2021 Comparison of PPO, State HDHP, & HMO Plans

	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		**State High Deductible Health Plan with HSA[1]** Blue Cross Blue Shield of Michigan		**HMO (85%)[2]** BCN, HAP, McLaren, PHP, Priority Health
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**
Preventive Services					
Health maintenance exam, 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Annual gynecological exam, 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Pap smear screening - laboratory services only[3], 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Well-baby and child care	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Immunizations, annual flu shot, & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Childhood Immunization (through age 16)	Covered 100%	Covered 80%	Covered 100%	Covered 60% after deductible	Covered 100%
Fecal occult blood screening[3]	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Flexible sigmoidoscopy[3]	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Prostate specific antigen screening[3], 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Mammography[3]	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 60% after deductible	Covered 100%
Colonoscopy[3]	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 60% after deductible	Covered 100%

[1] MSPTA, bargaining unit T01, and OEAIs are excluded from enrollment in the State HDHP with HSA.

[2] The State will pay up to 85% of the applicable HMO total premium, capped at the dollar amount which the State pays for the same coverage code under the SHP PPO.

[3] Patient Protection and Affordable Care Act (PPACA) guidelines apply.

Physician Office Services					
Office visits, consultations, and urgent care visits	$20 copay (deductible not applicable)	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	$20 copay (deductible not applicable)
Outpatient and home visits	Covered 90% after deductible				
Telemedicine - via the Carrier's online vendor	$10 copay[4] (deductible not applicable)	Not Covered	Covered 80% after deductible	Not covered	$10 copay[4] (deductible not applicable)
Telemedicine - via the Provider's online tool	$20 copay[5] (deductible not applicable)	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	$20 copay (deductible not applicable)

[4] $10 copay for Telemedicine via an HMO's online vendor applies to both Medical and Behavioral Health (if available through the carrier). $10 copay for Telemedicine via BCBSM's online vendor for Medical applies to for the SHP PPO. $10 copay or 10% coinsurance (whichever is less) for Telemedicine via BCBSM's online vendor for Behavioral Health applies for the SHP PPO. $20 telemedicine copay applies for MSPTA, bargaining unit T01, for both Medical and Behavioral Health.

[5] $20 copay or 10% coinsurance (whichever is less) for Telemedicine via an in-network provider's online tool for Behavioral Health.

Emergency Medical Care					
Hospital emergency room for medical emergency or accidental injury	$200 copay (Waived if admitted as inpatient)		Covered 80% after deductible		$200 copay (Waived if admitted as inpatient)
Ambulance services - medically necessary	Covered 90% after deductible				Covered 100% after deductible
Diagnostic Services					
Laboratory and pathology tests	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100%
Diagnostic tests and x-rays					Covered 100% after deductible
Radiation therapy					
Maternity Services (Includes care by a certified nurse midwife SHP PPO Only)					
Prenatal care	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 60% after deductible	Covered 100%
Postnatal care	Covered 90% after deductible		Covered 80% after deductible		$20 copay
Delivery and nursery care					Covered 100% after deductible
Hospital Care					
Semi-private room, inpatient physician care, general nursing care, hospital services, and supplies	Covered 90% after deductible (unlimited days)	Covered 80% after deductible (unlimited days)	Covered 80% after deductible (unlimited days)	Covered 60% after deductible (unlimited days)	Covered 100% after deductible (unlimited days)
Inpatient consultations	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100% after deductible
Chemotherapy					

2021 Comparison of PPO, State HDHP, & HMO Plans

	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		**State High Deductible Health Plan with HSA[1]** Blue Cross Blue Shield of Michigan		**HMO (85%)[2]** BCN, HAP, McLaren, PHP, Priority Health
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**
Alternative to Hospital Care					
Skilled nursing care	Covered 90% after deductible (must be rendered in a participating skilled nursing facility; up to 120 days per confinement)		Covered 80% after deductible - (must be rendered in a participating skilled nursing facility; up to 120 days per confinement)		Covered 100% after deductible (up to 120 days per confinement)
Hospice care	Covered 100% (must be rendered in a participating hospice program; limited to the lifetime dollar maximum that is adjusted annually by the State)		Covered 80% after deductible - (must be rendered in a participating hospice program; limited to the lifetime dollar maximum that is adjusted annually by the State)		Covered 100% after deductible
Home health care	Covered 90% after deductible (participating providers only; unlimited visits)		Covered 80% after deductible - (participating providers only; unlimited visits)		Check with your HMO
Surgical Services					
Surgery - includes related surgical services	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100% after deductible
Male vasectomy					
Female voluntary female sterilization	Covered 100%		Covered 100%		Covered 100%
Human Organ Transplants					
Bone marrow-specific criteria applies	Covered 100% after deductible in designated facilities		Covered 80% after deductible (in designated facilities when pre-approved)		Covered 100% after deductible in designated facilities
Kidney, cornea, and skin	Covered 90% after deductible in designated facilities		Covered 80% after deductible (payable when rendered in a participating hospital or a participating ambulatory surgery facility)		Covered 100% after deductible subject to medical criteria
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% (in designated facilities)		Covered 80% after deductible (in designated facilities)		Covered 100% after deductible in designated facilities
Other Services					
Allergy testing and therapy (non-injection)	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100% after deductible
Allergy injections					Covered 100%
Acupuncture	Covered 80% after deductible (if performed by or under the supervision of a M.D. or D.O.)		Covered 60% after deductible (if performed by or under the supervision of a M.D. or D.O.)		Check with your HMO
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	$20 copay for office visit Injections Covered 100%
Autism - Spectrum Disorder Applied Behavioral Analysis (ABA) treatment			Covered 80% after deductible	Covered 60% after deductible	Covered 100% after deductible
Chiropractic/spinal manipulation	$20 copay (Up to 24 visits per calendar year)	Covered 80% after deductible (Up to 24 visits per calendar year)	Covered 80% after deductible (up to 24 visits per calendar year)	Covered 60% after deductible (up to 24 visits per calendar year)	Check with your HMO
Durable medical equipment	Covered 100%	Covered 80% of approved amount	Covered 80% after deductible	Covered 60% after deductible (based on BCBSM approved amount)	
Prosthetic and orthotic appliances					
Private duty nursing	Covered 80% after deductible		Covered 60% after deductible		
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of $300. (Additional wigs covered for children due to growth).		Not covered	Not covered	
Hearing Care Exam	$20 copay for office visit	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	

2021 Comparison of PPO, State HDHP, & HMO Plans

	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		**State High Deductible Health Plan with HSA[1]** Blue Cross Blue Shield of Michigan		**HMO (85%)[2]** BCN, HAP, McLaren, PHP, Priority Health
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**
Behavioral Health / Substance Use					
Behavioral Health Benefit - Inpatient	Covered 100% (up to 365 days per year)[6] requires authorization	Covered 50% (up to 365 days per year)[6] requires authorization	Covered 80% after deductible (unlimited days)[6] requires authorization	Covered 60% after deductible (unlimited days)[6] requires authorization	Check with your HMO; Inpatient services subject to deductible
Behavioral Health Benefit - Outpatient	As necessary Covered 90% of network rates	As necessary Covered 50% of network rates	Covered 80% after deductible	Covered 60% after deductible	Check with your HMO
Intensive Outpatient Program (IOP) - Behavioral Health and Substance Use	Covered 100%	Covered 50%	Covered 80% after deductible	Covered 60% after deductible	Check with your HMO; Inpatient services subject to deductible
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100%[7] Halfway House 100% (requires authorization)	Covered 50%[7] Halfway House 50% (requires authorization)	Covered 80%[7] after deductible (requires authorization)	Covered 60%[7] after deductible (requires authorization)	Check with your HMO; Inpatient services subject to deductible
Alcohol & Chemical Dependency Benefits - Outpatient	Covered 90%[8] of network rates	Covered 50%[8] of network rates	Covered 80% after deductible	Covered 60% after deductible	Check with your HMO

[6] Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

[7] Two 28-day admissions per year with at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

[8] MSPTA, bargaining unit T01, $3,500 per calendar year limitation pertains to outpatient services for chemical dependency only.

Outpatient Physical, Speech, Occupational, and Massage Therapy[9] (Combined maximum of 90 visits per calendar year)					
Outpatient Physical, Speech, Occupational, and Massage therapy - facility and clinic services[10]	Covered 90% after deductible	Covered 90% after deductible	Covered 80% after deductible	Covered 60% after deductible	$20 copay
Outpatient physical therapy - physician's office		Covered 80% after deductible			

[9] Massage therapy is not a covered benefit under the HMOs.

[10] Massage therapy is performed by a massage therapist must be supervised by a chiropractor and be part of a formal course of physical therapy. Massage therapy is provided as part of a formal course of physical therapy treatment and when billed alone is not a covered benefit.

Deductible, Copays, Out-of-Pocket Maximum, and Prescription Drugs					
Deductible[11]	$400/individual[12] $800/family	$800/individual[12] $1,600/family	$1,500/individual[13] $3,000/family	$3,000/individual[13] $6,000/family	$125/individual[14] $250/family
Coinsurance	10% for most services. 20% for acupuncture and private duty nursing	20% for most services 50% for mental health and substance use	20% for most services 40% for acupuncture and private duty nursing	40% for most services	N/A
Out-Of-Pocket Maximum[15]	$2,000/individual $4,000/family	$3,000/individual $6,000/family	$4,000/individual $8,000/family	$8,000/individual $16,000/family	$2,000/individual $4,000/family
Health Savings Account (HSA) Employer Annual Contribution	N/A		$750/individual[16] $1,500/family		N/A
Prescription Drug copays	Retail-$10/$30/$60 Mail Order-$20/$60/$120		**After deductible is met, the following copays apply[17]:** Retail-$10/$30/$60 Mail Order-$20/$60/$120		Retail-$10/$30/$60 Mail Order-$20/$60/$120

[11] Deductible amounts for all health plans are effective January 1 and renew annually on a calendar basis. The deductible for the HDHP is combined for medical and pharmacy.

[12] The SHP PPO individual deductible ($400 In-Network/$800 Out-of-Network) is the maximum amount that applies to any one family member. The family deductible ($800 In-Network/$1,600 Out-of-Network) is the combined maximum deductible amount that applies to any combination of family members. One family member is not required to reach the individual deductible before that family deductible can be met. Additionally, one family member cannot contribute in excess of the maximum amount of the individual deductible.

[13] The HDHP Individual deductible ($1,500 In-Network/$3,000 Out-of-Network) only applies to employee only coverage. The HDHP Family deductible ($3,000 In-Network/$6,000 Out-of-Network) applies to the coverage of employee plus spouse and/or other dependents. The applicable deductible must be fulfilled prior to services being paid by the plan. Any one member of the family or any combination of family members may fulfill the entire family deductible.

[14] The HMO individual deductible ($125 In-Network) is the maximum amount that applies to any one family member. The family deductible ($250 In-Network) is the combined maximum deductible amount that applies to any combination of family members. One family member is not required to reach the individual deductible before that family deductible can be met. Additionally, one family member cannot contribute in excess of the maximum amount of the individual deductible. Check with your HMO to see if any Out-of-Network services are covered and the applicable Out-of-Network deductible that would apply.

[15] Out-Of-Pocket Maximum amounts for all health plans are effective January 1 and renew annually on a calendar basis. Only In-Network deductibles, fixed-dollar copayments, prescription drug copayments, and coinsurance apply toward the out-of-pocket maximum.

[16] Funded 100% on the 1st pay period of each plan year. The State will make a contribution of $750 for an individual employee or $1,500 for employees who enroll effective January 1st with one or more dependents. This contribution will be prorated for employees who enroll mid-year based on the number of pay periods remaining in the plan year at the time of enrollment in the HDHP.

[17] The deductible does not apply to certain preventive medications under the State HDHP with HSA.