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%	50%/50%	80%/60%
Primary Care	$0	$0	$0	$0	$30
Specialist	$100	$100	$100	$100	$60
Emergency	$250+ded+coins	$250+ded+coins	$250+ded+coins	$250+ded+coins	$250
Urgent Care	$50	$50	$50	$50	$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	$12.50/$125/$250/ $625	$12.50/$125/$250/ $625	$12.50/$125/$250/ $625	$12.50/$125/$250/ $625	$25/$87.50/$150

* 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%
Primary Care	$30	$20	$30	$25	$20
Specialist	$60	$40	$30	$50	$40
Emergency	$250	$250	$150	$150	$100
Urgent Care	$75	$75	$75	$75	$75
Prescription – Retail	$10/$35/$60	$10/$35/$60	$15/$45/$85/$200	$15/$45/$85/$200	$10/$35/$60
Prescription – Mail Order	$25/$87.50/$150	$25/$87.50/$150	$45/$135/$255/$600	$45/$135/$255/$600	$25/$87.50/$150

* Deductible applies

Employers are required to contribute; and minimum participation levels apply

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%
Primary Care	100%*	80%*	80%*	80%*	80%*
Specialist	100%*	80%*	80%*	80%*	80%*
Emergency	100%*	80%*	80%*	80%*	80%*
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%*	$25/$87.50/$150	$25/$87.50/$150	$25/$87.50/$150	$25/$87.50/$150

* Deductible applies

Employers are required to contribute; and minimum participation levels apply

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 $5,500/$10,000	$3,000/$3,000 $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%
Primary Care	$0	$0	100%*	100%*
Specialist	$100	$100	100%*	100%*
Emergency	$250+ded+coins	$250+ded+coins	100%*	100%*
Urgent Care	$50	$50	100%*	100%*
Prescription – Retail	$0/$50/$100/$250	$0/$50/$100/$250	$10/$35/$60	$10/$35/$60
Prescription – Mail Order	$0/$125/$250/$625	$0/$125/$250/$625	$25/$87.50/$150	$25/$87.50/$150

* Deductible applies

Employers are required to contribute; and minimum participation levels apply

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/$12,600 $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%
Primary Care	$0	$0	$0	$30	$30
Specialist	$100	$100	$100	$30	$30
Emergency	$250+ded+coins	$250+ded+coins	$250+ded+coins	$250	$250
Urgent Care	$50	$50	$50	$75	$75
Prescription – Retail	$5/$50/$100*/$250*	$5/$50/$100*/$250*	$5/$50/$100*/$250*	$10/$35/$60	$10/$35/$60
Prescription – Mail Order	$12.50/$125/$250/ $625	$12.50/$125/$250/ $625	$12.50/$125/$250/ $625	$25/$87.50/$150	$25/$87.50/$150

* Deductible applies

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

Employers are required to contribute; and minimum participation levels apply

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%
Primary Care	$30	$30	$25	$20
Specialist	$30	$30	$50	$40
Emergency	$250	$250	$250	$250
Urgent Care	$75	$75	$75	$75
Prescription – Retail	$10/$35/$60	$15/$45/$85/$200	$15/$45/$85/$200	$10/$35/$60
Prescription – Mail Order	$25/$87.50/$150	$45/$135/$255/$600	$45/$135/$255/$600	$25/$87.50/$150

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

Employers are required to contribute; and minimum participation levels apply

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/$12,700 $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%
Primary Care	100%*	80%*	80%*	$30*	100%*
Specialist	100%*	80%*	80%*	$60*	100%*
Emergency	100%*	80%*	80%*	$500+ded	100%*
Urgent Care	100%*	80%*	80%*	$75+ded	100%*
Prescription – Retail	100%*	$10/$35/$60	$10/$35/$60	$10/$35/$60	$10/$35/$60
Prescription – Mail Order	100%*	$25/$87.50/$150	$25/$87.50/$150	$25/$87.50/$150	$25/$87.50/$150

* Deductible applies

Employers are required to contribute; and minimum participation levels apply