Blue Care Network 2024 Individual Plan Overview

Note: All 2024 BCN individual plans have an embedded deductible and an embedded out-of-pocket maximum.

HMO

Gold

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Gold	\$1,700/\$3,400	20%	\$9,400/\$18,800	\$30 BD / \$0 BD	\$50 AD	\$40 BD	\$250 AD then covered 80%	\$4 AD/\$20 AD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross® Preferred HMO Gold Extra	\$1,500/\$3,000	25%	\$8,700/\$17,400	\$30 BD / \$0 BD	\$60 BD	\$45 BD	Covered 75% AD	\$15 BD/\$30 BD/\$60 BD/\$250 BD

Silver

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Silver Blue Cross® Select	\$4,800/\$9,600	20%	\$9,400/\$18,800	\$30 BD / \$0 BD	\$50 AD	\$40 BD	\$250 AD then covered 80%	\$4 AD/\$20 AD/\$100 AD/ \$150 AD/40% AD/45% AD
HMO Silver Blue Cross® Preferred HMO Silver Extra	\$5,900/\$11,800			\$40 BD / \$0 BD	\$80 BD	\$60 BD	Covered 60% AD	\$20 BD/\$40 BD/\$80 AD/ \$350 AD
Blue Cross® Select HMO Silver Extra		ė v						
Blue Cross® Metro Detroit HMO Silver Extra		40% \$9,100/\$18,2	\$9,100/\$18,200					
Blue Cross® Local HMO Silver Extra								

AD: After deductible BD: Before deductible

Silver

				Office & 24/7				
Plan	Ded. single/family	Coins.	OOPM single/family	medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Silver Saver							¢250 AD	
Blue Cross® Select HMO Silver Saver	\$5,450/\$10,900	20%	\$8,000/\$16,000	\$45 BD / \$0 BD	\$90 BD	\$45 BD	\$250 AD then covered 80%	\$4 AD/\$20 AD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross® Local HMO Silver Saver		6			10	0		
Blue Cross® Preferred HMO Silver Off Marketplace			20% \$9,400/\$18,800	\$30 BD / \$0 BD	\$50 AD	\$40 BD	\$250 AD then covered 80%	\$4 AD/\$20 AD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross® Select HMO Silver Off Marketplace								
Blue Cross® Metro Detroit HMO Silver Off Marketplace		20%						
Blue Cross® Local HMO Silver Off Marketplace								

Bronze

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Bronze Blue Cross® Metro	\$9,200/\$18,400	None	\$9,200/\$18,400	\$30 BD / \$0 BD	Covered 100% AD	\$40 BD	Covered 100% AD	\$35 BD/\$35 BD/\$0 AD/\$0 AD/ \$0 AD/\$0 AD
Detroit HMO Bronze		à í	Î	4 9 33	100,07.2		. 55757 (2	\$\$\2\\\2\\\2\\\2\\\2\\\2\\\2\\\2\\\2\\
Blue Cross® Select HMO Bronze	\$9,150/\$18,300	None	\$9,150/\$18,300	\$30 BD / \$0 BD	Covered 100% AD	\$40 BD	Covered 100% AD	\$35 BD/\$35 BD/\$0 AD/\$0 AD/ \$0 AD/\$0 AD

AD: After deductible BD: Before deductible



Bronze

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Bronze Saver HSA*								
Blue Cross® Metro Detroit HMO Bronze Saver HSA*	\$8,000/\$16,000	None	\$8,000/\$16,000	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Local HMO Bronze Saver HSA*								
Blue Cross® Select HMO Bronze Saver HSA*	\$7,950/\$15,900	None	\$7,950/\$15,900	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Preferred HMO Bronze Extra								
Blue Cross® Select HMO Bronze Extra	¢7. ΕΩΩ/Φ1Ε.ΩΩΩ	F00/	¢0.400/¢40.000	¢50 DD /\$0 DD	¢100 DD	¢75 DD	Covered	\$25 BD/\$50 AD/
Blue Cross® Metro Detroit HMO Bronze Extra	\$7,500/\$15,000	50%	\$9,400/\$18,800	\$50 BD/\$0 BD	\$100 BD	\$75 BD	50% AD	\$100 AD/\$500 AD/
Blue Cross® Local HMO Bronze Extra								
Blue Cross® Preferred HMO Bronze Secure				Covered				
Blue Cross® Select HMO Bronze Secure	\$9,450/\$18,900	None	\$9,450/\$18,900	100% AD/ \$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Local HMO Bronze Secure								

^{*}HSA Compatible

AD: After deductible

BD: Before deductible



Virtual plans

Plan	Ded. single/family	Coins.	OOPM single/family	Office & virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Virtual Primary Care Silver	\$6,200/\$12,400	20%	\$9,350/\$18,700	Virtual PCP Visit: \$1 BD In-person PCP Visit with referral* \$30 BD	\$50 AD	\$40 BD	\$250 AD then covered 80%	\$4 BD/\$20 BD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross® Preferred HMO Virtual Primary Care Bronze	\$9,050/\$18,100	None	\$9,050/\$18,100	Virtual PCP Visit: \$1 BD In-person PCP Visit with referral* \$30 BD	\$0 AD	\$40 BD	Covered 100% AD	\$35 BD/\$35 BD/\$0 AD/\$0 AD/ \$0 AD/\$0 AD

Catastrophic

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Select HMO Value Blue Cross® Preferred HMO Value	\$9,450/\$18,900	None	\$9,450/\$18,900	\$30 BD / \$0 BD	Covered 100% AD	\$40 BD	Covered 100% AD	Covered 100% AD

^{*}No referral required for under 18 in-person visit with primary care provider and OB/GYN for women.

AD: After deductible BD: Before deductible

