



## Benefits at a glance

For State of Michigan Employees

January 1 through December 31, 2023

	In network	Out of network
<b>Out-of-pocket costs</b>		
Out-of-pocket maximums	\$2,000 per member \$4,000 per family	\$3,000 per member \$6,000 per family
Deductible	\$400 per member \$800 per family	\$800 per member \$1,600 per family
Coinsurance	10% for most medical services 10% (where applicable) for behavioral health/substance use disorder services 20% for acupuncture	20% for most medical services 50% for most behavioral health/substance use disorder services
Copays	\$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)	N/A
<b>Preventive services</b>		
For a complete list, visit <a href="http://www.bcbsm.com/som">www.bcbsm.com/som</a>		
Annual gynecological exam	Covered 100%	Not covered
Annual physical		
Adult vaccinations		Covered 80%
Childhood immunizations		
Colonoscopy		
Contraceptive services – devices, counseling, medications and injections		Covered 80% after deductible
Fecal occult blood screening		Not covered
Flexible sigmoidoscopy		
Mammography		Covered 80% after deductible
Pap smear screening (lab only)		Not covered
Prostate screening		
Well-baby visits		
<b>Emergency medical care</b>		
Ambulance services – medically necessary	Covered 90% after deductible	
Emergency medical care – physician services	Covered 100%	
Emergency room (Medical – waived if admitted as inpatient; Behavioral health/substance use disorder – waived if admitted as inpatient to the same hospital)	Covered, \$200 copay	
Observation care	Covered 100% (No network required)	



	In network	Out of network
<b>Diagnostic tests and radiation services</b>		
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		
<b>Maternity services provided by a physician or certified nurse midwife</b>		
Prenatal care	Covered 100%	Covered 80% after deductible
Delivery and nursery care	Covered 90% after deductible	
Postnatal care	Covered 100%	
<b>Hospital care (medical services)</b>		
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible
Consultations – inpatient and outpatient (Including pre-surgical)		
Inpatient care – unlimited days		
<b>Hospital care (behavioral health/substance use disorder services) – Inpatient</b>		
Hospital care – behavioral health (requires prior authorization)	Covered 100%	Covered 50% of allowed amount or billed charges (whichever is less)
Hospital care – substance use disorder (requires prior authorization)		
Consultations		
Neuropsychological testing		
Psychological testing		
<b>Alternatives to hospital care</b>		
Home health care (unlimited visits)	Covered 90% after deductible (participating provider only)	Not Covered
Hospice care	Covered 100% (limited to the lifetime dollar maximum that is adjusted annually by the State; participating provider only)	
Home Infusion Therapy (HIT) (Must be rendered by a participating HIT provider or participating freestanding Ambulatory Infusion Center)	Covered 90% after deductible (participating provider only)	
Private duty nursing – (requires prior authorization)	Covered 90% after deductible	
Skilled nursing care (Up to 120 skilled days per confinement)	Covered 90% after deductible (in a Blue Cross-approved facility)	
Urgent care visit	Covered \$20 copay	Covered 80% after deductible
<b>Behavioral health</b>		
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)	Covered 100%	Covered 50% of allowed amount or billed charges (whichever is less)

	In network	Out of network
<b>Behavioral health continued</b>		
Neuropsychological testing outpatient or office setting	Covered 90%	
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%	
<b>Human organ transplants – Contact HOTP at 1-800-242-3504 for additional criteria and information</b>		
Bone marrow	Covered 100% (in designated facilities)	Not covered
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)	Not covered
<b>Substance use disorder</b>		
Intensive Outpatient Program (IOP)	Covered 100%	Covered 50% of allowed amount or billed charges (whichever is less)
Outpatient care (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)		
<b>Surgical services</b>		
Surgery	Covered 90% after deductible	Covered 80% after deductible
Vasectomy	Covered 100%	
Voluntary female sterilization		
<b>Hearing care (Participating providers only)</b>		
Audiometric exam	Covered 100%	Not covered
Hearing aid evaluation and conformity test		
Hearing aid (ordering and fitting)		
Hearing aids (standard only)		
Medical hearing clearance exam	Covered \$20 copay	Covered 80% after deductible
<b>Other services</b>		
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	Covered 80% after deductible
Durable medical equipment; prosthetic and orthotic appliances and medical supplies	Covered 100%	Covered 80% of Blue Cross-approved amount (member responsible for difference)
Hemodialysis	Covered 90% after deductible	Covered 80% after deductible
Home visits		
Injections		
Office consultations	Covered \$20 copay	

	In network	Out of network
<b>Other services continued</b>		
Office visit	Covered \$20 copay	Covered 80% after deductible
Osteopathic manipulation therapy		
Outpatient hospital office visits		
Outpatient physical, speech and occupational therapy (combined 90 visit maximum per calendar year)	Covered 90% after deductible	
Rabies treatment after initial emergency room visit	Covered 90% after deductible	
Rural health clinic	Covered \$20 copay	
Sleep studies	Covered 90% after deductible	
Specified oncology trials (Phases 1, 2, 3 and 4)	Covered 90% after deductible (in designated facilities when pre-approved)	
Telehealth (Medical and behavioral health/substance use disorder online visits – Amwell)	Covered \$0 copay	Not covered
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)
Temporomandibular Joint Syndrome	Covered 90% after deductible	Covered 80% after deductible
Weight loss	Covered \$300 lifetime maximum	
Wig, wig stand, adhesives	Covered \$300 lifetime maximum Additional wigs covered for children due to growth	

## Questions?

For the full list of benefits, view the 2023 State Health Plan PPO benefit guide at [bcbsm.com/som](https://bcbsm.com/som).

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

OPTUM Rx Customer Service Center (toll-free): 1-866-633-6433



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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.