



State High Deductible Health Plan with Health Savings Account

Frequently Asked Questions

2024 Plan Year

What is a high deductible health plan (HDHP)?

A HDHP is a health insurance plan with lower premiums and higher deductibles than a standard health plan. An HDHP combines medical coverage with a health savings account (HSA). An HSA allows you to set aside money on a pretax basis for qualified medical expenses (e.g., deductibles, coinsurance, copays, prescriptions, and eligible dental and vision expenses).

What are my out-of-pocket expenses with the State HDHP with HSA?

You have the following deductible and coinsurance with the State HDHP with HSA offered through the State of Michigan. There is a lower biweekly premium with the State HDHP with HSA compared to the State Health Plan PPO (SHP PPO) or Health Maintenance Organizations (HMO):

Deductible

In-network		Out-of-network	
\$1,600/individual	\$3,200/family	\$3,200/individual	\$6,400/family

The individual deductible applies to employee only coverage. 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.

Coinsurance

In-network	Out-of-network
20% for most services	40% for most services

Refer to the [State HDHP with HSA plan booklet](#) or the [CY2024 PPO/State HDHP/HMO Comparison Chart](#) for cost share percentages on specific benefits.

Coinsurance is your share of the costs of a covered health care service, calculated as a percentage, after your annual deductible is met. All in-network coinsurance charges apply toward the annual in-network out-of-pocket maximum (OOPM) that limits the amount you can be required to pay for services during a plan year.

What is the out-of-pocket maximum with the State HDHP with HSA?

In-network		Out-of-network	
\$4,000/individual	\$8,000/family	\$8,000/individual	\$16,000/family

The annual OOPM is the limit to the total dollar amount you could be required to pay for in-network covered services during the plan year.

Which expenses count toward the in-network out-of-pocket maximum?

In-network deductibles, fixed-dollar copays, prescription drug copays and coinsurance all apply toward the annual OOPM.

No one family member can contribute more than the individual amount toward the family OOPM. 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.

What are the out-of-pocket costs for the prescription drug coverage under the HDHP?

After the overall deductible is met, the following copays will apply:

Retail Prescriptions (30-day supply)			Mail Order Prescriptions (90-day supply)		
Tier 1 - \$10	Tier 2 - \$30	Tier 3 - \$60	Tier 1 - \$20	Tier 2 - \$60	Tier 3 - \$120

The deductible does not apply to certain preventive medications under the State HDHP with HSA. Only the applicable [copay structure](#) will apply to these preventive medications. Refer to the [State of Michigan Select Formulary](#) and the [State HDHP Preventive Drug List](#) to confirm the copay tier for your medication after your deductible has been met or if your medication is considered a preventive drug.

Who is my prescription drug carrier with the HDHP?

Optum Rx is the pharmacy benefit administrator for the State HDHP with HSA.

What benefits are included in the State HDHP with HSA?

Except for a few benefits, the State HDHP with HSA offers the same covered benefits as the State Health Plan PPO (SHP PPO). For example, Wigs, Wig stands and Adhesives are not covered by the State HDHP with HSA. Some out-of-network services are also not covered such as Home Health Care, Skilled Nursing Care, and Hospice services.

Refer to the [State HDHP with HSA plan booklet](#) or the [CY2024 PPO/State HDHP/HMO Comparison Chart](#) for a list of the specific benefits covered.

Where can I find providers that participate in the State HDHP with HSA provider network?

The providers in the State HDHP with HSA network are the same providers that participate in the SHP PPO provider network. To find providers that participate in the network, go to bcbsm.com/som to log in and select [Find](#)

[a Doctor](#), or download the Blue Cross mobile app. You can also call Customer Service at **1-800-843-4876** Monday through Friday from 7 a.m. to 7 p.m. Eastern time.

Do I have to have a primary care provider (PCP) with the State HDHP with HSA?

No, you do not have to have a PCP with the State HDHP with HSA. However, it's always a good idea to select one because a PCP can help coordinate your care for you.

Do I need a referral to see a specialist?

No, you don't need a referral to see a specialist. You can go to any health care professional without a referral, either in or out of network. However, you will pay less if you use a provider in the plan's network.

Do I have coverage out of state with the State HDHP with HSA?

Yes. BlueCard® is a program that enables members of one Blue Cross company to obtain health care services while traveling in another Blue Cross company's service area. The program links participating health care providers with the independent Blue Cross companies across the U.S. and in more than 200 countries and territories worldwide, through a single electronic network for claims processing and reimbursement.

How are my behavioral health benefits provided with the State HDHP with HSA?

Blue Cross Behavioral Health provides the behavioral health and substance use disorder (BH/SUD) benefits offered with the State HDHP with HSA. Blue Cross will administer the benefits and claims, issue ID cards and administer authorizations and referrals.