

Best of Health



**New
expanded
vaccine coverage**

SEE PAGES 6 AND 7

NON-MEDICARE
SPRING 2024

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

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NEW

Insurance eligibility for children extended to age 26

Recent legislation changed the retirement system's insurance eligibility rules for children. Under Public Act 158 of 2023, a child may remain on their parent's insurance until the end of the month the child turns 26, regardless of school enrollment.

If you want to enroll your child on your insurance, download and complete the *Insurance Enrollment/Change Request* (R0452C) form. Using your web browser, navigate to:

1. www.michigan.gov/orsschools.
2. In the top navigation, choose *Forms and Publications*.
3. Scroll to the *For Retirees* section and open **Insurance Enrollment/Change Request (R0452C)**.
4. Complete the form and mail or fax your completed form to:

Michigan Office of Retirement Services
PO Box 30171
Lansing, MI 48909-7671
Fax: 517-284-4416



If the Michigan Office of Retirement Services (ORS) receives your enrollment request and required proofs on, or before, August 31, 2024, coverage will be effective the first of the following month.

If ORS receives your enrollment request and required proofs September 1, 2024 or later, coverage will start on the first of the sixth month after receipt. For example, if ORS receives your request and proofs October 26, 2024, coverage will start March 1, 2025.

Your child may remain on your insurance until the end of the month they turn 26. In addition, ORS will no longer require annual student certification (proof that your child is attending school).

If you have any questions, visit www.michigan.gov/orsmiaccount. For increased security, you'll use MiLogin to access miAccount. After logging in, you will have secure access to ORS customer service representatives.

Review important medical plan changes

Effectively immediately your retirement system medical plan has removed the \$2.5 million lifetime maximum for outpatient services.

Your retirement system medical plan annual coinsurance maximum and deductible remain the same.

If you have questions about your retirement system medical coverage, call Blue Cross Customer Service at **1-800-422-9146** (TTY:711) from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday.

Join live well-being webinars and meditations weekly

Let Blue Cross Virtual Well-BeingSM inspire you to live your best life with live, interactive, science-based well-being webinars every Thursday at noon Eastern time. Webinars include:

- Topics such as functional training, foods that boost brain health, personalizing sleep habits and caregiver burnout.
- Participant chat, personalized responses and downloadable content.
- Drop 5 Virtual Weight-Loss Community — weight-loss tips and healthy recipes for people who are losing weight five pounds at a time.

Blue Cross Virtual Well-Being also offers live, guided meditation every Wednesday at noon Eastern time.

Visit www.bluecrossvirtualwellbeing.com to register for upcoming webinars and meditations or to watch past sessions on demand.



Simplify healthcare with Blue Cross Coordinated Care AdvocateSM program

With Blue Cross Coordinated Care Advocate program, you'll receive personalized care that connects you to an integrated care team that knows the ins and outs of your benefits and programs available to you.

The program is included with your retirement system medical plan at no additional cost to you.

How can Blue Cross Coordinated Care Advocate help me?

The journey begins by connecting you with a member advocate. Member advocates are trained to not only meet your healthcare and benefit needs, but to be a proactive partner who will work with you to improve your health, understanding and use of your benefits, and how to find and get care.

Think of a member advocate as the nurse in your family that you can turn to with questions, such as, "When should I schedule my screening colonoscopy?" or "What prep work can I expect to do before my surgery?".

Member advocates also help you:

- Find an in-network provider and schedule appointments.
- Make health decisions, identify health risks and steps you can take to improve your health.
- Gain a better understanding of your condition, medications and treatment options.
- Connect with support and services in your local community.
- Find care for other special needs, such as caregiver support.

How does the program work?

You can reach out to a member advocate, or you may receive a call from a member advocate.

For example, if you say you have diabetes or high blood pressure on the *LivingWell Questionnaire*, you'll receive a call from a member advocate. You may also receive a call from a member advocate if your primary care provider referred you to the program.

Your member advocate works with a team of doctors, social workers, behavioral health specialists, dietitians and pharmacists, as needed, to connect you to the right care to meet your specific health and well-being needs. This will be your care team. Your care team will create a personalized program for you, reporting progress to your member advocate, while adjusting the care regimen as needed to improve outcomes. Once you've joined the program, your member advocate will check in with you regularly to help coordinate care and answer your healthcare questions.

Additionally, they will help you download the BCBSM Coordinated CareSM mobile app, powered by Wellframe®, to help you manage your health each day. The app gives you a convenient and easy way to manage your health.

How can I get started?

Call Blue Cross' Customer Service at **1-800-422-9146** (TTY: **711**) from 8:30 a.m. to 5 p.m. Eastern time, Monday through Friday and ask to be connected to the Blue Cross Coordinated Care Advocate program. After your first contact, you can use the BCBSM Coordinated Care app to stay connected.

Wellframe® is an independent company supporting Blue Cross Blue Shield of Michigan by providing the BCBSM Coordinated CareSM mobile app.

Get help navigating Social Security Disability Benefits

SSDC Services Corporation (SSDC) can assist you in finding out whether you or your spouse may qualify for Social Security disability insurance (SSDI) benefits, and if so, assist with applying for SSDI. Going through Social Security Administration's disability process could take from a few weeks to several years. Using SSDC services at the very beginning can help you receive your SSDI benefits in less time and can increase your monthly income, provide additional healthcare insurance for you and your dependents, and may increase your Social Security retirement benefits later. With SSDC, you don't have to go through the process alone.



What is SSDC?

SSDC Services Corporation is an organization that has worked with Blue Cross since 2004 to assist members and dependents through Social Security's process for applying for disability benefits and Medicare. SSDC mails a survey and calls members who may qualify for SSDI benefits.

What should I do if I am contacted by SSDC?

Once contacted by SSDC, you should provide the requested information and follow the instructions you're given for returning the information to SSDC. If applicable, SSDC will initiate or appeal SSDI claims on your behalf, help with claims submitted and give you status updates throughout the entire process.

What if I am not a candidate for Social Security benefits?

In some cases, members are identified as possible candidates for Social Security disability benefits although they are not currently eligible. Members who may have experienced a short-term illness, for example, may be contacted by SSDC only to learn that they do not qualify for benefits. If this is true for you, provide the information to SSDC so they can update their records. It is important that you take the time to complete and return the survey to acknowledge that this benefit is available to you even if it may not apply to your situation at this time.

If you would like to learn more about SSDC or find out if you or your dependent may qualify for disability insurance, contact SSDC at www.ssdcservices.com* or call **1-877-768-3018, ext. 222** from 9 a.m. to 6 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

NEW

Check out your expanded vaccine coverage benefits for 2024

To improve your retirement system health plan, access to vaccine coverage has been expanded. The vaccines listed below are covered by **both** Blue Cross Blue Shield of Michigan and Optum Rx for Non-Medicare PPO members. Review the chart below to help you understand your retirement system vaccine coverage.

Keep in mind that the medical and prescription drug plans are administered separately. This means Blue Cross and Optum Rx can only answer questions about the coverage they provide and cannot answer questions about the other plans.

Vaccine category	Vaccine brand name	Vaccine out-of-pocket costs	
Coronavirus (COVID-19)	Janssen Covid-19 Vaccine Moderna Covid Vaccine Moderna Covid-19 Bival Booster Moderna Covid-19 Vac (Booster) Moderna Covid-19 Vacc 6m-5Y Novavax Covid-19 Vaccine Pfizer Biontech Covid-19 Vac Tris	Pfizer Biontech Covid-19 Vaccine Pfizer Covid-19 Vac 6m-4 y Pfizer Covid-19 Vac Bival 5-11 Pfizer Covid-19 Vac Bivalent Pfizer Covid-19 Vac Tris 5-11 Y Sanofi Covid-19 (booster) Spikevax Covid-19 Vaccine	
Dengue	Dengvaxia	\$0	
Haemophilus B	Acthib, Hiberix, Pedvax		
Hepatitis A	Havrix, Twinrix*, Vaqta		
Hepatitis B (Hep B)	Engerix-B, Hepelisav-B, Pediarix, Prehevbrio, Recombivax HB, Twinrix*		
Human Papillomavirus (HPV)	Gardasil 9		
Influenza (Flu)	Afluria Quadrivalent Fluad Quadrivalent Fluarix Quadrivalent Flublok Quadrivalent		Flucelvax Quadrivalent Flulaval Quadrivalent Flumist Quadrivalent Fluzone Quadrivalent
Measles, Mumps, Rubella	MMR II, Priorix		
Meningococcal	Bexsero, Menactra, Menquadfi, Menveo, Penbraya, Trumenba		
Pneumococcal (pneumonia)	Pneumovax 23, Prevnar 13, Prevnar 20, Vaxneuvance		
Polio	Ipol		
Rabies	Imovax, Rabavert		
Respiratory Syncytial Virus (RSV)	Abrysvo, Arexvy		
Shingles	Shingrix, Varivax		
Tetanus	Adacel*, Boostrix*, Diphtheria-Tetanus Toxoids DT*, Tdvax*, Tenivac*		
Other	BCG Vaccine, Ixchiq, Ixiaro, Jynneos, Stamaril, Ticovac, Typhim, YF-Vax		

*Combination product that contains other vaccines.

WHERE CAN I GET VACCINATED?

You can get the vaccines in the chart at the following locations:

- Participating, local or network pharmacies.
 - To locate a Blue Cross participating pharmacy, go to www.bcbsm.com/mpsers, click *Medical Plans* and select *Blue Preferred PPO*. Present your Blue Cross ID card to receive coverage at these locations.
 - To locate an in-network Optum Rx pharmacy, log in to your online member account at www.optumrx.com or call the number on your Optum Rx ID card. Present your Optum Rx ID card to receive coverage at these locations.
- Doctor's office. Your doctor can administer the vaccine or you can ask them to send an electronic prescription to your network pharmacy.
- Retail health clinic or Health Department.

SHOULD I USE MY BLUE CROSS OR OPTUM RX MEMBERSHIP CARD?

Good news is that you don't have to choose. Because vaccines are covered by both Blue Cross and Optum Rx, you can present both membership cards before getting your vaccine.

HOW TO GET REIMBURSED.

If you receive a covered vaccine and have to pay the out-of-pocket cost upfront, you can submit a reimbursement request to have the costs paid by your insurance. You can request reimbursement from either the medical plan or the prescription drug plan.

- For medical plan reimbursement requests, you will need to complete the *Member Reimbursement Form* from your online Blue Cross member account at www.bcbsm.com/mpsers or on the Blue Cross mobile app.
- For prescription drug plan reimbursement requests, you will need to complete the online reimbursement claim form at dmrforms.optumrx.com/online-claim-form. Costs for a visit to the doctor's office are not reimbursable.

Understanding your plan: Prior authorization

What is a prior authorization?

Your plan's list of covered medications is called a **formulary**. The formulary is designed to help you get the medication you need at the lowest possible cost. Prior authorization (PA) requires your doctor to tell Optum Rx why you are taking a medication to determine if it will be covered under your prescription benefit. Some medications must be reviewed as they may:

- Only be approved, or effective, for treating specific conditions.
- Cost more than other medications used to treat the same or similar conditions.

How do I know if my medication requires a PA?

- Ask your provider to run a test claim using the tool called *PreCheck My Script* before sending your new prescription to the pharmacy.
- Call Optum Rx at the number on your member ID card.
- Sign into your Optum Rx account at optumrx.com and select *Drug pricing and information* from the *Member tools* tab. Enter the drug name and dose in the search field. If the drug/dose you entered needs a prior authorization, you will see an alert below the drug name stating a PA is required.

How does the PA process work?

If your doctor prescribes a medication that requires a PA, you, your pharmacist, or your doctor can begin the process by calling Optum Rx at the number on the back of your member ID card. Optum Rx will work with your doctor's office to get the information necessary for a PA review. Your doctor can also submit the PA request electronically.

- If the PA is **approved**, you may continue to fill your prescription using your pharmacy benefit.
- If the PA is **not approved**, you may still get the medication, but you must pay the full cost. Consult with your doctor for other possible treatment options.

How do I check the expiration date of my prior authorization?

- Prior authorizations are generally only good for one year from the date it is approved.
- Call the number on the back of your Optum Rx ID card to verify the expiration date and request a renewal of the prior authorization.

Questions?

- Call Optum Rx at the number on your member ID card.

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 money 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*
Dulera	Formoterol/Mometasone	Asthma	March 2024
Gattex	Teduglutide	Short bowel syndrome	March 2024
Teflaro	Ceftaroline	Pneumonia; Skin infections	March 2024
Lazanda	Fentanyl	Cancer related pain	October 2024
Rydapt	Midostaurin	Leukemia	October 2024

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

Three reasons you should get an annual eye exam

The purpose of an eye exam is much more than just evaluating how well you can see; it is also to check the overall health of your eyes.

Let's discuss more about why you should receive your annual vision exam.



Reason 1 Eye diseases and health concerns

Some diseases do not provide early warning signs. By the time people notice a difference in their vision, the disease may already be in an advanced stage. However, your eye doctor can detect signs of these diseases during a comprehensive vision exam.

- **90%** of blindness due to diabetes is preventable.
- **2.7 million** older adults have glaucoma.
- **7.7 million** have diabetic retinopathy.
- **2.1 million** have age-related macular degeneration.
- **24.4 million** have cataracts.

Additionally, other medical concerns could be detected during an eye exam. These include diabetes, high blood pressure, some cancers and high cholesterol.



Reason 2 Vision problems

Nearsightedness, farsightedness, and astigmatism – These refractive errors can be corrected with prescription eyeglasses, contacts, or laser surgery.

Amblyopia – Looking in a mirror, your eyes may look normal, but during a vision exam the doctor may detect amblyopia, a condition where one or both eyes are misaligned, or one eye needs higher correction than the other.

Focusing – Adults who struggle to focus their eyes can experience problems seeing.

Teaming – For proper vision, both eyes must work together. If they don't, people may experience headaches and eyestrain.

Poor vision can have adverse effects, which include depression, increased car accidents, drug-related errors, and frequent falls. Vision changes that affect your sight and your safety are essential reasons to receive an annual eye exam.



Reason 3 Changing eyecare technology

Vision technology is constantly changing and may correct conditions that were once considered untreatable.

A few years ago, someone with macular degeneration would have lost most or all their vision, but now sight-saving medications can be helpful to manage this condition. A cataract surgery patient who has worn glasses their entire life now has a choice of a high-tech lens implant, so they do not have to wear glasses.

If you were told previously that your condition was untreatable, technology may have changed that. A comprehensive eye exam will let you know.

From detecting various medical problems, to helping correct vision changes and awareness in evolving vision technology, eye exams can tell you a lot about your health. Schedule your yearly exam today!

Should I be worried about the little cracks in my teeth?

Did you know the enamel of your teeth may have small, vertical cracks called “craze lines?”

They’re normal and common, often appearing as people age. Craze lines can be translucent, gray, yellow or brown.



There’s no need to be overly concerned about the appearance of craze lines, but they may increase the amount of visible staining on your teeth. That’s why they’re frequently more noticeable in people who drink dark beverages or use tobacco products.

Unlike cracked teeth, craze lines are merely surface cracks, so they usually don’t get worse over time. In addition, craze lines rarely require treatment to preserve the tooth and don’t cause pain, swelling or sensitivity.

Craze lines are commonly caused by:

- Everyday wear and tear.
- Teeth grinding or clenching (bruxism).
- Uneven bite.
- Nail biting.
- Chewing on ice or other hard objects.
- Gum disease.
- Teeth injury or trauma.

You may be able to keep craze lines from darkening by avoiding tobacco products and dark-colored beverages like coffee, red wine, cola and black tea. Make sure not to chew on ice and other hard items or use your teeth for anything other than chewing food, as you can worsen craze lines and damage teeth.

While craze lines are largely a harmless cosmetic concern, it’s still important to consult your dentist to find the cause and make sure they are not a more serious crack. If your craze lines are caused by bruxism or gum disease, your dentist can treat the underlying causes.

How to reach us

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
Attention: MPSERS
232 S. Capitol Avenue
Lansing, MI 48933-1504

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 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

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 Michigan 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/orsmiacount

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

Upcoming Pension Payment Dates

April 25, 2024 • May 24, 2024 • June 25, 2024

IMPORTANT INFORMATION
Michigan Public School Employees' Retirement System

Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd., MC 517J
Detroit, MI 48226-2998

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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

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DEA NATIONAL ^{Rx}
TAKEBACK



The Drug Enforcement Administration's (DEA) next National Prescription Drug Take-Back Day is April 27, 2024. The program provides a safe, convenient, and responsible way to dispose of unused or expired medication. The event offers free and anonymous disposal of unneeded medications at more than 4,000 local drop-off locations nationwide. For more information visit <https://www.dea.gov/takebackday>.