



State Health Plan PPO Frequently Asked Benefit Questions

2026 Plan Year

What's the difference between PPO and HMO plans?

A PPO plan gives you flexibility. You don't need a primary care provider (PCP), and you can go to any health care professional without a referral. You can also seek services outside the PPO network. If you choose to go outside the network, you'll have higher out-of-pocket costs. With an HMO plan, you select a PCP to oversee your health care services. You'll need a referral from your PCP to see a specialist.

How do I confirm if my provider is part of the PPO network and if the hospital they're affiliated with is also part of the PPO network?

You have two options: **1)** Ask your provider and the hospital if they participate with the Blue Cross PPO network or, **2)** Go to bcbsm.com/som and use the *Find a doctor* tool to see if your provider is part of the Blue Cross PPO network.

Will Blue Cross cover services received from an out-of-network PPO provider?

Most services rendered by an out-of-network provider are covered, but you'll pay additional out-of-pocket costs for these services. The [SHP PPO Benefit Guide](#) identifies services that **must** be rendered by a network provider.

Do I need a referral to seek services from a specialist (e.g., chiropractor)?

No, you can go to any specialist without a referral.

Is Applied Behavioral Analysis (ABA) covered under the State Health Plan PPO?

Yes, with no age restrictions, but these services require prior authorization. The member out-of-pocket cost for in-network services is 10% after deductible.

Is a pretest needed to receive ABA services?

No, a pretest is not needed to receive ABA services.

Will Durable Medical Equipment (DME) rentals automatically transfer to the State Health Plan PPO?

No. Contact the DME provider to confirm they participate with Blue Cross. If they participate, give the DME provider your new insurance information. If they don't participate, consider returning the item and have your provider give you a new prescription, then seek services from a participating DME provider.

Will authorizations under my current HMO plan automatically transfer to the PPO plan?

No. Not all services require an authorization under the PPO plan. Services that require an authorization are outlined in the [SHP PPO Benefit Guide](#).

What's the transition process for members who are receiving treatment from a provider who's not in the Blue Cross PPO network?

A member can continue their treatment for services such as inpatient care, pregnancy, dialysis, chemotherapy and radiation therapy and request an exemption for the out-of-network out-of-pocket costs. You can contact Blue Cross Customer Service at **1-800-843-4876** for assistance with your transition.

Is Dexcom CGM a covered benefit?

Yes, this item is covered under DME. There's no out-of-pocket cost if services are rendered by a participating provider.

Is a CPAP machine a covered benefit under the PPO plan?

Yes, a CPAP machine is a covered benefit and subject to Blue Cross' medical policy guidelines. There's no out-of-pocket cost if the item is received from a Blue Cross participating provider.

What are the quantity limitations for the most common CPAP supplies?

A prescription is required for CPAP supplies. To reduce additional costs, members should seek services from a participating provider. Below is a list of the common CPAP supplies and the quantity limitations:

Code	Description	Quantity Limitation
A4604	Tubing used with a heated humidifier and has a heated wire running the length of the tubing	1 per 85 days
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device	1 per 85 days
A7028	Oral cushion for combination oral/nasal mask, replacement only	Less or equal to 6 units per 85 days
A7030	Full face mask used with positive airway pressure device	1 unit per 85 days
A7031	Face mask interface, replacement for full face mask, each	Less or equal to 3 units per 85 days
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	1 per 85 days
A7037	Tubing used with positive airway pressure device	1 per 3 months

Are pre-existing conditions covered under the PPO plan?

Yes, pre-existing conditions are covered.

Are epidural injections covered under the PPO plan (procedure codes 64483 and 64484)?

Yes, epidural injections are covered and subject to Blue Cross' medical policy guidelines. The member out-of-pocket cost for services rendered in-network is 10% after deductible.