



COMPREHENSIVE GROUP MEDICAL PLAN

***AVAILABLE TO ALL SMALL BUSINESSES LOCATED IN
WAYNE & OAKLAND COUNTY***

- **NO DEDUCTIBLES OR COINSURANCE!!!**
- **PREVENTATIVE EXAMS COVERED IN FULL!!!**
- **\$20.00 OFFICE COPAY \$10/20 PRESCRIPTION COPAY!!!**
- **ONE STANDARD RATE REGARDLESS OF AGE OR GENDER!!!**

2025 RATES

Enrollment Category	Monthly Rate	Dental Rider	Vision Rider	Total
Employee Only	\$254.16	\$14.03	\$2.60	\$270.79
Employee & Spouse	\$589.29	\$28.14	\$5.67	\$623.10
Employee & 1 Dependent	\$401.46	\$23.85	\$3.95	\$429.26
Employee & 2 Dependents	\$534.46	\$30.84	\$4.97	\$570.27
Employee, Spouse & 1 Dependent or Employee & 3 Family Members	\$802.72	\$37.91	\$7.62	\$848.25
Employee & 4 or more Family Members	\$1039.86	\$44.97	\$7.62	\$1092.45

**For additional information, please contact us at 1-800-935-5669 or visit our website:
www.healthchoiceofmichigan.com.**