

These are HMO plans.
Less expensive
Less flexible



Blue Care Network 2016 Individual Menu

Gold								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1a/1b/2/3/4/5
Blue Cross® Preferred Gold	\$250/\$500	20%	\$5,100/\$10,200	\$30 no ded.	\$50 after ded.	\$40 no ded.	\$250 copay after ded., then covered 80%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max) / 20% (\$0 min-\$200 max/ 25% (\$0min-\$300max)
Blue Cross® Preferred Gold Extra	\$775/\$1,550	20%	\$3,000/\$6,000	\$20 no ded.	\$50 no ded. (first 4 visits)	\$40 no ded.	\$250 copay after ded., then covered 80%	\$4 no ded. /\$20 no ded. /25% after ded. (\$40 min- \$100 max) /50% after ded. (\$80 min-\$100 max) / 20% after ded. (\$0 min- \$200 max)/ 25% after ded. (\$0 min-\$300 max)
Blue Cross® Select Gold	\$250/\$500	20%	\$5,100/\$10,200	\$30 no ded.	\$50 after ded.	\$40 no ded.	\$250 copay after ded., then covered 80%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min- \$100 max) / 20% (\$0 min- \$200 max)/ 25% (\$0 min- \$300 max)
Blue Cross® Select Gold Extra	\$775/ \$1,500	20%	\$3,000/\$6,000	\$20 no ded.	\$50 no ded. (first 4 visits)	\$40 no ded.	\$250 copay after ded., then covered 80%	\$4 no ded. /\$20 no ded. /25% after ded. (\$40 min- \$100 max) /50% after ded. (\$80 min-\$100 max) / 20% after ded. (\$0 min- \$200 max)/ 25% after ded. (\$0 min-\$300 max)
Blue Cross® Partnered Gold	\$250/ \$500	20%	\$5,100/\$10,200	\$30 no ded.	\$50 after ded.	\$40 no ded.	\$250 copay after ded., then covered 80%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max) / 20% (\$0 min-\$200 max/ 25% (\$0min-\$300max)
Blue Cross® Partnered Gold Extra	\$775/ \$1,550	20%	\$3,000/\$6,000	\$20 no ded.	\$50 no ded. (first 4 visits)	\$40 no ded.	\$250 copay after ded., then covered 80%	\$4 no ded. /\$20 no ded. /25% after ded. (\$40 min- \$100 max) /50% after ded. (\$80 min-\$100 max) / 20% after ded. (\$0 min- \$200 max)/ 25% after ded. (\$0 min-\$300 max)
Blue Cross® Metro Detroit HMO Gold Extra	\$775/ \$1,550	20%	\$3,000/\$6,000	\$20 no ded.	\$50 no ded. (first 4 visits)	\$40 no ded.	\$250 copay after ded., then covered 80%	\$4 no ded. /\$20 no ded. /25% after ded. (\$40 min- \$100 max) /50% after ded. (\$80 min-\$100 max) / 20% after ded. (\$0 min- \$200 max)/ 25% after ded. (\$0 min-\$300 max)

Silver								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1a/1b/2/3/4/5
Blue Cross® Preferred Silver	\$1,650/ \$3,300	30%	\$6,350/\$12,700	\$30 no ded.	\$50 after ded.	\$40 no ded.	\$250 copay after ded., then covered 70%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max)/ 20% (\$0 min- \$200max)/ 25% (\$0min- \$300 max)
Blue Cross® Preferred Silver Extra	\$2,250/\$4,500	30%	\$5,750/\$11,500	\$20 no ded.	\$50 no ded. (first 4 visits)	\$40 no ded.	\$250 copay after ded., then covered 70%	\$4 no ded. /\$20 no ded. /25% after ded. (\$40 min- \$100 max) /50% after ded. (\$80 min-\$100 max) / 20% after ded. (\$0 min- \$200 max)/ 25% after ded. (\$0 min-\$300 max)
Blue Cross® Select Silver	\$1,650/\$3,300	30%	\$6,350/\$12,700	\$30 no ded.	\$50 after ded.	\$40 no ded.	\$250 copay after ded., then covered 70%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max)/ 20% (\$0 min- \$200max)/ 25% (\$0min- \$300 max)

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Silver								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1a/1b/2/3/4/5
Blue Cross® Select Silver Extra	\$2,250/\$4,500	30%	\$5,750/\$11,500	\$20 no ded.	\$50 no ded. (first 4 visits)	\$40 no ded.	\$250 copay after ded., then covered 70%	\$4 no ded. /\$20 no ded. /25% after ded. (\$40 min- \$100 max) /50% after ded. (\$80 min-\$100 max) / 20% after ded. (\$0 min- \$200 max)/ 25% after ded. (\$0 min-\$300 max)
Blue Cross® Select Silver Saver	\$4,000/\$8,000	30%	\$5,300/\$10,600	\$30 no ded.	\$50 after ded.	\$40 no ded.	\$250 copay after ded., then covered 70%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max)/ 20% (\$0 min- \$200max)/ 25% (\$0min- \$300 max)
Blue Cross® Metro Detroit HMO Silver	\$1,650/\$3,300	30%	\$6,350/\$12,700	\$30 no ded.	\$50 after ded.	\$40 no ded.	\$250 copay after ded., then covered 70%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max)/ 20% (\$0 min- \$200max)/ 25% (\$0min- \$300 max)
Blue Cross® Metro Detroit HMO Silver Extra	\$2,250/\$4,500	30%	\$5,750/\$11,500	\$20 no ded.	\$50 no ded. (first 4 visits)	\$40 no ded.	\$250 copay after ded., then covered 70%	\$4 no ded. /\$20 no ded. /25% after ded. (\$40 min- \$100 max) /50% after ded. (\$80 min-\$100 max) / 20% after ded. (\$0 min- \$200 max)/ 25% after ded. (\$0 min-\$300 max)
Blue Cross® Metro Detroit HMO Silver Saver	\$4,000/\$8,000	30%	\$5,300/\$10,600	\$30 no ded.	\$50 after ded.	\$40 no ded.	\$250 copay after ded., then covered 70%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max)/ 20% (\$0 min- \$200max)/ 25% (\$0min- \$300 max)
Blue Cross® Partnered Silver	\$1,650/\$3,300	30%	\$6,350/\$12,700	\$30 no ded.	\$50 after ded.	\$40 no ded.	\$250 copay after ded., then covered 70%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max)/ 20% (\$0 min- \$200max)/ 25% (\$0min- \$300 max)
Blue Cross® Partnered Silver Extra	\$2,250/\$4,500	30%	\$5,750/\$11,500	\$20 no ded.	\$50 no ded. (first 4 visits)	\$40 no ded.	\$250 copay after ded., then covered 70%	\$4 no ded. /\$20 no ded. /25% after ded. (\$40 min- \$100 max) /50% after ded. (\$80 min-\$100 max) / 20% after ded. (\$0 min- \$200 max)/ 25% after ded. (\$0 min-\$300 max)
Blue Cross® Partnered Silver Saver	\$4,000/\$8,000	30%	\$5,300/\$10,600	\$30 no ded.	\$50 after ded.	\$40 no ded.	\$250 copay after ded., then covered 70%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max)/ 20% (\$0 min- \$200max)/ 25% (\$0min- \$300 max)

Bronze*								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1a/1b/2/3/4/5
Blue Cross® Preferred Bronze	\$5,950/\$11,900	40%	\$6,350/\$12,700	\$30 after ded.	\$50 after ded.	\$40 after ded.	\$250 copay after ded., then covered 60%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max)/ 20% (\$0 min- \$200max)/ 25% (\$0min- \$300 max)
Blue Cross® Select Bronze	\$5,950/\$11,900	40%	\$6,350/\$12,700	\$30 after ded.	\$50 after ded.	\$40 after ded.	\$250 copay after ded., then covered 60%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max)/ 20% (\$0 min- \$200max)/ 25% (\$0min- \$300 max)

*HSA Compatible

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Bronze*								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1a/1b/2/3/4/5
Blue Cross® Metro Detroit HMO Bronze	\$5,950/\$11,900	40%	\$6,350/\$12,700	\$30 after ded.	\$50 after ded.	\$40 after ded.	\$250 copay after ded., then covered 60%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max)/ 20% (\$0 min- \$200max)/ 25% (\$0min- \$300 max)
Blue Cross® Partnered Bronze	\$5,950/\$11,900	40%	\$6,350/\$12,700	\$30 after ded.	\$50 after ded.	\$40 after ded.	\$250 copay after ded., then covered 60%	All tiers after ded. \$4 /\$20 /25% (\$40 min-\$100 max) /50% (\$80 min-\$100 max)/ 20% (\$0 min- \$200max)/ 25% (\$0min- \$300 max)
Blue Cross® Select Bronze Saver	\$6,450/\$12,900	None	\$6,450/\$12,900	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after deductible
Blue Cross® Metro Detroit HMO Bronze Saver	\$6,450/\$12,900	None	\$6,450/\$12,900	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after deductible
Blue Cross® Partnered Bronze Saver	\$6,450/\$12,900	None	\$6,450/\$12,900	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after ded.	Covered 100% after deductible

*HSA Compatible

Catastrophic								
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office Visits	Specialist Visits	Urgent Care Visits	Emergency Room Visits	Rx Tiers 1a/1b/2/3/4/5
Blue Cross® Select Value**	\$6,850/\$13,700	None	\$6,850/\$13,700	\$30 no ded.	Covered 100% after ded.	\$40 no ded.	Covered 100% after ded.	Covered 100% after deductible

**\$0 copay after deductible