

## Michigan Drug Assistance Program (MIDAP) Marketplace Matrix for Wayne County

Below is a list of Marketplace insurance plans in Wayne county that qualify for the MIDAP Premium Assistance Program. The matrix is an estimate of insurance costs based on a single 40-year-old male with an income of 200% of the Federal Poverty Level (FPL). Please visit [www.healthcare.gov](http://www.healthcare.gov) to view costs that are specific to you. You can use the "Plan ID" to cross-reference with your options on the [healthcare.gov](http://www.healthcare.gov) website. Additionally, there are two separate columns for the estimated monthly premium amount, based on whether the individual applying for the insurance plan is a tobacco user.

Please note that MIDAP Premium Assistance will only cover the insurance plans that are listed below. **Marketplace plans that are outside of this list do not meet the requirements outlined by the Health Resources and Services Administration (HRSA) because they do not cover all antiretroviral Therapies (ART's).** Please be sure to verify that the Marketplace insurance plan that you are applying for is on this list if you plan to apply for Premium Assistance.

Wayne County				Plan Tiers	Plan Data												
Plan Name Information					Plan Type	Premium	Premium for Tobacco User	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Non-Preferred Generic	Preferred Drug Cost Sharing	Non-Preferred Drug Cost-Sharing	Specialty Drug Cost-Sharing	Non-Preferred Specialty
Plan ID	Metal Level	Issuer Name	Plan Marketing Name														
58594 MI0020 012	Bronze	Meridian Choice	Meridian HSA Savings Bronze	4	HMO	\$269.54	\$309.97	\$5,500.00	Included	\$6,650.00	Included	\$0 after deductible	NA	50% after deductible	50% after deductible	50% after deductible	NA
77739 MI0010	Bronze	Oscar	Oscar Classic Bronze	4	EPO	\$281.13	\$306.43	\$4,500.00	Included	\$7,900.00	Included	50% after deductible	NA	50% after deductible	50% after deductible	50% after deductible	NA
77739 MI0050	Bronze	Oscar	Oscar Saver Bronze HSA	4	EPO	\$293.83	\$320.27	\$5,500.00	Included	\$6,650.00	Included	50% after deductible	NA	50% after deductible	50% after deductible	50% after deductible	NA
98185 MI0440 005	Bronze	BlueCross BlueShield of Michigan	Blue Cross Metro Detroit HMO Bronze	6	HMO	\$241.48	\$255.97	\$7,900.00	Included	\$7,900.00	Included	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
29698 MI0540	Bronze	Priority Health	MyPriority HMO HSA Bronze 6750	5	HMO	\$239.91	\$263.92	\$6,750.00	Included	\$6,750.00	Included	\$0 per script after	NA	\$0 per script after	\$0 per script after	\$0 per script after	\$0 per script after
98185 MI0440 008	Bronze	BlueCross BlueShield of Michigan	Blue Cross Metro Detroit HMO Bronze Saver HSA	6	HMO	\$252.46	\$267.61	\$6,700.00	Included	\$6,700.00	Included	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
29698 MI0540	Bronze	Priority Health	MyPriority HMO HSA Bronze 6750	5	HMO	\$249.38	\$274.33	\$6,750.00	Included	\$6,750.00	Included	\$0 per script after	NA	\$0 per script after	\$0 per script after	\$0 per script after	\$0 per script after
58594 MI0020	Bronze	Meridian Choice	Meridian Healthy Bronze	4	HMO	\$263.56	\$303.10	\$7,900.00	Included	\$7,900.00	Included	\$0 after deductible	NA	\$0 after deductible	\$0 after deductible	\$0 after deductible	NA
29698 MI0540	Bronze	Priority Health	MyPriority HMO HSA Bronze 6750	5	HMO	\$259.98	\$285.98	\$6,750.00	Included	\$6,750.00	Included	\$0 per script after	NA	\$0 per script after	\$0 per script after	\$0 per script after	\$0 per script after
77739 MI0070 001	Bronze	Oscar	Oscar Simple Bronze	4	EPO	\$274.35	\$299.04	\$7,900.00	Included	\$7,900.00	Included	\$0 per script after deductible	NA	\$0 per script after deductible	\$0 per script after deductible	\$0 per script after deductible	NA
98185 MI0440 001	Bronze	BlueCross BlueShield of Michigan	Blue Cross Select HMO Bronze	6	HMO	\$290.69	\$308.13	\$7,900.00	Included	\$7,900.00	Included	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible

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98185 MI0440 006	Bronze	BlueCross BlueShield of Michigan	Blue Cross Select HMO Bronze Saver HSA	6	HMO	\$303.90	\$322.13	\$6,700.00	Included	\$6,700.00	Included	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
29698 MI0540	Bronze	Priority Health	MyPriority HMO HSA Bronze 6750	5	HMO	\$306.35	\$336.99	\$6,750.00	Included	\$6,750.00	Included	\$0 per script after	NA	\$0 per script after	\$0 per script after	\$0 per script after	\$0 per script after
98185 MI0440 009	Bronze	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Bronze Saver HSA	6	HMO	\$334.91	\$355.00	\$6,700.00	Included	\$6,700.00	Included	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
15560 MI1120	Bronze	BlueCross BlueShield of Michigan	Blue Cross Premier PPO	5	PPO	\$440.95	\$467.40	\$6,650.00	Included	\$7,900.00	Included	\$35 per script	NA	35% per script after	40% per script after	40% per script after	45% per script after
15560 MI0350 005	Bronze	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Bronze Saver	5	PPO	\$410.12	\$434.73	\$7,900.00	Included	\$7,900.00	Included	\$0 after deductible	NA	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
15560 MI0350 002	Bronze	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Bronze HSA	5	PPO	\$423.09	\$448.47	\$6,700.00	Included	\$6,700.00	Included	\$0 after deductible	NA	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
40047 MI0010 001	Gold	Molina	Molina Gold	4	HMO	\$373.79	\$373.79	\$2,925.00	0	\$5,000.00	Included	10	NA	50	0.3	0.3	NA
77739 MI0020 001	Gold	Oscar	Oscar Classic Gold	4	EPO	\$504.13	\$549.51	\$1,500.00	Included	\$7,900.00	Included	\$15 per script	NA	\$50 per script	20% after deductible	20% after deductible	NA
29698 MI0540 190	Gold	Priority Health	MyPriority HMO Gold 1100	5	HMO	\$561.39	\$617.55	\$1,100.00	Included	\$7,900.00	Included	20% per script after deductible	NA	20% per script after deductible	20% per script after deductible	20% per script after deductible	20% per script after deductible
15560 MI0350 004	Gold	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Gold	5	PPO	\$715.88	\$758.83	\$500.00	Included	\$7,000.00	Included	\$15 per script after deductible	NA	25% per script after deductible	50% per script after deductible	40% per script after deductible	45% per script after deductible
98185 MI0180 009	Gold	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Gold	6	HMO	\$506.99	\$537.41	\$600.00	Included	\$7,900.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
40047 MI0010 002-06	Silver	Molina	Molina Silver	4	HMO	\$367.58	\$367.58	\$0.00	0	\$1,400.00	Included	2	NA	15	0.2	0.2	NA
98185 MI0550 004	Silver	BlueCross BlueShield of Michigan	Blue Cross Metro Detroit HMO Silver Extra	5	HMO	\$375.48	\$398.01	\$4,000.00	Included	\$7,900.00	Included	\$15 per script	NA	\$50 per script	\$100 per script	40% after deductible	45% after deductible
98185 MI0550 001	Silver	BlueCross BlueShield of Michigan	Blue Cross Select HMO Silver Extra	5	HMO	\$452.01	\$479.13	\$4,000.00	Included	\$7,900.00	Included	\$15 per script	NA	\$50 per script	\$100 per script	40% after deductible	45% after deductible
98185 MI0550 002	Silver	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Silver Extra	5	HMO	\$498.15	\$528.04	\$3,500.00	Included	\$6,300.00	Included	\$15 per script	NA	\$50 per script	\$100 per script	40% after deductible	45% after deductible

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Plan ID	Metal Level	Issuer Name	Plan Marketing Name		Plan Type	Premium	Premium for Tobacco User	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Non-Preferred Generic	Preferred Drug Cost Sharing	Non-Preferred Drug Cost-Sharing	Specialty Drug Cost-Sharing	Non-Preferred Specialty
15560 MI1130 001	Silver	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Silver Extra	5	PPO	\$652.39	\$691.54	\$4,000.00	Included	\$7,900.00	Included	\$15 per script	NA	\$50 per script	\$100 per script	40% per script after deductible	45% per script after deductible
77739 MI0060 001	Silver	Oscar	Oscar Saver Silver HSA CSR 250	4	EPO	\$372.81	\$406.36	\$2,200.00	Included	\$6,100.00	Included	20% after deductible	NA	20% after deductible	20% after deductible	20% after deductible	NA
15560 MI0350	Silver	BlueCross BlueShield of Michigan	Blue Cross Premier PPO	5	PPO	\$595.01	\$630.71	\$2,000.00	Included	\$7,900.00	Included	\$15 per script after	NA	25% per script after	50% per script after	40% per script after	45% per script after
98185 MI0180 004	Silver	BlueCross BlueShield of Michigan	Blue Cross Select HMO Silver	6	HMO	\$413.35	\$438.15	\$200.00	Included	\$800.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
77739 MI0040 001	Silver	Oscar	Oscar Classic Silver CSR 250	4	EPO	\$381.57	\$415.91	\$3,550.00	Included	\$6,300.00	Included	\$10 per script	NA	30% after deductible	30% after deductible	30% after deductible	NA
29698 MI0540	Silver	Priority Health	MyPriority HMO Silver 3200	6	HMO	\$342.28	\$376.51	\$2,500.00	Included	\$5,600.00	Included	\$5 per script	\$15 per script	\$40 per script after	\$50 per script after	50% per script after	50% per script after
29698 MI0540 155	Silver	Priority Health	MyPriority HMO Silver 3200 - St. Joseph Mercy Health System Network 73% Cost Share Reduction	6	HMO	\$356.82	\$392.51	\$2,500.00	Included	\$5,600.00	Included	\$5 per script	\$15 per script	\$40 per script after deductible	50% per script after deductible	50% per script after deductible	50% per script after deductible
15560 MI0350 006	Silver	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Silver Saver HSA	5	PPO	\$573.00	\$607.38	\$3,300.00	Included	\$6,700.00	Included	\$15 per script after deductible	NA	25% per script after deductible	50% per script after deductible	40% per script after deductible	45% per script after deductible
29698 MI0540 150	Silver	Priority Health	MyPriority HMO Silver 3200 87% Cost Share Reduction	6	HMO	\$420.46	\$462.53	\$1,200.00	Included	\$1,550.00	Included	\$5 per script	\$10 per script	\$25 per script after deductible	\$50 per script after deductible	50% per script after deductible	50% per script after deductible
58594 MI0020 008	Silver	Meridian Choice	Meridian Healthy Silver	4	HMO	\$426.11	\$490.03	\$700.00	\$500.00	\$2,600.00	Included	7	NA	\$25 after deductible	20% after deductible	20% after deductible	NA
29698 MI0540 154	Silver	Priority Health	MyPriority HMO Silver 3200 - St. John Providence Network	6	HMO	\$329.29	\$362.23	\$3,200.00	Included	\$7,900.00	Included	\$5 per script	\$20 per script	\$75 per script after deductible	\$100 per script after deductible	50% per script after deductible	50% per script after deductible
98185 MI0180 005	Silver	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Silver	6	HMO	\$455.54	\$482.87	\$600.00	Included	\$2,200.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
98185 MI0180 011	Silver	BlueCross BlueShield of Michigan	Blue Cross Metro Detroit HMO Silver	6	HMO	\$343.36	\$363.96	\$2,000.00	Included	\$6,300.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible

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98185 MIO180 014	Silver	BlueCross BlueShield of Michigan	Blue Cross Metro Detroit HMO Silver Saver	6	HMO	\$336.02	\$356.18	\$2,200.00	Included	\$6,300.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
98185 MIO180 012	Silver	BlueCross BlueShield of Michigan	Blue Cross Select HMO Silver Saver	6	HMO	\$404.51	\$428.78	\$2,200.00	Included	\$6,300.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
98185 MIO180 015	Silver	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Silver Saver	6	HMO	\$445.79	\$472.54	\$3,300.00	Included	\$7,300.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
58594 MIO020 004	Silver	Meridian Choice	Meridian Base Silver	4	HMO	\$491.44	\$565.16	\$3,000.00	Included	\$6,000.00	Included	20	NA	25% after deductible	25% after deductible	25% after deductible	NA
58594 MIO020 034	Silver	Meridian Choice	Meridian HSA Savings Silver	4	HMO	\$484.74	\$557.45	\$4,000.00	Included	\$5,500.00	Included	\$14 after deductible	NA	40% after deductible	40% after deductible	40% after deductible	NA
77739 MIO090 001	Silver	Oscar	Oscar Simple Silver	4	EPO	\$429.33	\$467.97	\$7,900.00	Included	\$7,900.00	Included	\$15 per script	NA	\$75 per script	\$0 per script after deductible	\$0 per script after deductible	NA

**Coinsurance**

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan’s allowed amount for an office visit is \$100 and you’ve met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

**Copayment**

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Cost Sharing**

Your share of costs for services that a plan covers that you must pay out of your own pocket (sometimes called “out-of-pocket costs”). Some examples of cost sharing are copayments, deductibles, and coinsurance. Family cost sharing is the share of cost for deductibles and out-of-pocket costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your premiums, penalties you may have to pay, or the cost of care a plan doesn’t cover usually aren’t considered cost sharing.

**Deductible**

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won’t pay anything until you’ve met your \$1000 deductible for covered health care services subject to the deductible.)

**Formulary**

A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may put drugs in different cost sharing levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different cost sharing amounts will apply to each tier.

**Maximum Out-of-pocket Limit**

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

**Premium**

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

**Specialty Drug**

A type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary.

## Michigan Drug Assistance Program (MIDAP) Marketplace Matrix for Kent County

Below is a list of Marketplace insurance plans in Kent county that qualify for the MIDAP Premium Assistance Program. The matrix is an estimate of insurance costs based on a single 40-year-old male with an income of 200% of the Federal Poverty Level (FPL). Please visit [www.healthcare.gov](http://www.healthcare.gov) to view costs that are specific to you. You can use the "Plan ID" to cross-reference with your options on the [healthcare.gov](http://healthcare.gov) website. Additionally, there are two separate columns for the estimated monthly premium amount, based on whether the individual applying for the insurance plan is a tobacco user.

Please note that MIDAP Premium Assistance will only cover the insurance plans that are listed below. . **Marketplace plans that are outside of this list do not meet the requirements outlined by the Health Resources and Services Administration (HRSA) because they do not cover all antiretroviral Therapies (ART's).** Please be sure to verify that the Marketplace insurance plan that you are applying for is on this list if you plan to apply for Premium Assistance.

Kent County																	
Plan Name Information				Plan Tiers	Plan Data												
Plan ID	Metal Level	Issuer Name	Plan Marketing Name		Plan Type	Premium	Premium Tobacco	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Non-Preferred Generic	Preferred Drug Cost Sharing	Non-Preferred Drug Cost-Sharing	Specialty Drug Cost-Sharing	Non-Preferred Specialty
58594M10020012	Bronze	Meridian Choice	Meridian HSA Savings Bronze	4	HMO	\$269.54	\$309.97	\$5,500.00	Included	\$6,650.00	Included	\$0 after deductible	NA	50% after deductible	50% after deductible	50% after deductible	NA
58594M10020007	Bronze	Meridian Choice	Meridian Healthy Bronze	4	HMO	\$263.56	\$303.10	\$7,900.00	Included	\$7,900.00	Included	\$0 after deductible	NA	\$0 after deductible	\$0 after deductible	\$0 after deductible	NA
29698M10540131	Bronze	Priority Health	MyPriority HMO HSA Bronze 6750 - Spectrum Health Partners	5	HMO	\$273.45	\$300.82	\$6,750.00	Included	\$6,750.00	Included	\$0 per script after deductible	NA	\$0 per script after deductible	\$0 per script after deductible	\$0 per script after deductible	\$0 per script after deductible
98185M10440001	Bronze	BlueCross BlueShield of Michigan	Blue Cross Select HMO Bronze	6	HMO	\$290.69	\$308.13	\$7,900.00	Included	\$7,900.00	Included	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
98185M10440006	Bronze	BlueCross BlueShield of Michigan	Blue Cross Select HMO Bronze Saver HSA	6	HMO	\$303.90	\$322.13	\$6,700.00	Included	\$6,700.00	Included	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
29698M10540130	Bronze	Priority Health	MyPriority HMO HSA Bronze 6750	5	HMO	\$306.35	\$336.99	\$6,750.00	Included	\$6,750.00	Included	\$0 per script after deductible	NA	\$0 per script after deductible	\$0 per script after deductible	\$0 per script after deductible	\$0 per script after deductible

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98185M10440009	Bronze	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Bronze Saver HSA	6	HMO	\$334.91	\$355.00	\$6,700.00	Included	\$6,700.00	Included	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
15560M1120001	Bronze	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Bronze Extra	5	PPO	\$440.95	\$467.40	\$6,650.00	Included	\$7,900.00	Included	\$35 per script	NA	35% per script after deductible	40% per script after deductible	40% per script after deductible	45% per script after deductible
15560M10350005	Bronze	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Bronze Saver	5	PPO	\$410.12	\$434.73	\$7,900.00	Included	\$7,900.00	Included	\$0 after deductible	NA	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
15560M10350002	Bronze	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Bronze HSA	5	PPO	\$423.09	\$448.47	\$6,700.00	Included	\$6,700.00	Included	\$0 after deductible	NA	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
40047M1001000	Gold	Molina	Molina Gold	4	HMO	\$373.79	\$373.79	\$2,925.00	\$0.00	\$5,000.00	Included	10	NA	50	0.3	0.3	NA
29698M10540190	Gold	Priority Health	MyPriority HMO Gold 1100	5	HMO	\$561.39	\$617.55	\$1,100.00	Included	\$7,900.00	Included	20% per script after deductible	NA	20% per script after deductible	20% per script after deductible	20% per script after deductible	20% per script after deductible
15560M10350004	Gold	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Gold	5	PPO	\$715.88	\$758.83	\$500.00	Included	\$7,000.00	Included	\$15 per script after deductible	NA	25% per script after deductible	50% per script after deductible	40% per script after deductible	45% per script after deductible
98185M10180009	Gold	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Gold	6	HMO	\$506.99	\$537.41	\$600.00	Included	\$7,900.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
40047M10010002	Silver	Molina	Molina Silver 150 - No Deductible for PCP Visits	4	HMO	\$353.74	\$367.58	\$750.00	\$0.00	\$2,600.00	Included	5	NA	30	0.3	0.3	NA
98185M10550001	Silver	BlueCross BlueShield of Michigan	Blue Cross Select HMO Silver Extra	5	HMO	\$452.01	\$479.13	\$1,000.00	Included	\$2,500.00	Included	\$5 per script	NA	\$25 per script	\$50 per script	40% after deductible	45% after deductible
98185M10550002	Silver	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Silver Extra	5	HMO	\$498.15	\$528.04	\$1,000.00	Included	\$2,500.00	Included	\$5 per script	NA	\$25 per script	\$50 per script	40% after deductible	45% after deductible

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15560M11130001	Silver	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Silver Extra	5	PPO	\$652.39	\$691.54	\$1,000.00	Included	\$2,500.00	Included	\$5 per script	NA	\$25 per script	\$50 per script	40% per script after deductible	45% per script after deductible
29698M10540151	Silver	Priority Health	MyPriority HMO Silver 3200 - Spectrum Health Partners 87% Cost Share Reduction	6	HMO	\$375.32	\$412.87	\$1,200.00	Included	\$1,550.00	Included	\$5 per script	\$10 per script	\$25 per script after deductible	\$50 per script after deductible	50% per script after deductible	50% per script after deductible
98185M10180012	Silver	BlueCross BlueShield of Michigan	Blue Cross Select HMO Silver Saver	6	HMO	\$404.51	\$428.78	\$600.00	Included	\$2,400.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
29698M10540150	Silver	Priority Health	MyPriority HMO Silver 3200 87% Cost Share Reduction	6	HMO	\$420.46	\$462.53	\$1,200.00	Included	\$1,550.00	Included	\$5 per script	\$10 per script	\$25 per script after deductible	\$50 per script after deductible	50% per script after deductible	50% per script after deductible
98185M10180004-05	Silver	BlueCross BlueShield of Michigan	Blue Cross Select HMO Silver	6	HMO	\$413.35	\$438.15	\$600.00	Included	\$2,200.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
15560M10350003	Silver	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Silver	5	PPO	\$595.01	\$630.71	\$500.00	Included	\$2,000.00	Included	\$15 per script after deductible	NA	25% per script after deductible	50% per script after deductible	40% per script after deductible	45% per script after deductible
58594M10020008	Silver	Meridian Choice	Meridian Healthy Silver	4	HMO	\$426.11	\$490.03	\$700.00	\$500.00	\$2,600.00	Included	7	NA	\$25 after deductible	20% after deductible	20% after deductible	NA
98185M10180015	Silver	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Silver Saver	6	HMO	\$445.79	\$472.54	\$600.00	Included	\$2,400.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
98185M10180005	Silver	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Silver	6	HMO	\$455.54	\$482.87	\$600.00	Included	\$2,200.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
15560M10350006	Silver	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Silver Saver	5	PPO	\$573.00	\$607.38	\$600.00	Included	\$1,600.00	Included	\$15 per script after deductible	NA	25% per script after deductible	50% per script after deductible	40% per script after deductible	45% per script after deductible
58594M10020004	Silver	Meridian Choice	Meridian Base Silver	4	HMO	\$491.44	\$565.16	\$750.00	Included	\$2,000.00	Included	20	NA	15% after deductible	15% after deductible	15% after deductible	NA

## Michigan Drug Assistance Program (MIDAP) Marketplace Matrix for Kent County

Plan Name Information				Plan Tiers	Plan Data												
Plan ID	Metal Level	Issuer Name	Plan Marketing Name		Plan Type	Premium	Premium Tobacco	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Non-Preferred Generic	Preferred Drug Cost Sharing	Non-Preferred Drug Cost-Sharing	Specialty Drug Cost-Sharing	Non-Preferred Specialty
58594M10020034	Silver	Meridian Choice	Meridian HSA Savings Silver	4	HMO	\$484.74	\$557.45	\$1,000.00	Included	\$1,500.00	Included	\$10 after deductible	NA	15% after deductible	15% after deductible	15% after deductible	NA
58594M10020014	Silver	Meridian Choice	Meridian Smart Silver	4	HMO	\$560.78	\$644.89	\$0.00	Included	\$2,300.00	Included	10	NA	90	0.5	0.5	NA

### Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

### Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

### Cost Sharing

Your share of costs for services that a plan covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are copayments, deductibles, and coinsurance. Family cost sharing is the share of cost for deductibles and out-of-pocket costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your premiums, penalties you may have to pay, or the cost of care a plan doesn't cover usually aren't considered cost sharing.

### Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

### Formulary

A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may put drugs in different cost sharing levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different cost sharing amounts will apply to each tier.

### Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

### Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

### Specialty Drug

A type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary.



## Michigan Drug Assistance Program (MIDAP) Marketplace Matrix for Ingham County

Below is a list of Marketplace insurance plans in Ingham County that qualify for the MIDAP Premium Assistance Program. The matrix is an estimate of insurance costs based on a single 40-year-old male with an income of 200% of the Federal Poverty Level (FPL). Please visit [www.healthcare.gov](http://www.healthcare.gov) to view costs that are specific to you. You can use the "Plan ID" to cross-reference with your options on the healthcare.gov website. Additionally, there are two separate columns for the estimated monthly premium amount, based on whether the individual applying for the insurance plan is a tobacco user.

Please note that MIDAP Premium Assistance will only cover the insurance plans that are listed below. . **Marketplace plans that are outside of this list do not meet the requirements outlined by the Health Resources and Services Administration (HRSA) because they do not cover all antiretroviral Therapies (ART's).** Please be sure to verify that the Marketplace insurance plan that you are applying for is on this list if you plan to apply for Premium Assistance.

Ingham County																	
Plan Name Information				Plan Tiers	Plan Data												
Plan ID	Metal Level	Issuer Name	Plan Marketing Name		Plan Type	Premium	Premium Tobacco	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug MOOP	Generic Drug Cost Sharing	Non-Preferred Generic	Preferred Drug Cost Sharing	Non-Preferred Drug Cost-Sharing	Specialty Drug Cost-Sharing	Non-Preferred Specialty
60829 MI022 0004	Bronze	Physicians Health Plan	Sparrow PHP Bronze 5500 H.S.A. Exclusive	4	HMO	\$289.36	\$300.94	\$5,500.00	Included	\$6,650.00	Included	\$40 per script after deductible	NA	\$80 per script after deductible	\$160 per script after deductible	\$200 per script after deductible	NA
60829 MI019 0015	Bronze	Physicians Health Plan	Sparrow PHP Bronze 7300 Exclusive	4	HMO	\$249.24	\$259.20	\$7,300.00	Included	\$7,900.00	Included	\$35 per script	NA	35% per script after deductible	40% per script after deductible	45% per script after deductible	NA
98185 MI044 0001	Bronze	BlueCross BlueShield of Michigan	Blue Cross Select HMO Bronze	6	HMO	\$290.69	\$308.13	\$7,900.00	Included	\$7,900.00	Included	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
60829 MI022 0002	Bronze	Physicians Health Plan	Sparrow PHP Bronze 6650 H.S.A. Exclusive	4	HMO	\$294.86	\$306.65	\$6,650.00	Included	\$6,650.00	Included	\$0 per script after deductible	NA	\$0 per script after deductible	\$0 per script after deductible	\$0 per script after deductible	NA
98185 MI044 0006	Bronze	BlueCross BlueShield of Michigan	Blue Cross Select HMO Bronze Saver HSA	6	HMO	\$303.90	\$322.13	\$6,700.00	Included	\$6,700.00	Included	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
29698 MI054 0130	Bronze	Priority Health	MyPriority HMO HSA Bronze 6750	5	HMO	\$306.35	\$336.99	\$6,750.00	Included	\$6,750.00	Included	\$0 per script after deductible	NA	\$0 per script after deductible	\$0 per script after deductible	\$0 per script after deductible	\$0 per script after deductible

## Michigan Drug Assistance Program (MIDAP) Marketplace Matrix for Ingham County

Plan Name Information				Plan Tiers	Plan Data												
Plan ID	Metal Level	Issuer Name	Plan Marketing Name		Plan Type	Premium	Premium Tobacco	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug MOOP	Generic Drug Cost Sharing	Non-Preferred Generic	Preferred Drug Cost Sharing	Non-Preferred Drug Cost-Sharing	Specialty Drug Cost-Sharing	Non-Preferred Specialty
98185 MI044 0009	Bronze	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Bronze Saver HSA	6	HMO	\$334.91	\$355.00	\$6,700.00	Included	\$6,700.00	Included	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
15560 MI112 0001	Bronze	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Bronze Extra	5	PPO	\$440.95	\$467.40	\$6,650.00	Included	\$7,900.00	Included	\$35 per script	NA	35% per script after deductible	40% per script after deductible	40% per script after deductible	45% per script after deductible
60829 MI021 0006	Bronze	Physicians Health Plan	Sparrow PHP Bronze 6650 H.S.A. HMO	4	HMO	\$352.73	\$366.84	\$6,650.00	Included	\$6,650.00	Included	\$0 per script after deductible	NA	\$0 per script after deductible	\$0 per script after deductible	\$0 per script after deductible	NA
15560 MI035 0005	Bronze	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Bronze Saver	5	PPO	\$410.12	\$434.73	\$7,900.00	Included	\$7,900.00	Included	\$0 after deductible	NA	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
15560 MI035 0002	Bronze	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Bronze HSA	5	PPO	\$423.09	\$448.47	\$6,700.00	Included	\$6,700.00	Included	\$0 after deductible	NA	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
60829 MI019 0009	Gold	Physicians Health Plan	Sparrow PHP Gold 500 Exclusive	4	HMO	\$414.40	\$430.98	\$500.00	Included	\$6,500.00	Included	\$20 per script	NA	\$50 per script	\$80 per script	\$150 per script	NA
60829 MI019 0019	Gold	Physicians Health Plan	Sparrow PHP Gold 1500 Exclusive	4	HMO	\$399.62	\$415.60	\$1,500.00	Included	\$5,000.00	Included	\$20 per script	NA	\$50 per script	\$80 per script	\$150 per script	NA
60829 MI019 0016	Gold	Physicians Health Plan	Sparrow PHP Gold 2000 Exclusive	4	HMO	\$359.07	\$373.43	\$2,000.00	Included	\$6,800.00	Included	\$20 per script	NA	\$50 per script	\$80 per script	\$150 per script	NA
60829 MI020 0007	Gold	Physicians Health Plan	Sparrow PHP Gold 500 HMO	4	HMO	\$495.75	\$515.58	\$500.00	Included	\$6,500.00	Included	\$20 per script	NA	\$50 per script	\$80 per script	\$150 per script	NA
60829 MI022 0006	Gold	Physicians Health Plan	Sparrow PHP Gold 1600 H.S.A. Exclusive	4	HMO	\$448.62	\$466.56	\$1,600.00	Included	\$3,000.00	Included	\$20 per script after deductible	NA	\$60 per script after deductible	\$150 per script after deductible	\$200 per script after deductible	NA

## Michigan Drug Assistance Program (MIDAP) Marketplace Matrix for Ingham County

Plan Name Information				Plan Tiers	Plan Data												
Plan ID	Metal Level	Issuer Name	Plan Marketing Name		Plan Type	Premium	Premium Tobacco	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug MOOP	Generic Drug Cost Sharing	Non-Preferred Generic	Preferred Drug Cost Sharing	Non-Preferred Drug Cost-Sharing	Specialty Drug Cost-Sharing	Non-Preferred Specialty
29698 MI054 0190	Gold	Priority Health	MyPriority HMO Gold 1100	5	HMO	\$561.39	\$617.55	\$1,100.00	Included	\$7,900.00	Included	20% per script after deductible	NA	20% per script after deductible	20% per script after deductible	20% per script after deductible	20% per script after deductible
15560 MI035 0004	Gold	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Gold	5	PPO	\$715.88	\$758.83	\$500.00	Included	\$7,000.00	Included	\$15 per script after deductible	NA	25% per script after deductible	50% per script after deductible	40% per script after deductible	45% per script after deductible
98185 MI018 0009	Gold	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Gold	6	HMO	\$506.99	\$537.41	\$600.00	Included	\$7,900.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
60829 MI019 0018	platinum	Physicians Health Plan	Sparrow PHP Platinum 500 Exclusive	4	HMO	\$474.39	\$493.37	\$500.00	Included	\$2,300.00	Included	\$10 per script	NA	\$40 per script	\$80 per script	\$150 per script	NA
60829 MI020 0015	platinum	Physicians Health Plan	Sparrow PHP Platinum 500 HMO	4	HMO	\$567.51	\$590.21	\$500.00	Included	\$2,300.00	Included	\$10 per script	NA	\$40 per script	\$80 per script	\$150 per script	NA
60829 MI019 0005	Silver	Physicians Health Plan	Sparrow PHP Silver 4000 Exclusive	4	HMO	\$379.45	\$394.63	\$1,000.00	Included	\$2,350.00	Included	\$10 per script	NA	\$20 per script	\$60 per script	\$100 per script	NA
60829 MI019 0017	Silver	Physicians Health Plan	Sparrow PHP Silver 7000 Exclusive	4	HMO	\$364.19	\$378.76	\$1,000.00	Included	\$2,450.00	Included	\$10 per script	NA	\$40 per script	\$80 per script	\$150 per script	NA
60829 MI019 0002	Silver	Physicians Health Plan	Sparrow PHP Silver 2000 Exclusive	4	HMO	\$393.66	\$409.41	\$1,000.00	Included	\$2,000.00	Included	\$20 per script	NA	\$40 per script	\$80 per script	\$120 per script	NA
60829 MI020 0017	Silver	Physicians Health Plan	Sparrow PHP Silver 4000 HMO	4	HMO	\$453.93	\$472.09	\$1,000.00	Included	\$2,350.00	Included	\$10 per script	NA	\$20 per script	\$60 per script	\$100 per script	NA
98185 MI055 0001	Silver	BlueCross BlueShield of Michigan	Blue Cross Select HMO Silver Extra	5	HMO	\$452.01	\$479.13	\$1,000.00	Included	\$2,500.00	Included	\$5 per script	NA	\$25 per script	\$50 per script	40% after deductible	45% after deductible

## Michigan Drug Assistance Program (MIDAP) Marketplace Matrix for Ingham County

Plan Name Information				Plan Tiers	Plan Data												
Plan ID	Metal Level	Issuer Name	Plan Marketing Name		Plan Type	Premium	Premium Tobacco	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug MOOP	Generic Drug Cost Sharing	Non-Preferred Generic	Preferred Drug Cost Sharing	Non-Preferred Drug Cost-Sharing	Specialty Drug Cost-Sharing	Non-Preferred Specialty
60829 MI022 0007	Silver	Physicians Health Plan	Sparrow PHP Silver 3200 H.S.A. Exclusive	4	HMO	\$458.39	\$476.73	\$1,000.00	Included	\$2,000.00	Included	\$5 per script after deductible	NA	\$20 per script after deductible	\$50 per script after deductible	\$100 per script after deductible	NA
98185 MI055 0002	Silver	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Silver Extra	5	HMO	\$498.15	\$528.04	\$1,000.00	Included	\$2,500.00	Included	\$5 per script	NA	\$25 per script	\$50 per script	40% after deductible	45% after deductible
15560 MI113 0001	Silver	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Silver Extra	2	PPO	\$652.39	\$691.54	\$1,000.00	Included	\$2,500.00	Included	\$5 per script	NA	\$25 per script	\$50 per script	40% per script after deductible	45% per script after deductible
60829 MI019 0020	Silver	Physicians Health Plan	Sparrow PHP Silver 2500 Basic Exclusive	4	HMO	\$375.77	\$390.80	\$800.00	Included	\$1,800.00	Included	\$20 per script	NA	30% per script after deductible	30% per script after deductible	30% per script after deductible	NA
98185 MI018 0012	Silver	BlueCross BlueShield of Michigan	Blue Cross Select HMO Silver Saver	6	HMO	\$404.51	\$428.78	\$600.00	Included	\$2,400.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
29698 MI054 0150	Silver	Priority Health	MyPriority HMO Silver 3200 87% Cost Share Reduction	6	HMO	\$420.46	\$462.53	\$1,200.00	Included	\$1,550.00	Included	\$5 per script	\$10 per script	\$25 per script after deductible	\$50 per script after deductible	50% per script after deductible	50% per script after deductible
98185 MI018 0004	Silver	BlueCross BlueShield of Michigan	Blue Cross Select HMO Silver	6	HMO	\$413.35	\$438.15	\$600.00	Included	\$2,200.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
15560 MI035 0003	Silver	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Silver	5	PPO	\$595.01	\$630.71	\$500.00	Included	\$2,000.00	Included	\$15 per script after deductible	NA	25% per script after deductible	50% per script after deductible	40% per script after deductible	45% per script after deductible
98185 MI018 0015	Silver	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Silver Saver	6	HMO	\$445.79	\$472.54	\$600.00	Included	\$2,400.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible

## Michigan Drug Assistance Program (MIDAP) Marketplace Matrix for Ingham County

Plan Name Information				Plan Tiers	Plan Data												
Plan ID	Metal Level	Issuer Name	Plan Marketing Name		Plan Type	Premium	Premium Tobacco	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug MOOP	Generic Drug Cost Sharing	Non-Preferred Generic	Preferred Drug Cost Sharing	Non-Preferred Drug Cost-Sharing	Specialty Drug Cost-Sharing	Non-Preferred Specialty
98185 MI018 0005	Silver	BlueCross BlueShield of Michigan	Blue Cross Preferred HMO Silver	6	HMO	\$455.54	\$482.87	\$600.00	Included	\$2,200.00	Included	\$4 per script after deductible	\$20 per script after deductible	25% after deductible, up to \$100	50% after deductible, up to \$100	40% after deductible	45% after deductible
15560 MI035 0006	Silver	BlueCross BlueShield of Michigan	Blue Cross Premier PPO Silver Saver	5	PPO	\$573.00	\$607.38	\$600.00	Included	\$1,600.00	Included	\$15 per script after deductible	NA	25% per script after deductible	50% per script after deductible	40% per script after deductible	45% per script after deductible

### Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

### Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

### Cost Sharing

Your share of costs for services that a plan covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are copayments, deductibles, and coinsurance. Family cost sharing is the share of cost for deductibles and out-of-pocket costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your premiums, penalties you may have to pay, or the cost of care a plan doesn't cover usually aren't considered cost sharing.

### Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

### Formulary

A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may put drugs in different cost sharing levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different cost sharing amounts will apply to each tier.

### Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

### Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

### Specialty Drug

A type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary.