

2024



Lake Superior at Michigan's Pictured
Rocks National Lakeshore

Non-Medicare Blue Preferred[®] PPO



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.[®]

Summary of Benefits

January 1, 2024 – December 31, 2024

Note: Vaccine coverage effective March 1, 2024.

Michigan Public School Employees' Retirement System
www.bcbsm.com/mpsers

About the medical plan

When you retire, you, your spouse and your eligible dependents can enroll in healthcare coverage through the Michigan Public School Employees' Retirement System. If you're not yet eligible for Medicare, you have a nationwide preferred provider organization (PPO) medical plan administered by Blue Cross Blue Shield of Michigan.

When you become eligible for Medicare, you'll have a Medicare Advantage plan that is administered by Blue Cross. You'll receive information about the retirement system Medicare Advantage plan in the mail 120 days before your 65th birthday.

Using preferred providers saves money, offers convenience

The national Blue Cross PPO network offers providers selected for their quality of care and ability to provide cost-effective services. As a Blue Cross member, you have access to Michigan's largest statewide network of physicians, specialists and other providers — including every acute care hospital in the state. Outside Michigan, you have access to a network of Blue Cross plan providers. Your out-of-pocket costs are lower when you use network providers and it's convenient because you never have to file a claim.

For most services, you're free to choose your own physicians and hospitals and still have coverage. But, if you select a provider that's not part of the PPO network, you share a higher percentage of the cost.

Your routine hearing care benefit is brought to you through an arrangement between Blue Cross and TruHearing. Routine hearing exams and hearing aids are covered only when you call TruHearing at **1-855-205-6305** and follow the instructions you're given. TruHearing does not provide Blue Cross branded products and services.

In Michigan, in addition to the Blue Cross network, you'll also have a network of independent labs with Quest Diagnostics. To find a Quest Diagnostics lab, visit www.questdiagnostics.com* or call **1-866-MYQUEST (697-8378)**.

What you pay

Your retirement system medical plan has cost-sharing features in which you pay a portion of the cost of services through coinsurance or copay and a deductible. Coinsurance is applied before your deductible. The annual deductible in 2024 is \$1,000 per member. For members enrolled in LivingWell, the annual deductible is \$850 or \$800 based on the number of program steps completed.

The following summary lists your out-of-pocket costs for covered services. Covered services will cost you less when you use a network provider. When you don't use network providers, you'll pay an additional 20% coinsurance for most services. The additional 20% does not apply to your coinsurance maximum.

If your out-of-network provider doesn't participate with Blue Cross Blue Shield, in addition to the out-of-pocket cost indicated for the covered services, you're also responsible for the difference between the provider's charge and the Blue Cross approved amount.

Your medical coverage	What you pay	
Hospital care	In network	Out of network
Inpatient care Unlimited days	10% coinsurance plus deductible	30% coinsurance plus deductible
Outpatient care	10% coinsurance plus deductible	30% coinsurance plus deductible
Alternatives to hospital care	Blue Cross approved provider	Non-approved provider
Skilled nursing care Covered up to 100 days (days can be renewed)	10% coinsurance plus deductible	All charges
Home healthcare Unlimited days	Deductible	All charges
Hospice Covered up to four 90-day periods	You pay nothing.	All charges
Emergency services	In network	Out of network
Emergency medical care	10% coinsurance plus deductible. \$135 copay per visit once the annual coinsurance maximum is met. The \$135 copay is waived if you're admitted to the hospital within 72 hours.	Same as in network
Urgent care visit	10% coinsurance plus deductible. \$65 copay per visit once the annual coinsurance maximum is met.	30% coinsurance plus deductible. \$65 copay per visit once the annual coinsurance maximum is met.
Ambulance services	Blue Cross approved provider	Non-approved provider
Ambulance	10% coinsurance plus deductible	10% coinsurance plus deductible plus the difference between the Blue Cross approved amount and charged amount
Surgical services	In network	Out of network
Inpatient or outpatient surgery	10% coinsurance plus deductible	30% coinsurance plus deductible
Organ and tissue transplants Certain transplants are only covered in Blue Cross designated transplant facilities.	10% coinsurance plus deductible	30% coinsurance plus deductible
Doctor visits and services	In network	Out of network
Allergy testing and treatment	10% coinsurance plus deductible	30% coinsurance plus deductible
Cardiac rehabilitation	10% coinsurance plus deductible	30% coinsurance plus deductible
Chemotherapy services	10% coinsurance plus deductible	30% coinsurance plus deductible
Chiropractic visits Covered up to 26 visits per year for spinal manipulations, X-rays	10% coinsurance plus deductible	30% coinsurance plus deductible
Dental services Dental surgery when hospitalized; treatment for injuries	10% coinsurance plus deductible	30% coinsurance plus deductible
Inpatient visits	10% coinsurance plus deductible	30% coinsurance plus deductible
Office visits For diagnosis and treatment of general medical conditions	10% coinsurance plus deductible	30% coinsurance plus deductible
Physical, occupational and speech therapy	10% coinsurance plus deductible	30% coinsurance plus deductible

The Michigan Public School Employees' Retirement System medical plan is administered by Blue Cross Blue Shield of Michigan under an agreement with the Michigan Office of Retirement Services. This publication is not a contract for coverage, but a brief outline of benefits offered to retirees and their eligible family members who are not yet eligible for Medicare. The information provided here does not include all covered and noncovered services or conditions of coverage. Members who enroll in the medical plan are provided detailed information about the plan and terms of coverage. Coverage, including coinsurances, copays and deductibles, are subject to change.

Your medical coverage	What you pay	
Doctor visits and services <i>(continued)</i>	In network	Out of network
Virtual care	10% coinsurance plus deductible	30% coinsurance plus deductible
Vaccines and preventive services		
Vaccines	In network	Out of network
COVID-19 (coronavirus) vaccine	You pay nothing.	Same as in network
Flu (influenza) vaccine One per flu season		
Hepatitis B vaccine		
Human Papillomavirus (HPV) vaccine		
Pneumococcal (pneumonia) vaccine The number of shots covered, per lifetime, will depend on vaccine used and time between doses. Talk with your doctor to see if you need one or both pneumonia vaccines.		
Respiratory Syncytial Virus (RSV) vaccine		
Shingles vaccine		
Preventive services	In network	Out of network
Annual routine physical exam and standard, routine labs done in conjunction with the physical exam Once per calendar year	You pay nothing.	20% coinsurance
Breast cancer screening (mammogram) Once per calendar year		
Cervical and vaginal cancer screening (pap test and pelvic exam) Once per calendar year		
Prostate cancer screening Once per calendar year		
Screening colonoscopy People at high risk – once every 24 months People not at high risk – once every 120 months (10 years)		
COVID-19 (coronavirus) testing	In network	Out of network
At an independent lab	10% coinsurance plus deductible	30% coinsurance plus deductible
At a provider's office		
At an outpatient hospital		
Laboratory and pathology services*	In network	Out of network
At an independent lab (Michigan lower peninsula)	Nothing at a Quest Diagnostics lab.	If the provider does not participate with Blue Cross, you pay the difference between the provider's charge and Blue Cross' approved amount.
At an independent lab (Michigan upper peninsula and outside Michigan)	10% coinsurance plus deductible	30% coinsurance plus deductible
At a physician's office (In Michigan)	You pay nothing.	30% coinsurance plus deductible
At a physician's office (Outside Michigan)	10% coinsurance plus deductible	30% coinsurance plus deductible
In an outpatient hospital setting	10% coinsurance plus deductible	30% coinsurance plus deductible

*Refer to Your 2024 Member Benefit Guide for more information about covered services at [bcbsm.com/mpsers](https://www.bcbsm.com/mpsers).

Your medical coverage		What you pay
Diagnostic imaging services		In network Out of network
Imaging services Includes X-ray, and CAT, MRI, PET scans		10% coinsurance plus deductible 30% coinsurance plus deductible
Dialysis treatment and services		In network Out of network
Covers services at a hospital outpatient department or in your home from an approved provider		10% coinsurance plus deductible 30% coinsurance plus deductible
Dialysis supplies		Blue Cross approved provider Non-approved provider
From an independent medical supplier		10% coinsurance plus deductible 30% coinsurance plus deductible plus difference between the supplier's charge and Blue Cross' approved amount
Behavioral health, mental health and substance use disorder treatment		
At a physician's office	In network: 10% coinsurance plus deductible	Out of network: 30% coinsurance plus deductible
At an outpatient facility	Blue Cross approved provider: 10% coinsurance plus deductible	Non-approved provider: All charges
Substance use disorder treatment at an outpatient facility	Blue Cross approved provider: 10% coinsurance plus deductible	Non-approved provider: All charges
Durable medical equipment and supplies, prosthetics and orthotics		Blue Cross approved provider Non-approved provider
From an independent medical supplier		10% coinsurance plus deductible 30% coinsurance plus deductible plus difference between the supplier's charge and Blue Cross' approved amount
Diabetic supplies		Blue Cross approved provider Non-approved provider
From an independent medical supplier		You pay nothing. Same as in network
Routine hearing care		TruHearing provider Non-TruHearing provider
Routine hearing exams and hearing aids, covered every 36 months as long as you call TruHearing at 1-855-205-6305 and follow the instructions you're given.		\$45 copay for audiometric exam. \$499 copay per hearing aid for TruHearing Advanced aids. \$799 copay per hearing aid for TruHearing Premium aids. All charges
Benefit maximums		
Annual coinsurance maximum	Once coinsurance payments total \$900 per member, most covered services that were paid at 90% will be paid at 100% of the Blue Cross approved amount for the rest of the calendar year and the 30% coinsurance for out-of-network services will be reduced to 20%. You pay a copay for emergency room and urgent care visits after the annual coinsurance maximum is met. Note: Copays are not included in the annual coinsurance maximum.	
Transplant maximums Maximums apply to heart, heart-kidney, heart-liver, heart-lung, intestine, liver, lung, lobar lung, pancreas, stomach, multivisceral transplants (multiple abdominal organs) as determined by Blue Cross.	Coverage includes the following maximums: Organ procurement – \$10,000 per organ; Travel and lodging – \$10,000 for you and one companion (two companions if you are under the age of 18 years old).	

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Coverage outside of Michigan

Whether you're traveling across the country, around the world, or you live outside of Michigan, your medical benefits travel with you. As part of the national Blue Cross Blue Shield Association of plans, you'll find Blue Preferred PPO providers in every state. Using in-network Blue Cross plan providers will minimize your cost and, in most cases, eliminate the need to file a claim.

To locate network doctors, hospitals and participating providers wherever you or a covered family member needs care (have your membership ID card handy):

- Use the *Find a Doctor* tool at www.bcbsm.com/mpsers.
- Call BlueCard Access® at 1-800-810-BLUE (2583).
- Call Blue Cross Blue Shield Global Core at **1-800-810-BLUE (2583)** for doctors and hospitals outside the United States.
- Call TruHearing for routine hearing care benefits. Routine hearing exams and hearing aids are only covered when you call TruHearing at **1-855-205-6305** and follow the instructions you're given.

Navigating your health just got easier

We know that navigating the healthcare system can feel overwhelming at times. That's why Blue Cross is committed to making it easier. With Blue Cross Coordinated Care Advocate, you can reach out to a member advocate to help with just about anything related to your healthcare.

Member advocates can support you by helping you find a network provider, understanding diagnoses, treatment plans, test results and more.

To contact a member advocate, call **1-800-422-9146** Monday through Friday from 8:30 a.m. to 5 p.m. Eastern time. TTY users should call **711**.

Once you've connected with a member advocate, you can stay in touch using the Blue Cross Coordinated CareSM app. To get started with the app, visit bcbsm.com/coordinatedcare on a smart phone or tablet, or search *BCBSM Coordinated Care* in Google PlayTM or the App Store®. Your access code is **ADV**.

Helping to keep you in the best of health

Your retirement system medical plan focuses on your total health and is dedicated to making sure you receive high-quality and safe healthcare.

Among the national network of providers and hospitals, providers who go above and beyond are recognized as part of the Blue Distinction Specialty Care program. These providers and healthcare facilities deliver consistent, quality care in certain specialties that traditionally have high out-of-pocket costs, such as cardiac care or knee replacement.

You have access to free health information via Blue Cross® Health & Well-Being, a comprehensive health and information program. You can speak directly with a health coach for answers to your health questions by calling the Engagement Center at **1-800-775-BLUE (2583)**.

News and information you can use

The quarterly member newsletter, *Best of Health*, keeps you up to date about your medical plan, shows you how to make the most of your health coverage and offers information on wellness and important health issues.

Tap in to your medical plan

You've got apps to count calories and steps. Now add the Blue Cross mobile app — the only one that helps you manage your healthcare benefits and budget for care.

Use the app to check your coverage, claims and balances; show and share your ID card; find care, and compare healthcare service costs.

Get the app. Or text APP to 222764. Message and data rates may apply.



You have many options when it comes to selecting a medical care plan. Thank you for choosing Blue Cross Blue Shield of Michigan.

Questions?

Blue Cross Customer Service

1-800-422-9146

TTY users should call 711

Monday through Friday

8:30 a.m. to 5 p.m. Eastern time

www.bcbsm.com/mpsers



**Blue Cross
Blue Shield**
of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.