

2017 GROUP PRODUCT FAMILY OVERVIEW



As Michigan's most trusted names in health insurance, Blue Cross® Blue Shield® of Michigan and Blue Care Network offer employers a comprehensive suite of products, designed to fulfill the needs of the state's diverse workforce.

BLUE CROSS BLUE SHIELD OF MICHIGAN

COMMUNITY BLUESM PPO: Top-quality benefits with some of the lowest employee deductibles and out-of-pocket expenses on the market. These plans are good for employers in highly competitive labor situations, or with the most demanding coverage needs.

COMMUNITY BLUE HRASM PPO: The same top-quality benefits of Community Blue, but lower employer costs via a health reimbursement arrangement (HRA) to help fund employees' out-of-pocket expenses.

SIMPLY BLUESM: Comprehensive PPO coverage designed to meet tight budgets and stretch health care dollars through various cost-sharing features. These plans are good for cost-conscious employers who still want to offer high quality PPO coverage.

SIMPLY BLUE HRASM PPO and **SIMPLY BLUE HSASM PPO:** The same comprehensive coverage of Simply Blue, but with lower employer costs via a health reimbursement arrangement (HRA) or health savings account (HSA) to help fund employees' out-of-pocket expenses.

SIMPLY BLUESM ROUTINE CARE PPO: Unique plans which combine the features of Simply Blue with the cost savings of higher-deductible plans, while saving employees money by covering routine care such as primary care doctors visits and generic medications with a copayment.

HEALTHY BLUE ACHIEVESM: Wellness plans that provide significant premium savings over comparable Simply Blue plans. Employees who commit to healthy living pay lower out-of-pocket costs.

BLUE CROSS® PERSONAL CHOICE PPO: PPO plans that leverage the Blues' Organized Systems of Care program to provide lower rates for employers and reduced cost-sharing for members.

BLUE CARE NETWORK

BCN HMOSM: Exceptional health management and cost containment through a wide range of deductibles and cost-sharing options.

BCN ROUTINE CARESM HMO: Unique plans which combine the features of a BCN HMO with the cost savings of higher-deductible plans, while saving employees money by covering routine care such as primary care doctors visits and generic medications with a copayment.

BLUE ELECT PLUSSM SELF REFERRAL OPTION HMO: Affordable HMO plans that allow employees the option to choose an out-of-network provider.

BCN HRASM HMO: The same comprehensive coverage of a BCN HMO, but with lower employer costs via a health reimbursement arrangement (HRA) to help fund employees' out-of-pocket expenses.

BCN HSASM HMO: The same comprehensive coverage of a BCN HMO, but with lower employer costs via a health savings account (HSA) to help fund employees' out-of-pocket expenses.

BCN HEALTHY BLUE LIVINGSM HMO: Wellness plans that provide significant premium savings over comparable BCN HMO plans. Employees who commit to healthy living pay lower out-of-pocket costs.



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BLUE CROSS® PERSONAL CHOICE PPO

Personal Choice PPO is an innovative new product from Blue Cross® Blue Shield® of Michigan that delivers employer savings, while providing members lower out-of-pocket costs and access to the entire PPO network when they choose to coordinate care through an Organized System of Care (OSC).



The majority of OSCs are located in counties with the highest concentrations of doctors and hospitals in the state. Subscribers must reside within the Personal Choice PPO market region (detailed in blue). Employers can offer an alternative plan design for employees outside this area.

There are three levels of member cost sharing associated with Personal Choice PPO.

Level 1 Cost Share

Member selects and designates a primary care doctor (PCD) within a Level 1 OSC. Then:

- Uses doctors and hospitals within the selected PCD's Level 1 OSC.
- Or, uses doctors and hospitals outside their PCD's OSC, but within the PPO network with a referral from their PCD.

Level 2 Cost Share

- Member selects a PCD within a Level 1 OSC, but uses doctors and hospitals outside their OSC without a referral.
- Member selects a PCD not within a Level 1 OSC.
- Or, member does not select a PCD.

Out-of-Network Cost Share

- Member uses doctors or hospitals outside the PPO network.

Small Group • 1-50 Eligible	PLAN		DEDUCTIBLE	CO-INSURANCE	ECM*	OUT-OF-POCKET MAX	COPAYS OV/SPEC/UC/ER	RX
	Personal Choice PPO Gold \$500	Level 1	\$500	20%	\$3,000	\$6,600	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%
		Level 2	\$1,500	40%	N/A	\$6,600	\$40/\$60/\$60/\$150	
		Out-of-Network	\$3,000	50%	N/A	\$13,200	Ded+Coins/ER\$150	
Personal Choice PPO Gold \$1,000	Level 1	\$1,000	20%	\$2,000	\$6,600	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%	
	Level 2	\$2,500	20%	N/A	\$6,600	\$40/\$60/\$60/\$150		
	Out-of-Network	\$5,000	50%	N/A	\$13,200	Ded+Coins/ER\$150		
Personal Choice PPO Silver \$2,000	Level 1	\$2,000	30%	N/A	\$6,600	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%	
	Level 2	\$4,000	40%	N/A	\$6,600	\$50/\$70/\$70/\$250		
	Out-of-Network	\$8,000	50%	N/A	\$13,200	Ded+Coins/ER\$250		

Large Group • 51-100 Eligible	PLAN		DEDUCTIBLE	COINSURANCE	ECM*	OUT-OF-POCKET MAX	OV/SPEC/UC/ER
	Personal Choice PPO \$250	Level 1	\$250	20%	\$1,500	\$6,600	\$20/\$40/\$60/\$150
		Level 2	\$1,250	30%	\$2,500	\$6,600	\$40/\$60/\$60/\$150
		Out-of-Network	\$2,500	50%	N/A	\$13,200	Ded+Coins/ER\$150
Personal Choice PPO \$500	Level 1	\$500	20%	\$1,500	\$6,600	\$20/\$40/\$60/\$150	
	Level 2	\$1,500	30%	\$2,500	\$6,600	\$40/\$60/\$60/\$150	
	Out-of-Network	\$3,000	50%	N/A	\$13,200	Ded+Coins/ER\$150	
Personal Choice PPO \$1,000	Level 1	\$1,000	20%	\$2,500	\$6,600	\$30/\$50/\$60/\$150	
	Level 2	\$2,500	30%	N/A	\$6,600	\$40/\$60/\$60/\$150	
	Out-of-Network	\$5,000	50%	N/A	\$13,200	Ded+Coins/ER\$150	
Personal Choice PPO \$1,500	Level 1	\$1,500	20%	\$2,500	\$6,600	\$30/\$50/\$60/\$150	
	Level 2	\$4,000	30%	N/A	\$6,600	\$40/\$60/\$60/\$150	
	Out-of-Network	\$8,000	50%	N/A	\$13,200	Ded+Coins/ER\$150	

*ECM: Embedded Coinsurance Maximum

• The data represented here is for Single contracts. Family Deductible, ECM, and Out-of-Pocket Max: 2X Single.

2017 SMALL GROUP PRODUCT PORTFOLIO

BLUE CROSS® BLUE SHIELD® OF MICHIGAN • SMALL GROUP OPTIONS (1-50 ELIGIBLE EMPLOYEES)

ADDITIONS AND CHANGES FOR 2017 HIGHLIGHTED IN RED

	PLAN	DEDUCTIBLE	CO-INSURANCE	ECM*	OUT-OF-POCKET MAX	EMPLOYER CDH CONTRIBUTION	COPAYS OV/SPEC/UC/ER	RX	
Community Blue SM	Community Blue SM PPO Platinum \$0	\$0	10%	\$1,000	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80	
	Community Blue SM PPO Platinum \$250	\$250	20%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80	
	Community Blue SM PPO Platinum \$500	\$500	10%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80	
	Community Blue SM PPO Gold \$1,000	\$1,000	20%	\$3,500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$10/\$40/\$80	
Community Blue HRA SM	Community Blue HRA SM PPO Platinum \$1,500	\$1,500	20%	\$1,500	\$6,350	\$1,250	\$20/\$20/\$60/\$150	\$5/\$40/\$80	
	Community Blue HRA SM PPO Gold \$3,000	\$3,000	20%	\$1,500	\$6,600	\$750	\$30/\$30/\$60/\$150	\$5/\$40/\$80	
	Community Blue HRA SM PPO Gold \$5,000	\$5,000	20%	N/A	\$6,600	\$1,500	\$40/\$40/\$60/\$250	\$10/\$40/\$80	
Simply Blue SM	Simply Blue SM PPO Platinum \$250	\$250	20%	\$1,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%	
	Simply Blue SM PPO Gold \$500	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/\$250	\$15/\$50/50%/20%/25%	
	Simply Blue SM PPO Gold \$1,000	\$1,000	20%	\$2,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%	
	Simply Blue SM PPO Gold \$1,500	\$1,500	20%	\$1,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%	
	Simply Blue SM PPO Silver \$2,500	\$2,500	30%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%	
	Simply Blue SM PPO Silver \$3,000	\$3,000	20%	N/A	\$6,350	N/A	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%	
	Simply Blue SM PPO Silver \$4,000	\$4,000	20%	N/A	\$6,350	N/A	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%	
Simply Blue HRA SM	Simply Blue HRA SM PPO Platinum \$5,000	\$5,000	30%	N/A	\$6,350	\$3,500	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%	
	Simply Blue HRA SM PPO Gold \$1,500	\$1,500	20%	\$3,500	\$6,350	\$500	\$30/\$50/\$60/\$150	\$15/\$50/50%/20%/25%	
	Simply Blue HRA SM PPO Gold \$2,000	\$2,000	20%	N/A	\$6,350	\$750	\$30/\$50/\$60/\$150	\$15/\$50/50%/20%/25%	
	Simply Blue HRA SM PPO Gold \$4,000	\$4,000	20%	N/A	\$6,350	\$1,450	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%	
Simply Blue HSA SM	Simply Blue HSA SM PPO Gold \$1,300 (Aggregate)	\$1,300	20%	N/A	\$2,300	N/A	Deductible/Coinsurance	Ded. & \$10/\$40/\$80/15%/25%	
	Simply Blue HSA SM PPO Gold \$1,450 (Aggregate)	\$1,450	0%	N/A	\$2,450	N/A	Deductible/Coinsurance	Ded. & \$20/\$60/50%/20%/25%	
	Simply Blue HSA SM PPO Gold \$2,700	\$2,700	0%	N/A	\$5,000	\$700	Deductible/Coinsurance	Ded. & \$15/\$50/50%/20%/25%	
	Simply Blue HSA SM PPO Silver \$2,700	\$2,700	20%	N/A	\$5,000	N/A	Deductible/Coinsurance	Ded. & \$15/\$50/50%/20%/25%	
	Simply Blue HSA SM PPO Silver \$3,500	\$3,500	0%	N/A	\$5,500	\$250	Deductible/Coinsurance	Ded. & \$20/\$60/50%/20%/25%	
	Simply Blue HSA SM PPO Bronze \$5,500	\$5,500	30%	N/A	\$6,450	N/A	Deductible/Coinsurance	Deductible/Coinsurance	
	Simply Blue HSA SM PPO Bronze \$6,350	\$6,350	0%	N/A	\$6,350	N/A	Deductible/Coinsurance	Deductible/Coinsurance	
Simply Blue SM Routine Care	Simply Blue SM Routine Care PPO Silver \$2,000	\$2,000	30%	N/A	\$6,600	N/A	\$30/Ded./Coins.	\$10/Ded. & \$60/50%/20%/25%	
	Simply Blue SM Routine Care PPO Silver \$3,000	\$3,000	20%	N/A	\$6,600	N/A	\$30/Ded./Coins.	\$10/Ded. & \$60/50%/20%/25%	
Healthy Blue Achieve SM	Healthy Blue Achieve SM PPO Platinum \$250	Enh.	\$250	20%	\$500	\$6,600	N/A	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
		Stand.	\$2,000	40%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%
	Healthy Blue Achieve SM PPO Gold \$500	Enh.	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/\$250	\$15/\$50/50%/20%/25%
		Stand.	\$2,000	40%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%

*ECM: Embedded Co-Insurance Maximum

The data represented here is for Single contracts, In-Network. Out-of-Network: 2X Single. Family Deductible and Out-of-Pocket Max: 2X Single.

(Aggregate) Plans have an aggregate deductible (one person can satisfy entire family deductible). All other HSA plans have an embedded deductible (no member will pay more than the single deductible on a family contract. The remaining deductible can be satisfied by any combination of family members.)

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BLUE CARE NETWORK • 2017 SMALL GROUP OPTIONS (1-50 ELIGIBLE EMPLOYEES)

CHANGES FOR 2017 HIGHLIGHTED IN RED

	PLAN	DED.	COINS.	ECM*	OUT-OF-POCKET MAX	EMPLOYER CDH CONTRIBUTION	COPAYS OV/SPEC/UC/ER	RX	
BCN Classic HMO SM	BCN Classic HMO SM Platinum 10% ^(CDL)	\$0	10%	\$1,000	\$5,000	\$0	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%	
	BCN Classic HMO SM Platinum 20% ^(CDL)	\$0	20%	\$1,000	\$6,600	\$0	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%	
	BCN Classic HMO SM Platinum \$500 ^{PCP (CDL)}	\$500	0%	N/A	\$1,000	\$0	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%	
	BCN Classic HMO SM Gold 30%	\$0	30%	N/A	\$6,850	\$0	\$30/\$50/\$35/\$250	\$6/\$25/\$50/\$80/20%/20%	
	BCN Classic HMO SM Gold \$500/ 20%	\$500	20%	\$3,000	\$6,600	\$0	\$20/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%	
	BCN Classic HMO SM Gold \$1,000 ^{PCP}	\$1,000	20%	\$2,500	\$6,600	\$0	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%	
	BCN Classic HMO SM Gold \$1,500 ^{PCP}	\$1,500	20%	\$1,500	\$6,600	\$0	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%	
	BCN Classic HMO Gold \$2,000 ^{PCP}	\$2,000	30%	\$1,000	\$6,600	\$0	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%	
	BCN Classic HMO SM Silver \$3,000 ^{PCP}	\$3,000	20%	\$3,500	\$6,600	\$0	\$30/\$50/\$50/\$250	\$10/\$30/\$60/\$80/20%/20%	
	BCN Classic HMO SM Silver \$4,000/0%	\$4,000	0%	N/A	\$6,600	\$0	\$30/\$45/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%	
BCN Classic HMO SM Silver \$4,000 ^{PCP}	\$4,000	30%	\$2,000	\$6,600	\$0	\$35/\$45/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%		
BCN HRA SM HMO	BCN HRA SM HMO Platinum \$1,500	\$1,500	20%	\$500	\$6,350	\$750	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%	
	BCN HRA SM HMO Platinum \$2,000	\$2,000	20%	\$500	\$6,350	\$1,000	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%	
	BCN HRA SM HMO Platinum \$5,000 ^{PCP}	\$5,000	20%	N/A	\$6,350	\$3,500	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%	
	BCN HRA HMO SM Gold \$2,000	\$2,000	20%	N/A	\$6,350	\$750	\$30/\$50/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%	
	BCN HRA SM HMO Gold \$4,000	\$4,000	20%	N/A	\$6,350	\$1,450	\$30/\$50/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%	
BCN HSA SM HMO	BCN HSA SM HMO Gold \$1,300 ^(Aggregate)	\$1,300	20%	N/A	\$2,300	\$0	Deductible/Coinsurance	\$4/\$15/\$40/\$80/20%/20%	
	BCN HSA SM HMO Gold \$1,450/0% ^(Aggregate)	\$1,450	0%	N/A	\$2,450	\$0	Deductible/Coinsurance	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO Gold \$2,700/0%	\$2,700	0%	N/A	\$5,000	\$700	Deductible/Coinsurance	\$6/\$25/\$50/\$80/20%/20%	
	BCN HSA SM HMO Silver \$2,700	\$2,700	20%	N/A	\$5,000	\$0	Deductible/Coinsurance	\$4/\$15/\$40/\$80/20%/20%	
	BCN HSA SM HMO Silver \$3,000/0%	\$3,000	0%	N/A	\$6,350	\$0	Deductible/Coinsurance	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO Bronze \$5,500 ^{PCP}	\$5,500	30%	N/A	\$6,450	\$0	Deductible/Coinsurance	Deductible/Coinsurance	
	BCN HSA SM HMO Bronze \$6,350/0% ^{PCP}	\$6,350	0%	N/A	\$6,350	\$0	Deductible/Coinsurance	Deductible	
BCN Routine Care SM	BCN Routine Care SM Silver HMO \$2,000	\$2,000	30%	N/A	\$6,350	\$0	\$40/Deductible	\$10/\$30/\$60/\$80/20%/20%	
	BCN Routine Care SM Silver HMO \$3,000	\$3,000	20%	N/A	\$6,600	\$0	\$30/Deductible	\$6/\$25/\$60/\$80/20%/20%	
Healthy Blue Living SM HMO	Healthy Blue Living SM HMO Platinum \$250	Enh.	\$250	20%	\$500	\$6,600	\$0	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
		Stand.	\$1,500	30%	\$2,500	\$6,600	\$0	\$30/\$40/\$35/\$150	\$6/\$25/\$50/\$80/20%/20%
	Healthy Blue Living SM HMO Platinum \$500	Enh.	\$500	0%	N/A	\$1,000	\$0	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
		Stand.	\$3,000	30%	\$3,500	\$6,600	\$0	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
	Healthy Blue Living SM HMO Gold \$1,000	Enh.	\$1,000	20%	\$2,000	\$6,600	\$0	\$25/\$35/\$35/\$150	\$6/\$25/\$50/\$80/20%/20%
		Stand.	\$3,000	30%	\$3,000	\$6,600	\$0	\$30/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%
Healthy Blue Living SM HMO Gold \$1,500	Enh.	\$1,500	20%	\$1,500	\$6,600	\$0	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%	
	Stand.	\$4,000	30%	\$2,500	\$6,600	\$0	\$35/\$45/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%	
Healthy Blue Living SM HMO Gold \$2,000	Enh.	\$2,000	20%	\$1,000	\$6,600	\$0	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%	
	Stand.	\$4,000	30%	\$2,000	\$6,600	\$0	\$35/\$45/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%	
SRO	Blue Elect Plus SM Self Referral Option Gold \$1,000	\$1,000	20%	\$2,500	\$6,600	\$0	\$20/\$40/\$50/150	\$4/\$15/\$40/\$80/20%/20%	

- *ECM: Embedded Coinsurance Maximum
- ^{PCP} These plans available with or without PCP Focus. PCP FOCUS: For additional savings of up to 10 percent, employers in select counties can choose from plan options with PCP Focus, a tailored primary care physician HMO network.
- ^(CDL) These plans available with or without Comprehensive Drug List
- Plans cannot have Comprehensive Drug List and PCP Focus together.
- ^(Aggregate) Plans have an aggregate deductible (one person can satisfy entire family deductible). All other HSA plans have an embedded deductible (no member will pay more than the single deductible on a family contract. The remaining deductible can be satisfied by any combination of family members.)

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2017 LARGE GROUP PRODUCT PORTFOLIO

BLUE CROSS® BLUE SHIELD® OF MICHIGAN • LARGE GROUP OPTIONS (51-100 ELIGIBLE EMPLOYEES)

ADDITIONS FOR 2017 HIGHLIGHTED IN RED

	PLAN	DEDUCTIBLE	ECM* (OPTIONS)	COINS.	OUT-OF-POCKET MAX	OFFICE VISIT (OPTIONS)	ER (OPTIONS)
Community Blue SM	Community Blue SM PPO 1	\$0	N/A	0%	\$6,350	\$10 (\$20, \$30)	\$50 (\$150)
	Community Blue SM PPO 3	\$250	\$1,000	20%	\$6,350	\$20 (\$30)	\$150 (\$250)
	Community Blue SM PPO 4	\$500	\$1,500	20%	\$6,350	\$20 (\$30, \$40)	\$150 (\$250)
	Community Blue SM PPO 12-0%	\$1,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 12-20%	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 14-20%	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-0% \$2,500	\$2,500	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-20% \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-0% \$5,000	\$5,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-20% \$5,000	\$5,000	N/A	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
Community Blue SM PPO 15-30% \$5,000	\$5,000	N/A	30%	\$6,350	\$30 (\$40)	\$150 (\$250)	
Simply Blue SM	Simply Blue SM PPO \$250	\$250	\$2,500 (\$1,500)	20%	\$6,350	\$20 (\$40)	\$150
	Simply Blue SM PPO \$500	\$500	\$2,500 (\$1,500)	20%	\$6,350	\$20 (\$40)	\$150
	Simply BlueSM PPO \$750	\$750	\$2,500	20%	\$6,850	\$20	\$150
	Simply BlueSM PPO \$1,000/0%	\$1,000	N/A	0%	\$6,350	\$30	\$150
	Simply Blue SM PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue SM PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply BlueSM PPO \$2,000	\$2,000	\$2,500	20%	\$6,850	\$30	\$150
	Simply Blue SM PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply BlueSM PPO \$3,000	\$3,000	\$2,500	20%	\$6,850	\$30	\$150
	Simply Blue SM PPO \$4,000	\$4,000	N/A	30%	\$6,350	\$30 (\$40)	\$150
Simply Blue HRA SM	Simply Blue HRA SM PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$4,000	\$4,000	N/A	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$5,000	\$5,000	N/A	20%	\$6,600	\$30 (\$40)	\$150
Simply Blue HSA SM	Simply Blue HSA SM PPO \$1,250-0% (Aggregate)	\$1,300	N/A	0%	\$2,250	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$1,250-20% (Aggregate)	\$1,300	N/A	20%	\$2,250	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$2,000-0% (Aggregate)	\$2,000	N/A	0%	\$3,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$2,000-20% (Aggregate)	\$2,000	N/A	20%	\$3,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,000-0%	\$3,000	N/A	0%	\$4,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,000-20%	\$3,000	N/A	20%	\$4,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,500-0%	\$3,500	N/A	0%	\$4,500	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,500-20%	\$3,500	N/A	20%	\$4,500	Ded./Coins.	Ded./Coins.
Simply Blue SM Routine Care	Simply Blue SM Routine Care PPO \$1,000	\$1,000	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue SM Routine Care PPO \$1,500	\$1,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue SM Routine Care PPO \$2,500	\$2,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue SM Routine Care PPO \$4,000	\$4,000	N/A	30%	\$6,600	\$30	Ded./Coins.
Minimum Value Plans	Simply Blue HSA SM \$4,000-50% w/Rx	\$4,000	N/A	50%	\$6,350	N/A	N/A
	Simply Blue HSA SM \$6,350-0% w/Rx	\$6,350	N/A	0%	\$6,350	N/A	N/A
	Simply Blue SM \$1,500 w/ Blue Advantage Rx	\$1,500	N/A	20%	\$4,000	\$30	\$150

- *ECM: Embedded Coinsurance Maximum
- The data represented here is for Single contracts. Please see Benefits-at-a-Glance documents for additional details.
- Blue Advantage Rx: Member pays BCBSM approved amount for prescription drugs. Medical plan includes coverage for ACA mandated prescription drugs.
- (Aggregate) Plans have an aggregate deductible (one person can satisfy entire family deductible). All other HSA plans have an embedded deductible (no member will pay more than the single deductible on a family contract. The remaining deductible can be satisfied by any combination of family members.)

PRESCRIPTION DRUG OPTIONS FOR APPLICABLE COMMUNITY BLUESM AND SIMPLY BLUESM PLANS ARE DETAILED ON THE FOLLOWING PAGE, AS ARE HEALTHY BLUE ACHIEVESM PPO PLANS

BLUE CROSS® BLUE SHIELD® OF MICHIGAN • LARGE GROUP OPTIONS (51-100 ELIGIBLE EMPLOYEES)

COMMUNITY BLUE SM PPO AND SIMPLY BLUE SM PPO PRESCRIPTION DRUG OPTIONS			
3-TIER RXCM		NEW 5-TIER RXCM (Not Available with Community Blue 1 or Routine Care plans)	
CB AND SB RX OPTIONS	\$10/\$40/\$80-RXCM	\$20/\$60/50%-RXCM	PD-SP-CM \$10/\$40/\$80/15%/25%-RXCM
	\$15/\$30/\$60-RXCM	CSRxP \$10/\$40/\$80	PD-SP-CM \$15/\$50/50%/20%/25%-RXCM
	\$15/\$50/50%-RXCM		PD-SP-CM \$20/\$60/50%/20%/25%-RXCM
	(Not Available with Routine Care plans)		
	CSRxP \$15/\$50/50%-RXCM	CSRxP \$10/\$40/\$80/15%/25%	CSRxP \$20/\$60/50%/20%/25%
	CSRxP \$20/\$60/50%-RXCM	CSRxP \$15/\$50/50%/20%/25%	

- New Business that offers drug coverage requires selection of a BCBSM drug plan - no carve-out drug plans.
- HSA plans: Prescription drug benefits are subject to the deductible. Employee will pay full cost of the drug until the entire plan deductible is met.
- THESE RX PLANS CANNOT BE USED WITH SB HSA \$4,000/50%, SB HSA \$6,350/0%, OR ANY HEALTHY BLUE ACHIEVE PLAN.
- RXCM: Mandatory MAC, Prior Authorization/Step Therapy, 90 day retail 2X copay and MOPD-2X
- CSRxP: Custom Select Drug List

PLAN		DEDUCTIBLE	ECM*	COINSURANCE	OUT-OF-POCKET MAX	OV/SPEC/UC/ER	
Healthy Blue Achieve SM	Healthy Blue Achieve PPO \$250	Enhanced	\$250	\$1,500	20%	\$6,350	\$20/\$40/\$60/\$150
		Standard	\$1,000	\$2,500	30%	\$6,350	\$40/\$60/\$60/\$250
	Healthy Blue Achieve PPO \$500	Enhanced	\$500	\$1,500	20%	\$6,350	\$20/\$40/\$60/\$150
		Standard	\$1,500	\$2,500	30%	\$6,350	\$40/\$60/\$60/\$250
	Healthy Blue Achieve PPO \$1,000	Enhanced	\$1,000	\$2,500	20%	\$6,350	\$30/\$50/\$60/\$150
		Standard	\$2,500	\$2,500	30%	\$6,350	\$40/\$60/\$60/\$250
	Healthy Blue Achieve PPO \$1,500	Enhanced	\$1,500	\$2,500	20%	\$6,350	\$30/\$50/\$60/\$150
		Standard	\$4,000	\$2,350	30%	\$6,350	\$40/\$60/\$60/\$250
	Healthy Blue Achieve PPO \$2,000	Enhanced	\$2,000	\$2,500	20%	\$6,350	\$30/\$50/\$60/\$150
		Standard	\$4,000	\$2,350	30%	\$6,350	\$40/\$60/\$60/\$250
	The data represented here is for Single contracts, In-Network. Family Deductible and Out-of-Pocket Max: 2X Single. Out-of-Network: 2x Single or Family.						
	HEALTHY BLUE ACHIEVE PPO SM Rx OPTIONS			Enhanced: \$10/\$40/\$80 / Standard: \$15/\$50/50% (\$70 min/\$100 max) or Enhanced: \$15/\$50/50% (\$70 min/\$100 max) / Standard: \$20/\$60/50% (\$80 min/\$100 max)			

- *ECM: Embedded Coinsurance Maximum

BLUE CARE NETWORK • LARGE GROUP OPTIONS (51-100 ELIGIBLE EMPLOYEES)

	PLAN	DED.	COINS.	ECM*	OUT-OF-POCKET MAX	OV/SPEC/UC/ER	Rx	
BCN HMO SM	BCN HMO SM 10%	\$0	10%	\$1,000	\$5,000	\$20/\$30/\$35/\$150	(Select One)	
	BCN HMO SM 20%	\$0	20%	\$1,000	\$6,600	\$25/\$35/\$35/\$150		
	BCN HMO SM 30%	\$0	30%	\$5,500	\$6,600	\$30/\$40/\$35/\$150		
	BCN HMO SM \$500/0%	\$500	0%	N/A	\$1,000	\$20/\$30/\$35/\$150		
	BCN HMO SM \$500/10%	\$500	10%	\$2,500	\$6,600	\$20/\$40/\$50/\$150		
	BCN HMO SM \$1,000/20%	\$1,000	20%	\$2,500	\$6,600	\$20/\$40/\$50/\$150		
	BCN HMO SM \$1,000/30%	\$1,000	30%	\$3,000	\$6,600	\$20/\$40/\$50/\$150		
	BCN HMO SM \$1,500/20%/\$500 ECM	\$1,500	20%	\$500	\$6,350	\$20/\$40/\$50/\$150		
	BCN HMO SM \$1,500/20%/\$1,500 ECM	\$1,500	20%	\$1,500	\$6,600	\$20/\$40/\$50/\$150		
	BCN HMO SM \$2,000/20%/\$500 ECM	\$2,000	20%	\$500	\$6,350	\$20/\$40/\$50/\$150		
	BCN HMO SM \$2,000/20%/\$4,000 ECM	\$2,000	20%	\$4,000	\$6,350	\$30/\$50/\$50/\$150		
	BCN HMO SM \$2,000/30%/\$1,000 ECM	\$2,000	30%	\$1,000	\$6,600	\$30/\$40/\$50/\$150		
	BCN HMO SM \$3,000/20%	\$3,000	20%	\$3,500	\$6,600	\$30/\$50/\$50/\$250		
	BCN HMO SM \$4,000/0%	\$4,000	0%	N/A	\$6,600	\$30/\$45/\$50/\$150		
	BCN HMO SM \$4,000/20%	\$4,000	20%	N/A	\$6,350	\$20/\$40/\$50/\$150		
BCN HMO SM \$4,000/30%	\$4,000	30%	\$2,000	\$6,600	\$35/\$45/\$50/\$250			
BCN HMO SM \$5,000/20%	\$5,000	20%	N/A	\$6,350	\$20/\$40/\$50/\$150			
BCN HSA SM HMO	BCN HSA SM HMO \$1,300/20% (Aggregate)	\$1,300	20%	N/A	\$2,300	Ded./Coins.	\$4/\$15/\$40/\$80/20%/20%	
	BCN HSA SM HMO \$1,350/0% (Aggregate)	\$1,350	0%	N/A	\$2,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO \$2,700/0%	\$2,700	0%	N/A	\$5,000	Ded./Coins.	\$6/\$25/\$50/\$80/20%/20%	
	BCN HSA SM HMO \$2,700/20%	\$2,700	20%	N/A	\$5,000	Ded./Coins.	\$4/\$15/\$40/\$80/20%/20%	
	BCN HSA SM HMO \$3,000/0%	\$3,000	0%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO \$3,000/20%	\$3,000	20%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO \$3,000/30%	\$3,000	30%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO \$4,000/20%	\$4,000	20%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO \$4,500/30%	\$4,500	30%	N/A	\$6,450	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO \$6,350/0%	\$6,350	0%	N/A	\$6,350	Ded./Coins.	Deductible	
Routine Care	BCN Routine Care SM HMO \$1,500	\$1,500	30%	N/A	\$6,350	\$40/Ded./Ded./Ded.	\$10/\$30/\$60/\$80/220%	
	BCN Routine Care SM HMO \$3,000	\$3,000	20%	N/A	\$5,000	\$30/Ded./Ded./Ded.	\$6/\$25/\$60/\$80/20%/20%	
Minimum Value Plans	BCN HMO SM \$1,500/20%	\$1,500	20%	N/A	\$5,000	\$30/\$45/\$50/\$150	Limited Rx Benefit	
	BCN HSA SM HMO \$4,000/50%	\$4,000	50%	N/A	\$6,350	Ded./Coins.	50% after Ded.	
	BCN HSA SM HMO \$6,350/0%	\$6,350	0%	N/A	\$6,350	Ded./Coins.	0% after Ded.	
Healthy Blue Living SM	Healthy Blue Living SM HMO \$250	Enh.	\$250	20%	\$500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
		Stand.	\$1,500	30%	\$2,500	\$6,600	\$30/\$40/\$35/\$150	\$6/\$25/\$50/\$80/20%/20%
	Healthy Blue Living SM HMO \$500	Enh.	\$500	0%	N/A	\$1,000	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
		Stand.	\$3,000	30%	\$3,500	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
	Healthy Blue Living SM HMO \$1,000	Enh.	\$1,000	20%	\$2,000	\$6,600	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
		Stand.	\$3,000	30%	\$3,000	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
Healthy Blue Living SM HMO \$1,500	Enh.	\$1,500	20%	\$1,500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%	
	Stand.	\$4,000	30%	\$2,500	\$6,600	\$35/\$45/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%	
Healthy Blue Living SM HMO \$2,000	Enh.	\$2,000	20%	\$1,000	\$6,600	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%	
	Stand.	\$4,000	30%	\$2,000	\$6,600	\$35/\$45/\$60/\$250	\$6/\$25/\$50/\$80/20%/20%	
Blue Elect Plus SM	Blue Elect Plus SM (SRO) \$500	\$500	20%	\$1,500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%	
	Blue Elect Plus SM (SRO) \$1,000	\$1,000	20%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%	
	Blue Elect Plus SM (SRO) \$3,000	\$3,000	30%	\$2,500	\$6,600	\$30/\$45/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%	

- *ECM: Embedded Coinsurance Maximum. (SRO): Self Referral Option
- (Aggregate) Plans have an aggregate deductible (one person can satisfy entire family deductible). All other HSA plans have an embedded deductible (no member will pay more than the single deductible on a family contract. The remaining deductible can be satisfied by any combination of family members.)
- All prescription drug plans (except those paired with Minimum Value medical plans) available with either Custom Drug List or Custom Select Drug List.
- PCP Focus available to BCN HMO, BCN HSA, and HBL groups with less than 100 eligible, less than 100 enrolled, within the select counties.

Action Benefits is an Authorized Managing Agent for Blue Cross Blue Shield of Michigan and Blue Care Network.