Best *of* Health

NON-MEDICARE
SUMMER 2026

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

INSIDE

How Medicare affects your coverage

Medicare is the federal health insurance program for:

- Americans age 65 and older.
- People under age 65 who have received Social Security disability benefits for 24 months.
- People diagnosed with end stage renal disease.

What you need to know

You must have Medicare Part A (hospital) and Part B (medical) to enroll in the retirement system's medical and prescription drug plans. As soon as you or anyone else covered by your insurance becomes eligible for Medicare, that person must enroll in both Part A and Part B.

Give your Medicare information to ORS right away

Once you're enrolled in Medicare, you'll receive your Medicare card from the Social Security Administration. As soon as you receive your card, provide your Medicare number and effective dates for Part A and Part B to the Michigan Office of Retirement Services (ORS).

You can submit Medicare information to ORS in one of the following ways:

- Log in to **miAccount** at **michigan.gov/orsmiaccount** and send a secure message on the Message Board, using the Submit My Medicare Number category. In your message, include the name, Medicare number and effective dates for Parts A and B for the individual going on Medicare.
- Use **miAccount** to update your Medicare information and complete a plan change to enroll in the Medicare medical and prescription drug plan. Print the confirmation page and mail or fax it to ORS.
- Make a copy of your Medicare card. Write your name, member ID, address and date of birth on the copy. Mail or fax the copy of your card to ORS.
- Mail or fax a completed **Insurance Enrollment/ Change Request (R0452C)** form to ORS with your Medicare information. Click **here** or visit **michigan.gov/orsschools** and go to *Forms and Publications* to download the form.
- Call ORS and provide your Medicare number and coverage start dates over the phone.

Consequences of not enrolling on time or disenrolling

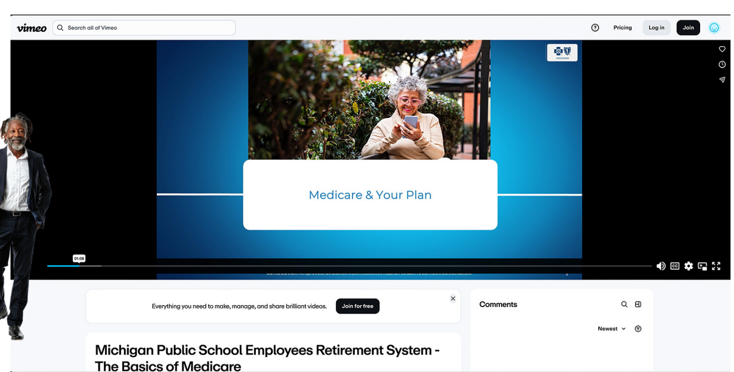
If you, your spouse, or your dependents don't enroll in both Medicare Part A and Part B when first eligible — or if you, your spouse or your dependent become disenrolled from Medicare for any reason — the medical and prescription drug coverage for that person will be canceled.

If the contract holder is disenrolled, the medical and prescription drug coverage for everyone else on the contract will also be canceled. A request for reenrollment may not take effect for six months.

Want to learn more?

If you have questions about your eligibility for Medicare, the Medicare enrollment steps or how your retirement system health plan works once you're eligible for Medicare, more information can be found online.

You can watch a video or view a handout covering the basics of Medicare at **bcbsm.com/mpsers/for-members/webinars**.



We heard you loud and clear

You asked for enhancements to your hearing benefit, and we answered. Thanks to the Michigan Public School Employees' Retirement System, you have access to exclusive savings on hearing aids through an arrangement between Blue Cross Blue Shield of Michigan and TruHearing.

Starting July 1, 2026, you'll have additional options for purchasing high-quality prescription hearing aids from TruHearing. You can apply a **$700 allowance** per aid toward hearing aids from all major brands at all technology levels in the TruHearing catalog (aside from TruHearing Premium and Advanced hearing aid options).

In addition, your plan now covers hearing aid replacement every **24 months** and **unlimited follow-up visits** for adjustments and fittings.

Your hearing aid benefit still includes:

- TruHearing Premium hearing aids ($799 copay per aid) and TruHearing Advanced hearing aids ($499 copay per aid).
- Hearing exam with a TruHearing provider ($45 exam copay).
- 60-day, risk-free trial.
- Three-year manufacturer warranty for repairs.
- 80 free batteries per non-rechargeable hearing aid.*

It's easy — and good for your health — to get started

According to the Journal of the American Medical Association, hearing aids are associated with improved social quality of life and can have a positive effect on downstream health outcomes.

New hearing aids can blend seamlessly into your life, helping you connect with friends and family. TruHearing provides you with the latest-generation hearing aid models, styles and technologies. They include:

- Powerful hearing aids that help you hear what matters most, wherever you are.
- Device sensors that automatically adjust for a natural sound, even while you're moving.
- Own Voice Processing (OVP®) that recognizes your voice and makes it sound more natural.
- A smart app that acts as a hearing aid remote control and allows you to interface with your provider (it even tracks your physical activity).**

Begin your journey to better hearing by calling TruHearing at **1-855-205-6305** (TTY **711**) from 8 a.m. to 8 p.m., Monday through Friday. Hearing benefits are only covered when you call TruHearing and follow the instructions provided.

Do you have more questions? Read the TruHearing FAQ on the next page.

Get started with 5 simple steps.

1. Call TruHearing
2. Schedule an exam
3. Go to your exam
4. Order hearing aids
5. Schedule fitting and follow-up visits

**Rechargeable battery option is available on select styles for an additional $50 per aid.*

*** In-app interfacing requires provider activation.*

Hearing benefit FAQ

How does it work?

Call TruHearing at **1-855-205-6305** (TTY: **711**) from 8 a.m. to 8 p.m., Monday through Friday to be paired with a dedicated hearing consultant who'll educate you on your hearing healthcare options and answer your questions about the entire process.

Can I see any hearing care provider?

Your hearing benefit only applies when you have an exam from a TruHearing provider. Your hearing consultant will find a credentialed hearing care provider near you and schedule your initial exam.

How do I know if I'm experiencing hearing loss?

Take a free hearing screening in just five minutes using any device with headphones to find out if hearing aids could be helpful for you. Visit **truhearing.com/mpsers-hs**. You can also see a TruHearing provider if you have any questions about how well you're hearing. There is a $45 copay for an initial exam with a TruHearing provider.

Here are a few signs that you may be experiencing hearing loss:

- It's hard to hear the TV or radio.
- Conversations are confusing.
- You avoid noisy places.
- High-pitched sounds (such as children's voices and birds chirping) are hard to understand.
- You have ringing in your ears.

How much do hearing aids cost?

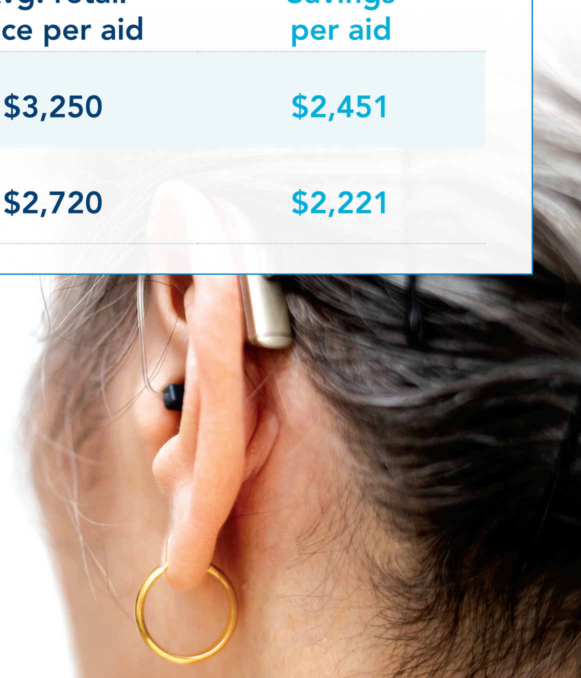
Your medical plan covers up to two TruHearing Premium or Advanced hearing aids once every 24 months with low copayments, or you can apply a $700 allowance per aid to one of the many other hearing aids in TruHearing's catalog.

	Hearing aid	Your cost per aid	Avg. retail price per aid	Savings per aid
Exam: $45 copay	TruHearing Premium	$799	$3,250	$2,451
	TruHearing Advanced	$499	$2,720	$2,221

How do I know which hearing aid is best for me?

Your TruHearing provider can answer your questions and help you find a hearing aid that's right for your lifestyle, degree of hearing loss and technological needs.

More questions? Call TruHearing to learn more at **1-855-205-6305** (TTY: **711**) from 8 a.m. to 8 p.m., Monday through Friday.



Understanding the Blue Cross provider network and how it helps keep care affordable

When you receive care from doctors and hospitals in the Blue Cross Blue Shield of Michigan provider network, you generally pay less out of pocket. That's because in-network providers agree to set prices in advance, helping to keep care more affordable for members.

What is the provider network?

Blue Cross Blue Shield of Michigan's provider network includes more than 86,000 healthcare providers, such as doctors, nurse practitioners and therapists, and 130 hospitals across Michigan. The national Blue Cross network gives members access to providers throughout the United States. Network providers must meet standards for quality, credentialing and cost. By working with providers through contracts, Blue Cross helps protect members from unexpected or excessive medical bills.

How provider contracts work

Provider contracts are reviewed regularly. When a contract is up for renewal, Blue Cross and the provider work to reach a new agreement. In some cases, if no agreement is reached by a certain date, a provider may choose to leave the network. If this happens, affected members are notified. These communications explain what may change and outline options for continuing care.

If you receive communications about a provider leaving the network:

- Review the date in the letter — changes aren't often immediate.
- Watch your mail for updates if discussions are still in progress between the provider and Blue Cross.
- If you need to locate a network provider, use the *Find a Doctor* tool at **bcbsm.com/mpsers** or call Blue Cross Customer Service at **1-800-422-9146** (TTY: **711**) from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday.

Partnerships to keep care affordable

Blue Cross works with providers in several ways to help control costs, including rewarding quality care, expanding virtual care options such as Teladoc, and coordinating care to help members navigate appointments and avoid complications.

To learn more, visit **bcbsm.mibluedaily.com/affordability**.

**Medicare Advantage members will pay more out of network for durable medical equipment and related supplies, prosthetics and orthotics.*

What you'll pay when you see an out-of-network provider

Medicare Advantage members' costs are the same in or out of the network for most services, if the provider participates with Medicare.* If the provider doesn't participate with Medicare, the member is responsible for the full cost of the services received.

Non-Medicare members will usually pay more when getting care from an out-of-network provider.

Join us for the Monday Senior Series

Each Monday, Blue Cross Virtual Well-Being℠ offers 30-minute live discussions on a senior focused topic. Visit **bcbsm.mibluedaily.com/virtual-webinars/seniors** to view upcoming webinars or watch past ones.

Bring your appetite for "A Man's Meal"

In celebration of Men's Health Month, Blue Cross Virtual Well-Being℠ presented "A Man's Meal – A Healthy Cookoff" webinar. See who had the winning healthy plated "man's meal" for the cookoff competition. Recipes will be available to download. Click **here** to view the recording or go to the Past Webinars tab at **bcbsm.mibluedaily.com/virtual-webinars/webinars-and-meditations**.

Don't forget to use your online resources

Personify Health's Blue Cross Well-Being℠ resources are included in your retirement system medical plan.

Haven't used them yet? No problem. It's easy to sign up for Personify Health. Log in to your Blue Cross online member account at **bcbsm.com/mpsers**, then click on the *Programs & Services* tab. From there, click *Blue Cross Well-Being* under *Quick Links*. Follow the steps to complete registration and then select *Take me there* to get started.

You can take the health assessment to kick things off. Then check out the many other tools, including My Care Checklist, self-paced well-being Journeys® and other resources that fit your personal interests and health goals.

Your medication team: When to call your pharmacist versus your medical provider

If you have a question about your prescription, knowing who to call can help you get answers faster and avoid unnecessary delays in care. Pharmacists and medical providers both play important roles — but they help with different types of questions.

Call your pharmacist when you have questions about how to use your medication. Pharmacists are medication experts and can help with concerns such as:

- How and when to take your prescription medication.
- What to do if you miss a dose.
- What common side effects you might experience.
- How medications might interact with each other, alcohol or over-the-counter products.
- Storage questions, especially during hot weather or travel.
- Cost, refill timing or lower cost alternatives.

Pharmacists can also let you know when a concern may need a follow up with your medical provider.

Call your medical provider when questions involve your health condition or a change in how you're feeling. This includes:

- New, severe or worsening symptoms.
- Side effects that interfere with daily activities.
- Concerns about whether a medication is still right for you.
- Ongoing issues that aren't improving as expected.

When in doubt, starting with your pharmacist is often a good first step. They can help answer medication-related questions or let you know if you should reach out to your medical provider. Together, your pharmacist and provider support your health and help you stay on track — at home and on the go this summer. For emergencies or severe reactions, seek immediate medical care.

Using manufacturer copay cards to reduce out-of-pocket costs

Many people look for ways to help save on high-cost brand-name medications. One available option is to use copay cards provided by drug manufacturers. Copay cards can lower your prescription drug out-of-pocket costs, though there may be limits on how much you can save each year.

When you use a copay card to pay for your prescriptions, the amount covered by the copay card won't count toward your annual coinsurance maximum. Only your out-of-pocket costs will be applied to your annual coinsurance maximum.

For example, your copay card covers $350 of your medication cost of $400. Your member cost share of $50 is the only amount that counts toward your annual coinsurance maximum.

If your brand-name drug has a copay card available, there are a few ways to get one:

- Search online for any copay savings available for your medication.
- Sign up on the manufacturer's website.
- Ask your medical provider or pharmacist about any available copay cards for your prescribed medications.

If you're using Optum® Home Delivery or Optum® Specialty Pharmacy, call Optum Rx member services at **1-866-288-5209**. Let them know you have a drug copay card before your prescription is filled. They'll add it to your patient profile.

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 money 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*
Adempas	Riociguat	Pulmonary arterial hypertension	December 2026
Signifor	Pasireotide	Cushing's disease	December 2026
Simbrinza	Brimonidine/ Brinzolamide	Glaucoma	December 2026
Beleodaq	Belinostat	Lymphoma	January 2027
Envarsus XR	Tacrolimus	Kidney transplant rejection prevention	January 2027
Osphena	Ospemifene	Menopause symptoms	January 2027
Rydapt	Midostaurin	Leukemia	January 2027
Vivitrol	Naltrexone	Opioid dependence	January 2027

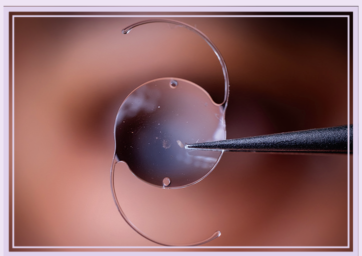
**Generic availability is subject to change based on U.S. Food and Drug Administration approval, manufacturer decision and any litigation.*

Here comes the sun (and how you can protect your eyes)

With summer here, now seems like the perfect time for a new pair of shades. But did you know sunglasses (prescription and nonprescription) help protect your eyes year-round?

No matter the season or weather conditions, the sun's ultraviolet (UV) radiation can affect your vision and damage your eyes. Here are examples of the serious eye conditions that UV radiation can cause:

- **Cataracts.** Repeated sun exposure to your eyes can cause this disease that makes the lenses in your eyes appear cloudy.



- **Macular degeneration.** Like cataracts, you're more likely to get this disease if your eyes are exposed to UV rays over extended periods of time. It's also genetic.
- **Photokeratitis.** This condition is like sunburn of the eye. It's caused when the eyes are exposed to high levels of UV light in a short time. The sun's rays can bounce off beach sand or water in a pool, lake or ocean. You can also get a type of photokeratitis called "snow blindness" while outside in snowy and icy conditions.
- **Skin cancer around the eyes.** The skin around your upper and lower eyelids is thin, which makes it easier for UV rays to cause damage, potentially leading to cancer.

So, make sure to reach for those sunglasses every time you head outside.

Here are a few sun-friendly tips to keep your eyes healthy when heading outdoors:

- Wear a hat with at least a three-inch brim and tightly woven fabric (no holes) to protect your face.
- Be aware of clouds. More than 90% of UV rays can pass through a light cloud cover.
- Seek shade whenever possible, especially between 10 a.m. and 4 p.m. when the sun is most intense.

Smiles and serenity: Summer activities for a healthier mind and mouth

The summer months offer a great opportunity to embrace activities that support both mental and physical well-being. Whether you start that DIY project, take the dog on a walk or simply enjoy the sun, the longer days are perfect for nurturing your oral health and mental wellness.

The connection between oral health and mental health

Although they may seem unrelated, your oral health and mental well-being are more intertwined than you might think. When you're experiencing mental health challenges such as anxiety, you may:

- **Grind your teeth**, which wears down your tooth enamel and can cause jaw pain and headaches.
- **Develop dry mouth**, which can lead to bad breath and increase your risk for cavities and gum disease.
- **Dampen your immune response**, which can contribute to gum inflammation.

Time for relaxation and self-care

Now for the fun part — make maintaining (or improving) your oral health and mental well-being simple with summer activities related to your interests. A few ideas to get you started:

- **Yoga in the park.** Practicing yoga outdoors helps reduce stress, improve posture and promote relaxation. Deep breathing also increases saliva production, which helps protect teeth from decay.
- **Scenic hiking.** Walking in nature boosts your mood and lowers stress. Make sure you stay hydrated to ward off heat exhaustion and prevent dry mouth.
- **Gardening.** Time in a garden promotes mindfulness and reduces anxiety. Plus, you can grow fresh fruits, vegetables and herbs that benefit your teeth and gums. You can start a smile-friendly garden with carrots (which have vitamin A for healthy teeth), spinach (packed with calcium for strong bones) and bell peppers (for vitamin C to promote gum health).

De-stress your summer

Summer is a time for relaxation, adventure and self-care. By choosing activities that support oral health and mental well-being, you can keep your smile healthy and mind at ease.

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 Optum Rx Prescription Plan at:

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

Website: **optumrx.com/enroll/mpser**

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 Friday,
7:30 a.m. to 11 p.m. Eastern time
Saturday 8 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/orsmiaccount**

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

Upcoming Pension Payment Dates

July 24, 2026 • Aug. 25, 2026 • Sept. 25, 2026

Best *of* Health

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NOTICE: The information contained here is a summary of coverage and is not a contract. If statements in the description differ from the applicable group contracts, then the terms and conditions of those group contracts will prevail. The Michigan Public School Employees' Retirement Board and the Department of Technology, Management & Budget reserve the right to change the plan. For more detailed information about benefit provisions, contact the applicable plan administrator. Your routine hearing care benefit is brought to you through an arrangement between Blue Cross and TruHearing. TruHearing is an independent company that provides hearing services. TruHearing does not provide Blue Cross branded products and services.