

INTEGRATED HEALTH PLAN (IHP)

- \$500,000 Plan Year maximum, \$1 million lifetime maximum
- \$500 individual / \$1,500 family deductible for in-network services
- \$100,000 limit per person, per Plan Year for prescription drugs
- Prescriptions cost \$7 for generic drugs, 25% of formulary brand name drug costs, and 50% of non-formulary brand name drugs.

IHP	Full-time individual	Full-time w/spouse	Full-time w/child	Full-time w/children	Full-time w/family	Part-time individual
Actual Rate	\$29.03	\$68.76	\$43.47	\$61.53	\$94.04	\$36.12
W/o Discount*	\$42.92	\$82.65	\$57.36	\$75.42	\$107.93	\$50.01

PREMIER HEALTH NETWORK (PHN)

- Unlimited Plan Year and lifetime coverage maximums
- Zero Plan Year deductible
- \$10 office visit co-pays
- Direct relationship with your Primary Care Physician, who will develop a personal wellness plan for you and work with you to help you maximize your health
- See pages 15-16 of the mBenefitsConnect Enrollment Booklet for more information.

PHN	Full-time individual	Full-time w/spouse	Full-time w/child	Full-time w/children	Full-time w/family	Part-time individual
Actual Rate	\$24.89	\$60.07	\$37.68	\$53.67	\$82.46	\$31.98
W/o Discount*	\$36.25	\$71.43	\$49.04	\$65.03	\$93.82	\$43.34

HMO INFORMATION

Weekly Contribution		Full-Time					Part-Time**	
HMO	Coverage Area	Member	Member + Spouse	Member + Child	Member + Children	Family	Member	
Blue Care Network	West Michigan (except Kent, Ottawa & Muskegon Counties)	Actual	\$48.14	\$108.91	\$70.24	\$97.85	\$147.57	\$55.24
		Without Discount *	\$59.50	\$120.27	\$81.60	\$109.21	\$158.93	\$66.60
Blue Care Network Mid-Michigan	Central Michigan	Actual	\$50.14	\$113.10	\$73.03	\$101.65	\$153.17	\$57.24
		Without Discount *	\$61.50	\$124.46	\$84.39	\$113.01	\$164.53	\$68.60
Priority East (Care Choices)	Southeast Michigan	Actual	\$32.14	\$75.31	\$47.84	\$67.46	\$102.78	\$39.24
		Without Discount *	\$43.50	\$86.67	\$59.20	\$78.82	\$114.14	\$50.60
Grand Valley Health Plan	West Michigan —Grand Rapids area	Actual	\$27.50	\$65.55	\$41.33	\$58.63	\$89.77	\$34.59
		Without Discount *	\$38.86	\$76.91	\$52.69	\$69.99	\$101.13	\$45.95
Priority West	West Michigan	Actual	\$37.65	\$86.87	\$55.54	\$77.92	\$118.19	\$44.74
		Without Discount *	\$49.01	\$98.23	\$66.90	\$89.28	\$129.55	\$56.10
HAP	Southeast Michigan, Ann Arbor, Detroit, Flint areas	Actual	\$26.29	\$63.02	\$39.65	\$56.34	\$86.40	\$33.39
		Without Discount *	\$37.65	\$74.38	\$51.01	\$67.70	\$97.76	\$44.75
HealthPlus	East Michigan —Flint & Saginaw areas	Actual	\$25.68	\$61.74	\$38.79	\$55.18	\$84.68	\$32.78
		Without Discount *	\$37.04	\$73.10	\$50.15	\$66.54	\$96.04	\$44.14