

# 2020-2021 Retiree Benefits Bulletin

Civil Service Commission  
State of Michigan

<b>DATE:</b> September 2020	<b>NUMBER:</b> GIS 01-2020R
<b>CONTACT:</b> <b>ORS Customer Service</b> <a href="http://www.mi.gov/orsmiaccount">www.mi.gov/orsmiaccount</a>	<b>TELEPHONE NUMBER:</b> <b>800-381-5111 Toll-Free</b>

## Benefit Enhancements & Insurance Rates

The Employee Benefits Division is pleased to announce that there will be no rate increase for the State Health Plan (SHP) PPO or for Dental or Vision coverage for retirees for 2021. There are several important changes to retiree benefits taking effect in October 2020 and January 2021. Please review this document carefully to see how these changes may affect you.

The COVID-19 pandemic has dominated healthcare news in 2020. Temporary changes in coverage aimed at making sure our members receive the care they need, including waiver of cost share for certain services, have been adopted and will be updated throughout the public health emergency. For members of the SHP PPO, cost-sharing waivers have been introduced for primary-care and behavioral health office visits, telehealth medical and behavioral health services, in-office diagnostic laboratory testing, and x-ray services, from April 2, 2020 through December 31, 2020. Extensions or changes may be announced by mail or email and will also be posted on the MCSC website, [www.mi.gov/mdcs](http://www.mi.gov/mdcs).

Please review the HMO rates as some premiums have changed. New premiums will be reflected in October 2020 pension checks and can be found by visiting the Employee Benefits Division website, [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits), and selecting Insurance Rates from the left-hand menu.

Watch your mailbox and email inbox for important updates from insurance third-party administrators. Blue Cross Blue Shield of Michigan (BCBSM) will be sending the 2021 Evidence of Coverage for Medicare Advantage members. OptumRx will be sending the 2021 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](http://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.

Links to insurance carrier webpages can be found at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

## 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.<sup>1</sup>**

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. You 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 may 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.

<sup>1</sup>This does not apply to **persons retiring from the State Police enlisted unit on or after October 1, 1987.**

## 4th Quarter Carryover

To ensure compliance with federal law for Medicare Advantage plans and provide for the continued similar treatment of deductibles, **effective October 1, 2020**, the State Health Plan, for all retirees and dependents, is amended to remove the practice of carrying over amounts accumulated toward deductibles for dates of service during the fourth quarter of plan years toward in-network deductibles for the following year.

## PHP Medicare

Effective January 1, 2021, Physician's Health Plan will begin offering PHP Medicare. PHP Medicare is a new Medicare Advantage option for Medicare-eligible State of Michigan retirees. Enrollment in Medicare Part A and Medicare Part B is required. Information regarding the benefits offered through the PHP Medicare plan will be mailed in October to all retirees who reside in the PHP Medicare service area.

## Reminder: Schedule Your Annual Check-Up and Get Your Flu Shot

To encourage retirees and dependents to seek medical care that may have been postponed during the COVID-19 emergency, cost-sharing waivers have been implemented for primary-care and behavioral health office visits, telehealth medical and behavioral health services, in-office diagnostic laboratory testing, and x-ray services for SHP PPO members from April 2, 2020 through December 31, 2020.

**Copays and coinsurance charges for treatment for COVID-19 are also waived during this period.**

# State Health Plan PPO Members

## Hearing Care

Effective January 1, 2021, the hearing aid benefit under the State Health Plan PPO will be up to \$2,600 for services provided in or out-of-network. If you obtain services from an In-Network provider, claims will be submitted directly to BCBSM for you with the remaining balance being your responsibility. If you obtain services from an Out-of-Network provider, you may submit your claim to BCBSM for reimbursement up to the allowed amount.

## 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 Blue<sup>SM</sup> PPO, administered by BCBSM, partnered with TruHearing®.

## Program for Those Living With Diabetes

The Livongo diabetes management program has been offered since early 2020 at no cost to SHP PPO members with diabetes who are not eligible for Medicare, and this fall will also be available to members of the SHP PPO Medicare Advantage Plan. 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

BCBSM's online "Find A Doctor" tool can help you locate participating providers. From [www.bcbsm.com](http://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.

- BCBSM Members: 1-800-775-2583
- TTY users call: 711

## COVID-19 Health Tips

The following COVID-19 health tips are provided by the Centers for Disease Control and Prevention (CDC): ([www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html](http://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html))

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.

## Communication from Carriers

BCBSM, 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 see if you are interested in help managing chronic conditions, medication management, or to offer free or low cost health screenings, 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.

## Seasonal Vaccines

The **Michigan Department of Health and Human Services** is encouraging seniors to get seasonal flu and pneumonia vaccines:

You and your loved ones can best protect yourselves from the seasonal influenza virus by getting vaccinated. COVID-19 is still a threat in our state 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 <https://vaccinefinder.org>.

For questions contact:

**Office of Retirement Services (ORS)**

**Toll-Free 800-381-5111**

[www.mi.gov/orsmiaccount](http://www.mi.gov/orsmiaccount)

# Insurance Enrollments and Change Requests

## Making Changes

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](http://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](http://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 proofs<sup>2</sup> 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](http://www.mi.gov/employeebenefits), select Insurance Plans from the navigation on the left, then click the HMO Zip Code Tool icon.

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

## Address Change

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

## 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.

**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.<sup>2</sup>

**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](http://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.<sup>2</sup> 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](http://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.<sup>2</sup> 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.

<sup>2</sup>Explanation 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 health care 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](http://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](http://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.<sup>2</sup>

**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.

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

## State Health Plan PPO

### STATE HEALTH PLAN PPO

Blue Cross Blue Shield of Michigan

800-843-4876

[www.bcbsm.com/som](http://www.bcbsm.com/som)

### PRESCRIPTION DRUG PROGRAM

OptumRx

**Non-Medicare Retirees:** 866-633-6433

**Medicare Eligible Retirees:** 866-635-5941

[www.optumrx.com/som](http://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](http://www.bcbsm.com/som)

## Health Maintenance Organizations (HMOs)

### BLUE CARE NETWORK (BCN)

800-662-6667

[www.bcbsm.com/som](http://www.bcbsm.com/som)

### HEALTH ALLIANCE PLAN (HAP)

800-422-4641

[www.hap.org](http://www.hap.org)

### PHYSICIANS HEALTH PLAN (PHP)

517-364-8500 or 800-832-9186

[www.phpmichigan.com](http://www.phpmichigan.com)

### PRIORITY HEALTH

800-446-5674

[www.priority-health.com](http://www.priority-health.com)

## State Vision Plan and State Dental Plan

### STATE VISION PLAN

EyeMed

833-279-4355

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

### STATE DENTAL PLAN

Delta Dental Plan of Michigan

800-524-0150

[www.deltadentalmi.com](http://www.deltadentalmi.com)

2020-2021 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](https://www.michigan.gov/mdcs/0,4614,7-147-22854_6649---,00.html)