

Choice Plus PPO plans

	BM-GC	AN-E9	BM-GB	AN-FB	BM-GA
Deductible type	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible (S/F) - INN / OON	\$6,000/\$12,000 \$10,000/\$20,000	\$5,000/\$10,000 \$10,000/\$20,000	\$4,000/\$8,000 \$10,000/\$20,000	\$2,000/\$4,000 \$5,000/\$10,000	\$5,000/\$10,000 \$6,000/\$12,000
Out of Pocket (S/F) - INN / OON	\$6,500/\$13,000 \$20,000/\$40,000	\$6,500/\$13,000 \$20,000/\$40,000	\$6,500/\$13,000 \$20,000/\$40,000	\$6,500/\$13,000 \$10,000/\$20,000	\$6,350/\$12,700 \$12,700/\$25,400
Co-insurance* INN / OON	80%/50%	80%/50%	80%/50%	80%/50%	80%/60%
PCP / Specialist	\$0/\$100	\$0/\$100	\$0/\$100	\$0/\$100	\$30/\$60
Emergency / Urgent Care	\$250+ded+coins/\$50	\$250+ded+coins/\$50	\$250+ded+coins/\$50	\$250+ded+coins/\$50	\$250/\$75
Prescription - Retail	\$5/\$50/\$100*/\$250*	\$5/\$50/\$100*/\$250*	\$5/\$50/\$100*/\$250*	\$5/\$50/\$100*/\$250*	\$10/\$35/\$60
Prescription - Mail Order	2.5X	2.5X	2.5X	2.5X	2.5X

* Deductible applies

Employers are required to contribute; and minimum participation levels apply



Choice Plus PPO plans

	BM-F9	BM-FZ	BE-CR	BE-CP	BE-CX
Deductible type	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible (S/F) - INN OON	\$4,000/\$8,000 \$6,000/\$12,000	\$2,500/\$5,000 \$5,000/\$10,000	\$1,500/\$3,000 \$3,000/\$6,000	\$1,000/\$2,000 \$2,000/\$4,000	\$500/\$1,000 \$1,000/\$2,000
Out of Pocket (S/F) - INN OON	\$6,350/\$12,700 \$12,700/\$25,400	\$5,000/\$10,000 \$10,000/\$20,000	\$5,000/\$10,000 \$10,000/\$20,000	\$4,000/\$8,000 \$8,000/\$16,000	\$4,000/\$8,000 \$8,000/\$16,000
Co-insurance* INN / OON	80%/60%	80%/60%	80%/60%	80%/60%	90%/70%
PCP / Specialist	\$30/\$60	\$20/\$40	\$30/\$30	\$25/\$50	\$20/\$40
Emergency / Urgent Care	\$250/\$75	\$250/\$75	\$150/\$75	\$150/\$75	\$100/\$75
Prescription - Retail	\$10/\$35/\$60	\$10/\$35/\$60	\$15/\$45/\$85/\$200	\$15/\$45/\$85/\$200	\$10/\$35/\$60
Prescription - Mail Order	2.5X	2.5X	3X	3X	2.5X

* Deductible applies

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Choice Plus HSA plans

	AJ-HD	BE-D8	AJ-HE	BM-GF	BE-D7
Deductible type	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible (S/F) - INN OON	\$6,300/\$12,600 \$10,000/\$30,000	\$5,000/\$10,000 \$5,000/\$15,000	\$3,750/\$7,500 \$5,000/\$15,000	\$4,000/\$8,000 \$5,000/\$15,000	\$3,000/\$6,000 \$5,000/\$15,000
Out of Pocket (S/F) - INN OON	\$6,300/\$12,600 \$20,000/\$60,000	\$6,350/\$12,700 \$10,000/\$30,000	\$6,350/\$12,700 \$10,000/\$30,000	\$5,000/\$10,000 \$10,000/\$30,000	\$6,350/\$12,700 \$10,000/\$30,000
Co-insurance* INN / OON	100%/70%	80%/50%	80%/50%	80%/50%	80%/50%
PCP / Specialist	100%*	80%*	80%*	80%*	80%*
Emergency / Urgent Care	100%*	80%*	80%*	80%*	80%*
Prescription - Retail	100%*	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60
Prescription - Mail Order	100%*	2.5X	2.5X	2.5X	2.5X

* Deductible applies

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Choice Plus HSA plans

	AX-UR	AX-UQ	DI-F	AB-IX
Deductible type	Family Style	Family Style	Family Style	Family Style
Deductible (S/F) - INN OON	\$2,000/\$4,000 \$5,000/\$10,000	\$1,500/\$3,000 \$5,000/\$10,000	\$3,000/\$6,000 \$6,000/\$12,000	\$1,500/\$3,000 \$5,000/\$15,000
Out of Pocket (S/F) - INN OON	\$6,500/\$7,150 \$10,000/\$20,000	\$6,500/\$7,150 \$10,000/\$20,000	\$3,000/\$6,000 \$12,000/\$24,000	\$2,500/\$5,000 \$10,000/\$30,000
Co-insurance* INN / OON	80%/50%	80%/50%	100%/80%	100%/70%
PCP / Specialist	\$0/\$100	\$0/\$100	100%*	100%*
Emergency / Urgent Care	\$250+ded+coins/\$50	\$250+ded+coins/\$50	100%*	100%*
Prescription - Retail	\$0/\$50/\$100/\$250	\$0/\$50/\$100/\$250	\$10/\$35/\$60	\$10/\$35/\$60
Prescription - Mail Order	2.5X	2.5X	2.5X	2.5X

* Deductible applies

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Core PPO plans **

	BY-QK	BO-QN	BY-QI	BY-QE	BO-QZ
Deductible type	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible (S/F) - INN / OON	\$6,000/\$12,000 \$10,000/\$20,000	\$5,000/\$10,000 \$10,000/\$20,000	\$4,000/\$8,000 \$10,000/\$20,000	\$4,000/\$8,000 \$6,000/\$12,000	\$3,000/\$6,000 \$6,000/\$12,000
Out of Pocket (S/F) - INN / OON	\$6,500/\$13,000 \$20,000/\$40,000	\$6,500/\$13,000 \$20,000/\$40,000	\$6,500/\$13,000 \$20,000/\$40,000	\$6,350/\$12,700 \$12,700/\$25,400	\$6,350/\$12,700 \$12,700/\$25,400
Co-insurance* INN / OON	80%/50%	80%/50%	80%/50%	80%/60%	80%/60%
PCP / Specialist	\$0/\$100	\$0/\$100	\$0/\$100	\$30/\$30	\$30/\$30
Emergency / Urgent Care	\$250+ded+coins/\$50	\$250+ded+coins/\$50	\$250+ded+coins/\$50	\$250/\$75	\$250/\$75
Prescription - Retail	\$5/\$50/\$100*/\$250*	\$5/\$50/\$100*/\$250*	\$5/\$50/\$100*/\$250*	\$10/\$35/\$60	\$10/\$35/\$60
Prescription - Mail Order	2.5X	2.5X	2.5X	2.5X	2.5X

* Deductible applies

** Core is a narrow network primarily for Detroit and Chicago locations

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Core PPO plans **

	BO-QY	BO-QW	BO-QV	BO-QQ
Deductible type	Embedded	Embedded	Embedded	Embedded
Deductible (S/F) - INN OON	\$2,500/\$5,000 \$5,000/\$10,000	\$1,500/\$3,000 \$3,000/\$6,000	\$1,000/\$2,000 \$2,000/\$4,000	\$500/\$1,000 \$1,000/\$2,000
Out of Pocket (S/F) - INN OON	\$5,000/\$10,000 \$10,000/\$20,000	\$5,000/\$10,000 \$10,000/\$20,000	\$4,000/\$8,000 \$8,000/\$16,000	\$4,000/\$8,000 \$8,000/\$16,000
Co-insurance* INN / OON	80%/60%	80%/60%	80%/60%	100%/80%
PCP / Specialist	\$30/\$30	\$30/\$30	\$25/\$50	\$20/\$40
Emergency / Urgent Care	\$250/\$75	\$250/\$75	\$250/\$75	\$250/\$75
Prescription - Retail	\$10/\$35/\$60	\$15/\$45/\$85/\$200	\$15/\$45/\$85/\$200	\$10/\$35/\$60
Prescription - Mail Order	2.5X	3X	3X	2.5X

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Core HSA plans **

	BO-Q3	BO-Q5	BO-Q4	BO-Q6	BO-Q2
Deductible type	Embedded	Embedded	Embedded	Family Style	Embedded
Deductible (S/F) - INN OON	\$6,300/\$12,600 \$10,000/\$30,000	\$5,000/\$10,000 \$5,000/\$15,000	\$3,750/\$7,500 \$5,000/\$15,000	\$2,000/\$4,000 \$5,000/\$15,000	\$3,000/\$6,000 \$5,000/\$15,000
Out of Pocket (S/F) - INN OON	\$6,300/\$12,600 \$20,000/\$60,000	\$6,350/\$12,700 \$10,000/\$30,000	\$6,350/\$12,700 \$10,000/\$30,000	\$4,500/\$6,850 \$10,000/\$30,000	\$5,000/\$10,000 \$10,000/\$30,000
Co-insurance* INN / OON	100%/70%	80%/50%	80%/50%	100%/70%	100%/70%
PCP / Specialist	100%*	80%*	80%*	\$30*/\$60*	100%*
Emergency / Urgent Care	100%*	80%*	80%*	\$500+ded/\$75+ded	100%*
Prescription - Retail	100%*	\$10/\$35/\$60	\$10/\$35/\$60	\$10*/\$35*/\$60*	\$10*/\$35*/\$60*
Prescription - Mail Order	100%*	2.5X	2.5X	2.5X*	2.5X*

* Deductible applies

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