

2026

# Small Group Product Solutions Guide



At Priority Health, we understand that health benefits are more than a line item—they're a strategic lever for attracting and retaining top talent. They also represent a significant investment, second only to payroll. In today's climate of rising costs, global uncertainty and chronic health issues on the rise, organizations face increasingly complex decisions.

That's why we go beyond traditional coverage to ensure you're getting real return from your investment. We deliver truly valuable health coverage and sustainable savings by guiding members to the highest-quality providers, supporting the holistic health needs of the individual, all while creating an effortless experience that ultimately improves the lives of your employees.



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Pharmacy programs

Click on any underlined text to get additional information

**Contact us** 

Small Business Sales

800.471.2504

New group support:

ACA: <u>PH-SalesSBD@priorityhealth.com</u>

**Optimized Level Funding:** 

PH-OLFOsmallgroupquotes@priorityhealth.com

Renewal group support:

ACA & NON ACA: PH-renewals@priorityhealth.com

**Optimized Level Funding:** 

PH-OLFOsmallgrouprenewals@priorityhealth.com

# Your benefits. Your team.

# Our priority.



# Network strength

Across the state, Priority Health has one of the strongest networks in Michigan. Plus, we provide coverage nationwide for members who live, work or travel out-of-state through our partnership with Cigna.<sup>1</sup>



# Award-winning customer service



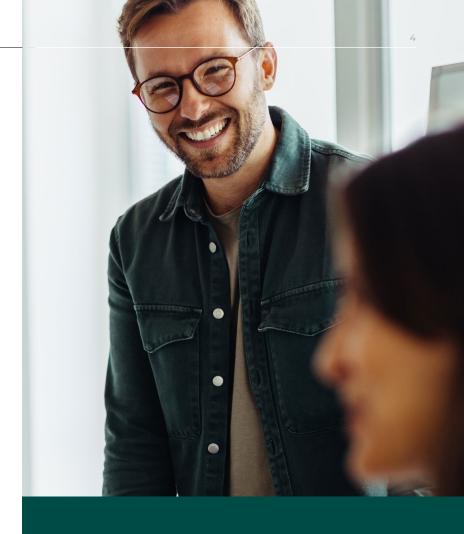
Priority Health has been named to Newsweek's America's Best Customer Service 2025 list in the health insurance category.



# **Dedicated Small Group Support**

**Our team** is uniquely focused on small group needs—available, responsive, and ready to help. We answer the calls, solve problems fast, and provide the kind of personal service that sets us apart in the market.

<sup>1</sup>Priority Health is an independent company and not an affiliate of Cigna. Any Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name and other Cigna marks are owned by Cigna Intellectual Property, Inc.



"Partnering with Priority Health was to be able to provide benefits to employees in a capacity with which I would want"

**Trevor Corlett**, Founder, Madcap Coffee Company

Learn more about how we've supported Madcap Coffee.

Watch video

Small Group Product Overview Intro

# What's new for 2026



# Digestive Health with Ayble Health™

Gastroenterology (GI) conditions are a major cost driver for employers and impact employee productivity and mental health. That's why we've partnered with Ayble Health, a best-in-class virtual GI clinic, to offer comprehensive care and support for individuals who suffer from digestive health issues.

**Learn more** 

# Small Group Optimized Level Funding Option (OLFO) Lite Plans

We're excited to introduce OLFO Lite, a new product offering designed for cost-conscious employers. While it maintains core medical coverage, OLFO Lite excludes gene and cell therapy, removes the specialty drug copay cap, does not pay primary on auto accident claims and features a distinct plan menu from the current OLFO portfolio.

**Learn more** 



# Musculoskeletal Centers of Excellence (COE) Program

Our MSK COE provides access to carefully curated physician groups who achieve the highest quality outpatient surgical outcomes. This helps members achieve better care, cost savings, and a streamlined surgical journey. Our MSK COE is now included on all Platinum plans and the Classic Gold G50 plan.

**Learn more** 



# Virta Diabetes Reversal<sup>2</sup>

Priority Health has partnered with Virta, a virtual health clinic to bring groups Diabetes Reversal, a solution trusted by thousands to provide life-changing results. Virta's Diabetes Reversal is a proven, personalized nutrition program with a dedicated care team to help members lower your blood sugar and reduce diabetes medications

**Learn more** 



# Behavioral health support

We're continually expanding our network of virtual providers to meet unique mental health needs. Recent additions include **Backpack Healthcare**, which offers pediatric (ages 4+) and family mental health services, **Folx Health**, the largest network of experienced providers specializing in LGBTQIA+ care, and **Flowly** is a virtual clinic focused on chronic pain recovery, offering additional support for managing anxiety, stress, and burnout.

We're also working with <u>Boulder</u>
<u>Care</u> to strengthen our support for
members with substance use disorders
(SUD), reinforcing our commitment
to comprehensive, whole-person
behavioral health care.

<sup>2</sup>Virta defines type 2 diabetes reversal as achieving an Alc below 6.5% without using diabetes medications other than metformin. This is medically termed "remission," as diabetes can return if lifestyle changes aren't maintained.



# Affordable coverage that goes further

As an employer, we know you're looking for affordable coverage options that meet business needs and help attract and retain top talent. Affordability matters to your employees too along with easy-to-understand plans that provide real value for the cost.

You can count on Priority Health to deliver a simple experience, discounts and quality benefits that work harder for both small group employers and their employees.

# **Benefits for Employers**

# Cost-saving plan options such as:

- **HMO plans** that ensure employees receive the services they need but none that are unnecessary
- **Optimized level funding option** provides the benefits of traditional self-funding with the added benefit of stable monthly costs
- <u>Tiered network</u> solutions (West Michigan Partners/Southeast Michigan Partners) offer great care at a great price

# Additional coverage options:

- <u>FSA products</u> and free HSA banking services through HealthEquity reducing the administrative burden of managing multiple vendors and providing a seamless experience for employees
- Ancillary benefits such as <u>dental benefits</u> through Delta Dental<sup>3</sup> and adult and pediatric <u>vision coverage</u> through our partner, EyeMed<sup>4</sup>

Small Group Product Overview Why Priority Health

# **Benefits for Employees**

**No referrals** to see specialists for any network – PPO, POS or HMO.

Coverage for services such as routine doctor visits, specialist visits, prescription drugs and urgent care visits, along with affordable enhancements to ensure overall health at a lower cost, including:

- **\$10 or less virtual care services** for medical, behavioral health and substance use visits.<sup>5,7</sup>
- \$15 adult vision exams and discounts on frames, lenses and contacts.<sup>6</sup>
- 100% coverage for diabetic supplies purchased through a participating DME provider.<sup>7</sup>
- 100% coverage (before deductible) for Continuous Glucose Monitors and associated supplies at participating pharmacies.<sup>8</sup>
- 100% coverage for allergy testing and treatment.6
- IRS-allowed <u>chronic condition coverage</u> for the cost of a copayment or coinsurance <u>before deductible</u> on ALL small group <u>PriorityHSA</u> plans.<sup>5</sup>
- **Up to 30 chiropractic care visits**, including maintenance visits, per contract year.
- Hearing exams and hearing aid discounts with our partner, <u>TruHearing</u>.

# Digital tools and programs to help members get the most of their health plan including:

Active&Fit Direct™, a program designed to help our members work out at one of their many fitness centers in Michigan—and more than 12,000 centers nationwide. Membership is \$28 per month, plus a one-time \$28 enrollment fee (plus applicable taxes).

**Behavioral health support**, we believe mental health is just as important as physical health. That's why we offer free, 24/7 access to licensed behavioral health clinicians, along with a virtual, self-guided program featuring evidence-based tools to support your mental well-being.

**BenefitHub**, a free, easy-to-use benefits portal offering members discounts on travel, restaurants, shopping, family care and more.

**Care management programs** that focus on chronic conditions including diabetes, asthma, depression and more to increase access to affordable care and improve health outcomes.

**Cost Estimator**, powered by Healthcare Bluebook, allows members to search, shop and save on hundreds of services from in-network facilities.

**Diabetes management and prevention programs** that offer tools, resources and support through in-person or virtual classes.

**Digestive health support**, with access to Ayble Health™, a virtual GI clinic that provides personalized care, works with members' current providers, and offers tools for nutrition and stress relief.

**Find-a-Doctor**, our online tool to search providers by category, specialty, location and plan type.

**PriceMyMeds**, a first-of-its-kind pharmacy program that provides prescription savings for members by automatically applying available drug discounts, so members pay a lower price.

**PriorityMOM™**, our pregnancy journey program designed to help navigate health care costs and coverage through pregnancy and beyond.

**PriorityBABY™**, our family-first program designed to support healthier and safer infant care for new caregivers.

<sup>&</sup>lt;sup>5</sup>Excludes grandfathered or transitional groups.

<sup>&</sup>lt;sup>6</sup>Excludes PriorityHSA and PriorityAssure plans.

<sup>&</sup>lt;sup>7</sup>Covered after deductible for PriorityHSA.

<sup>&</sup>lt;sup>8</sup>CGM and associated supplies for pre-ACA transitional and grandfathered HDHP plans will be \$0, deductible applies.

Priority Health offers innovative plan designs and tools that **help small businesses control costs** without compromising care. From flexible networks to virtual care options, we make it easier to deliver value to your team.



Small Group Product Overview Cost saving solutions 9

# Looking for winning solutions for your clients?

# **Quote these popular plans**

**Priority**Classic plans offer competitively priced plans with key benefits covered before the deductible is met.

# **Gold & Silver plans**

PriorityHMO/POS/PPO Gold G10

**Priority**HMO/POS Gold G10 Tiered Networks

PriorityHMO/POS/PPO Gold G121

PriorityHMO/POS/PPO Gold G15

**Priority**HMO Gold G15 Tiered Networks

PriorityHMO/POS/PPO Gold G20

**Priority**HMO/POS/PPO Silver S38

**Priority**HMO/POS Silver S50

**Priority**HSA plans work best for employers looking for cost savings as well as tax advantages for employers and employees.

PriorityHSA HMO/POS/PPO G17

**Priority**HSA HMO Gold G17 Tiered Networks

**Priority**HSA HMO/POS/PPO Gold G251

**Priority**HSA HMO/POS/PPO Silver S23

**Priority**HSA HMO Silver S23 Tiered Networks

PriorityHSA HMO/POS/PPO Silver S34

**Priority**HSA HMO Silver S40

**Priority**HSA HMO Silver S40 Tiered Networks •

**Priority**HSA HMO/POS Silver S561

# Looking for the best health plan on the market?

Consider one of Priority Health's **Priority**Classic **Platinum plans**. You don't need to downgrade your benefits with your current carrier, just switch to **Priority** Health. The peace of mind you'll get knowing 90% of your costs are covered is as good as platinum.

# Platinum plans

**Priority**HMO Platinum

Priority HMO/POS/PPO Platinum P251

**Priority**HMO/POS/PPO Platinum P47

**Priority**HMO Platinum Tiered Networks

**Priority**HMO Platinum P20 Tiered Networks

**Priority**HMO Platinum P47 Tiered Networks



Download our Network
Solutions Comparison overview



New plan

Small Group Product Overview Cost saving solutions

# **Small Group Optimized Level Funding (OLFO)**

OLFO can help employers reduce premiums and increase flexibility.

Small groups can choose our optimized level funding option. With it, based on enrollment, employers pay a fixed monthly amount to cover the costs of administration, stop-loss and claims funding.

Priority Health uses the money as needed to pay claims. At the end of the plan year, the claim account is reconciled. If there is a surplus, the employer will have 50% of that surplus returned to them. The group is not required to pay Priority Health back if there is a deficit at the end of the plan year.

# Employer benefits of choosing our optimized level funding option include:

Reduced plan costs

Increased cash flow

Reporting

\$ Composite rates

im Increased plan flexibility

(S)

Tax advantages



Select plans from the current small business ACA plan menu (HMO and POS only)

# Sample claims funding settlement

Total aggregate claims funding:\$80,239Total claims paid:- \$66,234Surplus:\$14,005

Amount returned to employer\*: \$7,002.50 Claim account is settled 4 months after the end of the plan year.

\*50% of surplus aggregate claim funding

Ready to reduce your healthcare spend and learn how to get a quote?

**New group optimized level funded plans:**PH-OLFOsmallgroupguotes@priorityhealth.com

Renewal optimized level funded plans:

PH-OLFOsmallgrouprenewals@priorityhealth.com

NEW!

**OLFO Lite Plans** 

**Learn more** 

# Find out if OLFO is right for you.







# Streamlined renewals, delivered directly

ACA groups identified as a strong fit for OLFO will be automatically matched and sent to the Agent of Record—no extra steps, no missed opportunities.



See double-digit savings for tiered network plans.

# **Tiered networks**

Tiered networks can help employers save on premiums.

They can also help employees save on deductibles, out-of-pocket limits and cost sharing—all by utilizing the selected Tier 1 provider network. They're ideal for price-sensitive groups with employees who are geographically located within the Tier 1 service area.

In tiered network plans, we separate providers into two tiers: Tier 1 and Tier 2. We partner with our Tier 1 providers to lower member costs. If employees choose care through a Tier 1 provider, they benefit from lower coinsurance, copays and deductibles. Members still have access to our entire Priority Health network however, if they choose to receive care from a Tier 2 hospital or provider, they will have a higher cost share for care.

Download the Southeast MI partners agent overview.



Download the West MI partners agent overview.







# Tier 1 providers include:

### West MI Partners:

- $\cdot$  Corewell Health in West Michigan 1
- · University of Michigan Health-West
- · Holland Hospital

### Southeast MI Partners:

- Corewell Health in Southeast Michigan (formerly Beaumont Health)
- Detroit Medical Center
- · Lake Huron Medical Center
- · Michigan Medicine<sup>2</sup>
- · Trinity Health in Southeast Michigan

<sup>1</sup>With the exception of Corewell Health in Southwest



Download the tiered networks over-the-counter coverage overview.

Small Group Product Overview Pharmacy programs

# We deliver highperforming pharmacy benefits at the lowest net cost.

# Prescription drugs can be costly.

That's why we offer PriceMyMeds to help you save.

PriceMyMeds, a first-of-its-kind pharmacy program that provides prescription savings for members by automatically applying available drug discounts, so members pay a lower price.

# How to check if your prescriptions are covered

- The easiest way to see if your plan covers your prescriptions is to check the approved drug list, or ADL. You can find it on our website:
- Go to priorityhealth.com/formulary/employer/optimized.
- Search for medications alphabetically by name or by therapeutic class—like antihistamines, for example. You can also search for medications by cost.



# To help keep pharmacy costs low, we offer:

- Preferred brand insulins covered at Tier 1b copays
- \$5 prescription copays for Tier la drugs on the approved drug list
- A 30-day transition prescription refill for new members to ensure they continue to receive medications without disruption

# Resources for selling and retaining Priority Health groups

It's easy to do business with Priority Health. We give you all the information and resources you need at your fingertips to quote, sell and enroll small groups.

# **PriorityQuote**

All new small group business must be submitted via **PrioritvOuote**—our streamlined quoting and enrollment platform. It's fast, intuitive, and designed to help you complete enrollments in under two weeks.

# NEW!

Explore our updated PriorityQuote training videos to guide you through each step of the process.

**Watch videos** 

**NEW!** For groups renewing without changes to eligibility, member enrollments, or plan selections, simply use the "Renew No Changes" button in PriorityQuote. It's fast, easy, and done in just three clicks!

**Learn more** 

# **General Agency Partners**

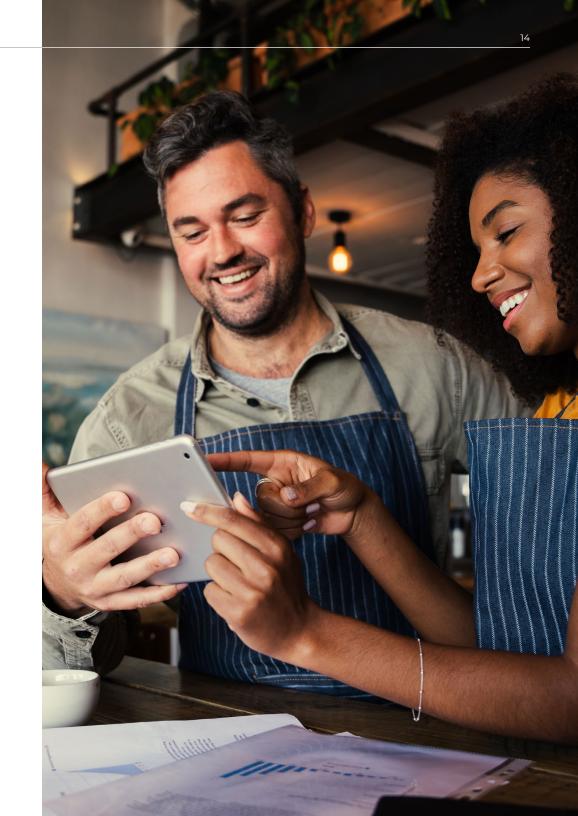
We're proud to partner with two trusted general agencies, Benefit Profiles, Inc (BPI) and Link Benefits, to provide added expertise and personalized support to your business.

**Learn more** 



# An easy-to-use <u>Agent Resources Library</u> available 24/7 with:

- Resources to help you sell, such as product and program overviews, training videos and product portfolios outlining the benefit plans that are available.
- Tools for open enrollment, including presentations, member onboarding videos, reference guides and program overviews.
- · Agent webinars to help you stay informed.
- Employee toolkits such as behavioral health, Cost Estimator, Musculoskeletal Centers of Excellence, Teladoc Health Condition Management.



Small Group Product Overview 2026 Small Group Plans—HMO

# 2026 Small Group Plans—HMO (continued on next page)

				Copaym	nents	Deductible		
<b>Priority</b> Classic HMO	Metal type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam	Coinsurance maximum	Out-of-pocket limit Ind/Fam
<b>Priority</b> HMO Platinum	Platinum	100%	\$15/\$30/\$75	\$200/\$200	\$5/\$10/\$40/\$80/20%/20%	\$0/\$0 E	N/A	\$4500/\$9000 E
PriorityHMO Platinum P251	Platinum	100%	\$15/\$35/\$75	\$250/\$150	\$5/\$10/\$40/\$80/20%/20%	\$250/\$500 E	N/A	\$5000/\$10000 E
<b>Priority</b> HMO Platinum P47	Platinum	90%	\$15/\$45/\$75	\$300/\$200	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$2250/\$4500 E
PriorityHMO Gold G50	Gold	80%	\$30/\$60/\$85	\$350/\$300	\$5/\$35/\$80/\$95/20%/20%	\$500/\$1000 E	\$5500/\$11000 E	\$9600/\$19200 E
PriorityHMO Gold G10	Gold	80%	\$20/\$60/\$85	<b>\$20/\$60/\$85</b> \$350/\$300 <b>\$5/\$35/\$7</b> !		\$1000/\$2000 E	\$4500/\$9000 E	\$8700/\$17400 E
PriorityHMO Gold G121	Gold	100%	\$30/\$70/\$85	\$350/\$300	\$5/\$30/\$40/\$80/20%/20%	\$1200/\$2400 E	N/A	\$9100/\$18200 E
PriorityHMO Gold G15	Gold	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$9200/\$18400 E
PriorityHMO Gold G20	Gold	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$8900/\$17800 E
PriorityHMO Gold G25	Gold	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$9400/\$18800 E
PriorityHMO Gold G301	Gold	100%	\$30/\$65/\$85	\$350/\$300	\$5/\$20/\$85/\$150/20%/20%	\$3000/\$6000 E	N/A	\$8500/\$17000 E
PriorityHMO Silver S30	Silver	70%	\$45/\$95/\$85	\$400/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3050/\$6100 E	N/A	\$9700/\$19400 E
PriorityHMO Silver S38	Silver	70%	\$45/\$95/\$85	\$400/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3800/\$7600 E	N/A	\$9800/\$19600 E
PriorityHMO Silver S48	Silver	70%	\$50/\$95/\$85	\$400/\$350	\$5/\$35/\$100/\$150/20%/20%	\$4800/\$9600 E	N/A	\$9700/\$19400 E
PriorityHMO Silver S50	Silver	90%	\$45/\$95/\$85	\$400/\$350	\$5/\$40/\$80/\$150/20%/20%	\$5000/\$10000 E	N/A	\$9900/\$19800 E
PriorityHMO Bronze B85 ●	Bronze	70%	\$85/\$115/\$125	\$500/\$400	\$5/\$45/\$120/\$175/20%/20%	\$8500/\$17000 E	N/A	\$10150/\$20300 E

Duissia (Classia LIMO)				Copayn	nents	Deductible		
PriorityClassic HMO Tiered Networks	Metal type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam	Coinsurance maximum	Out-of-pocket limit Ind/Fam
PriorityHMO Platinum -	Distinguis	100%	\$15/\$30/\$75	\$200/\$200	\$5/\$10/\$40/\$80/20%/20%	\$0/\$0 E	N/A	\$4500/\$9000 E
West MI Partners	Platinum	100%	\$45/\$90/\$150	<b>\$200</b> /\$600	\$5/\$10/\$40/\$80/20%/20%	\$500/\$1000 E	N/A	\$4500/\$9000 E
PriorityHMO Platinum -	DI .:	100%	\$15/\$30/\$75	\$200/\$200	\$5/\$10/\$40/\$80/20%/20%	\$0/\$0 E	N/A	\$4500/\$9000 E
Southeast MI Partners	Platinum			\$5/\$10/\$40/\$80/20%/20%	\$500/\$1000 E	N/A	\$4500/\$9000 E	
PriorityHMO Platinum P20 -		90%	\$10/\$35/\$75	\$300/\$200	\$5/\$15/\$40/\$80/20%/20%	\$200/\$400 E	N/A	\$3600/\$7200 E
West MI Partners	Platinum	60%	\$30/\$105/\$150	\$300/\$600	\$5/\$15/\$40/\$80/20%/20%	\$600/\$1200 E	N/A	\$3600/\$7200 E
<b>Priority</b> HMO Platinum P20 -	DI .:	90%	\$10/\$35/\$75	\$300/\$200	\$5/\$15/\$40/\$80/20%/20%	\$200/\$400 E	N/A	\$3600/\$7200 E
Southeast MI Partners	Platinum	60%	\$30/\$105/\$150	\$300/\$600	\$5/\$15/\$40/\$80/20%/20%	\$600/\$1200 E	N/A	\$3600/\$7200 E
<b>Priority</b> HMO Platinum P47 -		90%	\$15/\$45/\$75	\$300/\$200	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$2250/\$4500 E
West MI Partners	Platinum	60%	\$45/\$135/\$150	\$300/\$600	\$5/\$15/\$40/\$80/20%/20%	\$1425/\$2850 E	N/A	\$2250/\$4500 E
<b>Priority</b> HMO Platinum P47 -		90%	\$15/\$45/\$75	\$300/\$200	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$2250/\$4500 E
Southeast MI Partners	Platinum	60%	\$45/\$135/\$150	\$300/\$600	\$5/\$15/\$40/\$80/20%/20%	\$1425/\$2850 E	N/A	\$2250/\$4500 E

Small Group Product Overview 2026 Small Group Plans—HMO

### 2026 Small Group Plans—HMO (continued on next page)

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PriorityClassic HMO Tiered Networks	Metal type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam	Coinsurance maximum	Out-of-pocket limit Ind/Fam
PriorityHMO Gold G10 -	6.11	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8700/\$17400 E
West MI Partners	Gold	60%	\$60/\$180/\$170	\$350/\$500	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$8700/\$17400 E
PriorityHMO Gold G10 -	6.11	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8700/\$17400 E
Southeast MI Partners	Gold	60%	\$60/\$180/\$170	\$350/\$500	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$8700/\$17400 E
PriorityHMO Gold G15 -	6.11	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$9200/\$18400 E
West MI Partners	Gold	60%	\$60/\$180/\$170	\$350/\$500	\$5/\$35/\$75/\$85/20%/20%	\$5500/\$11000 E	N/A	\$9200/\$18400 E
PriorityHMO Gold G15 -		80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$9200/\$18400 E
Southeast MI Partners	Gold	60%	\$60/\$180/\$170	\$350/\$500	\$5/\$35/\$75/\$85/20%/20%	\$5500/\$11000 E	N/A	\$9200/\$18400 E
PriorityHMOGold G20 -		80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$8400/\$16800 E
West MI Partners	Gold	50%	\$60/\$180/\$170	\$350/\$500	\$5/\$35/\$70/\$85/20%/20%	\$7000/\$14000 E	N/A	\$8400/\$16800 E
PriorityHMO Gold G20-		80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$8400/\$16800 E
Southeast MI Partners	Gold	50%	\$60/\$180/\$170	\$350/\$500	\$5/\$35/\$70/\$85/20%/20%	\$7000/\$14000 E	N/A	\$8400/\$16800 E
<b>Priority</b> HMO Gold G25 -		80%	\$20/\$60/\$85	\$350/\$300	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$8600/\$17200 E
West MI Partners	Gold	50%	\$60/\$180/\$170	\$350/\$500	\$5/\$30/\$70/\$85/20%/20%	\$7500/\$15000 E	N/A	\$8600/\$17200 E
<b>Priority</b> HMO Gold G25 -		80%	\$20/\$60/\$85	\$350/\$300	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$8600/\$17200 E
Southeast MI Partners	Gold	50%	\$60/\$180/\$170	\$350/\$500	\$5/\$30/\$70/\$85/20%/20%	\$7500/\$15000 E	N/A	\$8600/\$17200 E
<b>Priority</b> HMO Silver S38 -		70%	\$45/\$95/\$85	\$400/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3800/\$7600 E	N/A	\$9800/\$19600 E
West MI Partners	Silver	50%	\$135/\$210/\$170	\$400/\$550	\$5/\$35/\$100/\$150/20%/20%	\$8500/\$17000 E	N/A	\$9800/\$19600 E
<b>Priority</b> HMO Silver S38 -		70%	\$45/\$95/\$85	\$400/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3800/\$7600 E	N/A	\$9800/\$19600 E
Southeast MI Partners	Silver	50%	\$135/\$210/\$170	\$400/\$550	\$5/\$35/\$100/\$150/20%/20%	\$8500/\$17000 E	N/A	\$9800/\$19600 E

				Copayme	ents	Deductible		
PriorityHSA HMO	Metal type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier la/Tier lb/ Tier 2/Tier 3/Tier 4/Tier 5)	Integrated medical and Rx Ind/Fam	Coinsurance maximum	Out-of-pocket limit Ind/Fam
PriorityHSA HMO Gold G17	Gold	80%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$1700/\$3400 A	N/A	\$5000/\$10000 E
PriorityHSA HMO Gold G251	Gold	100%	Coins	\$350/Coins	\$5/\$35/\$70/\$90/20%/20%	\$2500/\$5000 A	N/A	\$6000/\$12000 E
PriorityHSA HMO Gold G341 ●	Gold	100%	Coins	\$350/Coins	\$5/\$35/\$70/\$90/20%/20%	\$3400/\$6800 A	N/A	\$4000/\$8000 E
<b>Priority</b> HSA HMO Silver S23	Silver	70%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%	\$2300/\$4600 A	N/A	\$8200/\$16400 E
<b>Priority</b> HSA HMO Silver S34	Silver	70%	Coins	Coins	\$5/\$35/\$60/\$80/20%/20%	\$3400/\$6800 E	N/A	\$8100/\$16200 E
<b>Priority</b> HSA HMO Silver S40	Silver	90%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$4000/\$8000 E	N/A	\$8300/\$16600 E
<b>Priority</b> HSA HMO Silver S47	Silver	90%	Coins	Coins	\$5/\$45/\$100/\$165/20%/20%	\$4700/\$9400 E	N/A	\$8300/\$16600 E
PriorityHSA HMO Silver S561	Silver	100%	Coins	\$400/Coins	\$5/\$35/\$70/\$90/20%/20%	\$5600/\$11200 E	N/A	\$8300/\$16600 E
PriorityHSA HMO Bronze B80	Exp. Bronze	100%	100%	100%	100%	\$8000/\$16000 E	N/A	\$8000/\$16000 E

Small Group Product Overview 2026 Small Group Plans—HMO

### **2026 Small Group Plans—HMO** (continued on next page)

• New plan **Bold text** = copay or coinsurance before deductible

<b>-</b> • • • • • • • • • • • • • • • • • • •				Copaym	ents	Deductible		
PriorityHSA HMO Tiered Networks	Metal type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam	Coinsurance maximum	Out-of-pocket limit Ind/Fam
<b>Priority</b> HSA HMO Gold G17 -	6.11	80%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$1700/\$3400 A	N/A	\$5000/\$10000 E
West MI Partners	Gold	50%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$5000/\$10000 A	N/A	\$7900/\$15800 E
<b>Priority</b> HSA HMO Gold G17 -		80%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$1700/\$3400 A	N/A	\$5000/\$10000 E
Southeast MI Partners	Gold	50%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$5000/\$10000 A	N/A	\$7900/\$15800 E
<b>Priority</b> HSA HMO Silver S23 -	611	70%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%	\$2300/\$4600 A	N/A	\$8200/\$16400 E
West MI Partners	Silver	50%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%	\$6900/\$13800 A	N/A	\$8200/\$16400 E
<b>Priority</b> HSA HMO Silver S23 -		70%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%	\$2300/\$4600 A	N/A	\$8200/\$16400 E
Southeast MI Partners	Silver	50%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%	\$6900/\$13800 A	N/A	\$8200/\$16400 E
<b>Priority</b> HSA HMO Silver S40 -		90%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$4000/\$8000 E	N/A	\$8300/\$16600 E
West MI Partners	Silver	50%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$8000/\$16000 E	N/A	\$8300/\$16600 E
<b>Priority</b> HSA HMO Silver S40 -		90%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$4000/\$8000 E	N/A	\$8300/\$16600 E
Southeast MI Partners	Silver	50%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$8000/\$16000 E	N/A	\$8300/\$16600 E

				Copayme	ents	Deducti	ible	Cainauu	
<b>Priority</b> HRA HMO	Metal type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier la/Tier lb/ Tier 2/Tier 3/Tier 4/Tier 5)	Integrated medical and Rx Ind/Fam	Employer Contribution	Coinsur- ance maximum	Out-of-pocket limit Ind/Fam
<b>Priority</b> HRA HMO Gold G2512	Gold	70%	\$30/\$65/\$85	\$350/\$300	\$5/\$30/\$60/\$80/20%/20%	\$2500/\$5000 E	\$1,250*	N/A	\$8900/\$17800 E

				Copaymo	ents	Deductible		
<b>Priority</b> Assure HMO	Metal type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Integrated medical and Rx Ind/Fam	Coinsurance maximum	Out-of-pocket limit Ind/Fam
PriorityAssure Gold HMO G18	Gold	90%	<b>\$15</b> /Coins/ <b>\$85</b>	Coins	<b>\$5/\$20/\$40</b> /20%/20%/20%	\$1800/\$3600 E	N/A	\$6800/\$13600 E
<b>Priority</b> Assure Silver HMO S40	Silver	70%	<b>\$30</b> /Coins/ <b>\$85</b>	Coins	<b>\$5/\$30</b> /\$70/20%/20%/20%	\$4000/\$8000 E	N/A	\$8900/\$17800 E
<b>Priority</b> Assure Silver HMO S50	Silver	70%	<b>\$20</b> /Coins/ <b>\$85</b>	Coins	<b>\$5/\$25</b> /\$60/20%/20%/20%	\$5000/\$10000 E	N/A	\$8900/\$17800 E
<b>Priority</b> Assure Bronze HMO B99	Exp. Bronze	100%	<b>\$40</b> /Coins/ <b>\$85</b>	100%	<b>\$5/\$35</b> /100%/100%/100%/100%	\$9900/\$19800 E	N/A	\$9900/\$19800 E

### **Deductible codes**

- **(E)** "Embedded" means the plan contains an individual limit (stop) within the family total. The embedded stop occurs when an individual's deductible or out-of-pocket limit has been satisfied, but the family deductible or out-of-pocket limit hasn't.
- (A) "Aggregate" means the total deductible or out-of-pocket limit does not contain an individual limit. An individual is covered when the family deductible or out-of-pocket limit has been met.

<sup>\*</sup>With PriorityHRA, the employee pays first. Once the employee contribution is applied to the deductible, the employer contribution is applied to the remaining deductible.

# 2026 Small Group Plans POS/PPO



Small Group Product Overview 2026 Small Group Plans—POS/PPO

### 2026 Small Group Plans—POS/PPO (continued on next page)

PriorityClassic POS Metal	Motal			Copayme	ents	Deductible	- Coinsurance	Out-of-pocket	Alternate	Alternate deductible	Alternate	Alternate
PriorityClassic POS	type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam	maximum	limit Ind/Fam	coinsurance	Medical only Ind/Fam	coinsurance maximum	out-of-pocket limit Ind/Fam
<b>Priority</b> POS Platinum P251	Platinum	100%	\$15/\$35/\$75	\$250/\$150	\$5/\$10/\$40/\$80/20%/20%	\$250/\$500 E	N/A	\$5000/\$10000 E	70%	\$500/\$1000 E	N/A	\$10000/\$20000 E
<b>Priority</b> POS Platinum P47	Platinum	90%	\$15/\$45/\$75	\$300/\$200	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$2250/\$4500 E	70%	\$950/\$1900 E	N/A	\$4500/\$9000 E
PriorityPOS Gold G50	Gold	80%	\$30/\$60/\$85	\$350/\$300	\$5/\$35/\$80/\$95/20%/20%	\$500/\$1000 E	\$5500/\$11000 E	\$9600/\$19200 E	60%	\$1000/\$2000 E	\$11000/\$22000 E	\$19200/\$38400 E
PriorityPOS Gold G10	Gold	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8700/\$17400 E	60%	\$2000/\$4000 E	\$9000/\$18000 E	\$17400/\$34800 E
PriorityPOS Gold G121	Gold	100%	\$30/\$70/\$85	\$350/\$300	\$5/\$30/\$40/\$80/20%/20%	\$1200/\$2400 E	N/A	\$9100/\$18200 E	70%	\$2400/\$4800 E	N/A	\$18200/\$36400 E
PriorityPOS Gold G15	Gold	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$9200/\$18400 E	60%	\$3000/\$6000 E	\$9000/\$18000 E	\$18400/\$36800 E
PriorityPOS Gold G20	Gold	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$8900/\$17800 E	60%	\$4000/\$8000 E	\$9000/\$18000 E	\$17800/\$35600 E
PriorityPOS Gold G25	Gold	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$9400/\$18800 E	60%	\$5000/\$10000 E	\$9000/\$18000 E	\$18800/\$37600 E
PriorityPOS Gold G301	Gold	100%	\$30/\$65/\$85	\$350/\$300	\$5/\$20/\$85/\$150/20%/20%	\$3000/\$6000 E	N/A	\$8500/\$17000 E	70%	\$6000/\$12000 E	N/A	\$17000/\$34000 E
PriorityPOS Silver S30	Silver	70%	\$45/\$95/\$85	\$400/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3050/\$6100 E	N/A	\$9700/\$19400 E	50%	\$6100/\$12200 E	N/A	\$19400/\$38800 E
PriorityPOS Silver S38	Silver	70%	\$45/\$95/\$85	\$400/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3800/\$7600 E	N/A	\$9800/\$19600 E	50%	\$7600/\$15200 E	N/A	\$19600/\$39200 E
<b>Priority</b> POS Silver S48	Silver	70%	\$50/\$95/\$85	\$400/\$350	\$5/\$35/\$100/\$150/20%/20%	\$4800/\$9600 E	N/A	\$9700/\$19400 E	50%	\$9600/\$19200 E	N/A	\$19400/\$38800 E
PriorityPOS Silver S50	Silver	90%	\$45/\$95/\$85	\$400/\$350	\$5/\$40/\$80/\$150/20%/20%	\$5000/\$10000 E	\$5000/\$10000 E	\$9900/\$19800 E	50%	\$10000/\$20000 E	N/A	\$19800/\$39600 E

PriorityClassic POS Metal				Copayme	ents	Deductible	Coinsurance	Out-of-pocket	Alternate	Alternate deductible	Alternate	Alternate
Tiered Networks	type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam	maximum	limit Ind/Fam	coinsurance	Medical only Ind/Fam	coinsurance maximum	out-of-pocket limit Ind/Fam
PriorityPOS Gold G10 -		80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8700/\$17400 E	600/	t5000/t1 / 000 5	21/2	d17 (00 /d7 (000 F
West MI Partners	Gold	60%	\$60/\$180/\$170	\$350/\$500	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$8700/\$17400 E	60%	\$7000/\$14000 E	N/A	\$17400/\$34800 E
PriorityPOS Gold G10 -	0.11	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8700/\$17400 E	500/	h=000/h1/000=	/.	437 ( 0 0 /b7 ( 0 0 0 F
Southeast MI Partners Gold		60%	\$60/\$180/\$170	\$350/\$500	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$8700/\$17400 E	60%	\$7000/\$14000 E	N/A	\$17400/\$34800 E

Small Group Product Overview 2026 Small Group Plans—POS/PPO

### 2026 Small Group Plans—POS/PPO (continued on next page)

PriorityHSA POS Metal			Copayme	ents	Deductible	Coinsurance	Out-of-pocket	Alternate	Alternate deductible	Alternate	Alternate	
PriorityHSA POS	type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam	maximum	limit Ind/Fam	coinsurance	Medical only Ind/Fam	coinsurance maximum	out-of-pocket limit Ind/Fam
PriorityHSA POS Gold G17	Gold	80%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$1700/\$3400 A	N/A	\$5000/\$10000 E	60%	\$3400/\$6800 A	N/A	\$10000/\$20000 A
PriorityHSA POS Gold G251	Gold	100%	Coins	\$350/Coins	\$5/\$35/\$70/\$90/20%/20%	\$2500/\$5000 A	N/A	\$6000/\$12000 E	70%	\$5000/\$10000 A	N/A	\$12000/\$24000 A
PriorityHSA POS Gold G341 ●	Gold	100%	Coins	\$350/Coins	\$5/\$35/\$70/\$90/20%/20%	\$3400/\$6800 E	N/A	\$4000/\$8000 E	60%	\$6800/13600 A	N/A	\$8000/\$16000 A
PriorityHSA POS Silver S23	Silver	70%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%	\$2300/\$4600 A	N/A	\$8200/\$16400 E	50%	\$4600/\$9200 A	N/A	\$16400/\$32800 A
<b>Priority</b> HSA POS Silver S34	Silver	70%	Coins	Coins	\$5/\$35/\$60/\$80/20%/20%	\$3400/\$6800 E	N/A	\$8100/\$16200 E	50%	\$6800/\$13600 A	N/A	\$16200/\$32400 A
PriorityHSA POS Silver S40	Silver	90%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$4000/8000 E	N/A	\$8300/\$16600 E	70%	\$8000/\$16000 A	N/A	\$16600/\$33200 A
<b>Priority</b> HSA POS Silver S47	Silver	90%	Coins	Coins	\$5/\$45/\$100/\$165/20%/20%	\$4700/\$9400 E	N/A	\$8300/\$16600 E	70%	\$9400/\$18800 A	N/A	\$16600/\$33200 A
PriorityHSA POS Silver S561	Silver	100%	Coins	\$400/Coins	\$5/\$35/\$70/\$90/20%/20%	\$5600/\$11200 E	N/A	\$8300/\$16600 E	70%	\$11200/\$22400 A	N/A	\$16600/\$33200 A
PriorityHSA POS Bronze B80	Exp. Bronze	100%	100%	100%	100%	\$8000/\$16000 E	N/A	\$8000/\$16000 E	N/A	\$16000/\$32000 A	N/A	\$16000/\$32000 A

	Metal A			Copayme	nts	Deductible		Coinsurance	Out-of-pocket	Alternate -	Alternate deductible	Alternate	Alternate
PriorityHRA POS	type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam	Employer Contribution		limit Ind/Fam		Medical only Ind/Fam	coinsurance maximum	out-of-pocket limit Ind/Fam
PriorityHRA POS Gold G2512	Gold	70%	\$30/\$65/\$85	\$350/\$300	\$5/\$30/\$60/\$80/20%/20%	\$2500/\$5000 E	\$1,250*	N/A	\$8900/\$17800 E	50%	\$5000/\$10000 E	N/A	\$17800/\$35600 E

PriorityClassic PPO Metal	Coinsurance		Copayme	ents	Deductible	Coinsurance	Out-of-pocket	Alternate	Alternate deductible	Alternate	Alternate	
<b>Priority</b> Classic PPO	type	Coinsurance	PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam	maximum	limit Ind/Fam	coinsurance	Medical only Ind/Fam	coinsurance maximum	out-of-pocket limit Ind/Fam
<b>Priority</b> PPO Platinum P251	Platinum	100%	\$15/\$35/\$75	\$250/\$150	\$5/\$10/\$40/\$80/20%/20%	\$250/\$500 E	N/A	\$5000/\$10000 E	70%	\$500/\$1000 E	N/A	\$10000/\$20000 E
<b>Priority</b> PPO Platinum P47	Platinum	90%	\$15/\$45/\$75	\$300/\$200	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$2250/\$4500 E	70%	\$950/\$1900 E	N/A	\$4500/\$9000 E
PriorityPPO Gold G50	Gold	80%	\$30/\$60/\$85	\$350/\$300	\$5/\$35/\$80/\$95/20%/20%	\$500/\$1000 E	\$5500/\$11000 E	\$9600/\$19200 E	60%	\$1000/\$2000 E	\$11000/\$22000 E	\$19200/\$38400 E
PriorityPPO Gold G10	Gold	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8700/\$17400 E	60%	\$2000/\$4000 E	\$9000/\$18000 E	\$17400/\$34800 E
PriorityPPO Gold G121	Gold	100%	\$30/\$70/\$85	\$350/\$300	\$5/\$30/\$40/\$80/20%/20%	\$1200/\$2400 E	N/A	\$9100/\$18200 E	70%	\$2400/\$4800 E	N/A	\$18200/\$36400 E
PriorityPPO Gold G15	Gold	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$9200/\$18400 E	60%	\$3000/\$6000 E	\$9000/\$18000 E	\$18400/\$36800 E
PriorityPPO Gold G20	Gold	80%	\$20/\$60/\$85	\$350/\$300	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$8900/\$17800 E	60%	\$4000/\$8000 E	\$9000/\$18000 E	\$17800/\$35600 E
PriorityPPO Silver S30	Silver	70%	\$45/\$95/\$85	\$400/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3050/\$6100 E	N/A	\$9700/\$19400 E	50%	\$6100/\$12200 E	N/A	\$19400/\$38800 E
<b>Priority</b> PPO Silver S38	Silver	70%	\$45/\$95/\$85	\$400/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3800/\$7600 E	N/A	\$9800/\$19600 E	50%	\$7600/\$15200 E	N/A	\$19600/\$39200 E

Small Group Product Overview 2025 Small Group Plans—POS/PPO

### 2026 Small Group Plans—POS/PPO

• New plan **Bold text** = copay or coinsurance before deductible

<b>Priority</b> HSA PPO	Metal type	Coinsurance	Copayments			Deductible	Coinsurance	Out-of-pocket	Alternate -	Alternate deductible	Alternate	Alternate
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Integrated medical and Rx Ind/Fam	maximum	limit Ind/Fam	coinsurance	Medical only Ind/Fam	coinsurance maximum	out-of-pocket limit Ind/Fam
PriorityHSA PPO Gold G17	Gold	80%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$17000/\$3400 A	N/A	\$5000/\$10000 E	60%	\$3400/\$6800 A	N/A	\$10000/\$20000 A
PriorityHSA PPO Gold G251	Gold	100%	Coins	\$350/Coins	\$5/\$35/\$70/\$90/20%/20%	\$2500/\$5000 A	N/A	\$6000/\$12000 E	70%	\$5000/\$10000 A	N/A	\$12000/\$24000 A
PriorityHSA PPO Silver S23	Silver	70%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%	\$2300/\$4600 A	N/A	\$8200/\$16400 E	50%	\$4600/\$9200 A	N/A	\$16400/\$32800 A
<b>Priority</b> HSA PPO Silver S34	Silver	70%	Coins	Coins	\$5/\$35/\$60/\$80/20%/20%	\$3400/\$6800 E	N/A	\$8100/\$16200 E	50%	\$6800/\$13600 A	N/A	\$16200/\$32400 A
PriorityHSA PPO Bronze B80	Exp. Bronze	100%	100%	100%	100%	\$8000/\$16000 E	N/A	\$8000/\$16000 E	N/A	\$16000/\$32000 A	N/A	\$16000/\$32000 A

### **Deductible codes**

**(E)** "Embedded" means the plan contains an individual limit (stop) within the family total. The embedded stop occurs when an individual's deductible or out-of-pocket limit has been satisfied, but the family deductible or out-of-pocket limit hasn't.

(A) "Aggregate" means the total deductible or out-of-pocket limit does not contain an individual limit. An individual is covered when the family deductible or out-of-pocket limit has been met.

