State Health Plan PPO

Benefits at a glance

For State of Michigan Non-Medicare Retired Members

January 1 through December 31, 2023

<table>
<tr><th></th><th>In network</th><th>Out of network</th></tr>
<tr><td colspan="3">Out-of-pocket costs</td></tr>
<tr><td>Out-of-pocket maximum</td><td>$2,000 per member
$4,000 per family</td><td>$3,000 per member
$6,000 per family</td></tr>
<tr><td>Deductibles</td><td>$400 per member
$800 per family</td><td>$800 per member
$1,600 per family</td></tr>
<tr><td>Coinsurance</td><td>10% for most medical services
10% (where applicable) for behavioral health/substance use disorder services
20% for acupuncture</td><td>20% for most medical services
50% for substance use disorder services</td></tr>
<tr><td>Copays</td><td>$20 copay for office and urgent care visits, medical eye exam, medical hearing exam, osteopathic, chiropractic manipulation
$0 copay for medical and behavioral health/substance use disorder telehealth (Amwell)</td><td>N/A</td></tr>
<tr><td colspan="3">Preventive services – For the entire list of services, go to bcbsm.com/som.</td></tr>
<tr><td>Annual gynecological exam</td><td rowspan="8">Covered 100%</td><td rowspan="3">Not covered</td></tr>
<tr><td>Annual physical</td></tr>
<tr><td>Adult vaccinations</td></tr>
<tr><td>Childhood immunizations</td><td>Covered 80%</td></tr>
<tr><td>Colonoscopy</td><td rowspan="2">Covered 80% after deductible</td></tr>
<tr><td>Mammography</td></tr>
<tr><td>Prostate screening</td><td rowspan="2">Not covered</td></tr>
<tr><td>Well-baby visits</td></tr>
<tr><td colspan="3">Emergency medical care</td></tr>
<tr><td>Ambulance services (medical and behavioral health/ substance use disorder services)</td><td colspan="2">Covered 90% after deductible</td></tr>
<tr><td>Emergency room (Medical – waived if admitted as inpatient; Behavioral health/substance use disorder – waived if admitted as inpatient to the same hospital)</td><td colspan="2">Covered, $200 copay</td></tr>
<tr><td>Observation care</td><td colspan="2">Covered 100% (No network required)</td></tr>
</table>

	In network	Out of network
Diagnostic tests and radiation services		
Diagnostic mammography	Covered 90% after deductible	Covered 80% after deductible
Diagnostic tests		
Lab and pathology tests		
Position Emission Tomography (PET) scans		
Radiation therapy		
X-rays, ultrasound, MRI and CAT scans		
Maternity services provided by a physician or certified nurse midwife		
Prenatal care	Covered 90% after deductible	Covered 80% after deductible
Delivery and nursery care		
Postnatal care		
Hospital care (medical services)		
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible
Consultations – inpatient and outpatient		
Inpatient care – unlimited days		
Hospital care (behavioral health/substance use disorder services) **– Inpatient**		
Consultations – hospital	Covered 100%	Covered 50% of allowed amount or billed charges (whichever is less)
Hospital care – behavioral health (requires prior authorization)		
Hospital care – substance use disorder (requires prior authorization)		
Neuropsychological testing		
Psychological testing		
Alternatives to hospital care		
Home health care (unlimited visits)	Covered 90% after deductible (participating provider only)	Nonparticipating provider – Not covered
Hospice care	Covered 100% (participating provider only)	
Private duty nursing (requires prior authorization)	Covered 90% after deductible	Covered 80% after deductible
Skilled nursing care (up to 120 skilled days per confinement)	Covered 90% after deductible (in a Blue Cross–approved facility)	Nonparticipating provider – Not covered
Urgent care visit	Covered $20 copay	Covered 80% after deductible
Behavioral health – Outpatient		
Autism spectrum disorders – ABA (requires prior authorization)	Covered 90% after deductible	Covered 80% after deductible
Electro-Convulsive Therapy (ECT)	Covered 100%	Covered 50% of allowed amount or billed charges (whichever is less)
Intensive Outpatient Program (IOP)		
Neuropsychological testing – outpatient or office setting	Covered 90%	

	In network	Out of network
Behavioral health continued		
Outpatient behavioral health	Covered 90%	Covered 50% of allowed amount or billed charges (whichever is less)
Partial Hospitalization Program (PHP) (requires prior authorization)	Covered 100%	Covered 50% of allowed amount or billed charges (whichever is less)
Psychological testing – outpatient or office setting	Covered 90%	
Substance use disorder services – Outpatient		
Intensive Outpatient Program (IOP)	Covered 100%	Covered 50% of allowed amount or billed charges (whichever is less)
Outpatient care – substance use disorder (Includes office based opioid treatment and methadone maintenance)	Covered 90%	
Partial Hospitalization Program (PHP) (requires prior authorization)	Covered 100%	
Residential Substance Use Disorder treatment (requires prior authorization)		
Human organ transplants – Contact HOTP at 1-800-242-3504 for additional criteria and information		
Bone marrow	Covered 100% in designated facilities when pre-approved	
Kidney, cornea and skin	Covered 90% after deductible	Covered 80% after deductible
Liver, heart, lung, pancreas and other specified organs	Covered 100% in designated facilities when pre-approved	
Surgical services		
Surgery	Covered 90% after deductible	Covered 80% after deductible
Vasectomy		
Voluntary female sterilization		
Hearing care		
Audiometric exam	Covered 100%	Not covered
Hearing aid evaluation and conformity test		
Hearing aid (ordering and fitting)		
Hearing aids (standard and binaural)	Covered 100%	
Medical hearing clearance exam	Covered $20 copay	Covered 80% after deductible
Other services		
Acupuncture	Covered 80% after deductible	
Allergy testing and therapy	Covered 90% after deductible	Covered 80% after deductible
Anesthesia	Covered 90% after deductible	
Cardiac rehabilitation (Phase 1 and Phase 2)	Covered 90% after deductible	Covered 80% after deductible
Chiropractic / spinal manipulation 24 visits per calendar year	Covered $20 copay	
Durable medical equipment; prosthetic and orthotic appliances and medical supplies	Covered 100%	Covered 80% of Blue Cross-approved amount (member responsible for difference)
Home visits	Covered 90% after deductible	Covered 80% after deductible

	In network	Out of network
Other services continued		
Injections	Covered 90% after deductible	Covered 80% after deductible
Office consultations	Covered $20 copay	
Office and outpatient hospital visit		
Osteopathic manipulation therapy		
Outpatient hospital office visits		
Outpatient physical, speech and occupational combined 90 visit maximum per calendar year	Covered 90% after deductible	
Telehealth (medical online visits – Amwell)	Covered $0 copay	Not covered
Telehealth (behavioral health/substance use disorder online visits – Amwell)		
Telehealth (medical online visits – Provider's Tool)	Covered $20 copay	Covered 80% after deductible
Telehealth (behavioral health/substance use disorder online visits – Provider's Tool)	Covered $20 copay or 10% of allowed amount (whichever is less)	Covered 50% of allowed amount or billed charges (whichever is less)
Weight loss	Covered $300 lifetime maximum	
Wig, wig stand, adhesives	Covered $300 lifetime maximum Additional wigs covered for children due to growth	

Questions?

Contact Blue Cross State of Michigan Customer Service toll-free at 1-800-843-4876

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Learn more.

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This benefit chart is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. Every effort has been made to ensure the accuracy of this information. However, if statements in this description differ from the applicable coverage documents, then the terms and conditions of those documents will prevail. Payment amounts are based on the Blue Cross approved amount, less any applicable deductible and/or copay amount required by the SHP PPO. This coverage is provided pursuant to a contract entered into with the State of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.