MICHIGAN OFFICE OF RETIREMENT SERVICES
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Insurance Options Summary – Michigan Public School Retirees

Your Health Plan

The Michigan Office of Retirement Services (ORS) works hard to be good stewards of your pension and healthcare dollars. We work with the Michigan Public School Employees' Retirement Board yearly to keep a quality healthcare plan and remain fiscally responsible for the future of our retirement system. We offer several insurance plans to choose from. The current options are listed below. Plans change every year, so check the website for the most up-to-date information.

Enrolling in or Changing Insurance After You Retire

If you enroll after you retire. Your coverage will start on the first day of the sixth month after ORS gets all needed paperwork. For example, if you enroll February 10, your coverage will start August 1.

If you, your spouse, or a dependent has a qualifying event. If ORS gets your paperwork within 30 days of the event, coverage can start sooner. For retirees without Medicare, coverage can start the first day of the month after the month we get your paperwork. For retirees with Medicare, coverage can start the first day of the second month after we get your paperwork, including proof of the qualifying event.

For example, if ORS gets your paperwork July 10, your coverage will start September 1.

If you have the Personal Healthcare Fund (PHF). If you have the PHF, you cannot enroll in insurance after you retire. You can only change plans. If you're not sure if you have the PHF, check in miAccount at **Michigan.gov/ORSmiAccount**.
If you leave the plan at any time, you, your spouse, and your eligible dependents can't reenroll. If your spouse or your dependents are disenrolled from the plan at any time, they can't reenroll.

If you're a deferred retiree who chose the PHF, you opted out of the premium subsidy benefit. This means you cannot get insurance through the retirement system.

If you change plans. If you already have insurance through the retirement system, you can change to another plan. Your new coverage will start the first day of the second month after ORS gets your request and all needed paperwork. For example, if ORS gets your request and paperwork January 10, your coverage with the new plan will start March 1.

For More Information

This summary helps you compare plans. For detailed information or questions about your benefits and coverage, contact the insurance companies. Their phone numbers are on the next pages.

Please note: The information in this summary may change during the year. Your insurance company will give you the most up-to-date information on coverage and benefits. Review the *Insurance Information (R0058C)* form for details about how to enroll, who can enroll, insurance ID cards, when coverage starts, required paperwork, the effects of Medicare, and other group insurance coverage. You can find this document at **Michigan.gov/ORSSchools**.

Insurance Plans Available

The list below is current as of the printing date. If you want to enroll in an HMO, contact the HMO to get the most current coverage area list.

Insurance Companies by County
Effective January 1, 2027

Non-Medicare		Medicare	
COMPANIES	**COUNTIES**	**COMPANIES**	**COUNTIES**
Blue Preferred PPO (Blue Cross Blue Shield of Michigan) 800-422-9146 BCBSM.com/MPSERS **Optum Rx 866-288-5209 Welcome.OptumRx.com/MPSER**	No county restrictions.	**Medicare Plus Blue Group PPO (Blue Cross Blue Shield of Michigan) 800-422-9146 BCBSM.com/MPSERS** **Optum Rx 855-577-6517 Welcome.OptumRx.com/MPSER**	No county restrictions.
Health Alliance Plan by Henry Ford Health HMO 800-422-4641 HAP.org/MPSERS	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Branch, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne, and Wexford.	**Health Alliance Plan by Henry Ford Health Medicare Advantage HMO 800-801-1770 HAP.org/MPSERS**	Allegan, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Clare, Clinton, Crawford, Eaton, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Roscommon, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford.
Priority Health HMO 844-403-0847 PriorityHealth.com/MPSERS	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.	**Priority Health Medicare Advantage HMO 844-403-0847 PriorityHealth.com/MPSERS**	All 83 Michigan counties covered.

HEALTHCARE BENEFIT	Blue Preferred PPO (Blue Cross Blue Shield of Michigan) 800-422-9146 Optum Rx 866-288-5209	Health Alliance Plan by Henry Ford Health HMO 800-422-4641	Priority Health HMO 844-403-0847
Hospital Care			
Inpatient hospital care	10% coinsurance after deductible is met.	10% coinsurance after deductible is met.	10% coinsurance after deductible is met.
Outpatient hospital care, including diagnostic services	10% coinsurance after deductible is met.	10% coinsurance after deductible is met. High-tech imaging tests have a $150 copay per test. The deductible does not apply.	10% coinsurance after deductible is met. High-tech imaging services have a $150 copay. The deductible does not apply. Labs are covered in full.
Alternatives to Hospital Care			
Home healthcare	Deductible.	Deductible. You can get up to 100 visits each benefit period (combined in network and out of network).	10% coinsurance after deductible is met.
Skilled nursing facility	10% coinsurance after deductible is met, up to 100 days. This can be renewed.	10% coinsurance after deductible is met. Covered for authorized services. Up to 100 days per benefit period. Can renew after 60 days out of the facility (combined in network and out of network).	10% coinsurance after deductible is met, up to 100 days. Can renew after 60 days.
Hospice	Covered in full.	Covered in full.	10% coinsurance after deductible is met.
Emergency Services			
Emergency room care	10% coinsurance after deductible is met. $150 copay per visit after the coinsurance maximum is met.** Copay is waived if admitted within 72 hours.	$150 copay. Waived if admitted.	$150 copay. Waived if admitted.
Urgent care	10% coinsurance after deductible is met. $65 copay per visit after the coinsurance maximum is met.**	$60 copay.	$60 copay.
Surgical Services			
Surgical services	10% coinsurance after deductible is met.	10% coinsurance after deductible is met.	10% coinsurance after deductible is met.
Doctor Office Visits and Services			
Office visits	10% coinsurance after deductible is met.	Primary doctor: $25 copay. Specialist: $40 copay.	Primary doctor: $15 copay. Specialist: $30 copay.
Online visits/virtual care	10% coinsurance after deductible is met.	Covered in full through Teladoc. Virtual visits through Health Alliance Plan by Henry Ford Health providers will take the appropriate office visit copay.	Covered in full.

HEALTHCARE BENEFIT	Blue Preferred PPO (Blue Cross Blue Shield of Michigan) 800-422-9146 Optum Rx 866-288-5209	Health Alliance Plan by Henry Ford Health HMO 800-422-4641	Priority Health HMO 844-403-0847
Allergy testing and treatment	10% coinsurance after deductible is met.	Injections are covered after the deductible is met. All other treatments: 10% coinsurance after deductible is met.	Included in office visit.
Chiropractic visits	10% coinsurance after deductible is met. You get up to 26 visits each year.	$25 copay. You get up to 30 visits each benefit period (combined in network and out of network).	$30 copay. You get up to 30 combined visits each year for osteopathic and chiropractic manipulation therapy.
Physical, occupational, speech therapy	10% coinsurance after deductible is met.	$25 copay. You get up to 30 visits each year for physical therapy, occupational therapy, and speech therapy.	$30 copay. You get up to 30 combined visits each year for physical therapy and occupational therapy. You get up to 30 visits for speech therapy.
Preventive Services			
Annual routine physical exams	Covered in full.	Covered in full.	Covered in full.
Routine Pap smears	Covered in full.	Covered in full.	Covered in full.
Routine mammograms	Covered in full.	Covered in full.	Covered in full.
Screening colonoscopy	Covered in full.	Covered in full.	Covered in full.
Mental Health			
Outpatient mental health services	10% coinsurance after deductible is met.	$25 copay.	$25 copay.
Substance Use Disorder Treatment			
Outpatient facility	10% coinsurance after deductible is met.	$25 copay.	$25 copay.
Durable Medical Equipment			
Durable medical equipment	**Participating provider:** 10% coinsurance after deductible is met. **Non-participating provider:** 30% coinsurance after deductible is met, plus the difference in cost between the supplier's charge and the Blue Cross Blue Shield of Michigan approved amount.	10% coinsurance after deductible is met, for approved equipment only.	10% coinsurance after deductible is met.

HEALTHCARE BENEFIT	Blue Preferred PPO (Blue Cross Blue Shield of Michigan) 800-422-9146 Optum Rx 866-288-5209	Health Alliance Plan by Henry Ford Health HMO 800-422-4641	Priority Health HMO 844-403-0847
Hearing			
Routine hearing care	**Hearing exam:** $45 copay.** **Hearing aids:** $499 copay** for each TruHearing Advanced hearing aid. $799 copay** for each TruHearing Premium hearing aid. $700 allowance for each aid toward the cost of a hearing aid in the TruHearing catalog (not including TruHearing Advanced or Premium hearing aids). Routine hearing exams are covered every year, and hearing aids are covered every 24 months, exclusively through TruHearing providers.	**Hearing exam:** Covered in full. For additional exams, you'll pay a $40 specialist office visit copay. **Hearing aids:** You have a $499 copay for each hearing aid for advanced aids. You have a $799 copay for each hearing aid for premium aids. You can get up to two hearing aids each year. Exclusively through NationsHearing providers.	**Hearing exam:** Covered in full. You get one hearing exam and one audiometric exam every 24 months. **Hearing aids:** You'll pay a $499 copay for each Advanced hearing aid. You'll pay a $799 copay for each Premium hearing aid. You can get one hearing aid for each ear every 12 months. Exclusively through TruHearing providers.
Location of Care			
Care in Michigan, but outside the network	Additional 20% coinsurance, waived if you have a referral from a Blue Preferred PPO doctor. If the provider does not participate with Blue Cross Blue Shield of Michigan, you'll also pay the difference between the approved amount and the provider's charge. Routine hearing care is only covered when you use TruHearing providers.	Out-of-network benefit would apply, which is 30% coinsurance after the deductible is met.	Emergency and urgent care coverage is the same as in-network care. For other services the out-of-network benefit would apply, which is 30% coinsurance after the deductible is met for services.
Care outside Michigan	Coverage is the same in the U.S. and its territories. For emergency and urgent care outside the U.S., you'll pay the cost of care up front and file for reimbursement.	Emergency and urgent care coverage is the same as in-network care. For all other benefits, the out-of-network benefit would apply, which is 30% coinsurance after the deductible is met.	Emergency and urgent care coverage is the same as in-network care. For most other covered services, travel deductible, and coinsurance apply.
Medical Deductible			
Deductible The amount you pay each year before the plan pays.	$900 individual.***	**In network:** $600 individual/$1,200 family. **Out of network:** $1,500 individual/$3,000 family.	**In network:** $300 individual/$600 family. **Out of network:** $600 individual/$1,200 family.

HEALTHCARE BENEFIT	Blue Preferred PPO (Blue Cross Blue Shield of Michigan) 800-422-9146 Optum Rx 866-288-5209	Health Alliance Plan by Henry Ford Health HMO 800-422-4641	Priority Health HMO 844-403-0847
Medical Maximum			
Medical coinsurance maximum The maximum amount of coinsurance paid in a calendar year for in-network services.	$900 individual.	Not applicable in network or out of network.	**In network:** $3,000 individual/$6,000 family. **Out of network:** $6,000 individual/$12,000 family.
Prescription Drugs			
Traditional prescription drugs	**Tier 1 and 2 (generic and preferred brands):** You pay 20% coinsurance. There is a $15 minimum and a $45 maximum for a 31-day supply. There is a $37.50 minimum and a $112.50 maximum for a 90-day supply. **Tier 3 (non-preferred brand):** You pay 40% coinsurance. There is a $15 minimum and no maximum for a 31-day supply. There is a $37.50 minimum and no maximum for a 90-day supply.	**Select generic, generic, and select brands:** $10 copay for a 30-day supply; $20 copay for a 90-day supply. **Preferred:** $50 copay for a 30-day supply; $100 copay for a 90-day supply. **Non-preferred brand and non-preferred generic:** $80 copay for a 30-day supply; $160 copay for a 90-day supply. A 90-day supply of non-maintenance drugs must be filled at the designated mail order pharmacy.	**Generic:** $10 copay. **Preferred brand (may include some high-cost generics):** $50 copay. **Non-preferred brand (may include some high-cost generics):** $80 copay. **Mail order:** 90-day supply for two copays.
Specialty prescription drugs	**Tier 4 (preferred specialty drugs at preferred specialty pharmacy):** You pay 20% coinsurance. There is a $50 minimum and a $100 maximum for a 30-day supply. **Tier 5 (non-preferred specialty drugs at preferred specialty pharmacy):** You pay 40% coinsurance. There is a $50 minimum and no maximum for a 30-day supply. **Tiers 4 and 5 (at non-preferred specialty pharmacy):** You pay 40% coinsurance. There is a $50 minimum and no maximum for a 30-day supply.	You pay 20% coinsurance with a $150 maximum for each 30-day prescription at a specialty pharmacy only. Some specialty drugs may be approved for 60 or 90 days. In this case, if a copay or maximum is shown for specialty drugs, you'll pay two times that amount for up to 60 days and three times that amount for up to 90 days.	20% coinsurance with a $150 maximum per prescription.

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Prescription Drug Maximum			
Prescription drug coinsurance maximum	$1,750 individual.	$1,750 individual/$3,500 family. This counts toward the annual in-network and out-of-pocket limit.	No pharmacy out-of-pocket maximum.

*This document is only a summary. For full plan details, contact the insurance companies. Benefits may change.
**Copays are not included in the medical coinsurance maximum.
***If you enroll in the LivingWell program, you can lower your deductible.

HEALTHCARE BENEFIT	Medicare Plus Blue Group PPO (Blue Cross Blue Shield of Michigan) 800-422-9146 Optum Rx 855-577-6517	Health Alliance Plan by Henry Ford Health Medicare Advantage HMO 800-801-1770	Priority Health Medicare Advantage HMO 844-403-0847
Hospital Care			
Inpatient hospital care	10% coinsurance after deductible is met.	10% coinsurance after deductible is met.	10% coinsurance after deductible is met.
Outpatient hospital care, including diagnostic services	10% coinsurance after deductible is met.	10% coinsurance after deductible is met. Diagnostic labs are covered in full. Pathology is covered in full after deductible is met. For X-rays, there is a $10 copay after deductible is met.	10% coinsurance after deductible is met. Diagnostic labs, pathology, and X-rays: $10 copay after deductible is met.
Alternatives to Hospital Care			
Home healthcare	Covered in full.	Covered in full after deductible is met.	Covered in full.
Skilled nursing facility	10% coinsurance after deductible is met, up to 100 days. This can be renewed.	Days 1-20: Covered in full. Days 21-100: 10% coinsurance after deductible is met. Combined in network and out of network. Limited to 100 days each benefit period. You can renew after 60 days out of the facility. A hospital stay is not required. Authorization rules apply.	10% coinsurance after deductible is met, for up to 100 days. It can be renewed after 60 days.
Hospice	Covered by Original Medicare.	Covered by Original Medicare.	Covered by Original Medicare.
Emergency Services			
Emergency room care	$150 copay. Waived if admitted within 72 hours.	$135 copay. Waived if admitted.	$120 copay. Waived if admitted within 24 hours for the same condition.
Urgent care	$65 copay.	$45 copay.	$45 copay.
Surgical Services			
Surgical services	10% coinsurance after deductible is met.	10% coinsurance after deductible is met.	10% coinsurance after deductible is met.
Doctor Office Visits and Services			
Office visits	10% coinsurance after deductible is met.	Primary doctor: Covered in full. Specialist: $35 copay.	Primary doctor: Covered in full. Specialist: $35 copay.
Online visits	10% coinsurance after deductible is met.	Covered in full through Teladoc. Virtual visits through Health Alliance Plan by Henry Ford Health providers will take the appropriate office visit copay.	Covered in full.

HEALTHCARE BENEFIT	Medicare Plus Blue Group PPO (Blue Cross Blue Shield of Michigan) 800-422-9146 Optum Rx 855-577-6517	Health Alliance Plan by Henry Ford Health Medicare Advantage HMO 800-801-1770	Priority Health Medicare Advantage HMO 844-403-0847
Allergy testing and treatment	10% coinsurance after deductible is met.	Covered in full for allergy injections. All other treatments: 10% coinsurance after deductible is met. Office visit copay may apply.	Covered in full. Office visit copay may apply.
Chiropractic visits	10% coinsurance after deductible is met.	$10 copay.	$10 copay.
Physical, occupational, speech therapy	10% coinsurance after deductible is met.	$10 copay.	$35 copay.
Preventive Services			
Annual routine physical exam	Covered in full.	Covered in full.	Covered in full.
Routine Pap smears	Covered in full.	Covered in full.	Covered in full.
Routine mammograms	Covered in full.	Covered in full.	Covered in full.
Colorectal cancer screenings	Covered in full.	Covered in full.	Covered in full.
Mental Health			
Outpatient mental health services	10% coinsurance after deductible is met.	$20 copay.	$10 copay.
Substance Use Disorder Treatment			
Outpatient facility	10% coinsurance after deductible is met.	$20 copay.	$10 copay.
Durable Medical Equipment			
Durable medical equipment	**Participating provider:** 10% coinsurance after deductible is met. **Non-participating provider:** 30% coinsurance after deductible is met.	20% coinsurance after deductible is met.	20% coinsurance after deductible is met.

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Hearing			
Routine hearing care	**Hearing exam:** $45 copay.** **Hearing aids:** $499 copay** for each TruHearing Advanced hearing aid. $799 copay** for each TruHearing Premium hearing aid. $700 allowance for each aid toward the cost of a hearing aid in the TruHearing catalog (not including TruHearing Advanced or Premium hearing aids). Routine hearing exams are covered every year, and hearing aids are covered every 24 months, exclusively through TruHearing providers.	**Hearing exam:** Covered in full. **Hearing aids:** $499 copay for each advanced hearing aid. $799 copay for each premium hearing aid each year. Exclusively through NationsHearing providers.	**Hearing exam:** Covered in full. One hearing exam and one audiometric exam every 24 months. **Hearing aids:** $499 copay for each Advanced hearing aid. $799 copay for each Premium hearing aid. One hearing aid for each ear every 12 months. Exclusively through TruHearing providers.
Location of Care			
Care in Michigan, but outside the network	Same as in network, except durable medical equipment. Routine hearing care is only covered when you use TruHearing providers.	Emergency and urgent care coverage is the same as in-network care. For other services, deductible and coinsurance apply.	Emergency and urgent care coverage is the same as in-network care. For most other covered services, travel deductible, and coinsurance apply.
Care outside Michigan	Coverage is the same in the U.S. and its territories. For emergency and urgent care outside the U.S., you pay the cost up front and file for reimbursement.	Emergency and urgent care coverage is the same as in-network care. The 49 states outside Michigan are covered the same as in network when using the visitor/traveler benefit for covered benefits through a Medicare participating provider.	Emergency and urgent care coverage is the same as in-network care. The out-of-state benefit covers out-of-state care the same as in network when you visit a Multiplan Medicare participating provider.
Medical Deductible			
Deductible The amount you pay each year before the plan pays.	$700 individual.***	**In network:** $650 individual. **Out of network:** $725 individual.	**In network:** $425 individual. **Out of network:** $500 individual.

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Medical Maximum			
Medical coinsurance maximum The maximum amount of coinsurance paid in a calendar year for in-network services.	$900 individual.	Not applicable in network or out of network.	Not applicable in network or out of network.
Total medical out-of-pocket maximum Deductible + coinsurance / copay maximum.	$1,600 individual.**	**In network:** $2,500 individual. **Out of network:** $5,000 individual.	**In network:** $2,900 individual. **Out of network:** $3,200 individual.
Prescription Drugs			
Traditional prescription drugs	**Tier 1 and 2 (generic and preferred brands):** 20% coinsurance with a $15 minimum and $45 maximum for a 30-day supply; $37.50 minimum and $112.50 maximum for a 90-day supply. **Tier 3 (non-preferred brand):** 40% coinsurance with a $15 minimum and no maximum for a 30-day supply; $37.50 minimum and no maximum for a 90-day supply.	**Preferred pharmacy** **Preferred generic:** $8 copay. **Non-preferred generic:** $11 copay. **Preferred brand:** $55 copay. **Non-preferred brand:** $85 copay. **Standard pharmacy** **Preferred generic:** $12 copay. **Non-preferred generic:** $16 copay. **Preferred brand:** $60 copay. **Non-preferred brand:** $90 copay. **Retail/mail order** 30-day supply for one copay; 31- to 90-day supply for two copays. Preferred generics are available at a 100-day supply at retail and mail order pharmacies.	**Preferred pharmacy** **Generic:** $9 copay. **Preferred brand:** $55 copay. **Non-preferred brand:** $85 copay. **Standard pharmacy** **Generic:** $15 copay. **Preferred brand:** $60 copay. **Non-preferred brand:** $90 copay. **Mail order** Up to 90-day supply for two copays. Tier 1 generic $0 copay.

HEALTHCARE BENEFIT	Medicare Plus Blue Group PPO (Blue Cross Blue Shield of Michigan) 800-422-9146 Optum Rx 855-577-6517	Health Alliance Plan by Henry Ford Health Medicare Advantage HMO 800-801-1770	Priority Health Medicare Advantage HMO 844-403-0847
Specialty prescription drugs	**Tier 4 (preferred specialty drugs at preferred specialty pharmacy):** 20% coinsurance with a $50 minimum and $100 maximum for a 30-day supply. **Tier 5 (non-preferred specialty drugs at preferred specialty pharmacy):** 40% coinsurance with a $50 minimum and no maximum for a 30-day supply. **Tiers 4 and 5 (at non-preferred specialty pharmacy):** 40% coinsurance with a $50 minimum and no maximum for a 30-day supply.	20% coinsurance with a $120 maximum per prescription.	20% coinsurance with a $120 maximum per prescription.
Prescription Drug Maximum			
Prescription drug coinsurance maximum	$1,750 individual.	No pharmacy out-of-pocket maximum.	No pharmacy out-of-pocket maximum.

*This document is only a summary. For full plan details, contact the insurance companies. Benefits may change.
**Costs for routine hearing care are not included in the medical maximums.
***Medicare members are automatically enrolled in the LivingWell program. They have a lower deductible for being a part of the program.