



## Insurance Option Summary Michigan Public School Retirees

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### Your Health Plans

The Office of Retirement Services (ORS) 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, with the current options listed below. Plan offerings are updated regularly, so check the ORS website for the most current information.

### Enrolling in or Changing Insurance after Retirement

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**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 your 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](http://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 a Health Maintenance Organization (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 Blue Cross Blue Shield of Michigan (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

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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](http://www.michigan.gov/orsschools).

### Insurance Plans Available

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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, 2018

CARRIERS	COUNTIES	NON-MEDICARE
<b>Blue Preferred PPO</b> <b>BCBSM 800-422-9146</b> <b>OptumRx 866-288-5209</b>	No county restrictions.	
<b>Blue Care Network</b> <b>800-662-6667</b>	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.	
<b>Priority Health</b> <b>800-446-5674</b>	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.	
CARRIERS	COUNTIES	MEDICARE
<b>Medicare Plus Blue</b> <b>BCBSM 800-422-9146</b> <b>OptumRx 855-577-6517</b>	No county restrictions.	
<b>BCN Advantage</b> <b>866-966-2583</b>	<b>Medicare Participants Only—Expanded Network:</b> 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.	
<b>Priority Health Medicare</b> <b>888-389-6648</b>	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, 2018

<b>HEALTH CARE BENEFIT</b>	<b>Blue Preferred PPO BCBSM 800-422-9146 OptumRx 866-288-5209</b>	<b>Blue Care Network 800-662-6667</b>	<b>Priority Health 800-446-5674</b>
<b>Office Calls</b>	10% coinsurance plus deductible	\$25 copay Primary \$35 copay after deductible Specialist	\$25 copay Primary \$40 copay Specialist, deductible does not apply
<b>Routine Physical Exams</b>	Covered in full once annually	\$25 copay Primary \$35 copay after deductible Specialist	Covered in full, deductible does not apply
<b>Routine Pap Smears</b>	Covered in full—Dr. office & Quest Labs; 10% coinsurance after deductible—outpatient	Covered in full	Covered in full, deductible does not apply
<b>Routine Mammograms</b>	10% coinsurance plus deductible	Covered in full	Covered in full, deductible does not apply
<b>Allergy Testing and Treatment</b>	10% coinsurance plus deductible	50% coinsurance after deductible \$5 copay for allergy injections	Included in office visit, deductible does not apply
<b>Chiropractic Visits</b>	10% coinsurance plus deductible, up to 26 visits annually	\$35 copay after deductible	\$30 copay, maximum benefit 30 visits/year with PT & OT, deductible does not apply
<b>Hospital Inpatient Care</b>	10% coinsurance plus deductible	10% coinsurance after deductible	10% coinsurance after deductible
<b>Hospital Outpatient Care (inc. diagnostic services)</b>	10% coinsurance plus deductible	10% coinsurance after deductible \$150 copay after deductible for high tech imaging services	10% coinsurance after deductible
<b>Med/Surg Care (inc. surgery, anesthesia, tech. surg. assist.)</b>	10% coinsurance plus deductible	10% coinsurance after deductible	10% coinsurance after deductible
<b>Emergency Medical Care</b>	10% coinsurance plus deductible, \$100 copay/visit after coinsurance maximum met. **Waived if admitted within 3 days.	\$150 copay after deductible, waived if admitted	\$150 copay, waived if admitted. Deductible does not apply
<b>Urgent Medical Care</b>	10% coinsurance plus deductible, \$65 copay/visit after coinsurance maximum met**	\$65 copay	\$60 copay. Deductible does not apply
<b>Care Outside Michigan</b>	Same in US through BlueCard; outside US, hospital coverage through BlueCard.	Routine, urgent & follow-up care through BlueCard	Emergency & Urgent Care same as in-network. Most other covered services, travel deductible and coinsurance apply.
<b>Care Outside the Network in Michigan</b>	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 authorization on file	Emergency & Urgent Care same as in-network
<b>Home Health Care</b>	Deductible	\$35 copay after deductible	10% coinsurance after deductible
<b>Skilled Nursing Facility</b>	10% coinsurance plus deductible up to 100 days	10% coinsurance after deductible up to 120 days per calendar year	10% coinsurance, 100 days (can be renewed) after deductible
<b>Hospice</b>	Covered in full	Covered in full after deductible; inpatient hospice care requires prior authorization	10% coinsurance after deductible

**NON-Medicare Summary Comparison Sheet (continued)\***  
Effective January 1, 2018

HEALTH CARE BENEFIT	Blue Preferred PPO BCBSM 800-422-9146 OptumRx 866-288-5209	Blue Care Network 800-662-6667	Priority Health 800-446-5674
<b>Outpatient Mental Health Services</b>	10% coinsurance plus deductible	50% coinsurance, up to 20 visits/calendar year	\$25 copay, deductible does not apply
<b>Prescription Drugs</b>	20% coinsurance Preferred Brand and Generic \$10 minimum/\$40 maximum retail (30 day); \$25 minimum /\$100 maximum mail (90 day) 40% coinsurance Non-Preferred Brand Additional 10% coinsurance on maintenance drugs on and after 4th refill at retail  Exclusive Specialty pharmacy medications through BrivoRx	\$20 copay Generic \$60 copay Preferred Brand \$80 copay Non-Preferred Brand 50% coinsurance sexual dysfunction drugs (30 day supply) <b>Specialty:</b> 20% coinsurance (\$200 maximum per prescription Tier 4, \$400 maximum per prescription Tier 5) <b>Mail Order:</b> Up to 90 day supply for 2 copays	\$10 copay Generic; \$50 copay Preferred Brand; \$80 copay Non-Preferred Brand  <b>Specialty:</b> 20% coinsurance (\$150 maximum per prescription)  <b>Mail Order:</b> 90 day supply for 2 copays
<b>Durable Medical Equipment Supplier</b>	<b>In Network</b> 10% coinsurance plus deductible; <b>Out of Network</b> 30% coinsurance plus deductible and difference in cost between provider's charge and the BCBSM approved amount;	50% coinsurance of the Approved Amount when authorized and obtained from a participating provider	20% coinsurance after deductible
<b>Hearing Benefits</b>	<b>Hearing Exam:</b> \$45 copay** <b>Hearing Aids:</b> \$499 copay** per hearing aid for advanced aids \$799 copay** per hearing aid for premium aids Initial hearing exam and hearing aids for both ears covered once every 36 months, exclusively through TruHearing providers	<b>Hearing Exam:</b> Covered in full. One exam every 36 months <b>Hearing Aids:</b> Covered in full. One hearing aid every 36 months.	<b>Hearing Exam:</b> Covered in full. One hearing exam, one audiometric exam every 36 months <b>Hearing Aids:</b> One basic hearing aid per ear every 36 months, maximum \$500/hearing aid
<b>Deductible</b>	\$1,000 Individual ***	\$400 Individual/\$800 Family	<b>In-network:</b> \$650 Individual/\$1,300 Family <b>Out-of-network:</b> \$1,300 Individual/\$2,600 Family
<b>Pharmacy Max</b>	\$1,500 Individual	Specialty only: \$4,800 Individual	None
<b>Medical Max</b>	Coinsurance max: \$900 Individual Total medical out-of-pocket maximum** (Deductible + coinsurance maximum): \$1,900 Individual	Coinsurance maximum: \$750 Individual/\$1,500 Family	Coinsurance max: <b>In-network:</b> \$850 Individual/\$1,700 Family <b>Out-of-network:</b> \$1,700 Individual/\$3,400 Family

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

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

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

## Medicare Summary Comparison Sheet\*

Effective January 1, 2018

HEALTH CARE BENEFIT	Medicare Plus Blue BCBSM 800-422-9146 OptumRx 855-577-6517	BCN Advantage 866-966-2583	Priority Health Medicare 888-389-6648
<b>Office Calls</b>	10% coinsurance plus deductible	\$25 copay Primary \$45 copay after deductible Specialist \$40 copay outpatient therapy services	\$20 copay Primary/\$35 copay Specialist, deductible does not apply
<b>Routine Physical Exams</b>	Covered in full once annually	Medicare Wellness Exam covered in full once annually	Covered in full, deductible does not apply
<b>Routine Pap Smears</b>	Covered in full	Covered in full	Covered in full, deductible does not apply
<b>Routine Mammograms</b>	Covered in full	Covered in full	Covered in full, deductible does not apply
<b>Allergy Testing and Treatment</b>	10% coinsurance plus deductible	Covered in full Office visit copay may apply after deductible	Covered in full Office visit copay may apply, deductible does not apply
<b>Chiropractic Visits</b>	10% coinsurance plus deductible	\$20 copay after deductible when referred	\$20 copay, deductible does not apply
<b>Hospital Inpatient Care</b>	10% coinsurance plus deductible	10% coinsurance after deductible	10% coinsurance after deductible
<b>Hospital Outpatient Care (inc. diagnostic services)</b>	10% coinsurance plus deductible	10% coinsurance after deductible. Office visit copay may apply \$150 copay after deductible for high tech imaging services	10% coinsurance after deductible
<b>Med/Surg Care (surg, anesthesia, tech. surg assistance)</b>	10% coinsurance plus deductible	10% coinsurance after deductible	10% coinsurance after deductible
<b>Emergency Medical Care</b>	\$100 copay, waived if admitted within 3 days	\$100 copay after deductible, waived if admitted	\$75 copay, waived if admitted. Deductible does not apply
<b>Urgent Medical Care</b>	\$65 copay	\$50 copay	\$45 copay. Deductible does not apply
<b>Care Outside of Michigan</b>	Same in US; outside US, member pays for services up front & BCBSM will reimburse member.	Routine, urgent and follow-up care through BlueCard	Emergency & Urgent Care same as in-network. Most other covered services, travel deductible and coinsurance apply.
<b>Care Outside the Network in Michigan</b>	Same as in network	Emergency and Urgent care covered. Other care not covered unless member has prior authorization on file	Emergency & Urgent Care same as in-network. Most other covered services, travel deductible and coinsurance apply.
<b>Home Health Care</b>	Covered in full	Covered in full after deductible; copay may apply for physician's visit	Covered in full, deductible does not apply
<b>Skilled Nursing Facility</b>	10% coinsurance plus deductible, up to 100 days	Covered in full after deductible for 100 days (can be renewed after 60 days)	10% coinsurance 100 days (can be renewed after 60 days) after deductible
<b>Hospice</b>	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare

**Medicare Summary Comparison Sheet (continued)\***  
Effective January 1, 2018

HEALTH CARE BENEFIT	Medicare Plus Blue BCBSM 800-422-9146 OptumRx 855-577-6517	BCN Advantage 866-966-2583	Priority Health Medicare 888-389-6648
<b>Outpatient Mental Health Services</b>	10% coinsurance plus deductible	Covered in full	\$20 Copay, deductible does not apply
<b>Prescription Drugs</b>	20% coinsurance Preferred Brand and Generic \$10 minimum/\$40 maximum retail (30 day); \$25 min/\$100 maximum mail (90 day) 40% coinsurance Non-Preferred Brand Additional 10% coinsurance on maintenance drugs on and after 4th refill at retail  Preferred Specialty medications through BriovaRx	<b>Preferred Pharmacy:</b> \$12 copay Generic \$55 copay Preferred Brand \$80 copay Non-Preferred Drugs 50% coinsurance sexual dysfunction drugs (31 day supply) <b>Standard Pharmacy:</b> \$20 copay Generic \$75 copay Preferred Brand \$100 copay Non-Preferred Drugs <b>Mail Order:</b> 32 day to 90 day supply for 2 copays <b>Specialty:</b> 20% coinsurance (\$200 maximum per prescription)	<b>Preferred Pharmacy:</b> \$9 Copay Generic \$40 Copay Preferred Brand \$70 Copay Non-Preferred Brand <b>Non-Preferred Pharmacy:</b> \$15 Copay Generic \$45 Copay Preferred Brand \$75 Copay Non-Preferred Brand <b>Mail Order:</b> Up to 90 day supply for 2 Copays <b>Specialty:</b> 20% coinsurance (\$100 maximum per prescription)
<b>Durable Medical Equipment Supplier</b>	<b>In network</b> 10% coinsurance plus deductible <b>Out of network</b> 30% coinsurance plus deductible	20% coinsurance	20% coinsurance after deductible
<b>Hearing Benefits</b>	<b>Hearing Exam:</b> \$45 copay** <b>Hearing Aids:</b> \$499 copay** per hearing aid for advanced aids \$799 copay** per hearing aid for premium aids Initial hearing exam and hearing aids for both ears covered once every 36 months, exclusively through TruHearing providers	<b>Hearing Exam:</b> Covered in full. One exam every 36 months <b>Hearing Aids:</b> Covered in full. One hearing aid per ear every 36 months.	<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 copay per hearing aid for premium aids. One basic hearing aid per ear every 12 months Exclusively through TruHearing providers.
<b>Deductible</b>	\$800 Individual ***	\$400 Individual	\$250 Individual
<b>Pharmacy Maximum</b>	Coinsurance maximum: \$1,500 Individual	Specialty only: \$3,600 Individual	None
<b>Medical Maximum</b>	Coinsurance maximum: \$900 Individual Total medical out-of-pocket maximum (Deductible + Coinsurance maximum + copays**): \$1,700 Individual	Total medical out-of-pocket maximum: \$2,100 Individual	Total medical out-of-pocket max: \$2,100 Individual

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

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

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