

These are PPO plans.
More expensive.
More flexible.



Blue Cross® Blue Shield® of Michigan 2016 Individual Menu

Platinum								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx Tiers 1/2/3/4/5
Blue Cross® Premier Platinum with Dental & Vision	\$0/\$0	10%	\$6,000/\$12,000	Covered 90%	Covered 90%	Covered 90%	Covered 90%	\$15/25%(\$40min-\$100max)/50%(\$80min-\$100max-)/20%(\$200max)/25%(\$-300max)

Gold								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx Tiers 1/2/3/4/5
Blue Cross® Premier Gold	\$150/\$300	20%	\$5,100/\$10,200	\$30 after ded.	\$50 after ded.	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	All tiers after ded.: \$15/25%(\$40 min-\$100 max)/50%(\$80min-\$100max)/20%(\$200 max)/25% (\$300max)
Blue Cross® Premier Gold Extra	\$750/\$1,500	20%	\$3,000/\$6,000	\$20 no ded.	\$50 no ded. (first 4 visits)	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	\$15 before ded/ 25% after ded. (\$40min-\$100max) /50% after ded. (\$80min-\$100max)/20% after ded. (\$200max)/25% after ded. (\$300max)
Blue Cross® Premier Gold with Dental & Vision, a Multi State Plan	\$150/\$300	20%	\$5,100/\$10,200	\$30 after ded.	\$50 after ded.	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	All tiers after ded.: \$15/25%(\$40 min-\$100 max)/50%(\$80min-\$100max)/20%(\$200 max)/25% (\$300max)
Blue Cross® Premier Gold Extra with Dental & Vision, a Multi State Plan	\$750/\$1,500	20%	\$3,000/\$6,000	\$20 no ded.	\$50 no ded. (first 4 visits)	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	\$15 before ded/ 25% after ded. (\$40min-\$100max) /50% after ded. (\$80min-\$100max)/20% after ded. (\$200max)/25% after ded. (\$300max)
Blue Cross® Metro Detroit EPO Gold Extra	\$750/\$1,500	20%	\$3,000/\$6,000	\$20 no ded.	\$50 no ded. (first 4 visits)	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	\$15 before ded/ 25% after ded. (\$40min-\$100max) /50% after ded. (\$80min-\$100max)/20% after ded. (\$200max)/25% after ded. (\$300max)

Silver								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx Tiers 1/2/3/4/5
Blue Cross® Premier Silver	\$1,400/\$2,800	20%	\$6,000/\$12,000	\$30 after ded.	\$50 after ded.	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	All tiers after ded.: \$15/25%(\$40 min-\$100 max)/50%(\$80min-\$100max)/20%(\$200 max)/25% (\$300max)
Blue Cross® Premier Silver Extra	\$2,300/\$4,600	20%	\$5,800/\$11,600	\$20 no ded.	\$50 no ded. (first 4 visits)	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	\$15 before ded/25% after ded. (\$40min-\$100max) /50% after ded. (\$80min-\$100max)/20% after ded. (\$200max)/25% after ded. (\$300max)
Blue Cross® Premier Silver Saver*	\$3,500/\$7,000	20%	\$4,250/\$8,500	\$30 after ded.	\$50 after ded.	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	All tiers after ded.: \$15/25%(\$40 min-\$100 max)/50%(\$80min-\$100max)/20%(\$200 max)/25% (\$300max)
Blue Cross® Silver with Dental & Vision, A Multi State Plan	\$1,400/\$2,800	20%	\$6,000/\$12,000	\$30 after ded.	\$50 after ded.	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	All tiers after ded.: \$15/25%(\$40 min-\$100 max)/50%(\$80min-\$100max)/20%(\$200 max)/25% (\$300max)

*HSA Compatible

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Silver								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx Tiers 1/2/3/4/5
Blue Cross® Silver Extra with Dental & Vision, A Multi State Plan	\$2,300/\$4,600	20%	\$5,800/\$11,600	\$20 no ded.	\$50 no ded. (first 4 visits)	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	\$15 before ded/ 25% after ded. (\$40min- \$100max)/50% after ded. (\$80min-\$100max)/20% after ded. (\$200max)/25% after ded. (\$300max)
Blue Cross® Metro Detroit EPO Silver	\$1,400/\$2,800	20%	\$6,000/\$12,000	\$30 after ded.	\$50 after ded.	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	All tiers after ded.: \$15/25%(\$40 min-\$100 max)/50% (\$80min-\$100max)/20% (\$200 max)/25% (\$300max)
Blue Cross® Metro Detroit EPO Silver Extra	\$2,300/\$4,600	20%	\$5,800/\$11,600	\$20 no ded.	\$50 no ded. (first 4 visits)	\$75 copay after ded., then covered 80%	\$250 copay after ded., then covered 80%	\$15 before ded/ 25% after ded. (\$40min- \$100max)/50% after ded. (\$80min-\$100max)/20% after ded. (\$200max)/25% after ded. (\$300max)

Bronze								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1/2/3/4/5
Blue Cross® Premier Bronze*	\$4,400/\$8,800	40%	\$6,350/\$12,700	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.
Blue Cross® Premier Bronze with Primary Care Visits	\$6,750/\$13,500	0%	\$6,750/\$13,500	\$25 no ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.
Blue Cross® Premier Bronze Saver	\$6,850/\$13,700	0%	\$6,850/\$13,700	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.
Blue Cross® Metro Detroit EPO Bronze*	\$4,400/\$8,800	40%	\$6,350/\$12,700	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.

*HSA Compatible/ Bronze plans with 40% coinsurance is for inpatient deductible only. Outpatient coinsurance is 0% on these plans.

Catastrophic								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1/2/3/4/5
Blue Cross® Premier Value**	\$6,850/\$13,700	0%	\$6,850/\$13,700	\$30 no ded. (first 3 visits)	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.

**\$0 copay after deductible