



State Health Plan PPO



Benefits at a glance

For State of Michigan Non-Medicare Retired Members
January 1 through December 31, 2024

| | In network | Out of network |
|---|--|--|
| Out-of-pocket costs | | |
| Out-of-pocket maximum | \$2,000 per member \$4,000 per family | \$3,000 per member \$6,000 per family |
| Deductibles | \$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 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 (Blue Cross online tool) | N/A |
| Preventive services – For the entire list of services, go to bcbsm.com/som . | | |
| Annual gynecological exam | Covered 100% | Not covered |
| Annual physical | | |
| Adult vaccinations | | |
| Childhood immunizations | | Covered 80% |
| Colonoscopy | | Covered 80% after deductible |
| Mammography | | Not covered |
| Prostate screening | | |
| Well-baby visits | | |
| Emergency medical care | | |
| Ambulance services (medical and behavioral health/substance use disorder services) | Covered 90% after deductible | |
| 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 |
|---|--|---|
| 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 (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 | 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 – Blue Cross Online Tool) | Covered \$0 copay | Not covered |
| Telehealth (behavioral health/substance use disorder online visits – Blue Cross Online Tool) | | |
| 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



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Learn more.

Website: bcbsm.com/som

Check us out online:



A Healthier Michigan



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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.