



# State Health Plan PPO



## Benefits at a glance

For State of Michigan Medicare Supplemental Retirees  
January 1 through December 31, 2024

Out-of-pocket costs	
Annual out-of-pocket maximum	\$2,000 per member \$4,000 per family
Annual deductibles	\$400 per member \$800 per family
Coinsurance	10% for most medical services 10% (where applicable) for behavioral health/substance use disorder services 20% for acupuncture
Copays	Up to \$20 copay for office and urgent care visits, medical eye exam, medical hearing exam, osteopathic, chiropractic manipulation \$0 for medical and behavioral health/substance use disorder services
Preventive services	
For the entire list of services, go to <a href="http://bcbsm.com/som">bcbsm.com/som</a> .	
Annual gynecological exam	Covered 100%
Annual physical	
Adult vaccinations	
Mammography	
Prostate screening	
Emergency medical care	
Ambulance services	Covered 90% after deductible
Emergency room	Covered up to \$50 copay for medical services (waived if admitted as an inpatient to the same or different hospital) Covered up to \$50 copay for behavioral health/substance use disorder services (waived if admitted as an inpatient to the same hospital)
Observation care	Covered 100%
Diagnostic tests and radiation services	
Diagnostic mammography	Covered 90% after deductible
Diagnostic tests	
Lab and pathology tests	
Position Emission Tomography (PET) scans	
Radiation therapy	
X-rays, ultrasound, MRI and CAT scans	

<b>Hospital care (medical services)</b>	
Chemotherapy	Covered 90% after deductible
Consultations – inpatient and outpatient	
Inpatient care – unlimited days	
<b>Hospital care (behavioral health/substance use disorder services) – Inpatient</b>	
Hospital care – behavioral health (requires prior authorization)	Covered 100%
Hospital care – substance use disorder (requires prior authorization)	
Neuropsychological testing	
Psychological testing	
<b>Alternatives to hospital care</b>	
Home health care (unlimited visits)	Covered 90% after deductible (participating provider only; nonparticipating provider not covered)
Hospice care	Covered 100% (participating provider only, nonparticipating provider not covered; limited to the lifetime dollar maximum that is adjusted annually by the State)
Private duty nursing (requires prior authorization)	Covered 90% after deductible
Skilled nursing care (up to 120 skilled days per confinement)	Covered 90% after deductible (nonparticipating provider not covered)
Urgent care visit	Covered up to \$20 copay
<b>Behavioral health – Outpatient</b>	
Autism spectrum disorders – ABA (requires prior authorization)	Covered 90% after deductible
Electro-Convulsive Therapy (ECT)	Covered 100%
Intensive Outpatient Program (IOP)	Covered 100%
Neuropsychological testing – outpatient or office setting	Covered 90%
Outpatient behavioral health	Covered 90%
Partial Hospitalization Program (PHP) (requires prior authorization)	Covered 100%
Psychological testing – outpatient or office setting	Covered 90%



<b>Substance use disorder – Outpatient</b>	
Intensive Outpatient Program (IOP)	Covered 100%
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)	Covered 100%
<b>Human organ transplants – Contact HOTP at 1-800-242-3504 for additional criteria and information</b>	
Bone marrow	Covered 100% in designated facilities when pre-approved
Kidney, cornea and skin	Covered 90% after deductible
Liver, heart, lung, pancreas and other specified organs	Covered 100% in designated facilities when pre-approved
<b>Surgical services</b>	
Surgery	Covered 90% after deductible
<b>Hearing care</b>	
Audiometric exam	Covered 100% (Participating providers only)
Hearing aid evaluation and conformity test	
Hearing aid (ordering and fitting)	
Hearing aids (standard and binaural)	
Medical hearing clearance exam	Covered up to \$20 copay
<b>Other services</b>	
Acupuncture (if performed by a participating acupuncturist or under the supervision of a M.D. or D.O.)	Covered 80% after deductible
Allergy testing and therapy	Covered 90% after deductible
Anesthesia	
Cardiac rehabilitation (Phase 1 and Phase 2)	
Chiropractic / spinal manipulation 24 visits per calendar year	Covered up to \$20 copay
Durable medical equipment; prosthetic and orthotic appliances and medical supplies	Covered 100%
Home visits	Covered 90% after deductible
Injections	

## Other services, continued

Office consultations	Covered up to \$20 copay
Office visit	
Osteopathic manipulation therapy	
Outpatient hospital office visits	
Outpatient physical, speech and occupational combined 90 visit maximum per calendar year	Covered 90% after deductible
Weight loss	Covered \$300 lifetime maximum
Wig, wig stand, adhesives	

## Questions?

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



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## Learn more.

Website: [bcbsm.com/som](https://bcbsm.com/som)

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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.