



Benefits at a glance For State of Michigan Medicare Retirees

	In-network
Cost share	
Annual out-of-pocket dollar maximum	\$2,000 per member \$4,000 per family
Annual deductibles	\$400 per member \$800 per family
Coinsurance	10% for most services 20% for acupuncture and private duty nursing
Fixed dollar copays	\$50 for emergency room visits \$20 for office and urgent care visits, medical eye exam, medical hearing exam, osteopathic and chiropractic manipulation
Preventive services – Limited to \$1500 per calendar year per person (for most services). For the entire list of services, go to bcbsm.com/som .	
Annual Gynecological Exam	100%
Annual physical	100%
Adult vaccinations	100%
Colonoscopy	100%
Mammography	100%
Prostate screening	100%
Emergency medical care	
Ambulance services	90% after deductible
Emergency room	Up to \$50 copay \$200 for Non-Medicare retirees (waived if admitted as inpatient)
Observation care	90% after deductible; No network required
Diagnostic Tests and Radiation Services	
Diagnostic mammography	90% after deductible
Diagnostic tests	
Lab and pathology tests	
Position Emission Tomography (PET) scans	
Radiation therapy	
X-rays, ultrasound, MRI and CAT scans	

	In-network
Hospital Care	
Chemotherapy	90% after deductible
Consultations – inpatient and outpatient	
Inpatient care – unlimited days	
Alternatives to Hospital Care	
Home health care (unlimited visits)	90% after deductible (participating provider only)
Hospice Care	100% (Limited to the lifetime dollar maximum that is adjusted annually by the State)
Private duty nursing	80% after deductible
Skilled nursing care	90% after deductible (120 skilled days per benefit period)
Urgent care visit	Up to \$20 copay
Human organ transplants – Contact HOTP at 800-242-3504 for additional criteria and information	
Bone marrow	100% in designated facilities
Kidney, cornea and skin	90% after deductible
Liver, heart, lung, pancreas and other specified organs	100% in designated facilities
Surgical services	
Surgery	90% after deductible
Vasectomy	
Voluntary female sterilization	



	In-network
Hearing care	
Audiometric exam	Participating 100%
Hearing aid evaluation and conformity test	
Hearing aid (ordering and fitting)	
Hearing aids (standard only)	
Medical hearing clearance exam	Up to \$20 copay
Other Services	
Acupuncture	80% after deductible
Allergy testing and therapy	90% after deductible
Anesthesia	
Cardiac rehabilitation	
Chiropractic / spinal manipulation 24 visits per calendar year	Up to \$20 copay
Durable medical equipment; prosthetic and orthotic appliances and medical supplies	100%
Injections	90% after deductible
Office consultations	Up to \$20 copay
Office visit	
Osteopathic manipulation therapy	
Outpatient physical, speech and occupational therapy	90% after deductible
Wig, wig stand, adhesives	\$300 lifetime maximum

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.

Questions?

Contact BCBSM's State of Michigan Customer Service toll-free at 1-800-843-4876



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