



## **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!!!**

### **2026 RATES**

<b>Enrollment Category</b>	<b>Monthly Rate</b>	<b>Dental Rider</b>	<b>Vision Rider</b>	<b>Total</b>
<b>Employee Only</b>	<b>\$269.41</b>	<b>\$15.28</b>	<b>\$2.60</b>	<b>\$287.29</b>
<b>Employee &amp; Spouse</b>	<b>\$624.65</b>	<b>\$30.60</b>	<b>\$5.67</b>	<b>\$660.92</b>
<b>Employee &amp; 1 Dependent</b>	<b>\$425.55</b>	<b>\$25.96</b>	<b>\$3.95</b>	<b>\$455.46</b>
<b>Employee &amp; 2 Dependents</b>	<b>\$566.53</b>	<b>\$33.53</b>	<b>\$4.97</b>	<b>\$605.03</b>
<b>Employee, Spouse &amp; 1 Dependent or Employee &amp; 3 Family Members</b>	<b>\$850.88</b>	<b>\$41.25</b>	<b>\$7.62</b>	<b>\$899.75</b>
<b>Employee &amp; 4 or more Family Members</b>	<b>\$1102.25</b>	<b>\$48.96</b>	<b>\$7.62</b>	<b>\$1158.83</b>

**For additional information, please contact us at 1-800-935-5669 or visit our website:  
[www.healthchoiceofmichigan.com](http://www.healthchoiceofmichigan.com).**