

Medical Insurance



This is intended to be an easy to read summary of some highlights of your benefit plan options. For more detailed information, please see the plan documents.

	HMO Core Plan	HMO Buy Up	PPO Buy Up (out of network coverage included, but not shown)
Deductible Per plan year	\$500 per member \$1000 per family	\$250 per member \$500 per family	\$500 per member \$1000 per family
Copays •Fixed Dollar Copay	Office visit: <ul style="list-style-type: none"> PCP/OB: \$20 Specialist: \$35 Urgent Care: \$75 Virtual Visit: \$0 ER and High Tech Radiology: \$150 after deductible 	Office visit: <ul style="list-style-type: none"> PCP/OB: \$20 Specialist: \$35 Urgent Care: \$75 Virtual Visit: \$0 ER and High Tech Radiology: \$150 after deductible 	Office visit: <ul style="list-style-type: none"> PCP: \$20 Specialist: \$35 Urgent Care: \$75 Virtual Visit: \$0 ER and High Tech Radiology: \$150 after deductible
Prescription Drugs	Copays: <ul style="list-style-type: none"> \$15 Generic \$50 Preferred Brand \$80 Non-Preferred Brand 20% Specialty to a max of \$150 or \$300 2 X Mail Order 	Copays: <ul style="list-style-type: none"> \$10 Generic \$40 Preferred Brand \$40 Non-Preferred Brand \$40 Specialty 2 X Mail Order 	Copays: <ul style="list-style-type: none"> \$15 Generic \$50 Preferred Brand \$80 Non-Preferred Brand 20% Specialty to a max of \$150 or \$300 2 X Mail Order
Coinsurance Max	80% coverage on most services, after deductible to a maximum of \$1,500 per single \$3,000 per family	100% coverage on most services, after deductible	80% coverage on most services, after deductible to a maximum of \$1,500 per single \$3,000 per family
Maximum Out of Pocket	\$6,350 per member \$12,700 per family	\$6,350 per member \$12,700 per family	\$7,150 per member \$14,300 per family
	Maximum Out of Pocket Cost includes copays, deductibles and prescriptions		
Preventive	100% Coverage	100% Coverage	100% Coverage
DME/ Prosthetics and Orthotics	50% Coverage after deductible	50% Coverage after deductible	50% Coverage after deductible
Network	Priority Health HMO In Michigan only	Priority Health HMO In Michigan only	Priority Health PPO Nationwide Coverage
Cost Per Student (every 6 months)	Student Only: None Student plus one dependent: \$1,176.36 Student plus 2 or more dependents: \$1715.40	Student only: \$140.22 Student plus one dependent: \$1484.70 Student plus 2 or more dependents: \$2100.96	Student only: \$84.00 Student plus one dependent: \$1361.16 Student plus 2 or more dependents: \$1946.34

Hylant Disclaimer: The abbreviated outlines of benefits used throughout this document are not intended to express any legal opinion as to the nature of coverage. They are only visuals to a basic understanding of coverages and do not detail all the contract terms nor do they alter any contract conditions. Please read your contract for specific coverages, limitations, and exclusions and call us with questions.