



Department of Technology,  
Management & Budget

# Insurance Options Summary

## For Public School Retirees

Retirees of the Public School Employees Retirement System can choose between the Master Health Care Plan (MHCP) and three health maintenance organizations (HMOs) – Blue Care Network, Health Alliance Plan, and Priority Health. Blue Cross Blue Shield administers hospital and medical coverage for MHCP and Catalyst Rx administers prescription coverage. Participating HMOs and the coverage offered may change. See pages 2-4 for plan benefits summary.

These HMOs all provide medical, hospital, prescription drug, and other benefits comparable to or exceeding those in the MHCP, but with lower or no annual deductible and generally lower copays.

### Additional Information

Use the toll-free numbers to obtain detailed plan information, answers to benefit questions, and for an enrollment form. Refer to the *Monthly Insurance Rates* (R0072C) for rate information. And be sure to review the *Insurance Information* (R0058C) sheet for details about how to enroll, who can be enrolled, insurance

### Changing Your Insurances After Retirement

If you are currently enrolled in an HMO, you must remain in the HMO for at least six months, unless the coverage is no longer available because of a move. To change from an HMO to the MHCP, complete the *Insurance Enrollment/Change Request* form (R0452C) and return it to ORS along with all required proofs.

To switch from one HMO to another HMO or change from the MHCP to an HMO, request an application

### HMOs Available

The HMO option is available in select counties throughout Michigan. **The following list is current at the date of printing. If you are interested in**

Moreover, you will find that many provide special health promotions for problems common to our retired population, such as diabetes, degenerative joint diseases, high blood pressure and cholesterol levels, asthma or other respiratory problems, and congestive heart failure or other circulatory problems. Although HMOs have a network of hospitals and physicians, your doctor may already participate.

In addition, HMOs offered by the Retirement System are accredited by the National Committee for Quality Assurance (NCQA), which ensures HMOs provide high-quality, reliable care. Retirees who have selected these plans report high levels of satisfaction.

cards, effective dates of coverage, required proofs, the effects of Medicare and other group insurance coverage. These forms can be found on the ORS website, in retirement application packets, or by contacting ORS.

from the HMO and return it to ORS along with the *Insurance Enrollment/Change Request* and all necessary proofs. **DO NOT** return your application to the HMO.

Coverage in the new plan will begin the first day of the second month after ORS receives your materials. For example, if we receive your application and proofs on February 10, your coverage will begin on April 1.

**enrolling, you should contact the HMO directly to receive the most current coverage area listing.**

HMO	COUNTIES
Blue Care Network (800) 662-6667	<b>Non-Medicare Participants Only:</b> Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford
BCN Advantage (866) 966-2583	<b>Medicare Participants Only—Expanded Network:</b> Allegan, Barry, Bay, Calhoun, Clinton, Eaton, Genesee, Gratiot, Ingham, Ionia, Jackson, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Midland, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, Shiawassee, St. Clair, Tuscola, Washtenaw and Wayne



[www.michigan.gov/ORSschools](http://www.michigan.gov/ORSschools)



P.O. Box 30171  
Lansing, MI 48909-7671



(517) 322-5103 (Local)  
(800) 381-5111

HMO	COUNTIES
Health Alliance Plan (800) 422-4641	<b>Non-Medicare Participants Only:</b> Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne (Referred to as <b>9 county</b> on Comparison Sheet.)
HAP Senior Plus (800) 801-1770	<b>Medicare Participants Only:</b> Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne (Referred to as <b>9 county</b> on Comparison Sheet.) <b>Henry Ford Health System:</b> Macomb, Oakland, and Wayne (Referred to as <b>3 county</b> on Comparison Sheet.)
Priority Health (800) 446-5674	<b>Non-Medicare Participants Only:</b> Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Mackinac, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford
PriorityMedicare (888) 389-6648	<b>Medicare Participants Only:</b> Allegan, Antrim, Bay, Barry, Benzie, Branch, Cass, Charlevoix, Clare, Crawford, Eaton, Emmet, Gladwin, Grand Traverse, Gratiot, Hillsdale, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Washtenaw, Wayne, and Wexford

**NON-Medicare Summary Comparison Sheet\***  
Effective January 1, 2012

HEALTH CARE BENEFIT	Master Health Care Plan BCBSM (800) 422-9146 Catalyst Rx (866) 288-5209	Blue Care Network (800) 662-6667	Health Alliance Plan (800) 422-4641	Priority Health (800) 446-5674
Office Calls	10% co-ins; Ded	\$15 copay PCP/\$30 specialist	\$25 PCP/\$35 Specialist copay/visit. ded N/A	Copay \$15 for Primary; \$30 for Specialist
Routine Physical Exams	Not covered	Covered in full	\$25 copay/visit. ded N/A	Copay \$15 for Primary
Routine Pap Smears	Covered in full—Dr. office & Quest Labs; 10% co-ins & ded— outpatient	\$15 copay/\$30 if performed by a Gynecologist	Covered. ded N/A	Covered in full
Routine Mammograms	10% co-ins; Ded	Covered in full	Covered. ded N/A	Covered in full
Allergy Testing and Treatment	10% co-ins; Ded	50%; \$5 copay for allergy injections	Covered after ded	Included in office visit
Chiropractic Visits	10% co-ins; Ded, up to 26 visits annually	\$30 copay	Not Covered	\$15 copay, max benefit 30 visits/yr with PT & OT
Hospital Inpatient Care	10% co-ins; Ded; up to 365 days	Covered in full	Covered after ded	10% co-ins
Hospital Outpatient Care (inc. diagnostic services)	10% co-ins, Ded	Covered in full	Covered after ded	10% co-ins
Medl/Surg Care (inc. surgery, anesthesia, tech. surg. assist.)	10% co-ins; Ded	See Hospital Inpatient & Outpatient Care.	Covered in full after ded	10% co-ins
Emergency Medical Care	10% co-ins; Ded; after max. ded & co-ins—\$50 copay/visit	\$100 copay	\$175 copay (waived if admitted, but inpatient copay applies) ded N/A	\$65 copay, worldwide coverage (waived if admitted)
Urgent Medical Care	10% co-ins; Ded	\$50 copay	\$50 copay/visit. ded N/A	\$45 copay, worldwide coverage
Care Outside Michigan	Same in US through BlueCard; outside US, hospital coverage through BlueCard.	Routine, urgent & follow-up care through BlueCard	Emergency or urgent med. care only (Copays will apply)	Urgent care & Emergency same as Mich. Most other services at 70% after \$300 ded to \$500 max.

HEALTH CARE BENEFIT	Master Health Care Plan BCBSM (800) 422-9146 Catalyst Rx (866) 288-5209	Blue Care Network (800) 662-6667	Health Alliance Plan (800) 422-4641	Priority Health (800) 446-5674
Care Outside the Network in Michigan	Additional 20% out of network fee. Waived if member has referral from Blue Preferred PPO physician	Emergency & urgent care covered; other care not covered unless member has prior auth on file	Emergency or urgent med. care only (Copays apply)	Urgent care & Emergency same as in network.
Home Health Care	Ded	\$30 copay	After ded, up to 60 visits/benefit period	Covered in full
Skilled Nursing Facility	10% co-ins; Ded; up to 100 days	Covered in full; up to 120 days/calendar year	After ded up to 100 days/benefit period	No copay 100 days (can be renewed)
Hospice	Ded	100% when auth.	Covered after ded up to 210 days lifetime	Covered in full
Outpatient Mental Health Services	10% co-ins; ded	50% co-ins, up to 20 visits/calendar year	\$25 copay. Ded N/A	\$15 copay
Prescription Drugs	20% copay. \$7 min/\$36 max retail (1 mo); \$17.50 min/\$90 max mail-in (3 mo); add'l charge on maint. drug on/ after 4th refill, if don't use most cost-effective venue. \$1000 indiv drug copay max-formulary drugs; 40% OOP non-formulary drugs.	\$10 generic copay; \$40 brand copay; inc. contraceptives; sexual dysfunction drugs 50% co-ins (34 day supply) Mail order copay: 2X normal copay (up to 90 day supply)	Copay \$15 generic; \$45 pref brand; \$70 non-pref brand and specialty drug-ded N/A. Up to a 3 mo supply for 2 copays through mail order & select retail pharmacies	Copay Generic \$10; pref brand \$40 at retail pharmacy (1 mo supply); Non-pref brand: \$70; Specialty 20% co-ins max \$100 per Rx Mail order copay: 2X normal copay (up to 90 day supply).
Durable Medical Equipment Supplier	<b>SUPPORT Network supplier in MI</b> -full coverage; 20% co-ins plus diff in cost <b>non-network in MI</b> ; Ded & 10% co-ins <b>outside MI from a Blue participant</b> ; Ded & 10% co-ins plus diff in cost from non-Blue participant	50%	Covered after ded. Coverage based on HAP guidelines.	20% co-ins
Hearing Benefits	Ded & 10% co-ins; Two hearing aids (purchased same day) including exams every 36 mo	Covered in full; One hearing aid & exam every 36 mos.	<b>Hearing Exam</b> : \$35 copay, ded does not apply. <b>Hearing Aids</b> : Covered after ded auth & conventional hearing aids	One hearing exam, one audiometric exam and one basic hearing aid / ear every 3 yrs Hearing and audiometric exams covered full. Hearing aid covered in full to a max of \$1,000 / hearing aid.
Deductible**	\$500 Indiv (LivingWell \$400)	None	\$300 Indiv/\$600 Family	None
Pharmacy Max**	\$1000 Indiv (LivingWell \$900)	None	None	None
Medical out-of-pocket Max**	\$800 Indiv (LivingWell \$700)	None	N/A	\$500 Indiv/\$1000 Family

\*This document is only a summary. For complete plan details, contact the individual providers. Benefit levels are subject to change.

\*\*Members enrolled in the LivingWell program have the opportunity to reduce these out-of-pocket maximums.

## Medicare Summary Comparison Sheet\*

Effective January 1, 2012

HEALTH CARE BENEFIT	MHCP - Medicare Plus Blue BCBSM (800) 422-9146 Medco (866) 544-2916	BCN Advantage (866) 966-2583	HAP Senior Plus (800) 801-1770	PriorityMedicare (888) 389-6648
Office Calls	10% co-ins; Ded	\$20 PCP/\$35 Specialist copay/visit	<b>9 County</b> : \$30 PCP \$50 specialist copay/visit <b>3 County</b> : \$20 PCP/\$30 specialist copay/visit	\$15 PCP/\$30 Specialist copay
Routine Physical Exams	Not covered	Covered in full	<b>9 County</b> : \$30 PCP copay/visit <b>3 County</b> : \$20 PCP copay/visit	\$0 copay PCP
Routine Pap Smears	Covered in full	Covered in full	Covered	Covered in full
Routine Mammograms	Covered in full	Covered in full	Covered	Covered in full

HEALTH CARE BENEFIT	MHCP- Medicare Plus Blue BCBSM (800) 422-9146 Medco (866) 544-2916	BCN Advantage (866) 966-2583	HAP Senior Plus (800) 801-1770	PriorityMedicare (888) 389-6648
Allergy Testing and Treatment	10% co-ins; Ded	Covered in full; Office copay may apply	Covered	Covered, office copay may apply Inc. in office visit
Chiropractic Visits	10% co-ins; Ded	\$20 copay when referred	<b>9 County:</b> \$50 copay <b>3 County:</b> \$30 copay	\$20 copay/visit for Medicare-covered services
Hospital Inpatient Care	10% co-ins; Ded	Covered in full; 190 day Medicare lifetime max	Covered	10% co-ins
Hospital Outpatient Care (inc. diagnostic services)	10% co-ins; Ded	Covered in full, Office visit copay may apply. \$100 copay for hi-tech imaging services	Covered	10% co-ins
Med/Surg Care (surg, anesthesia, tech. surg assistance)	10% co-ins; Ded	Covered in full	Covered in full	10% co-ins
Emergency Medical Care	\$50 max copay-waived if admitted within 3 days	\$50 copay	\$65 copay/visit (waived if admitted)	\$65 copay, worldwide coverage (waived if admitted)
Urgent Medical Care	10% co-ins; Ded	\$35 copay	\$40 copay/visit	\$45 copay, worldwide coverage
Care Outside of Michigan	Same in US; outside US, member pays for services up front & BCBSM will reimburse member.	Routine, urgent & follow-up care through BlueCard	Emergency or Urgent Med. Care only (Copays will apply)	Urgent Care & Emergencies same as in MI. Most other services at 70% after \$300 ded \$500 max
Care Outside the Network in Michigan	Same as in network	Emergency & Urgent care covered. Other care not covered unless member has prior auth on file	Emergency or Urgent Med. Care only (Copays will apply)	Urgent Care & Emergencies same as in network. Most other services at 70% after \$300 ded \$500 max
Home Health Care	Covered in full	Covered in full; copay may apply for physician's visit	Covered based on Medicare/HAP guidelines	Covered in full
Skilled Nursing Facility	10% co-ins, Ded, up to 100 days	Covered in full; up to 120 days/ per benefit period	730 days/benefit period	Covered in full. 100 days (can be renewed after 60 days)
Hospice	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare
Outpatient Mental Health Services	10% co-ins, Ded	Covered in full	<b>9 County:</b> \$30 copay/visit <b>3 County:</b> \$20 copay/visit	\$15 copay
Prescription Drugs	20% copay. \$7min/\$36 max retail (1 mo.); \$17.50 min/\$90 max mail-in (3 mo); add'l charge on maint. drug on/after 4th refill, if don't use most cost-effective venue. \$1000 indiv drug copay max for formulary drugs. 40% out-of-pocket for non-formulary drugs	\$5 generic copay; \$30 br& copay; sexual dysfunction drugs 50% co-ins. Mail order copay: 2X normal copay (up to 90 day supply)	<b>9 County:</b> Copay \$15 generic; \$50 pref brand; \$70 non-pref brand & specialty-1 mo.. Up to 90 day supply for 2 copays mail order & select retail pharmacies <b>3 County:</b> Same as above	Copay \$10 generic; \$40 pref brand; \$70 non-pref brand; specialty meds 20% co-ins max \$100 per Rx at retail pharmacy (1 mo). Mail order: Up to 3 mo. supply for 2 copays.
Durable Medical Equipment Supplier	Covered in full in network (DMEnsions) Out of network (non-DMEnsions) 20% co-ins of the cost	Covered in full	Covered based on HAP guidelines	20% co-ins
Hearing Benefits	10% co-ins after ded	Covered in full; one hearing aid & test every 36 mos.	Covered for auth. Conventional hearing aids <b>9 County:</b> \$50 copay/visit <b>3 County:</b> \$30 copay/visit	One hearing exam, audiometric exam and basic hearing aid/ear every 36 mos. Exams covered in full. Hearing aid covered in full max \$1000/hearing aid.
Deductible**	\$300	None	None	None
Pharmacy Max**	\$900	None	\$300 Indiv./\$600 Family	None
Medical out-of-pocket Max**	Co-ins max: \$600 Total med OOP max: \$900	Covered Part A & B Services: \$1000 max/year.	\$6700	\$500 Indiv./\$1000 Family

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