Michigan Public School Employees Retirement System Medicare Advantage Plan

A summary of your 2009 Michigan Public School Employees Retirement System Medicare Advantage Plan

Cost sharing and coverage maximums	
Members must use Medicare health care providers that accept our payment. The plan will pay up to the approved amount for covered services, less any deductible and copay. If a member uses a provider that accepts BCBSM's Medicare Advantage terms and conditions, the member is only responsible for the deductible and copay for covered services.	
Annual deductible	$250 per member per year
Annual copay maximum	When your 10% out-of-pocket copays total $500, your 10% copay is waived for the remainder of the calendar year.
Your health coverage	
Hospital care	
Inpatient care	Deductible plus 10% copay
Outpatient care	Deductible plus 10% copay
Emergency services	
Emergency medical care	$50 copay
Ambulance	Deductible plus 10% copay
Surgical services	
Inpatient or outpatient surgery	Deductible plus 10% copay
Preventive services	
Bone mass measurement	Deductible plus 10% copay
Cardiovascular screening, covered every five years	Covered in full
Colorectal Cancer Screening: Fecal Occult Blood Test	Covered in full
Colorectal Cancer Screening: Barium Enema, Colonoscopy, Flexible Sigmoidoscopy	Deductible plus 10% copay
Diabetes screenings (supplies covered separately)	Covered in full
Flu shots, covered once annually	Covered in full
Glaucoma tests, once annually if high risk	Deductible plus 10% copay
Hepatitis B shots	Deductible plus 10% copay
Pap test, covered once annually	Covered in full
Pelvic exam, covered once annually	10% copay
Pneumococcal shot, covered once in a lifetime	Covered in full

Blue Cross Blue Shield of Michigan contracts with the federal government and is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Preventive services *continued*	
Digital rectal exam for prostate cancer, covered once annually	Deductible plus 10% copay
Prostate Specific Antigen test, covered once annually	Covered in full
Screening mammography, covered once annually	10% copay
Medicare "Welcome Physical," exam covered once within the first 6 months you have Part B	Deductible and 10% copay
Doctor visits and services	
Inpatient	Deductible plus 10% copay
Office	Deductible plus 10% copay
Diagnostic services	
Clinical laboratory services	Covered in full
Pathology laboratory service	Deductible plus 10% copay
Imaging services, includes X-rays, CAT, PET, MRI scans	Deductible plus 10% copay
Alternatives to hospital care	
Skilled nursing care, up to 100 days	Deductible plus 10% copay
Home health care	Covered in full
Hospice	Covered in full
Private duty nursing from a Blue Cross-approved provider	Deductible plus 10% copay
Other medical services	
Allergy testing and treatment	Deductible plus 10% copay
Blood and blood products, covered after first two units	Deductible plus 10% copay
Cardiac rehabilitation	Deductible plus 10% copay
Chemotherapy services	Deductible plus 10% copay
Chiropractic visits	Deductible plus 10% copay
Dental services (due to injury)	Deductible plus 10% copay
Hearing care and hearing aids, covered every 36 months at a Blue Cross-approved provider	Deductible plus 10% copay
Hemodialysis	Deductible plus 10% copay
Physical, occupational and speech therapy	Deductible plus 10% copay
Pulmonary rehabilitation	Deductible plus 10% copay
Mental health and substance abuse treatment	
Substance abuse care	Deductible plus 10% copay
Outpatient mental health services at a mental health facility or physician's office	Deductible plus 50% copay
Durable medical equipment, prosthetic and orthotic devices, and medical supplies	
Independent medical supplier	Deductible plus 10% copay
Care Management	
Is there help available if I want to learn more about my medical condition and play an active role in managing my health?	Yes, BlueHealthConnection®, a collection of health management programs, offers information, assistance and resources to help you take charge of your health. Call 800-775-BLUE (2583), 24 hours a day, seven days a week.

Formulary drugs

The formulary is updated as new drugs become available or existing ones are removed from the market. Formulary updates are printed in the Best of Health newsletter and on your prescription drug Explanation of Benefits statement. Formulary information is also available to you and your physician on the Web at **bcbsm.com**, or by calling Customer Service at 800-422-9146, 8:30 a.m. to 5 p.m., Monday through Friday. TTY users should call 800-807-4670. The formulary contains provisions that ensure the quality and safety of your drug therapy. These programs include:

Step Therapy, which encourages doctors to try proven, lower cost drug therapies before trying new or more potent medications. The idea is to 'step up' to the next medication only when medically necessary for coverage under the plan.

Prior Authorization, which requires that your doctor contact BCBSM for approval before prescribing certain medications for coverage under the plan.

Quantity Limits, which limit the number of doses you can receive of a medication at any one time.

Brand-name drug to alternate generic interchange program, which identifies instances where a generic can safely substitute for a brand-name drug.

Brand-name drug to alternate brand interchange program, which identifies instances where certain brand-name drugs can be substituted with a lesser cost brand-name medication.

DOSE Optimization program, which identifies situations where a single, larger dose of a medication can be safely substituted for multiple, lower-strength doses.

Your prescription drug coverage		
Formulary	The plan uses the Blue Cross Blue Shield of Michigan Custom Formulary. To learn if a drug is on the formulary, visit **bcbsm.com** or call 800-422-9146.	
Covers FDA-approved prescription medications in quantities up to three months (Note: certain prescription drugs may be limited to lesser quantities)	**FORMULARY DRUGS**	**NONFORMULARY DRUGS**
	20% copay	• For brand-name drugs with no generic equivalent: 40% copay. • For brand-name drugs with a generic equivalent: 20% copay plus the difference in cost between the brand-name and generic products.
Up to a one-month supply	Minimum copay $7; maximum $36	Minimum copay of $7; no maximum
Three-month supply	Minimum copay $17.50; maximum $90	Minimum copay of $17.50; no maximum
Annual drug copay maximum	When your 20% copays (up to the plan limits) total $800, your 20% drug copay is waived for the remainder of the calendar year.	Only half of the 40% nonformulary drug copay is applied towards the annual drug copay maximum (up to the plan limits). When these copays total $800, your 20% copay, up to the copay maximum amount, is waived for the remainder of the calendar year. You continue to pay any additional costs, including the additional copay for nonformulary drugs and the cost difference between brand-name and generic drugs.
Pharmacy networks	The plan features pharmacy networks both in Michigan and elsewhere in the U.S. Most pharmacies are in the network, but they can change over time: • In Michigan, use the Blue Cross Blue Shield of Michigan pharmacy network. • Outside Michigan, use the Blue Cross Blue Shield MedImpact pharmacy network. You may choose a pharmacy outside the network, but you'll pay the difference in cost between the pharmacy's charge and the Blue Cross-approved amount. For a current list of network pharmacies near you, visit **bcbsm.com** or call 800-422-9146.	
Maintenance drugs	Medco By Mail® offers Retirement System members the most convenience and lowest cost for maintenance drugs. Purchase maintenance drugs in the most cost-effective setting or pay the difference in cost.	

Certain Specialty Medication may require prior authorization or distribution through a designated facility.

Michigan Public School Employees Retirement System

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Your right to appeals and grievances

If you have questions or concerns regarding your coverage in the Retirement System Medicare Advantage plan, we encourage you to first call Customer Service at 800-422-9146 (TTY 800-807-4670), 8:30 a.m. to 5 p.m., Monday through Friday. If we cannot resolve your concern over the phone, we have a formal procedure to review your concerns. Call 800-545-7100 (TTY 800-579-0235), 8:30 a.m. to 5 p.m., Monday through Friday. If the situation requires an urgent response, we'll expedite your request.

A representative will explain your rights and provide written instructions. If you're unsatisfied with the outcome of your grievance, you have a guaranteed right to appeal a decision about your coverage by calling 800-545-7100 (TTY 800-579-0235) or writing to BCBSM, Grievance & Appeals Dept., 600 E. Lafayette Blvd. — X509, Detroit, MI 48226-2998.

What if I have other coverage?

If you have other health coverage that pays claims after Medicare Parts A and B, but before the Retirement System, you will not be enrolled in the Retirement System Medicare Advantage plan. The Retirement System will remain the third payer of your claims.

If another plan or organization pays for your prescription drugs, you are not eligible for this coverage under the Retirement System Medicare Advantage plan. You must either cancel your other coverage, or cancel your Retirement System drug coverage.

If you do not want to be enrolled in Medicare Advantage

You have the right to decline coverage in the Retirement System Medicare Advantage plan. However, if you do so, your Retirement System health and prescription drug coverage will end. You will continue to have Medicare Part A and Part B coverage. To decline coverage, call the Office of Retirement Services at 800-381-5111, 8:30 a.m. to 5 p.m., Monday through Friday.

For more information

For more information about this plan, call Blue Cross Blue Shield of Michigan:

800-422-9146 (Hearing impaired: TTY/TDD 800-807-4670
Customer service hours: 8:30 a.m. to 5 p.m., Monday through Friday

For general information about Medicare including the Medicare Advantage plan, call Medicare:

800-MEDICARE (633-4227) (Hearing impaired: TTY/TDD 877-486-2048)
Customer service hours are 24 hours a day, seven days a week

This publication is not a contract for coverage, but a brief outline of Blue Cross Blue Shield Medicare Advantage health and prescription drug coverage for Medicare-eligible members of the Michigan Public School Employees Retirement System for 2009. The information provided here does not include all covered and noncovered services or conditions of coverage. Enrollees in the plan will receive detailed information. Coverage, including deductibles and copays, are subject to change. You always have the right to ask Blue Cross Blue Shield of Michigan to review claims not paid.

Data from claims paid under this plan may be used to identify candidates for voluntary care management programs, offered to members at no additional cost.

Blue Cross Blue Shield of Michigan's contract with the Center for Medicare and Medicaid Services (CMS) is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed. We may, at a future date, decide to discontinue integrating health and/or prescription drug coverage with Medicare Part A, Part B or Part D. If that occurs, we will notify you in writing at least 90 days before participation ends. You will not lose Medicare coverage and your Retirement System coverage will revert to the plan prior to the implementation of the Medicare Advantage plan January 1, 2007.

If you have special needs, this document may be available in other formats.