



State Health Plan PPO Frequently Asked Questions

2025 Plan Year

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

You have the following deductible, coinsurances, copays and premiums through the SHP PPO:

Deductible

The individual deductible is the maximum amount that applies to 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 the family deductible can be met. Additionally, one family member can't contribute more than the maximum amount of the individual deductible.

In-network		Out-of-network	
\$400/individual	\$800/family	\$800/individual	\$1,600/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			Behavioral health and substance use disorder	
10% for most in-network services	20% for acupuncture	20% for most out-of-network service	10% for most in-network services	20% for most out-of-network behavioral health 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.

Telehealth Online Visits	Office Visits, Urgent Care, Provider's Online Tool	Emergency Room Visits
\$0 for medical and behavioral health (Blue Cross Online Tool)	\$20	<p>\$200</p> <p>Medical: Waived if admitted as inpatient</p> <p>Behavioral health/substance use disorder: Waived if admitted as inpatient to the same hospital</p>

Premium payment

You pay a biweekly premium rate for your health care plan. You can find the premium rate sheets on the Employee Benefits Division website at michigan.gov/employeebenefits by clicking the *Rates* icon.

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		Out-of-network	
\$2,000/individual	\$4,000/family	\$3,000/individual	\$6,000/family

What applies to the 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?

Optum Rx administers the State’s pharmacy benefits for members enrolled in the SHP PPO. You can access information regarding Optum Rx by visiting the Employee Benefits Division website at 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.

Does my plan cover weight loss drugs?

Call Optum Rx at **1-866-633-6433** for questions about your prescription drug coverage.

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 participating providers, go to bcbsm.com and click *Find care*, or download the Blue Cross mobile app. You can also call Customer Service at **1-800-843-4876** Monday through Friday from 7 a.m. to 7 p.m. Eastern time.

Who administers my behavioral health benefits?

Blue Cross Behavioral HealthSM provides the behavioral and substance use disorder benefits offered with the SHP PPO. Blue Cross will administer the benefits and claims, issue ID cards and administer authorizations and referrals.

Am I covered out of state?

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.