

State Health Plan MA PPO



Benefits-at-a-Glance

For State Health Plan Medicare Advantage PPO Retirees

January 1, 2027 through December 31, 2027

Out-of-pocket costs	In-network and Out-of-network
Premium	In addition to the Medicare Part B premium, you may also be required to pay a premium contribution as defined by the State Employees' Retirement System.
Deductible	$400 per individual, $800 per family
Annual Maximum Out-of-Pocket Amounts	$2,000 per individual, $4,000 per family
Preventive services	**In-network and Out-of-network**
Annual "Wellness" visit	Covered 100%
Annual physical	
Annual gynecological exam	
Colorectal cancer screening	
Glaucoma screening	
Immunizations	
Mammography screening	
Prostate cancer screening exam	
Emergency medical care	**In-network and Out-of-network**
Ambulance services – medically necessary	Covered 98% after deductible
Emergency care	$50 Copay (waived if admitted to hospital within 3 days)
Emergency room physician services	Covered 100%

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Blue Cross Blue Shield of Michigan is a PPO plan with a Medicare contract. Enrollment in State Health Plan MA PPO depends on BCBSM's Medicare contract renewal.

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Diagnostic tests and radiation services	In-network and Out-of-network
Diagnostic tests (X-rays, ultrasounds, MRI, CAT scans)*	Covered 98% after deductible
Diagnostic lab and pathology tests*	
Radiation therapy*	
Physician office services	**In-network and Out-of-network**
Office visits	$20 Copay
Telehealth (online visit) – via the Blue Cross online tool at bcbsm.com/virtualcare	Covered 100%
Telehealth (online visit) – via your provider's online tool	$20 Copay
Hospital care	**In-network and Out-of-network**
Chemotherapy (Medicare Part B prescription drugs)*	Covered 98% after deductible
Consultations – inpatient and outpatient*	
Inpatient hospital care (unlimited days)*	
Inpatient mental health care*	Covered 100%, unlimited days
Inpatient substance use disorder care*	
Alternatives to hospital care	**In-network and Out-of-network**
Home health care (non-DME)*	Covered 100%
Hospice care	Services are paid for by Original Medicare
Private duty nursing	Covered 80% after deductible
Skilled nursing facility (up to 120 days per confinement)*	Days 1-20: Covered 100% Days 21-120: Covered 98% after deductible
Urgent care visits	$20 Copay
Human organ transplants	**In-network and Out-of-network**
Human organ transplants – Skin	Covered 90% after deductible
Human organ transplants – Cornea or Kidney	Covered 98% after deductible
Human organ transplants – Bone marrow	Covered 100%

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Surgical services	In-network and Out-of-network
Outpatient surgery, including services at hospital outpatient facilities and ambulatory surgery centers*	Covered 98% after deductible
Behavioral health and substance use disorder services	**In-network and Out-of-network**
Behavioral health substance use disorder – intensive outpatient programs (IOP)*	Covered 100%
Outpatient mental health services Facility and clinic services	Covered 98%
Outpatient substance use disorder care Facility and clinic services	
Hearing care	**In-network and Out-of-network**
Hearing aids *Members can be reimbursed for hearing aids purchased from a provider who doesn't accept the Medicare Advantage card. Total reimbursement cannot exceed the $2,600 allowance.*	Standard (analog or basic digital) hearing aids are covered up to $2,600 every 36 months
Hearing care - Audiometric exam, evaluation, and conformity test	Covered 100%
Hearing services - Routine exam	$20 Copay
Other services	**In-network and Out-of-network**
Acupuncture for treatment of the following conditions*: • Chronic headaches such as migraines • Myofascial complaints such as neck pain • Neuritis • Osteoarthritis • Postherpetic neuralgia • Rheumatoid arthritis • Sciatica • Tic douloureux	Covered 80% after deductible
Acupuncture for treatment of chronic low back pain*	Covered 98% after deductible
Cardiac and pulmonary rehabilitation services*	Covered 98% after deductible

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Other services (continued)	In-network and Out-of-network
Chiropractic services* • Manual manipulation of the spine to correct subluxation • Office visits • Evaluation and management services	$20 Copay
Durable medical equipment (DME)*	Covered 100%
Home infusion therapy*	Covered 90% after deductible
Outpatient physical*, speech*, occupational*, and massage therapy*	Covered 98% after deductible
Prosthetic and orthotic appliances	Covered 100%
SilverSneakers® **silversneakers.com** The SilverSneakers Fitness Program is a specialized program designed for seniors. SilverSneakers provides access to exercise equipment, classes and fun social activities at thousands of locations nationwide.	Covered 100%
Vision diagnostic services	$20 Copay
Weight loss	Covered 100% ($300 lifetime maximum)
Wigs, wig stand, and adhesive (for hair loss that is a result of chemotherapy)	Covered up to 100% ($300 lifetime maximum)

*Your provider may be required to seek preauthorization.

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This information is a summary document and not a complete description of benefits. Call **1-800-843-4876** (**TTY: 711**) for more information. To get a complete list of services covered by the State Health Plan Medicare Advantage (MA) PPO, call Customer Service (phone number listed above and below) and ask for the *Evidence of Coverage*. Blue Cross Blue Shield of Michigan has a network of doctors, hospitals, and other providers. Using providers that do not accept Medicare may cost you more.

Outside the network, your cost shares are the same as in-network services when you use providers that accept Medicare. Using providers that do not accept Medicare may cost you more. To locate a provider in our network, use the *Find a Doctor* tool on our website at **bcbsm.com/som** or **bcbsm.com/providersmedicare.**

Out-of-network/non-contracted providers are under no obligation to treat State Health Plan MA PPO members, except in emergency situations. Please call Customer Service or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services. Or, call us and we will send you a copy of the *Provider Directory*, or the *Provider Locator* for members outside of Michigan.

Benefit provisions, including copays, deductibles and coinsurance may change based on new and/or changed regulatory guidance issued by the Centers for Medicare and Medicaid Services. Limitations and restrictions may apply. Please contact Customer Service for further information regarding your benefits.

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at **Medicare.gov** or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

This document is available in other formats such as audio CD and large print. Please contact Customer Service if you need information in an accessible format or another language.

Questions?

State Health Plan MA PPO Customer Service is ready to help. Call us at 1-800-843-4876, Monday through Friday from 8:30 a.m. to 5 p.m. Eastern Time (TTY: 711).

Blue Cross Blue Shield of Michigan

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Learn more.

Website: bcbsm.com/som