

MIDAP Marketplace Matrix for Plan Year 2025

Below is a list of preferred Marketplace insurance plans in Wayne, Macomb, Kent, and Ingham counties that qualify for the MIDAP Premium Assistance Program. The matrix is an estimate of average insurance costs based on the NASTAD Cost Effectiveness Tool for 2025. Costs will vary based on assessment of each individual.

Please visit www.healthcare.gov to view costs that are specific to you. You can use the filter of “plan ID” to cross reference with your options on the healthcare.gov website. Additionally, there are two separate columns for the estimated monthly premium payment amount, based on whether the individual applying for the insurance plan is a tobacco user.

All plans have been assessed to include at least one medication in each Antiretroviral Therapies class. Please be sure to confirm that the medication you need is on the formulary for the plan you choose. Certain physician administered medications, such as Trogarzo, Cabenuva, and Sunleca, will not appear on the drug formularies, as they are covered as a medical benefit. You will want to verify plan coverage is adequate for your individual needs.

IMPORTANT: Please ask your pharmacy to bill a secondary claim to MIDAP to ensure your co-pays and co-insurance for medications is covered. You should not incur any out-of-pocket costs for your medications. Submitting a secondary claim to MIDAP helps to ensure providing premium assistance coverage remains cost-effective and helps to recoup medication costs through drug manufacturer rebates.

Please note that MIDAP Premium Assistance will only cover the insurance plans that are listed below.

Marketplace plans that are outside of this list may not meet the requirements outlined by the Health Resources and Services Administration (HRSA) because they do not cover all Antiretroviral Therapies (ART), and/or are not a cost-effective plan supported by the program. 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.

If you do not find a plan that meets your needs on this list, please reach out to MIDAP with an alternate insurance plan of interest for to seek an exception. No exceptions will be made for plans with formularies that do not have at least one medication in each ART class.

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
98185MI0180009	Gold	Blue Care Network of Michigan	Blue Cross Preferred HMO Gold*	HMO	\$ 671.00	\$ 700.00	\$1,700	Included in Medical	\$8,600	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0550018	Gold	Blue Care Network of Michigan	Blue Cross Preferred HMO Gold Extra*	HMO	\$ 693.00	\$ 723.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
98185MI0180005	Silver	Blue Care Network of Michigan	Blue Cross Preferred HMO Silver*	HMO	\$ 637.00	\$ 600.00	\$4,400	Included in Medical	\$9,000	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	\$ 553.00	\$ 579.00	\$4,800	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0180026	Silver	Blue Care Network of Michigan	Blue Cross Local HMO Silver Saver*	HMO	\$ 398.00	\$ 422.00	\$4,800	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0440016	Silver	Blue Care Network of Michigan	Blue Cross Select HMO Silver*	HMO	\$ 545.00	\$ 579.00	\$4,400	Included in Medical	\$9,000	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0440017	Silver	Blue Care Network of Michigan	Blue Cross Select HMO Silver Saver*	HMO	\$ 485.00	\$ 516.00	\$4,800	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	\$ 578.00	\$ 615.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550002	Silver	Blue Care Network of Michigan	Blue Cross Preferred HMO Silver Extra*	HMO	\$ 657.00	\$ 685.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550004	Silver	Blue Care Network of Michigan	Blue Cross Metro Detroit HMO Silver Extra*	HMO	\$ 520.00	\$ 551.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550019	Silver	Blue Care Network of Michigan	Blue Cross Local HMO Silver Extra*	HMO	\$ 475.00	\$ 504.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
15560MI1130001	0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Silver Extra*	PPO	\$ 720.00	\$ 734.00	\$5,000	0	\$8,000	0	\$0	\$0	\$0	\$0

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
15560MI0350004	Gold	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Gold*	PPO	\$ 724.00	\$ 738.00	\$1,250	0	\$8,500	0	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI1130002	Gold	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Gold Extra*	PPO	\$ 819.00	\$ 835.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
15560MI0350003	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Silver*	PPO	\$ 633.00	\$ 654.00	\$3,000	Included in Medical	\$9,000	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI0350006	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Silver Saver HSA*	PPO	\$ 651.00	\$ 654.00	\$3,400	Included in Medical	\$7,500	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
74917MI0020018	Gold	McLaren Health Plan Community	MHP Gold Standard	HMO	\$ 624.00	\$ 734.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
74917MI0020005	Silver	McLaren Health Plan Community	MHP Silver Exchange	HMO	\$ 587.00	\$ 691.00	\$3,500	\$500	\$9,200	Included in Medical	\$20	\$75	\$150 Copay after deductible	40% Coinsurance after deductible
74917MI0020019	Silver	McLaren Health Plan Community	MHP Silver Standard	HMO	\$ 656.00	\$ 772.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541100	Expanded Bronze	Priority Health	MyPriority Standard Bronze	HMO	\$ 417.00	\$ 460.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541101	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Corewell Health West Michigan	HMO	\$ 375.00	\$ 412.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541102	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Bronson Healthcare	HMO	\$ 415.00	\$ 457.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541103	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Southeast Michigan Network	HMO	\$ 339.00	\$ 376.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541105	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Trinity Health East Network	HMO	\$ 399.00	\$ 437.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay 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
29698MI0540595	Gold	Priority Health	MyPriority Enhanced Gold Corewell Health West Michigan	HMO	\$ 678.00	\$ 746.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540596	Gold	Priority Health	MyPriority Enhanced Gold Bronson Healthcare	HMO	\$ 750.00	\$ 828.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540597	Gold	Priority Health	MyPriority Enhanced Gold Southeast Michigan Network	HMO	\$ 614.00	\$ 680.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540599	Gold	Priority Health	MyPriority Enhanced Gold Trinity Health East Network	HMO	\$ 721.00	\$ 792.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0541120	Gold	Priority Health	MyPriority Standard Gold	HMO	\$ 713.00	\$ 787.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541121	Gold	Priority Health	MyPriority Standard Gold Corewell Health West Michigan	HMO	\$ 641.00	\$ 705.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541122	Gold	Priority Health	MyPriority Standard Gold Bronson Healthcare	HMO	\$ 709.00	\$ 783.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541123	Gold	Priority Health	MyPriority Standard Gold Southeast Michigan Network	HMO	\$ 581.00	\$ 643.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541125	Gold	Priority Health	MyPriority Standard Gold Trinity Health East Network	HMO	\$ 682.00	\$ 748.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541020	Silver	Priority Health	MyPriority Balanced Silver	HMO	\$ 562.00	\$ 620.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541021	Silver	Priority Health	MyPriority Balanced Silver Corewell Health West Michigan	HMO	\$ 505.00	\$ 556.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541022	Silver	Priority Health	MyPriority Balanced Silver Bronson Healthcare	HMO	\$ 559.00	\$ 617.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay 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
29698MI0541023	Silver	Priority Health	MyPriority Balanced Silver Southeast Michigan Network	HMO	\$ 457.00	\$ 506.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541025	Silver	Priority Health	MyPriority Balanced Silver Trinity Health East Network	HMO	\$ 537.00	\$ 590.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541060	Silver	Priority Health	MyPriority Premier Silver	HMO	\$ 536.00	\$ 592.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541061	Silver	Priority Health	MyPriority Premier Silver Corewell Health West Michigan Network	HMO	\$ 483.00	\$ 531.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541062	Silver	Priority Health	MyPriority Premier Silver Bronson Healthcare Partners	HMO	\$ 534.00	\$ 589.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541063	Silver	Priority Health	MyPriority Premier Silver Southeast Michigan Network	HMO	\$ 437.00	\$ 484.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541065	Silver	Priority Health	MyPriority Premier Silver Trinity Health East Network	HMO	\$ 513.00	\$ 563.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541110	Silver	Priority Health	MyPriority Standard Silver	HMO	\$ 595.00	\$ 656.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541111	Silver	Priority Health	MyPriority Standard Silver - Corewell Health West Michigan	HMO	\$ 535.00	\$ 588.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541112	Silver	Priority Health	MyPriority Standard Silver - Bronson Healthcare	HMO	\$ 592.00	\$ 653.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541113	Silver	Priority Health	MyPriority Standard Silver - Southeast Michigan Network	HMO	\$ 484.00	\$ 536.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541115	Silver	Priority Health	MyPriority Standard Silver - Trinity Health East Network	HMO	\$ 569.00	\$ 624.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay 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
60829MI0190034	Expanded Bronze	University of Michigan Health Plan	University of Michigan Health Plan HMO Exclusive Bronze	HMO	\$ 318.00	\$ 331.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
60829MI0190009	Gold	University of Michigan Health Plan	University of Michigan Health Plan HMO Exclusive Gold	HMO	\$ 515.00	\$ 535.00	\$1,000	\$0	\$8,000	Included in Medical	\$20	\$60	\$80	20%
60829MI0190032	Gold	University of Michigan Health Plan	University of Michigan Health Plan HMO Exclusive Gold	HMO	\$ 507.00	\$ 527.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
60829MI0190017	Silver	University of Michigan Health Plan	University of Michigan Health Plan HMO Exclusive Silver	HMO	\$ 486.00	\$ 505.00	\$7,000	0	\$8,000	Included in Medical	\$30	\$80	\$200	20%
60829MI0190033	Silver	University of Michigan Health Plan	University of Michigan Health Plan HMO Exclusive Silver	HMO	\$ 463.00	\$ 481.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay 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
98185MI0180009	Gold	Blue Care Network of Michigan	Blue Cross Preferred HMO Gold*	HMO	\$ 671.00	\$ 700.00	\$1,700	Included in Medical	\$8,600	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0550018	Gold	Blue Care Network of Michigan	Blue Cross Preferred HMO Gold Extra*	HMO	\$ 693.00	\$ 723.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
98185MI0180005	Silver	Blue Care Network of Michigan	Blue Cross Preferred HMO Silver*	HMO	\$ 637.00	\$ 600.00	\$4,400	Included in Medical	\$9,000	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	\$ 553.00	\$ 579.00	\$4,800	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0180026	Silver	Blue Care Network of Michigan	Blue Cross Local HMO Silver Saver*	HMO	\$ 398.00	\$ 422.00	\$4,800	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0440016	Silver	Blue Care Network of Michigan	Blue Cross Select HMO Silver*	HMO	\$ 545.00	\$ 579.00	\$4,400	Included in Medical	\$9,000	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0440017	Silver	Blue Care Network of Michigan	Blue Cross Select HMO Silver Saver*	HMO	\$ 485.00	\$ 516.00	\$4,800	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	\$ 578.00	\$ 615.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550002	Silver	Blue Care Network of Michigan	Blue Cross Preferred HMO Silver Extra*	HMO	\$ 657.00	\$ 685.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550004	Silver	Blue Care Network of Michigan	Blue Cross Metro Detroit HMO Silver Extra*	HMO	\$ 520.00	\$ 551.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550019	Silver	Blue Care Network of Michigan	Blue Cross Local HMO Silver Extra*	HMO	\$ 475.00	\$ 504.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
15560MI1120001	Expanded Bronze	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Bronze Extra	PPO	\$ 504.00	\$ 514.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay 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
15560MI0350004	Gold	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Gold*	PPO	\$ 724.00	\$ 738.00	\$1,250	Included in Medical	\$8,500	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI1130002	Gold	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Gold Extra*	PPO	\$ 819.00	\$ 835.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
15560MI0350003	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Silver*	PPO	\$ 633.00	\$ 654.00	\$3,000	Included in Medical	\$9,000	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI0350006	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Silver Saver HSA*	PPO	\$ 651.00	\$ 654.00	\$3,400	Included in Medical	\$7,500	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	\$ 720.00	\$ 734.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
74917MI0020018	Gold	McLaren Health Plan Community	MHP Gold Standard	HMO	\$ 624.00	\$ 734.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
74917MI0020005	Silver	McLaren Health Plan Community	MHP Silver Exchange	HMO	\$ 587.00	\$ 691.00	\$3,500	\$500	\$9,200	Included in Medical	\$20	\$75	\$150 Copay after deductible	40% Coinsurance after deductible
74917MI0020019	Silver	McLaren Health Plan Community	MHP Silver Standard	HMO	\$ 656.00	\$ 772.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
40047MI0010008	Gold	Molina Healthcare	Gold 8	HMO	\$ 403.00	\$ 390.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
40047MI0010009	Silver	Molina Healthcare	Silver 8	HMO	\$ 410.00	\$ 397.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
77739MI0070050	Expanded Bronze	Oscar Insurance Company	Bronze Classic Standard	EPO	\$ 346.00	\$ 377.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
77739MI0070035	Gold	Oscar Insurance Company	Gold Elite Saver Plus	EPO	\$ 460.00	\$ 502.00	\$0	\$200	\$7,900	Included in Medical	\$3	\$75 Copay after deductible	\$150 Copay after deductible	\$425 Copay 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
77739MI0070053	Gold	Oscar Insurance Company	Gold Classic Standard	EPO	\$ 425.00	\$ 463.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
77739MI0070052	Silver	Oscar Insurance Company	Silver Classic Standard	EPO	\$ 416.00	\$ 453.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541100	Expanded Bronze	Priority Health	MyPriority Standard Bronze	HMO	\$ 417.00	\$ 460.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541101	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Corewell Health West Michigan	HMO	\$ 375.00	\$ 412.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541102	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Bronson Healthcare	HMO	\$ 415.00	\$ 457.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541103	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Southeast Michigan Network	HMO	\$ 339.00	\$ 376.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541105	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Trinity Health East Network	HMO	\$ 399.00	\$ 437.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0540595	Gold	Priority Health	MyPriority Enhanced Gold Corewell Health West Michigan	HMO	\$ 678.00	\$ 746.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540596	Gold	Priority Health	MyPriority Enhanced Gold Bronson Healthcare	HMO	\$ 750.00	\$ 828.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540597	Gold	Priority Health	MyPriority Enhanced Gold Southeast Michigan Network	HMO	\$ 614.00	\$ 680.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540599	Gold	Priority Health	MyPriority Enhanced Gold Trinity Health East Network	HMO	\$ 721.00	\$ 792.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0541120	Gold	Priority Health	MyPriority Standard Gold	HMO	\$ 713.00	\$ 787.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250

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
29698MI0541121	Gold	Priority Health	MyPriority Standard Gold Corewell Health West Michigan	HMO	\$ 641.00	\$ 705.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541122	Gold	Priority Health	MyPriority Standard Gold Bronson Healthcare	HMO	\$ 709.00	\$ 783.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541123	Gold	Priority Health	MyPriority Standard Gold Southeast Michigan Network	HMO	\$ 581.00	\$ 643.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541125	Gold	Priority Health	MyPriority Standard Gold Trinity Health East Network	HMO	\$ 682.00	\$ 748.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541020	Silver	Priority Health	MyPriority Balanced Silver	HMO	\$ 562.00	\$ 620.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541021	Silver	Priority Health	MyPriority Balanced Silver Corewell Health West Michigan	HMO	\$ 505.00	\$ 556.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541022	Silver	Priority Health	MyPriority Balanced Silver Bronson Healthcare	HMO	\$ 559.00	\$ 617.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541023	Silver	Priority Health	MyPriority Balanced Silver Southeast Michigan Network	HMO	\$ 457.00	\$ 506.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541025	Silver	Priority Health	MyPriority Balanced Silver Trinity Health East Network	HMO	\$ 537.00	\$ 590.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541060	Silver	Priority Health	MyPriority Premier Silver	HMO	\$ 536.00	\$ 592.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541061	Silver	Priority Health	MyPriority Premier Silver Corewell Health West Michigan Network	HMO	\$ 483.00	\$ 531.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541062	Silver	Priority Health	MyPriority Premier Silver Bronson Healthcare Partners	HMO	\$ 534.00	\$ 589.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	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
29698MI0541063	Silver	Priority Health	MyPriority Premier Silver Southeast Michigan Network	HMO	\$ 437.00	\$ 484.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541065	Silver	Priority Health	MyPriority Premier Silver Trinity Health East Network	HMO	\$ 513.00	\$ 563.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541110	Silver	Priority Health	MyPriority Standard Silver	HMO	\$ 595.00	\$ 656.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541111	Silver	Priority Health	MyPriority Standard Silver - Corewell Health West Michigan	HMO	\$ 535.00	\$ 588.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541112	Silver	Priority Health	MyPriority Standard Silver - Bronson Healthcare	HMO	\$ 592.00	\$ 653.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541115	Silver	Priority Health	MyPriority Standard Silver - Trinity Health East Network	HMO	\$ 569.00	\$ 624.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
71667MI0010030	Expanded Bronze	UnitedHealthcare	UHC Bronze Standard (No Referrals)	HMO	\$ 323.00	\$ 355.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
71667MI0010026	Gold	UnitedHealthcare	UHC Gold Standard (No Referrals)	HMO	\$ 435.00	\$ 478.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
71667MI0010028	Silver	UnitedHealthcare	UHC Silver Standard (No Referrals)	HMO	\$ 407.00	\$ 447.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay 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
98185MI0180009	Gold	Blue Care Network of Michigan	Blue Cross Preferred HMO Gold*	HMO	\$ 671.00	\$ 700.00	\$1,700	Included in Medical	\$8,600	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0550018	Gold	Blue Care Network of Michigan	Blue Cross Preferred HMO Gold Extra*	HMO	\$ 693.00	\$ 723.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
98185MI0180005	Silver	Blue Care Network of Michigan	Blue Cross Preferred HMO Silver*	HMO	\$ 637.00	\$ 600.00	\$4,400	Included in Medical	\$9,000	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	\$ 553.00	\$ 579.00	\$4,800	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0180026	Silver	Blue Care Network of Michigan	Blue Cross Local HMO Silver Saver*	HMO	\$ 398.00	\$ 422.00	\$4,800	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0440016	Silver	Blue Care Network of Michigan	Blue Cross Select HMO Silver*	HMO	\$ 545.00	\$ 579.00	\$4,400	Included in Medical	\$9,000	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0440017	Silver	Blue Care Network of Michigan	Blue Cross Select HMO Silver Saver*	HMO	\$ 485.00	\$ 516.00	\$4,800	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	\$ 578.00	\$ 615.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550002	Silver	Blue Care Network of Michigan	Blue Cross Preferred HMO Silver Extra*	HMO	\$ 657.00	\$ 685.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550004	Silver	Blue Care Network of Michigan	Blue Cross Metro Detroit HMO Silver Extra*	HMO	\$ 520.00	\$ 551.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550019	Silver	Blue Care Network of Michigan	Blue Cross Local HMO Silver Extra*	HMO	\$ 475.00	\$ 504.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
15560MI1120001	Expanded Bronze	Blue Cross Blue Shield of Michigan Mutual	Blue Cross Premier PPO Bronze Extra	PPO	\$ 504.00	\$ 514.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible

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
15560MI0350004	Gold	Blue Cross Blue Shield of Michigan Mutual	Blue Cross Premier PPO Gold*	PPO	\$ 724.00	\$ 738.00	\$1,250	Included in Medical	\$8,500	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI1130002	Gold	Blue Cross Blue Shield of Michigan Mutual	Blue Cross Premier PPO Gold Extra*	PPO	\$ 819.00	\$ 835.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
15560MI0350003	Silver	Blue Cross Blue Shield of Michigan Mutual	Blue Cross Premier PPO Silver*	PPO	\$ 633.00	\$ 654.00	\$3,000	Included in Medical	\$9,000	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI0350006	Silver	Blue Cross Blue Shield of Michigan Mutual	Blue Cross Premier PPO Silver Saver HSA*	PPO	\$ 651.00	\$ 654.00	\$3,400	Included in Medical	\$7,500	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	Blue Cross Premier PPO Silver Extra*	PPO	\$ 720.00	\$ 734.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
74917MI0020018	Gold	McLaren Health Plan Community	MHP Gold Standard	HMO	\$ 624.00	\$ 734.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
74917MI0020005	Silver	McLaren Health Plan Community	MHP Silver Exchange	HMO	\$ 587.00	\$ 691.00	\$3,500	\$500	\$9,200	Included in Medical	\$20	\$75	\$150 Copay after deductible	40% Coinsurance after deductible
74917MI0020019	Silver	McLaren Health Plan Community	MHP Silver Standard	HMO	\$ 656.00	\$ 772.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
40047MI0010008	Gold	Molina Healthcare	Gold 8	HMO	\$ 403.00	\$ 390.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
40047MI0010009	Silver	Molina Healthcare	Silver 8	HMO	\$ 410.00	\$ 397.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541100	Expanded Bronze	Priority Health	MyPriority Standard Bronze	HMO	\$ 417.00	\$ 460.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541101	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Corewell Health West Michigan	HMO	\$ 375.00	\$ 412.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay 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
29698MI0541102	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Bronson Healthcare	HMO	\$ 415.00	\$ 457.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541103	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Southeast Michigan Network	HMO	\$ 339.00	\$ 376.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541105	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Trinity Health East Network	HMO	\$ 399.00	\$ 437.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0540595	Gold	Priority Health	MyPriority Enhanced Gold Corewell Health West Michigan	HMO	\$ 678.00	\$ 746.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540596	Gold	Priority Health	MyPriority Enhanced Gold Bronson Healthcare	HMO	\$ 750.00	\$ 828.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540597	Gold	Priority Health	MyPriority Enhanced Gold Southeast Michigan Network	HMO	\$ 614.00	\$ 680.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540599	Gold	Priority Health	MyPriority Enhanced Gold Trinity Health East Network	HMO	\$ 721.00	\$ 792.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0541120	Gold	Priority Health	MyPriority Standard Gold	HMO	\$ 713.00	\$ 787.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541121	Gold	Priority Health	MyPriority Standard Gold Corewell Health West Michigan	HMO	\$ 641.00	\$ 705.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541122	Gold	Priority Health	MyPriority Standard Gold Bronson Healthcare	HMO	\$ 709.00	\$ 783.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541123	Gold	Priority Health	MyPriority Standard Gold Southeast Michigan Network	HMO	\$ 581.00	\$ 643.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541125	Gold	Priority Health	MyPriority Standard Gold Trinity Health East Network	HMO	\$ 682.00	\$ 748.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250

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
29698MI0541020	Silver	Priority Health	MyPriority Balanced Silver	HMO	\$ 562.00	\$ 620.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541021	Silver	Priority Health	MyPriority Balanced Silver Corewell Health West Michigan	HMO	\$ 505.00	\$ 556.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541022	Silver	Priority Health	MyPriority Balanced Silver Bronson Healthcare	HMO	\$ 559.00	\$ 617.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541023	Silver	Priority Health	MyPriority Balanced Silver Southeast Michigan Network	HMO	\$ 457.00	\$ 506.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541025	Silver	Priority Health	MyPriority Balanced Silver Trinity Health East Network	HMO	\$ 537.00	\$ 590.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541060	Silver	Priority Health	MyPriority Premier Silver	HMO	\$ 536.00	\$ 592.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541061	Silver	Priority Health	MyPriority Premier Silver Corewell Health West Michigan Network	HMO	\$ 483.00	\$ 531.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541062	Silver	Priority Health	MyPriority Premier Silver Bronson Healthcare Partners	HMO	\$ 534.00	\$ 589.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541063	Silver	Priority Health	MyPriority Premier Silver Southeast Michigan Network	HMO	\$ 437.00	\$ 484.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541065	Silver	Priority Health	MyPriority Premier Silver Trinity Health East Network	HMO	\$ 513.00	\$ 563.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541110	Silver	Priority Health	MyPriority Standard Silver	HMO	\$ 595.00	\$ 656.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541111	Silver	Priority Health	MyPriority Standard Silver - Corewell Health West Michigan	HMO	\$ 535.00	\$ 588.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay 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
29698MI0541112	Silver	Priority Health	MyPriority Standard Silver - Bronson Healthcare	HMO	\$ 592.00	\$ 653.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541113	Silver	Priority Health	MyPriority Standard Silver - Southeast Michigan Network	HMO	\$ 484.00	\$ 536.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541115	Silver	Priority Health	MyPriority Standard Silver - Trinity Health East Network	HMO	\$ 569.00	\$ 624.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
71667MI0010030	Expanded Bronze	UnitedHealthcare	UHC Bronze Standard (No Referrals)	HMO	\$ 323.00	\$ 355.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
71667MI0010026	Gold	UnitedHealthcare	UHC Gold Standard (No Referrals)	HMO	\$ 435.00	\$ 478.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
71667MI0010028	Silver	UnitedHealthcare	UHC Silver Standard (No Referrals)	HMO	\$ 407.00	\$ 447.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay 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
98185MI0180009	Gold	Blue Care Network of Michigan	Blue Cross Preferred HMO Gold*	HMO	\$ 671.00	\$ 700.00	\$1,700	Included in Medical	\$8,600	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0550018	Gold	Blue Care Network of Michigan	Blue Cross Preferred HMO Gold Extra*	HMO	\$ 693.00	\$ 723.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
98185MI0180005	Silver	Blue Care Network of Michigan	Blue Cross Preferred HMO Silver*	HMO	\$ 637.00	\$ 600.00	\$4,400	Included in Medical	\$9,000	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	\$ 553.00	\$ 579.00	\$4,800	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0180026	Silver	Blue Care Network of Michigan	Blue Cross Local HMO Silver Saver*	HMO	\$ 398.00	\$ 422.00	\$4,800	Included in Medical	\$7,800	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0440016	Silver	Blue Care Network of Michigan	Blue Cross Select HMO Silver*	HMO	\$ 545.00	\$ 579.00	\$4,400	Included in Medical	\$9,000	Included in Medical	\$4 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
98185MI0440017	Silver	Blue Care Network of Michigan	Blue Cross Select HMO Silver Saver*	HMO	\$ 485.00	\$ 516.00	\$4,800	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	\$ 578.00	\$ 615.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550002	Silver	Blue Care Network of Michigan	Blue Cross Preferred HMO Silver Extra*	HMO	\$ 657.00	\$ 685.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550004	Silver	Blue Care Network of Michigan	Blue Cross Metro Detroit HMO Silver Extra*	HMO	\$ 520.00	\$ 551.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
98185MI0550019	Silver	Blue Care Network of Michigan	Blue Cross Local HMO Silver Extra*	HMO	\$ 475.00	\$ 504.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
15560MI1120001	Expanded Bronze	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Bronze Extra	PPO	\$ 504.00	\$ 514.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible

Wayne 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
15560MI0350004	Gold	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Gold*	PPO	\$ 724.00	\$ 738.00	\$1,250	Included in Medical	\$8,500	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI1130002	Gold	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Gold Extra*	PPO	\$ 819.00	\$ 835.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
15560MI0350003	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Silver*	PPO	\$ 633.00	\$ 654.00	\$3,000	Included in Medical	\$9,000	Included in Medical	\$15 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	40% Coinsurance after deductible
15560MI0350006	Silver	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Premier PPO Silver Saver HSA*	PPO	\$ 651.00	\$ 654.00	\$3,400	Included in Medical	\$7,500	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	\$ 720.00	\$ 734.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
74917MI0020018	Gold	McLaren Health Plan Community	MHP Gold Standard	HMO	\$ 624.00	\$ 734.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
74917MI0020005	Silver	McLaren Health Plan Community	MHP Silver Exchange	HMO	\$ 587.00	\$ 691.00	\$3,500	\$500	\$9,200	Included in Medical	\$20	\$75	\$150 Copay after deductible	40% Coinsurance after deductible
74917MI0020019	Silver	McLaren Health Plan Community	MHP Silver Standard	HMO	\$ 656.00	\$ 772.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
40047MI0010008	Gold	Molina Healthcare	Gold 8	HMO	\$ 403.00	\$ 390.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
40047MI0010009	Silver	Molina Healthcare	Silver 8	HMO	\$ 410.00	\$ 397.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541100	Expanded Bronze	Priority Health	MyPriority Standard Bronze	HMO	\$ 417.00	\$ 460.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541101	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Corewell Health West Michigan Network	HMO	\$ 375.00	\$ 412.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible

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29698MI0541102	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Bronson Healthcare Partners	HMO	\$ 415.00	\$ 457.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541103	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Southeast Michigan Network	HMO	\$ 339.00	\$ 376.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0541105	Expanded Bronze	Priority Health	MyPriority Standard Bronze - Trinity Health East Network	HMO	\$ 399.00	\$ 437.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
29698MI0540595	Gold	Priority Health	MyPriority Enhanced Gold Corewell Health West Michigan Network	HMO	\$ 678.00	\$ 746.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540596	Gold	Priority Health	MyPriority Enhanced Gold Bronson Healthcare Partners	HMO	\$ 750.00	\$ 828.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540597	Gold	Priority Health	MyPriority Enhanced Gold Southeast Michigan Network	HMO	\$ 614.00	\$ 680.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0540599	Gold	Priority Health	MyPriority Enhanced Gold Trinity Health East Network	HMO	\$ 721.00	\$ 792.00	\$0	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$100	50%
29698MI0541120	Gold	Priority Health	MyPriority Standard Gold	HMO	\$ 713.00	\$ 787.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541121	Gold	Priority Health	MyPriority Standard Gold Corewell Health West Michigan Network	HMO	\$ 641.00	\$ 705.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541122	Gold	Priority Health	MyPriority Standard Gold Bronson Healthcare Partners	HMO	\$ 709.00	\$ 783.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541123	Gold	Priority Health	MyPriority Standard Gold Southeast Michigan Network	HMO	\$ 581.00	\$ 643.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
29698MI0541125	Gold	Priority Health	MyPriority Standard Gold Trinity Health East Network	HMO	\$ 682.00	\$ 748.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250

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29698MI0541020	Silver	Priority Health	MyPriority Balanced Silver	HMO	\$ 562.00	\$ 620.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541021	Silver	Priority Health	MyPriority Balanced Silver Corewell Health West Michigan Network	HMO	\$ 505.00	\$ 556.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541022	Silver	Priority Health	MyPriority Balanced Silver Bronson Healthcare Partners	HMO	\$ 559.00	\$ 617.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541023	Silver	Priority Health	MyPriority Balanced Silver Southeast Michigan Network	HMO	\$ 457.00	\$ 506.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541025	Silver	Priority Health	MyPriority Balanced Silver Trinity Health East Network	HMO	\$ 537.00	\$ 590.00	\$3,400	Included in Medical	\$9,000	Included in Medical	\$5	\$75 Copay after deductible	\$100 copay after deductible	50% Coinsurance after deductible
29698MI0541060	Silver	Priority Health	MyPriority Premier Silver	HMO	\$ 536.00	\$ 592.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541061	Silver	Priority Health	MyPriority Premier Silver Corewell Health West Michigan Network	HMO	\$ 483.00	\$ 531.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541062	Silver	Priority Health	MyPriority Premier Silver Bronson Healthcare Partners	HMO	\$ 534.00	\$ 589.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541063	Silver	Priority Health	MyPriority Premier Silver Southeast Michigan Network	HMO	\$ 437.00	\$ 484.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541065	Silver	Priority Health	MyPriority Premier Silver Trinity Health East Network	HMO	\$ 513.00	\$ 563.00	\$5,500	Included in Medical	\$9,200	Included in Medical	\$5	\$75	\$125	50% Coinsurance after deductible
29698MI0541110	Silver	Priority Health	MyPriority Standard Silver	HMO	\$ 595.00	\$ 656.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541111	Silver	Priority Health	MyPriority Standard Silver - Corewell Health West Michigan Network	HMO	\$ 535.00	\$ 588.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible

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29698MI0541112	Silver	Priority Health	MyPriority Standard Silver - Bronson Healthcare Partners	HMO	\$ 592.00	\$ 653.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541113	Silver	Priority Health	MyPriority Standard Silver - Southeast Michigan Network	HMO	\$ 484.00	\$ 536.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
29698MI0541115	Silver	Priority Health	MyPriority Standard Silver - Trinity Health East Network	HMO	\$ 569.00	\$ 624.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible
71667MI0010030	Expanded Bronze	UnitedHealthcare	UHC Bronze Standard (No Referrals)	HMO	\$ 323.00	\$ 355.00	\$7,500	Included in Medical	\$9,200	Included in Medical	\$25	\$50 copay after deductible	\$100 copay after deductible	\$500 copay after deductible
71667MI0010026	Gold	UnitedHealthcare	UHC Gold Standard (No Referrals)	HMO	\$ 435.00	\$ 478.00	\$1,500	Included in Medical	\$7,800	Included in Medical	\$15	\$30	\$60	\$250
71667MI0010028	Silver	UnitedHealthcare	UHC Silver Standard (No Referrals)	HMO	\$ 407.00	\$ 447.00	\$5,000	Included in Medical	\$8,000	Included in Medical	\$20	\$40	\$80 copay after deductible	\$350 copay after deductible