



Insurance Option Summary Michigan Public School Retirees

Your Health Plans

The Office of Retirement Services (ORS) strives to be good stewards of your pension and healthcare dollars. We work with the Michigan Public School Employees Retirement System Board yearly to maintain a quality plan and remain fiscally responsible for the future of our

retirement system. We offer several competitive insurance options to choose from, with the current options listed below. Plan offerings are updated regularly, so check the ORS website for the most current information.

Enrolling in or Changing Insurance after Retirement

Enrolling after retirement. If you are enrolling yourself, your spouse, or dependents in insurance after retirement, your coverage will begin on the first day of the sixth month after ORS receives all required forms and proofs. For example, if we receive your request on February 10, your coverage would begin August 1. If you or a dependent has a qualifying event and ORS gets the request and proofs within 30 days of the event, coverage can begin sooner. For retirees who do not have Medicare, coverage can begin the first of the month after the month we receive your completed application and proofs. For retirees with Medicare, your coverage can begin the first day of the second month after we receive your request and any required proofs, including proof of the qualifying event.

For example, if ORS receives your application and proofs on July 10, your coverage will begin

September 1. If we get the request and proofs later but within 30 days of the qualifying event, you may not be enrolled until a month later.

Personal Healthcare Fund (PHF). If you have PHF, you cannot enroll in insurance after you have retired. You can only change plans. If you're not sure if you have PHF, check miAccount www.michigan.gov/orsmiaccount.

Changing plans. If you are currently enrolled in any health insurance plan with the retirement system, you can change your enrollment to another plan regardless of your Medicare status. Your change in coverage will be effective the first day of the second month after your request and required proofs are received. For example, if ORS receives your change request and any required proofs on January 10, your coverage with the new plan will begin on March 1.

For More Information

This is a summary document to help you compare plans. For detailed plan information, and answers to benefit and coverage questions, contact the insurance carriers at the phone numbers listed on the following pages.

Please note: the information in this summary may change throughout the year. Your insurance carrier will provide the most up to date

information on coverage areas and benefit levels. Review the *Insurance Information (R0058C)* sheet for details about how to enroll, who can be enrolled, insurance cards, effective dates of coverage, required proofs, the effects of Medicare and other group insurance coverage. This sheet can be found at www.michigan.gov/orsschools.

Insurance Plans Available

The following list is current at the date of printing. If you are interested in enrolling in an HMO, you

should contact the HMO directly to receive the most current coverage area listing.

Insurance Carriers by County

Effective January 1, 2019

CARRIERS	COUNTIES	NON-MEDICARE
Blue Preferred PPO BCBSM 800-422-9146 OptumRx® 866-288-5209	No county restrictions.	

Blue Care Network 800-662-6667	All 83 Michigan counties covered.	
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Priority Health 800-446-5674	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Delta (only 49807), Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Mackinac (only 49757 and 49775), 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.	
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CARRIERS	COUNTIES	MEDICARE
Medicare Plus Blue BCBSM 800-422-9146 OptumRx® 855-577-6517	No county restrictions.	

BCN Advantage 877-396-2025	Medicare Participants Only—Expanded Network: Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, 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, Luce, Mackinac, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, St. Clair, St. Joseph (only the following zip codes: 49011, 49030, 49052, 49072, 49093, 49097), Tuscola, Van Buren, Washtenaw, Wayne and Wexford.	
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Priority Health Medicare 888-389-6648	All 83 Michigan counties covered.	
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NON-Medicare Summary Comparison Sheet*
Effective January 1, 2019

HEALTH CARE BENEFIT	Blue Preferred PPO BCBSM 800-422-9146 OptumRx® 866-288-5209	Blue Care Network 800-662-6667	Priority Health 800-446-5674
Office Calls	10% coinsurance plus deductible	\$25 copay Primary \$35 copay after deductible Specialist	\$25 copay Primary \$40 copay Specialist, deductible does not apply
Routine Physical Exams	Covered in full once annually	\$25 copay Primary \$35 copay after deductible Specialist	Covered in full, deductible does not apply
Routine Pap Smears	Covered in full—Dr. office & Quest Labs; 10% coinsurance after deductible—outpatient	Covered in full	Covered in full, deductible does not apply
Routine Mammograms	10% coinsurance plus deductible	Covered in full	Covered in full, deductible does not apply
Allergy Testing and Treatment	10% coinsurance plus deductible	50% coinsurance after deductible \$5 copay for allergy injections	Included in office visit, deductible does not apply
Chiropractic Visits	10% coinsurance plus deductible, up to 26 visits annually	\$35 copay after deductible	\$30 copay, maximum benefit 30 visits/year with PT & OT, deductible does not apply
Hospital Inpatient Care	10% coinsurance plus deductible	10% coinsurance after deductible	10% coinsurance after deductible
Hospital Outpatient Care (inc. diagnostic services)	10% coinsurance plus deductible	10% coinsurance after deductible \$150 copay after deductible for high tech imaging services	10% coinsurance after deductible
Med/Surg Care (inc. surgery, anesthesia, tech. surg. assist.)	10% coinsurance plus deductible	10% coinsurance after deductible	10% coinsurance after deductible
Emergency Medical Care	10% coinsurance plus deductible, \$120 copay/visit after coinsurance maximum met. **Waived if admitted within 72 hours.	\$150 copay after deductible, waived if admitted	\$150 copay, waived if admitted. Deductible does not apply
Urgent Medical Care	10% coinsurance plus deductible, \$65 copay/visit after coinsurance maximum met**	\$65 copay	\$60 copay. Deductible does not apply
Care Outside Michigan	Same in US through BlueCard; outside US, hospital coverage through BlueCard.	Routine, urgent & follow-up care through BlueCard	Emergency & Urgent Care same as in-network. Most other covered services, travel 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 authorization on file	Emergency & Urgent Care same as in-network
Home Health Care	Deductible	\$35 copay after deductible	10% coinsurance after deductible
Skilled Nursing Facility	10% coinsurance plus deductible up to 100 days	10% coinsurance after deductible up to 120 days per calendar year	10% coinsurance, 100 days (can be renewed) after deductible
Hospice	Covered in full	Covered in full after deductible; inpatient hospice care requires prior authorization	10% coinsurance after deductible

NON-Medicare Summary Comparison Sheet (continued)*
Effective January 1, 2019

HEALTH CARE BENEFIT	Blue Preferred PPO BCBSM 800-422-9146 OptumRx® 866-288-5209	Blue Care Network 800-662-6667	Priority Health 800-446-5674
Outpatient Mental Health Services	10% coinsurance plus deductible	50% coinsurance, up to 20 visits/calendar year	\$25 copay, deductible does not apply
Prescription Drugs	20% coinsurance Preferred Brand and Generic plus \$10 minimum/\$40 maximum retail (30 day); \$25 minimum /\$100 maximum mail (90 day) 40% coinsurance Non-Preferred Brand plus \$10 minimum / no maximum (30 day); \$25 minimum / no maximum (90 day) Additional 10% coinsurance on maintenance drugs on and after 4th refill at retail. Exclusive Specialty pharmacy medications through BrivoRx	\$20 copay Generic \$60 copay Preferred Brand \$80 copay Non-Preferred Brand 50% coinsurance sexual dysfunction drugs (30 day supply) Specialty: 20% coinsurance (\$200 maximum per prescription Tier 4, \$400 maximum per prescription Tier 5) Mail Order: Up to 90 day supply for 2 copays	\$10 copay Generic; \$50 copay Preferred Brand; \$80 copay Non-Preferred Brand Specialty: 20% coinsurance (\$150 maximum per prescription) Mail Order: 90 day supply for 2 copays
Durable Medical Equipment Supplier	In Network 10% coinsurance plus deductible; Out of Network 30% coinsurance plus deductible and difference in cost between provider's charge and the BCBSM approved amount	50% coinsurance of the Approved Amount when authorized and obtained from a participating provider	20% coinsurance after deductible
Hearing Benefits	Hearing Exam: \$45 copay** Hearing Aids: \$499 copay** per hearing aid for advanced aids \$799 copay** per hearing aid for premium aids Initial hearing exam and hearing aids for both ears covered once every 36 months, exclusively through TruHearing providers	Hearing Exam: Covered in full. One exam every 36 months Hearing Aids: Covered in full. One hearing aid every 36 months.	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, maximum \$500/hearing aid
Deductible	\$1,000 Individual ***	\$400 Individual/\$800 Family	In-network: \$750 Individual/\$1,500 Family Out-of-network: \$1,500 Individual/\$3,100 Family
Pharmacy Max	\$1,500 Individual	Specialty only: \$4,800 Individual	None
Medical Max	Coinsurance max: \$900 Individual Total medical out-of-pocket maximum** (Deductible + coinsurance maximum): \$1,900 Individual	Coinsurance maximum: \$750 Individual/\$1,500 Family	Coinsurance max: In-network: \$1,000 Individual/\$2,000 Family Out-of-network: \$2,000 Individual/\$4,000 Family

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

**Copays for routine hearing care are not included in the medical out-of-pocket maximum.

***BCBSM Members enrolled in the LivingWell program have the opportunity to reduce their deductibles.

Medicare Summary Comparison Sheet*

Effective January 1, 2019

HEALTH CARE BENEFIT	Medicare Plus Blue BCBSM 800-422-9146 OptumRx® 855-577-6517	BCN Advantage 877-396-2025	Priority Health Medicare 888-389-6648
Office Calls	10% coinsurance plus deductible	\$25 copay Primary \$45 copay after deductible Specialist \$40 copay outpatient therapy services	\$20 copay Primary/\$35 copay Specialist, deductible does not apply
Routine Physical Exams	Covered in full once annually	Medicare Wellness Exam covered in full once annually	Covered in full, deductible does not apply
Routine Pap Smears	Covered in full	Covered in full	Covered in full, deductible does not apply
Routine Mammograms	Covered in full	Covered in full	Covered in full, deductible does not apply
Allergy Testing and Treatment	10% coinsurance plus deductible	Covered in full Office visit copay may apply after deductible	Covered in full Office visit copay may apply, deductible does not apply
Chiropractic Visits	10% coinsurance plus deductible	\$20 copay after deductible when referred	\$20 copay, deductible does not apply
Hospital Inpatient Care	10% coinsurance plus deductible	10% coinsurance after deductible	10% coinsurance after deductible
Hospital Outpatient Care (inc. diagnostic services)	10% coinsurance plus deductible	10% coinsurance after deductible. Office visit copay may apply \$150 copay after deductible for high tech imaging services	10% coinsurance after deductible Diagnostic labs, pathology, x-rays \$20 copay after deductible
Med/Surg Care (surg, anesthesia, tech. surg assistance)	10% coinsurance plus deductible	10% coinsurance after deductible	10% coinsurance after deductible
Emergency Medical Care	\$120 copay, waived if admitted within 72 hours	\$100 copay after deductible, waived if admitted	\$75 copay, waived if admitted. Deductible does not apply
Urgent Medical Care	\$65 copay	\$50 copay	\$45 copay. Deductible does not apply
Care Outside of Michigan	Same in US; outside US, member pays for services up front & BCBSM will reimburse member.	Routine, urgent and follow-up care through BlueCard	Emergency & Urgent Care same as in-network. Most other covered services, travel deductible and coinsurance apply.
Care Outside the Network in Michigan	Same as in network	Emergency and Urgent care covered. Other care not covered unless member has prior authorization on file	Emergency & Urgent Care same as in-network. Most other covered services, travel deductible and coinsurance apply.
Home Health Care	Covered in full	Covered in full after deductible; copay may apply for physician's visit	Covered in full, deductible does not apply
Skilled Nursing Facility	10% coinsurance plus deductible, up to 100 days	Covered in full after deductible for 100 days (can be renewed after 60 days)	10% coinsurance 100 days (can be renewed after 60 days) after deductible
Hospice	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare

Medicare Summary Comparison Sheet (continued)*
Effective January 1, 2019

HEALTH CARE BENEFIT	Medicare Plus Blue BCBSM 800-422-9146 OptumRx® 855-577-6517	BCN Advantage 877-396-2025	Priority Health Medicare 888-389-6648
Outpatient Mental Health Services	10% coinsurance plus deductible	Covered in full	\$20 Copay, deductible does not apply
Prescription Drugs	20% coinsurance Preferred Brand and Generic \$10 minimum/\$40 maximum retail (30 day); \$25 min/\$100 maximum mail (90 day) 40% coinsurance Non-Preferred Brand Additional 10% coinsurance on maintenance drugs on and after 4th refill at retail Preferred Specialty medications through BriovaRx	Preferred Pharmacy: \$12 copay Generic \$55 copay Preferred Brand \$80 copay Non-Preferred Drugs 50% coinsurance sexual dysfunction drugs (31 day supply) Standard Pharmacy: \$20 copay Generic \$75 copay Preferred Brand \$100 copay Non-Preferred Drugs Mail Order: 32 day to 90 day supply for 2 copays Specialty: 20% coinsurance (\$200 maximum per prescription)	Preferred Pharmacy: \$9 Copay Generic \$40 Copay Preferred Brand \$70 Copay Non-Preferred Brand Non-Preferred Pharmacy: \$15 Copay Generic \$45 Copay Preferred Brand \$75 Copay Non-Preferred Brand Mail Order: Up to 90 day supply for 2 Copays Tier 1 generic \$0 copay Specialty: 20% coinsurance (\$100 maximum per prescription)
Durable Medical Equipment Supplier	In network 10% coinsurance plus deductible Out of network 30% coinsurance plus deductible	20% coinsurance	20% coinsurance after deductible
Hearing Benefits	Hearing Exam: \$45 copay** Hearing Aids: \$499 copay** per hearing aid for advanced aids \$799 copay** per hearing aid for premium aids Initial hearing exam and hearing aids for both ears covered once every 36 months, exclusively through TruHearing providers	Hearing Exam: Covered in full. One exam every 36 months Hearing Aids: Covered in full. One hearing aid per ear every 36 months.	Hearing Exam: Covered in full. One hearing exam, one audiometric exam every 24 months Hearing Aids: \$499 copay per hearing aid for advanced aids, \$799 copay per hearing aid for premium aids. One basic hearing aid per ear every 12 months Exclusively through TruHearing providers.
Deductible	\$800 Individual ***	\$400 Individual	\$300 Individual
Pharmacy Maximum	Coinsurance maximum: \$1,500 Individual	Specialty only: \$3,600 Individual	None
Medical Maximum	Coinsurance maximum: \$900 Individual Total medical out-of-pocket maximum (Deductible + Coinsurance maximum + copays**): \$1,700 Individual	Total medical out-of-pocket maximum: \$2,100 Individual	Total medical out-of-pocket max: \$2,100 Individual

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

** Copays for routine hearing care are not included in the medical out-of-pocket maximum.

***BCBSM Medicare Members are automatically enrolled in the LivingWell Program and receive the lower deductible for being a part of the program.