Bronze Health Plan

BCBSM High-Deductible Health Plan (HDHP) PPO

UAW Skilled Maintenance
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 (includes prenatal 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
OP Surgery and IP 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	Part Time
Team Member Only	$38.20	$38.20
Team Member + Spouse	$84.04	$496.57
Team Member + Child(ren)	$68.76	$343.78
Family	$114.60	$802.16

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. 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.

Silver Health Plan

BCBS of Michigan PPO

UAW Skilled Maintenance
January 1, 2027

In Network Coverage Summary*

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

Coverage Highlights	Tier 1 Coverage	Tier 2 Coverage
Deductible (single/family)**	$500 / $1,000	$1,500 / $3,000
Coinsurance	90% after deductible	70% after deductible
Out-of-Pocket Maximum (single/family)**	$2,000 / $4,000	$6,000 / $12,000
Preventive Care (includes prenatal care)	100%	100%
Office Visit (PCP/Specialist)	$25 / $40 copay	$45 / $65 copay
Outpatient Behavioral Health	$25 copay	$30 copay
Urgent Care Visit	$50 copay	$75 copay
Emergency Room	$200 copay	$250 copay
OP Surgery and IP Hospitalization	90% after deductible	70% 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	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	Part Time
Team Member Only	$48.07	$48.07
Team Member + Spouse	$105.75	$528.77
Team Member + Child(ren)	$86.52	$368.54
Family	$144.21	$849.24

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. 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.

Gold Health Plan

BCBS of Michigan PPO

UAW Skilled Maintenance
January 1, 2027

In Network Coverage Summary*

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

Coverage Highlights	Tier 1 Coverage	Tier 2 Coverage
Deductible (single/family)**	$0 / $0	$500 / $1,000
Coinsurance	90% after deductible	80% after deductible
Out-of-Pocket Maximum (single/family)**	$1,000 / $2,000	$3,000 / $6,000
Preventive Care (includes prenatal care)	100%	100%
Office Visit (PCP/Specialist)	$10 / $15 copay	$30 / $50 copay
Outpatient Behavioral Health	$10 copay	$15 copay
Urgent Care Visit	$25 copay	$50 copay
Emergency Room	$100 copay	$150 copay
OP Surgery and IP Hospitalization	90% after deductible	80% 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	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	Part Time
Team Member Only	$63.31	$63.31
Team Member + Spouse	$139.28	$569.79
Team Member + Child(ren)	$113.96	$400.96
Family	$189.93	$907.44

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. 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.