



HMO Pilot Program Option 2009

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.

An HMO is a coordinated care plan that provides medical care through a network of physicians, hospitals, pharmacies, and medical equipment suppliers. When you enroll in an HMO, you select a network physician as your primary care physician who works with you to direct your care and refer you to other network providers.

The HMOs selected for this program all provide medical, hospital, prescription drug, and other benefits comparable to or exceeding those in the BCBSM plan, but with 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.

This HMO option is part of a pilot program and participation is completely voluntary. The list of participating HMOs and coverage offered may change. See pages 3 and 4 for a summary of plan benefits.

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.

To switch from one HMO to another HMO or change from BCBSM to an HMO, request an application from the HMO and return it to ORS along with the *Insurance Enrollment/Change Request* form and all necessary proofs. DO NOT return your application to the HMO.

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.



www.michigan.gov/ORSschools



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

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 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
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, Charlevoix, Crawford, Emmet, Grand Traverse, Hillsdale, Ionia, Jackson, Kalamazoo, Kalkaska, Kent, Leelanau, Livingston, Manistee, Mecosta, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, Roscommon, Washtenaw, and Wexford

If you enroll 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.

NON-Medicare Summary Comparison Sheet*

Updated July 1, 2009

HEALTH CARE BENEFIT	BCBSM PPO (800) 422-9146	BLUE CARE NETWORK (800) 662-6667	HEALTH ALLIANCE PLAN (800) 422-4641	PRIORITY HEALTH (800) 446-5674
Office Calls	10% copay in network/ 30% out of network	\$30 copay for Primary \$40 copay for Specialist	\$25 copay for Primary Care \$35 copay for Specialist	\$15 copay for Primary Care \$30 copay for Specialist
Routine Physical Exams	Not covered	\$30 copay	Included in office visit	Included in office visit
Routine Pap Smears	Covered 1/year	Covered—office visit may apply	Included in office visit	Included in office visit
Routine Mammograms	10% copay in network/30% out of network. 1 per year	Covered—100%	Covered	Included in office visit
Allergy testing and treatment	10% copay in network/30% out of network	50% copay, \$5 copay for injection	Included in office visit	Included in office visit
Chiropractic Visits	10% copay in network/30% out of network—26 visits/year	Covered—Spinal manipulation, with a referral \$40 copay	Not Covered	Covered as part of rehabilitation therapy benefit. \$15 copay, max benefit 30 visits per year-combined with physical & occupational therapy.
Hospital—Inpatient Care	10% copay in network/30% out of network 365 days (can be renewed)	\$500 copay per admission; unlimited days	\$100 copay per admission	Covered in full
Hospital—Outpatient Care (Including diagnostic services)	10% copay in network/30% out of network	Covered in full	\$50 copay per visit may apply	Covered in full
Medical/Surgical Care (Including surgery, anesthesia, technical surgical assistance)	10% copay in network/30% out of network	Covered in full after meeting inpatient admission copay	Covered	Covered in full
Emergency Medical Care	10% copay	\$150 copay; inpatient hospital copay will apply (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Urgent Medical Care	10% copay in network/30% out of network	\$50 copay	\$35 copay per visit	\$45 copay
Care Outside Michigan	Same as in Michigan	Covered for Urgent and Emergency Care. Follow-up and on-going care covered when coordinated by Primary Care Physician (PCP). Applicable copays assessed.	Emergency or urgent care per HAP guidelines	Covered for Urgent Care and Emergencies same as in Michigan. Most other services covered at 70% after \$300 deductible.
Care Outside the Network in Michigan	See specific services for details	Covered for Urgent and Emergency Care. Applicable copay assessed. Other services outside the network are not covered.	Emergency or urgent care per HAP guidelines	Covered for Urgent Care and Emergencies. Most other services covered at 70% after \$300 deductible.
Home Health Care	No copay. 3 visits/year for each unused inpatient hospital day or skilled nursing facility day	\$40 copay	Covered (RN or LPN) with authorization	Covered in full.
Skilled Nursing Facility	10% copay. 100 days (can be renewed)	Covered—up to 120 days per calendar year	Covered up to 730 days. Renewable after 60 days.	No copay. 100 days (can be renewed)
Hospice	No copay. 210 days.	Covered in full	Covered—210 days per lifetime.	Covered in full
Outpatient Mental Health Services	50% copay	Covered—50% copay; up to 20 visits per calendar year	Up to 20 visits per year covered with \$35 copay per visit	Up to 20 visits per year covered with \$20 copay per visit
Prescription Drugs	20% copay. \$7 min/\$36 max retail pharmacy (1 mo. supply); \$17.50 min/\$90 max mail pharmacy (3 mo. supply); plus cost difference on maintenance drug on and after 4 th refill if not purchased at most cost effective venue. \$800 individual drug copay max for prescriptions on the formulary. 40% out-of-pocket for non- formulary drugs.	Generic: \$15 copay; Brand: \$50 copay; 50% copay for drugs to treat sexual dysfunction. Includes contraceptives. Up to a 34- day supply. Mail Order: 2 times the applicable copay for up to a 90- day supply, closed formulary	\$10 copay for 1st tier, \$25 for 2nd tier, and \$50 for 3rd tier per prescription. Mail order benefits available	Generic: \$10 copay; Brand: \$40 copay, retail pharmacy (up to a 1 month supply). Up to 3-month supply available for two copays through mail pharmacy service.
Durable Med. Equip.— Supplier	Covered in full in network	50% copay	Covered for authorized equipment— \$1500 Maximum per benefit period	20% copay
Hearing Benefits	Covered every 36 months—10% copay	One hearing exam and hearing aid every 36 months	Covered for authorized conventional hearing aids	Covered in full every 36 months
Deductible	\$250 individual/\$500 family	None	None	None
Maximums	\$500 individual	None	None	None

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

Medicare Summary Comparison Sheet*

Updated July 1, 2009

HEALTH CARE BENEFIT	BCBSM MAPD (800) 422-9146	BLUE CARE NETWORK (866) 966-2583	HEALTH ALLIANCE PLAN (800) 801-1770	PRIORITY HEALTH (888) 389-6648
Office Calls	10% copay at providers who deem with Medicare Advantage	\$30 copay	\$5 copay for Primary Care \$20 copay for specialists	\$15 copay for Primary Care \$30 copay for Specialists
Routine Physical Exams	Medicare Welcome Physical Exam covered once within first 6 months member enrolls in Part B.	\$30 copay	Included in office visit	Included in office visit
Routine Pap Smears	Covered 1 per year	Covered—office visit may apply	Covered in full	Covered in Full
Routine Mammograms	10% copay/1 per year	Covered—100%	Covered in full	Covered in Full
Allergy testing and treatment	10% copay	Covered—office visit may apply	Included in office visit	Covered in Full
Chiropractic Visits	10% copay/covered up to 26 visits per year	Covered—Spinal Manipulation, with a referral \$30 copay	\$25 copay for manual manipulations of spine only to correct subluxation	\$30 copay for manual manipulations of spine only to correct subluxation
Hospital—Inpatient Care	10% copay. Covered up to 365 days (can be renewed)	Covered in full; unlimited days	Covered in full; unlimited	Covered in full
Hospital—Outpatient Care (Including diagnostic services)	10% copay	Covered in full	No copay except for surgery (\$50 copay)	Covered in full
Medical/Surgical Care (Including surgery, anesthesia, technical surgical assistance)	10% copay	Covered in full	Covered in full	Covered in full
Emergency Medical Care	10% copay	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)	\$100 copay (waived if admitted)
Urgent Medical Care	10% copay	\$35 copay	\$30 copay	\$45 copay
Care Outside Michigan	Same as in Michigan	Covered for Urgent and Emergency Care. Follow up care and on-going care covered when coordinated by Primary Care Physician (PCP). Applicable copays assessed.	Covered worldwide for Urgent Care and Emergencies with same copays as in Michigan	Covered for Urgent Care and Emergencies same as in Michigan. Most other services covered at 70% after \$300 deductible.
Care Outside the Network In Michigan	Not applicable/no provider network applies	Covered for Urgent and Emergency Care. Applicable copay assessed. Other services outside the network are not covered.	Covered worldwide for Urgent Care and Emergencies with same copays as in Michigan	Covered for Urgent Care and Emergencies. Most other services covered at 70% after \$300 deductible.
Home Health Care	No copay. 3 visits per year for each unused inpatient hospital day or skilled nursing facility day	Covered in full. Doctor visit copay \$30	Covered in full	Covered in full.
Skilled Nursing Facility	10% copay. 100 days (can be renewed)	Covered up to 120 days.	\$0 copay days 1-20; \$128 copay/day 21-100. 100 days (can be renewed) No prior hospital stay required	No copay. 100 days (can be renewed)
Hospice	No copay. 210 days.	Covered in full	Covered by original Medicare when care received for Medicare-certified hospice	Covered by original Medicare when care obtained in Medicare-certified hospice.
Outpatient Mental Health Services	50% copay	Covered in full, unlimited visits	\$25 copay per session for Medicare covered mental health services	\$20 copay per individual session, \$10 copay for group therapy session
Prescription Drugs	20% copay. \$7 min/\$36 max retail pharmacy (1 mo. supply); \$17.50 min/\$90 max (3 mo. supply); plus cost difference on maintenance drug on and after 4 th refill if not purchased at most cost effective venue. \$800 individual drug copay max for prescriptions on the formulary. 40% out-of-pocket for non-formulary drugs.	Generic: \$15 copay; Brand: \$50 copay; 50% copay for drugs to treat sexual dysfunction. Includes contraceptives. Up to a 34-day supply. Mail Order: 2 times the applicable copay for up to a 90-day supply, closed formulary	Generic: \$2 copay; Brand: \$35 copay; Non-preferred Brand and Specialty drugs (1 month supply): \$55 copay. Up to 3-month supply available for 2.5 copays through Mail Order and select retail pharmacies. <u>Henry Ford Health System</u> : Same as above except: Brand: \$15 copay	Generic: \$10 copay; Brand: \$40 copay, retail pharmacy (up to a 1 month supply). Up to 3-month supply available for 2 copays through mail pharmacy service.
Durable Med. Equip.—Supplier	Deductible plus 10% copay	Covered in full	20% copay for authorized equipment	20% copay
Hearing Benefits	Covered every 36 months—10% copay	One hearing exam and hearing aid every 36 months	Hearing aids covered up to \$400 per year. Routine exams—\$10 copay. Specialist exam—\$25 copay	Covered in full every 36 months
Deductible	\$250 individual/ \$500 family	None	None	None
Maximums	\$500 individual	None	None	None

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