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A message from the Office of Retirement Services

While the number of employers who offer healthcare coverage to their retirees continues to decline, the Office of Retirement Services is committed to keeping your plan sustainable for the long run and ensuring it provides the services you need to live a longer, healthier life. Our goal is to maintain a high-quality health plan that’s affordable for both retirees and the schools that fund it. This is a challenging task that we take very seriously.

You too can do your part by taking care of your health and taking advantage of programs offered through your plan. Staying informed and understanding your plan will help you get the most value from your plan to maintain your overall health. You can access plan information and get connected to wellness tools and resources online by visiting our insurance carriers’ websites, which are listed on page 11. Being healthy means more quality time to enjoy in your retirement and less money spent on coinsurances and deductibles.

Coming Soon…Benefit Seminars in Michigan, Florida and Arizona
Watch your mailbox for your invitation.
Come out, get social and learn more about your 2019 retirement system health benefits.
Updates to your 2019 retirement system medical plan

You pay a 10 percent coinsurance and the annual deductible for emergency room visits until your coinsurance maximum is met. **Effective Jan. 1, 2019, after your coinsurance maximum is met, you pay a $120 copay per emergency room visit for the remainder of the year.** The copay is waived if you’re admitted to the hospital within 72 hours.

Your retirement system medical plan coinsurance, coinsurance maximum and deductible will remain the same in 2019.

Check out the new Events tab on [www.bcbsm.com/mpsers](http://www.bcbsm.com/mpsers)
The 2019 Retiree Education Seminar dates and locations are available now. Visit [www.bcbsm.com/mpsers](http://www.bcbsm.com/mpsers), click on the Events tab and select the state to view seminar details.

Learn your alternatives to ER care

The emergency room (ER) at your local hospital is designed for life-threatening conditions that need immediate medical attention, such as chest pain, difficulty breathing or an unconscious state. Visiting the ER for mild to moderate symptoms could cost you unnecessary time and money. Consider the options below to get the care you need for symptoms that don’t require emergency treatment:

- **24-hour nurse line:** A registered nurse is available to you 24 hours a day, seven days a week if you have health questions, need advice on whether you should self treat symptoms or head to the doctor, or need support with managing a chronic condition, such as diabetes. Call **1-800-775-2583** to speak to a registered nurse.

- **Doctor’s office:** Your primary doctor is your best line of defense when health care issues arise. Over time, your doctor gets to know your health and will work with you to develop a long-term plan to improve your overall health.

- **Urgent care center:** These clinics can handle problems that need immediate attention but aren’t life threatening emergencies, like injuries that require stitches, sprains and animal bites.

It’s important to know your options for care before you need them. To find a doctor or urgent care center near you, use the **Find a Doctor** tool at [bcbsm.com](http://bcbsm.com). In case of a medical emergency, call 911 or go to an ER near you.
Keep LivingWell in 2019

Your retirement system medical plan encourages you to maintain a healthy lifestyle and rewards you for doing so. The plan’s LivingWell program lets you reduce your 2019 annual deductible by living well. Complete all three LivingWell steps below by **Dec. 31, 2018** and lower your deductible by $150. Complete the bonus step by Dec. 31, 2018 and lower your deductible by an additional $50.

**Step 1 Select a primary care physician.**

A primary care physician helps you manage your health by keeping track of your conditions and progress toward meeting health goals. Choosing a doctor within the PPO network can help reduce out-of-pocket costs. Locate PPO network doctors using the *Find a Doctor* tool on the BCBSM mobile app or at [bcbsm.com](http://bcbsm.com).

**Step 2 Complete the LivingWell questionnaire.**

The LivingWell questionnaire asks simple questions on topics such as exercise and nutrition to help you get an idea of your overall health. Answer the questions and include your primary doctor’s name in the space provided.

**Step 3 Get an annual physical exam.**

A routine physical exam is a good opportunity to check your health status and discuss any health questions or concerns you may have with your doctor. A routine physical received any time during 2018 will count toward this step. Your retirement system medical plan covers a routine physical exam once a year along with standard, routine laboratory tests done in conjunction with the exam. However, you may be responsible for the cost of other routine laboratory tests and services your doctor recommends during your visit. If you have questions about covered benefits and out-of-pocket costs, 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.

**Bonus Step Choose a patient-centered medical home (PCMH) doctor.**

Select a patient-centered medical home doctor as your primary care doctor. PCMH doctors lead a team of health care professionals focused on your overall health and health care needs. If you have a health problem in the middle of the night, your PCMH team is available, possibly helping you avoid a trip to the emergency room. To find a PCMH doctor, visit [bcbsm.com](http://bcbsm.com) and click *Find a Doctor*. Check *Patient-Centered Medical Home* when selecting options to narrow your search.
Talk to your doctor about your kidney numbers

According to the National Kidney Foundation®, one in three American adults are at risk for chronic kidney disease (CKD). If you have diabetes or high blood pressure, you have a higher risk of developing CKD. Typically, kidney disease symptoms don’t appear until the kidneys have failed, so CKD early testing is important.

Kidneys regulate the removal and retention of bodily fluids. One way to determine if your kidneys are functioning correctly is by testing the albumin to creatinine ratio (ACR) in your urine. The ACR test measures the amount of protein to bodily waste in your urine. If you have less than 30 mcg of protein, your kidneys are functioning properly. Having more than 30 mcg of protein in your urine could be a sign of kidney damage.

The glomerular filtration rate (GFR) test shows how well your kidneys are removing bodily waste (creatinine). A normal amount of bodily waste in your blood is between 90 ml/min to 120 ml/min. GFR test results below 60 ml/min may show you have kidney damage. High protein levels in your urine and blood are early signs of kidney damage or CKD. If you are diabetic or previously diagnosed with CKD, talk to your doctor about kidney functioning tests and results.

Keep your kidneys healthy by knowing your numbers. Talk with your doctor about your kidney health, kidney functioning tests, kidney failure prevention and ways to reduce your risk of developing kidney disease.

Sources: National Kidney Foundation, WebMD®

Take action to prevent the flu

According to Centers for Disease Control and Prevention, the best way to prevent the flu is with a flu shot. The flu shot is covered once per calendar year, in the fall or winter at no cost to you. Keep in mind flu shots and other services received at retail health clinics, such as CVS MinuteClinics or Walgreens Healthcare Clinics are not covered by your retirement system medical plan. The easiest way to avoid paying out of pocket for your flu shot is to call your doctor, health department or pharmacy to make sure they can bill Blue Cross directly.

If you need to get reimbursed for a flu shot, follow the steps below:

2. Click Non-Medicare PPO(pdf) in the It’s flu season again box to access the form.
3. Print, complete the form and mail it to:

   Blue Cross Blue Shield of Michigan Imaging and Support Services Member Claims MC 0010 P.O. Box 32593 Detroit, MI 48232-0593
Use your body to outsmart the aging process

At 102 years old, Ida Keeling made 2018 headlines after she set the world record for the 100-meter dash. Ms. Keeling beat other women in the 99 and older age group, running 100 meters in one minute and 17.33 seconds. Ms. Keeling is known as a super ager. Super agers are men and women 80 years and older with the physical and cognitive health of someone in their 60s or younger. Four traits have been found to explain how super agers are living longer and healthier—youthful brains, healthy diets, routine physical exercise and active lifestyles. Start manipulating the aging process by putting these best practices to use.

Keep your mind sharp.
Exercising your mind helps prevent memory loss and makes brain function less likely to decline as you age. Learning a new language or playing chess keeps the mind sharp and supports new brain cell growth.

What’s for dinner?
Foods rich in folic acid such as spinach, nuts and dairy products boost the production of enzymes in the brain that support longevity. Be sure to grab a bag of trail mix before heading out the door.

Let’s get physical! Physical!
Ida Keeling isn’t letting her age keep her from setting world records and neither should you. This doesn’t mean that you should attempt to beat Ida’s world record tomorrow. However, the road to becoming a super ager includes a daily exercise regimen. Try some fun exercises, such as tai chi and line dancing.

Birds of feather stick together.
There is more to life than staying mentally and physically active. As we say goodbye to summer, don’t say goodbye to enjoying fun with friends and family. Continue having fun indoors by taking a cooking class or volunteering in your community.

While there may not be a fountain of youth, our lifestyles play a major role in how we age. Now is a great time to become a super ager in training.

Sources: National Institutes of Health, Runners World Magazine
Understanding prior authorizations

Your health plan’s formulary includes medications that may require your doctor to request a prior authorization (PA) before you can obtain coverage for the prescription. PA is a review process used to determine if a medication meets the requirement for prescription benefit coverage.

How do I know if my medication requires a PA?
Before you go to the pharmacy, check your formulary (drug list) to find out if a medication you’re taking requires a PA. Look for the initials “PA” next to the medication name. You can access a copy of your drug list at optumrx.com.

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. A customer service advocate will work with your doctor’s office to get the information necessary for a PA review. Your doctor can also submit the PA request by fax or electronically.

A PA may be approved for up to one year. Before it expires, let OptumRx know if you need to renew it. This process helps make sure the medication you’re taking is appropriate and effective for your condition. A renewal request must be submitted for continued coverage.

• If PA of your medication is approved, you may continue to fill your prescription using your pharmacy benefit.

• If PA of the drug is not approved, you may still get it, but you must pay the full cost. Consult with your doctor for possible alternative treatment options.

If you have questions about the PA process or your plan benefits, call the toll-free phone number listed on the back of your member ID card.
Refill your medication without the hassle

The Hassle-Free Fill™ program is an easy way to get automatic refills for the medications you take regularly. This OptumRx home delivery program automatically refills and delivers 90-day supplies of your maintenance medication. With Hassle-Free Fill, you can manage your medication online with ease. Select which medications you want to set up for automatic refill or remove them from the program with a simple click. You can even update or change your next delivery date before your order is processed. You can also set up text message alerts for when to take your medication.

Go to optumrx.com and pick which medications you would like to set up for automatic refills. Or, call OptumRx at the number on your member ID card. Hassle-Free Fill is one of the many benefits of home delivery through OptumRx. Home delivery is safe, reliable and offers these advantages:

- Cost savings - you may pay less for your medication with a 90-day supply.
- Convenience - free standard shipping on medications delivered to your mailbox.
- 24/7 access - speak to a pharmacist who can answer your questions anytime.
- Medications shipped in secure and temperature-sensitive packing, such as in cold packs for hot conditions or heated for cooler weather locations.

With Hassle-Free Fill, we make getting your medication a breeze — so you don’t have to worry about refills.

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.

<table>
<thead>
<tr>
<th>Brand name</th>
<th>Generic name</th>
<th>Indication/Use</th>
<th>Generic availability*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delzicol</td>
<td>Mesalamine</td>
<td>Ulcerative Colitis</td>
<td>June 2018</td>
</tr>
<tr>
<td>Procrit</td>
<td>Epoetin Alfa</td>
<td>Anemia</td>
<td>June 2018</td>
</tr>
<tr>
<td>Basaglar</td>
<td>Insulin Glargine</td>
<td>Diabetes</td>
<td>December 2018</td>
</tr>
<tr>
<td>Betimol</td>
<td>Timolol</td>
<td>Glaucoma</td>
<td>December 2018</td>
</tr>
<tr>
<td>Canasa</td>
<td>Mesalamine</td>
<td>Ulcerative Colitis</td>
<td>December 2018</td>
</tr>
<tr>
<td>Elidel</td>
<td>Pimecrolimus</td>
<td>Atopic Dermatitis</td>
<td>December 2018</td>
</tr>
<tr>
<td>Xolair</td>
<td>Omalizumab</td>
<td>Asthma</td>
<td>December 2018</td>
</tr>
</tbody>
</table>

*Generic availability is subject to change based on FDA approval, manufacturer decision, and any litigation.
Know the risks of glaucoma

According to Prevent Blindness America, it’s estimated that over four million Americans have glaucoma, but only half know they have it. Glaucoma is the name for a group of eye diseases that develop when increased fluid pressure in the eyes damages the nerve fibers in the optic nerve and retina. This damage can lead to irreversible vision loss.

If you were previously diagnosed with glaucoma, your eye exam may fall under your retirement system medical plan. Coordinate with your provider and insurance carriers to ensure your exam is billed appropriately.

The good news is early detection and treatment can slow down the progression of the disease and prevent vision loss. While there is no cure for glaucoma, the American Optometric Association recommends regular dilated eye exams for people in one of following high-risk groups.

- Individuals with diabetes and hypertension
- Individuals with a family history of glaucoma
- African-Americans and Asian-Americans age 50 and older
- Hispanic-Americans age 65 and older
- Individuals with previous eye injuries
- Individuals using steroid medication

Your plan covers routine eye exams once every 24 months. Talk to your provider about your risks and how often you should receive an eye exam. Even if you don’t fall into any of these high-risk groups, it’s important to know anyone can get glaucoma. Routine eye exams can significantly improve your chances of detecting vision disorders and prolonging good vision well into your golden years.

Sources: American Optometric Association, Prevent Blindness America
Seize your power against opioid misuse

Delta Dental is a leading partner in the prevention of opioid abuse, and we believe that the most powerful partnership may be the one between patient and medical provider. Opioids include prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone and buprenorphine.

The national opioid epidemic knows no age boundaries. Emergency room visits for suspected opioid overdoses for people aged 55 and over increased 32 percent in 2017, according to a report from the Centers for Disease Control and Prevention. According to research by the Department of Health and Human Services, hospital stays related to opioid overuse among adults 65 to 84 more than quadrupled over a 20-year period ending in 2012.

Patients have the power—and the responsibility—to guard against opioid misuse. When visiting the dentist, you should:

• Share medical history openly, including any history of drug use or addiction.
• Update your medication list to help your dentist assess interactions between medicines.
• Take medications only as prescribed.
• Seek immediate help from your dentist if side effects or unexpected symptoms appear after a dental procedure.
• Discuss alternative pain management strategies.

At home, you should:

• Keep all medications away from children.
• Never share medications with others.
• Never mix pain medications with alcohol or sleeping pills.

Most opioid abuse happens because someone other than the patient uses the drug, so proper disposal of medications is critical. Tips to remember when you have opioids or other prescriptions at home:

• Some medications come with disposal directions, including whether they can be flushed down a toilet or disposed of in household trash. If you have questions, a pharmacist can explain how to safely dispose of medications.

• Many communities have prescription drop-off days at police stations or city halls. In addition, the Department of Justice Drug Enforcement Administration maintains a database of drop-off locations. Go to bit.ly/disposalsite to search by ZIP code or city.

Sources: Centers for Disease Control and Prevention, Department of Health and Human Services
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  
Attention: MPSERS  
232 S. Capitol Avenue  
Lansing, MI 48933-1504  
Website: [bcbsm.com/mpsers](http://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](http://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](http://deltadentalmi.com/mpsers)

**OptumRx**  
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](http://optumrx.com)

**BriovaRx**  
For questions about specialty medications, contact Specialty Pharmacy BriovaRx at:  
Call: 1-855-4BROTOVA (1-855-427-4682)  
Weekdays, 8:30 a.m. to 10 p.m., Eastern time  
Website: [briovarx.com](http://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](http://eyemed.com/mpsers)

**Michigan Public School Employees’ Retirement System**  
For information about your pension account and health insurance enrollment and eligibility, contact 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](http://michigan.gov/orsschools)

**For address and enrollment changes:**  
Website: [michigan.gov/orsmiaccount](http://michigan.gov/orsmiaccount)

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

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**Upcoming Pension Payment Dates**  
October 25, 2018  •  November 21, 2018  •  December 18, 2018