

## State Health Plan PPO for active employees

	In-Network	Out-of-Network
<b>Preventive services (Limited to \$1,500 per calendar year per person.)</b>		
Health maintenance exam or annual gynecological exam	Covered — 100% one per year	Not covered
Pap smear screening — laboratory services only	Covered — 100% one per year	Not covered
Well-baby and child care	Covered — 100%	Not covered
Immunizations (age 19 and older only)	Covered — 100%	Not covered
Hepatitis C screening for those at risk	Covered — 100%; one per year	Not covered
Fecal occult blood screening	Covered — 100%, one per calendar year beginning at age 50	Not covered
Flexible sigmoidoscopy	Covered — 100%, one every 5 years	Not covered
Prostate specific antigen screening	Covered — 100% one per year	Not covered
<b>Preventive services (Not subject to \$1,500 maximum.)</b>		
Immunizations (age 18 and under)	Covered — 100%	Covered — 90% after deductible
Mammography screening	Covered — 100%	Covered — 90% after deductible
	One per year, no age restrictions	
Colonoscopy	Covered — 100%, one every 10 years	Covered — 90% after deductible
<b>Physician office services</b>		
Office visits, consultations and urgent care visits	Covered — \$15 copay (deductible not required)	Covered — 90% after deductible
Outpatient and home visits	Covered — 100% after deductible	Covered — 90% after deductible
<b>Emergency medical care</b>		
Hospital emergency room — for medical emergency or accidental injury	Covered — \$50 (waived if admitted; deductible not required)	
Ambulance services — medically necessary	Covered — 100% after deductible	
<b>Diagnostic services</b>		
Laboratory and pathology tests	Covered — 100% after deductible	Covered — 90% after deductible
Diagnostic tests and X-rays	Covered — 100% after deductible	Covered — 90% after deductible
Radiation therapy	Covered — 100% after deductible	Covered — 90% after deductible
<b>Maternity services — Includes care provided by a certified nurse midwife</b>		
Pre-natal and post-natal care	Covered — 100% after deductible	Covered — 90% after deductible
Delivery and nursery care	Covered — 100% after deductible	Covered — 90% after deductible
<b>Hospital care</b>		
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered — 100% after deductible, unlimited days	Covered — 90% after deductible, unlimited days
Inpatient consultations	Covered — 100% after deductible	Covered — 90% after deductible
Chemotherapy	Covered — 100% after deductible	Covered — 90% after deductible
<b>Alternatives to hospital care</b>		
Skilled nursing care — up to 120 days per confinement (730 days for UAW and MSPTA)	Covered — 100% after deductible	
Hospice care	Covered — 100% Limited to the lifetime dollar maximum that is adjusted annually by the state	
Home health care	Covered — 100% after deductible, unlimited visits	
<b>Surgical services</b>		
Surgery — includes related surgical services	Covered — 100% after deductible	Covered — 90% after deductible
Voluntary sterilization	Covered — 100% after deductible	Covered — 90% after deductible
<b>Human organ transplants – Contact HOTP at 800-242-3504 for additional information</b>		
Liver, heart, lung, pancreas and other specified human organ transplants — covered in designated facilities only	Covered — 100% Up to \$1 million maximum per transplant type	

	In-Network	Out-of-Network
<b>Organ and tissue transplants</b>		
Bone marrow — specific criteria apply*	Covered — 100% after deductible	Covered — 90% after deductible
Kidney, cornea and skin	Covered — 100% after deductible	Covered — 90% after deductible
<b>Other services</b>		
Allergy testing and injections	Covered — 100% after deductible	Covered — 90% after deductible
Acupuncture	Covered — 90% after deductible Up to 20 visits per calendar year	
Chiropractic spinal manipulation	Covered — \$15 copay	Covered — 90% after deductible
Durable medical equipment	100% in state (SUPPORT Program)	90% after deductible out-of-state
Prosthetic and orthotic appliances		
Private duty nursing	Covered — 90% after deductible	
<b>Mental health and substance abuse</b>		
Administered through Magellan Behavioral of Michigan: 866-503-3158 (Groups 81816 & 81820 are covered through Blue Cross Blue Shield of Michigan)		
<b>Outpatient physical, speech and occupational therapy</b>		
Outpatient physical, speech and occupational therapy — facility and clinic services	Covered — 100% after deductible 90 visits combined with outpatient physical therapy – physician’s office per calendar year	
Outpatient physical therapy — physician’s office	Covered — 100% after deductible	Covered — 90% after deductible
<b>Deductible, copays and out-of-pocket dollar maximums**</b>		
Deductible	\$300 per member \$600 per family	\$600 per member \$1,200 per family
Copays	<ul style="list-style-type: none"> <li>• \$15 for office visits, office consultations, urgent care visits, osteopathic and chiropractic manipulations and medical hearing and eye exams (deductible not required)</li> <li>• \$50 emergency care (waived if admitted)</li> <li>• 10% for private duty nursing and acupuncture</li> <li>• 10% for durable medical equipment, prosthetic and orthotic appliances out-of-state</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> <li>• 10% for most services</li> </ul>
Annual out-of-pocket dollar maximums	\$1,000 per member \$2,000 per family	\$2,000 per member \$4,000 per family

\*Covered in designated facilities only

\*\*Not applicable to MSPTA

## Questions?

**Contact BCBSM’s State of Michigan  
Customer Service toll-free at 1-800-843-4876**

*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 copay amount required by the SHP PPO. 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.*