



## 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**

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

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