

HEALTH INSURANCE COMPARISON

Non-Union
January 1, 2026



Plan:	Bronze Health Plan		Silver Health Plan		Gold Health Plan	
In Network Services Covered						
Plan Type	HDHP PPO		PPO		PPO	
Network Tiers	U-M Health Tier 1 Network (Maximum Savings)	BCBSM PPO Tier 2 Network (Standard Savings)	U-M Health Tier 1 Network (Maximum Savings)	BCBSM PPO Tier 2 Network (Standard Savings)	U-M Health Tier 1 Network (Maximum Savings)	BCBSM PPO Tier 2 Network (Standard Savings)
Employer HSA Funding (EE/2+)*	\$750 / \$1,500 (prorated based on effective date)		N/A		N/A	
Coinsurance	Plan pays 100% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible
Deductible** (Individual/Family)	\$1,700 / \$3,400	\$3,000 / \$6,000	\$500 / \$1,000	\$1,500 / \$3,000	\$0 / \$0	\$500 / \$1,000
Embedded vs. Non-Embedding Deductible***	Non-Embedded	Non-Embedded	Embedded	Embedded	Embedded	Embedded
Out-of-Pocket Max (Individual/Family)	\$3,000 / \$6,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$6,000 / \$12,000	\$1,000 / \$2,000	\$3,000 / \$6,000
Office Visit (Primary Care/Specialist)	Plan pays 100% after deductible	Plan pays 70% after deductible	\$25/ \$40 copay	\$45/ \$65 copay	\$10/ \$15 copay	\$30/ \$50 copay
OP Behavioral Health	Plan pays 100% after deductible	Plan pays 100% after deductible	\$25 copay	\$30 copay	\$10 copay	\$15 copay
Inpatient Hospitalization	Plan pays 100% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible
Outpatient Surgery	Plan pays 100% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible
Urgent Care/ Walk-In Care	Plan pays 100% after deductible	Plan pays 70% after deductible	\$50 copay	\$75 copay	\$25 copay	\$50 copay
Emergency Room	Plan pays 100% after deductible	Plan pays 70% after deductible	\$200 copay	\$250 copay	\$100 copay	\$150 copay
Chiropractic or Osteopathic Manipulation	Plan pays 100% after deductible; Combined max: 24 visits/member/year	Plan pays 70% after deductible; Combined max: 24 visits/member/year	\$40 copay; Combined max: 24 visits/member/year	Plan pays 70% after deductible; Combined max: 24 visits/member/year	\$15 copay; Combined max: 24 visits/member/year	Plan pays 80% after deductible; Combined max: 24 visits/member/year
Durable Medical Equipment	Plan pays 100% after deductible;	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible;	Plan pays 80% after deductible
High Tech Imaging (CT/MRI)	Plan pays 100% after deductible	Plan pays 70% after deductible	\$75/procedure after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible;	Plan pays 80% after deductible
Lab and X-Ray	Plan pays 100% after deductible;	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible;	Plan pays 80% after deductible
Prescription Drug Coverage						
Rx Deductible	Same as above (Rx copay after deductible)		None		None	
Generic/ Preferred Brand/Non-Preferred Brand/Specialty****	\$5/\$25/\$50/\$75	\$10/\$40/\$80/\$100	\$5/\$25/\$50/\$75	\$10/\$40/\$80/\$100	\$5/\$25/\$50/\$75	\$10/\$40/\$80/\$100

HEALTH INSURANCE COMPARISON CONTINUED

Non-Union

Plans:	Bronze Health Plan			Silver Health Plan			Gold Health Plan		
Out of Network Services Covered	Out of Network Emergent Coverage Only			Out of Network Emergent Coverage Only			Out of Network Emergent Coverage Only		
Annual Deductible	\$3,000 single/\$6,000 family			\$3,000 single/\$6,000 family			\$3,000 single/\$6,000 family		
Annual Max Out of Pocket	\$8,300 single /\$16,600 family			\$10,000 single /\$15,000 family			\$6,000 single/\$12,000 family		
PCP/Specialist Office Visits	Not Covered			Not Covered			Not Covered		
Maternity Care	Not Covered			Not Covered			Not Covered		
Preventative Services (incl well baby)	Not Covered			Not Covered			Not Covered		
Inpatient Hospitalization (Emergent admissions only)	Plan pays 70% after deductible			Plan pays 70% after deductible			Plan pays 80% after deductible		
Outpatient Surgery	Not Covered			Not Covered			Not Covered		
Lab and X-Ray	Not Covered			Not Covered			Not Covered		
Emergency Room	Plan pays 70% after deductible			\$250/ visit			\$150/ visit		
Urgent Care	Plan pays 70% after deductible			\$75/ visit			\$50/ visit		
Walk-In Care	Not Covered			Not Covered			Not Covered		
Behavioral Health - IP	Plan pays 70% after deductible			Plan pays 70% after deductible			Plan pays 80% after deductible		
Behavioral Health - OP	Not Covered			Not Covered			Not Covered		
Prescription Drug Coverage									
Out of Network Prescription Coverage	No out of network pharmacy coverage unless emergent illness or urgent condition			No out of network pharmacy coverage unless emergent illness or urgent condition			No out of network pharmacy coverage unless emergent illness or urgent condition		
Biweekly Rates (Full-Time rates are wage-banded by annual salary)									
Full-Time Rates	<\$50k	\$50k-<100k	100k+	<\$50k	\$50k-<100k	100k+	<\$50k	\$50k-<100k	100k+
Team Member Only	\$25.51	\$36.45	\$43.74	\$34.40	\$45.87	\$53.51	\$68.46	\$80.54	\$88.60
Team Member + Spouse	\$64.14	\$80.18	\$96.22	\$84.09	\$100.91	\$117.72	\$159.47	\$177.19	\$194.91
Team Member + Child(ren)	\$52.48	\$65.60	\$78.72	\$68.80	\$82.56	\$96.32	\$130.48	\$144.97	\$159.47
Family	\$87.47	\$109.34	\$131.21	\$114.66	\$137.60	\$160.53	\$217.46	\$241.62	\$265.79
Part-Time Rates	Regional Bronze plan – Part Time			Regional Silver plan – Part Time			Regional Gold plan – Part Time		
Team Member Only	\$54.67			\$76.44			\$100.68		
Team Member + Spouse	\$200.46			\$252.26			\$310.08		
Team Member + Child(ren)	\$131.21			\$172.00			\$217.46		
Family	\$273.35			\$343.99			\$422.84		

This is a summary of benefits provided by each carrier. Please refer to the Benefits at a Glance (BAAG) for detailed information. Should any questions arise, insurance contracts in effect will take precedence. COBRA rates are available on benefits.umhinsider.org.

***HSA Annual Employer Contributions** as a result of open enrollment, or continued participation in the U-M Health HDHP w/HSA plan, will be processed after the first pay period in January. All other HSA Employer Contributions will be prorated monthly based on benefit effective date and deposited within 30 days of the benefit election date. Please contact HR for further details.

Team members electing HSA/FSA benefit options are responsible to manage compliance with IRS HSA/FSA rules. Note regarding contributions: U-M Health Regional Network automatically makes a one-time annual employer contribution to your HSA account, pro-rated based on effective date. Team members are responsible for managing annual HSA/FSA contributions to ensure that the annual IRS limit is not exceeded. Team members who should find they have over-contributed in any calendar year would be responsible to request the HSA vendor to distribute any excess contributions from their account by April 15 of the subsequent year.

****Separate deductible applicable to auto-accidents: \$25k – all plans;** coverage is secondary to auto insurance in the event of an auto accident. None of the plans offered are qualified health coverage (QHC); all will coordinate with auto insurance.

*****Non-embedded deductibles** require full deductible be met. **Embedded deductibles** apply to each individual covered, if family deductible has not yet been met.

******Dispense as Written (DAW):** If a covered member obtains a brand name drug when a generic drug equivalent is available, the member will pay the difference between the cost of the brand name drug and the cost of the generic, in addition to the copay. The cost difference will not apply to the deductible, or the annual maximum out-of-pocket.