

**Civil Service Commission**  
**RETIREE BENEFITS BULLETIN**

<b>DATE: November 4, 2009</b>	<b>NUMBER: GIS 01-2009R</b>
<b>CONTACT: MI HR SERVICE CENTER</b>	<b>TELEPHONE NO.: (517) 335-0529 Lansing Area (877) 766-6447 Toll-Free</b>
<b>SUBJECT:</b> <p style="text-align: center;"><b>IMPORTANT</b> <b>INSURANCE INFORMATION FOR:</b> <b>Defined Benefit Retirees and Defined Contribution Retirees</b> <i>Please retain this Bulletin for future reference</i></p>	

**IMPORTANT CHANGES EFFECTIVE JANUARY 1, 2010**

**1. Medicare Eligible Retirees: Medicare Plus Blue Group Plan Being Replaced**

On January 1, 2010, the State will revert from the Blue Cross Blue Shield of Michigan (BCBSM) Medicare Plus Blue Group Plan, which is a Private Fee for Service (MA PFFS) Plan, back to the Medicare Supplemental State Health Plan (SHP) PPO that was in place prior to January 2008. BCBSM will continue as the Plan Administrator. This change is the result of the State's review of available options following announcements by the Federal government that reimbursements to all MA PFFS Plans are being reduced in 2010. Members will receive a notice in the mail from BCBSM notifying them that they have been removed from the BCBSM Medicare Plus Blue Group.

Beginning January 1, 2010, Medicare eligible retirees and their Medicare eligible dependents will provide both their Original Medicare card and a new SHP PPO card when accessing health care services. The new SHP PPO card will be mailed by BCBSM before January 1, 2010. As a reminder, retirees should access services from a provider or facility accepting Original Medicare. Services received from a provider or facility not participating with Original Medicare may result in higher out-of-pocket costs to retirees. A summary of the Retiree SHP PPO benefits is enclosed.

You should use the red, white and blue Original Medicare card. Please discard your BCBSM Medicare Plus Blue Group card after January 1, 2010, as your claims will be rejected if they are billed under BCBSM Medicare Plus Blue Group. If you became Medicare eligible after 2007, you should use the red, white and blue Original Medicare card you received in the mail from the Social Security Administration.

If you have misplaced your red, white and blue Original Medicare card, go to the following Website: <https://secure.ssa.gov/apps6z/IMRC/main.html> or call (800) 772-1213 to order a replacement card. You should receive your new card in the mail in 30 days. If you need immediate proof of Medicare coverage for a doctor appointment or prescriptions, you should go to the nearest Social Security Office. The office can provide you with proof that you have Medicare coverage until you receive your replacement Medicare card in the mail.

## **2. Medicare Eligible Retirees: Durable Medical Equipment (DME) Program Being Replaced**

Effective January 1, 2010, the DMEnsions program under BCBSM Medicare Plus Blue Group will be replaced by the SUPPORT program under the State Health Plan PPO. This program coordinates your covered DME, prosthetics, orthotics and medical supply benefits. It is important that you choose a supplier that participates with Original Medicare (all SUPPORT providers participate with Medicare). If you choose a supplier that does not participate with Original Medicare and SUPPORT, you will be responsible for out-of-pocket costs. The toll-free number for the SUPPORT program is (800) 321-8074. Please call this number for help in finding a SUPPORT provider in your area, or if you have questions about this benefit. The SUPPORT program is a Michigan-based program.

For those who reside outside of Michigan, you are still eligible to receive DME, orthotics, prosthetics and other medical equipment. Utilizing suppliers that participate with Original Medicare will limit your out-of-pocket costs to the annual deductible and a 10 percent copayment for covered services.

## **3. Medicare Eligible Retirees: Mental Health and Substance Abuse Services**

Also effective January 1, 2010, Mental Health and Substance Abuse (MH/SA) services will be administered by Magellan Behavioral Health for retired state employees enrolled in the SHP PPO. Members who were in the BCBSM Medicare Plus Blue Group Plan will receive a new Magellan ID Card.

## **GROUP INSURANCE PREMIUM RATES**

Rates have not changed for the State Health Plan PPO, the State Dental Plan and the State Vision Plan. HMO rates have changed. All rates can be found at: [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). Click on "Insurance Rates," "2009-2010 Insurance Rates," then "Retiree Insurance Rates." You may also contact the MI HR Service Center at (877) 766-6447 or (517) 335-0529.

## **IMPORTANT MEDICARE ENROLLMENT INFORMATION**

### **1. Medicare Parts A and B:**

Medicare automatically enrolls you in Parts A and B. You **must** remain enrolled in Medicare Parts A and B to continue your health care coverage as a retiree. If you decline Medicare Part B, you may be **financially responsible** for up to 80% of your Part B health care claims.

### **2. HMO Enrollments:**

When you or your dependent(s) become eligible for Medicare, you must submit an application to your HMO's Medicare Advantage plan of choice if you wish to continue HMO Coverage. If your HMO plan of choice does not offer a Medicare Advantage plan; or if a Medicare Advantage plan is not available in your area, you must enroll in the SHP PPO in order to continue your State of Michigan health coverage as a retiree.

## CHANGING INSURANCE CARRIERS

If you wish to make changes (enroll, add/delete dependents) to your State Health, Dental or Vision plans, use the Insurance Enrollment/Change Request Form (R0452G) available on the Office of Retirement Services (ORS) Website at [www.michigan.gov/ors](http://www.michigan.gov/ors). On the left side of the screen, click on “State Employees Retirement System,” then “Defined Benefit Plan” and click “Forms and Publications”. Please send your completed form to ORS.

To enroll in an HMO, request the enrollment form directly from the HMO. HMO contact information is included with this mailing. Send your completed form to ORS.

As a retiree, you are not restricted to an open enrollment window for making changes to your health insurance plan. Changes are subject to a “rolling enrollment window” with the following changes subject to a **six-month waiting period**:

- A. The retiree is enrolled in an HMO and wants to enroll in the State Health Plan PPO.
- B. The retiree does not notify ORS within 30 days of the date of event (marriage, death, divorce or involuntary loss of coverage).
- C. The retiree is currently not enrolled in any insurance plan.

The six-month waiting period **is waived** when:

- A. The retiree is enrolled in the State Health Plan PPO and wants to enroll in an HMO.
- B. The retiree is currently in an HMO and wants to transfer to a different HMO.
- C. The retiree is enrolled in an HMO and is moving out of the service area.
- D. The retiree notifies ORS within 30 days of the date of a qualifying event (marriage, death, divorce or involuntary loss of coverage).

## ACCESSING INFORMATION ONLINE

Information regarding the State’s health care plans is available online. To view the ORS publication regarding retirement benefits, go to [www.michigan.gov/ors](http://www.michigan.gov/ors). Click on “State Employees Retirement System,” “Defined Benefit Plan,” “Forms and Publications,” then “After Retirement.”

To view the Benefit Guide for the State of Michigan Retirees’ State Health Plan PPO online, go to [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). From the links at the left, click on “Benefit Booklets,” “State Health Plan Benefit Information,” then “Retirees State Health Plan PPO” from the list of options in the center of the page.

To view information about an HMO, go to [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). From the links at the left, click on, “Benefit Booklets,” “State Health Plan Benefit Information,” and then “Health Maintenance Organization Plans” from the list of options in the center of the page, then select an HMO plan to view.

**ADDITIONAL INFORMATION**

Information regarding COBRA rights to continue State sponsored group insurances is available on the Employee Benefits Division Website at: [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). Scroll down to “Continuation of Benefits,” then “Continuation of Group Insurances for all Retirees.”

The HIPAA Notice of Privacy Practices for the benefits plans is also available on the Civil Service Commission Website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). From the left side, click on “HIPAA.” You may also contact the Employee Benefits Division at: (800) 505-5011 or (517) 373-7977.

**QUESTIONS**

Questions regarding the information in this bulletin may be directed to MI HR Service Center toll-free at (877) 766-6447 or in the Lansing area at (517) 335-0529.

<b>STATE SPONSORED GROUP INSURANCE PLAN BENEFIT ADMINISTRATORS FOR RETIREES</b>	
<b>STATE HEALTH PLAN PPO BCBSM</b> State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com">www.bcbsm.com</a>	<b>MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION DRUG PROGRAM</b> Express Scripts (800) 505-2324 <a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>STATE VISION PLAN BCBSM</b> State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com">www.bcbsm.com</a>	<b>DURABLE MEDICAL EQUIPMENT SUPPORT</b> (800) 321-8074
<b>STATE DENTAL PLAN</b> Delta Dental Plan of Michigan (800) 524-0150 <a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a>	<b>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES</b> Magellan Behavioral of Michigan (866) 503-3158 <a href="http://www.magellanassist.com">www.magellanassist.com</a>
<b>HEALTH MAINTENANCE ORGANIZATIONS (HMOs)</b>	
<b>Blue Care Network:</b> <b>Great Lakes, Mid-Michigan, East Michigan-Flint, East Michigan-Saginaw and Southeast Michigan</b> (800) 662-6667 <b>BCN Advantage</b> (800) 450-3680 <a href="http://www.mibcn.com">www.mibcn.com</a>	<b>Physicians Health Plan of Mid-Michigan (Lansing)</b> (800) 832-9186 or (517) 364-8500 <a href="http://www.phpmm.org">www.phpmm.org</a>
<b>HealthPlus of Michigan</b> Flint (800) 332-9161 Saginaw (800) 942-8816 <b>HealthPlus Senior</b> (800) 332-9161 <a href="http://www.healthplus.com">www.healthplus.com</a>	<b>Priority Health West, Priority Health East and Priority Health South</b> (800) 446-5674 or (616) 942-1221 <b>Priority Medicare</b> (888) 389-6648 or (616) 464-8820 <a href="http://www.priority-health.com">www.priority-health.com</a>
<b>Health Alliance Plan</b> (800) 422-4641 or (313) 872-8100 <b>HAP Senior Plus</b> (800) 801-1770 or (313) 664-7015 <a href="http://www.hap.org">www.hap.org</a>	
<b>STATE OF MICHIGAN</b>	
<b>Office of Retirement Services</b> P.O. Box 30171 Lansing, MI 48909 (800) 381-5111	<b>Employee Benefits Division</b> P.O. Box 30002 Lansing, MI 48909 (800) 505-5011

**Notice of Creditable Prescription Drug Coverage  
for Medicare Eligible Employees, Retirees, and Dependents  
Enrolled in the State of Michigan Health Plans**

January, 2010

This notice is for all current State employees, retirees, and dependents with prescription drug coverage under a health plan offered by the State of Michigan [including the State Health Plan PPO and approved Health Maintenance Organizations (HMOs)] who are Medicare eligible or will become Medicare eligible within the next 12 months.

**IF YOU ARE NOT MEDICARE ELIGIBLE AND WILL NOT BECOME MEDICARE ELIGIBLE IN THE  
NEXT 12 MONTHS, YOU MAY DISREGARD THIS NOTICE.**

If you are eligible for Medicare, you can enroll in a Medicare Part D prescription drug plan (Part D Plan) when you first become eligible for Medicare and each year thereafter between November 15 and December 31. All Part D Plans provide at least a standard level of coverage set by Medicare. You must decide whether to enroll in a Part D Plan or keep your State Health Plan prescription drug coverage. This notice gives important information to help you decide:

1. The State of Michigan has determined that the prescription drug coverage provided under its health plans is, on average for all plan participants, expected to pay out at least as much as the standard Medicare prescription drug coverage and is, therefore, considered creditable coverage.
2. Because the prescription drug coverage under the State health plans is creditable coverage, you can keep your State Health Plan prescription drug coverage; you do not have to enroll in a Part D Plan.
3. If you decide to enroll in a Part D Plan, you will not have to pay a penalty to enroll for Part D Plan coverage, unless you do not join the Part D Plan within 63 days after your State health plan prescription drug coverage ends.
4. Your current State Health Plan coverage pays for other health expenses (hospitalizations, doctor visits, etc.) in addition to prescription drugs. You will still be eligible to receive these other benefits if you choose to enroll in a Part D Plan.
5. If you decide to enroll in a Part D Plan, **your prescription drug coverage under the State health plan will stop** and we cannot guarantee that you will be eligible to restore coverage if you later discontinue your Part D Plan.
6. **You do not need to take any action if you wish to continue your prescription drug coverage under your current State health plan.**

**Please keep this Notice. If you enroll in a new Part D Plan approved by Medicare, you may be required to provide a copy of this Notice to avoid paying a higher premium amount.**

**This Notice of Creditable Coverage is provided by the Michigan Civil Service Commission, Employee Benefits Division, P.O. Box 30002, Lansing, MI 48909.**

For questions regarding **this notice only** (and not general Medicare information), please call the MI HR Service Center at (517) 335-0529 or (877) 766-6447, or TDD for the hearing impaired (517) 241-8046. You will receive this notice annually. You also may request a copy from the Employee Benefits Division or print a copy of this notice from the Employee Benefits section of the Michigan Civil Service Commission website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs).

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**WHERE TO GET MORE INFORMATION ABOUT MEDICARE PART D:**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

1. Visit [www.medicare.gov](http://www.medicare.gov) for personalized information. The “Medicare & You” booklet is also available for download on this site.
2. Call (800) MEDICARE, (800) 633-4227 or (877) 486-2048 (TTY).
3. Call your Medicare/Medicaid Assistance Program for personalized help. Michigan residents may call (800) 803-7174. For other states, look in the “Medicare & You” handbook for telephone numbers.

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For people with limited income and resources, help paying for Medicare prescription drug coverage is available. Information about this help is available online from the Social Security Administration (SSA) at [www.socialsecurity.gov](http://www.socialsecurity.gov) or by phone at (800) 772-1213 or (800) 325-0778 (TTY).

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