



State Health Plan PPO

(Michigan State Police Troopers Association)

	In-network	Out-of-network
Cost-share		
Annual out-of-pocket dollar maximums	\$1,000 per member \$2,000 per family	\$2,000 per member \$4,000 per family
Annual deductibles	\$300 per member \$600 per family	\$600 per member \$1,200 per family
Coinsurance	10% for acupuncture and private duty nursing	10% for most services 50% for mental health and substance abuse
Fixed dollar copays	\$15 for office and urgent care visits, medical eye exam, medical hearing exam, chiropractic and osteopathic manipulation \$50 for emergency room	N/A
<p>The deductible amounts for the State Health Plan PPO are effective January 1, 2015 and renew annually on a calendar year basis. Starting in the October 2014 plan year, the in-network annual out-of-pocket dollar maximums apply to in-network deductibles, fixed dollar copays and in-network coinsurance.</p>		

	In-network	Out-of-network
Diagnostic tests and radiation services		
Diagnostic mammography	100% after deductible	90% after deductible
Diagnostic tests		
Lab and pathology tests		
Position Emission Tomography (PET) scans		
Radiation therapy		
X-rays, ultrasound, MRI and CAT scans		
Emergency medical care		
Ambulance services	100% after deductible	
Emergency room	\$50 copay* (waived if admitted as inpatient)	
Hearing care		
Audiometric exam	Participating 100%	Non-participating Not covered when provided by a nonparticipating provider in Michigan.
Hearing aid evaluation and conformity test		
Hearing aid (ordering and fitting)		
Hearing aids (standard only)		
Medical hearing clearance exam	\$15 copay*	90% after deductible
Hospital care		
Chemotherapy	100% after deductible	90% after deductible
Consultations – inpatient and outpatient		
Inpatient care – unlimited days	100% after deductible	90% after deductible
Alternatives to hospital care		
Home health care (unlimited visits)	100% after deductible (participating provider only)	
Hospice care	100% Limited to the lifetime dollar maximum that is annually adjusted by the State	
Private duty nursing	90% after deductible	
Skilled nursing care	100% after deductible (120 skilled days per admission period)	
Urgent care visit	\$15 copay*	90% after deductible



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Human organ transplants – Contact HOTP at 800-242-3504 for additional criteria and information		
Bone marrow	100% after deductible	
Kidney, cornea and skin	100% after deductible	90% after deductible
Liver, heart, lung, pancreas and other specified organs	100% in designated facilities only	
	In-network	Out-of-network
Maternity services provided by a physician or certified nurse midwife		
Delivery and nursery care	100% after deductible	90% after deductible
Postnatal care	100% after deductible	90% after deductible
Prenatal care	100%	90% after deductible
Other services		
Acupuncture	90% after deductible	
Allergy testing and therapy	100% after deductible	90% after deductible
Anesthesia	100% after deductible	
Cardiac rehabilitation	100% after deductible	90% after deductible
Chiropractic / spinal manipulation – 24 visits per calendar year	\$15 copay*	90% after deductible
Durable medical equipment; prosthetic and orthotic appliances and medical supplies	100%	80% of BCBSM-approved amount (member responsible for difference)
Injections	100% after deductible	90% after deductible
Observation care	100% after deductible	
Office consultations	\$15 copay*	90% after deductible
Office visit		
Osteopathic manipulation therapy		
Outpatient hospital and home visits	100% after deductible	90% after deductible
Outpatient physical, speech and occupational therapy	100% after deductible	
Wig, wig stand, adhesives	\$300 lifetime maximum Additional wigs covered for children due to growth	
Surgical services		
Surgery	100% after deductible	90% after deductible
Vasectomy	100% after deductible	90% after deductible
Voluntary female sterilization	100%	90% after deductible
Preventive services		
Annual gynecological exam	100%	Not covered
Annual physical	100%	Not covered
Adult vaccinations	100%	Not covered
Childhood immunizations	100%	90% after deductible
Colonoscopy	100%	90% after deductible
Mammography	100%	90% after deductible
Prostate screening	100%	Not covered
Well-baby visits	100%	Not covered



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Mental Health and Substance Abuse – Administered through Magellan Behavioral Health		
Mental health – inpatient	100% (up to 365 days per year)	50% (up to 365 days per year)
Mental health – outpatient	90% of network rates	50% of network rates
Alcohol and chemical dependency – inpatient	100%	50%
Alcohol and chemical dependency - outpatient (\$3,500 per calendar year)	90% of network rates	50% of network rates

Prescription drugs (administered through MedImpact)		
Retail (34-day supply)	Tier 1: Generic	\$10 copay
	Tier 2: Preferred Brand	\$20 copay
	Tier 3: Non-Preferred Brand	\$40 copay
Mail Order (90-day supply)	Tier 1: Generic	\$20 copay
	Tier 2: Preferred Brand	\$40 copay
	Tier 3: Non-Preferred Brand	\$80 copay

Questions?
Contact BCBSM’s State of Michigan
Customer Service toll-free at 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.

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