

Best of Health

NEW
2024 Plan Changes
See pages 5, 9,
12 and 14.



MEDICARE
FALL 2023

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

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How ORS develops its retiree healthcare plans: The health initiative strategic plan

The healthcare plan for Michigan public school retirees was established by the Michigan Public School Employees Retirement Act. The Michigan Public School Employees' Retirement Board and the Department of Technology, Management and Budget (DTMB) have a shared role in maintaining this healthcare plan and making decisions about the coverage.

In the early 1990s, the board, with the support of DTMB, began a strategic health initiative planning process. The goal of this process has been to improve health outcomes and keep coverage affordable for both retirees and the school districts. Over the years, numerous initiatives have been implemented to balance covered services and medications with ensuring the continued long-term financial stability of the retirement system healthcare plan.

What is the health initiative strategic planning process and how does it work?

Staff from the Michigan Office of Retirement Services (ORS) work with healthcare consultants to develop proposals for plan updates. Member feedback, healthcare industry trends and financial metrics are taken into consideration when drafting an initiative package for plan updates. Once an initial package of updates is put together, it is presented to the board and DTMB director. This presentation is followed by a public review process, in which feedback and comments from retirees and retiree support organizations are received. Any feedback received is reviewed and may result in revisions being made to the initiative package. Lastly, the board and DTMB director review the public feedback and final recommended initiatives and decide whether to approve the plan updates.

Once an initiative package is approved, ORS staff work with the health insurance carriers to implement the plan changes. The groups work together to communicate plan changes to members and develop benefit booklets and presentations to educate members about their plan coverage.

What role do the insurance carriers play in the retirement system healthcare plan?

The insurance carriers do not make decisions about covered benefits or deductibles, coinsurance, or copays. The coverage and cost sharing are determined by the board and DTMB director, with guidance from ORS staff and healthcare consultants. The carriers administer the plans as directed by ORS.

As part of their role in administering the plans, the carriers establish networks of qualified providers, negotiate discounts to keep the cost of services low, and provide programs to help members manage their health. They also process claims, answer coverage and billing questions, and manage membership ID cards. The carriers produce benefit booklets and educational materials to assist members with understanding their coverage. They also support members through their call centers, websites and mobile apps, all designed to provide members with the information and tools they need to get the most value from their plan.



Medicare Open Enrollment

You may currently be receiving a lot of information about Original Medicare, healthcare and prescription drug insurance plans, premiums, deductibles and networks. These materials are meant to prepare you for what is known as Medicare Open Enrollment. Medicare Open Enrollment runs from Oct. 15 through Dec. 7 each year. During this annual period, you can compare your current coverage to your choices for the upcoming calendar year and/or select a new insurance plan outside of the retirement system for 2024.

Important information to keep in mind:

- If you **do not** want to change your current retirement system coverage elections, then you do not need to do anything.
- Enrolling in another Medicare Advantage plan or Medicare Prescription Drug Plan will automatically disenroll you and anyone else on your insurance from your retirement system medical and prescription drug coverage.

There is no annual open enrollment period for the ORS insurance plans.

To learn more about your 2024 retirement system coverage, please visit the online seminar described on Page 4. To compare your current plan to other retirement system plan options, go to the ORS website, www.michigan.gov/orsschools. Choose *Your Insurance Benefits* on the top navigation bar, then select *Insurance Carrier Options* to find a document called *Insurance Options Summary (R0379C)*.



Online Retiree Healthcare Plan Seminar

Every year, ORS works with the health insurance carriers to provide educational materials to inform you of plan updates, help you understand how your plan works, and explain the many resources available to you. We encourage you to set aside time to visit the online seminar and learn more about your 2024 healthcare plan. Visit the seminar online at www.MPSERSHealthSeminars.com anytime between Oct. 10 through Dec. 15, 2023.

If you cannot access plan information online and have questions about your coverage, the insurance carriers are available to assist you. Please refer to Page 15 for each carrier's contact information.



Update your mailing information with miAccount

If you temporarily reside outside Michigan during the cold winter months, please make sure to update your mailing address with ORS. Keeping your mailing address up to date helps ORS and your insurance carriers send you the information you need about your retirement system health coverage.

miAccount allows you to manage both your physical and mailing address. Your physical address is where you reside for most of the year. Your mailing address is the location you'd like to receive your mail. For example, you do not need to update your physical address in Michigan if you are temporarily residing in Florida for a few months of the year. Just update your mailing address to reflect your temporary residence in Florida and leave your physical address as Michigan.

To update your mailing address information, follow these steps:

1. Log in to MiLogin to access your miAccount at www.michigan.gov/orsmiaccount.
2. Click *Update Address & Phone*.
3. Click *Edit*.



Updates to your 2024 retirement system medical plan

Effective Jan. 1, 2024, your retirement system medical plan is introducing two benefit changes:

1. **Your emergency room copay will be \$135 per visit.** The emergency room copay is waived if you're admitted to the hospital within 72 hours.
2. **Virtual care will be available through Teladoc Health mobile app and website.** Coverage and out-of-pocket costs will remain the same in 2024.

Your retirement system medical plan coinsurance/copay maximum, deductible and out-of-pocket maximum will remain the same in 2024.

Incontinence — Don't let it run your life

Leaking urine is common as we age. If you're experiencing leakage of urine to the point where it affects your independence, prevents you from being able to enjoy yourself when out in public, or affects quality of life, talk to your primary care provider. There are many treatments for incontinence.

If you've experienced leaking urine in the last six months, the first step to getting the right treatment is to start the conversation with your primary care provider. Keep a diary and track your habits and bathroom visits. Write down what you eat and drink, how often you urinate and when you leak. Below are common questions you may want to answer prior to scheduling a visit with your primary care provider. These details can help you and your primary care provider pinpoint triggers and causes.

- When do you notice leaking (exercise, coughing, after urinating)?
- Is there urgency associated with the leaking; do you often feel like you can't make it to the bathroom in time?
- Do you have any issues emptying your bladder (incomplete, takes too long, pain)?
- How often do you empty your bladder at night? During the day?
- Do you have pain when you urinate?
- Have you noticed a change in color, smell, appearance or amount of your urine?
- How do your urinary issues affect your daily life?
- Do you use Depends or other disposable undergarments to prevent leaking through your clothes, or prevent wetting the bed?
- Have you experienced any sexual dysfunction (new, historical or changing)?

Incontinence doesn't have to run your life. Scan the QR code or go to www.bcbsm.com/agehealthy for more information.



Benefit spotlight: Annual wellness visit vs. annual routine physical exam

You have access to both an annual wellness visit and an annual routine physical exam to stay on top of your health.

To make the most of these preventive services, it's important to know the difference between them. Here's what you can expect at each appointment:

Annual wellness visit

- Covered at 100% of the approved amount in-network and out-of-network once per calendar year.
- You're eligible to schedule your annual wellness visit when you've had Medicare Part B coverage for 12 months.
- Your provider will perform an assessment and:
 - Review your medical and family history.
 - Review your current providers and prescriptions.
 - Develop or update a personal prevention plan based on your current health and risk factors.
 - Provide a screening schedule for appropriate preventive services. You may also be charged cost sharing if a service performed (e.g., diagnostic test) is outside of the scope of the annual wellness visit.
 - Look for signs of dementia using a cognitive assessment.
 - Provide advance care planning so you're prepared if you can no longer care for yourself. If advance care planning is done outside the annual wellness visit, your coinsurance is 10% of the approved amount. The annual deductible applies.

Annual routine physical exam

- Covered at 100% of the approved amount in-network and out-of-network once every 12 months. Standard, routine labs done in conjunction with the physical exam are also covered at no additional cost to you when performed in-network and out-of-network.
- Your provider will perform an age and gender appropriate hands-on exam and:
 - Assess overall general health.
 - Detect signs and symptoms of disease.
 - Check vital signs and measurements.
 - Provide guidance, counseling and risk factor interventions.
 - Recommend vaccines, lab tests or diagnostic procedures.

You're a key player on your healthcare team. Ask your primary care provider which service is right for you.

Best exercises to lower blood pressure

There's a good reason your primary care provider puts that blood pressure cuff snugly around your upper arm during checkups. It can detect high blood pressure, also called hypertension, a dangerous condition that's linked to sometimes-fatal health issues such as heart disease, heart attacks and strokes. It can also have other lesser but still worrisome health consequences.

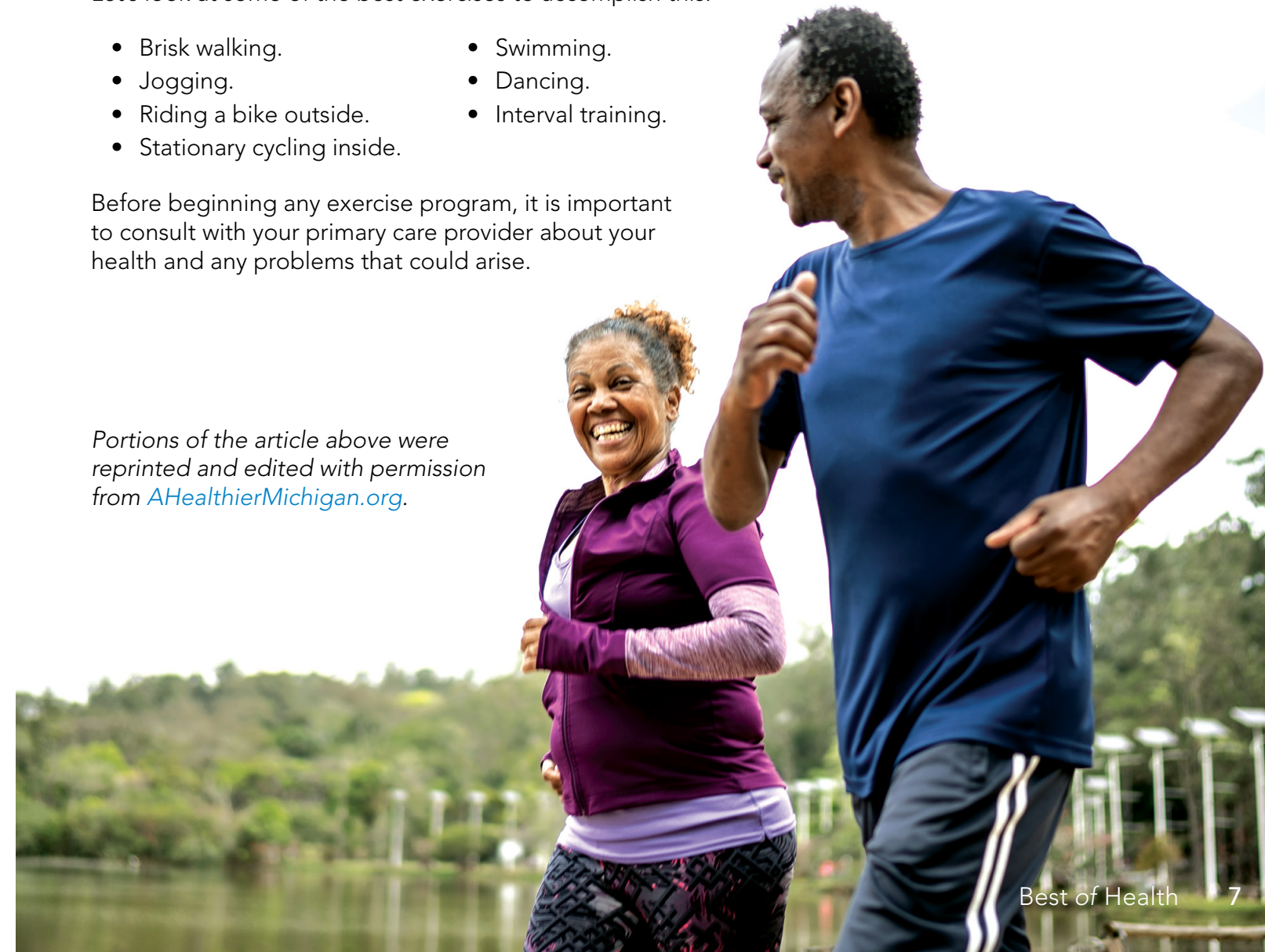
Weight loss, healthy eating and reducing sodium intake can all help with either keeping hypertension at bay or lowering blood pressure levels. Engaging in a form of moderate cardio activity can lower a person's blood pressure by anywhere from five to eight pressure points. Regular physical activity strengthens the heart muscle and allows the heart to pump blood through the body with less effort. This reduces the risk of heart attacks, strokes and other cardiovascular diseases.

Exercise is one way to lower blood pressure almost immediately. When it comes to exercise, consistency is key. People trying to lower their high blood pressure should aim for 30 minutes of exercise each day. Let's look at some of the best exercises to accomplish this.

- Brisk walking.
- Jogging.
- Riding a bike outside.
- Stationary cycling inside.
- Swimming.
- Dancing.
- Interval training.

Before beginning any exercise program, it is important to consult with your primary care provider about your health and any problems that could arise.

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Medical care as mobile as you are

Blue Cross Blue Shield of Michigan is ready to help you with your whole health. With the Blue Cross mobile app, you have 24/7 access to your retirement system medical plan information and the tools for understanding and managing your health.

Here are five situations where it helps to have the Blue Cross mobile app:

- 1. At the hospital:** An emergency is no time to think about your coverage specifics. The app's *My Coverage* section breaks down your level of coverage and shares how much a copayment will cost you in the emergency room or an urgent care center.
- 2. At the grocery store:** Coverage goes where you go, and so do the member discounts that come with it. Check out the *Member Discounts* section of the app for exclusive discounts on groceries at places like the Better Health Store and Westborn Market.
- 3. At the doctor's office:** Realize you've left your wallet at home? No worries. The mobile app has a virtual copy of your Blue Cross member ID card.
- 4. At home:** When an unfamiliar service or treatment is listed on a medical bill, use the Blue Cross mobile app to check your claims. Verify the *Amount You Pay* column matches your medical bill before paying.
- 5. On the go or traveling:** There's nothing worse than feeling sick on the go. Visit an in-network doctor by using the *Find a Doctor* tool within the mobile app.

Download the free BCBSM mobile app

iPhone® or iPad®

(running iOS 10.0. or better):

- Go to the Apple® App Store
- Type in "BCBSM" and click *search*
- Select the Blue Cross Blue Shield of Michigan icon
- Download the app



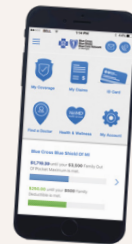
Android™ smartphones or tablets
(running version 5.0 or better):

- Go to the Google Play Store
- Type in "BCBSM" and click *search*
- Select the Blue Cross Blue Shield of Michigan icon
- Download the app



TIPS

To get **live help** installing or using the mobile app, visit www.bcbsm.com/app or call 1-888-417-3479, 8 a.m. to 8 p.m., Monday through Friday.



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Updates to your 2024 retirement system prescription drug plan

Effective Jan. 1, 2024, your retirement system prescription drug plan is introducing the following benefit changes:

- 1.** The 10% additional coinsurance will no longer apply when purchasing a 30-day supply of maintenance medication at a retail pharmacy.
- 2.** Members will have an opportunity to utilize divvyDOSE pharmacy. divvyDOSE is a full-service pharmacy that pre-sorts your prescription medications, vitamins and/or supplements by day, date and time.

Coming soon: Your 2024 annual documents

Your 2024 benefit documents will be on their way to you soon. These include information on your benefit and plan information, claims summary – Explanation of Benefits (EOB) statement, billing and payments, pharmacy care information and tax forms.

Optum Rx makes it easy to choose the best way for you to receive your 2024 benefit and plan documents. Call the number on the back of your Optum Rx member ID card to request your documents by mail or follow the four steps below to sign up for electronic documents delivered via email.

- 1.** Log on to the Optum Rx member website at www.optumrx.com.
- 2.** Click on the *My Profile* tab.
- 3.** Select *Communication Preferences*.
- 4.** Update your option to *Paperless*.

With the new benefit year approaching, get prepared now. You have several resources and options available to help you stay informed about your benefits and changes for the upcoming benefit year.



Review your formulary

With the new benefit year approaching soon, it is important to review upcoming changes in the formulary.

Using the formulary can help you and your primary care provider make informed decisions about the medications that offer the best treatment for the lowest cost. Drugs are placed into tiers, representing different cost levels, which indicate how much you pay when you fill a prescription.

Formulary information is available at your fingertips using www.optumrx.com and the Optum Rx mobile app. Once you're registered for an Optum Rx online member account, you'll get 24/7 access to a personalized website that helps you manage your pharmacy benefit. You can price medications, search for lower cost alternatives and get details on medication coverage with the formulary look up tool.

Type of drug	30-day fill at in-network retail pharmacy	90-day fill at home delivery or in-network retail pharmacy
Tier 1 Generic Traditional Drugs	20% \$15 Minimum/\$45 Maximum	20% \$37.50 Minimum/\$112.50 Maximum
Tier 2 Preferred Brand Traditional Drugs	20% \$15 Minimum/\$45 Maximum	20% \$37.50 Minimum/\$112.50 Maximum
Tier 3 Non-Preferred Brand Traditional Drugs	40% \$15 Minimum/ No maximum	40% \$37.50 Minimum/ No maximum
Tier 4 Generic and Preferred Specialty Drugs	20%* \$50 Minimum/\$100 Maximum	Specialty medications are limited to a 30-day supply
Tier 5 Non-Preferred Specialty Drugs	40% \$50 Minimum/ No maximum	

*This is the cost share for drugs purchased at Optum Specialty.

Members pay 40% with a \$50 Minimum/No maximum for specialty medications purchased at a non-preferred pharmacy.

RSV vaccines are now covered for those 60 years and older, at no cost, under the prescription drug plan.

At your fingertips: Start using OptumRx.com and the mobile app

You may have seen that Optum Rx offers a mobile app for members. You may even have it downloaded to your phone. But have you started using it yet? If not, you're missing out on a way to make your life easier.

Registering online is easy. It takes just minutes to register on www.optumrx.com. Follow the steps below and have your Optum Rx member ID card readily available.

Set up your Optum Rx online member account.

1. Visit www.optumrx.com.
2. Select *Register* on the home page.
3. Enter the information from your Optum Rx member ID card.
4. Create a username and password.
5. Complete your profile.

That's it! For your security, Optum Rx will send you a confirmation email and a letter to the name and address on file.

Access your account using your mobile device.

1. Download the Optum Rx app by searching for *Optum Rx* in the Apple® App Store® or Google Play™.
2. Open the app and sign in using the same username and password as you use on www.optumrx.com.
3. If you don't have a username and password, follow the same steps listed above for completing your Optum Rx online member account.



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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
Neupro	Rotigotine	Parkinson's disease; Restless leg syndrome	December 2023
Noxafil	Posaconazole	Fungal infections	December 2023
Prezista	Darunavir	HIV	December 2023
Tasigna	Nilotinib	Leukemia	January 2024
Isentress	Raltegravir	HIV	April 2024
Radicava	Edaravone	ALS	May 2024
Victoza	Liraglutide	Type 2 Diabetes	June 2024

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



Updates to your 2024 retirement system vision plan

Effective Jan. 1, 2024, the vision plan will be enhanced to a 12/12/12 benefit, which allows you to receive an eye exam, new lenses (or contact lenses) and frames every 12 months.

This change will replace the current 24/24/24 vision benefit, which provides an eye exam, new lenses (or contact lenses) and frames every 24 months.



Seeing beyond your years — Why routine eye care is important

Use the protective power of an eye exam.

Your eyes can warn you about health problems that you might not be aware of. People are four times more likely to get an eye exam than a physical, so often it can be the first sign that something is wrong. That's the power of an eye exam.

See the signs sooner.

Eye doctors can help spot major health issues through annual eye exams. There are certain health conditions that affect the eyes — including diabetes, which can lead to glaucoma, cataracts or diabetic retinopathy. Receiving regular eye exams can significantly improve your chances of detecting these, and other, vision disorders.

Fight tech with tech.

Every day, individuals spend hours staring at phones, laptops, televisions, and tablets. These screens put out blue light. Some reports suggest that overexposure to blue light may cause blurry vision, difficulty focusing, dry and irritated eyes and headaches.

Give a digital eye exam a try with precision digital technology that spots even the smallest changes.

Don't live with eye anxiety.

Eye exams reveal more than just vision correction needs. They detect signs of diseases and health conditions. Eye exams are important for many reasons:

- Over 200 million adults in the U.S. need vision correction.
- Diabetes-related retinopathy is the leading cause of blindness in adults.
- More than 3 million Americans have glaucoma, but only half know it.
- The eye is one of the only areas on the body where doctors have an unobstructed view of blood vessels.
- Sixty percent of people spend six or more hours in front of digital devices.

EyeMed makes it easy to receive an eye exam with the capability to choose a provider, hours and location that work for you. Be sure to visit an eye doctor to take care of your health and vision needs.



Updates to your 2024 retirement system dental plan

Effective Jan. 1, 2024, your retirement system dental plan is introducing two benefit changes:

1. Occlusal guards, which are a clear appliance that is worn over the teeth to protect them from damage caused by grinding or clenching, will be covered once every five years.
2. Posterior composite fillings, which are white fillings on the back teeth, will be a standard benefit under the dental plan.

This is a change from the current time limitation that allows for occlusal guards to be covered once in a lifetime.

This is a change from the current benefit that includes posterior composite fillings as an option to a less expensive treatment. Currently, if a member chooses posterior composite fillings, Delta Dental pays only the amount that would be covered for a silver filling. The member is then responsible for the difference in cost, coinsurance and any additional fees for going to a non-PPO provider.

5 Causes of bad breath — And how to reduce your chances of it

There are solutions to embarrassing bad breath. It's important not to mask the symptoms but rather deal with the source of the problem.

What causes bad breath?

- When food particles get stuck around your teeth, they collect bacteria and cause a foul odor.
- Smoking causes an unpleasant mouth odor, and tobacco can irritate gums and reduce the ability to taste foods.
- Medications, salivary gland problems and continuously breathing through the mouth can all contribute to reduced saliva flow and dry mouth, which lead to bad breath.
- Persistent bad breath or a bad taste in the mouth can be a warning sign of gum disease, which is caused by plaque.
- Sinus and lung infections, bronchitis and postnasal drip can aggravate bad breath. Chronic acid reflux and diabetes may sweeten breath.

How to reduce or prevent bad breath?

Good dental hygiene is the best way to improve your breath. Consider these habits to help reduce or prevent bad breath:

- Scrape or brush your tongue.
- Brush your teeth twice a day with fluoride toothpaste.
- Floss each day to remove food particles between teeth.
- Drink lots of water and limit sugar-sweetened beverages.
- Use a mouthwash that kills plaque.
- Chew sugarless gum and avoid sticky, sugary foods.
- Stop smoking and chewing tobacco-based products.
- Change your toothbrush every four months.
- Schedule regular dental checkups to help get rid of the plaque and bacteria that build up on your teeth.

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

Blue Cross Blue Shield of Michigan

For questions about healthcare 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.

Website: truhearing.com/mpsers

Delta Dental Plan of Michigan

For questions about your dental benefits, contact Delta Dental Plan of Michigan.

Call: 1-800-345-8756
Monday through Friday
8:30 a.m. to 8 p.m. Eastern time
Automated service available 24/7

Website: deltadentalmi.com/mpsers

Optum Rx

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

Call: 1-855-577-6517

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

Website: www.optumrx.com/enroll/mpser

Optum® Specialty Pharmacy

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

Call: 1-855-427-4682

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

Website: specialty.optumrx.com

EyeMed Vision Care

For questions about your vision benefits, 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, 2023 • November 22, 2023 • December 18, 2023

IMPORTANT INFORMATION
Michigan Public School Employees' Retirement System

Blue Cross Blue Shield of Michigan
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