

2020 Priority Health (PH) HMO Selected Plans and Monthly Rate Grid*

Priority Health HMO Network	Bronze HSA	Silver 3000 HSA Off-Mrktpl	Silver 3200 Off-Mrktpl	Silver 3200	Silver 2400 50+
Deductible	6900	3000	3200	3200	2400
Coins. % after deductible	0%	30%	30%	30%	30%
Out-of-Pocket Max	6900	6900	8150	8150	8150
PCP - Primary Care	Ded/Coins	Ded/Coin	30 BD	30 BD	30 BD
Specialist Office Visit	Ded/Coins	Ded/Coin	45 AD	45 AD	45 AD
Urgent Care	Ded/Coins	Ded/Coin	75 BD	75 BD	75 BD
Rx: Generic Pref/Non-Pref	Ded/Coins	Ded/Coin	5/20 BD	5/20 BD	5/20 BD
Rx: Pref. Brand-name	Ded/Coins	Ded/Coin	75 AD	75 AD	75 AD
Rx: Non-Pref. Brand-name	Ded/Coins	Ded/Coin	100 AD	100 AD	100 AD
Rx: Specialty Pref/Non-Pref	Ded/Coins	Ded/Coin	50% AD	50% AD	50% AD

Premium					
Less ACA Tax Credit*		Not Applicable	Not Applicable		
Net Premium					

Ages 0-14	\$167.36	\$190.36	\$193.87	\$220.04	\$229.13
15	\$182.24	\$207.28	\$211.10	\$239.60	\$249.50
16	\$187.92	\$213.75	\$217.69	\$247.08	\$257.29
17	\$193.61	\$220.22	\$224.28	\$254.56	\$265.08
18	\$199.74	\$227.19	\$231.37	\$262.62	\$273.46
19	\$205.86	\$234.16	\$238.47	\$270.67	\$281.85
20	\$212.21	\$241.37	\$245.82	\$279.01	\$290.53
Ages 21-24	\$218.77	\$248.84	\$253.42	\$287.64	\$299.52
25	\$219.65	\$249.84	\$254.43	\$288.79	\$300.72
26	\$224.02	\$254.81	\$259.50	\$294.54	\$306.71
27	\$229.27	\$260.78	\$265.58	\$301.45	\$313.90
28	\$237.80	\$270.49	\$275.47	\$312.66	\$325.58
29	\$244.80	\$278.45	\$283.58	\$321.87	\$335.16
30	\$248.30	\$282.43	\$287.63	\$326.47	\$339.96
31	\$253.55	\$288.41	\$293.71	\$333.37	\$347.14
32	\$258.80	\$294.38	\$299.80	\$340.28	\$354.33
33	\$262.09	\$298.11	\$303.60	\$344.59	\$358.82
34	\$265.59	\$302.09	\$307.65	\$349.19	\$363.62
35	\$267.34	\$304.08	\$309.68	\$351.50	\$366.01
36	\$269.09	\$306.07	\$311.71	\$353.80	\$368.41
37	\$270.84	\$308.06	\$313.73	\$356.10	\$370.81
38	\$272.59	\$310.05	\$315.76	\$358.40	\$373.20
39	\$276.09	\$314.04	\$319.82	\$363.00	\$377.99
40	\$279.59	\$318.02	\$323.87	\$367.60	\$382.79

*See Footnotes Page 2

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Coins. % after deductible	0%	30%	30%	30%	30%
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Specialist Office Visit	Ded/Coins	Ded/Coins	45 AD	45 AD	45 AD
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Rx: Generic Pref/Non-Pref	Ded/Coins	Ded/Coins	5/20 BD	5/20 BD	5/20 BD
Rx: Pref. Brand-name	Ded/Coins	Ded/Coins	75 AD	75 AD	75 AD
Rx: Non-Pref. Brand-name	Ded/Coins	Ded/Coins	100 AD	100 AD	100 AD
Rx: Specialty Pref/Non-Pref	Ded/Coins	Ded/Coins	50% AD	50% AD	50% AD

Premium					
Less ACA Tax Credit*		Not Applicable	Not Applicable		
Net Premium					

41	\$284.84	\$323.99	\$329.95	\$374.51	\$389.98
42	\$289.87	\$329.71	\$335.78	\$381.12	\$396.86
43	\$296.87	\$337.68	\$343.89	\$390.33	\$406.45
44	\$305.62	\$347.63	\$354.03	\$401.83	\$418.43
45	\$315.90	\$359.32	\$365.94	\$415.35	\$432.51
46	\$328.16	\$373.26	\$380.13	\$431.46	\$449.28
47	\$341.94	\$388.94	\$396.10	\$449.58	\$468.15
48	\$357.69	\$406.85	\$414.34	\$470.29	\$489.72
49	\$373.22	\$424.52	\$432.33	\$490.71	\$510.98
50	\$390.72	\$444.43	\$452.61	\$513.73	\$534.94
51	\$408.01	\$464.09	\$472.63	\$536.45	\$558.60
52	\$427.04	\$485.74	\$494.68	\$561.47	\$584.66
53	\$446.29	\$507.63	\$516.98	\$586.79	\$611.02
54	\$467.07	\$531.27	\$541.05	\$614.11	\$639.48
55	\$487.86	\$554.91	\$565.13	\$641.44	\$667.93
56	\$510.39	\$580.54	\$591.23	\$671.06	\$698.78
57	\$533.14	\$606.42	\$617.58	\$700.98	\$729.93
58	\$557.43	\$634.04	\$645.71	\$732.91	\$763.18
59	\$569.46	\$647.73	\$659.65	\$748.73	\$779.65
60	\$593.74	\$675.35	\$687.78	\$780.65	\$812.90
61	\$614.74	\$699.24	\$712.11	\$808.27	\$841.65
62	\$628.53	\$714.92	\$728.08	\$826.39	\$860.52
63	\$645.81	\$734.58	\$748.10	\$849.11	\$884.18
64	\$656.31	\$746.52	\$760.26	\$862.92	\$898.56

*This is intended to be used as a broad overview of plan design, rates and "in-network" benefits only. This is not a contract of insurance.

*Deductible and Out-of-Pocket limits shown are per person. Family Max=(2x). BD=Before Ded AD=After Ded

*Silver Off-Marketplace plan not eligible for ACA Tax Credit or Cost-Sharing subsidies and not available on Healthcare.gov.

*Rates: non-tobacco, Grand Traverse County. Use this document for rating purposes only. Actual benefits by Priority Health policy/contract

*Except for emergencies or accidental injuries, you aren't covered out-of-network.