



State Health Plan PPO Frequently Asked Questions

What are my out-of-pocket expenses with the State Health Plan PPO (SHP PPO)?

You have the following deductible, coinsurances, copays, and premiums offered through the State Health Plan PPO.

Deductible

The individual is the maximum amount that applies to any one family member. The family deductible is the combined maximum deductible amount that applies to any combination of family members. One family member is not required to reach the individual deductible before that family deductible can be met. Additionally, one family member cannot contribute in excess of the maximum amount of the individual deductible.

In-network: \$400/individual or \$800/family

Out-of-network: \$2,000/individual or \$4,000/family

Coinsurance

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 (OOPM) that limits the amount you can be required to pay for services during a plan year.

Medical

- 10% for most in-network services
- 20% for acupuncture and private duty nursing
- 20% for most out-of-network service

Behavioral health and substance use disorder

- 10% for most in-network services
- 50% for most out-of-network behavioral health services
- 20% for out-of-network Autism Spectrum Disorder Applied Behavioral Analysis services

Copays

A copay is a fixed dollar amount an employee may be required to pay when receiving services. These most commonly apply to office visits and are generally paid when services are rendered.

- \$10 for telehealth online visits (\$20 for MSPTA, bargaining unit T01)
- \$20 for office visits, urgent care
- \$200 for emergency room visits (waived if admitted to the hospital as inpatient)

Premium payment

You pay a biweekly premium rate for your health care plan. Premium rate sheets are posted on the Employee Benefits Division website at michigan.gov/employeebenefits under *Insurance Rates*.

What is my out-of-pocket maximum?

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: \$2,000 per individual/\$4,000 per family

Out-of-network: \$3,000 per individual/\$6,000 per family

What applies to the out-of-pocket maximum?

In-network deductibles, fixed-dollar copays, prescription drug copays and coinsurance 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.

Do I have to have a primary care provider (PCP) under the SHP PPO?

No, you don't have to have a PCP under the SHP PPO, but it's a good idea to select one to help coordinate your care.

Do I need a referral to see a specialist?

No, you have flexibility when choosing health care options. You can go to any health care professional you want without a referral, in or out of your network. However, going to providers within the network will help keep your cost down.

To find providers that participate in your network, go to bcbsm.com under *Find a Doctor*, or download the Blue Cross mobile app. You can also call Customer Service at 1-800-843-4876 from 7 a.m. to 7 p.m. Monday through Friday.

Who is my behavioral health vendor?

New Directions is partnering with Blue Cross to provide the behavioral and substance use disorder benefits offered with the SHP PPO. Blue Cross will administer the benefits, claims, and issue ID cards. New Directions will administer authorizations and referrals.

Who is my prescription drug carrier?

OPTUMRx is your prescription drug carrier under the SHP. For contact information and the Rx Formulary, visit michigan.gov/employeebenefits under *Insurance Plans*.

What is my prescription drug coverage?

The following copay structure applies for the SHP PPO:

- Retail Prescriptions (30-day supply)
 - Tier 1 - \$10
 - Tier 2 - \$30
 - Tier 3 - \$60
- Mail Order Prescriptions (90-day supply)
 - Tier 1 - \$20
 - Tier 2 - \$60
 - Tier 3 - \$120

Am I covered out of state?

Yes, you're covered with a nationwide network of physicians and hospitals. You'll have access to a large network that goes where you go. Just show your Blue Cross member ID card. You'll pay your usual out-of-pocket expenses (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 health care provider can help save you money on services and your out-of-pocket costs.