

Bronze Health Plan

BCBSM High-Deductible Health Plan (HDHP) PPO

MNA PCSH Supplemental Pool

January 1, 2027

In Network Coverage Summary*

Includes HSA with employer contribution prorated by effective date (\$750 single, \$1,500 family).

Coverage Highlights	Tier 1 Coverage	Tier 2 Coverage
Deductible (single/family)**	\$1,750 / \$3,500	\$3,000 / \$6,000
Coinsurance	100% after deductible	70% after deductible
Out-of-Pocket Maximum (single/family)**	\$3,000 / \$6,000	\$5,000 / \$10,000
Preventive Care	100%	100%
Office Visit (PCP/Specialist)	100% after deductible	70% after deductible
Outpatient Behavioral Health	100% after deductible	100% after deductible
Urgent Care Visit	100% after deductible	70% after deductible
Emergency Room	100% after deductible	70% after deductible
Surgery and Hospitalization	100% after deductible	70% after deductible

*No out of network coverage unless emergent illness or urgent condition.

**This plan has non-embedded deductibles, meaning individual deductibles do not apply.

Prescription Drug Coverage – RxBenefits

Health plan deductible must be met before prescription copays apply.

Coverage Highlights	Tier 1 Coverage	Tier 2 Coverage
Generic	\$5	\$10
Preferred Brand	\$25	\$40
Non-Preferred Brand	\$50	\$80
Specialty	\$75	\$100

Biweekly Premium Rates

Coverage Level	Full Time – Levels 4A, 6A, 9A, 10A	Part Time – Levels 1A, 2A, 3A, 5A, 7A, 8A	Level B
Team Member Only	\$45.84	\$45.84	\$381.98
Team Member + Spouse	\$100.84	\$504.22	\$840.36
Team Member + Child(ren)	\$82.51	\$351.42	\$687.57
Family	\$137.52	\$809.81	\$1,145.95

This is a summary of benefits. Find details in the SBC (Summary of Benefits and Coverage) and Benefits-At-A-Gance at [Benefits.UMHInsider.org](https://www.umhinsider.org). If questions arise, insurance contracts in effect will take precedence. Plans meet requirements for Qualified Health Coverage under Michigan's Auto Insurance regulations. Auto insurance is required to pay primary in the event of an accident.

MNA PECSH PPO Plan

BCBS of Michigan PPO

MNA PECSH Supp Pool

January 1, 2027

In Network Coverage Summary*

Option to pair with medical FSA made as a separate annual election.

Coverage Highlights*	MNA PPO Plus Tier 1	BCBS PPO Tier 2
Deductible (single/family)**	\$0 / \$0	\$300 / \$600
Out-of-Pocket Maximum (single/family)	\$1,800 / \$3,600	\$1,800 / \$3,600
Preventive Care (includes prenatal care)	100%	100%
Office Visit (PCP/Specialist)	\$15/visit	\$30/visit after deductible
Outpatient Behavioral Health	\$15/visit	\$30/visit after deductible
Urgent Care Visit	\$25/visit	\$45/visit
Emergency Room	\$50/visit then 100% covered (waived if admitted)	\$50/visit then 100% covered (waived if admitted)
OP Surgery and IP Hospitalization	No charge after deductible	30% coinsurance after deductible

*No out of network coverage unless emergent illness or urgent condition.

**This plan has embedded deductibles, meaning individual deductibles apply.

Prescription Drug Coverage - RxBenefits

Coverage Highlights	MNA PPO Plus Tier 1 – UM Health-Sparrow Pharmacies ONLY
Generic	\$7/script
Preferred Brand	\$20/script
Non-Preferred Brand	\$30/script
Specialty	n/a

Biweekly Premium Rates

Coverage Level	Full Time – Levels 4A, 6A, 9A, 10A	Part Time – Levels 1A, 2A, 3A, 5A, 7A, 8A	Level B
Team Member Only	\$67.05	\$67.05	\$446.97
Two Person	\$160.65	\$691.09	\$1,071.02
Family	\$175.33	\$788.93	\$1,168.86

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MNA PECSH Legacy BCBS Plan

BCBS of Michigan PPO

MNA PECSH Supp Pool

January 1, 2027

In Network Coverage Summary*

Option to pair with medical FSA made as a separate annual election.

Coverage Highlights	In Network	Out of Network
Deductible (single/family)**	\$100 / \$200	\$100 / \$200
Out-of-Pocket Maximum (single/family)**	\$1,100 / \$1,200	\$1,100 / \$1,200
Preventive Care	100%	Not covered
Office Visit (PCP/Specialist)	\$15/visit	\$15/visit + 20% copay
Outpatient Behavioral Health	20% after deductible	20% after deductible + 20% copay
Urgent Care Visit	\$15 copay	20% after deductible + 20% copay
Emergency Room	\$100 copay	20% after deductible
OP Surgery and IP Hospitalization	20% after deductible	20% after deductible + 20% copay

*No out of network coverage unless emergent illness or urgent condition.

**This plan has embedded deductibles, meaning individual deductibles apply.

Prescription Drug Coverage - BCBSM

Coverage Highlights	In Network	Out of Network
Generic	20% copay	20% copay + add'l 25%
Preferred Brand	20% copay	20% copay + add'l 25%
Non-Preferred Brand	20% copay	20% copay + add'l 25%
Specialty	n/a	n/a

Biweekly Premium Rates

Coverage Level	Full Time – Levels 4A, 6A, 9A, 10A	Part Time – Levels 1A, 2A, 3A, 5A, 7A, 8A	Level B
Team Member Only	\$71.13	\$71.13	\$547.13
Two Person	\$170.70	\$315.14	\$1,313.09
Family	\$213.38	\$393.93	\$1,641.37

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