

MIDAP Marketplace Matrix for Plan Year 2022

Below is a list of Marketplace insurance plans in Wayne, Macomb, Kent, & Ingham county that qualify for the MIDAP Premium Assistance Program. The matrix is an estimate of insurance costs based on a single 54-year-old (average age of someone on MIDAP) male with an income of \$35,300 (average income for someone on MIDAP).

Please visit 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.

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Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
58594MI0030001	Bronze	Ambetter from Meridian	Ambetter Essential Care 1	HMO	\$364.72	\$419.43	\$8,600	Included in Medical	\$8,600	Included in Medical	\$22.60	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0070001	Expanded Bronze	Ambetter from Meridian	Ambetter Virtual Access Bronze (\$0 Virtual Primary Care + \$0 Virtual Urgent Care + \$0 Preferred Labs)	HMO	\$380.89	\$438.03	\$7,000	Included in Medical	\$8,550	Included in Medical	\$27.00	\$160 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0030002	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care 2 HSA	HMO	\$396.28	\$455.72	\$6,900	Included in Medical	\$6,900	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0040001	Bronze	Ambetter from Meridian	Ambetter Essential Care 1 + Vision + Adult Dental	HMO	\$396.74	\$456.25	\$8,600	Included in Medical	\$8,600	Included in Medical	\$22.60	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0030013	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care 5	HMO	\$399.10	\$458.96	\$8,300	Included in Medical	\$8,700	Included in Medical	\$27	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540514	Expanded Bronze	Priority Health	MyPriority Bronze 8700 - Ascension St. John Providence Network	HMO	\$401.47	\$461.69	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
98185MI0440005	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Metro Detroit HMO Bronze	HMO	\$412.80	\$462.34	\$8,700	Included in Medical	\$8,700	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
29698MI0540513	Expanded Bronze	Priority Health	MyPriority Bronze 8700 - Beaumont Health Network	HMO	\$416.26	\$478.71	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
29698MI0540515	Expanded Bronze	Priority Health	MyPriority Bronze 8700 - St. Joseph Mercy Health System Network	HMO	\$417.20	\$479.78	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
29698MI0540504	Expanded Bronze	Priority Health	MyPriority HSA Bronze 7050 - Ascension St. John Providence Network	HMO	\$427.90	\$492.10	\$7,050	Included in Medical	\$7,050	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0040002	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care 2 HSA + Vision + Adult Dental	HMO	\$431.07	\$495.73	\$6,900	Included in Medical	\$6,900	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
98185MI0440008	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Metro Detroit HMO Bronze Saver HSA	HMO	\$432.72	\$484.65	\$7,000	Included in Medical	\$7,000	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible

Wayne & Macomb County														
Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
58594MI0030015	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care: \$1,500 Medical Deductible	HMO	\$433.74	\$498.80	\$1,500	\$3,800	\$8,700	Included in Medical	\$31	\$195	\$250 Copay after deductible	50% Coinsurance after deductible
58594MI0040013	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care 5 + Vision + Adult Dental	HMO	\$434.13	\$499.25	\$8,300	Included in Medical	\$8,700	Included in Medical	\$27	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540516	Expanded Bronze	Priority Health	MyPriority Telehealth PCP Bronze 8700 - (Doctor On Demand PCP selection required)	HMO	\$434.77	\$500.00	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
71667MI0010014	Bronze	UnitedHealthcare	UHC Bronze Essential+ (Low Premium)	HMO	\$437.38	\$524.86	\$8,700	Included in Medical	\$8,700	Included in Medical	No Charge	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58996MI0700002	Expanded Bronze	US Health and Life	Balanced Bronze 2	EPO	\$437.47	\$524.97	\$8,700	Included in Medical	\$8,700	Included in Medical	\$15	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
98185MI0440001	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Select HMO Bronze	HMO	\$442.27	\$495.34	\$8,700	Included in Medical	\$8,700	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
29698MI0540503	Expanded Bronze	Priority Health	MyPriority HSA Bronze 7050 - Beaumont Health Network	HMO	\$443.67	\$510.22	\$7,050	Included in Medical	\$7,050	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
29698MI0540505	Expanded Bronze	Priority Health	MyPriority HSA Bronze 7050 - St. Joseph Mercy Health System Network	HMO	\$444.68	\$511.38	\$7,050	Included in Medical	\$7,050	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58996MI0700001	Expanded Bronze	US Health and Life	Balanced Bronze 1	EPO	\$448.35	\$538.03	\$8,000	Included in Medical	\$8,700	Included in Medical	\$20	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0030016	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care: \$0 Medical Deductible	HMO	\$458.10	\$526.81	\$0	\$3,800	\$8,700	Included in Medical	\$31	\$195	\$250 Copay after deductible	50% Coinsurance after deductible
71667MI0010012	Expanded Bronze	UnitedHealthcare	UHC Bronze Value+ (\$3 Rx + 6 Free Virtual Visits)	HMO	\$460.83	\$552.99	\$8,500	Included in Medical	\$8,500	Included in Medical	\$3	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540510	Expanded Bronze	Priority Health	MyPriority Bronze 8700	HMO	\$462.53	\$531.91	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
71667MI0010013	Expanded Bronze	UnitedHealthcare	UHC Bronze Value+ (HSA)	HMO	\$462.67	\$555.21	\$6,700	Included in Medical	\$7,050	Included in Medical	\$5 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible

Wayne & Macomb County

Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
98185MI0440006	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Select HMO Bronze Saver HSA	HMO	\$463.62	\$519.25	\$7,000	Included in Medical	\$7,000	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
71667MI0010015	Expanded Bronze	UnitedHealthcare	UHC Bronze Essential+ Saver (Low Premium + HSA)	HMO	\$464.59	\$557.51	\$7,050	Included in Medical	\$7,050	Included in Medical	No Charge	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0040015	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care: \$1,500 Medical Deductible + Vision + Adult Dental	HMO	\$471.81	\$542.58	\$1,500	\$3,800	\$8,700	Included in Medical	\$31	\$195	\$250 Copay after deductible	50% Coinsurance after deductible
98185MI0440012	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Preferred HMO Bronze	HMO	\$484.18	\$542.28	\$8,700	Included in Medical	\$8,700	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
29698MI0540500	Expanded Bronze	Priority Health	MyPriority HSA Bronze 7050	HMO	\$492.97	\$556.93	\$7,050	Included in Medical	\$7,050	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58996MI0700003	Expanded Bronze	US Health and Life	HSA Eligible Bronze	EPO	\$496.64	\$595.97	\$7,000	Included in Medical	\$7,000	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0040016	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care: \$0 Medical Deductible + Vision + Adult Dental	HMO	\$498.31	\$573.06	\$0	\$3,800	\$8,700	Included in Medical	\$31	\$195	\$250 Copay after deductible	50% Coinsurance after deductible
58996MI0700004	Expanded Bronze	US Health and Life	No Deductible Bronze	EPO	\$502.68	\$603.22	\$0	\$5,000	\$8,700	Included in Medical	\$30	\$150	\$250	50% Coinsurance after deductible
98185MI0440009	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Preferred HMO Bronze Saver HSA	HMO	\$507.55	\$568.46	\$7,000	Included in Medical	\$7,000	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
29698MI0540517	Expanded Bronze	Priority Health	MyPriority Travel Bronze 8700	HMO	\$531.89	\$611.68	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
74917MI0020011	Bronze	McLaren Health Plan Community	McLaren Bronze 6500	HMO	\$617.06	\$709.62	\$6,500	Included in Medical	\$8,700	Included in Medical	\$25	\$75 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
15560MI0350005	Bronze	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Bronze Saver	PPO	\$621.46	\$696.04	\$8,700	Included in Medical	\$8,700	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
74917MI0020013	Expanded Bronze	McLaren Health Plan Community	McLaren Bronze Saver	HMO	\$644.44	\$741.10	\$6,900	Included in Medical	\$6,900	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
15560MI0350002	Expanded Bronze	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Bronze HSA	PPO	\$675.11	\$756.12	\$7,000	Included in Medical	\$7,000	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible

Wayne & Macomb County

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Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
15560MI1120001	Expanded Bronze	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Bronze Extra	PPO	\$699.53	\$783.47	\$8,000	Included in Medical	\$8,700	Included in Medical	\$35	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
58594MI0030017	Silver	Ambetter from Meridian	Ambetter Balanced Care 30	HMO	\$482.30	\$554.64	\$6,100	Included in Medical	\$6,100	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0030018	Silver	Ambetter from Meridian	Ambetter Balanced Care 31	HMO	\$482.46	\$554.82	\$5,450	Included in Medical	\$6,450	Included in Medical	10% Coinsurance after deductible	10% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0070002	Silver	Ambetter from Meridian	Ambetter Virtual Access Silver (\$0 Virtual Primary Care + \$0 Virtual Urgent Care + \$0 Preferred Labs)	HMO	\$490.70	\$564.30	\$7,200	Included in Medical	\$8,700	Included in Medical	\$23	\$75	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0030019	Silver	Ambetter from Meridian	Ambetter Balanced Care 32	HMO	\$497.95	\$572.64	\$8,100	Included in Medical	\$8,700	Included in Medical	\$23	\$75	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0030005	Silver	Ambetter from Meridian	Ambetter Balanced Care 12	HMO	\$514.48	\$591.66	\$6,500	Included in Medical	\$8,400	Included in Medical	\$23	\$60	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0030004	Silver	Ambetter from Meridian	Ambetter Balanced Care 11	HMO	\$521.63	\$599.87	\$6,000	Included in Medical	\$8,500	Included in Medical	\$18	\$55	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0040018	Silver	Ambetter from Meridian	Ambetter Balanced Care 31 + Vision + Adult Dental	HMO	\$524.81	\$603.53	\$5,450	Included in Medical	\$6,450	Included in Medical	10% Coinsurance after deductible	10% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540564	Silver	Priority Health	MyPriority Silver 5500 - Ascension St. John Providence Network	HMO	\$531.53	\$611.25	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
40047MI0010007	Silver	Molina Healthcare	Constant Care Silver 7	HMO	\$537.17	\$537.17	\$0	\$1,350	\$8,550	Included in Medical	\$30	\$100	40% Coinsurance after deductible	40% Coinsurance after deductible
58594MI0040019	Silver	Ambetter from Meridian	Ambetter Balanced Care 32 + Vision + Adult Dental	HMO	\$541.66	\$622.91	\$8,100	Included in Medical	\$8,700	Included in Medical	\$23	\$75	50% Coinsurance after deductible	50% Coinsurance after deductible
40047MI0090001	Silver	Molina Healthcare	Constant Care Silver 2	HMO	\$542.66	\$542.66	\$5,200	Included in Medical	\$8,150	Included in Medical	\$25	\$65	50% Coinsurance after deductible	50% Coinsurance after deductible
40047MI0010004	Silver	Molina Healthcare	Constant Care Silver 4	HMO	\$543.63	\$543.63	\$7,450	Included in Medical	\$7,450	Included in Medical	\$25	\$75	No Charge after Deductible	No Charge after Deductible
40047MI0010002	Silver	Molina Healthcare	Constant Care Silver 1	HMO	\$548.30	\$548.30	\$0	\$800	\$8,500	Included in Medical	\$29	\$60	40% Coinsurance after deductible	40% Coinsurance after deductible

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29698MI0540563	Silver	Priority Health	MyPriority Silver 5500 - Beaumont Health Network	HMO	\$551.13	\$633.80	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0540565	Silver	Priority Health	MyPriority Silver 5500 - St. Joseph Mercy Health System Network	HMO	\$552.35	\$635.21	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
71667MI0010018	Silver	UnitedHealthcare	UHC Silver Value+ (HSA)	HMO	\$554.82	\$665.78	\$3,300	Included in Medical	\$6,950	Included in Medical	\$5 Copay after deductible	\$85 Copay after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible
71667MI0010016	Silver	UnitedHealthcare	UHC Silver Value+ (\$3 Rx + 6 Free Virtual Visits)	HMO	\$554.89	\$665.87	\$5,300	Included in Medical	\$8,700	Included in Medical	\$3	\$75 Copay after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible
71667MI0010017	Silver	UnitedHealthcare	UHC Silver Value+ (\$3 Rx + Unlimited Free Primary Care & Virtual Visits)	HMO	\$555.53	\$666.63	\$5,500	Included in Medical	\$8,700	Included in Medical	\$3	\$75 Copay after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible
71667MI0010019	Silver	UnitedHealthcare	UHC Silver Value+ (\$3 Rx + 3 Free Primary Care & 6 Free Virtual Visits)	HMO	\$556.52	\$667.83	\$6,000	Included in Medical	\$8,700	Included in Medical	\$3	\$85 Copay after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0040021	Silver	Ambetter from Meridian	Ambetter Balanced Care 12 + Vision + Adult Dental	HMO	\$559.65	\$643.59	\$6,500	Included in Medical	\$8,400	Included in Medical	\$23	\$60	50% Coinsurance after deductible	50% Coinsurance after deductible
40047MI0080002	Silver	Molina Healthcare	Constant Care Silver 1 + Vision	HMO	\$561.63	\$561.63	\$0	\$800	\$8,500	Included in Medical	\$29	\$60	40% Coinsurance after deductible	40% Coinsurance after deductible
29698MI0540524	Silver	Priority Health	MyPriority Silver 3500 - Ascension St. John Providence Network	HMO	\$562.10	\$646.44	\$3,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
71667MI0010020	Silver	UnitedHealthcare	UHC Silver Advantage+ (\$3 Rx + 3 Free Primary Care & 6 Free Virtual Visits)	HMO	\$564.61	\$677.53	\$3,500	Included in Medical	\$7,500	Included in Medical	\$3	\$85 Copay after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0040004	Silver	Ambetter from Meridian	Ambetter Balanced Care 11 + Vision + Adult Dental	HMO	\$567.42	\$652.53	\$6,000	Included in Medical	\$8,500	Included in Medical	\$18.20	\$55	50% Coinsurance after deductible	50% Coinsurance after deductible

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Plan Name Information				Plan Data										
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29698MI0540566	Silver	Priority Health	MyPriority Telehealth PCP Silver 5500 - (Doctor On Demand PCP selection required)	HMO	\$575.62	\$661.98	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0540523	Silver	Priority Health	MyPriority Silver 3500 - Beaumont Health Network	HMO	\$582.83	\$670.26	\$3,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
29698MI0540525	Silver	Priority Health	MyPriority Silver 3500 - St. Joseph Mercy Health System Network	HMO	\$584.14	\$671.76	\$3,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
29698MI0540544	Silver	Priority Health	MyPriority Silver 2500 - Ascension St. John Providence Network	HMO	\$586.34	\$674.28	\$2,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
98185MI0180014	Silver	Blue Care Network of Michigan	Blue Cross® Metro Detroit HMO Silver Saver	HMO	\$590.82	\$661.72	\$4,000	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
71667MI0010021	Silver	UnitedHealthcare	UHC Silver Advantage+ Extra (\$3 Rx + Dental + Vision + 3 Free Primary Care & 6 Free Virtual Visits)	HMO	\$594.22	\$713.06	\$4,000	Included in Medical	\$8,000	Included in Medical	\$3	\$85 Copay after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible
58996MI0700007	Silver	US Health and Life	Low Premium Silver	EPO	\$598.73	\$718.47	\$6,000	Included in Medical	\$8,700	Included in Medical	\$25	\$50	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540543	Silver	Priority Health	MyPriority Silver 2500 - Beaumont Health Network	HMO	\$607.94	\$699.13	\$2,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
29698MI0540545	Silver	Priority Health	MyPriority Silver 2500 - St. Joseph Mercy Health System Network	HMO	\$609.29	\$700.69	\$2,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
29698MI0540560	Silver	Priority Health	MyPriority Silver 5500	HMO	\$612.36	\$704.23	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
58996MI0700005	Silver	US Health and Life	Balanced Silver	EPO	\$622.54	\$747.05	\$4,500	Included in Medical	\$4,500	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58996MI0700006	Silver	US Health and Life	No Deductible Silver	EPO	\$624.73	\$749.68	\$0	Included in Medical	\$8,700	Included in Medical	\$25	\$50	40% Coinsurance after deductible	40% Coinsurance after deductible
98185MI0180012	Silver	Blue Care Network of Michigan	Blue Cross® Select HMO Silver Saver	HMO	\$633.01	\$708.97	\$4,000	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible

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Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
98185MI0180011	Silver	Blue Care Network of Michigan	Blue Cross® Metro Detroit HMO Silver	HMO	\$637.92	\$714.47	\$3,200	Included in Medical	\$8,700	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
29698MI0540520	Silver	Priority Health	MyPriority Silver 3500	HMO	\$647.59	\$744.73	\$3,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
98185MI0550004	Silver	Blue Care Network of Michigan	Blue Cross® Metro Detroit HMO Silver Extra	HMO	\$660.89	\$740.20	\$5,300	Included in Medical	\$8,700	Included in Medical	\$4	\$100	\$150	40% Coinsurance after deductible
29698MI0540540	Silver	Priority Health	MyPriority Silver 2500	HMO	\$675.49	\$776.82	\$2,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
98185MI0180004	Silver	Blue Care Network of Michigan	Blue Cross® Select HMO Silver	HMO	\$683.50	\$765.52	\$3,200	Included in Medical	\$8,700	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0180015	Silver	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver Saver	HMO	\$693.02	\$776.18	\$4,000	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0550001	Silver	Blue Care Network of Michigan	Blue Cross® Select HMO Silver Extra	HMO	\$708.12	\$793.09	\$5,300	Included in Medical	\$8,700	Included in Medical	\$4	\$100	\$150	40% Coinsurance after deductible
29698MI0540567	Silver	Priority Health	MyPriority Travel Silver 5500	HMO	\$734.85	\$845.05	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
98185MI0180005	Silver	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver	HMO	\$748.30	\$838.10	\$3,200	Included in Medical	\$8,700	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0550002	Silver	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver Extra	HMO	\$775.22	\$868.25	\$5,300	Included in Medical	\$8,700	Included in Medical	\$4	\$100	\$150	40% Coinsurance after deductible
15560MI0350006	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver Saver HSA	PPO	\$882.33	\$988.21	\$3,500	Included in Medical	\$7,000	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI0350003	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver	PPO	\$904.47	\$1,013.01	\$2,500	Included in Medical	\$8,700	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
74917MI0020005	Silver	McLaren Health Plan Community	McLaren Silver Exchange	HMO	\$914.93	\$1,052.17	\$3,700	\$500	\$8,150	Included in Medical	\$10	\$75	\$125	40% Coinsurance after deductible
15560MI1130001	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver Extra	PPO	\$985.62	\$1,103.89	\$4,800	Included in Medical	\$8,700	Included in Medical	\$15	\$100	\$150	40% Coinsurance after deductible
58594MI0030020	Gold	Ambetter from Meridian	Ambetter Secure Care 20	HMO	\$532.48	\$612.35	\$750	Included in Medical	\$7,500	Included in Medical	\$13.80	\$60	50% Coinsurance after deductible	50% Coinsurance after deductible

Wayne & Macomb County														
Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
58594MI0070003	Gold	Ambetter from Meridian	Ambetter Virtual Access Gold (\$0 Virtual Primary Care + \$0 Virtual Urgent Care + \$0 Preferred Labs)	HMO	\$541.40	\$622.61	\$950	Included in Medical	\$8,700	Included in Medical	\$14	\$50	25% Coinsurance after deductible	25% Coinsurance after deductible
40047MI0010001	Gold	Molina Healthcare	Confident Care Gold 1	HMO	\$559.62	\$559.62	\$2,100	Included in Medical	\$8,550	Included in Medical	\$10	\$50	30% Coinsurance after deductible	30% Coinsurance after deductible
58594MI0030008	Gold	Ambetter from Meridian	Ambetter Secure Care 5	HMO	\$568.47	\$653.74	\$1,450	Included in Medical	\$6,300	Included in Medical	\$14	\$30	30% Coinsurance after deductible	30% Coinsurance after deductible
40047MI0080001	Gold	Molina Healthcare	Confident Care Gold 1 + Vision	HMO	\$575.48	\$575.48	\$2,100	Included in Medical	\$8,550	Included in Medical	\$10	\$50	30% Coinsurance after deductible	30% Coinsurance after deductible
58594MI0040020	Gold	Ambetter from Meridian	Ambetter Secure Care 20 + Vision + Adult Dental	HMO	\$579.22	\$666.11	\$750	Included in Medical	\$7,500	Included in Medical	\$14	\$60	50% Coinsurance after deductible	50% Coinsurance after deductible
71667MI0010023	Gold	UnitedHealthcare	UHC Gold Value+ (\$3 Rx)	HMO	\$614.64	\$737.57	\$2,250	Included in Medical	\$8,700	Included in Medical	\$3	\$50	30% Coinsurance after deductible	40% Coinsurance after deductible
58594MI0040008	Gold	Ambetter from Meridian	Ambetter Secure Care 5 + Vision + Adult Dental	HMO	\$618.38	\$711.13	\$1,450	Included in Medical	\$6,300	Included in Medical	\$14	\$30	30% Coinsurance after deductible	30% Coinsurance after deductible
71667MI0010024	Gold	UnitedHealthcare	UHC Gold Advantage+ (\$3 Rx + 3 Free Primary Care & 6 Free Virtual Visits)	HMO	\$631.88	\$758.26	\$900	Included in Medical	\$7,250	Included in Medical	\$3	\$50	30% Coinsurance after deductible	40% Coinsurance after deductible
71667MI0010025	Gold	UnitedHealthcare	UHC Gold Advantage+ Extra (\$3 Rx + Dental + Vision + 3 Free Primary Care & 6 Free Virtual Visits)	HMO	\$656.13	\$787.35	\$1,500	Included in Medical	\$8,100	Included in Medical	\$3	\$50	30% Coinsurance after deductible	40% Coinsurance after deductible
71667MI0010022	Gold	UnitedHealthcare	UHC Gold Advantage+ Extra (\$3 Rx + Dental + Vision)	HMO	\$663.81	\$796.57	\$1,750	Included in Medical	\$7,500	Included in Medical	\$3	\$50	30% Coinsurance after deductible	40% Coinsurance after deductible
58996MI0700008	Gold	US Health and Life	Gold	EPO	\$692.83	\$831.40	\$3,500	Included in Medical	\$6,000	Included in Medical	\$15	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
29698MI0540598	Gold	Priority Health	MyPriority Gold Copay+ - Ascension St. John Providence Network	HMO	\$774.26	\$890.40	\$0	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$100	50%
29698MI0540597	Gold	Priority Health	MyPriority Gold Copay+ - Beaumont Health Network	HMO	\$802.80	\$923.22	\$0	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$100	50%

Wayne & Macomb County

Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
29698MI0540599	Gold	Priority Health	MyPriority Gold Copay+ - St. Joseph Mercy Health System Network	HMO	\$804.60	\$925.27	\$0	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$100	50%
98185MI0180009	Gold	Blue Care Network of Michigan	Blue Cross® Preferred HMO Gold	HMO	\$817.85	\$915.99	\$850	Included in Medical	\$8,700	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
29698MI0540390	Gold	Priority Health	MyPriority Gold 1100	HMO	\$890.96	\$1,024.61	\$1,100	Included in Medical	\$8,150	Included in Medical	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
74917MI0020006	Gold	McLaren Health Plan Community	McLaren Gold 1400	HMO	\$906.23	\$1,042.17	\$1,400	\$0	\$7,000	Included in Medical	\$5	\$60	\$100	30%
15560MI0350004	Gold	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Gold	PPO	\$1,143.46	\$1,280.68	\$750	Included in Medical	\$7,500	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible

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Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
58594MI0030001	Bronze	Ambetter from Meridian	Ambetter Essential Care 1	HMO	\$410.84	\$472.47	\$8,600	Included in Medical	\$8,600	Included in Medical	\$22.60	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0070001	Expanded Bronze	Ambetter from Meridian	Ambetter Virtual Access Bronze (\$0 Virtual Primary Care + \$0 Virtual Urgent Care + \$0 Preferred Labs)	HMO	\$429.06	\$493.42	\$7,000	Included in Medical	\$8,550	Included in Medical	\$27.00	\$160 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0030002	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care 2 HSA	HMO	\$446.39	\$513.35	\$6,900	Included in Medical	\$6,900	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0040001	Bronze	Ambetter from Meridian	Ambetter Essential Care 1 + Vision + Adult Dental	HMO	\$446.91	\$513.94	\$8,600	Included in Medical	\$8,600	Included in Medical	\$22.60	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0030013	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care 5	HMO	\$449.56	\$517.00	\$8,300	Included in Medical	\$8,700	Included in Medical	\$27	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540511	Expanded Bronze	Priority Health	MyPriority Bronze 8700 - Spectrum Health Partners	HMO	\$460.56	\$529.65	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
77739MI0070038	Expanded Bronze	Oscar Insurance Company	Bronze Super Simple	EPO	\$471.24	\$513.65	\$8,000	Included in Medical	\$8,700	Included in Medical	\$3	\$250 Copay after deductible	\$500 Copay after deductible	50% Coinsurance after deductible
77739MI0070003	Expanded Bronze	Oscar Insurance Company	Bronze Classic	EPO	\$472.33	\$514.84	\$7,500	Included in Medical	\$8,700	Included in Medical	\$3	\$250 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070002	Expanded Bronze	Oscar Insurance Company	Bronze Classic-PCP Saver	EPO	\$480.82	\$524.09	\$7,500	Included in Medical	\$8,700	Included in Medical	\$3	\$250 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0040002	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care 2 HSA + Vision + Adult Dental	HMO	\$485.58	\$558.41	\$6,900	Included in Medical	\$6,900	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0030015	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care: \$1,500 Medical Deductible	HMO	\$488.58	\$561.87	\$1,500	\$3,800	\$8,700	Included in Medical	\$31	\$195	\$250 Copay after deductible	50% Coinsurance after deductible
58594MI0040013	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care 5 + Vision + Adult Dental	HMO	\$489.03	\$562.38	\$8,300	Included in Medical	\$8,700	Included in Medical	\$27	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540501	Expanded Bronze	Priority Health	MyPriority HSA Bronze 7050 - Spectrum Health Partners	HMO	\$490.90	\$564.54	\$7,050	Included in Medical	\$7,050	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible

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Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
77739MI0070024	Expanded Bronze	Oscar Insurance Company	Bronze Classic-\$4700 Ded	EPO	\$497.40	\$542.17	\$4,700	Included in Medical	\$8,700	Included in Medical	\$3	\$250 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070021	Expanded Bronze	Oscar Insurance Company	Bronze Classic- \$0 PCP	EPO	\$500.10	\$545.11	\$8,000	Included in Medical	\$8,700	Included in Medical	\$3	\$500 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540516	Expanded Bronze	Priority Health	MyPriority Telehealth PCP Bronze 8700 - (Doctor On Demand PCP selection required)	HMO	\$506.96	\$582.98	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0030016	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care: \$0 Medical Deductible	HMO	\$516.02	\$593.42	\$0	\$3,800	\$8,700	Included in Medical	\$31	\$195	\$250 Copay after deductible	50% Coinsurance after deductible
77739MI0070014	Expanded Bronze	Oscar Insurance Company	Bronze Simple-HSA	EPO	\$516.25	\$562.71	\$5,200	Included in Medical	\$7,000	Included in Medical	\$3 Copay after deductible	\$200 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
98185MI0440001	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Select HMO Bronze	HMO	\$530.72	\$594.41	\$8,700	Included in Medical	\$8,700	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0040015	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care: \$1,500 Medical Deductible + Vision + Adult Dental	HMO	\$531.47	\$611.19	\$1,500	\$3,800	\$8,700	Included in Medical	\$31	\$195	\$250 Copay after deductible	50% Coinsurance after deductible
77739MI0070039	Expanded Bronze	Oscar Insurance Company	Bronze Classic-\$4000 Ded	EPO	\$532.20	\$580.10	\$4,000	Included in Medical	\$8,700	Included in Medical	\$3	\$250 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070022	Expanded Bronze	Oscar Insurance Company	Bronze Classic-Specialist Saver	EPO	\$533.65	\$581.68	\$3,500	\$4,500	\$8,700	Included in Medical	\$3	\$250	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540510	Expanded Bronze	Priority Health	MyPriority Bronze 8700	HMO	\$539.30	\$620.20	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
77739MI0070042	Expanded Bronze	Oscar Insurance Company	Bronze Elite-\$1000 Ded	EPO	\$546.66	\$595.86	\$1,000	\$6,700	\$8,700	Included in Medical	\$3	\$250	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070043	Expanded Bronze	Oscar Insurance Company	Bronze Elite- \$0 Ded	EPO	\$549.63	\$599.09	\$0	\$6,700	\$8,700	Included in Medical	\$3	\$250	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070012	Expanded Bronze	Oscar Insurance Company	Bronze Elite- \$0 Ded+Specialist Saver	EPO	\$555.61	\$605.61	\$0	\$7,700	\$8,700	Included in Medical	\$3	\$250	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070005	Expanded Bronze	Oscar Insurance Company	Bronze Elite- \$0 Ded+PCP Saver	EPO	\$556.11	\$606.16	\$0	\$6,200	\$8,700	Included in Medical	\$3	\$250	50% Coinsurance after deductible	50% Coinsurance after deductible

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Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
98185MI0440006	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Select HMO Bronze Saver HSA	HMO	\$556.36	\$623.12	\$7,000	Included in Medical	\$7,000	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0040016	Expanded Bronze	Ambetter from Meridian	Ambetter Essential Care: \$0 Medical Deductible + Vision + Adult Dental	HMO	\$561.32	\$645.52	\$0	\$3,800	\$8,700	Included in Medical	\$31	\$195	\$250 Copay after deductible	50% Coinsurance after deductible
29698MI0540500	Expanded Bronze	Priority Health	MyPriority HSA Bronze 7050	HMO	\$574.81	\$661.04	\$7,050	Included in Medical	\$7,050	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
98185MI0440012	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Preferred HMO Bronze	HMO	\$581.02	\$650.74	\$8,700	Included in Medical	\$8,700	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
74917MI0020011	Bronze	McLaren Health Plan Community	McLaren Bronze 6500	HMO	\$583.15	\$670.62	\$6,500	Included in Medical	\$8,700	Included in Medical	\$25	\$75 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
74917MI0020013	Expanded Bronze	McLaren Health Plan Community	McLaren Bronze Saver	HMO	\$609.02	\$700.37	\$6,900	Included in Medical	\$6,900	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
98185MI0440009	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Preferred HMO Bronze Saver HSA	HMO	\$609.07	\$682.16	\$7,000	Included in Medical	\$7,000	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
29698MI0540517	Expanded Bronze	Priority Health	MyPriority Travel Bronze 8700	HMO	\$620.20	\$713.22	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
15560MI0350005	Bronze	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Bronze Saver	PPO	\$776.91	\$870.14	\$8,700	Included in Medical	\$8,700	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
15560MI0350002	Expanded Bronze	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Bronze HSA	PPO	\$843.99	\$945.27	\$7,000	Included in Medical	\$7,000	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
15560MI1120001	Expanded Bronze	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Bronze Extra	PPO	\$874.52	\$979.46	\$8,000	Included in Medical	\$8,700	Included in Medical	\$35	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
58594MI0030017	Silver	Ambetter from Meridian	Ambetter Balanced Care 30	HMO	\$543.29	\$624.78	\$6,100	Included in Medical	\$6,100	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
58594MI0030018	Silver	Ambetter from Meridian	Ambetter Balanced Care 31	HMO	\$543.46	\$624.98	\$5,450	Included in Medical	\$6,450	Included in Medical	10% Coinsurance after deductible	10% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible

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Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
40047MI0010007	Silver	Molina Healthcare	Constant Care Silver 7	HMO	\$551.76	\$551.76	\$0	\$1,350	\$8,550	Included in Medical	\$30	\$100	40% Coinsurance after deductible	40% Coinsurance after deductible
58594MI0070002	Silver	Ambetter from Meridian	Ambetter Virtual Access Silver (\$0 Virtual Primary Care + \$0 Virtual Urgent Care + \$0 Preferred Labs)	HMO	\$552.75	\$635.66	\$7,200	Included in Medical	\$8,700	Included in Medical	\$23	\$75	50% Coinsurance after deductible	50% Coinsurance after deductible
40047MI0090001	Silver	Molina Healthcare	Constant Care Silver 2	HMO	\$557.40	\$557.40	\$5,200	Included in Medical	\$8,150	Included in Medical	\$25	\$65	50% Coinsurance after deductible	50% Coinsurance after deductible
40047MI0010004	Silver	Molina Healthcare	Constant Care Silver 4	HMO	\$558.41	\$558.41	\$7,450	Included in Medical	\$7,450	Included in Medical	\$25	\$75	No Charge after Deductible	No Charge after Deductible
58594MI0030019	Silver	Ambetter from Meridian	Ambetter Balanced Care 32	HMO	\$560.91	\$645.05	\$8,100	Included in Medical	\$8,700	Included in Medical	\$23	\$75	50% Coinsurance after deductible	50% Coinsurance after deductible
40047MI0010002	Silver	Molina Healthcare	Constant Care Silver 1	HMO	\$563.19	\$563.19	\$0	\$800	\$8,500	Included in Medical	\$29	\$60	40% Coinsurance after deductible	40% Coinsurance after deductible
40047MI0080002	Silver	Molina Healthcare	Constant Care Silver 1 + Vision	HMO	\$576.89	\$576.89	\$0	\$800	\$8,500	Included in Medical	\$29	\$60	40% Coinsurance after deductible	40% Coinsurance after deductible
58594MI0030005	Silver	Ambetter from Meridian	Ambetter Balanced Care 12	HMO	\$579.54	\$666.47	\$6,500	Included in Medical	\$8,400	Included in Medical	\$23	\$60	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0030004	Silver	Ambetter from Meridian	Ambetter Balanced Care 11	HMO	\$587.59	\$675.73	\$6,000	Included in Medical	\$8,500	Included in Medical	\$18	\$55	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0040018	Silver	Ambetter from Meridian	Ambetter Balanced Care 31 + Vision + Adult Dental	HMO	\$591.17	\$679.84	\$5,450	Included in Medical	\$6,450	Included in Medical	10% Coinsurance after deductible	10% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540561	Silver	Priority Health	MyPriority Silver 5500 - Spectrum Health Partners	HMO	\$609.78	\$701.24	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
58594MI0040019	Silver	Ambetter from Meridian	Ambetter Balanced Care 32 + Vision + Adult Dental	HMO	\$610.15	\$701.67	\$8,100	Included in Medical	\$8,700	Included in Medical	\$23	\$75	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070025	Silver	Oscar Insurance Company	Silver Simple- PCP Saver	EPO	\$629.41	\$686.06	\$5,000	Included in Medical	\$8,375	Included in Medical	\$3	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
58594MI0040021	Silver	Ambetter from Meridian	Ambetter Balanced Care 12 + Vision + Adult Dental	HMO	\$630.41	\$724.98	\$6,500	Included in Medical	\$8,400	Included in Medical	\$23	\$60	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070015	Silver	Oscar Insurance Company	Silver Simple-Specialist Saver	EPO	\$634.11	\$691.18	\$6,450	Included in Medical	\$8,700	Included in Medical	\$3	\$75 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible

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Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
77739MI0070008	Silver	Oscar Insurance Company	Silver Simple	EPO	\$634.80	\$691.93	\$4,200	Included in Medical	\$8,700	Included in Medical	\$3	\$60 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0040004	Silver	Ambetter from Meridian	Ambetter Balanced Care 11 + Vision + Adult Dental	HMO	\$639.17	\$735.05	\$6,000	Included in Medical	\$8,500	Included in Medical	\$18.20	\$55	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540521	Silver	Priority Health	MyPriority Silver 3500 - Spectrum Health Partners	HMO	\$644.86	\$741.57	\$3,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
77739MI0070027	Silver	Oscar Insurance Company	Silver Classic- Low Ded	EPO	\$645.90	\$704.03	\$1,500	Included in Medical	\$8,000	Included in Medical	\$3	\$100	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070006	Silver	Oscar Insurance Company	Silver Classic	EPO	\$648.00	\$706.32	\$5,750	Included in Medical	\$8,700	Included in Medical	\$3	\$100	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070030	Silver	Oscar Insurance Company	Silver Elite- \$0 Ded	EPO	\$659.64	\$719.00	\$0	Included in Medical	\$8,700	Included in Medical	\$3	\$150	50%	50%
77739MI0070029	Silver	Oscar Insurance Company	Silver Simple- HSA	EPO	\$664.17	\$723.95	\$4,500	Included in Medical	\$4,500	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
77739MI0070026	Silver	Oscar Insurance Company	Silver Elite- Specialist Saver	EPO	\$669.78	\$730.06	\$2,500	Included in Medical	\$7,500	Included in Medical	\$3	\$100	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070028	Silver	Oscar Insurance Company	Silver Elite- \$0 PCP	EPO	\$670.88	\$731.26	\$3,500	Included in Medical	\$7,500	Included in Medical	No Charge	\$100 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
29698MI0540566	Silver	Priority Health	MyPriority Telehealth PCP Silver 5500 - (Doctor On Demand PCP selection required)	HMO	\$671.18	\$771.87	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0540541	Silver	Priority Health	MyPriority Silver 2500 - Spectrum Health Partners	HMO	\$672.63	\$773.53	\$2,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
29698MI0540560	Silver	Priority Health	MyPriority Silver 5500	HMO	\$714.03	\$821.12	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0540520	Silver	Priority Health	MyPriority Silver 3500	HMO	\$755.09	\$868.35	\$3,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
98185MI0180012	Silver	Blue Care Network of Michigan	Blue Cross® Select HMO Silver Saver	HMO	\$759.61	\$850.76	\$4,000	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
29698MI0540540	Silver	Priority Health	MyPriority Silver 2500	HMO	\$787.62	\$905.77	\$2,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
98185MI0180004	Silver	Blue Care Network of Michigan	Blue Cross® Select HMO Silver	HMO	\$820.22	\$918.65	\$3,200	Included in Medical	\$8,700	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible

Kent County														
Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
98185MI0180015	Silver	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver Saver	HMO	\$831.63	\$931.43	\$4,000	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0550001	Silver	Blue Care Network of Michigan	Blue Cross® Select HMO Silver Extra	HMO	\$849.75	\$951.72	\$5,300	Included in Medical	\$8,700	Included in Medical	\$4	\$100	\$150	40% Coinsurance after deductible
29698MI0540567	Silver	Priority Health	MyPriority Travel Silver 5500	HMO	\$856.82	\$985.35	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
74917MI0020005	Silver	McLaren Health Plan Community	McLaren Silver Exchange	HMO	\$864.65	\$994.35	\$3,700	\$500	\$8,150	Included in Medical	\$10	\$75	\$125	40% Coinsurance after deductible
98185MI0180005	Silver	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver	HMO	\$897.96	\$1,005.72	\$3,200	Included in Medical	\$8,700	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0550002	Silver	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver Extra	HMO	\$930.28	\$1,041.91	\$5,300	Included in Medical	\$8,700	Included in Medical	\$4	\$100	\$150	40% Coinsurance after deductible
15560MI0350006	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver Saver HSA	PPO	\$1,103.05	\$1,235.42	\$3,500	Included in Medical	\$7,000	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI0350003	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver	PPO	\$1,130.74	\$1,266.43	\$2,500	Included in Medical	\$8,700	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI1130001	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver Extra	PPO	\$1,232.19	\$1,380.05	\$4,800	Included in Medical	\$8,700	Included in Medical	\$15	\$100	\$150	40% Coinsurance after deductible
40047MI0010001	Gold	Molina Healthcare	Confident Care Gold 1	HMO	\$574.83	\$574.83	\$2,100	Included in Medical	\$8,550	Included in Medical	\$10	\$50	30% Coinsurance after deductible	30% Coinsurance after deductible
40047MI0080001	Gold	Molina Healthcare	Confident Care Gold 1 + Vision	HMO	\$591.12	\$591.12	\$2,100	Included in Medical	\$8,550	Included in Medical	\$10	\$50	30% Coinsurance after deductible	30% Coinsurance after deductible
58594MI0030020	Gold	Ambetter from Meridian	Ambetter Secure Care 20	HMO	\$599.81	\$689.78	\$750	Included in Medical	\$7,500	Included in Medical	\$13.80	\$60	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0070003	Gold	Ambetter from Meridian	Ambetter Virtual Access Gold (\$0 Virtual Primary Care + \$0 Virtual Urgent Care + \$0 Preferred Labs)	HMO	\$609.86	\$701.34	\$950	Included in Medical	\$8,700	Included in Medical	\$14	\$50	25% Coinsurance after deductible	25% Coinsurance after deductible
77739MI0070033	Gold	Oscar Insurance Company	Gold Simple	EPO	\$626.27	\$682.63	\$2,000	Included in Medical	\$6,550	Included in Medical	\$3	\$75	50% Coinsurance after deductible	50% Coinsurance after deductible
58594MI0030008	Gold	Ambetter from Meridian	Ambetter Secure Care 5	HMO	\$640.35	\$736.41	\$1,450	Included in Medical	\$6,300	Included in Medical	\$14	\$30	30% Coinsurance after deductible	30% Coinsurance after deductible

Kent County

Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
77739MI0070037	Gold	Oscar Insurance Company	Gold Classic- HSA	EPO	\$641.79	\$699.55	\$2,850	Included in Medical	\$5,500	Included in Medical	10% Coinsurance after deductible	10% Coinsurance after deductible	10% Coinsurance after deductible	10% Coinsurance after deductible
77739MI0070013	Gold	Oscar Insurance Company	Gold Classic	EPO	\$650.19	\$708.71	\$3,500	Included in Medical	\$6,000	Included in Medical	\$3	\$75	30% Coinsurance after deductible	30% Coinsurance after deductible
58594MI0040020	Gold	Ambetter from Meridian	Ambetter Secure Care 20 + Vision + Adult Dental	HMO	\$652.46	\$750.33	\$750	Included in Medical	\$7,500	Included in Medical	\$14	\$60	50% Coinsurance after deductible	50% Coinsurance after deductible
77739MI0070020	Gold	Oscar Insurance Company	Gold Classic- Low Ded	EPO	\$660.37	\$719.81	\$1,250	Included in Medical	\$7,000	Included in Medical	\$3	\$75	\$250	\$550
77739MI0070036	Gold	Oscar Insurance Company	Gold Elite	EPO	\$680.42	\$741.66	\$500	Included in Medical	\$5,000	Included in Medical	\$3	\$75	30% Coinsurance after deductible	30% Coinsurance after deductible
58594MI0040008	Gold	Ambetter from Meridian	Ambetter Secure Care 5 + Vision + Adult Dental	HMO	\$696.57	\$801.05	\$1,450	Included in Medical	\$6,300	Included in Medical	\$14	\$30	30% Coinsurance after deductible	30% Coinsurance after deductible
77739MI0070035	Gold	Oscar Insurance Company	Gold Elite- \$0 Ded	EPO	\$716.01	\$780.45	\$0	Included in Medical	\$8,000	Included in Medical	\$3	\$50	\$250	\$550
74917MI0020006	Gold	McLaren Health Plan Community	McLaren Gold 1400	HMO	\$856.42	\$984.89	\$1,400	\$0	\$7,000	Included in Medical	\$5	\$60	\$100	30%
29698MI0540595	Gold	Priority Health	MyPriority Gold Copay+ - Spectrum Health Partners	HMO	\$888.22	\$1,021.47	\$0	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$100	50%
98185MI0180009	Gold	Blue Care Network of Michigan	Blue Cross® Preferred HMO Gold	HMO	\$981.46	\$1,099.24	\$850	Included in Medical	\$8,700	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
29698MI0540390	Gold	Priority Health	MyPriority Gold 1100	HMO	\$1,038.87	\$1,194.70	\$1,100	Included in Medical	\$8,150	Included in Medical	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
15560MI0350004	Gold	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Gold	PPO	\$1,429.51	\$1,601.05	\$750	Included in Medical	\$7,500	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible

Ingham County

Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
60829MI0190015	Expanded Bronze	Physicians Health Plan	Sparrow PHP Bronze 7600 Exclusive	HMO	\$420.89	\$454.56	\$7,600	Included in Medical	\$8,550	Included in Medical	\$40	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible
74917MI0020015	Bronze	McLaren Health Plan Community	McLaren Bronze 6500 VCP	HMO	\$429.82	\$494.29	\$6,500	Included in Medical	\$8,700	Included in Medical	\$25	\$75 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
60829MI0190030	Expanded Bronze	Physicians Health Plan	Sparrow PHP Bronze 6500 Exclusive	HMO	\$451.47	\$487.59	\$6,500	Included in Medical	\$8,500	Included in Medical	\$40	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
74917MI0020011	Bronze	McLaren Health Plan Community	McLaren Bronze 6500	HMO	\$452.20	\$520.03	\$6,500	Included in Medical	\$8,700	Included in Medical	\$25	\$75 Copay after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
74917MI0020013	Expanded Bronze	McLaren Health Plan Community	McLaren Bronze Saver	HMO	\$472.26	\$543.10	\$6,900	Included in Medical	\$6,900	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
60829MI0220002	Expanded Bronze	Physicians Health Plan	Sparrow PHP Bronze 6900 HSA Exclusive	HMO	\$476.34	\$514.44	\$6,900	Included in Medical	\$6,900	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
60829MI0190031	Expanded Bronze	Physicians Health Plan	Sparrow PHP Bronze 8500 Exclusive	HMO	\$491.17	\$530.47	\$8,500	Included in Medical	\$8,500	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
98185MI0440001	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Select HMO Bronze	HMO	\$517.20	\$579.26	\$8,700	Included in Medical	\$8,700	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
29698MI0540516	Expanded Bronze	Priority Health	MyPriority Telehealth PCP Bronze 8700 - (Doctor On Demand PCP selection required)	HMO	\$532.19	\$612.02	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
98185MI0440006	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Select HMO Bronze Saver HSA	HMO	\$542.16	\$607.22	\$7,000	Included in Medical	\$7,000	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
29698MI0540510	Expanded Bronze	Priority Health	MyPriority Bronze 8700	HMO	\$566.14	\$651.07	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
98185MI0440012	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Preferred HMO Bronze	HMO	\$566.20	\$634.14	\$8,700	Included in Medical	\$8,700	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
60829MI0210006	Expanded Bronze	Physicians Health Plan	Sparrow PHP Bronze 6900 HSA HMO	HMO	\$570.83	\$616.49	\$6,900	Included in Medical	\$6,900	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
98185MI0440009	Expanded Bronze	Blue Care Network of Michigan	Blue Cross® Preferred HMO Bronze Saver HSA	HMO	\$593.53	\$664.75	\$7,000	Included in Medical	\$7,000	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible

Ingham County														
Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
29698MI0540500	Expanded Bronze	Priority Health	MyPriority HSA Bronze 7050	HMO	\$603.42	\$693.94	\$7,050	Included in Medical	\$7,050	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
29698MI0540517	Expanded Bronze	Priority Health	MyPriority Travel Bronze 8700	HMO	\$651.07	\$748.72	\$8,700	Included in Medical	\$8,700	Included in Medical	\$5	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
15560MI0350005	Bronze	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Bronze Saver	PPO	\$666.63	\$746.63	\$8,700	Included in Medical	\$8,700	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
15560MI0350002	Expanded Bronze	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Bronze HSA	PPO	\$724.19	\$811.09	\$7,000	Included in Medical	\$7,000	Included in Medical	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
15560MI1120001	Expanded Bronze	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Bronze Extra	PPO	\$750.39	\$840.44	\$8,000	Included in Medical	\$8,700	Included in Medical	\$35	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
60829MI0190017	Silver	Physicians Health Plan	Sparrow PHP Silver 7000 Exclusive	HMO	\$634.39	\$685.14	\$7,000	\$0	\$8,000	Included in Medical	\$30	\$80	\$200	20%
60829MI0190020	Silver	Physicians Health Plan	Sparrow PHP Silver 2500 Basic Exclusive	HMO	\$635.02	\$685.83	\$2,500	Included in Medical	\$8,500	Included in Medical	\$40	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
74917MI0020014	Silver	McLaren Health Plan Community	McLaren Silver Exchange VCP	HMO	\$637.14	\$732.71	\$3,700	\$500	\$8,150	Included in Medical	\$10	\$75	\$125	40% Coinsurance after deductible
60829MI0190005	Silver	Physicians Health Plan	Sparrow PHP Silver 4000 Exclusive	HMO	\$657.69	\$710.31	\$4,000	\$0	\$7,350	Included in Medical	\$30	\$80	\$200	20%
74917MI0020005	Silver	McLaren Health Plan Community	McLaren Silver Exchange	HMO	\$670.49	\$771.06	\$3,700	\$500	\$8,150	Included in Medical	\$10	\$75	\$125	40% Coinsurance after deductible
29698MI0540566	Silver	Priority Health	MyPriority Telehealth PCP Silver 5500 - (Doctor On Demand PCP selection required)	HMO	\$704.59	\$810.28	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
98185MI0180012	Silver	Blue Care Network of Michigan	Blue Cross® Select HMO Silver Saver	HMO	\$740.25	\$829.08	\$4,000	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
29698MI0540560	Silver	Priority Health	MyPriority Silver 5500	HMO	\$749.56	\$861.98	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
60829MI0200017	Silver	Physicians Health Plan	Sparrow PHP Silver 4000 HMO	HMO	\$788.20	\$851.25	\$4,000	\$0	\$7,350	Included in Medical	\$30	\$80	\$200	20%

Ingham County														
Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
29698MI0540520	Silver	Priority Health	MyPriority Silver 3500	HMO	\$792.68	\$911.58	\$3,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
98185MI0180004	Silver	Blue Care Network of Michigan	Blue Cross® Select HMO Silver	HMO	\$799.32	\$895.24	\$3,200	Included in Medical	\$8,700	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0180015	Silver	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver Saver	HMO	\$810.42	\$907.67	\$4,000	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
29698MI0540540	Silver	Priority Health	MyPriority Silver 2500	HMO	\$826.82	\$950.84	\$2,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible
98185MI0550001	Silver	Blue Care Network of Michigan	Blue Cross® Select HMO Silver Extra	HMO	\$828.08	\$927.45	\$5,300	Included in Medical	\$8,700	Included in Medical	\$4	\$100	\$150	40% Coinsurance after deductible
98185MI0180005	Silver	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver	HMO	\$875.07	\$980.08	\$3,200	Included in Medical	\$8,700	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
29698MI0540567	Silver	Priority Health	MyPriority Travel Silver 5500	HMO	\$899.48	\$1,034.39	\$5,500	Included in Medical	\$8,700	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
98185MI0550002	Silver	Blue Care Network of Michigan	Blue Cross® Preferred HMO Silver Extra	HMO	\$906.56	\$1,015.35	\$5,300	Included in Medical	\$8,700	Included in Medical	\$4	\$100	\$150	40% Coinsurance after deductible
15560MI0350006	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver Saver HSA	PPO	\$946.49	\$1,060.07	\$3,500	Included in Medical	\$7,000	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI0350003	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver	PPO	\$970.23	\$1,086.66	\$2,500	Included in Medical	\$8,700	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI1130001	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Silver Extra	PPO	\$1,057.29	\$1,184.16	\$4,800	Included in Medical	\$8,700	Included in Medical	\$15	\$100	\$150	40% Coinsurance after deductible
60829MI0190016	Gold	Physicians Health Plan	Sparrow PHP Gold 2000 Exclusive	HMO	\$637.96	\$689.00	\$2,000	\$0	\$6,800	Included in Medical	\$20	\$60	\$80	20%
74917MI0020006	Gold	McLaren Health Plan Community	McLaren Gold 1400	HMO	\$664.11	\$763.73	\$1,400	\$0	\$7,000	Included in Medical	\$5	\$60	\$100	30%
60829MI0190027	Gold	Physicians Health Plan	Sparrow PHP Gold 1400 Exclusive	HMO	\$668.06	\$721.50	\$1,400	\$0	\$6,750	Included in Medical	\$40	\$65	\$125	30%
60829MI0190009	Gold	Physicians Health Plan	Sparrow PHP Gold 1000 Exclusive	HMO	\$684.47	\$729.23	\$1,000	\$0	\$8,000	Included in Medical	\$20	\$60	\$80	20%

Ingham County

Plan Name Information				Plan Data										
Plan ID	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Monthly Premium	Tobacco Premium	Medical Deductible	Drug Deductible	Medical Maximum Out of Pocket (MOOP)	Drug Maximum Out of Pocket (MOOP)	Generic Drug Cost Sharing	Preferred Drug Cost Sharing	Non-Preferred Drug Cost Sharing	Specialty Drug Cost Sharing
60829MI0200007	Gold	Physicians Health Plan	Sparrow PHP Gold 1000 HMO	HMO	\$820.30	\$885.92	\$1,000	\$0	\$8,000	Included in Medical	\$20	\$60	\$80	20%
98185MI0180009	Gold	Blue Care Network of Michigan	Blue Cross® Preferred HMO Gold	HMO	\$956.44	\$1,071.21	\$850	Included in Medical	\$8,700	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
29698MI0540390	Gold	Priority Health	MyPriority Gold 1100	HMO	\$1,090.58	\$1,254.16	\$1,100	Included in Medical	\$8,150	Included in Medical	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
15560MI0350004	Gold	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross® Premier PPO Gold	PPO	\$1,226.62	\$1,373.81	\$750	Included in Medical	\$7,500	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
60829MI0190018	Platinum	Physicians Health Plan	Sparrow PHP Platinum 500 Exclusive	HMO	\$921.72	\$995.46	\$500	\$0	\$3,000	Included in Medical	\$15	\$40	\$80	20%
60829MI0200015	Platinum	Physicians Health Plan	Sparrow PHP Platinum 500 HMO	HMO	\$1,101.66	\$1,193.03	\$500	\$0	\$3,000	Included in Medical	\$15	\$40	\$80	20%

Glossary

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.

HMO / PPO

With an HMO plan, you must stay within your network of providers to receive coverage. Under a PPO plan, patients still have a network of providers, but they aren't restricted to seeing just those physicians. You have the freedom to visit any healthcare provider you wish. Patients in an HMO must always first see their primary care physician (PCP). If your PCP can't treat the problem, they will refer you to an in-network specialist. With a PPO plan, you can see a specialist without a referral. (However, there are exceptions for emergencies or routine-care, in-network visits to a gynecologist or obstetrician).

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.