

Best of Health

NEW

2025 Plan Changes
See pages 5, 11
and 14.



MEDICARE
FALL 2024

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 health initiative strategic 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 with 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 and any applicable state or federal laws.

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.



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 2025 healthcare plan. Visit the seminar online at MPSERSHealthSeminars.com anytime between Oct. 8 through Dec. 20, 2024.

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.

Navigating Medicare open enrollment: Understanding your plan options

Medicare's open enrollment period 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 consider a new insurance plan outside of the retirement system. You will likely receive numerous mailings and phone calls advertising various Medicare healthcare and prescription drug plans, their cost, coverage and networks. These campaigns promote the plan options that may be available to you outside of what is offered through the retirement system.

There is no annual open enrollment period for the ORS insurance plans. Although you can switch amongst the retirement system's plan options at any time, it's important to understand the ways in which your plan may be changing in the upcoming year.

- This newsletter contains information about the retirement system's medical, prescription drug and dental plan changes for 2025.
- To learn more about your 2025 retirement system healthcare coverage overall, please visit the online seminar described in the *Online retiree healthcare plan seminar* article.
- To compare your current plan to other retirement system plan options, go to the ORS website, 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)*.

Once you understand your current plan's coverage, you can determine whether it will continue to meet your needs or decide to pursue other options available to you. Important information to keep in mind:

- If you are satisfied with your current coverage and **do not** want to switch plans, **you do not need to do anything**.
- If you choose to enroll in another Medicare Advantage plan or Medicare prescription drug plan, you and anyone else on your insurance will automatically be disenrolled from your current medical and prescription drug coverage.



Updates to your 2025 retirement system medical plan

Starting Jan. 1, 2025, your retirement system medical plan is introducing the following benefit changes:

- 1. Your annual deductible will be applied before coinsurance.** This change will not cost you more and may result in you paying less over the course of the year. See the *Prepare for 2025 by understanding how your medical plan works* article for cost-share examples.
- 2. Your emergency room copayment will be \$140 per visit.** The copay is waived if you're admitted to the hospital within 72 hours.

Your retirement system medical plan deductible, coinsurance/copayment maximum and out-of-pocket maximum amounts will remain the same in 2025. 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.

Prepare for 2025 by understanding how your medical plan works

Understanding your costs can help you get the most out of your plan. When you retired, you likely considered your expenses, which were a factor in determining which plan best fit your needs and budget. There are several health insurance terms used to describe the various costs, such as deductible, coinsurance and copayment, that may be confusing.

Once you understand the various terms, you'll need to know how these terms work together to determine your out-of-pocket costs.

Deductible: The amount you must pay toward covered medical services and supplies within a calendar year before the retirement system begins to pay. **Starting Jan. 1, 2025, your deductible will be applied before the coinsurance. You have an annual deductible of \$800 per member.** Your plan will continue to cover some services, such as preventive care, before you reach your deductible.

Coinsurance: The percentage you pay for the cost of covered medical services **after** you have met your deductible. You pay 10% coinsurance for most covered services and your retirement system pays the remaining 90%. Your plan continues to prioritize your health by covering preventive care at no additional cost.

Copayment (copay): A flat dollar amount that you pay when you receive certain medical care services.

Coinsurance/copayment maximum: The maximum amount you will pay in coinsurance and copays in a calendar year, excluding copays for routine hearing care. **You have an annual coinsurance/copay maximum of \$900 per member for 2025.**

Out-of-pocket maximum: The maximum amount you pay each year toward your deductible, coinsurance and copays. Excluding routine hearing care services, after you have met this amount, your plan pays 100% of the costs for covered services for the remainder of the year. **You have an annual out-of-pocket maximum of \$1,700 per member for 2025.**

MEDICAL COVERAGE
Blue Cross® Blue Shield® of Michigan




Let's look at some examples to see how these terms apply.

Example 1: You have not paid anything toward your annual deductible.

You had a medical service and Blue Cross approved \$300. Your annual deductible is \$800.

Total cost (allowed amount the plan has approved)	Amount you owe toward your annual deductible	Amount you owe in coinsurance	Your share of cost	Retirement system pays the remaining balance
\$300	\$300	\$0	\$300	\$0

Let's track your expenses for the year:

Deductible		\$300 paid of \$800
Coinsurance/ Copay Maximum		\$0 paid of \$900
Out-Of-Pocket Maximum		\$300 paid of \$1,700

Example 2: You have paid \$300 toward your annual deductible.

Next, you had a medical service and Blue Cross approved \$1,500. You've already paid \$300 toward your \$800 deductible from the previous service in example 1, leaving a deductible balance of \$500.




Total cost (allowed amount the plan has approved)	Amount you owe toward your annual deductible	Amount you owe in coinsurance	Your share of cost	Retirement system pays the remaining balance
\$1,500	\$500	\$100	\$600	\$900

Coinsurance is applied to the approved amount, reduced by the deductible paid.

$$\$1,500 - \$500 = \$1,000 \qquad 10\% \text{ of } \$1,000 = \mathbf{\$100}$$

Therefore, \$100 would be the amount you owe in coinsurance. Your out-of-pocket costs would be \$600. The retirement system would pay the remaining balance of \$900.

Let's track your expenses for the year:

Deductible		\$800 paid of \$800
Coinsurance/ Copay Maximum		\$100 paid of \$900
Out-Of-Pocket Maximum		\$900 paid of \$1,700

6 You have met your \$800 deductible for the year by combining the amounts paid for this service and the previous service (example 1). You've now contributed \$900 toward your out-of-pocket maximum.

Example 3: You have met your annual deductible.

Finally, you had a medical service and Blue Cross approved \$2,000. You already met your \$800 deductible for the year from the previous service in example 2.




Total cost (allowed amount the plan has approved)	Amount you owe toward your annual deductible	Amount you owe in coinsurance	Your share of cost	Retirement system pays the remaining balance
\$2,000	\$0	\$200	\$200	\$1,800

Coinsurance is applied to the approved amount, reduced by the deductible paid.

$$\$2,000 - \$0 = \$2,000 \qquad 10\% \text{ of } \$2,000 = \mathbf{\$200}$$

Therefore, \$200 would be the amount you owe in coinsurance. Your out-of-pocket costs would be \$200. The retirement system would pay the remaining balance of \$1,800.

Let's track your expenses for the year:

Deductible		\$800 paid of \$800
Coinsurance/ Copay Maximum		\$300 paid of \$900
Out-Of-Pocket Maximum		\$1,100 paid of \$1,700

You've paid a total of \$300 in coinsurance for the year, combining the costs from this service and the previous service. This amount contributes to your overall \$900 coinsurance/copay maximum. You have paid \$1,100 total toward your out-of-pocket maximum from the three services.



Let's put your knowledge to the test.

Fill in the amounts on the chart below. See the answers below each question.

Question 1

Joan visits her in-network specialist and Blue Cross approved \$3,000 for her visit. Her deductible is \$800.

Total cost (allowed amount the plan has approved)	Amount owed toward the annual deductible	Amount owed in coinsurance	Joan's share of cost	Retirement system pays the remaining balance
A.	B.	C.	D.	E.

F. Deductible \$____ paid of \$800.

G. Coinsurance/copay maximum \$____ paid of \$900.

H. Out-of-pocket maximum \$____ paid of \$1,700.

Answers: A.\$3,000; B.\$800; C.\$220; D.\$1,020; E.\$1,980; F.\$800; G.\$220; H.\$1,020

Question 2

After Joan's first visit with her specialist, she schedules a virtual visit with her primary care provider. Blue Cross approves \$200 for her visit.

Total cost (allowed amount the plan has approved)	Amount owed toward the annual deductible	Amount owed in coinsurance	Joan's share of cost	Retirement system pays the remaining balance
A.	B.	C.	D.	E.

F. Deductible \$____ paid of \$800.

G. Coinsurance/copay maximum \$____ paid of \$900.

H. Out-of-pocket maximum \$____ paid of \$1,700.

Answers: A.\$200; B.\$0; C.\$20; D.\$20; E.\$180; F.\$800 (Deductible was met in question 1); G.\$240 (\$20 + \$220 from question 1); H.\$1,040 (\$20 + \$1,020 from question 1);

Health screenings and vaccinations you need in your 60s

We all know our health becomes more delicate with age. By age 60, several wellness screenings are provided on a case-by-case basis, so our specific health profiles factor heavily into which screenings we do or do not need.

Screenings are tests that check a patient's current condition, usually before there are any symptoms. Screenings are used to identify a baseline. Doctors can then use subsequent screening tests to compare, making it easier to find changes that might signal a concern.

Your retirement system medical plan covers the following screenings and vaccines at no additional cost to you. Remember, when a sign or symptom is discovered during an exam, all further testing and exams are considered diagnostic procedures and diagnostic out-of-pocket costs will apply.

Breast cancer screening

Breast cancer is one of the most common cancers found in women. One in eight U.S. women are going to develop breast cancer during their lifetime. Even though breast cancer is often thought of as a woman's disease, men can also get it. Breast cancer for men is highly treatable — when detected early. Men undergo the same tests as women — a complete breast exam, biopsy and magnetic resonance or ultrasound imaging.

Cervical cancer screening

Cervical cancer screenings are an important part of regular health visits for women. More than 95% of cervical cancer cases are caused by the human papillomavirus (HPV). The average age of a cervical cancer diagnosis is 50.

According to the Centers for Disease Control and Prevention, screening after age 65 may be appropriate if you are at high risk, including if you:

- Have a history of cervical lesions or cancer.
- Took a hormone called diethylstilbestrol (DES) while pregnant.
- Have a weakened immune system.

Prostate cancer screening

For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)-based screening for prostate cancer should be an individual one, according to the United States Preventive Services Task Force. If you were assigned male at birth and have a father or brother diagnosed with prostate cancer, you should speak with your primary care provider about your family history and recommendations for screening.

Colorectal cancer screenings

Colorectal cancer screenings are still recommended for individuals through age 75. Colon cancer is the fourth most common diagnosed cancer in the nation. Screenings help to detect the cancer early when it is highly treatable and potentially curable.

Pneumococcal vaccine

Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria. Pneumococcal vaccines help protect against some of the more than 100 serotypes of pneumococcal bacteria. Pneumococcal disease can also cause meningitis, bloodstream infection (bacteremia) and sinus infections.

Discussions with your primary care provider can help you stay on track for any updated screenings or vaccinations you may need.

For more details, including a complete list of covered screenings and vaccines, review the *Evidence of Coverage* and *Vaccine Coverage Guide for Medicare PPO members*. You can find these documents online at bcbsm.com/mpsers, select *Medical Plans* and click *Medicare Plus BlueSM Group PPO*.

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Getting a flu shot is smart, easy and quick. So why wait? Check it off your to-do list today.

Fall is the start of flu season and is a good time to get yourself vaccinated to help protect yourself and others. Don't miss important events, such as family gatherings, vacations or exciting weekend plans because you're sick in bed or at the doctor's office. **Your retirement system medical plan covers the flu vaccine at no additional cost to you.** The flu vaccine takes about two weeks to become fully effective. It is recommended to receive the vaccine prior to the end of October to help ensure that you are fully protected from the flu during the peak of the season. However, getting vaccinated later can still help to provide benefits.

Get your flu shot at a participating pharmacy or schedule an appointment with your primary care provider. Remember to bring your Blue Cross member ID card with you. Out-of-pocket costs may apply to other services during the appointment.

Go digital with Blue Cross

By registering for a Blue Cross online member account, you can conveniently access your medical plan information.

Getting started is easy. Go to bcbsm.com/register or scan the following QR code:



Everything you need when you need it.

Get updates at a glance and easily check your plan details and more. You can use your account to:

- View your claims and track out-of-pocket costs.
- Find network healthcare providers using the *Find a Doctor* tool.

- Update your communication preferences to receive text and email communications.
- Sign up for paperless explanation of benefit (EOB) statements.

After you've registered for an online member account, download the Blue Cross mobile app, for access on the go, including a digital copy of your member ID card. To learn more, visit bcbsm.com/app.

Going paperless

When you register for your online account or use the Blue Cross mobile app, you can view your EOBs online at any time instead of getting them in the mail.

Sign up for paperless EOBs through your online account by clicking your name at the top of the webpage. Once clicked, a drop-down menu will appear, and you can click *Paperless Options*.



Update to your 2025 retirement system prescription drug plan

Effective Jan. 1, 2025, the full amount you pay for non-preferred medications will apply toward the \$1,750 maximum out-of-pocket. For more details, review your annual benefit materials.

Your 2025 benefit documents will be on their way to you soon. These include information on your benefits and plan coverage, claims summary – explanation of benefits statement, billing and payments, pharmacy care information and tax forms. Specifically, keep an eye out for your *Annual Notice of Changes* for information surrounding changes and updates being made to keep your plan compliant with all federal requirements.

Optum Rx makes it easy to choose the best way for you to receive your 2025 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 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.

Seasonal shifts: Medication review for optimal health

Medication reviews are an important part of managing your health. This is especially important for those who are taking multiple medications. Reviews are important for several purposes:

- It allows the opportunity to identify any potential drug interactions or side effects. It can be useful to ask questions about any possible contraindications or interactions with over-the-counter medications that you may need to take, as cold and flu season approaches.
- Having periodic reviews and discussions with your healthcare provider ensures that your medication(s) are still necessary and that they are working as intended, and at the correct dosage. Eliminating any unnecessary medications can also help reduce costs to you and the healthcare system.

Reviews of your medications are recommended to be completed annually with your pharmacist and/or doctor, or whenever there is a change in your medication(s). Take advantage of fall screenings offered by your pharmacy and schedule a review with your pharmacist.

The power of vitamin D in autumn

Vitamin D is an important vitamin that is essential for optimal health. Sunlight is the primary source of vitamin D, and as we head into the fall when exposure to sunlight decreases, it may be a good time to consult with your healthcare provider about taking a supplement.

Some benefits of supplementing with vitamin D include:

- Maintaining bone health as vitamin D is essential for calcium absorption.
- Supporting immune system function. Vitamin D has anti-inflammatory and antioxidant properties which help lead to improved immune health.
- Reducing the risk of other health conditions such as osteoporosis, osteomalacia, cognitive decline and Rickets.

Older adults tend to have less regular exposure to sunlight and might have difficulty absorbing vitamin D from foods. Some medications can further hinder absorption of the vitamin as well. If you are concerned about your levels, have your healthcare provider run a blood test and determine the best supplement for your needs.

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*
Sustol	Granisetron	Chemotherapy induced nausea/vomiting	September 2024
Promacta	Eltrombopag	Thrombocytopenia	December 2024
Corlanor	Ivabradine	Heart failure	January 2025
Halaven	Eribulin	Breast cancer	January 2025
Namzaric	Memantine/ Donepezil	Moderate to severe Alzheimer's dementia	January 2025
Xarelto	Rivaroxaban	Stroke/blood clot prevention	March 2025
Jynarque	Tolvaptan	Polycystic kidney disease	April 2025

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

How to see an easy road ahead

Using your EyeMed benefits

1. Know your benefits.

The benefit booklet and benefit summary for the retirement system explain all the vision coverage provided in your plan. They also include information on savings opportunities and different eyecare options. You can find these important vision resources at eyemed.com/mpsers.

2. Choose a network provider.

You're probably surrounded by in-network doctors: thousands of independent providers, popular retail stores and even online options. Find your ideal fit on eyemed.com/mpsers or on the EyeMed mobile app.

3. Set a date.

Just call your eye doctor for an appointment. Even better, some let you schedule online with EyeMed's *Provider Locator*. If you need weekend or evening hours, you'll find plenty of those, too.

4. Come on in.

As an EyeMed member, it's easy to get your eye exam and get on with your day. No claim to file. No hassles. EyeMed will take it from here.

5. Find your perfection.

Have fun picking out your favorite frames or contacts. Browse loads of designer brands; you decide which price point works best for you. With EyeMed, there's more in the store to adore.





Update to your 2025 retirement system dental plan

Effective Jan. 1, 2025, interim caries arresting medicament will be a covered benefit. This medicament is a non-restorative medication used on teeth to slow or stop the progression of small cavities. It is also used as an alternative to traditional fillings for patients with behavioral or cognitive disabilities or for tooth sensitivity.

The unexpected benefits of brushing

Brushing your teeth decreases oral bacteria, which is beneficial for teeth and gum health by reducing plaque and by preventing tooth decay. Also, you will have better breath!

Additional benefits of lowering oral bacteria are:

Protection from pneumonia and respiratory problems

If you have respiratory or immune system issues, bacteria from your mouth can be pulled into your lungs and create health risks.

Lower risk for heart disease

More research is needed to understand the connection, but certain studies link heart disease and stroke to inflammation and infection that is caused by oral bacteria.

Reduced complications from diabetes

High blood sugar levels among diabetics increase the risk of cavities and tooth loss, but brushing helps combat both.

Brushing does far more than clean your teeth. Stick to your daily oral health routine and don't miss appointments with your dentist to improve your oral and overall health.

What is a healthy brushing routine?

Brushing your teeth is always a benefit, but you'll maximize the protective power of fluoride if you pay attention to and use the right technique.

- Brush at least twice a day for two minutes each time.
- Use a pea-sized amount of fluoride toothpaste.
- Angle the bristles toward your gum line to reach between your gums and your teeth.
- Spit out excess toothpaste and wait 30 minutes before you rinse. This allows the protective fluoride to remain in your mouth and add minerals back to your teeth.
- Rinse off your toothbrush and store it upright in a clean, dry place.
- Replace your toothbrush every three to four months or sooner if it begins to look frayed to make sure your toothbrush is effectively cleaning your teeth.

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
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.

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: 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 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/orsmiaccount

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

Upcoming Pension Payment Dates

Oct. 25, 2024 • Nov. 25, 2024 • Dec. 18, 2024

IMPORTANT INFORMATION
Michigan Public School Employees' Retirement System

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600 E. Lafayette Blvd., MC 517J
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