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

INSIDE

2 IMPORTANT INFORMATION Updates

7 PRESCRIPTION COVERAGE OptumRx®

10 VISION COVERAGE BlueVisionSM

3 MEDICAL COVERAGE Blue Cross Blue Shield of Michigan

9 DENTAL COVERAGE Delta Dental

11 GENERAL INFORMATION How to reach us
2017 Verification of Coverage survey

The 2017 Verification of Coverage survey was mailed to all contract holders in May. If you’re the contract holder, you must complete this form for yourself and anyone else covered by your retirement system health plan. You must respond to the survey by **July 15, 2017**, even if you don’t have other coverage. If you don’t respond, your retirement system medical plan and prescription drug coverage will be canceled.

The Verification of Coverage survey asks you to identify any other medical and prescription 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.

Update your information on miAccount

The Office of Retirement Services is the central hub for each of the insurance vendors that provide your coverage. That’s why it’s important to keep your information up to date with the retirement system, whether you got a new phone number or moved out of state.

Log into miAccount at [michigan.gov/orsmiaccount](http://michigan.gov/orsmiaccount) to:

- Update your name or contact information
- Add or remove a dependent
- Apply for a different insurance provider

For help logging in to miAccount, watch the tutorial on the log in page at: [michigan.gov/orsmiaccount](http://michigan.gov/orsmiaccount).
Delivering gourmet meals in a box

Most home cooks get dinner on the table the old-fashioned way – they decide what to cook, shop at the grocery store and prepare the meal. Meanwhile, a small, but growing number of Americans are cooking dinner with meal kits from delivery services like Blue Apron and Hello Fresh.

What is a meal kit service?
A meal kit service delivers recipes and all the ingredients to prepare a home-cooked meal — including meat, vegetables, fruit, seasonings and sauces.

How much do they cost?
Meal kit services typically range in price from around $9 per serving to $15 per serving. When you place your order, you pick the types of meals, number of meals, and whether you need supplies to cook for two people or a family of four.

Who’s buying?
Approximately 8 million Americans have tried meal subscription services, according to consumer research firm, NPD group. While this number represents only three percent of U.S. consumers, the services may be attractive to those who haven’t tried them yet. Meal kit delivery may appeal to older adults who want an easy way to try new recipes and flavors. For married couples or a group of friends, preparing a gourmet meal with a kit can be a fun, social activity.

While novelty and convenience are big selling features of meal kits, a drawback is the higher cost per serving compared to traditional home-cooked meals. However, the meal kit services may be a fun way to avoid the grocery store line and get in touch with your inner gourmet chef.

Heard of Blue Apron and Hello Fresh?
Here are some services you may not know about.

Martha & Marley Spoon – Features Martha Stewart’s famous recipes
PeachDish – Offers Southern-inspired dishes
FreshRealm – Delivered in reusable mini-refrigerator containers
Prior authorization helps ensure safe, high-quality care

When you see your doctor, there is work being done behind the scenes to ensure you receive safe, quality care. Prior authorization is one of the tools used to make sure you receive the right care. When a service requires prior authorization, the service and your doctor's treatment plan are reviewed to be sure both are appropriate for your health condition.

How does prior authorization work?
Let’s look at an example. After Bob’s back surgery, his doctor prescribes physical therapy to help with recovery. Based on medical necessity guidelines, physical therapy requires prior authorization. The physician and physical therapist will arrange for this authorization, so there are no steps for Bob to complete. During the prior authorization process, the physical therapy provider will evaluate and document Bob’s case and recommend a treatment plan. Clinical experts will review the treatment plan based on Bob’s specific needs and clinical practice guidelines. Once authorization is granted, Bob can begin physical therapy.

If prior authorization isn’t granted, Bob and his provider will receive a letter explaining the reason and how to request an appeal. In the case of an appeal, the treatment plan and other documentation will be re-reviewed based on practice guidelines and any additional clinical documentation that is available.

Which services require prior authorization?
The following is a partial list of services that require prior authorization:

- Radiation therapy
- Pain management injections
- Spine surgery
- Physical or occupational therapy

In addition to these services, some prescription drugs that are covered by your Blue Cross medical plan require prior authorization.

Keep in mind that prior authorization programs don’t change or limit your benefits. Prior authorization programs ensure clinical practice guidelines are used for more serious or complex situations. These programs work in tandem with your providers to help make sure you receive the right care for your condition in the right location at the right time.
Screening is critical
to detect colon cancer early

Want to know the secret to a healthy colon? After exercise and a nutritious, high fiber diet, colorectal screening is your best defense against colon cancer. After age 50, colorectal screenings are recommended to help detect cancer or precancerous growths in the colon.

Your health plan covers colorectal cancer screenings to help find issues early, when treatment is most effective. If polyps are detected during screening, your doctor typically will remove them. If further testing or treatment is required, your doctor will develop a plan to address the issue.

Colorectal screening is covered in full if a polyp or tissue is not found. However, if a polyp is found and removed during a colorectal screening, the service changes to a medical-surgical procedure. Your cost would be 10% coinsurance for this procedure.

What’s covered? What are the out-of-pocket costs?
The table below shows your cost for colorectal screenings covered by your plan.

<table>
<thead>
<tr>
<th>Colorectal screening (in network and out of network)</th>
<th>Covered at 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: If a polyp or other tissue is found and removed during the colonoscopy, your coinsurance is 10% of the approved amount. The coinsurance applies to the annual out-of-pocket maximum.</td>
<td></td>
</tr>
</tbody>
</table>

Your health plan covers the following colorectal screening tests:

- **Screening barium enema** - Covered once every 48 months if you’re 50 or older (high risk, every 24 months) when used instead of a sigmoidoscopy or colonoscopy.

- **Screening colonoscopy** - Covered once every 120 months (high risk, every 24 months) or 48 months after a previous flexible sigmoidoscopy. There’s no minimum age.

- **Screening fecal occult blood test** - Covered once every 12 months if you’re 50 or older.

- **Screening flexible sigmoidoscopy** - Covered once every 48 months if you’re 50 or older, or 120 months after a previous screening colonoscopy for those not at high risk.
Tired of all the paper?  
Go green today.

You asked us to reduce the number of paper documents we send ... and we heard you. You can sign up for paperless delivery of many of your Medicare Plus Blue℠ PPO plan documents and stop receiving large mailings from us.

Here’s how to sign up for paperless documents now:

**Step 1. Register for BCBSM’s secure, members only website.**

If you’re already registered, go to Step 2.

Have your ID card handy. You’ll need it when you first sign up.

- Go to [www.bcbsm.com/mpsers](http://www.bcbsm.com/mpsers).
- Click on the **LOGIN** tab at the top right.
- Click on **Register Now**.
- Complete the online form in three easy steps.

**Step 2. Sign up for paperless documents:**

- Log in to your member account at [www.bcbsm.com/mpsers](http://www.bcbsm.com/mpsers).
- Click on **Account Settings** at the top.
- Click on **Paperless Options** on the left.
- Under **Choose Delivery Method**, click on **(Change)** to select paperless delivery of the documents you want to get online.
- To the right, confirm the email address displayed is where you want to receive notifications.

After you sign up, you’ll no longer receive paper copies of your documents. We’ll send an email that lets you know when a new EOB is posted to your [www.bcbsm.com/mpsers](http://www.bcbsm.com/mpsers) account, and we’ll notify you about other documents that are available online. Remember, you can change your delivery method back to receiving paper copies in the mail at any time by using the same directions.

*Note: You can view these documents on [bcbsm.com/mpsers](http://bcbsm.com/mpsers) without signing up to go paperless. However, you have to sign up to opt out of receiving paper copies in the mail.

---

**What are the benefits of going paperless?**

- **Faster notices**: We’ll email you when your document is ready to view.
- **Less clutter**: Fewer paper mailings helps you stay organized.
- **Environmentally friendly**: Reducing paper saves trees.
- **Safe, convenient access**: Find your documents online in one secure location.

Go to [bcbsm.com/mpsers](http://bcbsm.com/mpsers) today to receive these documents electronically:

- **Explanation of Benefits** (also known as EOB) — Gives you a summary of your claims and costs
- **Evidence of Coverage*** — Gives you details about what your plan covers and how much you pay
- **Resource Guide*** — Gives an overview of your plan and how to get the most from your benefits

*Note: You can view these documents on [bcbsm.com/mpsers](http://bcbsm.com/mpsers) without signing up to go paperless. However, you have to sign up to opt out of receiving paper copies in the mail.
Plan for your medications when you travel

Each new year brings the anticipation of a busy vacation travel season. No one expects their travel plans to be interrupted by an unexpected illness or a health incident, but they can happen anywhere. It’s important to think about your health needs before your trip. This is especially true for travelers who take medication regularly. Planning ahead can help you enjoy your vacation without worry.

Some things to consider before your trip:

- Use OptumRx Mail Order to receive a 90 day supply of your medication to ensure you have the necessary supply on hand when you travel. Travel plans before your next refill is due? OptumRx will deliver your Mail Order Medications to any location in the continental US*.
- Make sure you have enough medication for your entire trip.
- Get medication refills before you leave.
- Airports limit the quantities of liquids, gels, creams and pastes that can be carried onto an airplane (3.4 ounces max per item). Make sure the medication you take is within those limits or placed in your checked baggage.
- Don’t forget to bring your member ID card.
- Have the phone number of your doctor and/or pharmacist with you in case you have any questions about your medication. You can also call OptumRx customer service at the number on the back of your ID card for help.
- If you can’t get to a pharmacy, find out if any over-the-counter medicines may work for you.

How do I find pharmacies away from home?

If you need to go to a pharmacy while on vacation, OptumRx provides a convenient online tool to search for a network pharmacy. To use this tool, log in to optumrx.com. Once logged into the member portal, type in the address or zip code you wish to locate a pharmacy near, in the “Pharmacy Locator” field located on the right side of the main page. Then choose the mile radius from the drop down box. If you are seeking a 24 hour pharmacy, make sure to choose that option. Then click on the Search button. It’s that easy! In addition, you may call OptumRx customer service at the number on the back of your ID card.

*Controlled substances and temperature controlled medications cannot be delivered to a PO Box.
Coming soon
Enhanced OptumRx website

This summer, optumrx.com will make it easier than ever to manage your medications. The new website is designed to help you:

• Explore medication costs and compare pharmacy pricing
• Stay informed about medications
• Set up and track home delivery orders
• See what action you may need to take to obtain your prescriptions

With just a click on your computer or smartphone, you can view information to help you better understand and manage your medications.

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 in its brand-name form will continue on the formulary 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>Pataday</td>
<td>Olopatadine</td>
<td>Allergic Conjunctivitis</td>
<td>April 2017</td>
</tr>
<tr>
<td>Pristiq</td>
<td>Desvenlafaxine</td>
<td>Depression</td>
<td>April 2017</td>
</tr>
<tr>
<td>Betimol</td>
<td>Timolol</td>
<td>Glaucoma</td>
<td>June 2017</td>
</tr>
<tr>
<td>Daytrana</td>
<td>Methylphenidate</td>
<td>ADHD</td>
<td>December 2017</td>
</tr>
<tr>
<td>Proventil HFA</td>
<td>Albuterol sulfate</td>
<td>Asthma</td>
<td>December 2017</td>
</tr>
</tbody>
</table>

*Generic availability is subject to change based on FDA approval, manufacturer decision, and any litigation.
Delta Dental addresses link between hunger, health and learning

Recognizing the connection between hunger, oral health and overall health, Delta Dental of Michigan is partnering with Forgotten Harvest to address childhood hunger.

Forgotten Harvest, based in Oak Park, Michigan, is one of the nation’s largest food rescue organizations that addresses hunger by rescuing fresh, surplus food from 800 manufacturers, dairies, restaurants and grocery stores in metro Detroit. The organization also grows vegetables at Forgotten Harvest Farms in Fenton, Michigan. It distributes food in 35 refrigerated trucks to more than 280 emergency food pantries, soup kitchens, shelters and mobile pantries.

This year, Delta Dental gave $250,000 to fund Forgotten Harvest’s Healthy Food-Healthy Kids programs, which include:

- School Pantry Project, a focused distribution initiative for vulnerable families with young children and with early childhood education and area school agencies
- Million Meal Challenge for Kids summer lunch program, which provides nutritious lunches to children at 40 partner agencies over the summer
- Detroit Public Library Children’s Feeding Partnership, a lunch and after-school snack program that promotes reading, homework and tutoring programs at each of the Detroit Public Library’s 22 branches.

The partnership addresses issues related to hunger and oral health, which are inextricably linked to overall health and school success. According to the American Academy of Pediatrics, a child without enough fresh, healthy food is more likely to get sick, be hospitalized and take longer to recover. In addition, not eating enough nutritious food can have an impact on a child’s cognitive ability.

“Poor oral health and hunger both have a huge impact on school and life success. In fact, children and families facing food insecurity are also more likely to have serious oral health issues,” said Teri Battaglieri, Delta Dental of Michigan director of communications, corporate citizenship and philanthropy. “We are proud to support Forgotten Harvest and help children get access to fresh, nutritious food and raise awareness about good oral health.”
How to help dry eyes

By Dr. Michelle Calder-Cardwell

Every time you blink, your healthy eyes get a bath from a fluid that helps protect and moisturize them. When something irritates your eyes or interferes with the production of tears, dry, irritated eyes can be the result.

Dry eyes are very common. More than 20 million Americans suffer from dry eyes. If you think you have dry eyes, check out some of these common symptoms and possible causes. Once you understand the culprit, you can make changes to relieve your dry eyes.

Symptoms of dry eyes:
- Dry, itchy or burning eyes
- A scratching sensation or feeling like there’s grit in the eyes
- Sensitivity to light causing squinting and blinking
- Difficulty focusing because of dryness

How to treat dry eyes:
- Avoid drafts and use a humidifier.
- If allergies are causing your eyes to itch and dry out, try lubricating, preservative-free eye drops formulated for people with allergies.
- If you’re taking a medication that causes dry eyes, your doctor may need to change your prescription or recommend that you use eye drops to lubricate your eyes.
- Don’t wear your contacts for too long. Also, keep them clean and always wash your hands before handling them.
- Take frequent breaks from computer work or reading and remember to blink often.
- Turn off ceiling fans when possible.
- Lay a warm, damp washcloth across your eyelids for a couple minutes.

Helpful tips:
- For a refreshing sensation, cool your eye drops in the refrigerator for about an hour before using them.
- Never share eye drops.
- Drink plenty of water.
- Wear sunglasses outside to protect your eyes from wind and sun.
- Take an omega-3 fatty-acid supplement, which has been shown to restore lipids, a key component of tears.

If your dry eyes are still bothering you after one month, see your doctor as severe cases of dry eyes can lead to eye damage and vision loss. During your eye exam, your doctor can check for vision problems and signs of health conditions that could be causing your dry eyes.

Dr. Michelle Calder-Cardwell is the owner and lead optometrist at Urban Optiques Vision & Eyewear in Northville, MI.
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, durable medical equipment and supplies, or participating providers in Michigan:

Call: 1-800-422-9146
TTY: 711
Weekdays, 8:30 a.m. to 5 p.m. EST

Write: Blue Cross Blue Shield of Michigan –
Attention: MPSERS
600 E. Lafayette Blvd., Dept. X521
Detroit, MI 48226-2998

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

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, 7 days a week.

Website: mycatamaranrx.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., EST

Website: briovarx.com

BlueVision
For questions about vision benefits services, contact VSP.

Call: 1-877-478-7558
Monday through Friday,
8 a.m. to 11 p.m. EST
Saturday, 10 a.m. to 11 p.m. EST
Sunday, 10 a.m. to 10 p.m. EST

For vision ID cards, call Blue Cross Blue Shield of Michigan at 1-800-422-9146.
TTY: 711
Weekdays, 8:30 a.m. to 5 p.m. EST

Website: bcbsm.com/mpsers under Vision Plan

Delta Dental Plan of Michigan
Call: 1-800-345-8756

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

Website: deltadentalmi.com

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
Weekdays, 8:30 a.m. to 5 p.m., EST

Website: michigan.gov/orsschools

For address and membership changes:

Website: michigan.gov/orsmiaccount

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

Upcoming Pension Payment Dates
July 25 • August 25 • September 25
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, Michigan 48226

Editor: Leslie Lockhart

©Copyright 2017 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 & Budget reserve the right to change the plan. For more detailed information about benefit provisions, contact the applicable plan administrator.

Medicare