

Priority Health™

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.



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**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.

[1]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**

# 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 Reversal[2]

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 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**

[2]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.



[3]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)

# 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, EyeMed[3]

## 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 **Priority**HSA plans.[4]
- **Up to 30 chiropractic care visits**, including maintenance visits, per contract year.
- **Hearing exams and hearing aid discounts** with our partner, **TruHearing**.

[4]Excludes grandfathered or transitional groups.
[5]Excludes PriorityHSA and PriorityAssure plans.
[6]Covered after deductible for PriorityHSA.
[7]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 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?

## Quote these popular plans

• *New plan*

**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 G15
- **Priority**HMO Gold G15 Tiered Networks
- **Priority**HMO/POS/PPO Gold G20
- **Priority**HMO/POS/PPO Silver S30
- **Priority**HMO Silver S30 Tiered Networks •
- **Priority**HMO/POS/PPO Silver S38
- **Priority**HMO/POS Silver S50

**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

**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 S25
- **Priority**HSA HMO Silver S25 Tiered Networks
- **Priority**HSA HMO/POS/PPO Silver S35
- **Priority**HSA HMO/POS Silver S40
- **Priority**HSA HMO Silver S40 Tiered Networks
- **Priority**HSA HMO/POS Silver S571



**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***

**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.**

**Download the Southeast MI partners overview.**

**Download the West MI partners overview.**

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



**Tier 1 providers include:**

**West MI Partners:**
- 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[2]
- Trinity Health in Southeast Michigan

[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

| **Priority**Classic 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 | | |
| **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 |

| **Priority**Classic 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 | | |
| **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

| **Priority**Classic HMO Tiered Networks | Metal type | Coinsur-ance | 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 | | |
| **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 |

| **Priority**HSA HMO | Metal type | Coinsur-ance | 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 | | |
| **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

| **Priority**HSA 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) | Integrated medical and Rx Ind/Fam | | |
| **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 |

| **Priority**HRA 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 and Rx Ind/Fam | Employer Contribution | | |
| **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 |

| **Priority**Assure 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 | | |
| **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

| **Priority**Classic 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 | | |
| **Priority**POS 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 |
| **Priority**POS 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 |
| **Priority**POS 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 |
| **Priority**POS 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 |
| **Priority**POS 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 |
| **Priority**POS 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 |
| **Priority**POS 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 |
| **Priority**POS 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 |
| **Priority**POS 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 |
| **Priority**POS 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 |
| **Priority**POS 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 |
| **Priority**POS 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 |
| **Priority**POS 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 |

| **Priority**Classic 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 | | |
| **Priority**POS 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 | | | | |
| **Priority**POS 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

| **Priority**HSA 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) | Integrated medical and Rx In/Fam | | | | Medical only Ind/Fam | | |
| **Priority**HSA 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 |
| **Priority**HSA 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 |
| **Priority**HSA 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 |
| **Priority**HSA 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 |
| **Priority**HSA 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 |
| **Priority**HSA 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 |
| **Priority**HSA 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 |
| **Priority**HSA 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 |
| **Priority**HSA 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 |

| **Priority**HRA 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 | | |
| **Priority**HRA 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 |

| **Priority**Classic 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 | | |
| **Priority**PPO 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 |
| **Priority**PPO 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 |
| **Priority**PPO 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 |
| **Priority**PPO 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 |
| **Priority**PPO 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 |
| **Priority**PPO 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 |
| **Priority**PPO 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 |
| **Priority**PPO 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 |
| **Priority**PPO 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

| **Priority**HSA 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 | | | | Integrated medical and RX Ind/Fam | | |
| **Priority**HSA 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 |
| **Priority**HSA 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 |
| **Priority**HSA 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 |
| **Priority**HSA 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 |
| **Priority**HSA 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.

*Plan benefits, rates and other plan details are subject to change pending regulatory approval.*




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