



State High Deductible Health Plan with HSA



Benefits at a glance

For State of Michigan Employees*
January 1 through December 31, 2022

*MSPTA, bargaining unit T01, are excluded from enrollment in the State HDHP with HSA.

	In network	Out of network
Out-of-pocket costs		
Out-of-pocket maximum (embedded) ¹	\$4,000 per member \$8,000 per family	\$8,000 per member \$16,000 per family
Deductible (aggregate) ²	\$1,500 – Employee only \$3,000 – Family	\$3,000 – Employee only \$6,000 – Family
Coinsurance	20% for most services 40% for acupuncture and private duty nursing	40% for most services
Fourth quarter carryover	N/A	
<p>¹ The embedded out-of-pocket maximum (OOPM) means that no one family member can contribute more than the individual amount toward the family OOPM. The annual out-of-pocket maximum (OOPM) is the limit to the total dollar amount you could be required to pay for covered services during the plan year. 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.</p> <p>² The Individual deductible only applies to employee only coverage. The aggregate deductible means that 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.</p>		
Preventive services		
Annual gynecological exam	Covered 100%	Not covered
Annual physical		
Adult vaccinations		
Childhood immunizations	Covered 100%	Covered 60% after deductible
Colonoscopy		
Contraceptive services – devices, counseling, medications and injections		
Fecal occult blood screening		
Flexible sigmoidoscopy	Covered 100%	Not covered
Mammography		
Pap smear screening (lab only)	Covered 100%	Covered 60% after deductible
Prostate screening		
Well-baby visits		
Emergency medical care		
Ambulance services	Covered 80% after deductible	
Emergency room		
Emergency medical care – physician services		
Diagnostic tests and radiation services		
Diagnostic mammography	Covered 80% after deductible	Covered 60% after deductible
Diagnostic tests		
Lab and pathology tests		
Position Emission Tomography (PET) scans		
Radiation therapy		
X-rays, ultrasound, MRI and CAT scans		

	In network	Out of network
Maternity services provided by a physician or certified nurse midwife		
Prenatal care	Covered 100%	Covered 60% after deductible
Delivery and nursery care	Covered 80% after deductible	
Postnatal care		
Hospital care		
Chemotherapy	Covered 80% after deductible	Covered 60% after deductible
Consultations – inpatient and outpatient (Including pre-surgical)		
Inpatient care – unlimited days		
Alternatives to hospital care		
Home health care (unlimited visits, participating providers only)	Covered 80% after deductible	
Hospice care (Limited to the lifetime dollar maximum that is adjusted annually by the State – must be rendered in a participating hospice program)		
Infusion therapy (Must be rendered by a participating HIT provider or participating freestanding Ambulatory Infusion Center)		
Private duty nursing (Contact Customer Service before receiving services)	Covered 60% after deductible	
Skilled nursing care (120 days per confinement – must be rendered in participating skilled nursing facility)	Covered 80% after deductible	
Urgent care visit	Covered 80% after deductible	Covered 60% after deductible
Human organ transplants – Contact HOTP at 1-800-242-3504 for additional criteria and information		
Bone marrow (In designated facilities when pre-approved)	Covered 80% after deductible	
Kidney, cornea and skin (payable when rendered in a participating hospital or a participating ambulatory surgery facility)		
Liver, heart, lung, pancreas and other specified organs (In designated facilities when pre-approved)		
Surgical services		
Dental surgery	Covered 80% after deductible	Covered 60% after deductible
Dental treatment (accidental dental – emergency only)		
Surgery		
Vasectomy		
Voluntary abortion	Covered 100%	
Voluntary female sterilization		
Behavioral health services (Mental health and substance use disorder)		
Halfway house (2:1 to inpatient, only if clinical services are provided – authorization required)	Covered 80% after deductible	Covered 60% after deductible
Inpatient mental health – Authorization required (unlimited days)		

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	In network	Out of network
Behavioral health services (Mental health and substance use disorder) continued		
Inpatient substance use disorder – Authorization required (Two 28-day admissions per year with at least 60 days between admissions)	Covered 80% after deductible	Covered 60% after deductible
Intensive Outpatient Program (IOP) – Behavioral Health and Substance Use Disorder (2:1 to inpatient)		
Neuropsychological testing – inpatient	Covered 80% after deductible	
Neuropsychological testing – outpatient or office		
Outpatient mental health including physician’s office	Covered 80% after deductible	Covered 60% after deductible
Outpatient substance use disorder		
Partial hospital (2:1 to inpatient – authorization required)		
Psychological testing – inpatient	Covered 80% after deductible	
Psychological testing – outpatient or office		
Residential psychiatric treatment facility – Must be rendered in a residential psychiatric facility (must be pre-authorized) – 1:1 to inpatient (Substance use disorder only)	Covered 80% after deductible	Covered 60% after deductible
Autism spectrum disorders, diagnoses and treatment		
Applied behavioral analysis (Authorization required)	Covered 80% after deductible	Covered 60% after deductible
Hearing care Participating Providers Only		
Audiometric exam	Covered 80% after deductible	Not covered
Hearing aid evaluation and conformity test		
Hearing aids (standard only)		Covered 60% after deductible
Medical hearing clearance exam		
Other services		
Acupuncture	Covered 60% after deductible (if performed by or under the supervision of a M.D. or D.O.)	
Allergy testing, therapy and injections	Covered 80% after deductible	Covered 60% after deductible
Anesthesia	Covered 80% after deductible	
Cardiac rehabilitation Phase 1 and Phase 2	Covered 80% after deductible	Covered 60% after deductible
Chiropractic / spinal manipulation 24 visits per calendar year		
Clinic visits – (Non-par provider – not covered)		
Dialysis services	Covered 60% after deductible (Based on BCBSM approved amount)	
Durable medical equipment; prosthetic and orthotic appliances and medical supplies (par and non-par)		
Gender reassignment (medically necessary)	Covered 80% after deductible	Covered 60% after deductible
Injections		
Medical eye exam	Covered 80% after deductible	
Observation care		
Office consultations	Covered 80% after deductible	Covered 60% after deductible
Office visit		
Optical services (post cataract surgery)		
Osteopathic manipulation therapy		

	In network	Out of network
Other services continued		
Outpatient hospital and home visits	Covered 80% after deductible	Covered 60% after deductible
Outpatient physical, speech occupational and massage therapy (90 combined visits per calendar year – including ABA)		
Rabies treatment after initial emergency room visit		
Rural health clinic	Covered 80% after deductible	Covered 60% after deductible
Sleep studies		
Specified oncology trials (Phases 1, 2, 3 and 4)	Covered 80% after deductible (designated cancer center)	
Telehealth – Amwell (medical & behavioral health)	Covered 80% after deductible	Not covered
Telehealth – Provider’s online tool (medical & behavioral health)		Covered 60% after deductible
Temporomandibular joint syndrome		
Weight loss	Not covered	
Wig, wig stand, adhesives		

Questions?

Contact BCBSM’s State of Michigan Customer Service toll-free at 1-800-843-4876
 OPTUMRx Customer Service Center (toll-free): 1-866-633-6433



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This benefit chart is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. Every effort has been made to ensure the accuracy of this information. However, if statements in this description differ from the applicable coverage documents, then the terms and conditions of those documents will prevail. Payment amounts are based on the BCBSM-approved amount, less any applicable deductible and/or coinsurance amount required by the State Health Plan. This coverage is provided pursuant to a contract entered into with the State of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.