

University of Michigan Health Plan

2025 Individual Plans

	GOLD			SILVER					BRONZE			CATASTROPHIC
Benefits	HMO Exclusive Gold Classic	HMO Exclusive Gold Standard	HMO Exclusive Gold Select	HMO Exclusive Silver Select Plus	HMO Exclusive Silver Choice Off Market Only	HMO Exclusive Silver Core Off Market Only	HMO Exclusive Silver Standard	HMO Exclusive Silver	HMO Exclusive Bronze	HMO Exclusive Bronze HSA	HMO Exclusive Bronze Standard	HMO Exclusive Catastrophic
Individual Deductible	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$4,500	\$5,000	\$7,000	\$6,500	\$7,100	\$7,500	\$9,200
Family Deductible	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$9,000	\$10,000	\$14,000	\$13,000	\$14,200	\$15,000	\$18,400
Member Coinsurance	20%*	25%*	30%*	40%*	30%*	30%*	40%*	40%*	50%*	0%*	50%*	0%*
Individual Maximum Out-of-Pocket	\$8,000	\$7,800	\$6,800	\$7,000	\$8,500	\$8,500	\$8,000	\$8,000	\$8,500	\$7,100	\$9,200	\$9,200
Family Maximum Out-of-Pocket	\$16,000	\$15,600	\$13,600	\$14,000	\$17,000	\$17,000	\$16,000	\$16,000	\$17,000	\$14,200	\$18,400	\$18,400
Primary Care Provider Office Visit	\$30	\$30	\$30	\$40	\$35	\$50	\$40	\$45	50%*	0%*	\$50	\$0**
Outpatient Mental Health	\$30	\$30	\$30	\$40	\$35	\$50	\$40	\$45	50%*	0%*	\$50	0%*
Specialist	\$50	\$60	\$60	40%*	\$60	\$80	\$80	\$80	50%*	0%*	\$100	0%*
Urgent Care	\$75	\$45	\$75	40%*	\$60	\$60	\$60	\$85	50%*	0%*	\$75	0%*
ER	20%*	25%*	30%*	40%*	30%*	30%*	40%*	40%*	50%*	0%*	50%*	0%*
Prescription (4-Tier or 6-Tier)	\$5 \$20 \$60 \$80 20% 40%	\$15 \$30 \$60 \$250 - -	\$5 \$20 \$60 \$80 20% 40%	\$15 \$40 50%* 50%* 50%* 50%*	\$15 \$40 50%* 50%* 50%* 50%*	\$15 \$40 \$75 \$200 30%* 30%*	\$20 \$40 \$80* \$350* - -	\$10 \$30 \$80 \$200 20% 40%	\$15 \$40 50%* 50%* 50%* 50%*	0%*	\$25 \$50* \$100* \$500* - -	0%*
High-Tech Radiology/ Nuclear Medicine	\$150*	25%*	\$150*	40%*	\$350*	30%*	40%*	\$150*	50%*	0%*	50%*	0%*
ST/PT/OT	\$50*	\$30	\$60*	40%*	\$60	30%*	\$40	\$80*	50%*	0%*	\$50	0%*
Chiropractic Services	\$30*	\$30*	\$30*	40%*	30%*	\$30*	\$30*	\$30*	50%*	0%*	\$30*	0%*

Pending DIFS approval.

*After Deductible

**3 PCP visits and preventive services paid 100%; otherwise all eligible expenses subject to deductible.

Updated July 2024