

State Health Plan PPO Medicare Supplemental

Physician Office Services	
Office Visits	Covered – up to \$15 copay
Outpatient and Home Visits	Covered – 100% after deductible
Office Consultations	Covered – up to \$15 copay
Preventive Services (Limited to \$1,500 per calendar year per person)	
Annual flu shot	Covered – 100%
Annual Gynecological Exam	Covered – 100% one per calendar year
Fecal Occult Blood Screening	Covered – 100% beginning at age 50, one per calendar year
Flexible Sigmoidoscopy Exam	Covered – 100% one every 5 years
Health Maintenance Exam – includes chest X-ray, EKG and select lab procedures	Covered – 100% one per calendar year
Hepatitis C screening covered for those at risk (no age limit)	Covered – 100%
Immunizations	Covered – 100%
Pap Smear Screening – laboratory services only	Covered – 100% one per calendar year
Prostate Specific Antigen (PSA) Screening	Covered – 100% one per calendar year
Well-Baby and Child Care	Covered – 100% – 6 visits per year through age 1 – 2 visits per year age 2 through 3 – 1 visit per year age 4 through 15
Preventive Services (Not subject to \$1,500 maximum)	
Colonoscopy Exam	Covered – 100% one every 10 years
Mammography Screening	Covered – 100% one per calendar year, no age restrictions
Services (Other)	
Acupuncture Therapy Benefit – Under the supervision of a MD/DO	Covered – 90% after deductible (up to 20 visits annually)
Allergy Testing and Therapy	Covered – 100% after deductible
Chiropractic Spinal Manipulation	Covered – up to \$15 copay
Durable Medical Equipment, Prosthetic and Orthotic Appliances	Covered 100% – in-state through Support Covered 90% – after deductible out-of-state through BCBSM
Hearing Aids	Covered 100% for basic model only (Once every 36 months unless significant hearing loss occurs)
Hearing Medical Clearance Exam	Covered – up to \$15 copay
Outpatient Physical, Speech and Occupational Therapy	
– Facility and Clinic	Covered – 100% after deductible
– Physician's Office	Covered – 100% after deductible Up to a combined maximum of 90 visits per year after Medicare benefits exhausted
Private Duty Nursing	Covered – 90% after deductible
Weight Loss Benefit	\$300 (lifetime maximum for non-medical, weight reduction)
Wig, Wig Stand, Adhesives	\$300 (lifetime maximum) No maximum for additional wigs covered for children due to growth.
Surgical Services	
Surgery - includes related surgical services	Covered – 100% after deductible
Voluntary Sterilization	Covered – 100% after deductible

Deductible, Copays and Out-of-pocket Dollar Maximums	
Deductible	\$300 per member \$600 per family
Copays	
Fixed-Dollar Copays	Up to \$15 for office visits, office consultations, urgent care visits, osteopathic and chiropractic spinal manipulations, medical eye exams and medical hearing exams (deductible not applicable) \$50 emergency room (waived if admitted)
Percent Copays	10% private duty nursing, acupuncture and durable medical equipment, prosthetic and orthotic appliances when covered out-of-state by BCBSM
Annual out-of-pocket dollar maximums	\$1,000 per member \$2,000 per family