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	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		**State High Deductible Health Plan with HSA[1]** Blue Cross Blue Shield of Michigan		**HMO (85%)[2]** BCN, HAP, McLaren, and PHP
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**
Deductible, Copays, Out-of-Pocket Maximum, and Prescription Drugs					
Deductible[3]	$400/individual[4] $800/family	$800/individual[4] $1,600/family	$1,500/individual[5] $3,000/family	$3,000/individual[5] $6,000/family	$125/individual[6] $250/family
Coinsurance	10% for most services. 20% for acupuncture	20% for most services 50% for mental health and substance use disorder	20% for most services 40% for acupuncture	40% for most services	N/A
Out-Of-Pocket Maximum[7]	$2,000/individual $4,000/family	$3,000/individual $6,000/family	$4,000/individual $8,000/family	$8,000/individual $16,000/family	$2,000/individual $4,000/family
Health Savings Account (HSA) Employer Annual Contribution	N/A		$750/individual[8] $1,500/family		N/A
Prescription Drug copays	Retail-$10/$30/$60 Mail Order-$20/$60/$120		**After deductible is met, the following copays apply[9]:** Retail-$10/$30/$60 Mail Order-$20/$60/$120		Retail-$10/$30/$60 Mail Order-$20/$60/$120
Preventive Services					
Annual gynecological exam, 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Childhood Immunization (through age 16)	Covered 100%	Covered 80%	Covered 100%	Covered 60% after deductible	Covered 100%
Colonoscopy[10]	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 60% after deductible	Covered 100%
Fecal occult blood screening[10]	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Flexible sigmoidoscopy[10]	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Health maintenance exam, 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Immunizations, annual flu shot, & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Mammography[10]	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 60% after deductible	Covered 100%
Pap smear screening - laboratory services only[10], 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Prostate specific antigen screening[10], 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Well-baby and child care	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Physician Office Services					
Office and Outpatient hospital visits, consultations, and urgent care visits	$20 copay (deductible not applicable)	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	$20 copay (deductible not applicable)
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	
Telemedicine (Medical) - via the Carrier's online vendor	$0 copay (deductible not applicable)	Not Covered	Covered 80% after deductible	Not covered	Check with your HMO
Telemedicine (Behavioral Health) - via the Carrier's online vendor	$0 copay (deductible not applicable)	Not Covered	Covered 80% after deductible	Not covered	Check with your HMO
Telemedicine (Medical) - via the Provider's online tool	$20 copay (deductible not applicable)	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	$20 copay (deductible not applicable)
Telemedicine (Behavioral Health) - via the Provider's online tool	$20 copay[11] (deductible not applicable)	Covered 50% of allowed amount or billed charges (whichever is less)	Covered 80% after deductible	Covered 60% after deductible	Check with your HMO

[1] MSP DROP employees (bargaining unit T01 and Command Officers) and OEAIs are excluded from enrollment in the State HDHP with HSA.

[2] 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.

[3] Deductible amounts for all health plans are effective January 1 and renew annually on a calendar basis. The deductible for the HDHP is combined for medical and pharmacy.

[4] The SHP PPO individual deductible ($400 In-Network/$800 Out-of-Network) is the maximum amount that applies to any one family member. The family deductible ($800 In-Network/$1,600 Out-of-Network) is the combined maximum deductible amount that applies to any combination of family members. One family member is not required to reach the individual deductible before that family deductible can be met. Additionally, one family member cannot contribute in excess of the maximum amount of the individual deductible.

[5] The HDHP Individual deductible ($1,500 In-Network/$3,000 Out-of-Network) only applies to employee only coverage. The HDHP Family deductible ($3,000 In-Network/$6,000 Out-of-Network) applies to the coverage of employee plus spouse and/or other dependents. The applicable deductible must be fulfilled prior to services being paid by the plan. Any one member of the family or any combination of family members may fulfill the entire family deductible.

[6] The HMO individual deductible ($125 In-Network) is the maximum amount that applies to any one family member. The family deductible ($250 In-Network) is the combined maximum deductible amount that applies to any combination of family members. One family member is not required to reach the individual deductible before that family deductible can be met. Additionally, one family member cannot contribute in excess of the maximum amount of the individual deductible. Check with your HMO to see if any Out-of-Network services are covered and the applicable Out-of-Network deductible that would apply.

[7] Out-Of-Pocket Maximum amounts for all health plans are effective January 1 and renew annually on a calendar basis. Only In-Network deductibles, fixed-dollar copayments, prescription drug copayments, and coinsurance apply toward the out-of-pocket maximum.

[8] Funded 100% on the 1st pay period of each plan year. The State will make a contribution of $750 for an individual employee or $1,500 for employees who enroll effective January 1st with one or more dependents. This contribution will be prorated for employees who enroll mid-year based on the number of pay periods remaining in the plan year at the time of enrollment in the HDHP.

[9] The deductible does not apply to certain preventive medications under the State HDHP with HSA.

[10] Patient Protection and Affordable Care Act (PPACA) guidelines apply.

[11] $20 copay or 10% coinsurance (whichever is less) for Telemedicine via an in-network provider's online tool for Behavioral Health.

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	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**
Emergency Medical Care					
Ambulance services - medically necessary	Covered 90% after deductible		Covered 80% after deductible		Covered 100% after deductible
Hospital emergency room for medical emergency or accidental injury	$200 copay (Waived if admitted as inpatient)				$200 copay (Waived if admitted as inpatient)
Diagnostic Services					
Diagnostic tests and x-rays	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100% after deductible
Laboratory and pathology tests					Covered 100%
Radiation therapy					Covered 100% after deductible
Maternity Services (Includes care by a certified nurse midwife SHP PPO Only)					
Delivery and nursery care	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100% after deductible
Prenatal care[10]	Covered 100%		Covered 100%		Covered 100%
Postnatal care[10]	Covered 100%		Covered 100%		Covered 100%
Hospital Care					
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100% after deductible
Dialysis services					
Inpatient consultations					
Semi-private room, inpatient physician care, general nursing care, hospital services, and supplies (unlimited days)					
Alternative to Hospital Care					
Home health care	Covered 90% after deductible (participating providers only; unlimited visits)	Not Covered	Covered 80% after deductible (participating providers only; unlimited visits)	Not Covered	Check with your HMO
Hospice care	Covered 100% (Limited to the lifetime dollar maximum that is adjusted annually by the State; participating provider only)	Not Covered	Covered 80% after deductible (Limited to the lifetime dollar maximum that is adjusted annually by the State; participating provider only)	Not Covered	Covered 100% after deductible
Skilled nursing care	Covered 90% after deductible (up to 120 days per confinement; in a Blue Cross approved facility)	Not Covered	Covered 80% after deductible (up to 120 days per confinement; in a Blue Cross approved facility)	Not Covered	Covered 100% after deductible (up to 120 days per confinement)
Surgical Services					
Female voluntary sterilization	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 60% after deductible	Covered 100%
Male voluntary sterilization			Covered 80% after deductible		Covered 100% after deductible
Surgery - includes related surgical services	Covered 90% after deductible				
Human Organ Transplants					
Bone marrow-specific criteria applies	Covered 100% (in designated facilities)	Not Covered	Covered 80% after deductible (in designated facilities)	Not Covered	Covered 100% after deductible (in designated facilities)
Kidney, cornea, and skin	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100% after deductible (subject to medical criteria)
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% (in designated facilities)	Not Covered	Covered 80% after deductible (in designated facilities)	Not Covered	Covered 100% after deductible (in designated facilities)
Other Services					
Acupuncture	Covered 80% after deductible (if performed by or under the supervision of a M.D. or D.O.)		Covered 60% after deductible (if performed by or under the supervision of a M.D. or D.O.)		Not Covered

[10] Patient Protection and Affordable Care Act (PPACA) guidelines apply.

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	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**
Other Services (continued)					
Allergy injections	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100%
Allergy testing and therapy (non-injection)					Covered 100% after deductible
Autism - Spectrum Disorder Applied Behavioral Analysis (ABA) treatment					
Chiropractic/spinal manipulation	$20 copay (Up to 24 visits per calendar year)	Covered 80% after deductible (Up to 24 visits per calendar year)	Covered 80% after deductible (up to 24 visits per calendar year)	Covered 60% after deductible (up to 24 visits per calendar year)	Check with your HMO
Durable medical equipment	Covered 100%	Covered 80% of the Blue Cross approved amount plus, the difference between charge and approved amount	Covered 80% after deductible	Covered 60% after deductible of the Blue Cross approved amount plus, the difference between charge and approved amount	
Hearing Care Exam	$20 copay for office visit	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	
Prosthetic and orthotic appliances	Covered 100%	Covered 80% of the Blue Cross approved amount plus, the difference between charge and approved amount	Covered 80% after deductible	Covered 60% after deductible of the Blue Cross approved amount plus, the difference between charge and approved amount	
Private duty nursing	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Check with your HMO
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	$20 copay for office visit Injections Covered 100%
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of $300. (Additional wigs covered for children due to growth).		Not covered	Not covered	Check with your HMO
Behavioral Health / Substance Use Disorder					
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100%[12] Halfway House 100% (requires authorization)	Covered 50% of allowed amount or billed charges (whichever is less)[12] Halfway House 50% (requires authorization)	Covered 80%[12] after deductible (requires authorization)	Covered 60%[12] after deductible (requires authorization)	Covered 100% After Deductible (Requires authorization)
Alcohol & Chemical Dependency Benefits - Outpatient	Covered 90% of network rates	Covered 50% of allowed amount or billed charges (whichever is less)[5]	Covered 80% after deductible	Covered 60% after deductible	Check with your HMO
Behavioral Health Benefit - Inpatient	Covered 100% (up to 365 days per year[13]; requires authorization)	Covered 50% of allowed amount or billed charges (whichever is less); up to 365 days per year[13]; requires authorization	Covered 80% after deductible (unlimited days[13]; requires authorization)	Covered 60% after deductible (unlimited days[13]; requires authorization)	Covered 100% After Deductible (Requires authorization)
Behavioral Health Benefit - Outpatient	Covered 90% of network rates	Covered 50% of allowed amount or billed charges (whichever is less)	Covered 80% after deductible	Covered 60% after deductible	Check with your HMO
Intensive Outpatient Program (IOP) - Behavioral Health and Substance Use Disorder	Covered 100%	Covered 50% of allowed amount or billed charges (whichever is less)			Check with your HMO
Outpatient Physical, Speech, Occupational, and Massage Therapy[14] (Combined maximum of 90 visits per calendar year)					
Outpatient Physical, Speech, Occupational, and Massage therapy - facility and clinic services[15]	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	$20 copay
Outpatient Physical therapy - physician's office					

[12] Two 28-day admissions per year with at least 60 days between admissions. Inpatient days may be utilized for Intensive Outpatient Program (IOP) treatment at 2:1 ratio. One inpatient day equals two IOP days.

[13] Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

[14] Massage therapy is not a covered benefit under the HMOs.

[15] Massage therapy is performed by a massage therapist must be supervised by a chiropractor and be part of a formal course of physical therapy. Massage therapy is provided as part of a formal course of physical therapy treatment and when billed alone is not a covered benefit.