

Best of Health

NEW

2025 Plan Changes
See pages 4, 10,
and 14.



NON-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 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 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.



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.** Remember that you pay this copay after your deductible and coinsurance maximum amounts are met for the year. Until your deductible and coinsurance maximum are met for the year, you will pay the annual deductible and 10% coinsurance for emergency room visits. The copay is waived if you're admitted to the hospital within 72 hours.

Your retirement system medical plan deductible and coinsurance 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.

Understanding how your deductible, coinsurance and coinsurance maximum work together is key to managing your healthcare costs. Plus, your plan covers many preventive services at no extra charge when you see an in-network provider.

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.** This change will not cost you more in out-of-pocket costs and may result in you paying less over the course of the year. **You have an annual deductible of \$1,000 per member.** Members enrolled in the LivingWell program receive an annual deductible credit of \$150 or \$200 based on the number of program steps completed.

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 from PPO network providers and your retirement system pays the remaining 90%.

Coinsurance maximum: The maximum amount you'll pay in coinsurance, per member, during the calendar year when using in-network providers. **You have an annual coinsurance maximum of \$900 per member for 2025.**

Copayment (copay): A flat dollar amount that you pay when you receive certain medical care services. Copays are not included in the annual coinsurance maximum.



Let's look at some examples to see how these terms apply. The examples will assume a LivingWell deductible credit of \$200 has been applied, making the annual deductible \$800.

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

You had a medical service from an in-network PPO provider and Blue Cross approved \$300. Your 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
Maximum



\$0 paid of \$900

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

Next, you had a medical service from an in-network PPO provider 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.

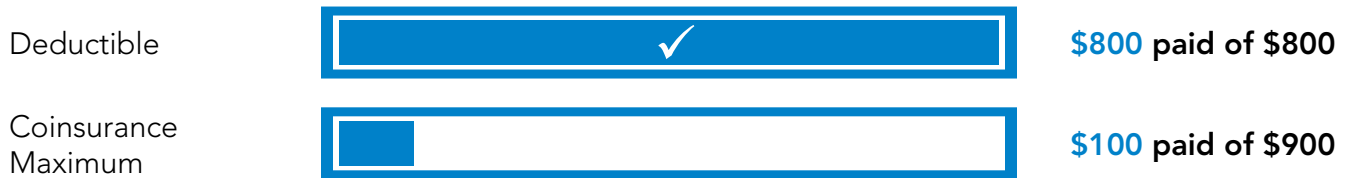
Total cost (allowed amount the plan has approved)	Amount you owe toward your annual deductible	Amount you owe in coinsurance	Your share of cost	Retirement system pays the remaining balance
\$1,500	\$500	\$100	\$600	\$900

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

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

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:



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 \$100 toward your coinsurance maximum.

Example 3: You have met your annual deductible.

Finally, you had a medical service from an in-network PPO provider 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.

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

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.



6 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 maximum.

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, since she fully participates in the LivingWell program.

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 maximum \$____ paid of \$900.

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

Question 2

After Joan's first visit with her specialist, she schedules a virtual follow-up 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 maximum \$____ paid of \$900.

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.)

Enroll in the 2025 LivingWell program and reduce your annual deductible

Your retirement system medical plan encourages you to maintain a healthy lifestyle and rewards you for doing so. Complete all three LivingWell steps below by **Dec. 31, 2024**, and receive a deductible credit of \$150 for 2025 — **reducing your 2025 deductible from \$1,000 to \$850.**

Step 1

Select a primary care provider.

Locate PPO primary care providers using the *Find a Doctor* tool on the Blue Cross mobile app or at bcbsm.com/mpsers. You can receive an additional \$50 deductible credit by choosing a patient-centered medical home doctor when you complete this step, **reducing your 2025 deductible to \$800.**

Step 2

Complete the LivingWell questionnaire.

Blue Cross mailed non-Medicare PPO members a questionnaire and instructions in September.

Step 3

Get an annual physical exam anytime in 2024.

A routine physical exam is a good opportunity to check your health status and discuss any health questions or concerns you may have with your doctor.

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.
- Compare costs of medical services and treatments using the cost calculator tool.
- 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*.

Benefit Spotlight: Colon cancer screenings and your medical plan coverage

According to the American Cancer Society, colorectal cancer is the third most common cancer diagnosed in men and women in the United States. Colorectal cancer usually starts as growths in the colon or rectum and doesn't typically cause notable symptoms. You can prevent colorectal cancer with early screening and removing growths before they turn cancerous.

Your retirement system medical plan covers a screening colonoscopy in network at no additional cost to you every 120 months. If you're at high risk, the plan covers a screening colonoscopy in network every 24 months at no additional cost to you. If you choose to go out of network, you'll still be covered, but you'll pay more — 20% coinsurance. 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.

To help reduce your cancer risk:

- Get an annual routine physical exam and complete healthcare provider-recommended cancer screenings.
- Get to and stay at a healthy weight and incorporate regular physical activity.
- Avoid tobacco and keep alcohol use to a minimum.
- Protect your skin from the sun's UV rays.

There are many different screenings available. Talk to your healthcare provider about the tests available and the importance of early detection.

Source: American Cancer Society

Check the flu shot off your to-do list today

A flu shot can be checked off in five minutes and could save you five days or more of sickness. Getting yours at your next scheduled doctor appointment or making a quick trip to your local participating pharmacy can protect you from the flu.

Where can I get vaccinated?

You can get the flu shot at the following locations:

- Participating, local or network pharmacies.
 - To locate a Blue Cross-participating pharmacy, go to [bcbsm.com/mpsers](https://www.bcbsm.com/mpsers), click *Medical Plans* and select *Blue Preferred® PPO*. Then, follow the instructions provided next to the *Michigan immunizing pharmacies* section.
- Doctor's office. Your doctor can administer the vaccine, or you can ask them to send an electronic prescription to your network pharmacy. Out-of-pocket costs may apply to other services during the appointment.
- Retail health clinic or Health Department.

Should I use my Blue Cross or my prescription drug plan member ID card?

Good news is that you don't have to choose. Because vaccines are covered by both Blue Cross and your retirement system prescription drug plan for Non-Medicare PPO members, you can present both membership cards before getting vaccinated.

For more details, including a complete list of covered vaccines, review the *Vaccine Coverage Guide for Non-Medicare PPO members*. You can find the guide online at [bcbsm.com/mpsers](https://www.bcbsm.com/mpsers), select *Medical Plans* and click *Blue Preferred® PPO*.



Update to your 2025 retirement system prescription drug plan

Effective Jan. 1, 2025, a copay card solution will be implemented for copay cards used on medications dispensed through Optum Rx Home Delivery. To more accurately reflect true out-of-pocket costs, members will receive credit toward their out-of-pocket maximum for the amount of a drug cost that they actually pay out of pocket.



Boost your immunity: Preparing for the flu season

Fall is the start of flu season and is a good time to get yourself vaccinated to help protect yourself and others. The flu vaccine is a covered healthcare benefit and can help reduce the severity of illness. Some further benefits of receiving the flu vaccine include:

- Reducing the risk of flu-related illness and hospitalization.
- Protecting those who are vulnerable and have compromised immune systems.
- Lowering the risk of spreading the virus to others.

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. Be sure to stay informed with the latest recommendations and guidelines provided by the Centers for Disease Control and Prevention.



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

12 *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
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 Optum Rx Prescription Plan at:

Call: 1-866-288-5209
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
PO 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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