



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 one of several health maintenance organizations (HMOs). Participating providers and the coverage offered may change. See pages 2-6 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. Moreover, you will find that many provide special health promotions for problems common to our

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**

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	Non-Medicare Participants Only: 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	Medicare Participants Only—Expanded Network: Allegan, Barry, Bay, Calhoun, Clare, Clinton, Crawford, Eaton, Genesee, Gladwin, Grand Traverse, Gratiot, Huron, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lapeer, Livingston, Macomb, Mecosta, Midland, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw and Wayne



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	Non-Medicare Participants Only: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne (Referred to as 9 county on Comparison Sheet.)
HAP Senior Plus (800) 801-1770	Medicare Participants Only: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne (Referred to as 9 county on Comparison Sheet.) Henry Ford Health System: Macomb, Oakland, and Wayne (Referred to as 3 county on Comparison Sheet.)
Priority Health (800) 446-5674	Non-Medicare Participants Only: 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	Medicare Participants Only: Allegan, Antrim, Arenac, Bay, Barry, Benzie, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, 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, Ogemaw, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Washtenaw, Wayne, and Wexford
HealthPlus (800) 332-9161	Non-Medicare Participants Only: Arenac, Bay, Clare, Genesee, Gladwin, Gratiot, Huron, Iosco, Isabella, Lapeer, Livingston, Macomb, Midland, Montcalm, Oakland, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw and Wayne
HealthPlus MedicarePlus (800) 332-9161	Medicare Participants Only: Arenac, Bay, Clare, Clinton, Genesee, Gladwin, Gratiot, Huron, Ingham, Iosco, Isabella, Lapeer, Livingston, Macomb, Midland, Oakland, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw and Wayne

NON-Medicare Summary Comparison Sheet*
Effective January 1, 2013

HEALTH CARE BENEFIT	Master Health Care Plan BCBSM (800) 422-9146 Catamaran Rx (866) 288-5209	Blue Care Network (800) 662-6667	Health Alliance Plan (800) 422-4641	Priority Health (800) 446-5674	HealthPlus (800) 332-9161
Office Calls	10% co-ins after deductible	\$40 copay Primary/\$50 copay after deductible Specialist	\$25 copay Primary/\$35 copay Specialist	\$15 copay Primary/ \$30 copay Specialist	\$15 copay Primary/ \$30 copay Specialist
Routine Physical Exams	Not covered	\$40 copay Primary/\$50 copay after deductible for Specialist	\$25 copay	\$15 copay Primary	Covered in full
Routine Pap Smears	Covered in full—Dr. office & Quest Labs; 10% co-ins after deductible – outpatient	Covered in full	Covered in full	Covered in full	Covered in full
Routine Mammograms	10% co-ins after deductible	Covered in full	Covered in full	Covered in full	Covered in full
Allergy Testing and Treatment	10% co-ins after deductible	50%; \$5 copay for allergy injections	10% co-ins after deductible	Included in office visit	Covered in full
Chiropractic Visits	10% co-ins after deductible, up to 26 visits annually	\$50 copay after deductible	Not Covered	\$30 copay, max benefit 30 visits/yr with PT & OT	\$20 Copay
Hospital Inpatient Care	10% co-ins after deductible, up to 365 days	Covered in full after deductible	10% co-ins after deductible	10% co-ins	10% co-ins
Hospital Outpatient Care (inc. diagnostic services)	10% co-ins after deductible	Covered in full after deductible; \$150 copay after deductible for high tech imaging services	10% co-ins after deductible	10% co-ins	10% co-ins
Medl/Surg Care (inc. surgery, anesthesia, tech. surg. assist.)	10% co-ins after deductible	Covered in full after deductible	10% co-ins after deductible	10% co-ins	10% co-ins
Emergency Medical Care	10% co-ins after deductible, \$50 copay/visit after OOP Max met. Waived if admitted within 3 days.	\$100 copay after deductible, waived if admitted	\$175 copay , waived if admitted.	\$100 copay, waived if admitted. Worldwide coverage	\$60 Copay, waived if admitted. Worldwide coverage
Urgent Medical Care	10% co-ins after deductible	\$55 copay	\$50 copay	\$45 copay, Worldwide coverage	\$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 \$700 max.	Emergency & Urgent Care same as in-network. Most other covered services, deductible and coinsurance apply.
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.	Emergency & Urgent Care same as in-network. Most other covered services, deductible and coinsurance apply.
Home Health Care	Deductible	\$50 copay after deductible	10% co-ins after deductible up to 60 visits/benefit period	10% co-ins	Covered in full

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Skilled Nursing Facility	10% co-ins after deductible up to 100 days	Covered in full after deductible; up to 120 days/calendar year	10% co-ins after deductible up to 100 days/benefit period	10% co-ins, 100 days (can be renewed)	Covered in full
Hospice	Deductible	Covered in full after deductible; inpatient hospice care requires prior authorization	10% co-ins after deductible up to 210 days lifetime	10% co-ins	Covered in full
Outpatient Mental Health Services	10% co-ins after deductible	50% co-ins, up to 20 visits/calendar year	\$25 copay.	\$15 copay	\$15 Copay
Prescription Drugs	20% Copay Formulary \$7 min/\$36 max retail (30 day); \$17.50 min/\$90 max mail- (90 day) 40% Copay Non-formulary Additional 10% on maint. drug on and after 4th refill	\$10 Copay Generic \$40 Copay Brand Female generic contraceptives covered in full 50% coinsurance sexual dysfunction drugs (30 day supply) Up to 90 day supply for 2 copays – Mail Order	\$15 Copay Generic \$45 Copay Preferred Brand \$70 Copay Non-Preferred Brand and Specialty drug-deductible N/A Up to 90 day supply for 2 Copays – Mail Order and Select Retail	\$10 Copay Generic; \$40 Copay Preferred Brand at retail pharmacy (30 day supply); \$70 Copay Non-pref brand: 20% coinsurance Specialty (max \$100 per Rx) Up to 90 day supply for 2 copays-Mail Order	\$0 Copay Select Generic Preventive \$5 Copay Generic \$35 Copay Preferred Brand \$70 Copay Non-Preferred Brand 25% coinsurance Specialty 50% Copay Fertility 90 day Supply for 2 copays at Retail and Mail Order
Durable Medical Equipment Supplier	SUPPORT Network supplier in MI -full coverage; 20% co-ins plus diff in cost non-network in MI ; Ded & 10% co-ins outside MI from a Blue participant ; Ded & 10% co-ins plus diff in cost from non-Blue participant	50% co-ins of the Approved Amount when authorized and obtained from a participating provider	10% co-ins after deductible. Coverage provided for approved equipment based on HAP's guidelines. Some services require prior authorization.	20% co-ins	20% co-ins
Hearing Benefits	Hearing Exam: 10% co-ins after deductible. One exam every 36 months Hearing Aids: 10% co-ins after deductible/ Two hearing aids (if purchased same day)	Hearing Exam: Covered in full. One exam every 36 months Hearing Aids: Covered in full. One hearing aid every 36 months.	Hearing Exam: \$35 copay. Hearing Aids: 10% co-ins after deductible auth & conventional hearing aids	Hearing Exam: Covered in full. One hearing exam, one audiometric exam every 3 yrs Hearing Aids: One basic hearing aid per ear every 3 yrs, max of \$500 / hearing aid.	Hearing Exam: Covered in full. One hearing exam, one audiometric exam every 36 months. Hearing Aids: One basic hearing aid per ear every 36 months, max of \$1000 / hearing aid.
Deductible**	\$500 Indiv (LivingWell \$400)	\$200 Indiv/\$400 Family	\$300 Indiv/\$600 Family	None	None
Pharmacy Max**	\$1000 Indiv (LivingWell \$900)	None	None	None	None
Medical out-of-pocket Max**	Co-ins max: \$800 Indiv (LivingWell \$700) Total med OOP max: \$1300 Indiv (LivingWell \$1100)	None	Co-ins max: \$500 Indiv/\$1,000 Family	Co-ins max: \$700 Indiv/\$1400 Family	Co-ins max: \$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, 2013

HEALTH CARE BENEFIT	MHCP - Medicare Plus Blue BCBSM (800) 422-9146 Express Scripts (866) 544-2916	BCN Advantage (866) 966-2583	HAP Senior Plus (800) 801-1770	PriorityMedicare (888) 389-6648	HealthPlus Medicare Plus (800) 332-9161
Office Calls	10% co-ins after deductible	\$25 copay Primary \$35 copay Specialist	9 County: \$30 copay Primary/\$50 copay Specialist 3 County: \$20 copay Primary/\$30 copay Specialist	\$15 copay Primary \$30 copay Specialist	\$15 copay Primary \$30 copay Specialist
Routine Physical Exams	Not covered	Covered in Full	9 County: \$30 copay Primary 3 County: \$20 copay Primary	Covered in full	Covered in full
Routine Pap Smears	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Routine Mammograms	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Allergy Testing and Treatment	10% co-ins after deductible	Covered in full	10% co-ins after deductible	Covered in full Office visit copay may apply	Covered in full
Chiropractic Visits	10% co-ins after deductible	\$20 copay when referred	9 County: \$50 copay 3 County: \$30 copay	\$20 copay	\$20 Copay
Hospital Inpatient Care	10% co-ins after deductible	Covered in full after deductible	10% co-ins after deductible	10% co-ins	10% co-ins
Hospital Outpatient Care (inc. diagnostic services)	10% co-ins after deductible	Covered in full after deductible; office visit copay may apply. \$150 copay after deductible for hi-tech imaging services	10% co-ins after deductible	10% co-ins	10% co-ins
Med/Surg Care (surg, anesthesia, tech. surg assistance)	10% co-ins after deductible	Covered in full after deductible	10% co-ins after deductible	10% co-ins	10% co-ins
Emergency Medical Care	\$50 max copay waived if admitted within 3 days	\$65 copay after deductible; waived if admitted	\$65 copay waived if admitted	\$65 copay waived if admitted. Worldwide coverage	\$60 Copay, waived if admitted. Worldwide Coverage
Urgent Medical Care	10% co-ins after deductible	\$35 copay	\$45 copay	\$45 copay, Worldwide coverage	\$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 \$700 max	Emergency & Urgent Care same as in-network. Most other covered services, deductible and coinsurance apply.
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 \$700 max	Emergency & Urgent Care same as in-network. Most other covered services, ded & coinsurance apply.

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Home Health Care	Covered in full	Covered in full after deductible; copay may apply for physician's visit	10% co-ins after deductible	Covered in full	Covered in full
Skilled Nursing Facility	10% co-ins after deductible, up to 100 days	100% after deductible for 100 days renewable after 60 days	10% co-ins after deductible, 100 days/benefit period	10% co-ins 100 days (can be renewed after 60 days)	\$0 Copay, 100 days, renewable after 60 days
Hospice	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare
Outpatient Mental Health Services	10% co-ins after deductible	Covered in full	9 County: \$30 copay 3 County: \$20 copay	\$15 copay	\$15 Copay
Prescription Drugs	20% Copay Formulary \$7 min/\$36 max retail (30 day); \$17.50 min/\$90 max mail- (90 day) 40% Copay Non-formulary Additional 10% on maint. drug on and after 4th refill	\$10 Copay Generic \$40 Copay Brand Female generic contraceptives covered in full 50% coinsurance sexual dysfunction drugs (30 day supply) Up to 90 day supply for 2 copays – Mail Order	\$15 Copay Generic \$50 Copay Preferred Brand \$70 Copay Non-Preferred Brand and Specialty drug Up to 90 day supply for 2 Copays – Mail Order and Select Retail	\$10 Copay Generic; \$40 Copay Preferred Brand at retail pharmacy (30 day supply); \$70 Copay Non-pref brand: 20% coinsurance Specialty (max \$100 per Rx) Up to 90 day supply for 2 copays- Mail Order	\$0 Copay Select Generic Preventive \$5 Copay Generic \$35 Copay Preferred Brand \$70 Copay Non-Preferred Brand 25% coinsurance Specialty 50% Copay Fertility 90 day Supply for 2 copays at Retail and Mail Order
Durable Medical Equipment Supplier	Covered in full in network (DMEnSions) Out of network (non-DMEnSions) 20% co-ins of the cost	Covered in full	10% co-ins after deductible	20% co-ins	20% co-ins
Hearing Benefits	Hearing Exam: 10% co-ins after deductible. One exam every 36 months Hearing Aids: 10% co-ins after deductible/ Two hearing aids (if purchased same day)	Hearing Exam: Covered in full. One exam every 36 months Hearing Aids: Covered in full. One hearing aid every 36 months.	Hearing Exam 9 County: \$50 copay/visit 3 County: \$30 copay/visit Hearing Aids: 10% co-ins after deductible covered for auth. Conventional hearing aids	Hearing Exam: Covered in full. One hearing exam, one audiometric exam every 3 yrs Hearing Aids: One basic hearing aid per ear every 3 yrs, max of \$1000 / hearing aid.	Hearing Exam: Covered in full. One audiometric exam every 36 months. Hearing Aids: One basic hearing aid per ear every 36 months, max of \$1000 / hearing aid.
Deductible**	\$400 Indiv	\$200 Indiv	\$300 Indiv	None	None
Pharmacy Max**	\$900 Indiv	None	None	None	\$4,750 Indiv
Medical out-of-pocket Max**	Co-ins max: \$700 Indiv Total med OOP max: \$1100 Indiv	Co-ins. max: \$800 Indiv Total med OOP max:\$1000 Indiv	Co-ins max: \$500 Indiv/\$1,000 Family	Co-ins max: \$700 Indiv./\$1400 Family	Co-ins max: \$500 Indiv/\$1000 Family

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