Introducing BlueVision: your new vision plan

Effective January 1, 2014, your Retirement System vision coverage transitioned to the BlueVision plan. Blue Cross Blue Shield of Michigan has partnered with Vision Service Plan® to administer your vision benefits.

You should have received a new vision ID card and information about BlueVision in December. The new ID card is for your vision coverage only, so please hold on to your Blue Cross medical ID card. If you have not received your vision ID card or if you have lost your ID card, call 1-800-422-9146 to request a new one.

Members on the same policy will get identical vision ID cards. If you and your dependents or spouse share a MPSERS policy, you should have received two ID cards with the enrollee’s name on them. You won’t get ID cards with each person’s name, even if you’re a Medicare Advantage member.

If you lost your ID card or you’re waiting for it to come in the mail, you can still use your vision coverage. Just tell your provider you have VSP vision with Blue Cross Blue Shield of Michigan and they’ll be able to help you.

You can use your BlueVision coverage to visit a provider outside of the Vision Service Plan network. However, your costs will be lower if you visit a provider inside the network.

To locate a provider in the VSP network
Go to vsp.com/advantage or call VSP at 1-877-478-7558.

Questions about your BlueVision coverage?
Call VSP at 1-877-478-7558.
Monday through Friday, 8 a.m. to 11 p.m. Eastern time
Saturday, 10 a.m. to 11 p.m. Eastern time
Sunday, 10 a.m. to 10 p.m. Eastern time

Lost your ID card? Never received one?
Call 1-800-422-9146 to request a new one.

Medicare documents mailed

During the month of December, you should have received the Annual Notice of Changes and Evidence of Coverage in the mail. These important plan documents provide details about your Medicare Advantage plan for the 2014 plan year. If you have not received your Annual Notice of Changes and Evidence of Coverage, please call BCBSM Customer Service at 1-800-422-9146.
# 2014 plan updates

The following updates went into effect January 1, 2014.

<table>
<thead>
<tr>
<th>plan updates</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical plan updates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual deductible</td>
<td>$500</td>
<td>$650*</td>
</tr>
<tr>
<td>Medical coinsurance maximum</td>
<td>$800</td>
<td>$800</td>
</tr>
<tr>
<td><strong>Prescription drug plan updates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per script coinsurance minimums and maximums — 30-day supply</td>
<td>$7 min./$36 max.</td>
<td>$10 min./$40 max.</td>
</tr>
<tr>
<td>Per script coinsurance minimums and maximums — 90-day supply</td>
<td>$17.50 min./$90 max.</td>
<td>$25 min./$100 max.</td>
</tr>
<tr>
<td>Prescription drug coinsurance maximum</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Dental plan updates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual coverage maximum</td>
<td>$1,000</td>
<td>$1,100</td>
</tr>
</tbody>
</table>

* Medicare members are automatically enrolled in the LivingWell program and will have a $500 deductible for 2014.
Medicare members move from Express Scripts to Catamaran in 2014

Effective January 1, 2014, Medicare-eligible members moved from Express Scripts Prescription Drug Plan to Catamaran Medicare Prescription Drug Plan. Catamaran has automatically enrolled you in this new plan. Just be sure to let your local pharmacy know you have a new prescription insurance card. To contact Catamaran Member Services, call 1-855-577-6517.

Each enrollee should have received a welcome kit, even if more than one enrollee lives at the same address. If you did not receive this information, please call Catamaran Member Services at 1-855-577-6517.

Rx update

The patents on some brand-name drugs have expired, which means members can save by using the generic equivalent. Any drug that was available on the drug list in its brand-name form will remain on the drug list in its generic form. Your pharmacist will automatically dispense the generic on new prescriptions for these drugs or when you go to refill an existing prescription.

<table>
<thead>
<tr>
<th>Brand drug name</th>
<th>Indication/use</th>
<th>Anticipated generic availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVEGA</td>
<td>Schizophrenia; schizoaffective disorder</td>
<td>January 2014</td>
</tr>
<tr>
<td>DETROL LA</td>
<td>Overactive bladder</td>
<td>January 2014</td>
</tr>
<tr>
<td>MICARDIS/HCT</td>
<td>Hypertension; cardiovascular risk reduction</td>
<td>January 2014</td>
</tr>
<tr>
<td>RAPAMUNE</td>
<td>Organ rejection prophylaxis</td>
<td>January 2014</td>
</tr>
<tr>
<td>AVELOX</td>
<td>Anti-infective</td>
<td>February 2014</td>
</tr>
<tr>
<td>HECTOROL</td>
<td>Hyperparathyroidism</td>
<td>February 2014</td>
</tr>
<tr>
<td>EVISTA</td>
<td>Postmenopausal osteoporosis; reduction in risk of breast cancer</td>
<td>March 2014</td>
</tr>
<tr>
<td>RENVELA</td>
<td>Chronic kidney disease</td>
<td>March 2014</td>
</tr>
<tr>
<td>DIOVAN</td>
<td>Hypertension; heart failure; post-MI</td>
<td>March 2014</td>
</tr>
</tbody>
</table>
Important updates to your dental plan

Effective January 1, 2014, your dental plan changed from Delta Dental PPO℠ (Point-of-Service) to Delta Dental PPO (Standard). This change may affect how your claims are paid. In addition, your annual maximum has increased to $1,100 per calendar year.

As with your previous plan, you are welcome to go to the dentist of your choice — Delta Dental PPO, Delta Dental Premier® or nonparticipating dentists. However, please note that Delta Dental Premier dentists and nonparticipating dentists are considered non-PPO dentists. You will pay more out of pocket if you go to a non-PPO dentist.

To find participating dentists near you, call our Customer Service department toll free at 1-800-345-8756.

**Delta Dental PPO dentist**
If you currently see a Delta Dental PPO dentist, you will experience no change in how your claims are paid. Your out-of-pocket costs will likely be lowest if you go to a Delta Dental PPO dentist. You are responsible for your copayments when you go to a Delta Dental PPO dentist for covered services.

**Delta Dental Premier dentist**
If you see a Delta Dental Premier dentist, you will experience a change in how your claims are paid and your out-of-pocket costs. Delta Dental Premier dentists agree to accept no more than Delta Dental’s maximum approved fee as full payment for covered services. However, under the Delta Dental PPO plan, our payment for covered services will be based on the amount in the Delta Dental PPO dentist fee schedule, which is generally lower than the maximum approved fee. You are responsible for the difference between the maximum approved fee and the Delta Dental PPO dentist fee schedule amount, in addition to any copayments.

**Nonparticipating dentist**
If you see a nonparticipating dentist (that is, a dentist who does not participate in Delta Dental PPO or Delta Dental Premier), you will be responsible for the difference between Delta Dental’s payment and the dentist’s fee, in addition to any copayments.
DASH your way to lower blood pressure

Holiday meals, parties, and dining out can undermine healthy eating efforts. Salty meats and snacks are everywhere and can spell trouble for your blood pressure. To get back on track, consider the DASH eating plan.

Studies have shown that the Dietary Approaches to Stop Hypertension eating plan helps decrease blood pressure, lowering the risk for heart disease, stroke and cancer. Here are a few highlights of the DASH diet:

- Limit salt intake to 1,500 milligrams per day
- Fruit – four to five servings per day
- Vegetables – four to five servings per day
- Nuts, seeds and legumes – four to five servings per week
- Fats and oils – two to three servings per day (for example two tbsp. of salad dressing or one tbsp. of mayonnaise)
Start LivingWell in 2014

As you work on your 2014 health goals and New Year’s resolutions for 2014, remember that the LivingWell program’s steps can help you along the way. This year, Medicare members will receive the Medicare Advantage Health Assessment. We encourage you to complete the health assessment and the other steps below to keep you on the road to LivingWell.

1. Complete the health assessment
Completing a health assessment is a way to check in on how you’re doing with nutrition, exercise and managing other aspects of your health. You should receive the Medicare Advantage Health Assessment in February, so be sure to complete and return the survey.

2. Select a primary care physician
LivingWell encourages members to establish or maintain a relationship with a primary care physician. If you don’t have a primary care physician, you can use the Find a Doctor tool on bcbsm.com to locate a doctor in your area.

3. Complete an annual wellness visit with your doctor
A wellness visit is an annual preventive exam provided by your physician. Your doctor will check a number of health indicators, and discuss your questions or concerns.

Choose a Patient-Centered Medical Home
Many BCBSM members are enjoying the convenience and personalized care provided by BCBSM Patient-Centered Medical Home doctors.

Working with a primary care physician who is also a Patient-Centered Medical Home doctor provides many advantages, including:

- 24-hour access to your medical team
- A central location for your medical history, housed by your primary care physician
- Strategies for managing your individual health
- Coordination of specialist care
- Personalized tracking of your test results and prescriptions

To locate a Patient-Centered Medical Home doctor, use the Find a Doctor tool on bcbsm.com. Patient-Centered Medical Home doctors are located in many, but not all, areas within Michigan.
How to reach us

When contacting us, help us help you by providing your contract and Medicare identification numbers.

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
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

BlueCard PPO providers outside Michigan
Call: 1-800-810-BLUE (810-2583)

Medical equipment and supplies
For questions about medical equipment and supplies in Blue Cross Blue Shield of Michigan Member Services:

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

Medicare
Call: 1-800-MEDICARE (633-4227)
TTY: 1-877-486-2048

Website: medicare.gov

Catamaran
For questions about pharmacy claims, ID cards, or participating providers, contact Catamaran Prescription Drug Plan (PDP) at:

Call: 1-855-577-6517

Customer service representatives are available 24 hours a day, 7 days a week

Website: catamaranrx.com

BlueVision
For questions about vision benefits, 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: For benefit information – vsp.com
To find a provider – vsp.com/advantage

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

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

Website: deltadentalmi.com

Michigan Public School Employees Retirement System
For pension information, contact the Customer Information Center:

Call: 1-800-381-5111
Weekdays, 8:30 a.m. to 5 p.m., EST

Website: michigan.gov/orsschools

For address and membership changes:

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

Upcoming Pension Payment Dates
February 25, 2014 • March 25, 2014 • April 25, 2014
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

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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 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 Blue Cross Blue Shield of Michigan customer service.