



# State High Deductible Health Plan (HDHP) with Health Savings Account

## Frequently Asked Questions

2025 Plan Year

### What is a high deductible health plan (HDHP)?

An HDHP is a health insurance plan with lower premiums and higher deductibles than a standard health plan. An HDHP combines medical coverage with a health savings account (HSA). An HSA allows you to set aside money on a pretax basis for qualified medical expenses (e.g., deductibles, coinsurance, copays, prescriptions, and eligible dental and vision expenses).

### What are my out-of-pocket expenses with the State HDHP?

You have the following deductible and coinsurance with the State HDHP offered through the State of Michigan. There is a lower biweekly premium with the State HDHP compared to the State Health Plan PPO (SHP PPO) or Health Maintenance Organizations (HMO):

#### **Deductible**

The individual deductible applies to employee only coverage. The family deductible applies to the coverage of employee plus spouse and/or other dependents. Any one member of the family or any combination of family members may fulfill the entire family deductible. The applicable deductible must be fulfilled prior to services being paid by the plan.

In-network		Out-of-network	
\$1,650/individual	\$3,300/family	\$3,300/individual	\$6,600/family

#### **Coinsurance**

Refer to the [State HDHP Benefit Guide](#) or the [CY2025 PPO/State HDHP/HMO Comparison Chart](#) for cost share percentages on specific benefits.

Coinsurance is your share of the costs of a covered health care service, calculated as a percentage, after your annual deductible is met. All in-network coinsurance charges apply toward the annual in-network out-of-pocket maximum that limits the amount you can be required to pay for services during a plan year.

In-network	Out-of-network
20% for most services	40% for most services

## What is the out-of-pocket maximum (OOPM) with the State HDHP?

The annual OOPM is the limit to the total dollar amount you could be required to pay for in-network covered services during the plan year.

In-network		Out-of-network	
\$4,000/individual	\$8,000/family	\$8,000/individual	\$16,000/family

## Which expenses count toward the in-network out-of-pocket maximum?

In-network deductibles and coinsurance, fixed-dollar copays and prescription drug copays all apply toward the annual OOPM.

No one family member can contribute more than the individual amount toward the family OOPM. The individual OOPM applies to any one family member. The family OOPM is the collective amount that could be paid by any combination of family members.

## Who is my prescription drug carrier with the State HDHP?

Optum Rx administers the State's pharmacy benefits for members enrolled in the SHP 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.

## What benefits are included in the State HDHP?

Except for a few benefits, the State HDHP offers the same covered benefits as the SHP PPO. For example, wigs, wig stands and adhesives are not covered by the State HDHP. Some out-of-network services are also not covered, such as Home Health Care, Skilled Nursing Care and Hospice services.

Refer to the [State HDHP Benefit Guide](#) or the [CY2025 PPO/State HDHP/HMO Comparison Chart](#) for a list of the specific benefits covered.

## Where can I find providers that participate in the State HDHP provider network?

The providers in the State HDHP network are the same providers that participate in the SHP PPO provider network. To find participating providers, go to [bcbsm.com/som](https://bcbsm.com/som) to log in and click [Find a Doctor](#), or download the Blue Cross mobile app. You can also call **1-800-843-4876** Monday through Friday from 7 a.m. to 7 p.m. Eastern time.

## Do I have to have a primary care provider (PCP) with the State HDHP?

No, you don't have to have a PCP with the State HDHP. However, it's always a good idea to select one because a PCP can help you coordinate your care.

**Do I need a referral to see a specialist?**

No, you don't need a referral to see a specialist. You can go to any health care professional without a referral, either in or out of network. However, you will pay less if you use a provider in the plan's network.

**Do I have coverage out of state with the State HDHP?**

Yes. Your Blue Cross member ID card gives you access to a large, nationwide network of providers and hospitals. You'll pay your usual out-of-pocket costs (coinsurance, deductible and copays) for services from providers in or out of network. Whether you're in or out of state, going to an in-network provider can help you save money on services and your out-of-pocket costs.

**How are my behavioral health benefits provided with the State HDHP?**

Blue Cross Behavioral Health<sup>SM</sup> provides the behavioral health and substance use disorder (BH/SU) benefits offered with the State HDHP. Blue Cross will administer the benefits and claims, issue ID cards and administer authorizations and referrals.