

Best of Health



NON-MEDICARE
SUMMER 2023

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

INSIDE

2 IMPORTANT INFORMATION
Updates

7 PRESCRIPTION COVERAGE
Optum Rx®

10 DENTAL COVERAGE
Delta Dental

MEDICAL COVERAGE **3**
Blue Cross® Blue Shield® of Michigan

VISION COVERAGE **9**
EyeMed

GENERAL INFORMATION **11**
How to reach us

Important update: Verification of Coverage survey

The Michigan Office of Retirement Services (ORS) will no longer be conducting the annual Verification of Coverage (VOC) survey to identify other health coverage you or your dependents might have in addition to your retirement system coverage. Retirees will no longer receive an annual VOC survey each year.

In order to ensure that members with other health insurance continue to have their claims processed accurately, Blue Cross Blue Shield of Michigan will be implementing a Coordination of Benefits (COB) Questionnaire for the public school retirees' medical plan.

COB is the process for ensuring that you receive full benefits and prevents over-payment for services when you have coverage from two or more sources. You may receive a form from Blue Cross in the mail about this after you receive health care services.

When Blue Cross sends you a form that asks if you have more than one health insurance plan, you must respond, even if the answer is no. Blue Cross can't process your claims or pay you or your doctors until you respond.

You don't have to wait for Blue Cross to contact you. You can:

- Contact Blue Cross anytime you or anyone on your plan adds or drops other health insurance.
- Confirm your existing coordination of benefits information or update it when your plan renews each year; then Blue Cross won't mail you a form.

How to complete or update your COB Questionnaire

There are two ways to update your COB Questionnaire before receiving the form in the mail.



Online

1. Log in to your Blue Cross online member account at www.bcbsm.com/mpsers or on the mobile app.
2. Click on *My Coverage* and select *Coordination of Benefits*.
3. From there you can report any new or additional coverage that isn't listed or attest no other coverage.
4. Once complete, the *Status* box will update with the current date and details.



Phone

Call Blue Cross Customer Service at **1-800-422-9146** (TTY:711) Monday through Friday from 8:30 a.m. to 5 p.m. Eastern time.

Understanding your plan: Deductible

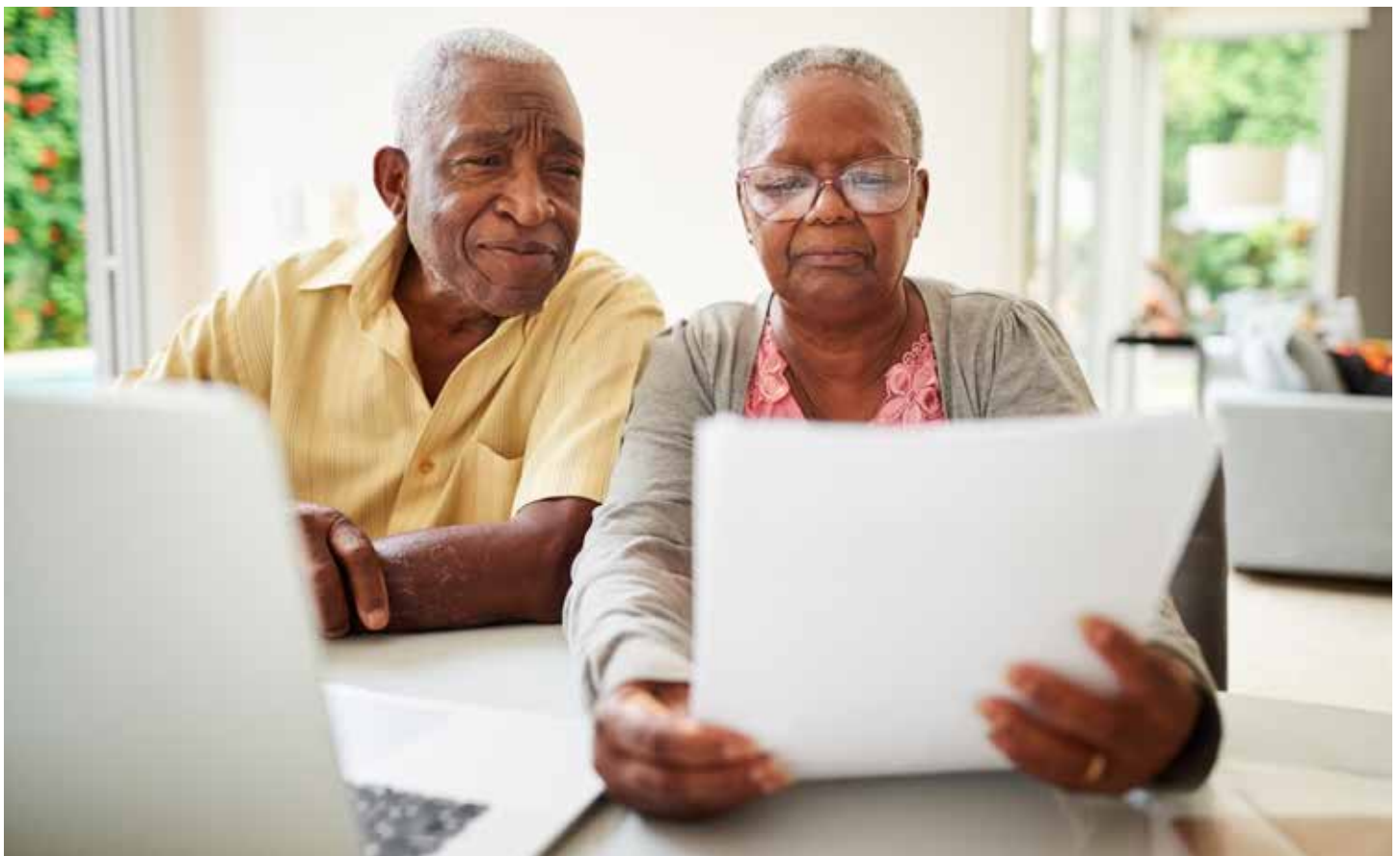
Understanding your costs can help you get the most out of your plan. When you retired, you likely considered your expenses, which was a factor in determining which plan best fit your needs and budget. There are countless health insurance terms used to describe the various costs, such as coinsurance, premium and copayment, that may be confusing. In this article, we'll focus on the term deductible.

A deductible is a fixed dollar amount you must pay during each calendar year before covered services and supplies are paid by your retirement system. **The deductible is applied after the coinsurance.** You have an annual deductible of \$1,000. Members enrolled in the LivingWell program receive an annual deductible credit of \$150 or \$200 based on the number of program steps completed.

With a Blue Cross online member account, you can explore how much you've paid toward your deductible and, if you're enrolled in the LivingWell program, you will see your deductible credit.

If you're not certain you received your LivingWell program annual deductible credit, call Blue Cross Customer Service at [1-800-422-9146](tel:1-800-422-9146) (TTY:711) Monday through Friday from 8:30 a.m. to 5 p.m. Eastern time.

Each year you'll have an opportunity to participate in the LivingWell program. Blue Cross will send you information about the program in the fall.



Experience a patient-centered medical home doctor

There's no better way to protect your health and well-being than with the Blue Cross patient-centered medical home (PCMH) program.

What is a PCMH?

A patient-centered medical home is whole-body health care focused on you, the patient. It's a collaboration between you and your doctor. Your doctor leads a team of health care professionals committed to improving your overall health and helping you reach your health goals.

Why choose a PCMH?

When you choose a PCMH doctor as your primary care provider, you choose a higher standard of care. That's because PCMH-designated doctors focus on preventing problems from happening.

If you need a specialist for a specific condition, your PCMH team can help you find the right specialist. Because all your tests and treatments by other doctors are communicated to your primary care doctor, you have a centralized home for your medical history. You won't have to repeat every symptom and test result each time you visit your doctor.

How do I find a PCMH doctor?

To search for a PCMH-designated doctor log in to your Blue Cross online member account at www.bcbsm.com/mpsers or on the mobile app:

1. Click on *Doctors + Hospitals*.
2. Select *Find a Doctor* from the list.
3. Click on *Find [or View] a PCP*.
 - If you clicked 'Find,' based on your location, a list of nearby doctors will appear. On the left side of the screen, scroll down to the "Quality" section to select the PCMH filter. After selected, all the physicians near you that work in a PCMH-designated practice will appear on the right side of the screen.
 - If you clicked 'View,' click on the physician's name to see if their profile has a small blue PCMH oval in the description.

Check out Page 5 to learn more about the VIP patient experience you can expect at a PCMH doctor.

★ VIP PATIENT EXPERIENCE ★



1



MAKE AN APPOINTMENT

online or over the phone. After hours and weekend times may even be available.

DURING YOUR APPOINTMENT

discuss your personal health goals. If you need lab work or other tests, your care team may make the appointments for you.

2



3



LAB AND TEST RESULTS GET SENT TO THE DOCTOR

They follow up with you, keep track of your results and arrange other follow up care if needed. Say you need to see a specialist – they can help arrange, and will connect with the specialist to get results.



4

YOUR PERSONAL CARE TEAM

coordinates your treatment across specialties and different sites of care.



5

YOU'LL GET REMINDERS

when it's time to get follow up tests, vaccines, or just another annual check up.



6

YOU HAVE A PROBLEM AFTER HOURS.

No matter the time, you can reach a health care professional. They often can access your records on the spot.

7

NEXT TIME YOU VISIT THE PCMH OFFICE,

they will have all your records and know the other specialists or support care you get, so they know what to look for.



Continue to stay fit and active

Physical activity doesn't have to be exhausting to be beneficial. Even a moderate amount each day may help you:

- Reduce the risk of heart disease, colorectal cancer, diabetes and other conditions or diseases.
- Maintain healthy bones and muscles.
- Control joint swelling and arthritic pain.
- Improve your mood and feelings of well-being.

Mix a few of the exercise ideas below to shake up your routine this summer. And be sure to wear loose layers of clothing. You can always shed a layer or two as needed.

Make it social.

- Ask a family member or friend to take a walk or help with a cleaning project.
- Volunteer to help at a local park or playground. Many organizations need help planting or picking up trash.

Go solo.

- Jumping jacks.
- Planks.
- Seating and standing chair exercises.
- Squats.
- Yoga and stretching exercises.

Use technology.

- Check out the Blue Cross Virtual Well-BeingSM weekly webinars. They're live every Thursday from 12 to 12:30 p.m. Eastern time. Each webinar includes the Drop 5 Virtual Weight-Loss Community — people who are working to lose weight five pounds at a time. Scale and non-scale victories are celebrated, and weight loss tips are shared each week.
- Get started with exercise videos. While the days of watching Richard Simmons live on television are long gone, you can still break out his *Sweatin' to the Oldies* tape (if you still have it). Or find tons of free exercise videos on YouTube. You can also visit www.acefitness.org and search for "exercise library." Browse by experience level and select *No Equipment* from the *Equipment* drop-down button.

Stay independent by preventing falls

A serious injury due to a fall, such as a broken bone or head injury, can prevent regular activities and trigger a loss of independence. But falls can be prevented. Here are a few factors that could increase a person's chances of falling.

1. People who worry about falling are at an increased risk, especially if they've fallen previously.
2. Those who need to push with their hands to stand up from a chair or have difficulty stepping on a curb are at increased risk. Strengthening their leg muscles may be the answer.
3. Certain medications may also increase the risk of falls, especially if the medications are to help with sleep or improve mood.

Before you start a new exercise routine, ask your doctor to recommend some exercises and fall prevention tips.

Take advantage of flexible payment with Easy Payment Plan

Optum® Home Delivery offers a flexible payment option if you need help paying for your medications — the Easy Payment Plan (EPP).

Here is what you need to know about the EPP.

- Only available for orders through Optum Home Delivery Pharmacy.
- The prescription must be filled for a 3-month or 90-day supply.
- You must have a regular credit card on file.
- You must not have a past due balance on file greater than \$100.
- You must not have a past due amount older than 180 days.
- Not available for specialty medications.

How do I sign up?

You can call customer service at the number on your member ID card to get the EPP applied to your order before it gets shipped out. For refills you can visit www.optumrx.com and select the installment payment option at check out.

How do I pay for my medication with the EPP?

When you apply the EPP to your order, you'll provide a credit or debit card for the initial payment of your Optum Home Delivery order. This credit or debit card will also be used for your subsequent payments.

How will I be billed for the EPP?

You will be billed in three equal monthly payments.

- The first payment will be charged when the order is placed.
- The second payment will be charged 30 days after the order has shipped.
- The third payment will be charged 60 days after the order has shipped.

If you're signed up to receive text or emails from Optum Rx, a text or email reminder will be sent five days prior to payment being charged. Otherwise, an invoice will be mailed out 10 or more days prior to your payment date.

What happens if there is a problem with my payment?

Optum Rx will let you know if they can't process your payment. If your account is over 180 days past due, they can't process your order until payment is resolved. You may still order \$0 prescriptions if your account is restricted.

How often can I use the EPP?

There is no limit to how many times the EPP can be used, as long as the criteria above is met at the time the EPP is being requested. **You must choose to apply the EPP each time you order a prescription from Optum Home Delivery.**

What if I no longer want to use the EPP?

You can pay the balance in full anytime. Just call the number on your member ID card.

Understanding your plan spotlight: Home delivery shipping options

Most prescription orders for Optum Home Delivery are shipped via U.S. Postal Service (USPS) First Class Mail. Besides the Postal Service, you can choose to have your order shipped via United Parcel Service (UPS) or FedEx. You can call Optum Rx to change your delivery company.

- Most orders are processed in 3–5 days.
- With a simple phone call, members can ask for a signature confirmation for delivery.
- Orders can be shipped to any location a member chooses: home, office, family or friend.

Alternate delivery locations through FedEx and UPS

You can arrange to pick up your prescriptions at any secure FedEx or UPS Access Point location across the nation. These alternate pick-up spots include local retail stores and/or office locations with extended business hours. For more information, call Optum Rx at the number on the back of your member ID card.

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 (drug list) in its brand-name form will continue to be on the drug list 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*
Mozobil	Plerixafor	Peripheral blood stem cell mobilization	July 2023
Cystadrops	Cysteamine	Cystinosis	August 2023
Stelara	Ustekinumab	Crohn's disease, psoriasis, psoriatic arthritis, ulcerative colitis	September 2023
Neulasta Onpro	Pegfilgrastim	Chemotherapy-induced neutropenia	October 2023
Votrient	Pazopanib	Renal cell cancer, soft-tissue sarcoma	October 2023
Prolensa	Bromfenac	Ocular pain and inflammation	December 2023

*Generic availability is subject to change based on FDA approval, manufacturer decision and any litigation.

7 tips to navigate your vision plan

Health insurance of any kind can be complex. When it comes to the vision plan – another component of your retirement system health plan – it's important to know how to get the most out of your vision benefits.



Know your member ID number.

With your vision benefits you were issued a unique member ID number, which identifies you. Your member ID can be located on your EyeMed member ID card, by calling EyeMed customer service, logging into the online member portal or via the mobile app. You can also give your name and date of birth to your in-network provider, and they can locate you in the EyeMed system.



Know your coverage.

Your vision plan offers coverage on eye exams, eyeglass lenses, contact lenses and frames. To verify what services are covered, how frequently you can use them, and your out-of-pocket costs, you can visit the EyeMed website at www.eyemedvisioncare.com/mpsers, download the EyeMed mobile app, or call EyeMed customer service at **1-866-248-2028 (TTY:711)**.



Know your allowance.

An allowance is a set amount of money your vision plan applies toward eyeglass frames or other purchases. Your vision benefits offer a \$120 frame allowance and a \$120 contact lens allowance. These allowances are available once every 24 months.



Know your copay.

A copay is the fixed amount you owe the doctor at the time of your visit. Your vision exam copay is \$10 when you see an in-network provider. Your exam benefit is available once every 24 months. You also have copays on lenses and other lens options.



Know your network and doctor choices.

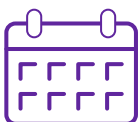
A network is a group of eye doctors who have agreed to provide their services to an insurer's members at discounted rates. Out-of-network doctors do not partner with the insurer and therefore will likely cost more. Your EyeMed network is called **Access**.

To find an in-network eye doctor near you, visit the EyeMed website at www.eyemedvisioncare.com/mpsers or mobile app. It will show you a list of in-network providers in your area. You can also filter the results based on your preferred frame brands, hours of service and more.



Know your online options.

Looking for a way to get glasses without going to the store? A growing number of online providers, such as Glasses.com, accept insurance, offer a broad selection of frames, and will cut your lenses to fit your prescription. Not all online eyeglass sellers accept insurance, so be sure to do your research.



Know how to schedule an appointment.

It's simple: call or look online. Many eye doctors operate alongside or within retail locations, such as LensCrafters, which offer online search tools to locate a doctor near you.

Advantages of utilizing a network provider

Your dental plan allows you to see any dentist – Delta Dental PPO™, Delta Dental Premier® or Nonparticipating. However, you will likely save the most out-of-pocket when you see a PPO dentist.

Delta Dental PPO dentists agree to accept Delta Dental's PPO approved amount as payment in full for covered services. Additionally, your plan's \$50 annual deductible per person is waived when you see a PPO provider, meaning you are only responsible for your coinsurance.

With **Delta Dental Premier dentists**, you are responsible for your coinsurance, plus the cost difference between the Delta Dental PPO approved amount and the Delta Dental Premier approved amount. There is also a \$50 annual deductible, per person, applied to basic and major services.

With **Nonparticipating dentists**, you are responsible for your coinsurance plus the cost difference between the Delta Dental PPO approved amount and the Nonparticipating provider submitted charge. There is also a \$50 annual deductible, per person, applied to basic and major services.

The example below shows what you'd pay for a major dental service (crown) costing \$1,270 when going to a PPO dentist, Premier dentist, or Nonparticipating dentist.

MAJOR RESTORATIVE SERVICES (CROWN) PAYMENT EXAMPLE (WITH DEDUCTIBLE ADDED):

	Charge	Approved Amount	Member Cost Share			Amount You Pay
			Deductible	Coinsurance (Percent of Delta Dental PPO approved amount)	Additional Cost	
Delta Dental PPO	\$1,270	\$840	\$0	\$210 (25% of \$840)	\$0	\$210
Delta Dental Premier	\$1,270	\$1,000	\$50	\$197.50 (25% of \$790*)	\$160 (Difference between Delta Dental PPO and Delta Dental Premier approved amount)	\$407.50
Nonparticipating	\$1,270	\$1,270	\$50	\$197.50 (25% of \$790*)	\$430 (Difference between Delta Dental PPO approved amount and dentist's charge)	\$677.50

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

The payment example above is for illustration purposes only. Fees and reimbursements can vary by location and dentist. For additional payment examples, visit www.deltadentalmi.com/mpsers.

Delta Dental has the largest dental network in the nation and within the state of Michigan. We encourage you to maximize your dental benefits by going to a Delta Dental PPO dentist. To find an in-network dentist, call the Delta Dental customer service team at **1-800-345-8756** (TTY: **711**) or visit www.deltadentalmi.com/mpsers to find step-by-step directions on completing an online search.

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 healthcare claims, ID cards, or participating providers in Michigan:

Call: 1-800-422-9146
TTY: 711
Monday through Friday
8:30 a.m. to 5 p.m. Eastern time

Write: Blue Cross Blue Shield of Michigan
Attention: MPSERS
232 S. Capitol Avenue
Lansing, MI 48933-1504

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

TruHearing™

Routine hearing care services and hearing aids are only covered when you call TruHearing and follow the instructions you're given.

Call: 1-855-205-6305
TTY: 711
Monday through Friday
8 a.m. to 8 p.m.

Website: truhearing.com/mpsers

Delta Dental Plan of Michigan

For questions about your dental benefits, contact Delta Dental Plan of Michigan.

Call: 1-800-345-8756
Monday through Friday
8:30 a.m. to 8 p.m. Eastern time
Automated service available 24/7

Website: deltadentalmi.com/mpsers

Optum Rx

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

Call: 1-866-288-5209
Customer service representatives are available 24 hours a day, seven days a week.

Website: optumrx.com

Optum® Specialty Pharmacy

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

Call: 1-855-427-4682
Customer service representatives are available 24 hours a day, seven days a week.

Website: specialty.optumrx.com

EyeMed Vision Care

For questions about your vision benefits, contact EyeMed Vision Care.

Call: 1-866-248-2028
Monday through Saturday
7:30 a.m. to 11 p.m. Eastern time
Sunday 11 a.m. to 8 p.m. Eastern time

Website: eyemed.com/mpsers

Michigan Public School Employees' Retirement System

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

Call: 1-800-381-5111
Monday through Friday
8:30 a.m. to 5 p.m. Eastern time

Website: michigan.gov/orsschools

For address and enrollment changes:

Website: michigan.gov/orsmiacount

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

Upcoming Pension Payment Dates

July 25, 2023 • August 25, 2023 • September 25, 2023

IMPORTANT INFORMATION
Michigan Public School Employees' Retirement System

Blue Cross Blue Shield of Michigan
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Detroit, MI 48226-2998

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Best of Health is published four times a year for retirees of the Michigan Public School Employees' Retirement System by: Blue Cross Blue Shield of Michigan, 600 E. Lafayette Blvd. — MC 517J, Detroit, MI 48226

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