

2023



Tree and garden with Great Lakes view  
Mackinaw Island Michigan

# Non-Medicare Blue Preferred<sup>®</sup> PPO



## Summary of Benefits

January 1, 2023 – December 31, 2023

Michigan Public School Employees' Retirement System  
[www.bcbsm.com/mpsers](http://www.bcbsm.com/mpsers)

## About the medical plan

When you retire, you, your spouse and your eligible dependents can enroll in health care 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 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](http://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 2023 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.

<b>Your medical coverage</b>	<b>What you pay</b>	
<b>Hospital care</b>	<b>In network</b>	<b>Out of network</b>
<b>Inpatient care</b> Unlimited days	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Outpatient care</b>	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Alternatives to hospital care</b>	<b>Blue Cross approved provider</b>	<b>Non-approved provider</b>
<b>Skilled nursing care</b> Covered up to 100 days (days can be renewed)	10% coinsurance plus deductible	All charges
<b>Home health care</b> Unlimited days	Deductible	All charges
<b>Hospice</b> Covered up to four 90-day periods	Covered in full	All charges
<b>Emergency services</b>	<b>In network</b>	<b>Out of network</b>
<b>Emergency medical care</b>	10% coinsurance plus deductible. \$125 copay per visit once the annual coinsurance maximum is met. The \$125 copay is waived if you're admitted to the hospital within 72 hours.	Same as in network
<b>Urgent care visit</b>	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.
<b>Ambulance services</b>	<b>Blue Cross approved provider</b>	<b>Non-approved provider</b>
<b>Ambulance</b>	10% coinsurance plus deductible	10% coinsurance plus deductible plus the difference between the Blue Cross approved amount and charged amount
<b>Surgical services</b>	<b>In network</b>	<b>Out of network</b>
<b>Inpatient or outpatient surgery</b>	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Organ and tissue transplants</b> Certain transplants are only covered in Blue Cross designated transplant facilities.	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Doctor visits and services</b>	<b>In network</b>	<b>Out of network</b>
<b>Allergy testing and treatment</b>	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Cardiac rehabilitation</b>	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Chemotherapy services</b>	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Chiropractic visits</b> Covered up to 26 visits per year for spinal manipulations, X-rays	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	
	In network	Out of network
<b>Doctor visits and services</b> <i>continued</i>		
<b>Dental services</b> Dental surgery when hospitalized; treatment for injuries	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Inpatient visits</b>	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Office visits</b> For diagnosis and treatment of general medical conditions	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Online visits</b>	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Physical, occupational and speech therapy</b>	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Preventive services</b>	<b>In network</b>	<b>Out of network</b>
<b>Annual gynecological exam</b> – Once per calendar year	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Annual routine physical exam and standard, routine labs done in conjunction with the physical exam</b> Once per calendar year	Covered in full	20% coinsurance
<b>Breast cancer screening (mammograms)</b> Once per calendar year	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Flu shot**</b> – Once per flu season	Covered in full	Same as in network
<b>Hepatitis B vaccine**</b> People at high or medium risk for Hepatitis B – based on medical necessity. Check with your doctor to see if you're at high or medium risk for Hepatitis B.	Covered in full	Same as in network
<b>Pneumonia vaccine**</b> – 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 of the pneumonia vaccines.	Covered in full	Same as in network
<b>Screening colonoscopy</b> People at high risk – once every 24 months People not at high risk – once every 120 months (10 years)	10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Laboratory and pathology services</b>	<b>In network</b>	<b>Out of network</b>
At an independent lab (Michigan lower peninsula)	Covered in full	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)	Covered in full	30% coinsurance plus deductible
At a physician's office (Out of Michigan)	10% coinsurance plus deductible	30% coinsurance plus deductible
In an outpatient hospital setting	10% coinsurance plus deductible	30% coinsurance plus deductible

\*\*Vaccines and other services received at retail health clinics, such as CVS MinuteClinics or Walgreens Healthcare Clinics are not covered. If you need help finding no-cost vaccine locations, call Blue Cross Customer Service at 1-800-422-9146 from 8:30 a.m. to 5 p.m. Monday through Friday. TTY users should call 711.

Your medical coverage		What you pay	
<b>Diagnostic imaging services</b>		<b>In network</b>	<b>Out of network</b>
<b>Imaging services</b> Includes X-ray, and CAT, MRI, PET scans		10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Dialysis treatment and services</b>		<b>In network</b>	<b>Out of network</b>
Covers services at a hospital outpatient department or in your home from an approved provider		10% coinsurance plus deductible	30% coinsurance plus deductible
<b>Dialysis supplies</b>		<b>Blue Cross approved provider</b>	<b>Non-approved provider</b>
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
<b>Behavioral health, mental health and substance use disorder treatment</b>			
At a physician's office		<b>In network:</b> 10% coinsurance plus deductible	<b>Out of network:</b> 30% coinsurance plus deductible
At an outpatient facility		<b>Blue Cross approved provider:</b> 10% coinsurance plus deductible	<b>Non-approved provider:</b> All charges
Substance use disorder treatment at an outpatient facility		<b>Blue Cross approved provider:</b> 10% coinsurance plus deductible	<b>Non-approved provider:</b> All charges
<b>Durable medical equipment and supplies, prosthetics and orthotics</b>		<b>Blue Cross approved provider</b>	<b>Non-approved provider</b>
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
<b>Diabetic supplies</b>		<b>Blue Cross approved provider</b>	<b>Non-approved provider</b>
From an independent medical supplier		Covered in full	Same as in network
<b>Routine hearing care</b>		<b>TruHearing provider</b>	<b>Non-TruHearing provider</b>
Routine hearing exams and hearing aids, covered every 36 months as long as you call TruHearing at <b>1-855-205-6305</b> 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
<b>Benefit maximums</b>			
<b>Annual coinsurance maximum</b>	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. <b>Note:</b> Copays are not included in the annual coinsurance maximum.		
<b>Outpatient services lifetime maximum</b>	\$2.5 million lifetime maximum per member for outpatient services.		
<b>Transplant maximums</b> (Maximums apply to combined small intestine-liver, heart, heart-lung(s), liver, lobar lung, lung(s), pancreas, partial liver, kidney-liver, simultaneous pancreas-kidney, small intestine (small bowel) and multivisceral transplants (as determined by Blue Cross).	\$1 million lifetime maximum, separate from and in addition to the outpatient services lifetime maximum. Coverage includes the following maximums: Organ procurement – \$10,000 per organ; Travel and lodging – \$10,000; Immunosuppressive drugs – \$10,000 per year.		

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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](http://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 health care system can feel overwhelming at times. That's why Blue Cross is committed to making it easier. With Blue Cross Coordinated Care Navigator<sup>SM</sup>, you can reach out to a clinical navigator to help with just about anything related to your healthcare.

These registered nurses can support you by understanding diagnoses, treatment plans, test results and more.

To contact a clinical navigator, 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 clinical navigator, you can stay in touch with the Blue Cross Coordinated Care<sup>SM</sup> app. To get started with the app, visit [bcbsm.com/coordinatedcare](http://bcbsm.com/coordinatedcare) on a smart phone or tablet, or search *BCBSM Coordinated Care* in Google Play<sup>TM</sup> or the App Store®. Your access code is **NAV**.

## 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 health care.

Among the national network of doctors and hospitals, doctors who go above and beyond are recognized as part of the Blue Distinction Specialty Care program. These doctors, hospitals and health care 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 Health Coach Hotline at **1-800-775-BLUE (2583)**.

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 health care 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 health care service costs.

Get the app. Or text APP to 222764\*\*



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

\*\*Message and data rates may apply

## 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](http://www.bcbsm.com/mpsers)**



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