

## **MPERS Health Care Plan Changes (Effective January 1, 2010)**

Medicare Advantage will be phased out by end of 2009 and original Medicare returns January 1, 2010.

This Medicare plan requires you to have both a Medicare card and healthcare provider card. If you can not locate your Medicare card do not worry, the SSA has agreed to send a new card to all MPERS retirees. If you do not receive your new card soon after the first of the year you may wish to call 800.772.1213.

Medicare **Part D** remains in place for all Medicare members. There are no changes to dental, vision or hearing aid benefits. And, there will be no Social Security cost of living adjustment in 2010.

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The following impacts **Blue Cross Blue Shield of Michigan MAPD** subscribers **ONLY**. **HMO** contracts (Blue Cross Network, Health Alliance Plan and Priority Health plans) are **not included.**

**\$10 prescription drug premium** added per month per contract

**Non-formulary drugs NOT** covered.

Retiree pays 100% of cost for non-formulary drug when generic is available. Only about 2% will be affected and each will be personally notified. Medical exceptions may apply.

**Annual deductible and copayment** maximums:

Deductible \$400 (\$250 in 2009)

Medical coinsurance maximum \$700 (\$500 in 2009)

Pharmacy coinsurance maximum \$1,000 (\$800 in 2009)

**Emergency Room Copayment**

\$50 per visit, fee waived if admitted directly

**Mental Health** Benefit

90% coverage for outpatient and physician visits (50% in 2009)

**Hospice** benefit

Expanded to 12 months verses 6 months in 2009

**New prescription drug** benefits provider.

**Catalyst** replaces MEDCO for mail order and BCBSM for local pharmacies. The transition is expected to be seamless as programs are similar. You will be getting a **new card** before January 1, 2010

**“Healthy Living”** program to lower out-of-pocket costs.

**Non-Medicare** retirees complete a **Health Risk Assessment** form and return it to BCBSM by December 1, 2009 (NO EXCEPTIONS) which qualifies them for \$100 off maximum deductible, medical coinsurance and pharmacy coinsurance.

This is an **annual** requirement. Medicare members will be required to complete the form in 2011. It will be mailed or made available online in September of each year here after.

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**To avoid additional cost**

Consider an HMO option. Visit the plan comparison chart at:  
[http://www.michigan.gov/documents/R379C\\_135126\\_7.pdf](http://www.michigan.gov/documents/R379C_135126_7.pdf)

You may qualify for Medicare assistance premiums for low income members. If your income is 135% above the federal poverty level you may qualify depending on your other assets. Call 800.772.1213 for further information.

(Based on 2008 guidelines, 135% for one person is an annual income of \$14,040.00 and \$18,900.00 for a family of two. 2009 guidelines will likely not be available until Mid to late January 2010.)