



## State High Deductible Health Plan (HDHP) with HSA Frequently Asked Benefit Questions

2025 Plan Year

### 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](https://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 rendered by a non-network PPO provider?

Most services are covered by an out-of-network provider. You'll pay additional out-of-pocket costs for these services. The [State HDHP benefit summary](#) 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.

### Is Applied Behavioral Analysis (ABA) covered under the State HDHP?

Yes, with no age restrictions, but these services require prior authorization. The member out-of-pocket cost for in-network services is 20% after deductible.

### Is a pretest needed to receive ABA services?

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

### Will rental for Durable Medical Equipment (DME) automatically transfer to the State HDHP?

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 State HDHP?

No. Not all services require an authorization under the State HDHP. Services that require an authorization are outlined in the [State HDHP benefit summary](#).

### What is the transition process for members who are in a course of treatment and the provider is not in the Blue Cross PPO network?

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

### Are epidural injections covered under the State HDHP (procedure codes 64483 and 64484)?

Yes, epidural injections are covered under the State HDHP. These services are subject to Blue Cross's medical policy guidelines. The member out-of-pocket cost for services rendered in-network is 20% after deductible.

### Where can I find a list of payable drugs covered under the State HDHP?

Optum Rx administers the pharmacy benefits for members enrolled in the State HDHP. You can access information regarding Optum Rx by visiting the Employee Benefits Division website at [michigan.gov/employeebenefits](https://michigan.gov/employeebenefits) and clicking the *Carriers* icon. Or you can call Optum Rx Customer Service at **1-866-633-6433** for questions relating to payable drugs.

### Is Dexcom CGM a covered benefit?

Yes, this item is covered under DME. The member out-of-pocket cost is 20% after deductible if services are rendered by a participating provider.

### Is a CPAP machine a covered benefit under the State HDHP?

Yes, a CPAP machine is a covered benefit under the State HDHP and is subject to Blue Cross's medical policy guidelines. The member out-of-pocket cost is 20% after deductible 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 month
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device	1 per 3 months
A7028	Oral cushion for combination oral/nasal mask, replacement only	2 per 1 month
A7030	Full face mask used with positive airway pressure device	1 per 3 months
A7031	Face mask interface, replacement for full face mask, each	1 per month
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	1 per month
A7037	Tubing used with positive airway pressure device	1 per 3 months

### Are pre-existing conditions covered under the State HDHP?

Yes, pre-existing conditions are covered under the State HDHP.