

Emergent Holdings

2027 NBU High-Level comparison of medical benefit plans

OUR MISSION. OUR PEOPLE. OUR COMMITMENT.

Together, we build a better tomorrow for our members, our communities and each other.

Benefits	Simply Blue SM PPO \$1,000	Simply Blue SM HSA \$2,000**
	Network providers	Network providers
Deductible	\$1,000 for one member or \$2,000 for a family (2 or more members)	\$2,000 for one member or \$4,000 for a family (2 or more members)
Coinsurance	20%	20%
Out-of-Pocket Maximum	\$2,250 for one member or \$4,500 for a family (2 or more members)	\$3,500 for one member or \$7,000 for a family (2 or more members)
Fixed Dollar Copays	• \$30 for office visits • \$30 for medical online visits • \$30 for chiropractic visits • \$30 for osteopathic manipulative therapy • \$60 for urgent care • \$50 for specialist visits • \$150 for emergency room	None
Preventative Care Services	100% Covered	100% Covered
Pharmacy Retail	30 Day Supply \$10 for generic drugs, \$40 for preferred brand name drugs, and \$80 for non-preferred brand name drugs	Subject to deductible and coinsurance
Pharmacy mail	90 Day Supply \$20 for generic drugs, \$80 for preferred brand name drugs, and \$160 for non-preferred brand name drugs	Subject to deductible and coinsurance

*Annual out-of-pocket maximums applies to deductibles, copays and coinsurance amounts for all covered services – including cost-sharing amounts for prescription drugs, if applicable.

**Simply Blue HSA deductible combines the deductible amounts paid under the Simply Blue medical coverage and Simply Blue prescription drug coverage.

Simply Blue copay dollar maximum combines the copay amounts paid under the Simply Blue medical coverage and Simply Blue prescription drug coverage.

Health plans at a glance

Employee Bi-weekly Premium Sharing Rates

Simply Blue PPO \$1,000

	Staff	Managers & Directors	Executives
Employee only	\$75.00	\$120.00	\$180.00
Employee + spouse	\$150.00	\$240.00	\$360.00
Employee + child(ren)	\$112.50	\$180.00	\$270.00
Family	\$187.50	\$300.00	\$450.00

Employee Bi-weekly Premium Sharing Rates

Simply Blue HDHP 2000

	Staff	Managers & Directors	Executive
Employee only	\$12.00	\$24.00	\$36.00
Employee + spouse	\$30.00	\$48.00	\$72.00
Employee + child(ren)	\$22.50	\$36.00	\$54.00
Family	\$37.50	\$60.00	\$90.00

Employer Lump Sum HSA Contribution Amount*

Simply Blue HDHP 2000

	Staff	Managers & Directors	Lump sum contribution
Employee only	(\$500.00)	(\$250.00)	(\$150.00)
Employee + spouse	(\$1,000.00)	(\$500.00)	(\$300.00)
Employee + child(ren)	(\$750.00)	(\$375.00)	(\$225.00)
Family	(\$1,250.00)	(\$625.00)	(\$375.00)

*The amounts above are employer annual contributions directly into the HSA in lump sum contributions for eligible employees and are not payroll credits.

Annual rates

Simply Blue HDHP 2000

Simply Blue HSA pairs a PPO health plan with a health savings account (HSA). It combines the comprehensive benefits and provider network of a PPO plan with a valuable saving tool to set aside money for health care expenses today, tomorrow and in retirement.

	Staff	Managers & Directors	Executives	Annual deductible	Annual out-of-pocket maximum
Employee only	\$390.00	\$624.00	\$936.00	\$2,000	\$3,500
Employee + spouse	\$780.00	\$1,248.00	\$1,872.00	\$4,000	\$7,000
Employee + child(ren)	\$585.00	\$936.00	\$1,404.00	\$4,000	\$7,000
Family	\$975.00	\$1,560.00	\$2,340.00	\$4,000	\$7,000

Annual Deductible and Annual Out-of-Pocket Maximum refer to in-network coverage only.

Simply Blue PPO \$1,000

The Simply Blue PPO \$1,000 plan is one of Blue Cross Blue Shield of Michigan's PPO medical plan's. Members are free to utilize any medical provider they choose when the need for medical services arises. Members will pay the lowest cost if their chosen provider is in BCBSM's PPO Network. BCBSM's PPO Network consists of 95% of all providers in Michigan, and 80% of all providers and 90% of all hospitals nationwide.

	Staff	Managers & Directors	Executives	Annual deductible	Annual out-of-pocket maximum
Employee only	\$1,950.00	\$3,120.00	\$4,680.00	\$1,000	\$2,250
Employee + spouse	\$3,900.00	\$6,240.00	\$9,360.00	\$2,000	\$4,500
Employee + child(ren)	\$2,925.00	\$4,680.00	\$7,020.00	\$2,000	\$4,500
Family	\$4,875.00	\$7,800.00	\$11,700.00	\$2,000	\$4,500

Annual Deductible and Annual Out-of-Pocket Maximum refer to in-network coverage only.