



# 2023 Small Group Qualified Health Plans Summary

						Prescriptions			
		Deductible Individual/Family	Coinsurance	Out-of-pocket Limit Individual/Family	Telehealth PCP Specialist	Emergency Room Urgent Care	Preferred Generic/Nonpreferred Generic	Preferred Brand/Nonpreferred Brand	Preferred Specialty/Nonpreferred Specialty
PLATINUM	HMO 0 HMO Henry Ford Choice 0 HMO Genesys Choice 0 EPO 0 PPO 0	\$0/\$0	0%	\$1,500/\$3,000	Telehealth: \$0 PCP: \$20 Spec: \$40	ER: \$200 UC: \$65	\$5/\$20	\$30/\$60	20% to \$200/script 50% to \$500/script
	HMO 250 HMO Henry Ford Choice 250 HMO Genesys Choice 250 EPO 250 PPO 250	\$250/\$500	0%	\$1,500/\$3,000	Telehealth: \$0 PCP: \$20 Spec: \$40	ER: \$200 UC: \$65	\$5/\$15	\$30/\$60	20% to \$200/script 50% to \$500/script
	HMO 500 HMO Henry Ford Choice 500 EPO 500 PPO 500	\$500/\$1,000	0%	\$2,000/\$4,000	Telehealth: \$0 PCP: \$20 Spec: \$40	ER: \$200 UC: \$65	\$5/\$15	\$30/\$60	20% to \$200/script 50% to \$500/script
GOLD	HMO 1000 HMO Henry Ford Choice 1000 HMO Genesys Choice 1000 EPO 1000 PPO 1000	\$1,000/\$2,000	20%	\$6,500/\$13,000	Telehealth: \$0 PCP: \$35 Spec: \$60	ER: \$300 UC: \$65	\$5/\$25	\$40/\$80	20% to \$200/script 50% to \$500/script
	HMO 1200 HMO Henry Ford Choice 1200 EPO 1200 PPO 1200	\$1,200/\$2,400	0%	\$7,000/\$14,000	Telehealth: \$0 PCP: \$35 Spec: \$60	ER: \$300 UC: \$65	\$5/\$30	\$40/\$80	20% to \$200/script 50% to \$500/script
	HMO 1500 (HSA) EPO 1500 (HSA) PPO 1500 (HSA)	\$1,500/\$3,000	30%	\$4,000/\$8,000	Telehealth: Covered after deductible PCP/ Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: 30% coinsurance after deductible	\$5/\$15 after deductible	\$40/\$80 after deductible	20% to \$200/script after deductible 50% to \$500/script after deductible
	HMO 1500 HMO Henry Ford Choice 1500 EPO 1500 PPO 1500	\$1,500/\$3,000	20% (Coinsurance max: \$3,500 individual/\$7,000 family)	\$7,350/\$14,700	Telehealth: \$0 PCP: \$35 Spec: \$60	ER: \$300 UC: \$65	\$5/\$25	\$40/\$80	20% to \$200/script 50% to \$500/script
	HMO 1700 (HSA) EPO 1700 (HSA) PPO 1700 (HSA)	\$1,700/\$3,400	0%	\$4,000/\$8,000	Telehealth: Covered after deductible PCP/ Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	\$5/\$30 after deductible	\$40/\$80 after deductible	20% to \$200/script after deductible 50% to \$500/script after deductible
	HMO 2000 EPO 2000 PPO 2000	\$2,000/\$4,000	20% (Coinsurance max: \$4,000 individual/\$8,000 family)	\$7,350/\$14,700	Telehealth: \$0 PCP: \$35 Spec: \$60	ER: \$300 UC: \$65	\$5/\$25	\$40/\$80	20% to \$200/script 50% to \$500/script
	HMO 2500 Plus HMO Henry Ford Choice 2500 Plus EPO 2500 Plus PPO 2500 Plus	\$2,500/\$5,000	0%	\$7,350/\$14,700	Telehealth: \$0 PCP: \$35 Spec: \$60	ER: \$300 UC: \$65	\$5/\$25	\$40/\$80	20% to \$200/script 50% to \$500/script
	HMO 2700 (HSA) HMO Henry Ford Choice 2700 (HSA) HMO Genesys Choice 2700 (HSA) EPO 2700 (HSA) PPO 2700 (HSA)	\$2,700/\$5,400	0%	\$2,700/\$5,400	Telehealth: Covered after deductible PCP/ Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	Covered after deductible	Covered after deductible	Covered after deductible
SILVER	HMO 2500 (HSA) HMO Henry Ford Choice 2500 (HSA) HMO Genesys Choice 2500 (HSA) EPO 2500 (HSA) PPO 2500 (HSA)	\$2,500/\$5,000	30%	\$6,900/\$13,800	Telehealth: Covered after deductible PCP/ Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: 30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
	HMO 3500 HMO Henry Ford Choice 3500 HMO Genesys Choice 3500 EPO 3500 PPO 3500	\$3,500/\$7,000	30%	\$8,700/\$17,400	Telehealth: \$0 PCP: \$50 Spec: \$70	ER: \$300 copay after deductible UC: \$65	\$8/\$30	\$75/\$100	20% to \$200/script 50% to \$500/script
	HMO 4000 HMO Henry Ford Choice 4000 HMO Genesys Choice 4000 EPO 4000 PPO 4000	\$4,000/\$8,000	30%	\$8,150/\$16,300	Telehealth: \$0 PCP: \$50 Spec: \$70	ER: \$300 copay after deductible UC: \$65	\$8/\$30	\$75/\$100	20% to \$200/script 50% to \$500/script
	HMO 3500 (HSA) EPO 3500 (HSA) PPO 3500 (HSA)	\$3,500/\$7,000	20%	\$6,650/\$13,300	Telehealth: Covered after deductible PCP/Spec: 20% coinsurance after deductible	ER: 20% coinsurance after deductible UC: 20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
	HMO 4500 HMO Henry Ford Choice 4500 HMO Genesys Choice 4500 EPO 4500 PPO 4500	\$4,500/\$9,000	30%	\$8,150/\$16,300	Telehealth: \$0 PCP: \$50 Spec: \$70	ER: \$300 copay after deductible UC: \$65	\$8/\$30	\$75/\$100	20% to \$200/script 50% to \$500/script
	HMO 5500 (HSA) HMO Henry Ford Choice 5500 (HSA) HMO Genesys Choice 5500 (HSA) EPO 5500 (HSA) PPO 5500 (HSA)	\$5,500/\$11,000	0%	\$5,500/\$11,000	Telehealth/PCP/Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	Covered after deductible	Covered after deductible	Covered after deductible
	HMO 6500 EPO 6500 PPO 6500	\$6,500/\$13,000	30%	\$7,900/\$15,800	Telehealth: \$0 PCP: \$45 Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: \$65	\$5/\$25	\$100/\$125	20% to \$200/script 50% to \$500/script
BRONZE	HMO 6500 (HSA) EPO 6500 (HSA) PPO 6500 (HSA)	\$6,500/\$13,000	30%	\$6,900/\$13,800	Telehealth: Covered after deductible PCP/Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: 30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
	HMO 6900 (HSA) HMO Henry Ford Choice 6900 (HSA) HMO Genesys Choice 6900 (HSA) EPO 6900 (HSA) PPO 6900 (HSA)	\$6,900/\$13,800	0%	\$6,900/\$13,800	Telehealth/PCP/Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	Covered after deductible	Covered after deductible	Covered after deductible
	HMO 7500 HMO Henry Ford Choice 7500 HMO Genesys Choice 7500 EPO 7500 PPO 7500	\$7,500/\$15,000	30%	\$8,550/\$17,100	Telehealth: \$0 PCP: \$60 Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: \$65	\$10/\$30	\$100/\$125	20% to \$200/script 50% to \$500/script
	HMO 8550 HMO Henry Ford Choice 8550 HMO Genesys Choice 8550 EPO 8550 PPO 8550	\$8,550/\$17,100	0%	\$8,550/\$17,100	Telehealth: \$0 PCP: \$35 Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	Covered after deductible	Covered after deductible	Covered after deductible

The above comparisons are to be used for general reference only. Please refer to the individual summaries for benefit levels for each service. Differences between your former group plan and the new group plan exist due to the Affordable Care Act requirements. Please see HAP's contracts, policies, riders and prescription formulary to review changes that may impact your group plan. The plans and rates are subject to change pending state and federal regulatory approval. In the case of a conflict between this chart and a policy, the terms and conditions of the policy.

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