The Health Initiative Strategic Plan: How your retiree health care plan is developed

The Michigan Public School Employees’ Retirement System Board, with the support of the Department of Technology, Management and Budget (DTMB), began a health care strategic planning process in the early 1990s. Since then, nearly two dozen quality and cost containment initiatives have been implemented into the health plan provided to Michigan public school retirees.

All strategic initiatives focus on quality and cost goals. The quality goal is to measurably improve the quality of care enjoyed by the Michigan Public School Employees’ Retirement System members. The cost goal limits the rate of cost growth to the compound rate of inflation and real economic growth.

Under the Michigan Public School Employees Retirement Act, the Michigan Public School Employees’ Retirement System Board and the DTMB Director have a joint role in the approval of the strategic initiatives. The strategic planning process begins with a presentation of the initial package to the Board and the DTMB Director, followed by a public review process, in which feedback and comments are received. The Board and DTMB Director review the public comments and any recommended revisions resulting from the public feedback. The last step is for the Board and the DTMB Director to approve the final package.

These strategic initiatives have averted costs that would have been paid by the public schools in annual contribution rates, or by retirees through increased premiums, deductibles and copays. In total, the initiative process has saved the plan more than $1.4 billion. Several of these strategic initiatives leveraged federal funding opportunities. The combination of quality enhancement, cost saving, and maximization of federal funding has allowed the continuation of quality retiree health benefits for public school employees.

Coming Soon…Benefit Seminars in Michigan, Florida and Arizona
Watch your mailbox for your invitation.
Come out, get social and learn more about your 2020 retirement system health benefits.
Find your healthy fit

The Michigan Office of Retirement Services oversees administration of your Michigan Public School Employees’ Retirement System health care plans and is proud to offer you comprehensive, competitively priced health care coverage. But one size does not fit all. Medicaid and the Health Insurance Marketplace give you choices.

If you’re eligible for Medicaid, you may be able to reduce or eliminate most health care costs. Based on your public school retiree pension and your premiums, you may also save by switching to a Health Insurance Marketplace plan.

How to find your healthy fit

1. Review your current coverage by going to www.michigan.gov/orsschools. Click on the Your Insurance Benefits tab to learn more about the insurance carrier options available to you through the retirement system, compare plans, and find information about monthly premiums.

2. Find out if you qualify for Medicaid by visiting www.healthcare.gov/medicaid-chip to get started. Medicaid programs must follow federal guidelines, but coverage and costs may be different from state to state.

3. Browse the Health Insurance Marketplace by going to www.healthcare.gov/see-plans. You can see plans, estimated prices and determine if you can save by switching to another plan. When you use the estimator, include all household income (like wages, social security, investments, and so on) for you and your spouse.

4. Compare your current public school retiree coverage with the options available to you to find your healthy fit.

You owe it to yourself to check out your options, put the pieces together, and find your healthy fit.

Retiree coverage: Is it different from employee coverage?

New retirees are sometimes surprised to learn their retiree health care coverage differs from the coverage they had as active employees. The reason? There’s no connection between employer-based health care coverage negotiated by the unions and the coverage provided by the Michigan Public School Employees’ Retirement System. These are two completely different health care plans.
Important updates to your 2020 retirement system medical plan

Your retirement system medical coverage, administered by Blue Cross Blue Shield of Michigan, has a few updates effective Jan. 1, 2020.

Coverage will be added for online visits (e-visits). You pay a 10 percent coinsurance and the annual deductible applies.

There will be an increase in the amount of coverage you have for outpatient services not covered by Original Medicare. Your outpatient lifetime maximum will increase from $1 million per member to $2.5 million per member.

Finally, in-home skilled private duty nursing will no longer be covered. However, coverage continues for members receiving private duty nursing care on Dec. 31, 2019 until their treatment period ends.

Your retirement system medical plan coinsurance/copay maximum, deductible and out-of-pocket maximum will remain the same in 2020.

If you have questions about your retirement system medical coverage, 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.

Benefit seminar dates and locations are online.
The Benefit Education Seminar dates and locations are available. Visit www.bcbsm.com/mpsers, click on the Events tab and select the state to view the seminar details.

Continue LivingWell in 2020

The LivingWell program provides tools to help you lead a healthier lifestyle. Taking the steps below will keep you on the road to living well.

Choose a primary care physician.
Choosing a doctor within the PPO network can help reduce out-of-pocket costs. To locate a primary care doctor near you, use the Find a Doctor tool on the Blue Cross mobile app (search “BCBSM”) or at www.bcbsm.com/mpsers. And, consider choosing a patient-centered medical home (PCMH) primary care doctor. A PCMH-designated primary care doctor leads a team of health care professionals focused on your overall health and health care needs.

Get a routine physical exam once a year.
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.
Get your flu shot at more than 60,000 pharmacies nationwide

The flu shot is covered once per calendar year, in the fall or winter, at no cost to you. Now you can get your annual flu vaccine at one of more than 60,000 participating pharmacies across the United States when you show your Blue Cross member ID card. Google reports that there are 67,000 pharmacies in the U.S. Your pharmacy is probably on our list. Here’s how you check or find a participating pharmacy wherever you are:


2. Use the Blue Cross mobile app: Go to Express Scripts, open the main menu and select Find a Pharmacy.

When you get a flu shot, your family, friends, community and even your pets, will thank you. Now is the perfect time to protect yourself and your loved ones.

Getting to know your vaccine coverage

Your retirement system health plan covers many vaccines to keep you in the best of health. Members often ask if some of the most common vaccines are covered by Blue Cross or OptumRx. Here’s a simple answer: The flu shot, Hepatitis B vaccine and pneumonia shot are covered by your Blue Cross medical plan. The shingles shot is covered by your OptumRx prescription drug plan.

Talk with your doctor about which vaccines are right for you. Not all vaccines are covered, so you should find out their cost and determine what is covered by reviewing the medical plan’s Benefit Guide, the prescription drug plan’s Drug List or each plan’s Evidence of Coverage documents. This will help you understand what costs you may be responsible for before you receive services.

OptumRx is an independent company that does not provide Blue Cross and Blue Shield of Michigan products or services. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.
What you need to know about opioids

Chances are, you’re aware that there’s an opioid crisis in the U.S. But did you know that older adults are at greater risk for opioid addiction? Keep reading to learn more about the risks and how to get help for anyone you know who may be facing addiction.

What is an opioid?
Opioids are a class of drug that includes prescription pain medications hydrocodone and oxycodone. Doctors prescribe opioids to treat severe pain, often after a surgery or injury. When prescribed by a doctor and taken for a short period of time, opioids are generally safe.

What are the risk factors for older adults?
Older adults are more likely to experience chronic pain and illness related to aging. As a result, they are more likely to be prescribed opioids and are at higher risk of becoming addicted. Because of decreased liver and kidney function that often comes with age, older people may also be at risk of potential overdose.

What do you need to know about opioid safety?
It’s possible to get addicted to a drug, even if your doctor has prescribed it to treat back pain or after a knee or hip surgery. If you’re currently taking an opioid or have a new prescription, talk to your doctor about the risks and create a plan to manage your pain safely.

Getting Help
If you or someone you know may be facing addiction, here are ways to get help:

- Talk to your doctor about treatment options.
- Call the Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline at 1-800-662-HELP (4357).
- Go to SAMHSA’s Behavioral Health Treatment Services Locator at www.findtreatment.samhsa.gov.

Sources: Centers for Disease Control and Prevention, MI Blues Perspectives and U.S. Pharmacist
2020 Prescription drug plan update

Your retirement system prescription drug plan, administered by OptumRx, has a few updates effective Jan. 1, 2020. Your annual coinsurance maximum will be updated from $1,500 to $1,750. There will also be updates to per drug minimums and maximums which are shown in the chart below.

<table>
<thead>
<tr>
<th>Covered Prescription Drugs</th>
<th>Retail Network Pharmacy 31-day supply</th>
<th>Retail Network and Mail-Order Pharmacy 90-day supply</th>
<th>Preferred Specialty Pharmacy 31-day supply</th>
<th>Non-Preferred Specialty Pharmacy 31-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost-Sharing Tier 1 Generic</strong></td>
<td>20% with a per drug $15 minimum and $45 maximum</td>
<td>20% with a per drug $37.50 minimum and $112.50 maximum</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Cost-Sharing Tier 2 Preferred-Brand</strong></td>
<td>20% with a per drug $15 minimum and $45 maximum</td>
<td>20% with a per drug $37.50 minimum and $112.50 maximum</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Cost-Sharing Tier 2 Preferred Specialty†</strong></td>
<td>40% coinsurance $15 minimum/ no maximum*</td>
<td>N/A</td>
<td>20% with a per drug $15 minimum and $45 maximum</td>
<td>40% coinsurance $15 minimum/ no maximum*</td>
</tr>
<tr>
<td><strong>Cost-Sharing Tier 3 Non-Preferred Brand</strong></td>
<td>40% coinsurance $15 minimum/ no maximum*</td>
<td>40% coinsurance $37.50 minimum/ no maximum**</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Cost-Sharing Tier 4 Non-Preferred Specialty†</strong></td>
<td>40% coinsurance $15 minimum/ no maximum*</td>
<td>N/A Limited to 31-day supply</td>
<td>40% coinsurance $15 minimum/ no maximum*</td>
<td>40% coinsurance $15 minimum/ no maximum*</td>
</tr>
</tbody>
</table>

† Drugs that cost $670 or more for up to a 31-day maximum supply.

* Only 20 percent coinsurance up to a $45 maximum is credited to the annual coinsurance maximum.

**32-90-day supply available at home delivery or a network retail 90 pharmacy. Only 20 percent coinsurance up to a $112.50 maximum is credited to the annual coinsurance maximum.

Additional 10 percent coinsurance starting with the fourth fill of a maintenance drug.

If you have questions, call OptumRx at 1-855-577-6517, 24 hours a day, seven days a week. TTY users should call 711.
New: OptumRx launches MyScript Finder

OptumRx is committed to improving pricing and benefit transparency tools for members. To reach this goal, OptumRx developed MyScript Finder. MyScript Finder makes finding medications at the best cost easy and convenient, without sacrificing your health. You can access MyScript Finder by visiting www.optumrx.com or by using the OptumRx mobile app.

MyScript Finder highlights:

- **Simple experience.** An easy to use, intuitive user experience to access pricing and pharmacy information through the website or mobile app.
- **Precision pricing.** What is quoted is what you pay.
- **Consistency across all channels.** What you hear from customer service is the same information that can be seen on the website and mobile app.
- **Tailored insights.** Transparency around pharmacy options and clinically appropriate medication alternatives.

Enhancements to MyScript Finder will continue to be unveiled throughout the remainder of the year.

October 26 is National Prescription Drug Take Back Day

The next National Prescription Drug Take Back Day will be October 26, 2019. National Prescription Drug Take Back Day is a safe, convenient, and responsible way to dispose of unused or expired prescription drugs.

Did you know that 66 percent of people ages 12 and older who misuse prescription opioids obtain them from a friend or family member? Leftover opioids and other unused medications should always be disposed of as soon as possible. That’s why the U.S. Drug Enforcement Administration (DEA) is partnering with local law enforcement to host the event.

In April 2019, Take Back Day brought in 937,443 pounds (468.72 tons) of unused or expired prescription medication.

If you miss the National Prescription Drug Take Back Day or would like a schedule of future events, please visit the U.S. Department of Justice Drug Enforcement Administration Diversion Control Division website at www.deadiversion.usdoj.gov and choose the DEA National Rx Take Back link.

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>Evzio</td>
<td>Naloxone</td>
<td>Opiate overdose</td>
<td>August 2019</td>
</tr>
<tr>
<td>Prestalia</td>
<td>Perindopril; Amlodipine</td>
<td>Hypertension</td>
<td>August 2019</td>
</tr>
<tr>
<td>Pylera</td>
<td>Bismuth Subcitrate; Metronidazole; Tetracycline</td>
<td>H.Pylori infection</td>
<td>August 2019</td>
</tr>
<tr>
<td>Samsca</td>
<td>Tolvaptan</td>
<td>Hyponatremia</td>
<td>August 2019</td>
</tr>
</tbody>
</table>

*Generic availability is subject to change based on FDA approval, manufacturer decision, and any litigation.
Four ways to stretch your vision care benefits

The more you know about your retirement system vision care plan, the more likely you are to take advantage of your plan benefits. Use the following four fun facts to help see your vision benefits more clearly.

1. **Quality and savings**
   Your retirement system vision plan is a bag of goodies for your eyes. Vision benefits can help cover services and corrective treatments ranging from eye exams to prescription lenses. EyeMed members, on average, save 71 percent off the retail price of eye exams and glasses at in-network eye doctors.

2. **Doctor network**
   EyeMed’s list of participating in-network providers range from traditional ophthalmologist or optometrist practices to major retailers, in-store or online. Using in-network providers whenever possible helps lower your out-of-pocket costs. Out-of-network doctors will likely cost more. To find an in-network doctor near you, visit [www.eyemed.com/mpsers](http://www.eyemed.com/mpsers) and select Provider locator.

3. **Special offers and promotions**
   When selecting an eye doctor, check ahead for special offers and promotions. Also, consider how products are priced in relation to what’s important to you. Providers run the gamut in terms of what they offer, from high-end luxury brands to good quality frames at great everyday prices. For instance, Target Optical® eyewear and lenses are Priced Right Daily®, which means what you see is what you pay. This means you can get more savings when your benefits are layered on top.

   The savings often don’t stop there since EyeMed offers additional discounts on top of your retirement system vision benefits. EyeMed members, for example, save an additional 20 percent off the uncovered balances of frames, lenses or lens options from in-network providers. So, if eyeglass frames are covered up to $120, but cost $150, EyeMed will apply 20 percent off the remaining $30.

4. **Coordination of benefits**
   If you have vision coverage through another insurance company, EyeMed will work with them to minimize your out-of-pocket costs. This is called coordination of benefits. Sometimes, you may need services related to medical conditions of the eye, such as an eye exam after cataract surgery. These services may be covered by your retirement system medical plan. Talk with your provider about the services you’re receiving and any other coverage you may have to help you get the most out of your vision benefits.

   The first step to stretching your vision care benefits is to understand your coverage. If you have questions about your retirement system vision care benefits go to [www.eyemed.com/mpsers](http://www.eyemed.com/mpsers) or call EyeMed’s Customer Service department at **1-866-248-2028**, Monday through Saturday 7:30 a.m. to 11 p.m. and Sunday from 11 a.m. to 8 p.m. Eastern time.
Let’s fill you in: amalgam vs. composite fillings

When you need a filling in a tooth, you and your dentist may discuss different types of filling materials: amalgam (silver) fillings and composite (white) fillings. It’s important to know the differences.

Amalgam filling material contains a mixture of metals, such as silver, copper and tin, plus mercury that binds the metals into a hard and stable substance. Studies confirm that amalgam fillings generally last longer and have a lower number of secondary cavities due to fillings than composite fillings.1,2 The American Dental Association (ADA), the authoritative U.S. source for dental science, recommends amalgam as “a safe, affordable and durable material that has been used to restore the teeth of more than 100 million Americans.”3

Composite fillings, also called resin-based fillings, are ceramic and plastic compounds that are intended to visually blend with the natural tooth.4 Composite is a newer filling material that is frequently requested because the color blends with natural teeth.

Your Delta Dental plan through the Michigan Public School Employees’ Retirement System covers both filling materials, but coverage is contingent on what tooth is receiving the filling. Amalgam fillings are covered on back (posterior) teeth. If you choose to have a composite filling on a back tooth, Delta Dental will pay the amount that would have been paid for an amalgam restoration and you will be responsible for the additional cost. Composite fillings are covered on the front (anterior) teeth.

If you need a filling, talk to your dentist about your options. In addition, you can request that your dental office submit a pre-treatment estimate to Delta Dental, so that you’ll be able to see your out-of-pocket costs before getting the filling.

You can help prevent the need for fillings and cavities by following good oral health practices such as brushing twice a day with fluoride toothpaste, flossing daily, eating a balanced diet and visiting your dentist regularly.

Sources:
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
MPSERS-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: 1-855-4BROVA (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**
October 25, 2019 • November 25, 2019 • December 18, 2019
Best of Health

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

Editor: Marciá M. Alexander

©Copyright 2018 Blue Cross® Blue Shield® of Michigan. Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

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 and 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.