Blue Cross Blue Shield of Michigan 2023 Individual Plan Overview

Note: All 2023 BCBSM Individual Plans have an embedded deductible and an embedded out-of-pocket maximum.

PPO

	Gold										
Plan	Ded. Single/ Family	Coins.		Office/Medical Online Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx			
Blue Cross [®] Premier PPO Gold	\$1,050/\$2,100	20%	\$8,000/\$16,000	\$30 AD \$0 BD	\$50 AD	\$75 BD	\$250 AD then covered 80%	\$15 AD/\$100 AD/\$150 AD/ 40% AD/45% AD			
Blue Cross® Premier PPO Gold Extra	\$2,000/\$4,000	25%	\$8,700/\$17,400	\$30 BD \$0 BD	\$60 BD	\$45 BD	25% AD	\$15 BD/\$30 BD/\$60 BD/ \$250 BD/\$250 BD			

	Silver											
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office/Medical Online Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx				
Blue Cross® Premier PPO Silver	\$2,875/\$5,750	20%	\$8,800/\$17,600	\$30 AD \$0 BD	\$50 AD	\$75 BD	\$250 AD then covered 80%	\$15 AD/\$100 AD/\$150 AD/ 40% AD/45% AD				
Blue Cross® Premier PPO Silver Extra	\$5,800/\$11,600	40%	\$8,900/\$17,800	\$40 BD \$0 BD	\$80 BD	\$60 BD	Covered 60% AD	\$20 BD/\$40 BD/\$80 AD/ \$350 AD/\$350 AD				
Blue Cross® Premier PPO Silver Saver HSA*	\$3,400/\$6,800	20%	\$7,050/\$14,100	\$30 AD \$0 AD	\$50 AD	\$75 AD	\$250 AD then covered 80%	\$15 AD/\$100 AD/\$150 AD/ 40% AD/45% AD				
Blue Cross® Premier PPO Silver Off Marketplace	\$3,600/\$7,200	20%	\$9,100/\$18,200	\$30 AD \$0 BD	\$50 AD	\$75 BD	\$250 AD then covered 80%	\$15 AD/\$100 AD/\$150 AD/ 40% AD/45% AD				

AD: After Deductible BD: Before Deductible



Bronze

Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office/Medical Online Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx			
Blue Cross® Premier PPO Bronze HSA*	\$7,500/\$15,000	None	\$7,500/\$15,000	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD			
Blue Cross [®] Premier PPO Bronze Extra	\$7,500/\$15,000	50%	\$9,000/\$18,000	\$50 BD \$0 BD	\$100 BD	\$75 BD	Covered 50% AD	\$25 BD/\$50 AD/\$100 AD/ \$500 AD/\$500 AD			
Blue Cross® Premier PPO Bronze Secure	\$9,100/\$18,200	None	\$9,100/\$18,200	Covered 100% AD/ 0% BD	Covered 100% AD	\$0 AD	Covered 100% AD	Covered 100% AD			

Catastrophic

Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family		Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx			
Blue Cross® Premier PPO Value	\$9,100/\$18,200	None	\$9,100/\$18,200	\$30 BD (First 3 visits) Then Covered 100% AD/ \$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD			

*HSA Compatible

AD: After Deductible BD: Before Deductible



Blue Care Network 2023 Individual Plan Overview

Note: All 2023 BCN Individual Plans have an embedded deductible and an embedded out-of-pocket maximum.

HMO

	Gold										
Plan	Ded. Single/ Family	Coins.				Urgent Care Visits (at a facility)	Emergency Room Visits	Rx			
Blue Cross [®] Preferred HMO Gold	\$1,600/\$3,200	20%	\$9,100/\$18,200	\$30 / \$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	\$2,000/\$4,000	25%	\$8,700/\$17,400	\$30 / \$0 BD	\$60 BD	\$45 BD	Covered 75% AD	\$15 BD/\$15 BD/\$30 BD/\$60 BD/ \$250 BD/\$250 BD			

				S	ilver			
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office/Medical Online Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx
Blue Cross [®] Preferred HMO Silver								
Blue Cross [®] Select HMO Silver	¢4 (E0/¢0 200	20%	¢0.100/¢19.200	\$30 / \$0 BD	\$50 AD	¢40 pD	\$250 AD then	\$4 AD/\$20 AD/\$100 AD/
Blue Cross [®] Metro Detroit HMO Silver	\$4,650/\$9,300	20%	\$9,100/\$18,200	2207 20 PD	\$50 AD	\$40 BD	covered 80%	\$150 AD/40% AD/45% AD
Blue Cross [®] Local HMO Silver								
Blue Cross® Preferred HMO Silver Extra								
Blue Cross® Select HMO Silver Extra							Covered	\$20 BD/\$20 BD/\$40 BD/
Blue Cross® Metro Detroit HMO Silver Extra	\$5,800/\$11,600	40%	\$8,900/\$17,800	\$40 / \$0 BD	\$80 BD	\$60 BD	Covered 60% AD	\$20 BD/\$20 BD/\$40 BD/ \$80 AD/\$350 AD/\$350 AD
Blue Cross® Local HMO Silver Extra								

*HSA Compatible

AD: After Deductible BD: Before Deductible



				S	ilver			
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office/Medical Online Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx
Blue Cross® Preferred HMO Silver Saver								
Blue Cross [®] Select HMO Silver Saver							\$250 AD then	\$4 AD/\$20 AD/\$100 AD/
Blue Cross® Metro Detroit HMO Silver Saver	\$5,500/\$11,000	20%	\$8,000/\$16,000	\$45 / \$0 BD	\$90 BD	\$45 BD	covered 80%	\$4 AD/\$20 AD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross [®] Local HMO Silver Saver								
Blue Cross® Preferred HMO Silver Off Marketplace								
Blue Cross® Select HMO Silver Off Marketplace	¢ (000/¢12 000	209/	¢0 100/¢10 200	\$30 / \$0 BD		\$40 BD	\$250 AD then	\$4 AD/\$20 AD/\$100 AD/
Blue Cross® Metro Detroit HMO Silver Off Marketplace	\$6,000/\$12,000	20%	\$9,100/\$18,200	\$307 \$0 BD	\$50 AD	\$40 BD	covered 80%	\$150 AD/40% AD/45% AD
Blue Cross® Local HMO Silver Off Marketplace								

				В	ronze			
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office/Medical Online Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx
Blue Cross® Preferred HMO Bronze								
Blue Cross [®] Select HMO Bronze	¢0 100/¢18 200	Nama	\$9,100/\$18,200	\$30 / \$0 BD	Covered	\$40 BD	Covered	\$35 BD/\$35 BD/\$0 AD/\$0 AD/
Blue Cross [®] Metro Detroit HMO Bronze	\$9,100/\$18,200	None	\$9,100/\$18,200	2207 20 D	100% AD	\$40 BD	100% AD	\$0 AD/\$0 AD
Blue Cross® Local HMO Bronze								



	Bronze										
Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office/Medical Online Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx			
Blue Cross® Preferred HMO Bronze Saver HSA*											
Blue Cross® Select HMO Bronze Saver HSA*	\$7,500/\$15,000	None	\$7,500/\$15,000	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD			
Blue Cross® Metro Detroit HMO Bronze Saver HSA*				100% AD	100% AD		100% AD				
Blue Cross [®] Local HMO Bronze Saver											
Blue Cross® Preferred HMO Bronze Extra											
Blue Cross® Select HMO Bronze Extra		E 09/	¢0,000/¢18,000		\$100 BD	\$75 BD	Covered	\$25 BD/\$25 BD/\$50 AD/			
Blue Cross® Metro Detroit HMO Bronze Extra	\$7,500/\$15,000	50%	\$9,000/\$18,000	\$50 BD/\$0 BD	2100 BD	212 PD	50% AD	\$100 AD/\$500 AD/\$500 AD			
Blue Cross® Local HMO Bronze Extra											
Blue Cross® Preferred HMO Bronze Secure											
Blue Cross [®] Select HMO Bronze Secure	¢0.100/¢10.200		¢0.100/¢10.200	Covered	Covered						
Blue Cross® Metro Detroit HMO Bronze Secure	\$9,100/\$18,200	None	\$9,100/\$18,200	100% AD/ \$0 BD	100% AD	Covered 100% AD	0% AD	Covered 100% AD			
Blue Cross® Local HMO Bronze Secure											



Virtual plans

Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family	Office/Medical Online Visits	Specialist Visits	Urgent Care Visits (at a facility)	Emergency Room Visits	Rx
Blue Cross® Preferred HMO Virtual Primary Care Silver	\$6,050/\$12,100	20%	\$9,100/\$18,200	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	\$9,000/\$18,000	0%	\$9,000/\$18,000	Virtual PCP Visit: \$1BD In-person PCP Visit with referral* \$30 BD	\$0 AD	\$40 BD	\$0 AD	\$35 BD/\$35 BD/\$0 AD/\$0 AD/ \$0 AD/\$0 AD

Catastrophic

Plan	Ded. Single/ Family	Coins.	OOPM Single/ Family			Urgent Care Visits (at a facility)	Emergency Room Visits	Rx
Blue Cross [®] Select HMO Value	¢0 100/¢18 200	Nasa	¢0.100/¢19.200	\$30 / \$0 BD	Covered	\$40 BD	Covered	Covered 100% AD
Blue Cross [®] Preferred HMO Value	\$9,100/\$18,200	Ivone	\$9,100/\$18,200	\$307 \$0 BD	100% AD	\$40 BD	100% AD	Covered 100% AD

*No referral required for under 18 in-person PCP visit & OB/GYN for women.

