



2025

Small Group Product Solutions Guide



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Click on any underlined text to get additional information
(some drive to websites, some drive to PDF downloads)

Contact us

Small Business Sales | **800.471.2504**

For new group submission email
PH-SalesSBD@priorityhealth.com

For renewal submission email
PH-Renewals@priorityhealth.com

For optimized level funded plans email
PH-OLFO@priorityhealth.com

How do you offer affordable, simple and valuable coverage to more small groups?

The answer's easy—choose Priority Health.



Network strength

Across the state, Priority Health has one of the strongest networks in Michigan. Plus, we provide coverage nationwide for members who live, work or travel out-of-state through our partnership with Cigna.¹



Award-winning customer service

Priority Health has been named to Newsweek's America's Best Customer Service 2024 list in the health insurance category.



¹Priority Health is an independent company and not an affiliate of Cigna. Any Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name and other Cigna marks are owned by Cigna Intellectual Property, Inc.



Providing affordable care for you and your employees

As an employer, we know you're looking for affordable coverage options that meet business needs and help attract and retain top talent. Affordability matters to your employees too along with easy-to-understand plans that provide real value for the cost.

You can count on Priority Health to deliver services, discounts and benefits that work harder for both small group employers and their employees.



Benefits for Employers

Cost-saving plan options such as:

- **HMO plans** that ensure employees receive the services they need but none that are unnecessary
- **Optimized level funding option** provides the benefits of traditional self-funding with the added benefit of stable monthly costs
- **Tiered network** solutions (West Michigan Partners/Southeast Michigan Partners) offer great care at a great price

Additional coverage options:

- **FSA products and free HSA banking services** through HealthEquity reducing the administrative burden of managing multiple vendors and providing a seamless experience for employees
- **Ancillary benefits** such as **dental benefits** through Delta Dental³ and adult and pediatric **vision coverage** through our partner, EyeMed⁴

³Pediatric dental rates not included in the Priority Health rates.

⁴Pediatric vision coverage is one of the 10 Essential Health Benefits (EHBs) required to be included in all small group health insurance policies by the federal Affordable Care Act (ACA).

Benefits for Employees

No referrals to see specialists for any network – PPO, POS or HMO.

Coverage for services such as routine doctor visits, specialist visits, prescription drugs and urgent care visits, along with affordable enhancements to ensure overall health at a lower cost, including:

- **\$10 or less virtual care services** for medical, behavioral health and substance use visits.^{4,6}
- **\$15 adult vision exams** and discounts on frames, lenses and contacts.⁵
- **100% coverage for diabetic supplies** purchased through a participating DME provider.⁶
- **100% coverage** (before deductible) **for Continuous Glucose Monitors and associated supplies** at participating pharmacies.⁷
- **100% coverage for allergy testing and treatment.**⁵
- **IRS-allowed chronic condition coverage** for the cost of a copayment or coinsurance **before deductible** on ALL small group PriorityHSA plans.⁴
- **Up to 30 chiropractic care visits**, including maintenance visits, per contract year.
- **Hearing exams and hearing aid discounts** with our partner, **TruHearing**.

Digital tools and programs to help members get the most of their health plan including:

- **Cost Estimator** powered by Healthcare Bluebook is a valuable tool that allows members to see what in-network facilities charge for common services and their out-of-pocket share based on their plan — putting members in control of their health care costs.
- **Our free 24/7 behavioral health assistance** help line to assist with issues including emotional distress, substance abuse and more. Plus, a self-directed digital solution with a breadth of evidence-based activities to bolster mental health and wellness.
- **Care management** programs that focus on chronic conditions including diabetes, asthma, depression and more to increase access to affordable care and improve health outcomes.
- **Diabetes management and prevention programs** that offer tools, resources and support through in-person or virtual classes.
- **PriceMyMeds**, a first-of-its-kind pharmacy program that provides prescription savings for members by automatically applying available drug discounts, so members pay a lower price.
- **PriorityMOM**TM, our pregnancy journey program designed to help navigate health care costs and coverage through pregnancy and beyond.
- **PriorityBABY**TM, our family-first program designed to support healthier and safer infant care for new caregivers.
- **BenefitHub**, a free, easy-to-use benefits portal offering members discounts on travel, restaurants, shopping, family care and more.
- **Priority Health Connect** an online resource that connects members with free or reduced-cost social service programs.

⁵Excludes grandfathered or transitional groups. ⁶Excludes PriorityHSA and PriorityAssure plans. ⁷Covered after deductible for PriorityHSA. ⁸CGM and associated supplies for pre-ACA transitional and grandfathered HDHP plans will be \$0, deductible applies. ⁹Excludes PriorityHSA and PriorityAssure plans.

Cost saving solutions



Looking for winning solutions for your clients?

Quote these popular plans

PriorityClassic plans offer competitively priced plans with key benefits covered before the deductible is met.

Gold & Silver plans

PriorityHMO/POS/PPO Gold G10

PriorityHMO/POS Gold G10 Tiered Networks

PriorityHMO/POS/PPO Gold G121 **(PPO NEW for 2025)**

PriorityHMO/POS/PPO Gold G15

PriorityHMO Gold G15 Tiered Networks

PriorityHMO/POS/PPO Gold G20

PriorityHMO/POS/PPO Silver S37

PriorityHMO/POS Silver S50 **(NEW for 2025)**

PriorityHSA plans work best for employers looking for cost savings as well as tax advantages for employers and employees.

PriorityHSA HMO/POS/PPO G16

PriorityHSA HMO Gold G16 Tiered Networks

PriorityHSA HMO/POS Gold G201

PriorityHSA HMO/POS/PPO Gold G251

PriorityHSA HMO/POS/PPO Silver S22

PriorityHSA HMO Silver S22 Tiered Networks

PriorityHSA HMO/POS/PPO Silver S33

PriorityHSA HMO/POS Silver S551

Looking for the best health plan on the market?

Consider one of Priority Health's **Priority**Classic **Platinum plans**. You don't need to downgrade your benefits with your current carrier, just switch to **Priority** Health. The peace of mind you'll get knowing 90% of your costs are covered is as good as platinum.

Platinum plans

PriorityHMO Platinum

Priority HMO/POS/PPO Platinum P251

PriorityHMO/POS/PPO Platinum P259

PriorityHMO/POS/PPO Platinum P47

PriorityHMO Platinum Tiered Networks

PriorityHMO Platinum P20 Tiered Networks

PriorityHMO Platinum P47 Tiered Networks **(NEW for 2025)**



**Download our Network
Solutions Comparison overview**



Optimized Level Funding (OLFO)

OLFO can help employers reduce premiums and increase flexibility.

Small groups can choose our optimized level funding option. With it, based on enrollment, employers pay a fixed monthly amount to cover the costs of administration, stop-loss and claims funding.

Priority Health uses the money as needed to pay claims. At the end of the plan year, the claim account is reconciled. If there is a surplus, the employer will have 50% of that surplus returned to them. The group is not required to pay Priority Health back if there is a deficit at the end of the plan year.

Employer benefits of choosing our optimized level funding option include:



Reduced plan costs



Tax advantages



Increased cash flow



No health statements required
for groups of 5 or more enrolled
members



Reporting



Select plans from the current small
business ACA plan menu (HMO
and POS only)



Composite rates



Increased plan flexibility

Email ph-olfo@priorityhealth.com for more information.

Sample claims funding settlement

Total aggregate claims funding:	\$ 80,239
Total claims paid:	– \$ 66,234
Surplus:	\$ 14,005

Amount returned to employer*: \$7,002.50
*Claim account is settled 4 months after
the end of the plan year.*

**50% of surplus aggregate claim funding*

Download our frequently asked questions.



Find out if OLFO is right for you.



Tiered networks

Tiered networks can help employers save on premiums.

They can also help employees save on deductibles, out-of-pocket limits and cost sharing—all by utilizing the selected Tier 1 provider network. They're ideal for price-sensitive groups with employees who are geographically located within the Tier 1 service area.

In tiered network plans, we separate providers into two tiers: Tier 1 and Tier 2. We partner with our Tier 1 providers to lower member costs. If employees choose care through a Tier 1 provider, they benefit from lower coinsurance, copays and deductibles. Members still have access to our entire Priority Health network however, if they choose to receive care from a Tier 2 hospital or provider, they will have a higher cost share for care.

See double-digit savings for tiered network plans.



Tier 1 providers include:

West MI Partners:

- Corewell Health in West Michigan¹
- University of Michigan Health-West
- Holland Hospital

Southeast MI Partners:

- Ascension St. John
- Ascension Providence
- Corewell Health in Southeast Michigan (formerly Beaumont Health)
- Detroit Medical Center
- Lake Huron Medical Center
- Michigan Medicine²
- Trinity Health in Southeast Michigan

Download the Southeast MI partners agent overview.



Download the West MI partners agent overview.



Download the tiered networks over-the-counter coverage overview.



¹With the exception of Corewell Health in Southwest Michigan, formerly Spectrum Health Lakeland

²University of Michigan and health centers for non-primary care with referral only

We deliver high-performing pharmacy benefits at the lowest net cost.

Prescription drugs can be costly.

That's why we offer PriceMyMeds to help you save.

PriceMyMeds, a first-of-its-kind pharmacy program that provides prescription savings for members by automatically applying available drug discounts, so members pay a lower price.

How to check if your prescriptions are covered

- The easiest way to see if your plan covers your prescriptions is to check the approved drug list, or ADL. You can find it on our website:
- Go to priorityhealth.com/formulary/employer/optimized.
- Search for medications alphabetically by name or by therapeutic class—like antihistamines, for example. You can also search for medications by cost.



To help keep pharmacy costs low, we offer:

- Preferred brand insulins covered at Tier 1b copays
- \$5 prescription copays for Tier 1a drugs on the approved drug list
- A 30-day transition prescription refill for new members to ensure they continue to receive medications without disruption

Tips and tools for selling and retaining Priority Health groups

It's easy to do business with Priority Health. We give you all the information and resources you need at your fingertips to quote, sell and enroll small groups.

An easy-to-use Agent Resources Library available 24/7 with:

- Resources to help you sell, such as product and program overviews, training videos and product portfolios outlining the benefit plans that are available.
- Tools for open enrollment, including presentations, member onboarding videos, reference guides and program overviews.
- Agent webinars to help you stay informed.
- Employee toolkits such as Priority Health member app, Cost Estimator, Preventive Care, PriorityWell, Livongo, Pharmacy and Behavioral Health benefits, and more.

Plus, through the Agent Center you can also access PriorityQuote, our intuitive enrollment tool that simplifies the process, letting you complete enrollments in under two weeks. PriorityQuote user guides and training videos are available on the Agent Center to walk you through each step of the process.



2025 Small Group Plans **HMO**



2025 Small Group Plans—HMO (continued on next page)

● New plan **Bold text** = copay or coinsurance before deductible

PriorityClassic HMO	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam		
PriorityHMO Platinum	Platinum	100%	\$15/\$20/\$75	\$150/\$150	\$5/\$10/\$40/\$80/20%/20%	\$0/\$0 E	N/A	\$4500/\$9000 E
PriorityHMO Platinum P251	Platinum	100%	\$15/\$35/\$75	\$250/\$150	\$5/\$10/\$40/\$80/20%/20%	\$250/\$500 E	N/A	\$5000/\$10000 E
PriorityHMO Platinum P259	Platinum	90%	\$20/\$35/\$75	\$250/\$150	\$5/\$15/\$40/\$80/20%/20%	\$250/\$500 E	\$2000/\$4000 E	\$5000/\$10000 E
PriorityHMO Platinum P47	Platinum	90%	\$15/\$40/\$75	\$250/\$150	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$2000/\$4000 E
PriorityHMO Gold G50	Gold	80%	\$30/\$50/\$85	\$250/\$250	\$5/\$35/\$80/\$95/20%/20%	\$500/\$1000 E	\$5500/\$11000 E	\$9100/\$18200 E
PriorityHMO Gold G10	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8150/\$16300 E
PriorityHMO Gold G10MEA*	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8150/\$16300 E
PriorityHMO Gold G121	Gold	100%	\$30/\$60/\$85	\$250/\$250	\$5/\$30/\$40/\$80/20%/20%	\$1200/\$2400 E	N/A	\$8150/\$16300 E
PriorityHMO Gold G15	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$8200/\$16400 E
PriorityHMO Gold G20	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$8200/\$16400 E
PriorityHMO Gold G25	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$8500/\$17000 E
PriorityHMO Gold S301	Gold	100%	\$25/\$55/\$85	\$250/\$250	\$5/\$20/\$85/\$150/20%/20%	\$3000/\$6000 E	N/A	\$7900/\$15800 E
PriorityHMO Silver S30	Silver	70%	\$45/\$85/\$85	\$300/\$250	\$5/\$35/\$110/\$150/20%/20%	\$3050/\$6100 E	N/A	\$9200/\$18400 E
PriorityHMO Silver S37	Silver	70%	\$45/\$85/\$85	\$300/\$250	\$5/\$35/\$100/\$150/20%/20%	\$3750/\$7500 E	N/A	\$9000/\$18000 E
PriorityHMO Silver S47	Silver	70%	\$45/\$85/\$85	\$300/\$250	\$5/\$35/\$100/\$150/20%/20%	\$4750/\$9500 E	N/A	\$8900/\$17800 E
PriorityHMO Silver S50 ●	Silver	90%	\$40/\$85/\$85	\$300/\$250	\$5/\$40/\$80/\$150/20%/20%	\$5000/\$10000 E	N/A	\$9200/\$18400 E

PriorityClassic HMO Tiered Networks	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam		
PriorityHMO Platinum - West MI Partners	Platinum	100%	\$15/\$20/\$75	\$150/\$150	\$5/\$10/\$40/\$80/20%/20%	\$0/\$0 E	N/A	\$4500/\$9000 E
		100%	\$45/\$60/\$150	\$150/\$475	\$5/\$10/\$40/\$80/20%/20%	\$500/\$1000 E	N/A	\$4500/\$9000 E
PriorityHMO Platinum - Southeast MI Partners	Platinum	100%	\$15/\$20/\$75	\$150/\$150	\$5/\$10/\$40/\$80/20%/20%	\$0/\$0 E	N/A	\$4500/\$9000 E
		100%	\$45/\$60/\$150	\$150/\$475	\$5/\$10/\$40/\$80/20%/20%	\$500/\$1000 E	N/A	\$4500/\$9000 E
PriorityHMO Platinum P20 - West MI Partners	Platinum	90%	\$10/\$30/\$75	\$250/\$150	\$5/\$15/\$40/\$80/20%/20%	\$200/\$400 E	N/A	\$3500/\$7000 E
		60%	\$30/\$90/\$150	\$250/\$450	\$5/\$15/\$40/\$80/20%/20%	\$600/\$1200 E	N/A	\$3500/\$7000 E
PriorityHMO Platinum P20 - Southeast MI Partners	Platinum	90%	\$10/\$30/\$75	\$250/\$150	\$5/\$15/\$40/\$80/20%/20%	\$200/\$400 E	N/A	\$3500/\$7000 E
		60%	\$30/\$90/\$150	\$250/\$450	\$5/\$15/\$40/\$80/20%/20%	\$600/\$1200 E	N/A	\$3500/\$7000 E
PriorityHMO Platinum P47 - West MI Partners ●	Platinum	90%	\$15/\$40/\$75	\$250/\$150	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$2000/\$4000 E
		60%	\$45/\$120/\$150	\$250/\$450	\$5/\$15/\$40/\$80/20%/20%	\$1425/\$2850 E	N/A	\$2000/\$4000 E
PriorityHMO Platinum P47 - Southeast MI Partners ●	Platinum	90%	\$15/\$40/\$75	\$250/\$150	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$2000/\$4000 E
		60%	\$45/\$120/\$150	\$250/\$450	\$5/\$15/\$40/\$80/20%/20%	\$1425/\$2850 E	N/A	\$2000/\$4000 E

*PriorityHMO Gold G10MEA plans include minimum elective abortion coverage and travel expense reimbursement.

2025 Small Group Plans—HMO (continued on next page)

● New plan **Bold text** = copay or coinsurance before deductible

PriorityClassic HMO Tiered Networks	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam		
PriorityHMO Gold G10 - West MI Partners	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8150/\$16300 E
		60%	\$60/\$150/\$170	\$250/\$450	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$8150/\$16300 E
PriorityHMO Gold G10 - Southeast MI Partners	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8150/\$16300 E
		60%	\$60/\$150/\$170	\$250/\$450	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$8150/\$16300 E
PriorityHMO Gold G15 - West MI Partners	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$8200/\$16400 E
		60%	\$60/\$150/\$170	\$250/\$450	\$5/\$35/\$75/\$85/20%/20%	\$5500/\$11000 E	N/A	\$8200/\$16400 E
PriorityHMO Gold G15 - Southeast MI Partners	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$8200/\$16400 E
		60%	\$60/\$150/\$170	\$250/\$450	\$5/\$35/\$75/\$85/20%/20%	\$5500/\$11000 E	N/A	\$8200/\$16400 E
PriorityHMO Gold G20 - West MI Partners	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$8200/\$16400 E
		50%	\$60/\$150/\$170	\$250/\$450	\$5/\$35/\$70/\$85/20%/20%	\$7000/\$14000 E	N/A	\$8200/\$16400 E
PriorityHMO Gold G20- Southeast MI Partners	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$8200/\$16400 E
		50%	\$60/\$150/\$170	\$250/\$450	\$5/\$35/\$70/\$85/20%/20%	\$7000/\$14000 E	N/A	\$8200/\$16400 E
PriorityHMO Gold G25 - West MI Partners	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$8500/\$17000 E
		50%	\$60/\$150/\$170	\$250/\$450	\$5/\$30/\$70/\$85/20%/20%	\$7500/\$15000 E	N/A	\$8500/\$17000 E
PriorityHMO Gold G25 - Southeast MI Partners	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$8500/\$17000 E
		50%	\$60/\$150/\$170	\$250/\$450	\$5/\$30/\$70/\$85/20%/20%	\$7500/\$15000 E	N/A	\$8500/\$17000 E
PriorityHMO Silver S37 - West MI Partners	Silver	70%	\$45/\$85/\$85	\$300/\$250	\$5/\$35/\$100/\$150/20%/20%	\$3750/\$7500 E	N/A	\$9000/\$18000 E
		50%	\$135/\$200/\$170	\$300/\$450	\$5/\$35/\$100/\$150/20%/20%	\$8400/\$16800 E	N/A	\$9000/\$18000 E
PriorityHMO Silver S37 - Southeast MI Partners	Silver	70%	\$45/\$85/\$85	\$300/\$250	\$5/\$35/\$100/\$150/20%/20%	\$3750/\$7500 E	N/A	\$9000/\$18000 E
		50%	\$135/\$200/\$170	\$300/\$450	\$5/\$35/\$100/\$150/20%/20%	\$8400/\$16800 E	N/A	\$9000/\$18000 E

PriorityHSA HMO	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Integrated med- ical and Rx Ind/ Fam		
PriorityHSA HMO Gold G16	Gold	80%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%*	\$1650/\$3300 A	N/A	\$4500/\$9000 E
PriorityHSA HMO Gold G201	Gold	100%	Coins	Coins	\$5/\$40/\$80/\$100/20%/20%*	\$2000/\$4000 A	N/A	\$6950/\$13900 E
PriorityHSA HMO Gold G251	Gold	100%	Coins	Coins	\$5/\$35/\$70/\$90/20%/20%*	\$2500/\$5000 A	N/A	\$5000/\$10000 E
PriorityHSA HMO Silver S22	Silver	70%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%*	\$2200/\$4400 A	N/A	\$7500/\$15000 E
PriorityHSA HMO Silver S33	Silver	70%	Coins	Coins	\$5/\$35/\$60/\$80/20%/20%*	\$3300/\$6600 E	N/A	\$7500/\$15000 E
PriorityHSA HMO Silver S39	Silver	90%	Coins	Coins	\$5/\$40/\$100/\$140/20%/20%*	\$3900/\$7800 E	N/A	\$7500/\$15000 E
PriorityHSA HMO Silver S45	Silver	90%	Coins	Coins	\$5/\$45/\$100/\$140/20%/20%*	\$4500/\$9000 E	N/A	\$7500/\$15000 E
PriorityHSA HMO Silver S551	Silver	100%	Coins	Coins	\$5/\$35/\$70/\$90/20%/20%*	\$5500/\$11000 E	N/A	\$7100/\$14200 E
PriorityHSA HMO Bronze B75	Exp. Bronze	100%	100%	100%	100%*	\$7500/\$15000 E	N/A	\$7500/\$15000 E

2025 Small Group Plans—HMO (continued on next page)

● New plan **Bold text** = copay or coinsurance before deductible

PriorityHSA HMO Tiered Networks	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam		
PriorityHSA HMO Gold G16 - West MI Partners	Gold	80%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%*	\$1650/\$3300 A	N/A	\$4500/\$9000 E
		50%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%*	\$4950/\$9900 A	N/A	\$8050/\$16100 E
PriorityHSA HMO Gold G16 - Southeast MI Partners	Gold	80%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%*	\$1650/\$3300 A	N/A	\$4500/\$9000 E
		50%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%*	\$4950/\$9900 A	N/A	\$8050/\$16100 E
PriorityHSA HMO Silver S22 - West MI Partners	Silver	70%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%*	\$2200/\$4400 A	N/A	\$7500/\$15000 E
		50%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%*	\$6600/\$13200 A	N/A	\$7500/\$15000 E
PriorityHSA HMO Silver S22 - Southeast MI Partners	Silver	70%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%*	\$2200/\$4400 A	N/A	\$7500/\$15000 E
		50%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%*	\$6600/\$13200 A	N/A	\$7500/\$15000 E

PriorityHRA HMO	Metal type	Coinsurance	Copayments			Deductible		Coinsur- ance maxi- mum	Out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Integrated medical and Rx Ind/Fam	Employer Contribution		
PriorityHRA HMO Gold G2010	Gold	70%	\$30/\$60/\$85	\$250/\$250	\$5/\$30/\$60/\$80/20%/20%	\$2000/\$4000 E	\$1,000	N/A	\$8150/\$16300 E
PriorityHRA HMO Gold G5026	Gold	70%	\$30/\$60/\$85	\$250/\$250	\$5/\$30/\$65/\$85/20%/20%	\$5000/\$10000 E	\$2,600	N/A	\$8150/\$16300 E

PriorityAssure HMO	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Integrated medical and Rx Ind/Fam		
PriorityAssure Gold HMO G17	Gold	90%	\$10/Coins/\$85	Coins	\$5/\$20/\$40/20%/20%/20%	\$1700/\$3400 E	N/A	\$6650/\$13300 E
PriorityAssure Silver HMO S38	Silver	70%	\$25/Coins/\$85	Coins	\$5/\$30/\$70/20%/20%/20%	\$3800/\$7600 E	N/A	\$8200/\$16400 E
PriorityAssure Silver HMO S50	Silver	70%	\$15/Coins/\$85	Coins	\$5/\$25/\$60/20%/20%/20%	\$5000/\$10000 E	N/A	\$8200/\$16400 E
PriorityAssure Bronze HMO B92	Exp. Bronze	100%	\$40/Coins/\$85	100%	\$5/\$35/100%/100%/100%/100%	\$9200/\$18400 E	N/A	\$9200/\$18400 E

Deductible codes

(E) "Embedded" means the plan contains an individual limit (stop) within the family total. The embedded stop occurs when an individual's deductible or out-of-pocket limit has been satisfied, but the family deductible or out-of-pocket limit hasn't.

(A) "Aggregate" means the total deductible or out-of-pocket limit does not contain an individual limit. An individual is covered when the family deductible or out-of-pocket limit has been met.

*With PriorityHRA, the employee pays first. Once the employee contribution is applied to the deductible, the employer contribution is applied to the remaining deductible.

2025 Small Group Plans **POS/PPO**



2025 Small Group Plans—POS/PPO

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New plan **Bold text** = copay or coinsurance before deductible

PriorityClassic POS	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsurance	Alternate deductible	Alternate coinsurance maximum	Alternate out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam				Medical only Ind/Fam		
PriorityPOS Platinum P251	Platinum	100%	\$15/\$35/\$75	\$250/\$150	\$5/\$10/\$40/\$80/20%/20%	\$250/\$500 E	N/A	\$5000/\$10000 E	70%	\$500/\$1000 E	N/A	\$10000/\$20000 E
PriorityPOS Platinum P259	Platinum	90%	\$20/\$35/\$75	\$250/\$150	\$5/\$15/\$40/\$80/20%/20%	\$250/\$500 E	\$2000/\$4000 E	\$5000/\$10000 E	70%	\$500/\$1000 E	\$4000/\$8000 E	\$10000/\$20000 E
PriorityPOS Platinum P47	Platinum	90%	\$15/\$40/\$75	\$250/\$150	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$2000/\$4000 E	70%	\$950/\$1900 E	N/A	\$4000/\$8000 E
PriorityPOS Gold G50	Gold	80%	\$30/\$50/\$85	\$250/\$250	\$5/\$35/\$80/\$95/20%/20%	\$500/\$1000 E	\$5500/\$11000 E	\$9100/\$18200 E	60%	\$1000/\$2000 E	\$11000/\$22000 E	\$18200/\$36400 E
PriorityPOS Gold G10	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8150/\$16300 E	60%	\$2000/\$4000 E	\$9000/\$18000 E	\$16300/\$32600 E
PriorityPOS Gold G10MEA*	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8150/\$16300 E	60%	\$2000/\$4000 E	\$9000/\$18000 E	\$16300/\$32600 E
PriorityPOS Gold G121	Gold	100%	\$30/\$60/\$85	\$250/\$250	\$5/\$30/\$40/\$80/20%/20%	\$1200/\$2400 E	N/A	\$8150/\$16300 E	70%	\$2400/\$4800 E	N/A	\$16300/\$32600 E
PriorityPOS Gold G15	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$8200/\$16400 E	60%	\$3000/\$6000 E	\$9000/\$18000 E	\$16400/\$32800 E
PriorityPOS Gold G20	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$8200/\$16400 E	60%	\$4000/\$8000 E	\$9000/\$18000 E	\$16400/\$32800 E
PriorityPOS Gold G25	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$8500/\$17000 E	60%	\$5000/\$10000 E	\$9000/\$18000 E	\$17000/\$34000 E
PriorityPOS Gold G301	Gold	100%	\$25/\$55/\$85	\$250/\$250	\$5/\$20/\$85/\$150/20%/20%	\$3000/\$6000 E	N/A	\$7900/\$15800 E	70%	\$6000/\$12000 E	N/A	\$15800/\$31600 E
PriorityPOS Silver S30	Silver	70%	\$45/\$85/\$85	\$300/\$250	\$5/\$35/\$110/\$150/20%/20%	\$3050/\$6100 E	N/A	\$9200/\$18400 E	50%	\$6100/\$12200 E	N/A	\$18400/\$36800 E
PriorityPOS Silver S37	Silver	70%	\$45/\$85/\$85	\$300/\$250	\$5/\$35/\$100/\$150/20%/20%	\$3750/\$7500 E	N/A	\$9000/\$18000 E	50%	\$7500/\$15000 E	N/A	\$18000/\$36000 E
PriorityPOS Silver S47	Silver	70%	\$45/\$85/\$85	\$300/\$250	\$5/\$35/\$100/\$150/20%/20%	\$4750/\$9500 E	N/A	\$8900/\$17800 E	50%	\$9500/\$19000 E	N/A	\$17800/\$35600 E
PriorityPOS Silver S50 ●	Silver	90%	\$40/\$85/\$85	\$300/\$250	\$5/\$40/\$80/\$150/20%/20%	\$5000/\$10000 E	N/A	\$9200/\$18400 E	50%	\$10000/\$20000 E	N/A	\$18400/\$36800 E

PriorityClassic POS Tiered Networks	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsurance	Alternate deductible	Alternate coinsurance maximum	Alternate out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/ Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam				Medical only Ind/Fam		
PriorityPOS Gold G10 - West MI Partners	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8150/\$16300 E	50%	\$7000/\$14000 E	N/A	\$16300/\$32600 E
		60%	\$60/\$150/\$170	\$250/\$450	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$8150/\$16300 E				
PriorityPOS Gold G10 - Southeast MI Partners	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8150/\$16300 E	50%	\$7000/\$14000 E	N/A	\$16300/\$32600 E
		60%	\$60/\$150/\$170	\$250/\$450	\$5/\$35/\$75/\$90/20%/20%	\$4000/\$8000 E	N/A	\$8150/\$16300 E				

*PriorityPOS Gold G10MEA plans include minimum elective abortion coverage and travel expense reimbursement.

2025 Small Group Plans—POS/PPO

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New plan **Bold text** = copay or coinsurance before deductible

PriorityHSA POS	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsurance	Alternate deductible	Alternate coinsurance maximum	Alternate out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/Tier 2/Tier 3/Tier 4/Tier 5)					Medical only Ind/Fam		
PriorityHSA POS Gold G16	Gold	80%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%*	\$1650/\$3300 A	N/A	\$4500/\$9000 E	60%	\$3300/\$6600 A	N/A	\$9000/\$18000 A
PriorityHSA POS Gold G201	Gold	100%	Coins	Coins	\$5/\$40/\$80/\$100/20%/20%*	\$2000/\$4000 A	N/A	\$6950/\$13900 E	70%	\$4000/\$8000 A	N/A	\$13900/\$27800 A
PriorityHSA POS Gold G251	Gold	100%	Coins	Coins	\$5/\$35/\$70/\$90/20%/20%*	\$2500/\$5000 A	N/A	\$5000/\$10000 E	70%	\$5000/\$10000 A	N/A	\$10000/\$20000 A
PriorityHSA POS Silver S22	Silver	70%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%*	\$2200/\$4400 A	N/A	\$7500/\$15000 E	50%	\$4400/\$8800 A	N/A	\$15000/\$30000 A
PriorityHSA POS Silver S33	Silver	70%	Coins	Coins	\$5/\$35/\$60/\$80/20%/20%*	\$3300/\$6600 E	N/A	\$7500/\$15000 E	50%	\$6600/\$13200 A	N/A	\$15000/\$30000 A
PriorityHSA POS Silver S39	Silver	90%	Coins	Coins	\$5/\$40/\$100/\$140/20%/20%*	\$3900/7800 E	N/A	\$7500/\$15000 E	70%	\$7800/\$15600 A	N/A	\$15000/\$30000 A
PriorityHSA POS Silver S45	Silver	90%	Coins	Coins	\$5/\$45/\$100/\$140/20%/20%*	\$4500/\$9000 E	N/A	\$7500/\$15000 E	70%	\$9000/\$18000 A	N/A	\$15000/\$30000 A
PriorityHSA POS Silver S551	Silver	100%	Coins	Coins	\$5/\$35/\$70/\$90/20%/20%*	\$5500/\$11000 E	N/A	\$7100/\$14200 E	70%	\$11000/\$22000 A	N/A	\$14200/\$28400 A
PriorityHSA POS Bronze B75	Exp. Bronze	100%	100%	100%	100%*	\$7500/\$15000 E	N/A	\$7500/\$15000 E	n/a	\$15000/\$30000 A	N/A	\$15000/\$30000 A

PriorityHRA POS	Metal type	Coinsurance	Copayments			Deductible		Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsurance	Alternate deductible	Alternate coinsurance maximum	Alternate out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam	Employer Contribution				Medical only Ind/Fam		
PriorityHRA POS Gold G2010	Gold	70%	\$30/\$60/\$85	\$250/\$250	\$5/\$30/\$60/\$80/20%/20%	\$2000/\$4000 E	\$1,000	N/A	\$8150/\$16300 E	50%	\$4000/\$8000 E	N/A	\$16300/\$32600 E
PriorityHRA POS Gold G5026	Gold	70%	\$30/\$60/\$85	\$250/\$250	\$5/\$30/\$65/\$85/20%/20%	\$5000/\$10000 E	\$2,600	N/A	\$8150/\$16300 E	50%	\$10000/\$20000 E	N/A	\$16300/\$32600 E

PriorityClassic PPO	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsurance	Alternate deductible	Alternate coinsurance maximum	Alternate out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/Tier 2/Tier 3/Tier 4/Tier 5)					Medical only Ind/Fam		
PriorityPPO Platinum P251	Platinum	100%	\$15/\$35/\$75	\$250/\$150	\$5/\$10/\$40/\$80/20%/20%	\$250/\$500 E	N/A	\$5000/\$10000 E	70%	\$500/\$1000 E	N/A	\$10000/\$20000 E
PriorityPPO Platinum P259	Platinum	90%	\$20/\$35/\$75	\$250/\$150	\$5/\$15/\$40/\$80/20%/20%	\$250/\$500 E	\$2000/\$4000 E	\$5000/\$10000 E	70%	\$500/\$1000 E	\$4000/\$8000 E	\$10000/\$20000 E
PriorityPPO Platinum P47	Platinum	90%	\$15/\$40/\$75	\$250/\$150	\$5/\$15/\$40/\$80/20%/20%	\$475/\$950 E	N/A	\$2000/\$4000 E	70%	\$950/\$1900 E	N/A	\$4000/\$8000 E
PriorityPPO Gold G50	Gold	80%	\$30/\$50/\$85	\$250/\$250	\$5/\$35/\$80/\$95/20%/20%	\$500/\$1000 E	\$5500/\$11000 E	\$9100/\$18200 E	60%	\$1000/\$2000 E	\$11000/\$22000 E	\$18200/\$36400 E
PriorityPPO Gold G10	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$90/20%/20%	\$1000/\$2000 E	\$4500/\$9000 E	\$8150/\$16300 E	60%	\$2000/\$4000 E	\$9000/\$18000 E	\$16300/\$32600 E
PriorityPPO Gold G121 ●	Gold	100%	\$30/\$60/\$85	\$250/\$250	\$5/\$30/\$40/\$80/20%/20%	\$1200/\$2400 E	N/A	\$8150/\$16300 E	70%	\$2400/\$4800 E	N/A	\$16300/\$32600 E
PriorityPPO Gold G15	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$75/\$85/20%/20%	\$1500/\$3000 E	\$4500/\$9000 E	\$8200/\$16400 E	60%	\$3000/\$6000 E	\$9000/\$18000 E	\$16400/\$32800 E
PriorityPPO Gold G20	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$35/\$70/\$85/20%/20%	\$2000/\$4000 E	\$4500/\$9000 E	\$8200/\$16400 E	60%	\$4000/\$8000 E	\$9000/\$18000 E	\$16400/\$32800 E
PriorityPPO Gold G25	Gold	80%	\$20/\$50/\$85	\$250/\$250	\$5/\$30/\$70/\$85/20%/20%	\$2500/\$5000 E	\$4500/\$9000 E	\$8500/\$17000 E	60%	\$5000/\$10000 E	\$9000/\$18000 E	\$17000/\$34000 E
PriorityPPO Silver S30	Silver	70%	\$45/\$85/\$85	\$300/\$250	\$5/\$35/\$110/\$150/20%/20%	\$3050/\$6100 E	N/A	\$9200/\$18400 E	50%	\$6100/\$12200 E	N/A	\$18400/\$36800 E
PriorityPPO Silver S37	Silver	70%	\$45/\$85/\$85	\$300/\$250	\$5/\$35/\$100/\$150/20%/20%	\$3750/\$7500 E	N/A	\$9000/\$18000 E	50%	\$7500/\$15000 E	N/A	\$18000/\$36000 E

2025 Small Group Plans—POS/PPO

● *New plan* **Bold text** = *copay or coinsurance before deductible*

PriorityHSA PPO	Metal type	Coinsurance	Copayments			Deductible	Coinsurance maximum	Out-of-pocket limit Ind/Fam	Alternate coinsurance	Alternate deductible	Alternate coinsurance maximum	Alternate out-of-pocket limit Ind/Fam
			PCP/Spec/UC	ER/Imaging	Rx (Tier 1a/Tier 1b/Tier 2/Tier 3/Tier 4/Tier 5)	Medical only Ind/Fam				Medical only Ind/Fam		
PriorityHSA PPO Gold G16	Gold	80%	Coins	Coins	\$5/\$35/\$65/\$85/20%/20%*	\$1650/\$3300 A	N/A	\$4500/\$9000 E	60%	\$3300/\$6600 A	N/A	\$9000/\$18000 A
PriorityHSA PPO Gold G251	Gold	100%	Coins	Coins	\$5/\$35/\$70/\$90/20%/20%*	\$2500/\$5000 A	N/A	\$5000/\$10000 E	70%	\$5000/\$10000 A	N/A	\$10000/\$20000 A
PriorityHSA PPO Silver S22	Silver	70%	Coins	Coins	\$5/\$35/\$80/\$125/20%/20%*	\$2200/\$4400 A	N/A	\$7500/\$15000 E	50%	\$4400/\$8800 A	N/A	\$15000/\$30000 A
PriorityHSA PPO Silver S33	Silver	70%	Coins	Coins	\$5/\$35/\$60/\$80/20%/20%*	\$3300/\$6600 E	N/A	\$7500/\$15000 E	50%	\$6600/\$13200 A	N/A	\$15000/\$30000 A
PriorityHSA PPO Bronze B75	Exp. Bronze	100%	100%	100%	100%*	\$7500/\$15000 E	N/A	\$7500/\$15000 E	N/A	\$15000/\$30000 A	N/A	\$15000/\$30000 A

Deductible codes

(E) “Embedded” means the plan contains an individual limit (stop) within the family total. The embedded stop occurs when an individual’s deductible or out-of-pocket limit has been satisfied, but the family deductible or out-of-pocket limit hasn’t.

(A) “Aggregate” means the total deductible or out-of-pocket limit does not contain an individual limit. An individual is covered when the family deductible or out-of-pocket limit has been met.

*With PriorityHRA, the employee pays first. Once the employee contribution is applied to the deductible, the employer contribution is applied to the remaining deductible.

