

RETIREE BENEFITS BULLETIN

Civil Service Commission
State of Michigan • 2017–2018

DATE: September 2017	NUMBER: GIS 01-2017R
CONTACT: ORS Customer Contact Center www.mi.gov/orsmiaccount	TELEPHONE NUMBER: 517-322-5103 Lansing Area 800-381-5111 Toll-Free
SUBJECT: 2017–2018 RETIREE INSURANCE BULLETIN FOR DEFINED BENEFIT RETIREES	

OCTOBER 2017 BENEFIT & INSURANCE RATES

There are currently no plan design changes to the State Health Plan PPO administered by Blue Cross Blue Shield of Michigan (BCBSM) or any HMO plan for the 2017–2018 fiscal year. Please review the rates as most premiums have changed. Premiums will be reflected in the October 2017 pension checks and can be found on the [Insurance Rates](#) section of the Employee Benefits Division website.

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 to find the following tools to assist you with finding an HMO in your area:

- **Retirees *without* Medicare** go to the *Resources & Tools* tab and select the [Zip Code Tool](#) link from the list.
- **Retirees *with* Medicare** select *Retiree Information* from the right-hand menu then scroll down to the HMO Medicare Advantage (MA) Coverage Maps section.

RETIREE INSURANCE INFORMATION

Basic information about retiree insurance and eligibility is available on the Office of Retirement Services (ORS) website, www.mi.gov/ors. To view post-retirement insurance information, select your retirement plan, *After Retirement*, and then *Your Insurance Benefits*.

MEDICARE ELIGIBILITY

Once you become Medicare-eligible, your State retiree health care coverage becomes your secondary insurance. Generally, you are automatically enrolled in Medicare Part A and Part B once eligible. If you initially declined Part B when you became eligible, you can sign up at your local Social Security office or by calling 800-772-1213.

If you DO NOT ENROLL in Medicare Part B upon becoming eligible, your State Health Plan coverage will be treated as if Medicare coverage was in place. The State Health Plan will not reimburse that portion of an expense normally covered by Medicare Part B. If you become eligible for Medicare before age 65, be sure to enroll in Medicare Part A and Part B and enter the Medicare information online by logging in to miAccount at www.mi.gov/orsmiaccount or send the [Insurance Enrollment/Change Request](#) to ORS.

You can enroll in Medicare Part A and/or Medicare Part B in the following ways:

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

Enrolling and Making Changes for 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 two months before turning 65. Your coverage will automatically change to a Medicare compatible plan when you turn 65. You will be contacted if your insurance carrier needs additional information.

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 two months before enrolling in retiree insurance.
- Submit your completed online insurance enrollment at www.mi.gov/orsmiaccount (or, [Insurance Enrollment/Change Request](#) form) and send proofs¹ to ORS by the 15th of the month for your coverage to begin the following month.

Note: If your completed [Insurance Enrollment/Change Request](#) form and proofs are received after the 15th but before the end of the month, your coverage will begin a month later. For example, if you submit your completed insurance enrollment request and proofs on July 25, your coverage will begin September 1.

Enrolling and Making Changes for 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.
- Enter your Medicare information at www.mi.gov/orsmiaccount or send the [Insurance Enrollment/Change Request](#) to the ORS to ensure you are enrolled in the correct Medicare plan.

If you are *enrolling* 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.
- Submit your completed online insurance enrollment at www.mi.gov/orsmiaccount (or [Insurance Enrollment/Change Request](#) forms) and send proofs to ORS by the 15th of the month for your coverage to begin the following month.

Note: If your completed [Insurance Enrollment/Change Request](#) form and proofs are received after the 15th but before the end of the month, your coverage will begin a month later. For example, if you submit your completed insurance enrollment request and proofs on July 25, your coverage will begin September 1.

¹Explanation of proofs can be found on Page 3 of the [Insurance Enrollment/Change Request](#) form.

INSURANCE ENROLLMENTS AND CHANGE REQUESTS

ENROLLING AND MAKING CHANGES

If you wish to enroll in or 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 proofs¹ to:

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

ENROLLMENT WAITING PERIOD

As a pension recipient, you are not restricted to an open enrollment window to enroll in or make changes to your insurance plans.

Changes to enrollments or new enrollments that occur later than the month you terminate employment are normally subject to a **six-month waiting period** after ORS receives your enrollment form and all required proofs.

The normal six-month waiting period is **not applied** 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). If ORS receives your completed insurance enrollment online in [miAccount](#) or an [Insurance Enrollment/Change Request](#) form, along with proof of your loss of coverage within 30 days of the event, there will be no gap in your coverage.

If you are currently enrolled in an HMO, you must remain in that HMO for six months before switching to the State Health Plan PPO, unless the coverage is no longer available. If coverage is no longer available, you must submit an online insurance enrollment in [miAccount](#) or complete and submit an [Insurance Enrollment/Change Request](#) form and required proofs to ORS.

To switch from one HMO to another HMO, or to change from the State Health Plan PPO to an HMO, there is no six-month waiting period. To process the change, submit an online insurance enrollment in [miAccount](#) or complete and submit an [Insurance Enrollment/Change Request](#) form and required proofs to ORS.

¹Explanation of proofs can be found on Page 3 of the [Insurance Enrollment/Change Request](#) form.

STATE HEALTH PLAN PPO MEMBERS

Durable Medical Equipment, Prosthetics and Orthotics, and Medical Supplies. Services for you and your dependents are administered through BCBSM. To receive services without any out-of-pocket costs for non-Medicare retirees, you must use a participating BCBSM provider. If services are received from a non-participating provider, you will be responsible for 20% of the approved amount plus the difference between the charge and the BCBSM-approved amount. To receive services without any out-of-pocket costs for Medicare retirees, you must seek services from a provider that participates with Medicare.

Blue Health Connection. This disease management program provides health educational materials, online health resources, and a [24-Hour Nurse Help Line](#) at 800-775-2583.

VISION & DENTAL PLANS

There are no plan design changes to the State Retiree Dental Plan administered by Delta Dental of Michigan. Additionally, there will be no plan design changes to the State Retiree Vision Plan administered by BCBSM in partnership with Vision Service Plan[®] for the 2017–2018 fiscal year.

There are no changes to the Vision and Dental premiums for the 2017–2018 plan year.

For questions contact:

Office of Retirement Services (ORS)

Lansing Area 517-322-5103

Toll-Free 800-381-5111

www.mi.gov/orsmiaccount

RETIREE PROVIDER INFORMATION

STATE HEALTH PLAN PPO

STATE HEALTH PLAN PPO

BCBSM State of Michigan Service Center

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

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES

Magellan Behavioral of Michigan

866-503-3158

www.magellanassist.com

STATE VISION PLAN

Blue Cross Blue Shield of Michigan partnered with
Vision Service Plan® (VSP)

855-356-4362

www.bcbsm.com/som

STATE DENTAL PLAN

Delta Dental Plan of Michigan

800-524-0150

www.deltadentalmi.com

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