2019-2020 Comparison of Medicare Retiree PPO & HMO Plans

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

[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)	70% after deductible
Tele-Medicine	Not Covered	Not Covered	Check with your HMO	Check with your HMO
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	$20 copay (deductible not applicable)	Not Covered
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%	80%
Diagnostic tests and x-rays			100% after deductible	80% after deductible
Radiation therapy				
Maternity Services (Includes care by a certified nurse midwife SHP PPO Only)				
Prenatal care	100%	80% after deductible	Covered 100%	Varies per plan
Postnatal care	90% after deductible		$20 copay	Varies per plan
Delivery and nursery care[4]			100% after deductible	Varies per plan

[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	Varies per plan
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	Varies per plan
Hospice care	100% (Limited to the lifetime dollar maximum that is adjusted annually by the State)		100% after deductible	Varies per plan
Home health care	90% after deductible, unlimited visits		Check with your HMO	Varies per plan
Surgical Services				
Surgery - includes related surgical services	90% after deductible	80% after deductible	100% after deductible	Varies per plan
Male vasectomy			100% after deductible	Varies per plan
Female voluntary female sterilization	100%		100%	Varies per plan
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	Varies per plan
Bone marrow-specific criteria apply	100% after deductible in designated facilities		100% after deductible in designated facilities	Varies per plan
Kidney, cornea, and skin	90% after deductible in designated facilities	80% after deductible	100% after deductible subject to medical criteria	

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Other Services				
Allergy testing and therapy (non-injection)	90% after deductible	80% after deductible	100% after deductible.	Varies per plan
Allergy injections	90% after deductible	80% after deductible	100%	Varies per plan
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%	Varies per plan
Autism - Spectrum Disorder Applied Behavioral Analysis (ABA) treatment	90% after deductible	80% after deductible	100% after deductible	Varies per plan
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	Varies per plan
Durable medical equipment	100%	80% of approved amount	Check with your HMO	Varies per plan
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	Varies per plan
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	Varies per plan
Mental Health Benefit - Outpatient	As necessary 90% of network rates 10% copay	As necessary 50% of network rates	Check with your HMO	Varies per plan
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	Varies per plan
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	Varies per plan

[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	Varies per plan
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	$300/member & $600/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, and in-network co-insurance all apply toward the out-of-pocket maximum. Beginning with the October 2015 plan year, prescription drug copayments in the SHP PPO also apply to the annual out-of-pocket maximum.