Services
P.O. Box 30171
Lansing, MI 48909-7671

Upcoming Pension Payment Dates

October 25, 2017 • November 22, 2017 • December 18, 2017

IMPORTANT INFORMATION
Michigan Public School Employees' Retirement System

Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd., MC 517J
Detroit, MI 48226-2998

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Medicare



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