2018-2019 Comparison of PPO & HMO Plans

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

[1]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.
[2]American Cancer Society guidelines apply.

Physician Office Services			
Office visits, consultations, and urgent care visits	$20 copay (deductible not applicable)	Covered 80% after deductible	$20 copay (deductible not applicable)
Tele-Medicine	$20 copay (deductible not applicable)	Covered 80% after deductible	Check with your HMO
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	$20 copay (deductible not applicable)
Emergency Medical Care[3]			
Hospital emergency room for medical emergency or accidental injury	$200 copay (Waived if admitted as inpatient)		$200 copay (Waived if admitted as inpatient)
Ambulance services - medically necessary	90% after deductible		100% after deductible

[3]Emergency room and Physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered $25 maximum.

Diagnostic Services			
Laboratory and pathology tests	90% after deductible	80% after deductible	100%
Diagnostic tests and x-rays			100% after deductible
Radiation therapy			
Maternity Services (Includes care by a certified nurse midwife SHP PPO Only)			
Prenatal care	100%	80% after deductible	Covered 100%
Postnatal care	90% after deductible		$20 copay
Delivery and nursery care[4]			100% after deductible

[4]Delivery and well-baby care in the hospital are covered 100% under the Catastrophic Health Plan

Hospital Care			
Semi-private room, inpatient physician care, general nursing care, hospital services, and supplies	90% after deductible, unlimited days	80% after deductible, unlimited days	100% after deductible, unlimited days
Inpatient consultations	90% after deductible	80% after deductible	100% after deductible
Chemotherapy			
Alternative to Hospital Care			
Skilled nursing care up to 120 days per confinement	90% after deductible		100% after deductible
Hospice care	100% (Limited to the lifetime dollar maximum that is adjusted annually by the State)		100% after deductible
Home health care	90% after deductible, unlimited visits		Check with your HMO
Surgical Services			
Surgery - includes related surgical services	90% after deductible	80% after deductible	100% after deductible
Male vasectomy			100% after deductible
Female voluntary female sterilization	100%		100%
Human Organ Transplants			
Liver, heart, lung, pancreas, and other specified organ transplants	100% in designated facilities only. Up to $1 million lifetime maximum for each organ transplant.		100% after deductible in designated facilities
Bone marrow-specific criteria apply	100% after deductible in designated facilities		100% after deductible in designated facilities
Kidney, cornea, and skin	90% after deductible in designated facilities	80% after deductible	100% after deductible subject to medical criteria

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	In-Network	**Out-of-Network**	**In-Network**
Other Services			
Allergy testing and therapy (non-injection)	90% after deductible	80% after deductible	100% after deductible.
Allergy injections	90% after deductible	80% after deductible	100%
Acupuncture	80% 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	90% after deductible	80% after deductible	Office visit - $20 copay. Injections covered 100%
Autism - Spectrum Disorder Applied Behavioral Analysis (ABA) treatment	90% after deductible	80% after deductible	100% after deductible
Chiropractic/spinal manipulation	$20 copay - Up to 24 visits per calendar year	80% after deductible - Up to 24 visits per calendar year	Check with your HMO
Durable medical equipment	100%	80% of approved amount	Check with your HMO
Prosthetic and orthotic appliances - *Support Program*			
Private duty nursing	Covered 80% after deductible		Check with your HMO
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of $300. (Additional wigs covered for children due to growth).		Check with your HMO
Hearing Care Exam	$20 copay for office visit	80% after deductible	Check with your HMO
Mental Health/Substance Abuse			
Mental Health Benefit - Inpatient	100% up to 365 days per year[5]	Covered 50% up to 365 days per year	Check with your HMO; Inpatient services subject to deductible
Mental Health Benefit - Outpatient	As necessary 90% of network rates 10% copay	As necessary 50% of network rates	Check with your HMO
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100%[6] Halfway House 100%	Covered 50%[7] Halfway House 50%	Check with your HMO; Inpatient services subject to deductible
Alcohol & Chemical Dependency Benefits - Outpatient	$3,500 per calendar year 90% of network rates. 10% copay[7]	$3,500 per calendar year 50% of network rates	Check with your HMO

[5]Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.
[6]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.
[7]$3,500 per calendar year limitation pertains to services for chemical dependency only.

Outpatient Physical, Speech, and Occupational Therapy (Combined maximum of 90 visits per calendar year)			
Outpatient Physical, speech, and occupational therapy - facility and clinic services	90% after deductible	90% after deductible	$20 copay
Outpatient physical therapy - physician's office		80% after deductible	
Deductible, Copays, Out-of-Pocket Maximum, and Prescription Drugs			
Deductible[8]	$400/member & $800/family	$800/member & $1,600/family	$125/member & $250/family
Co-insurance	10% for most services. 20% for acupuncture and private duty nursing	20% for most services 50% for mental health/substance abuse	n/a
Out-Of-Pocket Maximum[9]	$2,000/member & $4,000/family	$3,000/member & $6,000/family	$2,000/member & $4,000/family
Prescription Drug copays	Retail-$10/$30/$60 Mail Order-$20/$60/$120		Retail-$10/$30/$60 Mail Order-$20/$60/$120

[8]Deductible amounts for the SHP PPO renew annually each January with the start of the new plan year. Deductible amounts for the HMOs renew annually each October with the start of the new plan year.
[9]In-network deductibles, in-network fixed-dollar copayments, in-network prescription drug copayments, and in-network co-insurance all apply toward the out-of-pocket maximum.