



Insurance Options Summary

For Public School Retirees

Retirees of the Public School Employees Retirement System can choose between the Blue Cross Blue Shield (BCBSM) health plan, and three health maintenance organizations (HMOs) – Blue Care Network, Health Alliance Plan, and Priority Health. Participating HMOs and the coverage offered may change. See pages 2 through 4 for a summary of plan benefits.

These HMOs all provide medical, hospital, prescription drug, and other benefits comparable to or exceeding those in the BCBSM plan, but with lower or no annual deductible and generally lower copays. Moreover, you will find that many provide special

health promotions for problems common to our retired population, such as diabetes, degenerative joint diseases, high blood pressure and cholesterol levels, asthma or other respiratory problems, and congestive heart failure or other circulatory problems. Although HMOs have a network of hospitals and physicians, your doctor may already participate.

In addition, HMOs offered by the Retirement System are accredited by the National Committee for Quality Assurance (NCQA), which ensures HMOs provide high-quality, reliable care. Retirees who have selected these plans report high levels of satisfaction.

Additional Information

Use the HMO toll-free numbers to obtain detailed plan information, answers to benefit questions, and for an enrollment form. Refer to the *Monthly Insurance Rates* (R0072C) for rate information. And be sure to review the *Insurance Information* (R0058C) sheet for

details about who can be enrolled, insurance cards, effective dates of coverage, required proofs, the effects of Medicare and other group insurance coverage. These forms can be found on the ORS website, in retirement application packets, or by contacting ORS.

Enrolling When You Apply For Retirement

To enroll, request an HMO application from the HMO. You will need to complete both the Insurance Options section of the *Retirement Application* and the

HMO application. Return both forms to ORS with your pension application form, if possible. **DO NOT** return your application to the HMO.

Changing Your Insurances After Retirement

If you are currently enrolled in an HMO, you must remain in the HMO for at least six months, unless the coverage is no longer available because of a move. To change from an HMO to BCBSM, complete the *Insurance Enrollment/Change Request* form and return it to ORS along with all required proofs.

the HMO and return it to ORS along with the *Insurance Enrollment/Change Request* and all necessary proofs. **DO NOT** return your application to the HMO.

To switch from one HMO to another HMO or change from BCBSM to an HMO, request an application from

Coverage in the new plan will begin the first day of the second month after ORS receives your materials. For example, if we receive your application and proofs on February 10, your coverage will begin on April 1.

HMOs Available

The HMO option is available in select counties throughout Michigan. **The following list is current at the date of printing. If you are interested in**

enrolling, you should contact the HMO directly to receive the most current coverage area listing.

HMO	COUNTIES
Blue Care Network (800) 662-6667	Non-Medicare Participants Only: Allegan, Barry, Bay, Calhoun, Clinton, Eaton, Genesee, Gratiot, Ingham, Ionia, Jackson, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Midland, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, Shiawassee, St. Clair, Tuscola, Washtenaw and Wayne
Blue Care Network (866) 966-2583	Medicare Participants Only—Expanded Network: Allegan, Barry, Bay, Calhoun, Clinton, Eaton, Genesee, Gratiot, Ingham, Ionia, Jackson, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Midland, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, Shiawassee, St. Clair, Tuscola, Washtenaw and Wayne



www.michigan.gov/ORSschools



P.O. Box 30171
Lansing, MI 48909-7671



(517) 322-5103 (Local)
(800) 381-5111

HMO	COUNTIES
Health Alliance Plan (800) 422-4641	Non-Medicare Participants Only: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne
Health Alliance Plan (800) 801-1770	Medicare Participants Only: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Henry Ford Health System: Macomb, Oakland, and Wayne
Priority Health (800) 446-5674	Non-Medicare Participants Only: Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Leelanau, Lenawee, Livingston, Mackinac, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford
Priority Health—Medicare Advantage (888) 389-6648	Medicare Participants Only: Allegan, Antrim, Barry, Benzie, Cass, Charlevoix, Crawford, Emmet, Grand Traverse, Hillsdale, Ionia, Jackson, Kalamazoo, Kalkaska, Kent, Leelanau, Livingston, Macomb, Manistee, Mecosta, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, Roscommon, St. Clair, Washtenaw, Wayne, and Wexford

NON-Medicare Summary Comparison Sheet*

Effective January 1, 2010

HEALTH CARE BENEFIT	BCBSM (800) 422-9146	Blue Care Network (866) 966-2583	Health Alliance Plan (800) 801-1770	Priority Health (888) 389-6648
Office Calls	10% coinsurance; Deductible	\$20 copay	\$30 PCP/\$50 Specialist copay/visit after ded.	Copay \$15 for Primary; \$30 for Specialist
Routine Physical Exams	Not covered	\$20 copay	\$30 copay/visit- ded. N/A	Included in office visit
Routine Pap Smears	Covered in full—Dr. office & Quest Labs; 10% co-ins & ded—outpatient	Office copay may apply per member/visit	Covered—deductible N/A	Included in office visit
Routine Mammograms	10% coinsurance; Deductible	Covered in full	Covered – deductible N/A	Included in office visit
Allergy Testing and Treatment	10% coinsurance; Deductible	50%; \$5 copay for allergy injections	Covered after deductible	Included in office visit
Chiropractic Visits	10% coinsurance; Deductible, up to 26 visits annually	\$35 copay	Not Covered	\$15 copay, max benefit 30 visits/yr with PT & OT
Hospital Inpatient Care	10% coinsurance; Deductible; up to 365 days	Lesser of \$500 copay or 50% /admission	\$100 copay per admission after deductible	Covered in full
Hospital Outpatient Care (includes diagnostic services)	10% coinsurance, Deductible	Copay may apply	Covered after deductible	Covered in full
Medical/Surgical Care (includes surgery, anesthesia, technical surgical assistance)	10% coinsurance: Deductible	Covered in full	\$50 copay after deductible for outpatient surgery	Covered in full
Emergency Medical Care	10% coinsurance; Deductible; after max. ded & co-ins—\$50 copay/visit (waived if admitted)	\$150 copay (waived if admitted)	\$150 copay/visit after ded. (waived if admitted, but inpatient copay applies)	\$50 copay (waived if admitted)
Urgent Medical Care	10% coinsurance; Deductible	\$50 copay	\$50 copay/visit after ded.	\$45 copay
Care Outside of Michigan	Same in US through BlueCard; outside US, hospital coverage through BlueCard Worldwide.	Routine, urgent and follow-up care through BlueCard	Emergency or urgent medical care only (Their copays will apply)	Urgent care and Emergency same as Mich. Most other services at 70% after \$300 deductible.

HEALTH CARE BENEFIT	BCBSM (800) 422-9146	Blue Care Network (866) 966-2583	Health Alliance Plan (800) 801-1770	Priority Health (888) 389-6648
Care Outside the Network in Michigan	Additional 20% out of network fee. Waived if member has a referral from a Blue Preferred PPO physician	Not covered	Emergency or urgent medical care only (Their copays will apply)	Urgent care and emergencies same as in network. Most other services at 70% after \$300 deductible.
Home Health Care	Deductible	\$35 copay	After ded, up to 60 consecutive days/illness/injury	Covered in full
Skilled Nursing Facility	10% coinsurance; Deductible; up to 100 days	Covered in full; up to 120 days/calendar year	After ded up to 730 days, renewable after 60 days	No copay 100 days (can be renewed)
Hospice	Deductible	Covered in full	Covered after deductible up to 210 days lifetime	Covered in full
Outpatient Mental Health Services	10% coinsurance; deductible	50% coinsurance, up to 20 visits per calendar year	\$50 copay after deductible	\$15 copay psychologist & MSW. \$30 psychiatrist, includes med. management.
Prescription Drugs	20% copay. \$7 min/\$36 max retail (1 mo); \$17.50 min/\$90 max mail-in (3 mo); add'l charge on maint. drug on/ after 4th refill, if don't use most cost-effective venue. \$1000 indiv drug copay maximum-formulary drugs; 40% out-of-pocket non-formulary drugs.	\$15 generic copay; \$50 brand copay; 34-day supply; sexual dysfunction drugs 50% coinsurance	Copay \$15 generic; \$30 preferred brand; \$60 non-preferred brand and specialty drug-ded N/A. Up to a 3 mo supply for 2 copays through mail order and select retail pharmacies	Copay Generic \$10; Brand \$40 copay at retail pharmacy (1 mo). Up to 3-mo supply for two copays through pharmacy mail service.
Durable Medical Equipment Supplier	SUPPORT Network supplier in MI-full coverage; 20% co-ins plus diff in cost non-network in MI; Ded & 10% co-ins outside MI from a Blue participant; Ded & 10% co-ins plus diff in cost from non-Blue participant	50% coinsurance	Covered after deductible - \$1,500 per benefit period.	20% copay
Hearing Benefits	Deductible and 10% coinsurance; Two hearing aids (purchased same day) including exams every 36 mo	One hearing aid and exam every 36 months	Exam-\$50 copay/visit after ded. Hearing Aids-after ded for authorized hearing aids	Covered in full every 36 months
Deductible**	\$400 Individual	None	\$200 Indiv/\$400 Family	None
Pharmacy Max**	\$1000 Individual	None	N/A	None
Medical out-of-pocket Max**	\$700 Individual			

*This document is only a summary. For complete plan details, contact the individual providers. Benefit levels are subject to change.

**Members enrolled in the LivingWell program have the opportunity to reduce these out-of-pocket maximums.

Medicare Summary Comparison Sheet*

Effective January 1, 2010

HEALTH CARE BENEFIT	BCBSM (800) 422-9146	BLUE CARE NETWORK (866) 966-2583	HEALTH ALLIANCE PLAN (800) 801-1770	PRIORITY HEALTH (888) 389-6648
Office Calls	10% coinsurance; Deductible	\$20 copay	\$5 PCP/\$20 Specialist copay/visit	\$15 PCP/\$30 Specialist copay
Routine Physical Exams	Not covered	\$20 copay	\$5 copay/visit	Included in office visit
Routine Pap Smears	Covered in full once annually	Covered in full	Covered	Covered in full
Routine Mammograms	10% coinsurance/1 per year	Covered in full	Covered	Covered in full
Allergy Testing and Treatment	10% coinsurance; Deductible	Covered in full	Covered	Covered, office copay may apply

HEALTH CARE BENEFIT	BCBSM (800) 422-9146	BLUE CARE NETWORK (866) 966-2583	HEALTH ALLIANCE PLAN (800) 801-1770	PRIORITY HEALTH (888) 389-6648
Chiropractic Visits	10% coinsurance; Deductible, up to 26 visits annually	\$20 copay when referred	\$20 copay per visit	\$30 copay for manual manip. of spine only to correct subluxation
Hospital Inpatient Care	10% coinsurance; Deductible; up to 365 days annually	Covered in full; unlimited days	Covered	Covered in full
Hospital Outpatient Care (includes diagnostic services)	10% coinsurance; Deductible	Office visit copay may apply per member per visit	Covered	Covered in full
Medical/Surgical Care (includes surgery, anesthesia, technical surgical assistance)	10% coinsurance; Deductible	Covered in full	\$50 copay for outpatient surgery	Covered in full
Emergency Medical Care	10% coinsurance; Deductible \$50 copay once coinsurance OOP max is met (waived if admitted)	\$50 copay	\$50 copay per visit (waived if admitted)	\$50 copay (waived if admitted)
Urgent Medical Care	10% coinsurance; Deductible	\$35 copay	\$30 copay per visit	\$45 copay
Care Outside of Michigan	Same in US; outside US, member pays for services up front and BCBSM will reimburse member.	Routine, urgent and follow-up care through BlueCard	Emergency or Urgent Medical Care only (Their copays will apply)	Urgent Care & Emergencies same as in MI. Most other services at 70% after \$300 deductible
Care Outside the Network in Michigan	N/A – no network	Not covered unless member has prior authorization on file	Emergency or Urgent Medical Care only (Their copays will apply)	Urgent Care & Emergencies same as in network. Most other services at 70% after \$300 deductible.
Home Health Care	Covered in full	\$20 copay	Covered according the Medicare/HAP guidelines	Covered in full
Skilled Nursing Facility	10% coinsurance, Deductible, up to 100 days	Covered in full; up to 120 days per calendar year	\$0 copay day 1-20; \$128 copay day 21-100; up to 100 days/benefit period; no prior hospital stay req'd	Covered in full. 100 days (can be renewed)
Hospice	Deductible	Covered in full	Must receive care from a Medicare-certified hospice	Original Medicare covers for care in Medicare-certified hospice
Outpatient Mental Health Services	10% coinsurance, Deductible	Covered in full; unlimited visits	\$20 copay/visit; covered according to Medicare/HAP guidelines	\$15 copay MSW & psychologist. \$30 copay psychiatrist, including medication management
Prescription Drugs	20% copay. \$7min/\$36 max retail (1 mo.); \$17.50 min/\$90 max mail-in (3 mo); add'l charge on maint. drug on/after 4th refill, if don't use most cost-effective venue. \$1000 indiv drug copay max for formulary drugs. 40% out-of-pocket for non-formulary drugs	\$15 generic copay; \$50 brand copay; 34-day supply; sexual dysfunction drugs 50% coinsurance	9 County (Full Network): Copay \$2 generic; \$35 preferred brand; \$55 non-preferred brand & specialty drugs (1 mo). \$2 generic copay in coverage gap. Up to 3 mo. supply for 2.5 copays through mail order & select retail pharmacies 3 County (Ford Health System Network): Same as above except copay \$15 preferred brand, \$0 generic in coverage gap	Copay \$10 generic; \$40 brand at retail pharmacy (1 mo). Up to 3 mo. supply for 2 copays through mail order.
Durable Medical Equipment Supplier	SUPPORT Network supplier full coverage; Deductible; 10% co-ins from independent medical supplier	Covered in full	20% coinsurance	20% coapy
Hearing Benefits	Two hearing aids (purchased same day) and tests every 36 mo.	Covered in full; one hearing aid and test every 36 months	Hearing aids up to \$400/year. Annual routine exams-\$20 copay.	Covered in full every 36 months
Deductible**	\$400 Individual	None	None	None
Pharmacy Max**	\$1000 Individual	None	None	None
Medical out-of-pocket Max**	\$700 Individual	N/A	N/A	N/A

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