

**2021 - Priority Health (PH) HMO Selected Plans and Monthly Rate Grid\***

Priority Health HMO Network	Bronze HSA	Silver 3000 HSA Off-Mrktpl	Silver 3400 Off-Mrktpl	Silver 3400	Silver 2400 50+
Deductible	7000	3000	3400	3400	2400
Coins. % after deductible	0%	30%	30%	30%	30%
Out-of-Pocket Max	7000	7000	8550	8550	8550
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	50% AD	50% AD	50% 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					

<b>Ages 0-14</b>	\$168.03	\$199.78	\$198.22	\$223.99	\$234.01
15	\$182.97	\$217.54	\$215.84	\$243.90	\$254.81
16	\$188.68	\$224.33	\$222.58	\$251.52	\$262.76
17	\$194.39	\$231.12	\$229.31	\$259.13	\$270.71
18	\$200.54	\$238.43	\$236.57	\$267.33	\$279.28
19	\$206.69	\$245.74	\$243.82	\$275.52	\$287.84
20	\$213.06	\$253.32	\$251.34	\$284.02	\$296.71
<b>Ages 21-24</b>	\$219.65	\$261.15	\$259.11	\$292.80	\$305.89
25	\$220.53	\$262.19	\$260.15	\$293.97	\$307.11
26	\$224.92	\$267.42	\$265.33	\$299.83	\$313.23
27	\$230.19	\$273.69	\$271.55	\$306.85	\$320.57
28	\$238.76	\$283.87	\$281.65	\$318.27	\$332.50
29	\$245.79	\$292.23	\$289.94	\$327.64	\$342.29
30	\$249.30	\$296.41	\$294.09	\$332.33	\$347.19
31	\$254.57	\$302.67	\$300.31	\$339.36	\$354.53
32	\$259.85	\$308.94	\$306.53	\$346.38	\$361.87
33	\$263.14	\$312.86	\$310.41	\$350.77	\$366.46
34	\$266.66	\$317.04	\$314.56	\$355.46	\$371.35
35	\$268.41	\$319.13	\$316.63	\$357.80	\$373.80
36	\$270.17	\$321.21	\$318.71	\$360.14	\$376.24
37	\$271.93	\$323.30	\$320.78	\$362.49	\$378.69
38	\$273.68	\$325.39	\$322.85	\$364.83	\$381.14
39	\$277.20	\$329.57	\$327.00	\$369.51	\$386.03
40	\$280.71	\$333.75	\$331.14	\$374.20	\$390.93

\*See Footnotes Page 2

## 2021 - Priority Health (PH) HMO Selected Plans and Monthly Rate Grid\*

Priority Health HMO Network	Bronze HSA	Silver 3000 HSA Off-Mrktpl	Silver 3400 Off-Mrktpl	Silver 3400	Silver 2400 50+
Deductible	7000	3000	3400	3400	2400
Coins. % after deductible	0%	30%	30%	30%	30%
Out-of-Pocket Max	7000	7000	8550	8550	8550
PCP - Primary Care	Ded/Coins	Ded/Coins	30 BD	30 BD	30 BD
Specialist Office Visit	Ded/Coins	Ded/Coins	45 AD	45 AD	45 AD
Urgent Care	Ded/Coins	Ded/Coins	75 BD	75 BD	75 BD
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	50% AD	50% AD	50% 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	\$285.98	\$340.02	\$337.36	\$381.23	\$398.27
42	\$291.04	\$346.02	\$343.32	\$387.96	\$405.30
43	\$298.07	\$354.38	\$351.61	\$397.33	\$415.09
44	\$306.85	\$364.83	\$361.98	\$409.04	\$427.33
45	\$317.17	\$377.10	\$374.15	\$422.80	\$441.71
46	\$329.48	\$391.73	\$388.67	\$439.20	\$458.84
47	\$343.31	\$408.18	\$404.99	\$457.65	\$478.11
48	\$359.13	\$426.98	\$423.64	\$478.73	\$500.13
49	\$374.72	\$445.52	\$442.04	\$499.52	\$521.85
50	\$392.29	\$466.41	\$462.77	\$522.94	\$546.32
51	\$409.65	\$487.04	\$483.24	\$546.07	\$570.48
52	\$428.76	\$509.76	\$505.78	\$571.55	\$597.10
53	\$448.09	\$532.75	\$528.58	\$597.31	\$624.02
54	\$468.95	\$557.56	\$553.20	\$625.13	\$653.08
55	\$489.82	\$582.36	\$577.82	\$652.94	\$682.13
56	\$512.44	\$609.26	\$604.50	\$683.10	\$713.64
57	\$535.29	\$636.42	\$631.45	\$713.55	\$745.45
58	\$559.67	\$665.41	\$660.21	\$746.05	\$779.41
59	\$571.75	\$676.77	\$674.46	\$762.16	\$796.23
60	\$596.13	\$708.76	\$703.22	\$794.66	\$830.19
61	\$617.22	\$733.83	\$728.10	\$822.77	\$859.55
62	\$631.05	\$750.28	\$744.42	\$841.21	\$878.82
63	\$648.41	\$770.91	\$764.89	\$864.35	\$902.99
64	\$658.95	\$783.45	\$777.33	\$878.40	\$917.67

\*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.