

A summary of your 2007 Michigan Public School Employees Retirement System Medicare Advantage Plan

Beginning Jan. 1, 2007, Blue Cross Blue Shield of Michigan will administer both Medicare and the Michigan Public School Employees Retirement System health plan as a single, combined plan called Medicare Advantage. Through an arrangement with Medicare, next year all claims and related services will be handled by Blue Cross Blue Shield of Michigan. The Retirement System hopes this will better serve your needs and keep the plan affordable. This summary describes the combined plan.

The plan will be administered by Blue Cross Blue Shield of Michigan, a Medicare-approved plan sponsor.

Eligibility and enrollment

Can I keep my Retirement System health and drug coverage?	Yes.
Do I need to enroll in Medicare Advantage on my own?	No, if you completed the <i>2007 Verification of Coverage</i> form we sent you in October, we should have all the information we need.
What if I have other health coverage in addition to Medicare and the Retirement System?	If you have other health coverage that pays claims <i>after</i> Medicare Parts A and B, <i>but before</i> the Retirement System, you will not be enrolled in the Retirement System Medicare Advantage plan. The Retirement System will remain the third payer of your claims.

Cost sharing and coverage maximums

As today, members must use Medicare health care providers that accept our payment. The plan will pay up to the approved amount for covered services, less any deductible and copay. If a member uses a provider that accepts BCBSM's Medicare Advantage terms and conditions, the member is only responsible for the deductible and copay for covered services.

Annual deductible	\$250 per member per year
Annual copay maximum	When your 10% out-of-pocket copays total \$500, your 10% copay is waived for the remainder of the calendar year.

Your health coverage

Hospital care

Inpatient care	Deductible
Outpatient care	Deductible plus 10% copay

Emergency services

Emergency medical care	Deductible plus 10% copay
Ambulance	Deductible plus 10% copay

Surgical services

Inpatient or outpatient surgery	Deductible
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Preventive services

Bone mass measurement	Deductible plus 10% copay
Cardiovascular screening, covered every five years	Covered in full

Preventive services <i>continued</i>	
Colorectal Cancer Screenings: Fecal Occult Blood Test Barium Enema, Colonoscopy, Flexible Sigmoidoscopy	Covered in full Deductible plus 10% copay
Diabetes screenings (supplies covered separately)	Covered in full
Flu shots, covered once annually	Covered in full
Glaucoma tests, once annually if high risk	Deductible plus 10% copay
Hepatitis B shots	Deductible plus 10% copay
Pap test, covered once annually	Covered in full
Pelvic exam, covered once annually	10% copay
Pneumococcal shot, covered once in a lifetime	Covered in full
Digital rectal exam for prostate cancer, covered once annually	Deductible plus 10% copay
Prostate Specific Antigen test, covered once annually	Covered in full
Screening mammography, covered once annually	10% copay
Medicare "Welcome Physical," exam covered once within the first 6 months you have Part B	Deductible and 10% copay
Doctor visits and services	
Inpatient	Deductible
Office	Deductible plus 10% copay
Diagnostic services	
Laboratory and pathology services	Covered in full
Imaging services, includes X-rays, CAT, PET, MRI scans	Deductible plus 10% copay
Alternatives to hospital care	
Skilled nursing care, up to 100 days	Deductible
Home health care	Covered in full
Hospice	Covered in full
Private duty nursing from a Blue Cross-approved provider	Deductible plus 10% copay
Other medical services	
Allergy testing and treatment	Deductible plus 10% copay
Blood and blood products, covered after first two units	Deductible plus 10% copay
Cardiac rehabilitation	Deductible plus 10% copay
Chemotherapy services	Deductible plus 10% copay
Chiropractic visits	Deductible plus 10% copay
Dental services (due to injury)	Deductible plus 10% copay
Hearing care and hearing aids, covered every 36 months at a Blue Cross-approved provider	Deductible plus 10% copay
Hemodialysis	Deductible plus 10% copay
Physical, occupational and speech therapy	Deductible plus 10% copay
Pulmonary rehabilitation	Deductible plus 10% copay

Mental health and substance abuse treatment		
Substance abuse care	Deductible plus 10% copay	
Outpatient mental health services at a mental health facility or physician's office	Deductible plus 50% copay	
Durable medical equipment, prosthetic and orthotic devices, and medical supplies		
Independent medical supplier	Covered in full	
Care Management		
Is there help available if I want to learn more about my medical condition and play an active role in managing my health?	Yes, BlueHealthConnection®, a collection of health management programs, offers information, assistance and resources to help you take charge of your health.	
Your prescription drug coverage		
Formulary	The plan uses the Blue Cross Blue Shield of Michigan Custom Formulary. To learn if a drug is on the formulary, visit bcbsm.com or call 800-422-9146.	
Covers FDA-approved prescription medications in quantities up to three months (Note: certain prescription drugs may be limited to lesser quantities)	FORMULARY DRUGS	NONFORMULARY DRUGS
	20% copay	<ul style="list-style-type: none"> • 40% copay for brand-name drugs with no generic. • 20% copay plus the difference in cost between the brand-name and generic drugs when a generic is available.
Up to a one-month supply	Minimum copay \$7; maximum \$32	Minimum copay of \$7; no maximum
Three-month supply	Minimum copay \$17.50; maximum \$80	Minimum copay of \$17.50; no maximum
Annual drug copay maximum	When your 20% copays (up to the plan limits) total \$800, your 20% drug copay is waived for the remainder of the calendar year.	Only half of the 40% nonformulary drug copay is applied towards the annual drug copay maximum (up to the plan limits). When this totals \$800, your 20% copay is waived for the remainder of the calendar year. You continue to pay the additional 20% copay after the annual copay maximum is met.
Pharmacy networks	<p>The plan features pharmacy networks both in Michigan and elsewhere in the U.S. Most pharmacies are in the network, but they can change over time:</p> <ul style="list-style-type: none"> • In Michigan, use the Blue Cross Blue Shield of Michigan pharmacy network. • Outside Michigan, use the Blue Cross Blue Shield MedImpact pharmacy network. <p>You may choose a pharmacy outside the network, but you'll pay the difference in cost between the pharmacy's charge and the Blue Cross-approved amount.</p> <p>For a current list of network pharmacies near you, visit bcbsm.com or call 800-422-9146.</p>	
Maintenance drugs	Medco By Mail® offers Retirement System members the most convenience and lowest cost for maintenance drugs. Purchase maintenance drugs in the most cost-effective setting or pay the difference in cost.	

If you have other drug coverage

If you have other prescription drug coverage, you are not eligible for drug coverage under the Retirement System. You may either cancel your other coverage or your Retirement System coverage. If you want to cancel your Retirement System drug coverage, call Blue Cross Blue Shield at 800-422-9146 for instructions.

Your right to appeals and grievances

If you have questions or complaints regarding your coverage in the Retirement System Medicare Advantage plan, we encourage you to first call customer service at 800-422-9146 (TTY 800-807-4670), 8:30 a.m. to 5 p.m., Monday through Friday. If we cannot resolve your concern over the phone, we have a formal procedure to review your complaints. Call 800-545-7100 (TTY 800-579-0235), 8:30 a.m. to 5 p.m., Monday through Friday. If the situation requires an urgent response, we'll expedite your request.

A representative will explain your rights and provide written instructions. If you're unsatisfied with the outcome of your grievance, you have a guaranteed right to complain or appeal a decision about your coverage by calling 800-545-7100 (TTY 800-579-0235) or writing to BCBSM, 27000 West 11 Mile Road, Mail Code H404, Southfield, MI 48034

If you do not want to be enrolled in Medicare Advantage

You have the right to decline coverage in the Retirement System Medicare Advantage plan. However, if you do so, your Retirement System health and prescription drug coverage will end. You will continue to have Medicare Part A and Part B coverage. To decline coverage, call the Office of Retirement Services at 800-381-5111, 8:30 a.m. to 5 p.m., Monday through Friday.

For more information

For more information about this plan, call Blue Cross Blue Shield of Michigan:

800-422-9146 (Hearing impaired: TTY/TDD (313) 225-6903)
Customer service hours: 8:30 a.m. to 5 p.m., Monday through Friday

For general information about Medicare including the Medicare Advantage plan call Medicare:

800-MEDICARE (633-4227) (Hearing impaired: TTY/TDD 877-486-2048)
Customer service hours are 24 hours a day, 7 days a week

This publication is not a contract for coverage, but a brief outline of Blue Cross Blue Shield Medicare Advantage health and prescription drug coverage for Medicare-eligible members of the Michigan Public School Employees Retirement System for 2007. The information provided here does not include all covered and noncovered services or conditions of coverage. Enrollees in the plan will receive detailed information. Coverage, including deductibles and copays, are subject to change. You always have the right to ask Blue Cross Blue Shield of Michigan to review claims not paid.

Data from claims paid under this plan may be used to identify candidates for voluntary care management programs, offered to members at no additional cost.

Blue Cross Blue Shield of Michigan's contract with the Center for Medicare and Medicaid Services (CMS) is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed. We may, at a future date, decide to discontinue integrating health and/or prescription drug coverage with Medicare Part A, Part B or Part D. If that occurs, we will notify you in writing at least 90 days before participation ends. You will not lose Medicare coverage and your Retirement System coverage will revert to the plan prior to the implementation of the Medicare Advantage plan January 1, 2007.

If you have special needs, this document may be available in other formats.