



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.

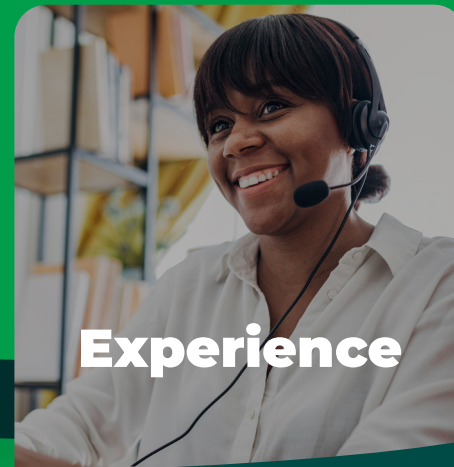
That's why we go beyond traditional coverage to ensure you're getting real return from your investment. We deliver truly valuable health coverage and sustainable savings by guiding members to the **highest-quality providers**, supporting the **holistic health needs of the individual**, all while creating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



**Whole-person  
care**



**Quality**



**Experience**

**AFFORDABILITY**

# Table of contents

Click on the page number or section to visit.

p. 4

**Why  
Priority Health**

p. 8

**Cost saving  
solutions**

p. 12

**Pharmacy  
programs**

p. 13

**Resources to  
help sell and  
retain**

p. 14

**2026 plan  
menus**



**Click on any underlined text to  
get additional information**

**Contact us**  
Small Business  
Sales  
**800.471.2504**

**New group support:**

**ACA:** [PH-SalesSBD@priorityhealth.com](mailto:PH-SalesSBD@priorityhealth.com)

**Optimized Level Funding:**

[PH-OLFOsmallgroupquotes@priorityhealth.com](mailto:PH-OLFOsmallgroupquotes@priorityhealth.com)

**Renewal group support:**

**ACA & NON ACA:** [PH-renewals@priorityhealth.com](mailto:PH-renewals@priorityhealth.com)

**Optimized Level Funding:**

[PH-OLFOsmallgrouprenewals@priorityhealth.com](mailto: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](#)

# 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 [Boulder Care](#) 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 A1c 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
- **Tiered network** solutions (West Michigan Partners/Southeast Michigan Partners) offer great care at a great price

### Additional coverage options:

- **FSA products 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 **dental benefits** through Delta Dental<sup>3</sup> and adult and pediatric **vision coverage** through our partner, EyeMed<sup>4</sup>

<sup>3</sup>Pediatric dental rates not included in the Priority Health rates.

<sup>4</sup>Pediatric vision coverage is one of the 10 Essential Health Benefits (EHBs) required to be included in all small group health insurance policies by the federal Affordable Care Act (ACA)

## 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.**<sup>6</sup>
- **IRS-allowed chronic condition coverage** for the cost of a copayment or coinsurance **before deductible** on ALL small group PriorityHSA 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, **TruHearing**.

<sup>5</sup>Excludes grandfathered or transitional groups.

<sup>6</sup>Excludes PriorityHSA and PriorityAssure plans.

<sup>7</sup>Covered after deductible for PriorityHSA.

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

**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**, 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.



# Your guide to strategic benefit planning

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.





## Looking for winning solutions for your clients?

● New plan

### Quote these popular plans

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

#### Gold & Silver plans

**Priority**HMO/POS/PPO Gold G10

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

**Priority**HMO/POS/PPO Gold G121

**Priority**HMO/POS/PPO Gold G15

**Priority**HMO Gold G15 Tiered Networks

**Priority**HMO/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.

**Priority**HSA 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

**Priority**HSA 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**



## 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



Increased plan flexibility



Tax advantages



**No health statements required**  
for groups of 5 or more enrolled members



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

### Sample claims funding settlement

Total aggregate claims funding:	\$80,239
Total claims paid:	– \$66,234
Surplus:	\$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-OLFOsmallgroupquotes@priorityhealth.com](mailto:PH-OLFOsmallgroupquotes@priorityhealth.com)

**Renewal optimized level funded plans:**

[PH-OLFOsmallgrouprenewals@priorityhealth.com](mailto: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.



### Tier 1 providers include:

#### West MI Partners:

- Corewell Health in West Michigan<sup>1</sup>
- 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 Michigan, formerly Spectrum Health Lakeland

<sup>2</sup>University of Michigan and health centers for non-primary care with referral only

**Download the Southeast MI partners overview.**



**Download the West MI partners overview.**



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





# We deliver high-performing 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](https://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 1a 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 **PriorityQuote**—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 **Agent Resources Library** 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.

# 2026 Small Group Plans **HMO**





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

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

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

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

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

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

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

PriorityHSA HMO	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Integrated medical and Rx 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 E	N/A	\$4000/\$8000 E
PriorityHSA HMO Silver S23	Silver	70%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%	\$2300/\$4600 A	N/A	\$8200/\$16400 E
PriorityHSA HMO Silver S34	Silver	70%	Coins	Coins	\$5/\$35/\$60/\$80/20%/20%	\$3400/\$6800 E	N/A	\$8100/\$16200 E
PriorityHSA HMO Silver S40	Silver	90%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$4000/\$8000 E	N/A	\$8300/\$16600 E
PriorityHSA 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

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

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

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

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

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

\*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**



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

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

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

PriorityClassic POS Tiered Networks	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsurance	Alternate deductible	Alternate coinsurance maximum	Alternate out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam				Medical only Ind/Fam		
PriorityPOS Gold G10 - West MI Partners	Gold	80%	<b>\$20/\$60/\$85</b>	\$350/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8700/\$17400 E	60%	\$7000/\$14000 E	N/A	\$17400/\$34800 E
		60%	<b>\$60/\$180/\$170</b>	\$350/\$500	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$8700/\$17400 E				
PriorityPOS Gold G10 - Southeast MI Partners	Gold	80%	<b>\$20/\$60/\$85</b>	\$350/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8700/\$17400 E	60%	\$7000/\$14000 E	N/A	\$17400/\$34800 E
		60%	<b>\$60/\$180/\$170</b>	\$350/\$500	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$8700/\$17400 E				

2026 Small Group Plans—POS/PPO

(continued on next page)

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

PriorityHSA POS	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsurance	Alternate deductible	Alternate coinsurance maximum	Alternate out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam				Medical only 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
PriorityHSA 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
PriorityHSA 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

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

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



2026 Small Group Plans—POS/PPO

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

PriorityHSA PPO	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsurance	Alternate deductible	Alternate coinsurance maximum	Alternate out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/Tier 2/Tier 3/Tier 4/Tier 5)	Integrated medical and Rx Ind/Fam				Medical only 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
PriorityHSA 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.

