

Best of Health



MEDICARE
SPRING 2020

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

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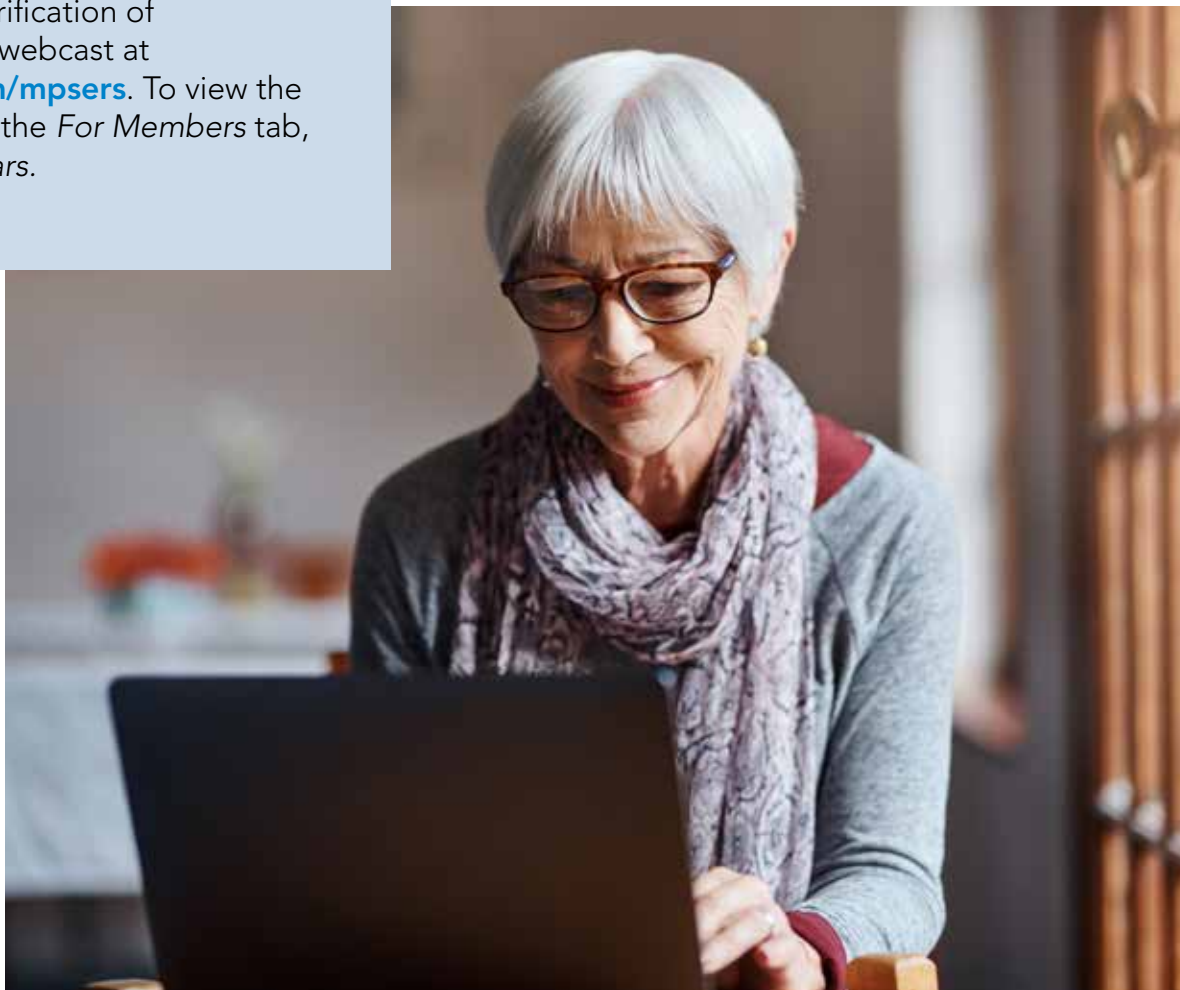
Coming Soon: 2020 Verification of Coverage Survey

The 2020 Verification of Coverage survey will be mailed to all retirees in May. You must complete this form for yourself and anyone else covered by your retirement system health plan. You must respond to the survey, even if you don't have other coverage. **If you don't respond to the survey, your retirement system medical plan and prescription drug coverage will be canceled.**

The Verification of Coverage survey asks you to identify any other health coverage you or your dependents might have in addition to your retirement system coverage. The information is used to determine your eligibility in the retirement system's health plan.

Questions about the Verification of Coverage survey?

Check out the Verification of Coverage survey webcast at www.bcbsm.com/mpsers. To view the webcast, click on the *For Members* tab, then click *Webinars*.



Don't be a victim of health care scams

Scams can happen anytime of the year. However, these scams increase during the tax season. You should remain alert to aggressive and threatening phone calls or emails by criminals impersonating Blue Cross or a Blue Cross vendor in an attempt to obtain personal or insurance information.

The fraudulent callers offer to mail over-the-counter vitamins and ointments to your home at no cost or ask you to complete a verification process for your tax returns through links that appear to go to **www.healthcare.gov**. Robocalls marketing insurance products or trying to collect personal information may falsely claim to be affiliated with Blue Cross.

Blue Cross is not working with these companies and does not share medical information with unauthorized third parties. They appear to be a malicious or fraudulent attempt to gain personal information.

If you receive a robocall that you believe is a scam, hang up immediately. **Do not provide your personal information and do not respond to any prompts.** If you're receiving scam calls on your cell phone, you may block the phone number of the robocalls that are contacting you.

For your safety, companies that partner with Blue Cross won't ask for your Social Security number or details about your medical plan coverage. If you're uncertain about health care calls you've received, call Blue Cross Customer Service at **1-800-422-9146** from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users should call **711**.

Blue Cross is partnering with the following companies to offer preventive services and screenings to you through a variety of programs to keep your health on track:

- Eliza Corp
- Home Access Health
- Matrix Medical Network
- naviHealth
- Novu Health
- PopHealth
- Quest HealthConnect
- Signify Health



Eliza Corp, Home Access Health, Matrix Medical Network, naviHealth, Novu Health, PopHealth, Quest HealthConnect and Signify Health are an independent companies that contract with Blue Cross Blue Shield of Michigan to provide in-home health assessments and services for select members.

Portions of the article above were reprinted with permission from *MiBluesperspectives.com*.

What you need to know about prior authorization

If you've ever been to the doctor and needed certain health care services, your doctor may have told you that prior authorization is needed before you receive medical services. You may have been confused as to what it all means or why it's needed.

Prior authorization is a process that requires your doctor to obtain approval from Blue Cross before a medical or surgical procedure. The prior authorization process ensures health care services are appropriate, timely and effective. Blue Cross uses evidenced-based guidelines to make sure that you get high quality care while avoiding services that would be unsafe given certain conditions, and even reducing unnecessary costs. Getting approval first is important because if the health service isn't approved, it may cost you more or may not be covered at all. Don't worry, you're not responsible for submitting a prior authorization request.

The process begins with your provider submitting a request to Blue Cross before your treatment begins. Blue Cross uses the latest scientific evidence to review the request for medical need and appropriateness of the treatment that your provider is seeking. You and your doctor will receive a letter from Blue Cross indicating the approval or denial of the request.

Your member account includes a record of all prior authorizations. Use the Blue Cross mobile app or log in at www.bcbsm.com/mpsers to:

- Make sure your prior authorization is approved
- See when your prior authorization expires
- Have proof of your approvals, wherever you are

If you're using the app, once you log in:

1. Tap *My Coverage*.
2. Select *Referrals and Authorizations*.

Or choose to go to your member account at www.bcbsm.com/mpsers and log in:

1. Click the *Doctors & Hospitals*.
2. Select *Referrals and Authorizations*.

Prior authorization is a collaborative process and ensures you receive the right care, at the right time, at the right cost. If you have questions about the prior authorization process or your benefits call Blue Cross' Customer Service at **1-800-422-9146** from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users should call **711**.

Give up tobacco products for good

Quitting tobacco products can be difficult. That's why Blue Cross offers a free program that can make sure your health goal doesn't go up in smoke.

The Tobacco Coaching program, powered by WebMD®, provides members with the support and resources needed to establish and embrace a tobacco-free life. The 12-week program includes over-the-phone coaching for quitting all types of nicotine products, including electronic cigarettes and vaping devices. And, it's offered at no extra cost to you.

When you start the program, you'll receive:

- Five calls from a specially trained health coach over a 12-week period
- Unlimited calls to a health coach
- Online resources

About seven months after the program ends, your health coach will contact you to check on your progress. Health coaches are available seven days a week, so you can schedule calls at a time that's convenient for you. Call **1-855-326-5102** to schedule your first Tobacco Coaching session. All hours are Eastern time:

- Monday through Thursday 9 a.m. to 11:30 p.m.
- Friday 9 a.m. to 8 p.m.
- Saturday 9:30 a.m. to 6 p.m.
- Sunday 1 p.m. to 11:30 p.m.



WebMD Health Services is an independent company supporting Blue Cross Blue Shield of Michigan by providing health and wellness services.

Breaking down the facts about nutritional trends

Feeling healthy and consuming nutritious foods go hand in hand. However, navigating healthy food trends and understanding what's best for you can be difficult. Some trending and prominent diets include plant-based diets, Paleolithic (paleo), ketogenic (keto) and intermittent fasting. Knowing the facts about these trends can help you make more informed food choices. Use the facts below to develop a long-term approach to healthy eating.

	What is it?	What can you eat?	What are the health benefits?
Plant-based	A plant-based diet is mainly natural, with very minimal or no animal products and no processed food.	<ul style="list-style-type: none"> • Beans and legumes • Fruits • Nuts and seeds • Vegetables • Whole grains 	<ul style="list-style-type: none"> • Lowers blood pressure and reduces stress • Lowers cholesterol • Lowers rates of cancer and risk of heart disease
Paleo	The paleo diet, or caveman diet recommends eating as paleolithic hunter-gatherers.	<ul style="list-style-type: none"> • Eggs • Fruits • Healthier oils, including olive oil and coconut oil • Lean meats and fish • Non-starchy vegetables • Nuts and seeds 	<ul style="list-style-type: none"> • Increases energy • Increases iron • Increases muscle mass and decreases body fat • Reduces inflammation and toxins
Keto	Keto diets are high fat, low-carb diets meant to induce ketosis in the body. Ketosis is when your body burns stored fat for energy instead of blood sugar.	<ul style="list-style-type: none"> • Berries • Cheese • Eggs • Low-carb vegetables • Meat and poultry • Nuts and seeds • Seafood 	<ul style="list-style-type: none"> • Aids in weight loss • Helps control seizures in people with epilepsy • Lowers blood pressure • Reduces anxiety and depression
Intermittent fasting	There are different versions of intermittent fasting diets, but all versions require you to eat normally some days of the week and limit your food intake the remainder of the week.	<ul style="list-style-type: none"> • No food limitations, but to lose weight and get the nutrients you need, you should stick to healthy foods and limit processed foods. 	<ul style="list-style-type: none"> • Short-term weight loss

Nutritional trends and science are constantly evolving and typically come and go like fashion trends. The best thing to do is develop long-term healthy eating habits to ensure you maintain an optimal relationship with food and your health. Before beginning any food program, it is important to consult a physician about your current state of health and any problems that could arise.

Sources: *Journal of the American College of Cardiology, Medical News Today, National Institutes of Health and WebMD®*

Breaking down how prescription drug prices are determined

Prescription drug prices, like many retail products, are based on several market influences in the supply chain. It's important to understand that the drug price you pay can be affected by these factors, which include:

- Cost of research and development
- Market demand
- Federal and state regulations
- Location and region
- Pharmacy choice

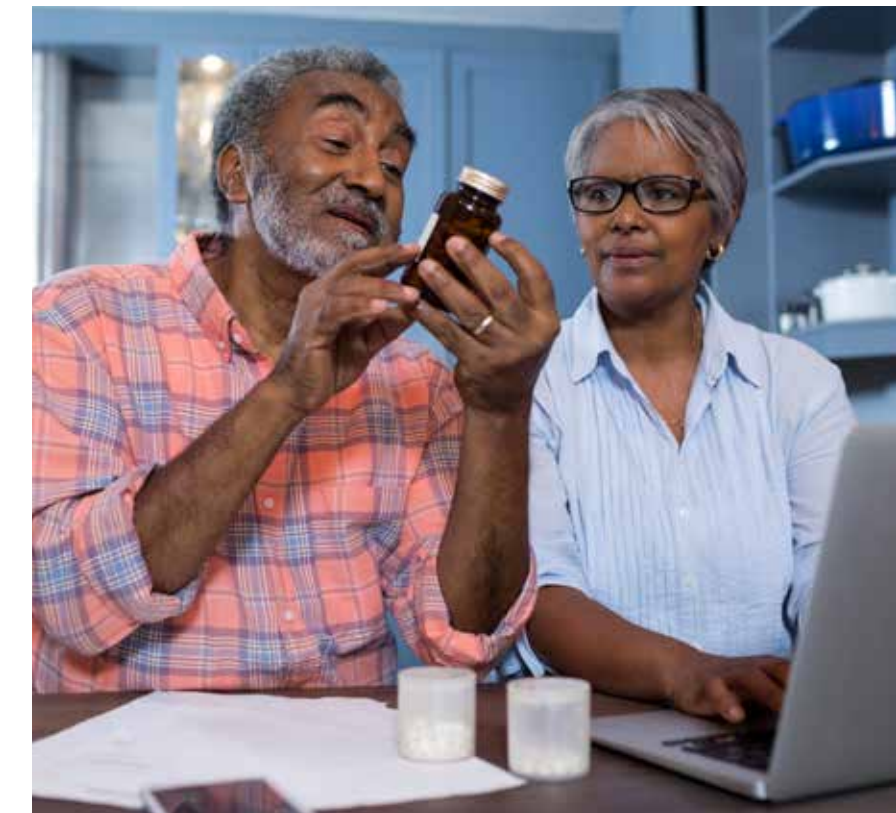
When a drug is brought to market, the drug maker will set prices often based on the time and resources it took to create and patent that medication. Drug makers will also set prices based on market demand for their product and laws passed to address costs. This is the drug's wholesale price.

Each pharmacy then sets its own retail price, which is why the drug price can be different at each pharmacy. Sometimes where you live can affect what you pay. For example, pharmacies with nationwide stores may choose to offer different prescription drug prices in various regions, states or cities.

Sometimes, pharmacies will lower the cost of prescription drugs to get people in their stores to buy other items. This could make one pharmacy less expensive than another on any given day. Also, the pharmacy decides what it will charge you based on its agreements with OptumRx as an in-network or out-of-network pharmacy, which determine if there will be savings for you.

What role does OptumRx have in setting drug prices?

OptumRx does not set retail prescription drug prices. Through contracts made with pharmacies, OptumRx works to provide savings and competitive pricing. Your retirement system and benefit plan determine which treatments are approved as a benefit, what your co-pays or coinsurance will be and how much you will pay out of pocket.



Understanding your formulary and prior authorization

One aspect of your health plan's formulary includes medications that may require your doctor to request prior authorization (PA) approval before you can get coverage for the prescription. PA is a review process used to determine if the intended medication is appropriate, safe and the most cost-effective therapy being used. OptumRx's prior authorization program ensures you receive the most appropriate medications while reducing waste, error and unnecessary prescription drug use and cost.

How do I know if my medication requires prior authorization?

Before you go to the pharmacy, be sure to check your formulary to find out if the medication you're taking requires a PA. Look for the initials "PA" next to the medication name. You can review a copy of your formulary or use the drug pricing tool on the mobile application or at www.optumrx.com. Or your provider may use your electronic medical record to run a test claim through Pre-Check My Script and know upfront if a PA is needed and submit immediately, if necessary.

How does the PA process work?

If your doctor prescribes a medication that requires a PA, you, your pharmacist or doctor can begin the process by calling OptumRx at the number on the back of your member ID card. OptumRx works with your doctor's office to get the information necessary for a PA review. Your doctor can also submit the PA request electronically.

- If coverage of the drug is approved, you may continue to fill your prescription using your pharmacy benefit.
- If coverage of the drug is not approved, you may still get the medication, but you must pay the full cost. Consult with your doctor for other possible treatment options.

If you have questions about the PA process or your plan benefits, call the toll-free phone number on your OptumRx 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*
Noxafil	Posaconazole	Fungal infection	January 2020
Somatuline Depot	Lanreotide	Acromegaly, Carcinoid Syndrome, and Neuroendocrine tumor (Gastroenteropancreatic)	March 2020
Ciprodex	Ciprofloxacin; Dexamethasone	Ear infection	June 2020
Dexilant	Dexlansoprazole	Acid Reflux	June 2020

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

Avoiding sticker shock at the eye doctor: Six benefit guidelines

You might consider yourself a savvy shopper at the supermarket or electronics store, but what about when it comes to your vision benefit?

The rise in health care expenses is requiring the traditional patient to become a savvy consumer, yet many people know little about how their vision benefits work — let alone how the costs break down. By not knowing, you might be passing up the kinds of treatments and eyewear that could make daily life a whole lot brighter. Knowing these six easy guidelines will help you make better vision decisions:

1. Become familiar with key terms.

Two important terms to be aware of are copayment (copay) and lens add-ons (or lens options). A copay is a fixed amount you pay for a product or service when visiting an in-network provider. For example, the current in-network exam copay is \$10 and the standard lens copay is \$25. Lens add-ons are special options such as scratch or anti-reflective coating that you may choose to add to your lenses for an additional cost. Always discuss lens add-ons with your provider so you know what out-of-pocket costs to expect.

2. Know your allowance.

An allowance is the predetermined amount of dollars EyeMed applies toward eyeglass frames or other purchases. Your retirement system vision plan currently features a frame allowance of \$120. That means you have \$120 to put towards your frame purchase and you will be responsible for any amount over \$120.

3. Save more by seeing an in-network provider.

An in-network provider agrees to provide their services to you at reduced rates. Typically, your costs will be lower if you choose an in-network doctor. To locate an in-network eye doctor, visit www.eyemed.com/mpsers or call **1-866-248-2028** from 7:30 a.m. to 11 p.m. Eastern time, Monday through Saturday, and 11 a.m. to 8 p.m. on Sunday.

4. Can I get my eye exam and eyewear at separate locations? Yes!

You can get your eye exam at one location (e.g., independent provider) and shop retail locations for eyewear. It's simple – just ask your provider for a copy of your prescription after your exam. Then, visit the retail location of your choice, which may have more eyewear options and lower prices.

5. Know your benefit coverage.

Your retirement system vision plan covers an eye exam and glasses or contact lenses every 24 months. You'll always want to check your benefits and eligibility prior to visiting a provider.

6. Access special offers on vision products and services.

EyeMed and some providers extend promotional offers to use in conjunction with your retirement system vision benefits. You can view a full list of discounts on your member portal at www.eyemed.com/mpsers.

Following these guidelines will help you make financially wise eye care choices. And if in doubt, ask your eye doctor. You'll see that understanding your vision benefit might be easier than understanding your latest mobile plan.

Spoil your guests, not their health

We know grandparents like to spoil their grandkids – it's all part of the fun! But there are ways to have fun with your grandchildren, grandnieces or nephews, or even neighbor children without spoiling their oral health.

Smart snacks

Chocolates and chips are ok in moderation, but there are lots of great snack alternatives that can help with children's (and adults') oral health. Here are some great options:

- Water—The best choice for a healthy smile! Juice and other drinks often have added sugar, which can contribute to cavities. Additionally, fluoridated water makes your teeth more resistant to cavities.
- Dairy—Snacks like cheese or yogurt are low in sugar and are filled with protein and calcium to help strengthen teeth.
- Fruits and veggies—Important for any diet, these are also high in water and fiber, which help balance the sugars they contain and help clean your teeth.

Make memories

Leave the TV off and try some of these fun ways to pass the time with your friends and family. From toddlers to teens, these activities will have everyone smiling.

- Solve puzzles
- Play cards or board games
- Have a tea party
- Interview each other
- Draw a family tree and discuss your family history
- Go on a walk
- Take turns reading from a book
- Sing and dance
- Color or paint pictures



Source: American Dental Association

When contacting us, help us help you by providing your contract number.

Blue Cross Blue Shield of Michigan

For questions about health care 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
MPERS-Medicare Plus Group PPO
Customer Service Inquiry Department
P.O. Box 441790
600 E. Lafayette Blvd.
Detroit, MI 48226-1790

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.

Delta Dental Plan of Michigan

Call: 1-800-345-8756

Customer service representatives available Monday through Friday, 8:30 a.m. to 8 p.m. Eastern time. Automated service seven days a week, 24 hours a day.

Website: deltadentalmi.com/mpsers

OptumRx

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

Call: 1-855-577-6517

Customer service representatives are available 24 hours a day, seven days a week.

Website: optumrx.com

BriovaRx

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

Call: 1-855-4BRIOVA (1-855-427-4682)

Weekdays, 8:30 a.m. to 10 p.m. Eastern time

Website: briovarx.com

EyeMed Vision Care

For questions about your vision benefits services, 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 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: Office of Retirement Services
P.O. Box 30171
Lansing, MI 48909-7671

Upcoming Pension Payment Dates

April 24, 2020 • May 22, 2020 • June 25, 2020

IMPORTANT INFORMATION
Michigan Public School Employees' Retirement System

Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd., MC 517J
Detroit, MI 48226-2998

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