



Confidence comes with every card.³

State High Deductible Health Plan with HSA



Benefits at a glance

For State of Michigan Employees*

*MSPTA, bargaining unit T01, are excluded from enrollment in the State HDHP with HSA.

	In-network	Out-of-network
Cost share		
Annual out-of-pocket dollar maximum (embedded) ¹	\$4,000 per member \$8,000 per family	\$8,000 per member \$16,000 per family
Annual deductible (aggregate) ²	\$1,500 – Employee only \$3,000 – Family	\$3,000 – Employee only \$6,000 – Family
Coinsurance	20% for most services 40% for acupuncture and private duty nursing	40% for most services
Fourth quarter carryover	N/A	
<p>¹ The embedded out-of-pocket maximum (OOPM) means that no one family member can contribute more than the individual amount toward the family OOPM. The annual out-of-pocket maximum (OOPM) is the limit to the total dollar amount you could be required to pay for covered services during the plan year. The individual OOPM applies to any one family member. The family OOPM is the collective amount that could be paid by any combination of family members.</p> <p>² The Individual deductible only applies to employee only coverage. An aggregate deductible means that the Family deductible applies to the coverage of employee plus spouse and/or other dependents. Any one member of the family or any combination of family members may fulfill the entire family deductible. The applicable deductible must be fulfilled prior to services being paid by the plan.</p>		
Preventive services		
Annual gynecological exam	Covered 100%	Not covered
Annual physical	Covered 100%	Not covered
Adult vaccinations	Covered 100%	Not covered
Childhood immunizations	Covered 100%	Covered 60% after deductible
Colonoscopy	Covered 100%	Covered 60% after deductible
Contraceptive services – devices, counseling, medications and injections	Covered 100%	Covered 60% after deductible
Fecal occult blood screening	Covered 100%	Not covered
Flexible sigmoidoscopy	Covered 100%	Not covered
Mammography	Covered 100%	Covered 60% after deductible
Pap smear screening (lab only)	Covered 100%	Not covered
Prostate screening	Covered 100%	Not covered
Well-baby visits	Covered 100%	Not covered
Emergency medical care		
Ambulance services	Covered 80% after deductible	Covered 80% after deductible
Emergency room	Covered 80% after deductible	Covered 80% after deductible
Emergency medical care – physician services	Covered 80% after deductible	Covered 80% after deductible

	In-network	Out-of-network
Diagnostic tests and radiation services		
Diagnostic mammography	Covered 80% after deductible	Covered 60% after deductible
Diagnostic tests	Covered 80% after deductible	Covered 60% after deductible
Lab and pathology tests	Covered 80% after deductible	Covered 60% after deductible
Position Emission Tomography (PET) scans	Covered 80% after deductible	Covered 60% after deductible
Radiation therapy	Covered 80% after deductible	Covered 60% after deductible
X-rays, ultrasound, MRI and CAT scans	Covered 80% after deductible	Covered 60% after deductible
Maternity services provided by a physician or certified nurse midwife		
Prenatal care	Covered 100%	Covered 60% after deductible
Delivery and nursery care	Covered 80% after deductible	Covered 60% after deductible
Postnatal care	Covered 80% after deductible	Covered 60% after deductible
Hospital care		
Chemotherapy	Covered 80% after deductible	Covered 60% after deductible
Consultations – inpatient and outpatient (including pre-surgical)	Covered 80% after deductible	Covered 60% after deductible
Inpatient care – unlimited days	Covered 80% after deductible	Covered 60% after deductible
Alternatives to hospital care		
Home health care (unlimited visits)	Covered 80% after deductible (participating providers only)	
Hospice care - (Limited to the lifetime dollar maximum that is adjusted annually by the State) – must be rendered in a participating hospice program	Covered 80% after deductible	
Infusion therapy - must be rendered by a participating HIT provider or participating freestanding Ambulatory Infusion Center	Covered 80% after deductible	
Private duty nursing	Covered 60% after deductible (Contact Customer Service before receiving services)	
Skilled nursing care (120 days per confinement) – must be rendered in participating skilled nursing facility	Covered 80% after deductible	
Urgent care visit	Covered 80% after deductible	Covered 60% after deductible
Human organ transplants – Contact HOTP at 1-800-242-3504 for additional criteria and information		
Bone marrow (in designated facilities when pre-approved)	Covered 80% after deductible	
Kidney, cornea and skin (payable when rendered in a participating hospital or a participating ambulatory surgery facility)	Covered 80% after deductible	
Liver, heart, lung, pancreas and other specified organs (In designated facilities when pre-approved)	Covered 80% after deductible	

	In-network	Out-of-network
Surgical services		
Dental surgery	Covered 80% after deductible	Covered 60% after deductible
Dental treatment (accidental dental – emergency only)	Covered 80% after deductible	Covered 60% after deductible
Surgery	Covered 80% after deductible	Covered 60% after deductible
Vasectomy	Covered 80% after deductible	Covered 60% after deductible
Voluntary abortion	Covered 80% after deductible	Covered 60% after deductible
Voluntary female sterilization	Covered 100%	Covered 60% after deductible
Behavioral health services (Mental health and substance use disorder)		
Inpatient mental health – Authorization required (unlimited days)	Covered 80% after deductible	Covered 60% after deductible
Residential psychiatric treatment facility - must be rendered in a residential psychiatric facility (must be pre-authorized) - 1:1 to inpatient (Substance Abuse Only)	Covered 80% after deductible	Covered 60% after deductible
Inpatient substance use disorder – Authorization required (Two 28-day admissions per year with at least 60 days between admissions)	Covered 80% after deductible	Covered 60% after deductible
Partial hospital - 2:1 to inpatient – Authorization required	Covered 80% after deductible	Covered 60% after deductible
Halfway house - 2:1 to inpatient (only if clinical services are provided) – Authorization required	Covered 80% after deductible	Covered 60% after deductible
Intensive Outpatient Program (IOP) – Behavioral Health and Substance Use Disorder (–2:1 to inpatient)	Covered 80% after deductible	Covered 60% after deductible
Outpatient mental health including physician's office	Covered 80% after deductible	Covered 60% after deductible
Outpatient substance abuse	Covered 80% after deductible	Covered 60% after deductible
Autism spectrum disorders, diagnoses and treatment		
Applied behavioral analysis	Covered 80% after deductible	Covered 60% after deductible
Hearing care – Participating Providers Only		
Audiometric exam	Covered 80% after deductible	Not covered
Hearing aid evaluation and conformity test	Covered 80% after deductible	Not covered
Hearing aids (standard only)	Covered 80% after deductible	Not covered
Medical hearing clearance exam	Covered 80% after deductible	Covered 60% after deductible

	In-network	Out-of-network
Other Services		
Acupuncture	Covered 60% after deductible (if performed by or under the supervision of a M.D. or D.O.)	
Allergy testing, therapy and injections	Covered 80% after deductible	Covered 60% after deductible
Anesthesia	Covered 80% after deductible	
Cardiac rehabilitation Phase 1 and Phase 2	Covered 80% after deductible	Covered 60% after deductible
Chiropractic / spinal manipulation 24 visits per calendar year	Covered 80% after deductible	Covered 60% after deductible
Clinic Visits – (Non-par provider – not covered)	Covered 80% after deductible	Covered 60% after deductible
Dialysis services	Covered 80% after deductible	Covered 60% after deductible
Durable medical equipment; prosthetic and orthotic appliances and medical supplies (par and non-par)	Covered 80% after deductible	Covered 60% after deductible (Based on BCBSM approved amount)
Gender reassignment (medically necessary)	Covered 80% after deductible	Covered 60% after deductible
Injections	Covered 80% after deductible	Covered 60% after deductible
Medical eye exam	Covered 80% after deductible	Covered 60% after deductible
Observation care	Covered 80% after deductible	
Office consultations	Covered 80% after deductible	Covered 60% after deductible
Office visit	Covered 80% after deductible	Covered 60% after deductible
Optical services (post cataract surgery)	Covered 80% after deductible	Covered 60% after deductible
Osteopathic manipulation therapy	Covered 80% after deductible	Covered 60% after deductible
Outpatient hospital and home visits	Covered 80% after deductible	Covered 60% after deductible
Outpatient physical, speech, occupational therapy & massage therapy – (90 combined visits per calendar year – including ABA)	Covered 80% after deductible	Covered 60% after deductible
Rabies treatment after initial emergency room visit	Covered 80% after deductible	Covered 60% after deductible
Rural health clinic	Covered 80% after deductible	Covered 60% after deductible
Sleep studies	Covered 80% after deductible	Covered 60% after deductible
Specified oncology trails (Phase 1, 2, 3, and 4)	Covered 80% after deductible (designated cancer center)	
Telehealth – American Well (medical & behavioral health)	Covered 80% after deductible	Not covered
Telehealth – Provider's online tool (medical & behavioral health)	Covered 80% after deductible	Covered 60% after deductible
Temporomandibular joint syndrome	Covered 80% after deductible	Covered 60% after deductible
Weight loss	Not covered	
Wig, wig stand, adhesives	Not covered	

Questions?

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

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



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These benefit charts are intended as easy-to-read summaries. They are not contracts. 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 State Health Plan Blue Care Network, State Vision Plan and State Prescription Drug Plan. 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.