

# Blue Cross Blue Shield of Michigan 2024 Individual Plan Overview

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

## PPO

### 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® Premier PPO Gold	\$1,200/\$2,400	20%	\$8,500/\$17,000	\$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	\$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® Premier PPO Silver	\$3,150/\$6,300	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
Blue Cross® Premier PPO Silver Extra	\$5,900/\$11,800	40%	\$9,100/\$18,200	\$40 BD \$0 BD	\$80 BD	\$60 BD	Covered 60% AD	\$20 BD/\$40 BD/\$80 AD/ \$350 AD
Blue Cross® Premier PPO Silver Saver HSA*	\$3,650/\$7,300	20%	\$7,500/\$15,000	\$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	\$3,950/\$7,900	20%	\$9,400/\$18,800	\$30 AD \$0 BD	\$50 AD	\$75 BD	\$250 AD then covered 80%	\$15 AD/\$100 AD/\$150 AD/ 40% AD/45% AD

\*HSA Compatible

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® Premier PPO Bronze 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® Premier PPO Bronze Extra	\$7,500/\$15,000	50%	\$9,400/\$18,800	\$50 BD \$0 BD	\$100 BD	\$75 BD	Covered 50% AD	\$25 BD/\$50 AD/\$100 AD/\$500 AD
Blue Cross® Premier PPO Bronze Secure	\$9,450/\$18,900	None	\$9,450/\$18,900	Covered 100% AD/ \$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% 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® Premier PPO Value	\$9,450/\$18,900	None	\$9,450/\$18,900	\$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 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	\$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
Blue Cross® Select HMO Silver								
Blue Cross® Preferred HMO Silver Extra	\$5,900/\$11,800	40%	\$9,100/\$18,200	\$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								
Blue Cross® Metro Detroit HMO Silver Extra								
Blue Cross® Local HMO Silver Extra								

AD: After deductible  
BD: Before deductible

## 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 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® Select HMO Silver Saver								
Blue Cross® Local HMO Silver Saver								
Blue Cross® Preferred HMO Silver Off Marketplace	\$6,300/\$12,600	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
Blue Cross® Select HMO Silver Off Marketplace								
Blue Cross® Metro Detroit HMO Silver Off Marketplace								
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	\$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
Blue Cross® Metro Detroit HMO Bronze								
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*	\$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® Metro Detroit HMO Bronze Saver HSA*								
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	\$7,500/\$15,000	50%	\$9,400/\$18,800	\$50 BD/\$0 BD	\$100 BD	\$75 BD	Covered 50% AD	\$25 BD/\$50 AD/\$100 AD/\$500 AD/
Blue Cross® Select HMO Bronze Extra								
Blue Cross® Metro Detroit HMO Bronze Extra								
Blue Cross® Local HMO Bronze Extra								
Blue Cross® Preferred HMO Bronze Secure	\$9,450/\$18,900	None	\$9,450/\$18,900	Covered 100% AD/\$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Select HMO Bronze Secure								
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