



Updates to Your 2025 Retirement System Healthcare Coverage

The Michigan Office of Retirement Services (ORS) works on your behalf to maintain a quality healthcare plan that's affordable and provides the services you need to live well now and into the future.

The Michigan Public School Employees' Retirement Board and the Department of Technology, Management & Budget (DTMB) have a shared role in maintaining this healthcare plan and making decisions about the coverage. The coverage and cost sharing are determined by the board and DTMB director, with guidance from ORS staff and healthcare consultants, as part of a health initiative strategic planning process. The goal of this process has been to improve health outcomes and keep coverage affordable for both retirees and the school districts while ensuring the long-term financial stability of the retirement system healthcare plan.

The following updates will be effective January 1, 2025:

DENTAL PLAN UPDATES	
Delta Dental <i>Questions about your plan? Call</i> 800-345-8756 or visit DeltaDentalMI.com/MPERS	Interim caries arresting medicament will be a covered benefit. This is a non-restorative medication used on teeth to slow or stop the progression of small cavities. It is also used as an alternative to traditional fillings for patients with behavioral or cognitive disabilities or for tooth sensitivity.
VISION PLAN UPDATES	
EyeMed <i>Questions about your plan? Call</i> 866-248-2028 or visit EyeMed.com/MPERS	No changes for 2025.
MEDICARE MEMBERS	
MEDICAL Blue Cross Blue Shield of Michigan <i>Questions about your plan? Call</i> 800-422-9146 or visit BCBSM.com/MPERS	The annual deductible will be applied before coinsurance. The emergency room copay will be increased to \$140 per visit. The copay will continue to be waived if admitted to the hospital within 72 hours.
PRESCRIPTION Optum Rx <i>Questions about your plan? Call</i> 855-577-6517 or visit OptumRx.com/Enroll/MPSER	The full amount members pay for non-preferred medications will apply toward the \$1,750 out-of-pocket maximum. Review your <i>Annual Notice of Changes</i> , which you will receive from Optum Rx in mid-October, for information surrounding changes and updates being made to keep the plan compliant with all federal requirements.

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NON-MEDICARE MEMBERS	
<p>MEDICAL Blue Cross Blue Shield of Michigan <i>Questions about your plan? Call 800-422-9146 or visit BCBSM.com/MPERS</i></p>	<p>The annual deductible will be applied before coinsurance.</p> <p>The emergency room copay will be increased to \$140 per visit. The copay continues to apply after the annual deductible and coinsurance maximum are met for the year. Until that point, the deductible and 10% coinsurance apply. The copay will continue to be waived if admitted to the hospital within 72 hours.</p>
<p>PRESCRIPTION Optum Rx <i>Questions about your plan? Call 866-288-5209 or visit OptumRx.com/Enroll/MPSER</i></p>	<p>A copay card solution will be implemented for copay cards used on medications dispensed through Optum Rx Home Delivery. To more accurately reflect true out-of-pocket costs, members will receive credit toward their out-of-pocket maximum for the amount of a drug cost that they actually pay out of pocket.</p>



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In addition to the medical and prescription drug plans administered by Blue Cross Blue Shield of Michigan and Optum Rx, ORS offers multiple HMO plan options. The HMO carriers determine the coverage and cost-sharing requirements for their plans. The retirement system does not control the benefits offered by these plans.

The following updates will be effective January 1, 2025:

HMO PLAN UPDATES	NON-MEDICARE	MEDICARE
<p>Priority Health <i>Questions about your plan?</i> Call 844-403-0847 or visit PriorityHealth.com/MPSERS</p>	<p>No changes for 2025.</p>	<p>The deductible for in-network services will be increased to \$650 per person.</p> <p>The medical out-of-pocket maximum for in-network services will be increased to \$2,900 per person.</p> <p>The deductible will apply before the benefit for the following services:</p> <ul style="list-style-type: none"> • Medical benefit (Medicare Part B) drugs received from the pharmacy or provider's office. • Renal dialysis.
<p>Blue Care Network <i>Questions about your plan?</i> Call 800-662-6667 (non-Medicare) or call 800-450-3680 (Medicare). For either plan, visit BCBSM.com/MPSERS</p>	<p>The deductible will be decreased to \$400 per person and \$800 per family.</p> <p>The medical annual coinsurance maximum will be decreased to \$600 per person and \$1,200 per family.</p>	<p>The following cost increases will apply to the prescription drug benefit:</p> <p>Preferred pharmacy Generic: \$9 copay Preferred brand: \$55 copay Non-preferred brand: \$85 copay</p> <p>Standard pharmacy Generic: \$15 copay Preferred brand: \$60 copay Non-preferred brand: \$90 copay</p> <p>Mail order Generic: \$0 copay Non-generic: 32 to 90 day supply for two copays.</p> <p>Specialty: 20% coinsurance, with \$120 maximum per prescription</p>
<p>Health Alliance Plan <i>New insurance carrier starting January 1, 2025</i></p>	<p>Health Alliance Plan will be offering new plans for non-Medicare and Medicare in certain Michigan counties.</p> <p><i>Interested in learning more about this plan?</i> Call 800-422-4641 (non-Medicare) or 800-801-1770 (Medicare). For either plan, visit HAP.org/MPSERS for benefit information.</p>	