

2027

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.

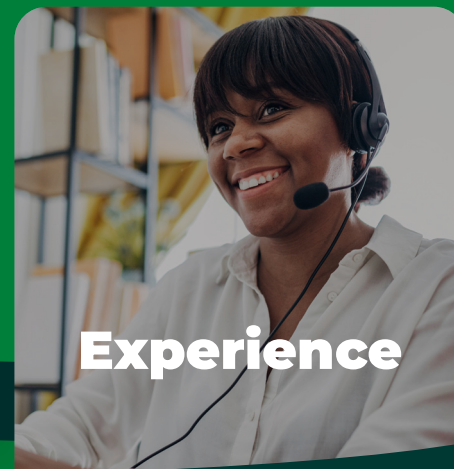
That's why we go beyond traditional coverage to ensure you're getting real return from your investment. We deliver truly valuable health coverage and sustainable savings by guiding members to the **highest-quality providers**, supporting the **holistic health needs of the individual**, all while creating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



**Whole-person
care**



Quality



Experience

AFFORDABILITY

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**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

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.¹



Award-winning customer service

Priority Health has been named by USA Today as one of the nation's Best Customer Service organizations in Financial Services for 2026.



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.

¹Priority 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

More value built into Small Group plans



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](#)

Optimized Level Funding Option (OLFO) Lite Plans

OLFO Lite provides a more affordable level-funded option 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 Reversal²

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.

[Learn more](#)

²Virta 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.

A photograph of three women in an office environment. They are standing and smiling, looking towards the right. The woman on the left is partially visible, wearing a light-colored blazer. The woman in the middle is wearing a light-colored button-down shirt and has her hand near her chin. The woman on the right is wearing a dark blue button-down shirt and is smiling broadly. The background shows large windows with a grid pattern.

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 adult and pediatric **vision coverage** through our partner, EyeMed³

³Pediatric 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.^{4,6}
- **\$15 adult vision exams** and discounts on frames, lenses and contacts.⁵
- **100% coverage for diabetic supplies** purchased through a participating DME provider.⁶
- **100% coverage** (before deductible) **for Continuous Glucose Monitors and associated supplies** at participating pharmacies.⁷
- **100% coverage for allergy testing and treatment.**⁵
- **IRS-allowed chronic condition coverage** for the cost of a copayment or coinsurance **before deductible** on ALL small group PriorityHSA plans.⁴
- **Up to 30 chiropractic care visits**, including maintenance visits, per contract year.
- **Hearing exams and hearing aid discounts** with our partner, **TruHearing**.

⁴Excludes grandfathered or transitional groups.

⁵Excludes PriorityHSA and PriorityAssure plans.

⁶Covered after deductible for PriorityHSA.

⁷CGM 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 fitness and well-being program with access to thousands of gyms, on-demand workouts and personalized coaching. Membership is \$28 per month, plus a one-time \$28 enrollment fee (plus applicable taxes).

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

Care management programs, support from dedicated specialists who help members navigate complex health conditions, coordinate care, access resources and achieve better health outcomes.

Cost Calculator, 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.

Find-a-Provider, 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 maternity program that helps members navigate healthcare coverage, costs and support throughout 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

Small businesses need a partner who can help them make confident decisions about their benefits while managing costs and supporting their employees.

Priority Health works closely with employers and their agents to simplify the experience offering plans and solutions that are easy to navigate, easy to manage and designed for small business needs.



Looking for winning solutions for your clients?

• *New plan*

Quote these popular plans

PriorityClassic plans offer competitively priced plans with key benefits covered before the deductible is met.

Gold & Silver plans

PriorityHMO/POS/PPO Gold G10

PriorityHMO/POS Gold G10 Tiered Networks

PriorityHMO/POS/PPO Gold G15

PriorityHMO Gold G15 Tiered Networks

PriorityHMO/POS/PPO Gold G20

PriorityHMO/POS/PPO Silver S30

PriorityHMO Silver S30 Tiered Networks •

PriorityHMO/POS/PPO Silver S38

PriorityHMO/POS Silver S50

PriorityHSA plans work best for employers looking for cost savings as well as tax advantages for employers and employees.

PriorityHSA HMO/POS/PPO G17

PriorityHSA HMO Gold G17 Tiered Networks

PriorityHSA HMO/POS/PPO Gold G251

PriorityHSA HMO/POS/PPO Silver S25

PriorityHSA HMO Silver S25 Tiered Networks

PriorityHSA HMO/POS/PPO Silver S35

PriorityHSA HMO/POS Silver S40

PriorityHSA HMO Silver S40 Tiered Networks

PriorityHSA HMO/POS Silver S571

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

PriorityHMO Platinum

Priority HMO/POS/PPO Platinum P251

PriorityHMO/POS/PPO Platinum P47

PriorityHMO Platinum Tiered Networks

PriorityHMO Platinum P20 Tiered Networks

PriorityHMO 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



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

Renewal optimized level funded plans:

PH-OLFOsmallgrouprenewals@priorityhealth.com

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.

Based on feedback from our agent partners, we've added a new higher-deductible tiered network plan for 2027. This option provides an additional affordability-focused choice for employers seeking lower premiums while continuing to benefit from our tiered network design.



Tier 1 providers include:

West MI Partners:

- Corewell Health in West Michigan¹
- 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 Medicine²
- Trinity Health in Southeast Michigan

Download the Southeast MI partners overview.



Download the West MI partners overview.



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



¹ With the exception of Corewell Health in Southwest Michigan, formerly Spectrum Health Lakeland

² University of Michigan and health centers for non-primary care with referral only

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.
- 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

PriorityQuote is your self-service quoting and enrollment tool for managing small group business with Priority Health. Beginning September 1, the enhanced PriorityQuote experience will make it easier to access the information you need and support your clients throughout the quoting process. The updated platform is designed to streamline common tasks and help you work more efficiently.

What you can do with PriorityQuote

- Quote plans on behalf of your clients
- Start and submit applications
- Check the status of submitted applications

- Access client renewal packages
- Quote alternate plan options during renewal
- Renew coverage with no changes

Accessing PriorityQuote

Beginning January 1, access PriorityQuote through the Priority Health Agent Portal > Quoting and Enrollment > PriorityQuote.

General Agency Partners

We're proud to partner with two trusted general agencies — Benefit Profiles, Inc. (BPI) for OLFO and Link Benefits for ACA products — to provide expert guidance and personalized support every step of the way.

[Learn more](#)

NEW for 2027!

OLFO Quoting in PriorityQuote

Starting in 2027, you will be able to quote OLFO plans directly within PriorityQuote, making it easier to compare funding options and identify the right solution for your groups.

An easy-to-use Agent Resources Library in the Priority Health Agent Portal 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.
- Employer toolkits such as behavioral health, Cost Calculator, Musculoskeletal Centers of Excellence, Teladoc Health Condition Management.

2027 Small Group Plans **HMO**



2027 Small Group Plans—HMO (continued on next page)● New plan **Bold text** = copay or coinsurance before deductible

PriorityClassic HMO	Metal type	Coinsurance	Copayments			Deductible Medical only Ind/Fam	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)			
Priority HMO Platinum	Platinum	0%	\$15/\$35/\$75	\$300/\$250	\$5/\$10/\$40/\$80/20%/20%	\$0/\$0 E	N/A	\$5700/\$11400 E
Priority HMO Platinum P251	Platinum	0%	\$15/\$45/\$75	\$300/\$250	\$5/\$10/\$40/\$80/20%/20%	\$250/\$500 E	N/A	\$6500/\$13000 E
Priority HMO Platinum P47	Platinum	10%	\$15/\$50/\$75	\$300/\$250	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$3750/\$7500 E
Priority HMO Gold G50	Gold	20%	\$30/\$60/\$85	\$400/\$300	\$5/\$35/\$80/\$95/20%/20%	\$500/\$1000 E	\$5500/\$11000 E	\$9800/\$19600 E
Priority HMO Gold G10	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$9000/\$18000 E
Priority HMO Gold G121	Gold	0%	\$30/\$70/\$85	\$400/\$300	\$5/\$30/\$40/\$80/20%/20%	\$1200/\$2400 E	N/A	\$9100/\$18200 E
Priority HMO Gold G15	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$9400/\$18800 E
Priority HMO Gold G20	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$9000/\$18000 E
Priority HMO Gold G25	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$9400/\$18800 E
Priority HMO Gold G301	Gold	0%	\$30/\$65/\$85	\$400/\$300	\$5/\$20/\$85/\$150/20%/20%	\$3000/\$6000 E	N/A	\$9200/\$18400 E
Priority HMO Silver S30	Silver	30%	\$45/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3050/\$6100 E	N/A	\$10700/\$21400 E
Priority HMO Silver S38	Silver	30%	\$45/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3800/\$7600 E	N/A	\$10800/\$21600 E
Priority HMO Silver S48	Silver	30%	\$50/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$4800/\$9600 E	N/A	\$10700/\$21400 E
Priority HMO Silver S50	Silver	10%	\$45/\$95/\$85	\$450/\$350	\$5/\$40/\$80/\$150/20%/20%	\$5000/\$10000 E	N/A	\$10950/\$21900 E
Priority HMO Bronze B85	Bronze	30%	\$85/\$115/\$125	\$550/\$400	\$5/\$45/\$120/\$175/20%/20%	\$8500/\$17000 E	N/A	\$11500/\$23000 E

PriorityClassic HMO Tiered Networks	Metal type	Coinsurance	Copayments			Deductible Medical only Ind/Fam	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)			
Priority HMO Platinum – West MI Partners	Platinum	0%	\$15/\$35/\$75	\$300/\$250	\$5/\$10/\$40/\$80/20%/20%	\$0/\$0 E	N/A	\$5700/\$11400 E
		0%	\$45/\$105/\$150	\$300/\$750	\$5/\$10/\$40/\$80/20%/20%	\$500/\$1000 E	N/A	\$5700/\$11400 E
Priority HMO Platinum – Southeast MI Partners	Platinum	0%	\$15/\$35/\$75	\$300/\$250	\$5/\$10/\$40/\$80/20%/20%	\$0/\$0 E	N/A	\$5700/\$11400 E
		0%	\$45/\$105/\$150	\$300/\$750	\$5/\$10/\$40/\$80/20%/20%	\$500/\$1000 E	N/A	\$5700/\$11400 E
Priority HMO Platinum P20 – West MI Partners	Platinum	10%	\$15/\$45/\$75	\$300/\$250	\$5/\$15/\$40/\$80/20%/20%	\$200/\$400 E	N/A	\$4600/\$9200 E
		40%	\$45/\$135/\$150	\$300/\$750	\$5/\$15/\$40/\$80/20%/20%	\$600/\$1200 E	N/A	\$4600/\$9200 E
Priority HMO Platinum P20 – Southeast MI Partners	Platinum	10%	\$15/\$45/\$75	\$300/\$250	\$5/\$15/\$40/\$80/20%/20%	\$200/\$400 E	N/A	\$4600/\$9200 E
		40%	\$45/\$135/\$150	\$300/\$750	\$5/\$15/\$40/\$80/20%/20%	\$600/\$1200 E	N/A	\$4600/\$9200 E
Priority HMO Platinum P47 – West MI Partners	Platinum	10%	\$15/\$50/\$75	\$300/\$250	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$3750/\$7500 E
		40%	\$45/\$150/\$150	\$300/\$750	\$5/\$15/\$40/\$80/20%/20%	\$1425/\$2850 E	N/A	\$3750/\$7500 E
Priority HMO Platinum P47 – Southeast MI Partners	Platinum	10%	\$15/\$50/\$75	\$300/\$250	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$3750/\$7500 E
		40%	\$45/\$150/\$150	\$300/\$750	\$5/\$15/\$40/\$80/20%/20%	\$1425/\$2850 E	N/A	\$3750/\$7500 E

2027 Small Group Plans—HMO *(continued on next page)*

● New plan

Bold text = copay or coinsurance before deductible

PriorityClassic HMO Tiered Networks	Metal type	Coinsur- ance	Copayments			Deductible Medical only Ind/Fam	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)			
Priority HMO Gold G10 – West MI Partners	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$9000/\$18000 E
		40%	\$60/\$180/\$170	\$400/\$500	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$9000/\$18000 E
Priority HMO Gold G10 – Southeast MI Partners	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$9000/\$18000 E
		40%	\$60/\$180/\$170	\$400/\$500	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$9000/\$18000 E
Priority HMO Gold G15 – West MI Partners	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$9400/\$18800 E
		40%	\$60/\$180/\$170	\$400/\$500	\$5/\$35/\$75/\$85/20%/20%	\$5500/\$11000 E	N/A	\$9400/\$18800 E
Priority HMO Gold G15 – Southeast MI Partners	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$9400/\$18800 E
		40%	\$60/\$180/\$170	\$400/\$500	\$5/\$35/\$75/\$85/20%/20%	\$5500/\$11000 E	N/A	\$9400/\$18800 E
Priority HMO Gold G20 – West MI Partners	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$9000/\$18000 E
		50%	\$60/\$180/\$170	\$400/\$500	\$5/\$35/\$70/\$85/20%/20%	\$7000/\$14000 E	N/A	\$9000/\$18000 E
Priority HMO Gold G20 – Southeast MI Partners	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$9000/\$18000 E
		50%	\$60/\$180/\$170	\$400/\$500	\$5/\$35/\$70/\$85/20%/20%	\$7000/\$14000 E	N/A	\$9000/\$18000 E
Priority HMO Gold G25 – West MI Partners	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$9400/\$18800 E
		50%	\$60/\$180/\$170	\$400/\$500	\$5/\$30/\$70/\$85/20%/20%	\$7500/\$15000 E	N/A	\$9400/\$18800 E
Priority HMO Gold G25 – Southeast MI Partners	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$9400/\$18800 E
		50%	\$60/\$180/\$170	\$400/\$500	\$5/\$30/\$70/\$85/20%/20%	\$7500/\$15000 E	N/A	\$9400/\$18800 E
Priority HMO Silver S30 – West MI Partners ●	Silver	30%	\$45/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3050/\$6100 E	N/A	\$10700/\$21400 E
		50%	\$135/\$250/\$170	\$450/\$550	\$5/\$35/\$100/\$150/20%/20%	\$9150/\$18300 E	N/A	\$10700/\$21400 E
Priority HMO Silver S30 – Southeast MI Partners ●	Silver	30%	\$45/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3050/\$6100 E	N/A	\$10700/\$21400 E
		50%	\$135/\$250/\$170	\$450/\$550	\$5/\$35/\$100/\$150/20%/20%	\$9150/\$18300 E	N/A	\$10700/\$21400 E
Priority HMO Silver S38 – West MI Partners	Silver	30%	\$45/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3800/\$7600 E	N/A	\$10800/\$21600 E
		50%	\$135/\$250/\$170	\$450/\$550	\$5/\$35/\$100/\$150/20%/20%	\$9500/\$19000 E	N/A	\$10800/\$21600 E
Priority HMO Silver S38 – Southeast MI Partners	Silver	30%	\$45/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3800/\$7600 E	N/A	\$10800/\$21600 E
		50%	\$135/\$250/\$170	\$450/\$550	\$5/\$35/\$100/\$150/20%/20%	\$9500/\$19000 E	N/A	\$10800/\$21600 E

PriorityHSA HMO	Metal type	Coinsur- ance	Copayments			Deductible Integrated medical and Rx Ind/Fam	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)			
Priority HSA HMO Gold G17	Gold	20%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$1750/\$3500 A	N/A	\$5000/\$10000 E
Priority HSA HMO Gold G251	Gold	0%	Coins	\$400/Coins	\$5/\$35/\$70/\$90/20%/20%	\$2500/\$5000 A	N/A	\$6500/\$13000 E
Priority HSA HMO Gold G351	Gold	0%	Coins	\$400/Coins	\$5/\$35/\$70/\$90/20%/20%	\$3500/\$7000 E	N/A	\$4000/\$8000 E
Priority HSA HMO Silver S25	Silver	30%	Coins	Coins	\$5/\$35/\$90/\$140/20%/20%	\$2550/\$5100 A	N/A	\$8700/\$17400 E
Priority HSA HMO Silver S35	Silver	30%	Coins	Coins	\$5/\$35/\$60/\$80/20%/20%	\$3500/\$7000 E	N/A	\$8700/\$17400 E
Priority HSA HMO Silver S40	Silver	10%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$4000/\$8000 E	N/A	\$8700/\$17400 E
Priority HSA HMO Silver S47	Silver	10%	Coins	Coins	\$5/\$45/\$100/\$165/20%/20%	\$4700/\$9400 E	N/A	\$8700/\$17400 E
Priority HSA HMO Silver S571	Silver	0%	Coins	\$450/Coins	\$5/\$35/\$70/\$125/20%/20%	\$5700/\$11400 E	N/A	\$8700/\$17400 E
Priority HSA HMO Bronze B85	Exp. Bronze	0%	0%	0%	0%	\$8500/\$17000 E	N/A	\$8500/\$17000 E

2027 Small Group Plans—HMO (continued on next page)

● New plan

Bold text = copay or coinsurance before deductible

PriorityHSA HMO Tiered Networks	Metal type	Coinsur- ance	Copayments			Deductible Integrated medical and Rx Ind/Fam	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)			
Priority HSA HMO Gold G17 – West MI Partners	Gold	20%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$1750/\$3500 A	N/A	\$5000/\$10000 E
		50%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$5250/\$10500 A	N/A	\$8500/\$17000 E
Priority HSA HMO Gold G17 – Southeast MI Partners	Gold	20%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$1750/\$3500 A	N/A	\$5000/\$10000 E
		50%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$5250/\$10500 A	N/A	\$8500/\$17000 E
Priority HSA HMO Silver S25 – West MI Partners	Silver	30%	Coins	Coins	\$5/\$35/\$90/\$140/20%/20%	\$2550/\$5100 A	N/A	\$8700/\$17400 E
		50%	Coins	Coins	\$5/\$35/\$90/\$140/20%/20%	\$7650/\$15300 A	N/A	\$8700/\$17400 E
Priority HSA HMO Silver S25 – Southeast MI Partners	Silver	30%	Coins	Coins	\$5/\$35/\$90/\$140/20%/20%	\$2550/\$5100 A	N/A	\$8700/\$17400 E
		50%	Coins	Coins	\$5/\$35/\$90/\$140/20%/20%	\$7650/\$15300 A	N/A	\$8700/\$17400 E
Priority HSA HMO Silver S40 – West MI Partners	Silver	10%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$4000/\$8000 E	N/A	\$8700/\$17400 E
		50%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$8000/\$16000 E	N/A	\$8700/\$17400 E
Priority HSA HMO Silver S40 – Southeast MI Partners	Silver	10%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$4000/\$8000 E	N/A	\$8700/\$17400 E
		50%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$8000/\$16000 E	N/A	\$8700/\$17400 E

PriorityHRA HMO	Metal type	Coinsur- ance	Copayments			Deductible		Coinsur- ance maxi- mum	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 and Rx Ind/Fam	Employ- er Contri- bution		
Priority HRA HMO Gold G2512	Gold	30%	\$30/\$65/\$85	\$400/\$300	\$5/\$30/\$60/\$80/20%/20%	\$2500/\$5000 E	\$1,250*	N/A	\$8900/\$17800 E

PriorityAssure HMO	Metal type	Coinsur- ance	Copayments			Deductible Integrated medical and Rx Ind/Fam	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)			
Priority Assure Gold HMO G18	Gold	10%	\$15/ Coins/\$85	Coins	\$5/\$20/\$40/20%/20%/20%	\$1800/\$3600 E	N/A	\$6800/\$13600 E
Priority Assure Silver HMO S40	Silver	30%	\$30/ Coins/\$85	Coins	\$5/\$30/\$70/20%/20%/20%	\$4000/\$8000 E	N/A	\$9500/\$19000 E
Priority Assure Silver HMO S50	Silver	30%	\$20/ Coins/\$85	Coins	\$5/\$25/\$60/20%/20%/20%	\$5000/\$10000 E	N/A	\$9500/\$19000 E
Priority Assure Bronze HMO B99	Exp. Bronze	0%	\$40/ Coins/\$85	0%	\$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.

2027 Small Group Plans **POS/PPO**



2027 Small Group Plans—POS/PPO (continued on next page)

● New plan

Bold text = copay or coinsurance before deductible

PriorityClassic POS	Metal type	Coinsur- ance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsur- ance	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	0%	\$15/\$45/\$75	\$300/\$250	\$5/\$10/\$40/\$80/20%/20%	\$250/\$500 E	N/A	\$6500/\$13000 E	50%	\$500/\$1000 E	N/A	\$13000/\$26000 E
PriorityPOS Platinum P47	Platinum	10%	\$15/\$50/\$75	\$300/\$250	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$3750/\$7500 E	50%	\$950/\$1900 E	N/A	\$7500/\$15000 E
PriorityPOS Gold G50	Gold	20%	\$30/\$60/\$85	\$400/\$300	\$5/\$35/\$80/\$95/20%/20%	\$500/\$1000 E	\$5500/\$11000 E	\$9800/\$19600 E	50%	\$1000/\$2000 E	\$11000/\$22000 E	\$19600/\$39200 E
PriorityPOS Gold G10	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$9000/\$18000 E	50%	\$2000/\$4000 E	\$9000/\$18000 E	\$18000/\$36000 E
PriorityPOS Gold G121	Gold	0%	\$30/\$70/\$85	\$400/\$300	\$5/\$30/\$40/\$80/20%/20%	\$1200/\$2400 E	N/A	\$9100/\$18200 E	50%	\$2400/\$4800 E	N/A	\$18200/\$36400 E
PriorityPOS Gold G15	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$9400/\$18800 E	50%	\$3000/\$6000 E	\$9000/\$18000 E	\$18800/\$37600 E
PriorityPOS Gold G20	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$9000/\$18000 E	50%	\$4000/\$8000 E	\$9000/\$18000 E	\$18000/\$36000 E
PriorityPOS Gold G25	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$9400/\$18800 E	50%	\$5000/\$10000 E	\$9000/\$18000 E	\$18800/\$37600 E
PriorityPOS Gold G301	Gold	0%	\$30/\$65/\$85	\$400/\$300	\$5/\$20/\$85/\$150/20%/20%	\$3000/\$6000 E	N/A	\$9200/\$18400 E	50%	\$6000/\$12000 E	N/A	\$18400/\$36800 E
PriorityPOS Silver S30	Silver	30%	\$45/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3050/\$6100 E	N/A	\$10700/\$21400 E	50%	\$6100/\$12200 E	N/A	\$21400/\$42800 E
PriorityPOS Silver S38	Silver	30%	\$45/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3800/\$7600 E	N/A	\$10800/\$21600 E	50%	\$7600/\$15200 E	N/A	\$21600/\$43200 E
PriorityPOS Silver S48	Silver	30%	\$50/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$4800/\$9600 E	N/A	\$10700/\$21400 E	50%	\$9600/\$19200 E	N/A	\$21400/\$42800 E
PriorityPOS Silver S50	Silver	10%	\$45/\$95/\$85	\$450/\$350	\$5/\$40/\$80/\$150/20%/20%	\$5000/\$10000 E	\$5000/\$10,000 E	\$10950/\$21900 E	50%	\$10000/\$20000 E	N/A	\$21900/\$43800 E

PriorityClassic POS Tiered Networks	Metal type	Coinsur- ance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsur- ance	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	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$9000/\$18000 E	50%	\$7000/\$14000 E	N/A	\$18000/\$36000 E
		40%	\$60/\$180/\$170	\$400/\$500	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$9000/\$18000 E				
PriorityPOS Gold G10 – Southeast MI Partners	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$9000/\$18000 E	50%	\$7000/\$14000 E	N/A	\$18000/\$36000 E
		40%	\$60/\$180/\$170	\$400/\$500	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$9000/\$18000 E				

2027 Small Group Plans—POS/PPO (continued on next page)

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

PriorityHSA POS	Metal type	Coinsur- ance	Copayments			Deductible	Coinsur- ance maxi- mum	Out-of-pocket limit Ind/Fam	Alternate coinsur- ance	Alternate deductible	Alternate coinsur- ance maxi- mum	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		
PriorityHSA POS Gold G17	Gold	20%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$1750/\$3500 A	N/A	\$5000/\$10000 E	50%	\$3500/\$7000 A	N/A	\$10000/\$20000 A
PriorityHSA POS Gold G251	Gold	0%	Coins	\$400/Coins	\$5/\$35/\$70/\$90/20%/20%	\$2500/\$5000 A	N/A	\$6500/\$13000 E	50%	\$5000/\$10000 A	N/A	\$13000/\$26000 A
PriorityHSA POS Gold G351	Gold	0%	Coins	\$400/Coins	\$5/\$35/\$70/\$90/20%/20%	\$3500/\$7000 E	N/A	\$4000/\$8000 E	50%	\$7000/\$14000 A	N/A	\$8000/\$16000 A
PriorityHSA POS Silver S25	Silver	30%	Coins	Coins	\$5/\$35/\$90/\$140/20%/20%	\$2550/\$5100 A	N/A	\$8700/\$17400 E	50%	\$5100/\$10200 A	N/A	\$17400/\$34800 A
PriorityHSA POS Silver S35	Silver	30%	Coins	Coins	\$5/\$35/\$60/\$80/20%/20%	\$3500/\$7000 E	N/A	\$8700/\$17400 E	50%	\$7000/\$14000 A	N/A	\$17400/\$34800 A
PriorityHSA POS Silver S40	Silver	10%	Coins	Coins	\$5/\$40/\$100/\$150/20%/20%	\$4000/\$8000 E	N/A	\$8700/\$17400 E	50%	\$8000/\$16000 A	N/A	\$17400/\$34800 A
PriorityHSA POS Silver S47	Silver	10%	Coins	Coins	\$5/\$45/\$100/\$165/20%/20%	\$4700/\$9400 E	N/A	\$8700/\$17400 E	50%	\$9400/\$18800 A	N/A	\$17400/\$34800 A
PriorityHSA POS Silver S571	Silver	0%	Coins	\$450/Coins	\$5/\$35/\$70/\$125/20%/20%	\$5700/\$11400 E	N/A	\$8700/\$17400 E	50%	\$11400/\$22800 A	N/A	\$17400/\$34800 A
PriorityHSA POS Bronze B85	Exp. Bronze	0%	0%	0%	0%	\$8500/\$17000 E	N/A	\$8500/\$17000 E	N/A	\$17000/\$34000 A	N/A	\$17000/\$34000 A

PriorityHRA POS	Metal type	Coinsur- ance	Copayments			Deductible		Coinsur- ance maxi- mum	Out-of-pocket limit Ind/Fam	Alternate coinsur- ance	Alternate deductible	Alternate coinsur- ance maxi- mum	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 Contribu- tion				Medical only Ind/Fam		
PriorityHRA POS Gold G2512	Gold	30%	\$30/\$65/\$85	\$400/\$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 type	Coinsur- ance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsur- ance	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		
PriorityPPO Platinum P251	Platinum	0%	\$15/\$45/\$75	\$300/\$250	\$5/\$10/\$40/\$80/20%/20%	\$250/\$500 E	N/A	\$6500/\$13000 E	50%	\$500/\$1000 E	N/A	\$13000/\$26000 E
PriorityPPO Platinum P47	Platinum	10%	\$15/\$50/\$75	\$300/\$250	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$3750/\$7500 E	50%	\$950/\$1900 E	N/A	\$7500/\$15000 E
PriorityPPO Gold G50	Gold	20%	\$30/\$60/\$85	\$400/\$300	\$5/\$35/\$80/\$95/20%/20%	\$500/\$1000 E	\$5500/\$11000 E	\$9800/\$19600 E	50%	\$1000/\$2000 E	\$11000/\$22000 E	\$19600/\$39200 E
PriorityPPO Gold G10	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$9000/\$18000 E	50%	\$2000/\$4000 E	\$9000/\$18000 E	\$18000/\$36000 E
PriorityPPO Gold G121	Gold	0%	\$30/\$70/\$85	\$400/\$300	\$5/\$30/\$40/\$80/20%/20%	\$1200/\$2400 E	N/A	\$9100/\$18200 E	50%	\$2400/\$4800 E	N/A	\$18200/\$36400 E
PriorityPPO Gold G15	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$9400/\$18800 E	50%	\$3000/\$6000 E	\$9000/\$18000 E	\$18800/\$37600 E
PriorityPPO Gold G20	Gold	20%	\$20/\$60/\$85	\$400/\$300	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$9000/\$18000 E	50%	\$4000/\$8000 E	\$9000/\$18000 E	\$18000/\$36000 E
PriorityPPO Silver S30	Silver	30%	\$45/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3050/\$6100 E	N/A	\$10700/\$21400 E	50%	\$6100/\$12200 E	N/A	\$21400/\$42800 E
PriorityPPO Silver S38	Silver	30%	\$45/\$95/\$85	\$450/\$350	\$5/\$35/\$100/\$150/20%/20%	\$3800/\$7600 E	N/A	\$10800/\$21600 E	50%	\$7600/\$15200 E	N/A	\$21600/\$43200 E

2027 Small Group Plans—POS/PPO (continued on next page)

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

PriorityHSA PPO	Metal type	Coinsur- ance	Copayments			Deductible	Coinsur- ance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsur- ance	Alternate deductible	Alternate coinsur- ance 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		
PriorityHSA PPO Gold G17	Gold	20%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%	\$1750/\$3500 A	N/A	\$5000/\$10000 E	50%	\$3500/\$7000 A	N/A	\$10000/\$20000 A
PriorityHSA PPO Gold G251	Gold	0%	Coins	\$400/Coins	\$5/\$35/\$70/\$90/20%/20%	\$2500/\$5000 A	N/A	\$6500/\$13000 E	50%	\$5000/\$10000 A	N/A	\$13000/\$26000 A
PriorityHSA PPO Silver S25	Silver	30%	Coins	Coins	\$5/\$35/\$90/\$140/20%/20%	\$2550/\$5100 A	N/A	\$8700/\$17400 E	50%	\$5100/\$10200 A	N/A	\$17400/\$34800 A
PriorityHSA PPO Silver S35	Silver	30%	Coins	Coins	\$5/\$35/\$60/\$80/20%/20%	\$3500/\$7000 E	N/A	\$8700/\$17400 E	50%	\$7000/\$14000 A	N/A	\$17400/\$34800 A
PriorityHSA PPO Bronze B85	Exp. Bronze	0%	0%	0%	0%	\$8500/\$17000 E	N/A	\$8500/\$17000 E	N/A	\$17000/\$34000 A	N/A	\$17000/\$34000 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.

