Blue Cross Blue Shield Blue Care Network of Michigan

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State High Deductible Health Plan with HSA

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.

	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]	$1,650 – Employee only $3,300 – Family	$3,300 – Employee only $6,600 – Family
Coinsurance	20% for most services 40% for acupuncture	40% for most services
Fourth quarter carryover	N/A	

[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.

[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.

Preventive services **For a complete list, visit www.bcbsm.com/som**		
Annual gynecological exam	Covered 100%	Not covered
Annual physical		
Adult vaccinations		
Childhood immunizations		Covered 60% after deductible
Colonoscopy		
Contraceptive services – devices, counseling, medications and injections		
Fecal occult blood screening		Not covered
Flexible sigmoidoscopy		
Mammography		Covered 60% after deductible
Pap smear screening (lab only)		Not covered
Prostate screening		
Well-baby visits		
Emergency medical care		
Ambulance services – medically necessary	Covered 80% after deductible	
Emergency room		
Emergency medical care – physician services		
Observation care		
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	Covered 100%	
Hospital care (medical services)		
Chemotherapy	Covered 80% after deductible	Covered 60% after deductible
Consultations – inpatient and outpatient (Including pre-surgical)		
Inpatient care – unlimited days		
Hospital care (behavioral health/substance use disorder services) – Inpatient		
Hospital care – behavioral health (requires prior authorization)	Covered 80% after deductible	Covered 60% after deductible
Hospital care – substance use disorder (requires prior authorization)		
Inpatient mental health – Authorization required (unlimited days)		
Consultations		
Neuropsychological testing		
Psychological testing		
Alternatives to hospital care		
Home health care (unlimited visits)	Covered 80% after deductible (participating providers only)	Not covered
Hospice care	Covered 80% after deductible (Limited to the lifetime dollar maximum that is adjusted annually by the State; participating provider only)	
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 1-800-242-3504 for additional criteria 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	Covered 60% after deductible
Voluntary female sterilization	Covered 100%	
Voluntary male sterilization	Covered 80% after deductible	

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	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% 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% 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)	Covered 80% after deductible	Covered 60% after deductible
Intensive Outpatient Program (IOP) (2:1 to inpatient)		
Outpatient substance use disorder		
Partial Hospitalization Program (PHP) (2:1 to inpatient – authorization required)		
Residential substance use disorder treatment (Authorization required)		
Hearing care (Participating Providers Only)		
Audiometric exam	Covered 80% after deductible	Not covered
Hearing aid evaluation and conformity test		
Hearing aids (standard only)		
Hearing aid (ordering and fitting)		
Medical hearing clearance exam		Covered 60% after deductible
Other services		
Acupuncture	Covered 60% after deductible (if performed by a participating acupuncturist 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		
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 80% after deductible	Covered 60% after deductible
Office visit		
Outpatient hospital and home visits		
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		

[3]Physical, 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

Blue Cross Blue Shield Blue Care Network of Michigan

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Learn more.

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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.