

State High Deductible Health Plan with HSA

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Benefits at a glance For State of Michigan Employees*

January 1 through December 31, 2025

*Deferred Retirement Option Plan (DROP) employees and Other Eligible Adult Individuals (OEAIs) and their dependents are not eligible for this plan.

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 \$1,650 - Employee only \$3,300 - Family \$3,300 - Family \$3,300 - Family Coinsurance 20% for most services 40% for acupuncture 40% for most services Fourth quarter carryover N/A *The embedded out-of-pocket maximum (OOPM) means that no net family member can contribute more than the individual amount toward the family OOPM the annual out-of-pocket maximum (OOPM) means that no net family member can contribute more than the individual amount toward the family OOPM the annual out-of-pocket maximum (OOPM) means that no net family of any combination of family members. 2* The individual docLible only applies to any one family member. The family OOPM is the collective amount that could be paid to recovered services during the plan year. The angloyee plus spouse and/or out-dependents. Any one member of the family or any combination of family members may fulfil the entire family deductible The applicable deductible must be talified prior to services being paid by the plan. Preventive services For a complete list, visit www.bcbsm.com/som Not covered Adult vaccinations Childhood immunizations Colonoscopy Covered 100% Colonoscopy Not covered Covered 100% Not covered Resible sigmoidoscopy Not covered Mamography		In network	Out of network	
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Diagnostic mammography	Observation care			
	Diagnostic tests and radiation services			
Diagnostic tests	Diagnostic mammography	Covered 80% after deductible Covered 60% after deducti		
	Diagnostic tests			
Lab and pathology tests	Lab and pathology tests			
Covered 80% after deductible Covered 60% after deductible	Position Emission Tomography (PET) scans		Covered 60% after deductible	
Radiation therapy	Radiation therapy			
X-rays, ultrasound, MRI and CAT scans	X-rays, ultrasound, MRI and CAT scans			

	In network	Out of network
Maternity services provided by a physician or o	certified nurse midwife	
Prenatal care	Covered 100%	
Delivery and nursery care	Covered 80% after deductible	Covered 60% after deductible
Postnatal care	Covered 100%	
Hospital care (medical services)		
Chemotherapy		
Consultations – inpatient and outpatient (Including pre-surgical)	Covered 80% after deductible	Covered 60% after deductible
Inpatient care – unlimited days		
Hospital care (behavioral health/substance use	disorder services) – Inpatient	
Hospital care – behavioral health (requires prior authorization)		
Hospital care – substance use disorder (requires prior authorization)		
Inpatient mental health – Authorization required (unlimited days)	Covered 80% after deductible	Covered 60% after deductible
Consultations		
Neuropsychological testing		
Psychological testing		
Alternatives to hospital care		
Home health care (unlimited visits)	Covered 80% after deductible (participating providers only)	
Hospice care	Covered 80% after deductible (Limited to the lifetime dollar maximum that is adjusted annually by the State; participating provider only)	Not covered
Home Infusion Therapy (HIT) therapy (Must be rendered by a participating HIT provider or participating freestanding Ambulatory Infusion Center)	Covered 80% after deductible	
Private duty nursing (requires prior authorization)		Covered 60% after deductible
Skilled nursing care (Up to 120 days per confinement)	Covered 80% after deductible (in a Blue Cross-approved facility)	Not Covered
Urgent care visit	Covered 80% after deductible	Covered 60% after deductible
Human organ transplants – Contact HOTP at 1-8	800-242-3504 for additional crit	eria and information
Bone marrow	Covered 80% after deductible (in designated facilities)	Not covered
Kidney, cornea and skin	Covered 80% after deductible	Covered 60% after deductible
Liver, heart, lung, pancreas and other specified organs	Covered 80% after deductible (in designated facilities)	Not covered
Surgical services		
Surgery	Covered 80% after deductible	
Voluntary female sterilization	Covered 100%	Covered 60% after deductible
Voluntary male sterilization	Covered 80% after deductible	

State High Deductible Health Plan with HSA

State High Deduct	ible Health Plan w	vith HSA
	In network	Out of network
Behavioral health services		
Applied Behavioral Analysis (ABA) (Authorization required)	Covered 80% after deductible	Covered 60% after deductible
Intensive Outpatient Program (IOP) (2:1 to inpatient)		
Neuropsychological testing – outpatient or office	Covered 80% a	after deductible
Outpatient mental health including physician's office	Covered 80% after deductible	Covered 60% after deductible
Partial hospital (2:1 to inpatient – authorization required)		
Psychological testing – outpatient or office setting	Covered 80% a	after deductible
Residential mental health treatment (Authorization required)	Covered 80% after deductible	Not covered
Substance use disorder services		
Halfway house (2:1 to inpatient, only if clinical services are provided – authorization required)		
Intensive Outpatient Program (IOP) (2:1 to inpatient)		
Outpatient substance use disorder	Covered 80% after deductible	Covered 60% after deductible
Partial Hospitalization Program (PHP) (2:1 to inpatient – authorization required)		
Residential substance use disorder treatment (Authorization required)		
Hearing care (Participating Providers Only)		
Audiometric exam		Not covered
Hearing aid evaluation and conformity test		
Hearing aids (standard only)	Covered 80% after deductible	
Hearing aid (ordering and fitting)		
Medical hearing clearance exam		Covered 60% after deductible
Other services		
Acupuncture	Covered 60% after deductible acupuncturist or under the s	(if performed by a participating upervision of a M.D. or D.O.)
Allergy testing, therapy and injections	Covered 80% after deductible	Covered 60% after deductible
Anesthesia	Covered 80% a	after deductible
Cardiac rehabilitation Phase 1 and Phase 2		
Chiropractic / spinal manipulation 24 visits per calendar year	Covered 80% after deductible	Covered 60% after deductible
Hemodialysis		
Durable medical equipment; prosthetic and orthotic appliances and medical supplies		Covered 60% after deductible (plus the difference between charge and approved amount)
Home visits		Covered 60% after deductible
Injections		

	In network	Out of network
Other services continued		
Office consultations		Covered 60% after deductible
Office visit		
Outpatient hospital and home visits	Covered 80% after deductible	
Outpatient physical, speech occupational and massage therapy (90 combined visits per calendar year) ³		
Rabies treatment after initial emergency room visit		
Rural health clinic		
Sleep studies		
Specified oncology trials (Phases 1, 2, 3 and 4)	Covered 80% after deductible (designated cancer center)	
Telehealth – Blue Cross online tool (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		

³Physical, Occupational, and Speech therapy services related to autism treatment are not subject to the combined benefit maximum of 90 visits.

Questions?

For the full list of benefits, view the 2025 State HDHP with HSA benefit guide at **bcbsm.com/som**.

Contact Blue Cross State of Michigan Customer Service toll-free at 1-800-843-4876 Optum Rx Customer Service Center (toll-free): 1-866-633-6433



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Learn more. Website: bcbsm.com/som

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This benefit chart is intended as an easy-to-ready 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 Blue Cross-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.