



Benefits at a glance For State of Michigan Non Medicare Retirees

	In-network	Out-of-network
Cost share		
Annual out-of-pocket dollar maximum	\$2,000 per member \$4,000 per family	\$3,000 per member \$6,000 per family
Annual deductibles	\$400 per member \$800 per family	\$800 per member \$1,600 per family
Coinsurance	10% for most services 20% for acupuncture and private duty nursing	20% for most services
Fixed dollar copays	\$20 for office and urgent care visits, medical eye exam	Out-of-network deductible and coinsurance apply
The in-network annual out-of-pocket dollar maximums apply to in-network deductibles, fixed dollar copays and in-network coinsurance.		
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%	Not covered
Annual physical	100%	Not covered
Adult vaccinations	100%	Not covered
Childhood immunizations	100%	80% after deductible
Colonoscopy	100%	80% after deductible
Mammography	100%	80% after deductible
Prostate screening	100%	Not covered
Well-baby visits	100%	Not covered
Emergency medical care		
Ambulance services	90% after deductible	
Emergency room	\$200 copay (waived if admitted)	
Observation care	90% after deductible; No network required	
Diagnostic tests and radiation services		
Diagnostic mammography	90% after deductible	80% after deductible
Diagnostic tests		
Lab and pathology tests		
Position Emission Tomography (PET) scans		
Radiation therapy		
X-rays, ultrasound, MRI and CAT scans		
Maternity services provided by a physician or certified nurse midwife		
Prenatal care	90% after deductible	80% after deductible
Delivery and nursery care		
Postnatal care		

	In-network	Out-of-network
Hospital care		
Chemotherapy	90% after deductible	80% 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	\$20 copay	80% after deductible
Human organ transplants – Contact HOTP at 1-800-242-3504 for additional criteria and information		
Bone marrow	100% in designated facilities when pre-approved	
Kidney, cornea and skin	90% after deductible	80% after deductible
Liver, heart, lung, pancreas and other specified organs	100% in designated facilities when pre-approved	
Surgical services		
Surgery	90% after deductible	80% after deductible
Vasectomy		
Voluntary female sterilization		

State Health Plan PPO



	In-network	Out-of-network
Hearing care		
Audiometric exam	Participating 100%	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	\$20 copay	80% after deductible
Other services		
Acupuncture	80% after deductible	
Allergy testing and therapy	90% after deductible	80% after deductible
Anesthesia	90% after deductible	
Cardiac rehabilitation	90% after deductible	80% after deductible
Chiropractic / spinal manipulation 24 visits per calendar year	\$20 copay	
Durable medical equipment; prosthetic and orthotic appliances and medical supplies	100%	80% of BCBSM-approved amount (member responsible for difference)
Injections	90% after deductible	80% after deductible
Office consultations	\$20 copay	80% after deductible
Office visit		
Osteopathic manipulation therapy		
Outpatient hospital and home visits		
Outpatient physical, speech and occupational therapy	90% after deductible	
Wig, wig stand, adhesives	\$300 lifetime maximum Additional wigs covered for children due to growth	



A nonprofit corporation and independent licensee
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Learn more

Website: bcbsm.com/som

Phone: BCBSM's State of Michigan Customer Service (toll-free): 1-800-843-4876

BCN's Customer Service Center (toll-free): **1-800-662-6667**

OPTUMRx Customer Service Center (toll-free): **1-866-633-6433**

Magellan Customer Service: **1-866-503-3158**

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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**