

2022 Retiree Benefits Bulletin

Civil Service Commission
State of Michigan

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CONTACT: ORS Customer Service www.mi.gov/orsmiaccount	TELEPHONE NUMBER: 800-381-5111 Toll-Free

Benefit Enhancements & Insurance Rates

The Employee Benefits Division is pleased to announce that there will again be no rate increase for the State Health Plan (SHP) PPO and Medicare Advantage plans or for Dental or Vision coverage for retirees for 2022. Please review the HMO rates as some premiums have changed and can be found beginning on [Page 8](#) of this bulletin or by visiting the Employee Benefits Division website, www.mi.gov/employeebenefits, and selecting Insurance Rates from the left-hand menu. Premiums will be reflected in January 2022 pension checks. This document contains important updates so please review it carefully.

The COVID-19 pandemic has continued to dominate healthcare news in 2021. We encourage you to keep control over your healthcare, schedule your routine preventive care visits, get your flu shot, and get the safe and effective COVID-19 vaccine. FDA-approved COVID-19 vaccinations (including the booster shot) and tests ordered by a healthcare provider continue to be covered benefits at no cost to our membership. Voluntary testing such as might be required to travel may be subject to a copay. Waivers of cost-sharing for COVID-19 treatment in place before vaccines were widely available have been discontinued by most insurance plans, so normal copays and coinsurance charges will apply. Details about coverage are always available on your HMO web page or on the Blue Cross Blue Shield of Michigan (Blue Cross) page for members of the State Health Plan PPO and Medicare Advantage plans.

Watch your mailbox and email inbox for important updates from insurance third-party administrators. Blue Cross will be mailing the 2022 Annual Notice of Change for Medicare Advantage members. OptumRx will be sending the 2022 formulary, pharmacy directory, and Evidence of Coverage documents electronically for Medicare enrollees. Members may request a hard copy of the documents by contacting OptumRx customer service.

Basic information about retiree insurance and eligibility is available on the Office of Retirement Services (ORS) website, www.mi.gov/ors, by selecting State Employees Retirement System from the navigation on the left. To view Defined Benefit (DB) post-retirement insurance information, select DB Benefit Plan, then Insurance. To view Defined Contribution post-retirement insurance information, select 401(k) Defined Contribution Plan, then Forms and Publications to view the Insurance section.

Available Online Resources

Additional retiree resources are available on the Michigan Civil Service Commission (MCSC) Retiree Information webpage. Go to www.mi.gov/employeebenefits, and select Retiree Information from the MCSC Quick Links menu on the right side of the webpage. The following resources can be accessed from the Retiree Information webpage:

- Carrier contact information
- Health, Prescription, Vision, Dental, and Life Insurance plan summaries
- Insurance rates
- Retiree Benefits Bulletin (current and archived)
- HMO ZIP code tool
- Medicare Advantage coverage maps
- Voluntary Benefit links (Benefits for Life and Long Term Care)
- ORS information links (Pension, 401(k), newsletters, etc.)
- Michigan State Employee Retiree Association (SERA) website link
- miAccount Login

Important Message for Those Eligible for Medicare

You must enroll in Medicare Part A and Part B when you are eligible in order to keep your health and prescription drug plan coverage.¹

All Medicare-eligible members who timely provide their enrollment information to ORS will automatically be enrolled in the Medicare Advantage plan associated with their pre-Medicare plan (e.g., SHP PPO, HAP, Priority, BCN, and now, PHP) unless you opt out.

Information on how to opt out will be included in the pre-enrollment packet you will receive in the mail from your health plan carrier. Members may opt out of Medicare Advantage coverage and participate in the Medicare supplemental plan in the SHP PPO, provided you remain enrolled in another plan through another employer that pays claims before the SHP PPO and you continue to pay your Medicare Part B premium.

It is important to note that individuals can only be enrolled in one MA plan. If you have coverage in another plan, such as through a spouse's employer, you must choose which plan you want to keep.

¹This does not apply to State Police Troopers or Sergeants **retiring on or after October 1, 1987.**

Reminder: Schedule Your Annual Preventive Care Appointments

The **Michigan Department of Health and Human Services** is encouraging seniors to get seasonal flu vaccines. You can find more information on their website at www.mi.gov/flu.

You and your loved ones can best protect yourselves from the COVID-19 virus by getting vaccinated. COVID-19 is still a threat in Michigan and across the country, and it is more important than ever to stay healthy and protect yourself against preventable illnesses. You can find more information on vaccines and locations they can be received at www.vaccinefinder.org.

State Health Plan PPO Members

Social Security Benefits Before Age 65

Blue Cross has partnered with SSDC Services Corp. to assist members who may qualify for Social Security Disability Insurance benefits. If you or a covered dependent are between the ages of 18 and 61, SSDC will assist with filing and obtaining these benefits at no cost to you. If you receive correspondence from SSDC please review it carefully and call SSDC at 800-374-9950 x222 if you have any questions or believe they can be of help. If they send you a questionnaire please complete and return it. Visit their website at www.ssdcservices.com for more information.

Hearing Aid Discount

This benefit allows retirees and their dependents significant savings on hearing aids through TruHearing®. TruHearing® provides exclusive savings of 30% to 50% off the retail price of deluxe hearing aids. For more information regarding these savings and national participating providers, call TruHearing® Customer Care at 844-207-1684. This benefit is available through the SHP PPO and the Medicare Plus BlueSM PPO, administered by Blue Cross, partnered with TruHearing®.

Program for Those Living With Diabetes

The Livongo diabetes management program is offered at no cost to SHP PPO and SHP PPO Medicare Advantage members with diabetes. With this program, eligible members receive a connected meter that automatically uploads blood glucose readings to your secure online account and provides real-time personalized tips.

Optional family alerts can notify loved ones of dangerous glucose readings. The program also includes support from coaches when you need it: communicate with a coach at any time about diabetes questions on nutrition or lifestyle changes. Medicare Advantage members participating in the current program will be transitioned to Livongo beginning in October. Livongo is not available to Medicare Supplemental plan members.

Find a Provider

The Blue Cross online “Find A Doctor” tool can help you locate participating providers. From www.bcbsm.com, click the “Find A Doctor” tool from the left-hand menu. If you are a Medicare Advantage member, select Medicare Plus Blue (PPO) for a list of participating providers; otherwise, select State of Michigan Health Plan PPO for a list of participating providers. If you have additional questions, call 800-843-4876.

24-Hour Nurse Line

SHP PPO plan members can speak with a registered nurse over the phone, day or night, and get medical advice.

How does it work?

The 24-Hour Nurse Line provides free and easy access to a registered nurse around the clock. When you or a loved one isn't feeling well and you're not sure if the condition may be serious, you have someone to call.

Their nurses can assess your situation and help you decide if you should head to the doctor, pick up over-the-counter medicine, or simply get some rest.

Where do I start?

Just call the 24-Hour Nurse Line whenever you need medical advice.

- Blue Cross Members: 1-800-775-2583
- TTY users call: 711

COVID-19 Health Tips

Staying healthy during the pandemic is important. Talk to your healthcare provider about whether your vaccinations and other preventive services are up-to-date to prevent you from becoming ill with other diseases. It is particularly important for those at increased risk of severe illness, including older adults, to receive recommended vaccinations against influenza and pneumococcal disease.

- Remember the importance of staying physically active and practicing healthy habits to cope with stress.
- If you have an underlying medical condition, you should continue to follow your treatment plan:
 - Continue your medicines and do not change your treatment plan without talking to your healthcare provider.
 - Have at least a 30-day supply of prescription and non-prescription medicines.
 - Do not delay getting emergency care for your underlying medical conditions.

Call your healthcare provider if you have any concerns about your underlying medical conditions or if you get sick and think you may have COVID-19. If you need emergency help, call 911 right away. If you do not have a primary care physician, contact your insurance carrier for a list of participating providers.

As the COVID-19 pandemic evolves, information changes frequently. For updates, visit the Centers for Disease Control and Prevention (CDC) website, www.cdc.gov/coronavirus.

Demographic Information Updates

This is an annual reminder that retirees need to initiate contact with the Office of Retirement Services (ORS) for all demographic changes. This includes a change in residential or mailing address, phone number, email address, legal name, and Medicare effective dates. Your current demographic information on file can be viewed and updated through your miAccount.

Keeping your demographics up to date ensures that ORS is able to keep you informed of changes that may impact your pension, 401(k), or benefits. If ORS is notified that a retiree's information on file is incorrect, communication will be mailed to request the retiree reach out to ORS customer service or access their miAccount to complete an update.

If the retiree does not provide response by the ORS-designated date either due to the incorrect address being on file for the mailed notification or non-response, the result could include a termination of benefits.

Communication from Carriers

Blue Cross, OptumRx, and state-offered HMOs, as well as other health insurance carriers, all have programs in place to help maintain and improve member health. Representatives from these companies may contact you by phone, email, or regular mail to offer free or low cost health screenings or to see if you are interested in help managing chronic conditions or for medication management, for example. If you have questions about whether a contact is legitimate, call the number on the back of your member ID card for verification.

If you change your address, be sure to update ORS. You must have a **physical address** (not a post office box) in the US or one of its territories to be eligible for coverage under Medicare and state insurance.

Enrollments and Making Changes

Retirees are not restricted to an annual benefit open enrollment period. You can make a change to your state-sponsored retiree health, prescription drug, dental, or vision insurance plans at any time. As a reminder, if you wish to make a plan change that will be effective January 1st of the upcoming year, you must initiate contact with ORS no later than November 30th of the current year.

Prior to making a change in your current state-sponsored retiree health, prescription drug, dental, or vision insurance plans, we recommend that you review the benefit coverage of all carriers that you are eligible to enroll in. This will ensure that you are making the best coverage decision for your healthcare needs.

If you are currently enrolled but wish to make changes to your state-sponsored retiree health, prescription drug, dental, or vision insurance plans, go to www.mi.gov/orsmiaccount to log in to your miAccount, or use the *Insurance Enrollment/Change Request* form available on the ORS website at www.mi.gov/ors. Simply select your retirement system, go to the Forms and Publications page, and print the form.

Send the completed form and required proofs² to ORS by fax at 517-284-4416 or by mail at:

Office of Retirement Services
P.O. Box 30171
Lansing, MI 48909

If you are considering changing to an HMO plan, please remember that HMO plan availability is based on location. Visit the Employee Benefits Division website at www.mi.gov/employeebenefits, select Insurance Plans from the navigation on the left, then click the HMO Zip Code Tool icon.

²Explanation of proofs can be found on Page 3 of the *Insurance Enrollment/Change Request* form.

Enrollment Waiting Period

The effective date for plan changes can vary depending on the change being made.

New Enrollments. Changes to enrollments or new enrollments that occur later than the month you terminate employment normally take effect the first day of the sixth month after ORS receives your enrollment form and all required proofs.²

Loss of Coverage. Coverage can begin sooner when you or a dependent has an involuntary loss of other group coverage or a change in your family status (e.g., marriage, death, divorce). Be sure to send ORS your completed insurance enrollment online at www.mi.gov/orsmiaccount or an *Insurance Enrollment/Change Request* form, along with proof of your loss of coverage within 30 days of the event. If anyone being added has Medicare, coverage will take effect the first day of the second month after ORS receives your request and all required proofs.² Otherwise, coverage will take effect the first day of the month after ORS receives your request and all required proofs.

Plan Change. To change your insurance plan, log in to www.mi.gov/orsmiaccount and click on Insurance Coverage, or complete the *Insurance Enrollment/Change Request* form and return it to ORS along with all required proofs.² 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.

²Explanation of proofs can be found on Page 3 of the *Insurance Enrollment/Change Request* form.

Medicare Eligibility and Enrollment

Medicare eligibility impacts your State of Michigan coverage whether or not you are enrolled. As a retiree, once you or your dependent becomes Medicare eligible (generally at age 65), your State retiree healthcare coverage becomes your secondary insurance. You must enroll in Medicare Part A (hospital) and Part B (medical) upon becoming eligible. Your enrollment in Part D (prescription) will be automatic. Be sure to provide your Medicare Beneficiary Identifier (MBI) to ORS as soon as possible to help ensure coordination of benefits. Refer to the ORS website for details on the different ways to provide your Medicare number to ORS.

If you began receiving Social Security benefits before you become Medicare eligible, you may automatically be enrolled in Medicare Part A and Part B. If you are not receiving Social Security benefits before you become Medicare eligible, you must take action to enroll. You can enroll or confirm enrollment in Medicare Part A and Part B in the following ways:

- Online at www.socialsecurity.gov
- Call Social Security at 1-800-772-1213 (TTY users 1-800-325-0778), Monday–Friday, 7:00 a.m.–7:00 p.m.
- In person at your local Social Security office

Enrolling and Making Changes If Medicare Eligible at Age 65. If you are *already enrolled* in state-sponsored retiree health and prescription-drug insurance and you, your spouse, or your dependent becomes eligible for Medicare at age 65:

- Be sure to enroll in both Medicare Parts A and B three months before turning 65. You will be contacted if your insurance carrier needs additional information.
- Tell ORS your MBI and Part A and B effective date. Doing this more than one month before the month you turn 65 will ensure no gap in coverage as you change to a Medicare compatible plan. Refer to the ORS website for details on the different ways you can get this information to ORS.

If you are *enrolling* in state-sponsored retiree health and prescription drug insurance and you, your spouse, or your dependent is also eligible for Medicare at the time of enrollment:

- Be sure to enroll in both Medicare Parts A and B three months before enrolling in retiree insurance and tell ORS your MBI and Part A and B effective date.
- Submit your completed online insurance enrollment at www.mi.gov/orsmiaccount (or submit an *Insurance Enrollment/Change Request* form by mail or fax to ORS). Coverage will begin the first day of the second month after ORS receives your request and all required proofs.²

Note: Plan changes for Medicare-eligible enrollees are always effective the first day of the second month after a request and all required proofs have been received.

Enrolling and Making Changes If Medicare Eligible Before Age 65. If you are *already enrolled* in state-sponsored retiree health and prescription-drug insurance and you, your spouse, or your dependent becomes eligible for Medicare before age 65:

- Be sure to enroll in both Medicare Parts A and B.
- Tell ORS your MBI and Part A and B effective date. Doing this will change your coverage to a Medicare-compatible plan that will take effect on the first day of the second month after ORS receives your Medicare information. Refer to the ORS website for details on the different ways you can get this information to ORS.

²Explanation of proofs can be found on Page 3 of the *Insurance Enrollment/Change Request* form.

State Health Plan PPO

STATE HEALTH PLAN PPO and MEDICARE ADVANTAGE

Blue Cross Blue Shield of Michigan

800-843-4876

www.bcbsm.com/som

PRESCRIPTION DRUG PROGRAM

OptumRx

Non-Medicare Retirees: 866-633-6433

Medicare Eligible Retirees: 866-635-5941

www.optumrx.com/som

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES

Blue Cross Blue Shield of Michigan

Claim & Benefit Inquiries: 800-843-4876

Referrals & Clinical Assistance:

Non-Medicare & Medicare Supplemental Retirees (New Directions): 866-503-3158

Medicare Advantage Retirees: 888-803-4960

www.bcbsm.com/som

Health Maintenance Organizations (HMOs)

BLUE CARE NETWORK (BCN)

800-662-6667

www.bcbsm.com/som

HEALTH ALLIANCE PLAN (HAP)

800-422-4641

www.hap.org

PHYSICIANS HEALTH PLAN (PHP)

517-364-8500 or 800-832-9186

www.phpmichigan.com

PRIORITY HEALTH

800-446-5674

www.priority-health.com

State Vision Plan and State Dental Plan

STATE VISION PLAN

EyeMed

833-279-4355

www.eyemedvisioncare.com

STATE DENTAL PLAN

Delta Dental Plan of Michigan

800-524-0150

www.deltadentalmi.com

2022 retiree insurance rates can be found on the Employee Benefits Division's web site at:

https://www.michigan.gov/mdcs/0,4614,7-147-22854_6649---,00.html