



New State Health Plan PPO*

For employees hired or rehired on or after April 1, 2010 [except MSPTA (T01)]

	In-network	Out-of-network
Diagnostic tests and radiation services		
Diagnostic mammography	Covered – 90% after deductible	Covered – 80% after deductible
Diagnostic tests		
Lab and pathology tests		
Position emission tomography (PET) scans		
Radiation therapy		
X-rays, ultrasound, MRI and CAT scans		
Emergency medical care		
Ambulance services	Covered – 90% after deductible	
Emergency room	Covered – \$200 copay** (waived if admitted as inpatient)	
Hearing care		
Audiometric exam	Participating Covered – 100%	Non-participating 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	Covered – \$20 copay**	80% after deductible
Hospital care		
Chemotherapy	Covered – 90% after deductible	Covered – 80% after deductible
Consultations – inpatient and outpatient		
Inpatient care	Covered – 90% after deductible	Covered – 80% after deductible
	Unlimited days	
Hospital care (alternatives)		
Home health care	Covered – 90% after deductible (participating provider only)	
Hospice care	Covered – 100% (BCBSM or Medicare-certified hospice program)	
Skilled nursing care	Covered – 90% after deductible (120 skilled days per admission period)	
Urgent care visit	Covered – \$20 copay**	Covered – 80% after deductible
Human organ transplants – Contact HOTP at 800-242-3504 for additional criteria and information		
Bone marrow	Covered-100% in designated facilities when pre-approved	
Kidney, cornea and skin	Covered – 90% after deductible	Covered – 80% after deductible
Liver, heart, lung, pancreas and other specified organs	Covered – 100% in designated facilities only	
Maternity services provided by a physician or certified nurse midwife		
Delivery and nursery care	Covered – 90% after deductible	Covered – 80% after deductible
Prenatal and postnatal care		
Other services		
Acupuncture	Covered – 80% after deductible	
Allergy testing and therapy	Covered – 90% after deductible	Covered – 80% after deductible
Anesthesia	Covered – 90% after deductible	
Cardiac rehabilitation	Covered – 90% after deductible	Covered – 80% after deductible
Chiropractic/spinal manipulation	Covered – \$20 copay** 24 visits per calendar year	Covered – 80% after deductible
Durable medical equipment; prosthetic and orthotic appliances and supplies	Covered – 100% through SUPPORT program	Covered – 80% of approved amount (member responsible for difference)
Injections	Covered – 90% after deductible	Covered – 80% after deductible
Observation care	Covered – 90% after deductible	

* Limitations apply

** Deductible does not apply



New State Health Plan PPO*

For employees hired or rehired on or after April 1, 2010 [except MSPTA (T01)]

	In-network	Out-of-network
Other services <i>continued</i>		
Office consultations	Covered – \$20 copay**	Covered – 80% after deductible
Office visit		
Osteopathic manipulation therapy		
Outpatient hospital and home visits	Covered – 90% after deductible	
Outpatient physical, speech and occupational therapy	Covered – 90% after deductible	Covered – 80% after deductible
Private duty nursing	Covered – 80% after deductible	
Wig, wig stand, adhesives	\$300 lifetime maximum through the SUPPORT program (Additional wigs covered for children due to growth.)	
Surgical services		
Pre-surgical consultations	Covered – 90% after deductible	Covered – 80% after deductible
Surgery		
Vasectomy		
Preventive services		
<p>The NSHP PPO covers certain evidence-based preventive services and immunizations with no cost share when the services are rendered by a PPO network provider. This means that, under the provisions of the Affordable Care Act (ACA), you do not need to meet a deductible or pay a copay first when receiving preventive services from an in-network provider. For questions related to preventive services rendered out-of-network, please contact the SOM customer service at 800-843-4876.</p> <p>For a complete list of preventive services covered under the ACA, visit: http://www.healthcare.gov/law/resources/regulations/prevention/recommendations.html</p>		

Additional preventive services

The NSHP PPO also offers the following preventive services, covered in- and out-of-network:

	In-network	Out-of-network
Colorectal cancer screening, includes: <ul style="list-style-type: none"> • Colonoscopy • Double-contrast barium enema • Digital rectal exam 	Covered – 100%	Covered – 80% after deductible
Immunizations – childhood (through age 18)	Covered – 100%	Covered – 80% after deductible
Vaccinations: <ul style="list-style-type: none"> • H1N1 • Influenza (flu) • Meningococcal (meningitis) • Pneumococcal (pneumonia) • Yellow Fever • Zoster (shingles) 	Covered – 100%	
Cost-share		
Annual deductibles	\$400 per member \$800 per family	\$800 per member \$1,600 per family
Annual out-of-pocket dollar maximums	\$1,500 per member \$3,000 per family	\$3,000 per member \$6,000 per family

Questions?

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

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 NSHP 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.

* Limitations apply