

MyPriority Rate Book

Priority Health This rate book is valid for quoting MyPriority® premium rates for 2024 plans during the Open Enrollment Period (OEP) of Nov. 1, 2023–Jan. 15, 2024 and during the Special Enrollment Period (SEP) starting Jan. 16, 2024.

Questions?



Contact Agent Services at 800.970.7379, option 1.



Access plan information in the Agent Center at priorityhealth.com/agent.

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Financial assistance

A customer qualifies for financial assistance based on their household income and household size. If a customer qualifies you must enroll them in a MyPriority plan through healthcare.gov.

There are three types of financial assistance available:

Reduced premiums through tax credits

Customers qualify for these tax credits if their household income is between 100% and 400%⁺ of the federal poverty level (FPL). The Department of Treasury will pay these credits to the insurer, so the customer only pays their portion of the premium. Customers who qualify for tax credits may elect to receive the subsidy in advance. The customer may defer the tax credit until they file their annual tax return.

2 Out-of-pocket limits

If household income is between 100% and 250% of the FPL, the government will put
a cap on what a member will have to spend on deductible and copayments for the year.

Those who earn 200% of the FPL will pay \$3,000 or less out of pocket.

Copayment, deductible and coinsurance subsidies (cost-sharing reduction)

If household income is between 100% and 250% of the FPL, the government will cover part of the copayment, deductible and coinsurance fees. So, a \$30 copayment could be reduced to \$5, or a \$5,500 deductible could be reduced to \$350. To qualify for these savings, you must choose a silver plan on the Marketplace.

2023 Federal poverty guidelines

Note: The 100% column shows the federal poverty level for each family size, and the percentage columns that follow represent income levels that are commonly used as guidelines for health programs.

Household size	100%	133%	150%	200%	250%	300%	400%
1	\$14,580	\$19,391	\$21,870	\$29,160	\$36,450	\$43,740	\$58,320
2	\$19,720	\$26,228	\$29,580	\$39,440	\$49,300	\$59,160	\$78,880
3	\$24,860	\$33,064	\$37,290	\$49,720	\$62,150	\$74,580	\$99,440
4	\$30,000	\$39,900	\$45,000	\$60,000	\$75,000	\$90,000	\$120,000
5	\$35,140	\$46,736	\$52,710	\$70,280	\$87,850	\$105,420	\$140,560
6	\$40,280	\$53,572	\$60,420	\$80,560	\$100,700	\$120,840	\$161,120
7	\$45,420	\$60,409	\$68,130	\$90,840	\$113,550	\$136,260	\$181,680
8	\$50,560	\$67,245	\$75,840	\$101,120	\$126,400	\$151,680	\$202,240

For families/households with more than 8 persons, add \$\$5,140 for each additional person at the 100% federal poverty level. Calculations based on figures provided by the Department of Health and Human Services.

Ratings by region

Rating area 1

Monroe, Wayne*

Rating area 2

Macomb*, Oakland*

Rating area 3

St. Clair

Rating area 4

Lenawee, Livingston*, Washtenaw*

Rating area 5

Genesee, Lapeer, Shiawassee

Rating area 6

Huron, Sanilac, Tuscola

Rating area 7

Clinton, Eaton, Hillsdale, Ingham, Jackson*

Rating area 8

Arenac, Bay, Gratiot, Saginaw

Rating area 9

Berrien, Cass, St. Joseph, Van Buren*

Rating area 10

Branch, Calhoun*, Kalamazoo*

Rating area 11

Allegan*, Barry*

Rating area 12_

Ionia, Kent*, Lake, Mason, Mecosta*, Montcalm, Muskegon, Newaygo*, Oceana, Osceola, Ottawa*

Rating area 13

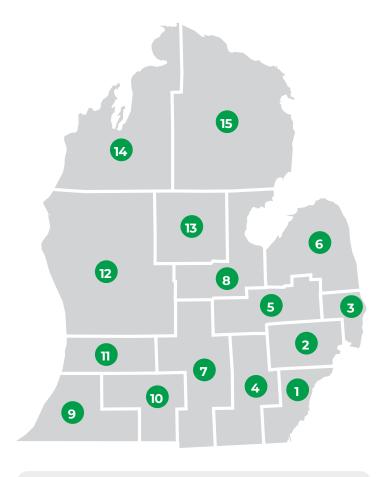
Clare, Gladwin, Isabella, Midland

Rating area 14

Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford

Rating area 15

Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon



*Specialty ratings by region:

Southeast Michigan Network

Offered to individuals who live in Macomb, Oakland, and Wayne counties (see pages 6-17)

Trinity Health East Network

Offered to individuals who live in Livingston and Washtenaw counties and a portion of Jackson County (see pages 22-27 and 36-41)

Bronson Healthcare Partners

Offered to individuals who live in Kalamazoo and Van Buren counties and a portion of Calhoun County (see pages 46-57)

Corewell Health West Michigan Network

Offered to individuals who live in Kent, Barry, Mecosta, Newaygo, Ottawa counties and a portion of Allegan County (see pages 58-69)

New for 2024, the MyPriority broad and narrow network plans, where available, are listed together for ease of comparing rates for members.

MyPriority HMO plans

Includes Southeast Michigan Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Monroe, Wayne

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

													Viornoe, wayne								
Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Southeast Michigan Network	MyPriority Value Bronze	MyPriority Value Bronze Southeast Michigan Network	MyPriority Balanced Silver	MyPriority Balanced Silver Southeast Michigan Network	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Southeast Michigan Network		Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Southeast Michigan Network	MyPriority Value Bronze	MyPriority Value Bronze Southeast Michigan Network	MyPriority Balanced Silver	MyPriority Balanced Silver Southeast Michigan Network	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Southeast Michigan Network			
0 – 14	\$214.74	\$192.83	\$191.49	\$171.96	\$255.01	\$229.00	\$223.69	\$200.87		41	\$365.47	\$328.20	\$325.90	\$292.66	\$434.01	\$389.74	\$380.70	\$341.87			
15	\$233.82	\$209.97	\$208.51	\$187.24	\$277.67	\$249.35	\$243.57	\$218.72		42	\$371.93	\$333.99	\$331.66	\$297.83	\$441.68	\$396.63	\$387.43	\$347.91			
16	\$241.12	\$216.53	\$215.02	\$193.09	\$286.34	\$257.13	\$251.17	\$225.55		43	\$380.91	\$342.06	\$339.67	\$305.03	\$452.34	\$406.20	\$396.79	\$356.31			
17	\$248.42	\$223.08	\$221.52	\$198.93	\$295.01	\$264.92	\$258.77	\$232.37		44	\$392.14	\$352.14	\$349.68	\$314.02	\$465.68	\$418.18	\$408.48	\$366.81			
18	\$256.28	\$230.14	\$228.53	\$205.22	\$304.34	\$273.30	\$266.96	\$239.73		45	\$405.33	\$363.99	\$361.45	\$324.58	\$481.34	\$432.25	\$422.23	\$379.15			
19	\$264.14	\$237.20	\$235.54	\$211.52	\$313.67	\$281.68	\$275.15	\$247.08		46	\$421.05	\$378.11	\$375.47	\$337.17	\$500.01	\$449.01	\$438.60	\$393.86			
20	\$272.28	\$244.51	\$242.80	\$218.04	\$323.34	\$290.36	\$283.63	\$254.69		47	\$438.73	\$393.99	\$391.23	\$351.33	\$521.01	\$467.87	\$457.02	\$410.40			
21 – 24	\$280.70	\$252.07	\$250.31	\$224.78	\$333.34	\$299.34	\$292.40	\$262.57		48	\$458.94	\$412.13	\$409.26	\$367.52	\$545.01	\$489.42	\$478.07	\$429.30			
25	\$281.82	\$253.08	\$251.31	\$225.68	\$334.67	\$300.54	\$293.57	\$263.62		49	\$478.87	\$430.03	\$427.03	\$383.47	\$568.68	\$510.67	\$498.83	\$447.94			
26	\$287.44	\$258.12	\$256.32	\$230.17	\$341.34	\$306.52	\$299.42	\$268.87		50	\$501.33	\$450.20	\$447.05	\$401.46	\$595.35	\$534.62	\$522.23	\$468.95			
27	\$294.17	\$264.17	\$262.32	\$235.57	\$349.34	\$313.71	\$306.44	\$275.17		51	\$523.51	\$470.11	\$466.83	\$419.21	\$621.68	\$558.27	\$545.33	\$489.69			
28	\$305.12	\$274.00	\$272.09	\$244.34	\$362.34	\$325.38	\$317.84	\$285.41		52	\$547.93	\$492.04	\$488.61	\$438.77	\$650.68	\$584.31	\$570.76	\$512.54			
29	\$314.10	\$282.07	\$280.10	\$251.53	\$373.01	\$334.96	\$327.20	\$293.82		53	\$572.63	\$514.22	\$510.63	\$458.55	\$680.01	\$610.65	\$596.50	\$535.64			
30	\$318.59	\$286.10	\$284.10	\$255.13	\$378.34	\$339.75	\$331.87	\$298.02		54	\$599.29	\$538.17	\$534.41	\$479.91	\$711.68	\$639.09	\$624.27	\$560.59			
31	\$325.33	\$292.15	\$290.11	\$260.52	\$386.34	\$346.94	\$338.89	\$304.32		55	\$625.96	\$562.12	\$558.19	\$501.26	\$743.35	\$667.53	\$652.05	\$585.53			
32	\$332.07	\$298.20	\$296.12	\$265.91	\$394.34	\$354.12	\$345.91	\$310.62		56	\$654.87	\$588.08	\$583.97	\$524.41	\$777.68	\$698.36	\$682.17	\$612.58			
33	\$336.28	\$301.98	\$299.87	\$269.29	\$399.34	\$358.61	\$350.30	\$314.56		57	\$684.07	\$614.29	\$610.01	\$547.79	\$812.35	\$729.49	\$712.58	\$639.88			
34	\$340.77	\$306.01	\$303.88	\$272.88	\$404.67	\$363.40	\$354.97	\$318.76		58	\$715.22	\$642.27	\$637.79	\$572.74	\$849.35	\$762.72	\$745.04	\$669.03			
35	\$343.02	\$308.03	\$305.88	\$274.68	\$407.34	\$365.79	\$357.31	\$320.86		59	\$730.66	\$656.14	\$651.56	\$585.10	\$867.68	\$779.18	\$761.12	\$683.47			
36	\$345.26	\$310.05	\$307.88	\$276.48	\$410.01	\$368.19	\$359.65	\$322.96		60	\$761.82	\$684.12	\$679.34	\$610.05	\$904.68	\$812.41	\$793.57	\$712.61			
37	\$347.51	\$312.06	\$309.88	\$278.28	\$412.67	\$370.58	\$361.99	\$325.06		61	\$788.77	\$708.32	\$703.37	\$631.63	\$936.69	\$841.15	\$821.64	\$737.82			
38	\$349.75	\$314.08	\$311.89	\$280.08	\$415.34	\$372.98	\$364.33	\$327.16		62	\$806.45	\$724.20	\$719.14	\$645.79	\$957.69	\$860.00	\$840.07	\$754.36			
39	\$354.24	\$318.11	\$315.89	\$283.67	\$420.68	\$377.77	\$369.01	\$331.36		63	\$828.63	\$744.11	\$738.92	\$663.55	\$984.02	\$883.65	\$863.16	\$775.11			
40	\$358.73	\$322.15	\$319.90	\$287.27	\$426.01	\$382.56	\$373.69	\$335.56		64 and over	\$842.10	\$756.21	\$750.93	\$674.34	\$1,000.02	\$898.02	\$877.20	\$787.71			

MyPriority HMO plans

Includes Southeast Michigan Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

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Counties include: Monroe, Wayne

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages	MyPriority Pre- mier Silver	MyPriority Premier Silver Southeast Michigan Network	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Southeast Michigan Network	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Southeast Michigan Network	MyPriority Enhanced Gold Southeast Michigan Network	Ages	MyPriority Pre- mier Silver	MyPriority Premier Silver Southeast Michigan Network	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Southeast Michigan Network	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Southeast Michigan Network	MyPriority Enhanced Gold Southeast Michigan Network	
0 – 14	\$245.53	\$220.49	\$215.38	\$193.41	\$244.21	\$219.30	\$312.04	41	\$417.89	\$375.26	\$366.57	\$329.18	\$415.64	\$373.24	\$531.09	
15	\$267.36	\$240.09	\$234.52	\$210.61	\$265.92	\$238.80	\$339.78	42	\$425.27	\$381.89	\$373.04	\$335.00	\$422.98	\$379.84	\$540.47	
16	\$275.70	\$247.58	\$241.84	\$217.18	\$274.22	\$246.25	\$350.39	43	\$435.54	\$391.11	\$382.05	\$343.09	\$433.20	\$389.01	\$553.52	
17	\$284.05	\$255.07	\$249.16	\$223.75	\$282.52	\$253.70	\$360.99	44	\$448.38	\$402.64	\$393.31	\$353.20	\$445.96	\$400.48	\$569.84	
18	\$293.04	\$263.14	\$257.05	\$230.83	\$291.46	\$261.73	\$372.41	45	\$463.47	\$416.19	\$406.54	\$365.09	\$460.97	\$413.95	\$589.01	
19	\$302.02	\$271.22	\$264.93	\$237.91	\$300.40	\$269.76	\$383.83	46	\$481.44	\$432.33	\$422.31	\$379.25	\$478.85	\$430.01	\$611.85	
20	\$311.33	\$279.57	\$273.09	\$245.25	\$309.65	\$278.07	\$395.66	47	\$501.66	\$450.49	\$440.05	\$395.17	\$498.96	\$448.07	\$637.55	
21 – 24	\$320.96	\$288.22	\$281.54	\$252.83	\$319.23	\$286.67	\$407.90	48	\$524.77	\$471.24	\$460.32	\$413.38	\$521.94	\$468.71	\$666.92	
25	\$322.24	\$289.37	\$282.67	\$253.84	\$320.51	\$287.82	\$409.53	49	\$547.56	\$491.70	\$480.31	\$431.33	\$544.61	\$489.06	\$695.88	
26	\$328.66	\$295.14	\$288.30	\$258.90	\$326.89	\$293.55	\$417.69	50	\$573.23	\$514.76	\$502.83	\$451.55	\$570.14	\$511.99	\$728.51	
27	\$336.37	\$302.05	\$295.05	\$264.97	\$334.55	\$300.43	\$427.48	51	\$598.59	\$537.53	\$525.07	\$471.53	\$595.36	\$534.64	\$760.73	
28	\$348.88	\$313.30	\$306.03	\$274.83	\$347.00	\$311.61	\$443.39	52	\$626.51	\$562.61	\$549.57	\$493.52	\$623.14	\$559.58	\$796.22	
29	\$359.15	\$322.52	\$315.04	\$282.92	\$357.22	\$320.78	\$456.44	53	\$654.76	\$587.97	\$574.34	\$515.77	\$651.23	\$584.81	\$832.12	
30	\$364.29	\$327.13	\$319.55	\$286.96	\$362.33	\$325.37	\$462.97	54	\$685.25	\$615.35	\$601.09	\$539.79	\$681.56	\$612.04	\$870.87	
31	\$371.99	\$334.05	\$326.30	\$293.03	\$369.99	\$332.25	\$472.76	55	\$715.74	\$642.73	\$627.83	\$563.81	\$711.88	\$639.27	\$909.62	
32	\$379.70	\$340.96	\$333.06	\$299.10	\$377.65	\$339.13	\$482.55	56	\$748.80	\$672.42	\$656.83	\$589.85	\$744.76	\$668.80	\$951.63	
33	\$384.51	\$345.29	\$337.28	\$302.89	\$382.44	\$343.43	\$488.66	57	\$782.18	\$702.39	\$686.11	\$616.15	\$777.96	\$698.61	\$994.05	
34	\$389.65	\$349.90	\$341.79	\$306.94	\$387.55	\$348.02	\$495.19	58	\$817.81	\$734.38	\$717.36	\$644.21	\$813.40	\$730.44	\$1,039.33	
35	\$392.21	\$352.20	\$344.04	\$308.96	\$390.10	\$350.31	\$498.45	59	\$835.46	\$750.24	\$732.85	\$658.12	\$830.96	\$746.20	\$1,061.76	
36	\$394.78	\$354.51	\$346.29	\$310.98	\$392.65	\$352.60	\$501.72	60	\$871.09	\$782.23	\$764.10	\$686.18	\$866.39	\$778.02	\$1,107.04	
37	\$397.35	\$356.82	\$348.55	\$313.00	\$395.21	\$354.90	\$504.98	61	\$901.90	\$809.90	\$791.13	\$710.45	\$897.04	\$805.54	\$1,146.20	
38	\$399.92	\$359.12	\$350.80	\$315.03	\$397.76	\$357.19	\$508.24	62	\$922.12	\$828.06	\$808.86	\$726.38	\$917.15	\$823.60	\$1,171.90	
39	\$405.05	\$363.73	\$355.30	\$319.07	\$402.87	\$361.78	\$514.77	63	\$947.47	\$850.83	\$831.11	\$746.35	\$942.37	\$846.25	\$1,204.12	
40	\$410.19	\$368.35	\$359.81	\$323.12	\$407.98	\$366.36	\$521.30	64 and over	\$962.88	\$864.66	\$844.62	\$758.49	\$957.69	\$860.01	\$1,223.70	

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Premium rates for non-tobacco users*

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Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Monroe, Wayne *For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Southeast Michigan Network	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Southeast Michigan Network	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Southeast Michigan Network	Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Southeast Michigan Network	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Southeast Michigan Network	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Southeast Michigan Network
0 – 14	\$194.39	\$174.57	\$223.56	\$261.97	\$235.25	\$314.36	\$338.58	\$304.05	41	\$330.85	\$297.10	\$380.48	\$445.86	\$400.38	\$535.03	\$576.25	\$517.48
15	\$211.67	\$190.08	\$243.43	\$285.25	\$256.16	\$342.30	\$368.68	\$331.08	42	\$336.70	\$302.35	\$387.20	\$453.73	\$407.45	\$544.48	\$586.43	\$526.62
16	\$218.28	\$196.02	\$251.03	\$294.16	\$264.15	\$352.99	\$380.18	\$341.41	43	\$344.83	\$309.65	\$396.56	\$464.69	\$417.29	\$557.63	\$600.59	\$539.34
17	\$224.89	\$201.95	\$258.62	\$303.06	\$272.15	\$363.67	\$391.69	\$351.74	44	\$354.99	\$318.78	\$408.25	\$478.39	\$429.59	\$574.07	\$618.30	\$555.24
18	\$232.00	\$208.34	\$266.81	\$312.65	\$280.76	\$375.18	\$404.08	\$362.87	45	\$366.93	\$329.51	\$421.98	\$494.48	\$444.04	\$593.38	\$639.10	\$573.92
19	\$239.12	\$214.73	\$274.99	\$322.24	\$289.37	\$386.69	\$416.48	\$374.00	46	\$381.17	\$342.29	\$438.35	\$513.66	\$461.27	\$616.40	\$663.89	\$596.18
20	\$246.49	\$221.34	\$283.46	\$332.17	\$298.28	\$398.60	\$429.31	\$385.53	47	\$397.17	\$356.66	\$456.76	\$535.23	\$480.64	\$642.28	\$691.77	\$621.21
21 – 24	\$254.11	\$228.19	\$292.23	\$342.44	\$307.51	\$410.93	\$442.59	\$397.45	48	\$415.47	\$373.09	\$477.80	\$559.89	\$502.78	\$671.87	\$723.63	\$649.83
25	\$255.13	\$229.10	\$293.40	\$343.81	\$308.74	\$412.57	\$444.36	\$399.04	49	\$433.51	\$389.29	\$498.54	\$584.20	\$524.61	\$701.05	\$755.06	\$678.05
26	\$260.21	\$233.67	\$299.24	\$350.66	\$314.89	\$420.79	\$453.21	\$406.99	50	\$453.84	\$407.55	\$521.92	\$611.60	\$549.21	\$733.92	\$790.47	\$709.85
27	\$266.31	\$239.14	\$306.26	\$358.88	\$322.27	\$430.65	\$463.83	\$416.53	51	\$473.92	\$425.57	\$545.01	\$638.65	\$573.51	\$766.38	\$825.43	\$741.24
28	\$276.22	\$248.04	\$317.65	\$372.23	\$334.26	\$446.68	\$481.10	\$432.03	52	\$496.02	\$445.43	\$570.43	\$668.44	\$600.26	\$802.14	\$863.94	\$775.82
29	\$284.35	\$255.34	\$327.01	\$383.19	\$344.10	\$459.83	\$495.26	\$444.75	53	\$518.38	\$465.51	\$596.15	\$698.58	\$627.32	\$838.30	\$902.88	\$810.80
30	\$288.41	\$259.00	\$331.68	\$388.67	\$349.02	\$466.41	\$502.34	\$451.11	54	\$542.52	\$487.19	\$623.91	\$731.11	\$656.53	\$877.34	\$944.93	\$848.56
31	\$294.51	\$264.47	\$338.69	\$396.89	\$356.40	\$476.27	\$512.96	\$460.64	55	\$566.67	\$508.86	\$651.67	\$763.64	\$685.75	\$916.37	\$986.98	\$886.31
32	\$300.61	\$269.95	\$345.71	\$405.11	\$363.78	\$486.13	\$523.58	\$470.18	56	\$592.84	\$532.37	\$681.77	\$798.91	\$717.42	\$958.70	\$1,032.56	\$927.25
33	\$304.42	\$273.37	\$350.09	\$410.24	\$368.40	\$492.29	\$530.22	\$476.15	57	\$619.27	\$556.10	\$712.16	\$834.53	\$749.40	\$1,001.44	\$1,078.59	\$968.59
34	\$308.49	\$277.02	\$354.77	\$415.72	\$373.32	\$498.87	\$537.30	\$482.50	58	\$647.47	\$581.43	\$744.60	\$872.54	\$783.54	\$1,047.05	\$1,127.72	\$1,012.70
35	\$310.52	\$278.85	\$357.11	\$418.46	\$375.78	\$502.16	\$540.84	\$485.68	59	\$661.45	\$593.98	\$760.67	\$891.37	\$800.45	\$1,069.65	\$1,152.06	\$1,034.56
36	\$312.56	\$280.67	\$359.44	\$421.20	\$378.24	\$505.44	\$544.39	\$488.86	60	\$689.65	\$619.31	\$793.11	\$929.38	\$834.58	\$1,115.26	\$1,201.19	\$1,078.68
37	\$314.59	\$282.50	\$361.78	\$423.94	\$380.70	\$508.73	\$547.93	\$492.04	61	\$714.05	\$641.21	\$821.17	\$962.26	\$864.10	\$1,154.71	\$1,243.68	\$1,116.83
38	\$316.62	\$284.32	\$364.12	\$426.68	\$383.16	\$512.02	\$551.47	\$495.22	62	\$730.06	\$655.59	\$839.58	\$983.83	\$883.48	\$1,180.60	\$1,271.56	\$1,141.87
39	\$320.69	\$287.98	\$368.79	\$432.16	\$388.08	\$518.59	\$558.55	\$501.58	63	\$750.13	\$673.62	\$862.66	\$1,010.88	\$907.77	\$1,213.07	\$1,306.53	\$1,173.27
40	\$324.75	\$291.63	\$373.47	\$437.64	\$393.00	\$525.17	\$565.63	\$507.94	64 and over	\$762.33	\$684.57	\$876.69	\$1,027.32	\$922.53	\$1,232.79	\$1,327.77	\$1,192.35

MyPriority HMO plans

Includes Southeast Michigan Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Macomb, Oakland

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

											Macorrib, Oakiaria									
Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Southeast Michigan Network	MyPriority Value Bronze	MyPriority Value Bronze Southeast Michigan Network	MyPriority Balanced Silver	MyPriority Balanced Silver Southeast Michigan Network	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Southeast Michigan Network		Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Southeast Michigan Network	MyPriority Value Bronze	MyPriority Value Bronze Southeast Michigan Network	MyPriority Balanced Silver	MyPriority Balanced Silver Southeast Michigan Network	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Southeast Michigan Network		
0 – 14	\$210.60	\$189.12	\$187.80	\$168.64	\$250.09	\$224.58	\$219.37	\$197.00		41	\$358.43	\$321.87	\$319.63	\$287.03	\$425.64	\$382.23	\$373.36	\$335.28		
15	\$229.32	\$205.93	\$204.49	\$183.63	\$272.32	\$244.54	\$238.87	\$214.51		42	\$364.76	\$327.55	\$325.27	\$292.10	\$433.16	\$388.98	\$379.96	\$341.20		
16	\$236.47	\$212.35	\$210.88	\$189.37	\$280.82	\$252.18	\$246.33	\$221.20		43	\$373.57	\$335.46	\$333.13	\$299.15	\$443.62	\$398.37	\$389.13	\$349.44		
17	\$243.63	\$218.78	\$217.26	\$195.10	\$289.32	\$259.81	\$253.78	\$227.90		44	\$384.58	\$345.35	\$342.95	\$307.97	\$456.69	\$410.12	\$400.60	\$359.74		
18	\$251.34	\$225.70	\$224.13	\$201.27	\$298.47	\$268.03	\$261.81	\$235.11		45	\$397.52	\$356.97	\$354.49	\$318.33	\$472.06	\$423.92	\$414.08	\$371.84		
19	\$259.05	\$232.62	\$231.01	\$207.44	\$307.62	\$276.25	\$269.84	\$242.32		46	\$412.94	\$370.82	\$368.24	\$330.68	\$490.37	\$440.36	\$430.14	\$386.27		
20	\$267.03	\$239.79	\$238.13	\$213.84	\$317.10	\$284.76	\$278.16	\$249.78		47	\$430.28	\$386.39	\$383.70	\$344.56	\$510.96	\$458.85	\$448.21	\$402.49		
21 – 24	\$275.29	\$247.21	\$245.49	\$220.45	\$326.91	\$293.57	\$286.76	\$257.51		48	\$450.10	\$404.19	\$401.38	\$360.44	\$534.50	\$479.99	\$468.85	\$421.03		
25	\$276.39	\$248.20	\$246.47	\$221.33	\$328.22	\$294.74	\$287.91	\$258.54		49	\$469.64	\$421.74	\$418.81	\$376.09	\$557.71	\$500.83	\$489.21	\$439.31		
26	\$281.90	\$253.14	\$251.38	\$225.74	\$334.76	\$300.62	\$293.64	\$263.69		50	\$491.67	\$441.52	\$438.45	\$393.72	\$583.86	\$524.32	\$512.15	\$459.91		
27	\$288.50	\$259.08	\$257.27	\$231.03	\$342.60	\$307.66	\$300.52	\$269.87		51	\$513.42	\$461.05	\$457.84	\$411.14	\$609.69	\$547.51	\$534.81	\$480.26		
28	\$299.24	\$268.72	\$266.85	\$239.63	\$355.35	\$319.11	\$311.71	\$279.91		52	\$537.37	\$482.55	\$479.20	\$430.32	\$638.13	\$573.05	\$559.76	\$502.66		
29	\$308.05	\$276.63	\$274.70	\$246.68	\$365.81	\$328.50	\$320.88	\$288.15		53	\$561.59	\$504.31	\$500.80	\$449.72	\$666.90	\$598.88	\$584.99	\$525.32		
30	\$312.45	\$280.58	\$278.63	\$250.21	\$371.04	\$333.20	\$325.47	\$292.27		54	\$587.74	\$527.79	\$524.12	\$470.66	\$697.95	\$626.77	\$612.23	\$549.78		
31	\$319.06	\$286.52	\$284.52	\$255.50	\$378.89	\$340.25	\$332.35	\$298.45		55	\$613.90	\$551.28	\$547.44	\$491.60	\$729.01	\$654.66	\$639.47	\$574.25		
32	\$325.67	\$292.45	\$290.41	\$260.79	\$386.73	\$347.29	\$339.24	\$304.63		56	\$642.25	\$576.74	\$572.73	\$514.31	\$762.68	\$684.90	\$669.01	\$600.77		
33	\$329.80	\$296.16	\$294.10	\$264.10	\$391.64	\$351.70	\$343.54	\$308.50		57	\$670.88	\$602.45	\$598.26	\$537.24	\$796.68	\$715.43	\$698.83	\$627.55		
34	\$334.20	\$300.11	\$298.02	\$267.63	\$396.87	\$356.39	\$348.13	\$312.62		58	\$701.44	\$629.89	\$625.51	\$561.71	\$832.97	\$748.02	\$730.66	\$656.14		
35	\$336.40	\$302.09	\$299.99	\$269.39	\$399.48	\$358.74	\$350.42	\$314.68		59	\$716.58	\$643.49	\$639.01	\$573.83	\$850.95	\$764.16	\$746.44	\$670.30		
36	\$338.61	\$304.07	\$301.95	\$271.15	\$402.10	\$361.09	\$352.71	\$316.74		60	\$747.14	\$670.93	\$666.26	\$598.30	\$887.23	\$796.75	\$778.27	\$698.88		
37	\$340.81	\$306.05	\$303.92	\$272.92	\$404.71	\$363.44	\$355.01	\$318.80		61	\$773.56	\$694.66	\$689.83	\$619.46	\$918.62	\$824.93	\$805.80	\$723.60		
38	\$343.01	\$308.02	\$305.88	\$274.68	\$407.33	\$365.79	\$357.30	\$320.86		62	\$790.91	\$710.23	\$705.29	\$633.35	\$939.21	\$843.43	\$823.86	\$739.83		
39	\$347.42	\$311.98	\$309.81	\$278.21	\$412.56	\$370.49	\$361.89	\$324.98		63	\$812.66	\$729.76	\$724.69	\$650.77	\$965.04	\$866.62	\$846.52	\$760.17		
40	\$351.82	\$315.93	\$313.74	\$281.74	\$417.79	\$375.18	\$366.48	\$329.10		64 and over	\$825.87	\$741.63	\$736.47	\$661.35	\$980.73	\$880.71	\$860.28	\$772.53		

MyPriority HMO plans

Includes Southeast Michigan Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Macomb, Oakland

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

								Macorib, Oakiard							
Ages	MyPriority Premier Silver	MyPriority Premier Silver Southeast Michigan Network	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Southeast Michigan Network	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Southeast Michigan Network	MyPriority Enhanced Gold Southeast Michigan Network	Ages	MyPriority Premier Silver	MyPriority Premier Silver Southeast Michigan Network	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Southeast Michigan Network	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Southeast Michigan Network	MyPriority Enhanced Gold Southeast Michigan Network
0 – 14	\$240.80	\$216.24	\$211.23	\$189.68	\$239.51	\$215.07	\$306.03	41	\$409.83	\$368.04	\$359.51	\$322.83	\$407.63	\$366.04	\$520.85
15	\$262.20	\$235.46	\$230.01	\$206.54	\$260.80	\$234.19	\$333.23	42	\$417.07	\$374.54	\$365.86	\$328.53	\$414.83	\$372.51	\$530.05
16	\$270.39	\$242.81	\$237.19	\$212.99	\$268.94	\$241.50	\$343.63	43	\$427.14	\$383.58	\$374.69	\$336.47	\$424.85	\$381.51	\$542.85
17	\$278.57	\$250.16	\$244.37	\$219.44	\$277.08	\$248.81	\$354.04	44	\$439.73	\$394.89	\$385.74	\$346.39	\$437.37	\$392.75	\$558.86
18	\$287.39	\$258.08	\$252.10	\$226.38	\$285.84	\$256.68	\$365.24	45	\$454.53	\$408.18	\$398.72	\$358.04	\$452.09	\$405.97	\$577.66
19	\$296.20	\$265.99	\$259.83	\$233.32	\$294.61	\$264.55	\$376.44	46	\$472.16	\$424.01	\$414.18	\$371.93	\$469.62	\$421.71	\$600.06
20	\$305.33	\$274.19	\$267.84	\$240.51	\$303.69	\$272.71	\$388.04	47	\$491.99	\$441.81	\$431.58	\$387.55	\$489.34	\$439.42	\$625.26
21 – 24	\$314.77	\$282.67	\$276.12	\$247.95	\$313.08	\$281.14	\$400.04	48	\$514.65	\$462.17	\$451.46	\$405.40	\$511.89	\$459.66	\$654.07
25	\$316.03	\$283.80	\$277.22	\$248.94	\$314.33	\$282.26	\$401.64	49	\$537.00	\$482.24	\$471.06	\$423.00	\$534.11	\$479.62	\$682.47
26	\$322.32	\$289.45	\$282.75	\$253.90	\$320.59	\$287.89	\$409.64	50	\$562.18	\$504.85	\$493.15	\$442.84	\$559.16	\$502.12	\$714.47
27	\$329.88	\$296.24	\$289.37	\$259.85	\$328.11	\$294.63	\$419.24	51	\$587.05	\$527.18	\$514.96	\$462.43	\$583.89	\$524.33	\$746.07
28	\$342.15	\$307.26	\$300.14	\$269.52	\$340.32	\$305.60	\$434.84	52	\$614.43	\$551.77	\$538.99	\$484.00	\$611.13	\$548.79	\$780.88
29	\$352.23	\$316.31	\$308.98	\$277.46	\$350.34	\$314.60	\$447.64	53	\$642.13	\$576.65	\$563.28	\$505.82	\$638.68	\$573.53	\$816.08
30	\$357.26	\$320.83	\$313.40	\$281.42	\$355.35	\$319.09	\$454.05	54	\$672.03	\$603.50	\$589.52	\$529.37	\$668.43	\$600.23	\$854.09
31	\$364.82	\$327.61	\$320.02	\$287.37	\$362.86	\$325.84	\$463.65	55	\$701.94	\$630.35	\$615.75	\$552.93	\$698.17	\$626.94	\$892.09
32	\$372.37	\$334.40	\$326.65	\$293.32	\$370.37	\$332.59	\$473.25	56	\$734.36	\$659.47	\$644.19	\$578.47	\$730.42	\$655.90	\$933.29
33	\$377.09	\$338.64	\$330.79	\$297.04	\$375.07	\$336.81	\$479.25	57	\$767.09	\$688.87	\$672.90	\$604.25	\$762.98	\$685.14	\$974.90
34	\$382.13	\$343.16	\$335.21	\$301.01	\$380.08	\$341.30	\$485.65	58	\$802.03	\$720.24	\$703.55	\$631.78	\$797.73	\$716.34	\$1,019.30
35	\$384.65	\$345.42	\$337.42	\$302.99	\$382.58	\$343.55	\$488.85	59	\$819.35	\$735.79	\$718.74	\$645.41	\$814.95	\$731.81	\$1,041.30
36	\$387.17	\$347.68	\$339.63	\$304.98	\$385.09	\$345.80	\$492.05	60	\$854.29	\$767.17	\$749.39	\$672.94	\$849.70	\$763.01	\$1,085.71
37	\$389.69	\$349.95	\$341.84	\$306.96	\$387.59	\$348.05	\$495.25	61	\$884.50	\$794.30	\$775.90	\$696.74	\$879.75	\$790.00	\$1,124.11
38	\$392.20	\$352.21	\$344.05	\$308.95	\$390.10	\$350.30	\$498.45	62	\$904.33	\$812.11	\$793.29	\$712.36	\$899.48	\$807.72	\$1,149.31
39	\$397.24	\$356.73	\$348.46	\$312.91	\$395.11	\$354.80	\$504.85	63	\$929.20	\$834.44	\$815.11	\$731.95	\$924.21	\$829.93	\$1,180.92
40	\$402.28	\$361.25	\$352.88	\$316.88	\$400.12	\$359.30	\$511.25	64 and over	\$944.31	\$848.01	\$828.36	\$743.85	\$939.24	\$843.42	\$1,200.12

MyPriority HMO plans

Includes Southeast Michigan Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

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Add supplemental dental to any plan

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MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Macomb, Oakland *For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Southeast Michigan Network	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Southeast Michigan Network	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Southeast Michigan Network	Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Southeast Michigan Network	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Southeast Michigan Network	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Southeast Michigan Network
0 – 14	\$190.65	\$171.20	\$219.24	\$256.92	\$230.72	\$308.30	\$332.06	\$298.19	41	\$324.47	\$291.37	\$373.14	\$437.26	\$392.67	\$524.72	\$565.15	\$507.51
15	\$207.59	\$186.42	\$238.73	\$279.75	\$251.22	\$335.71	\$361.57	\$324.70	42	\$330.20	\$296.52	\$379.73	\$444.99	\$399.61	\$533.99	\$575.13	\$516.47
16	\$214.07	\$192.24	\$246.18	\$288.49	\$259.07	\$346.19	\$372.86	\$334.83	43	\$338.18	\$303.68	\$388.90	\$455.73	\$409.26	\$546.88	\$589.02	\$528.95
17	\$220.55	\$198.05	\$253.63	\$297.22	\$266.91	\$356.66	\$384.14	\$344.96	44	\$348.15	\$312.63	\$400.37	\$469.17	\$421.32	\$563.00	\$606.38	\$544.54
18	\$227.53	\$204.32	\$261.66	\$306.62	\$275.35	\$367.95	\$396.30	\$355.88	45	\$359.86	\$323.15	\$413.84	\$484.95	\$435.50	\$581.95	\$626.78	\$562.86
19	\$234.51	\$210.59	\$269.68	\$316.03	\$283.80	\$379.23	\$408.45	\$366.79	46	\$373.82	\$335.69	\$429.89	\$503.76	\$452.39	\$604.52	\$651.09	\$584.69
20	\$241.73	\$217.08	\$277.99	\$325.76	\$292.54	\$390.92	\$421.04	\$378.10	47	\$389.52	\$349.78	\$447.94	\$524.92	\$471.39	\$629.90	\$678.44	\$609.24
21 – 24	\$249.21	\$223.79	\$286.59	\$335.84	\$301.59	\$403.01	\$434.06	\$389.79	48	\$407.46	\$365.90	\$468.57	\$549.10	\$493.10	\$658.92	\$709.69	\$637.31
25	\$250.21	\$224.69	\$287.74	\$337.18	\$302.80	\$404.62	\$435.80	\$391.35	49	\$425.15	\$381.79	\$488.92	\$572.94	\$514.51	\$687.54	\$740.51	\$664.98
26	\$255.19	\$229.16	\$293.47	\$343.90	\$308.83	\$412.68	\$444.48	\$399.14	50	\$445.09	\$399.69	\$511.85	\$599.81	\$538.64	\$719.78	\$775.23	\$696.16
27	\$261.17	\$234.53	\$300.35	\$351.96	\$316.07	\$422.35	\$454.89	\$408.50	51	\$464.78	\$417.37	\$534.49	\$626.34	\$562.47	\$751.61	\$809.52	\$726.96
28	\$270.89	\$243.26	\$311.52	\$365.06	\$327.83	\$438.07	\$471.82	\$423.70	52	\$486.46	\$436.84	\$559.42	\$655.56	\$588.70	\$786.68	\$847.29	\$760.87
29	\$278.87	\$250.42	\$320.69	\$375.80	\$337.48	\$450.97	\$485.71	\$436.18	53	\$508.39	\$456.53	\$584.64	\$685.11	\$615.24	\$822.14	\$885.48	\$795.17
30	\$282.85	\$254.00	\$325.28	\$381.18	\$342.30	\$457.42	\$492.66	\$442.41	54	\$532.06	\$477.79	\$611.87	\$717.02	\$643.89	\$860.43	\$926.72	\$832.20
31	\$288.83	\$259.37	\$332.16	\$389.24	\$349.54	\$467.09	\$503.08	\$451.77	55	\$555.74	\$499.05	\$639.10	\$748.92	\$672.55	\$898.71	\$967.95	\$869.23
32	\$294.82	\$264.74	\$339.04	\$397.30	\$356.78	\$476.76	\$513.49	\$461.12	56	\$581.41	\$522.10	\$668.61	\$783.51	\$703.61	\$940.22	\$1,012.66	\$909.38
33	\$298.55	\$268.10	\$343.33	\$402.34	\$361.30	\$482.81	\$520.00	\$466.97	57	\$607.32	\$545.38	\$698.42	\$818.44	\$734.97	\$982.14	\$1,057.80	\$949.92
34	\$302.54	\$271.68	\$347.92	\$407.71	\$366.13	\$489.25	\$526.95	\$473.21	58	\$634.99	\$570.22	\$730.23	\$855.72	\$768.45	\$1,026.87	\$1,105.98	\$993.18
35	\$304.53	\$273.47	\$350.21	\$410.40	\$368.54	\$492.48	\$530.42	\$476.32	59	\$648.69	\$582.53	\$745.99	\$874.19	\$785.04	\$1,049.04	\$1,129.86	\$1,014.62
36	\$306.53	\$275.26	\$352.51	\$413.08	\$370.96	\$495.70	\$533.89	\$479.44	60	\$676.36	\$607.37	\$777.81	\$911.47	\$818.52	\$1,093.77	\$1,178.04	\$1,057.89
37	\$308.52	\$277.05	\$354.80	\$415.77	\$373.37	\$498.93	\$537.37	\$482.56	61	\$700.28	\$628.85	\$805.32	\$943.71	\$847.47	\$1,132.46	\$1,219.71	\$1,095.31
38	\$310.52	\$278.84	\$357.09	\$418.46	\$375.78	\$502.15	\$540.84	\$485.68	62	\$715.98	\$642.95	\$823.37	\$964.87	\$866.47	\$1,157.85	\$1,247.05	\$1,119.87
39	\$314.50	\$282.42	\$361.68	\$423.83	\$380.61	\$508.60	\$547.78	\$491.91	63	\$735.67	\$660.63	\$846.01	\$991.40	\$890.29	\$1,189.69	\$1,281.35	\$1,150.66
40	\$318.49	\$286.00	\$366.26	\$429.20	\$385.43	\$515.05	\$554.73	\$498.15	64 and over	\$747.63	\$671.37	\$859.77	\$1,007.52	\$904.77	\$1,209.03	\$1,302.18	\$1,169.37

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

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MyPriority Delta Dental - Enhanced \$38.94 per member, per month



Counties include:

St. Clair

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace	Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace
0 – 14	\$227.43	\$202.81	\$270.08	\$236.91	\$260.05	\$228.12	41	\$387.07	\$345.17	\$459.66	\$403.22	\$442.59	\$388.24
15	\$247.64	\$220.84	\$294.08	\$257.97	\$283.16	\$248.39	42	\$393.91	\$351.27	\$467.78	\$410.34	\$450.41	\$395.10
16	\$255.37	\$227.73	\$303.26	\$266.02	\$292.00	\$256.15	43	\$403.42	\$359.75	\$479.08	\$420.25	\$461.29	\$404.64
17	\$263.10	\$234.62	\$312.44	\$274.08	\$300.84	\$263.90	44	\$415.31	\$370.36	\$493.20	\$432.64	\$474.88	\$416.57
18	\$271.43	\$242.05	\$322.33	\$282.75	\$310.36	\$272.25	45	\$429.29	\$382.82	\$509.79	\$447.19	\$490.86	\$430.59
19	\$279.75	\$249.47	\$332.21	\$291.42	\$319.87	\$280.60	46	\$445.94	\$397.67	\$529.56	\$464.54	\$509.90	\$447.29
20	\$288.37	\$257.16	\$342.45	\$300.40	\$329.73	\$289.24	47	\$464.66	\$414.37	\$551.80	\$484.05	\$531.31	\$466.07
21 – 24	\$297.29	\$265.11	\$353.04	\$309.69	\$339.93	\$298.19	48	\$486.07	\$433.45	\$577.22	\$506.34	\$555.79	\$487.54
25	\$298.48	\$266.17	\$354.45	\$310.93	\$341.29	\$299.38	49	\$507.18	\$452.28	\$602.29	\$528.33	\$579.92	\$508.71
26	\$304.42	\$271.47	\$361.51	\$317.12	\$348.09	\$305.35	50	\$530.96	\$473.49	\$630.53	\$553.11	\$607.11	\$532.57
27	\$311.56	\$277.84	\$369.99	\$324.56	\$356.25	\$312.50	51	\$554.45	\$494.43	\$658.42	\$577.57	\$633.97	\$556.12
28	\$323.15	\$288.17	\$383.75	\$336.63	\$369.50	\$324.13	52	\$580.31	\$517.49	\$689.13	\$604.51	\$663.54	\$582.07
29	\$332.67	\$296.66	\$395.05	\$346.54	\$380.38	\$333.67	53	\$606.47	\$540.82	\$720.20	\$631.77	\$693.46	\$608.31
30	\$337.42	\$300.90	\$400.70	\$351.50	\$385.82	\$338.45	54	\$634.71	\$566.01	\$753.74	\$661.19	\$725.75	\$636.64
31	\$344.56	\$307.26	\$409.17	\$358.93	\$393.98	\$345.60	55	\$662.96	\$591.20	\$787.28	\$690.61	\$758.04	\$664.96
32	\$351.69	\$313.63	\$417.65	\$366.36	\$402.14	\$352.76	56	\$693.58	\$618.50	\$823.64	\$722.51	\$793.06	\$695.68
33	\$356.15	\$317.60	\$422.94	\$371.01	\$407.24	\$357.23	57	\$724.50	\$646.07	\$860.36	\$754.71	\$828.41	\$726.69
34	\$360.91	\$321.84	\$428.59	\$375.96	\$412.68	\$362.00	58	\$757.49	\$675.50	\$899.55	\$789.09	\$866.14	\$759.79
35	\$363.29	\$323.96	\$431.41	\$378.44	\$415.39	\$364.39	59	\$773.85	\$690.08	\$918.96	\$806.12	\$884.84	\$776.19
36	\$365.67	\$326.09	\$434.24	\$380.92	\$418.11	\$366.77	60	\$806.85	\$719.51	\$958.15	\$840.50	\$922.57	\$809.29
37	\$368.05	\$328.21	\$437.06	\$383.40	\$420.83	\$369.16	61	\$835.38	\$744.96	\$992.04	\$870.23	\$955.20	\$837.91
38	\$370.42	\$330.33	\$439.89	\$385.87	\$423.55	\$371.54	62	\$854.11	\$761.66	\$1,014.28	\$889.74	\$976.62	\$856.70
39	\$375.18	\$334.57	\$445.54	\$390.83	\$428.99	\$376.32	63	\$877.60	\$782.60	\$1,042.17	\$914.20	\$1,003.47	\$880.26
40	\$379.94	\$338.81	\$451.19	\$395.78	\$434.43	\$381.09	64 and over	\$891.87	\$795.33	\$1,059.12	\$929.07	\$1,019.79	\$894.57

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:

St. Clair

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

21

Ages	MyPriority Prime Silver HSA Off Marketplace	MyPriority Standard Bronze	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Travel	MyPriority Standard Gold	Ages	MyPriority Prime Silver HSA Off Marketplace	MyPriority Standard Bronze	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Travel	MyPriority Standard Gold
0 – 14	\$258.65	\$205.88	\$236.77	\$277.46	\$332.94	\$358.60	41	\$440.21	\$350.41	\$402.97	\$472.22	\$566.66	\$610.33
15	\$281.64	\$224.19	\$257.81	\$302.12	\$362.54	\$390.48	42	\$447.98	\$356.60	\$410.09	\$480.56	\$576.67	\$621.11
16	\$290.43	\$231.18	\$265.86	\$311.55	\$373.85	\$402.66	43	\$458.80	\$365.21	\$419.99	\$492.17	\$590.59	\$636.11
17	\$299.22	\$238.18	\$273.91	\$320.98	\$385.17	\$414.85	44	\$472.33	\$375.97	\$432.37	\$506.68	\$608.00	\$654.86
18	\$308.69	\$245.72	\$282.57	\$331.14	\$397.36	\$427.98	45	\$488.22	\$388.62	\$446.92	\$523.72	\$628.46	\$676.89
19	\$318.15	\$253.25	\$291.24	\$341.29	\$409.54	\$441.10	46	\$507.15	\$403.70	\$464.25	\$544.04	\$652.83	\$703.14
20	\$327.96	\$261.06	\$300.22	\$351.81	\$422.16	\$454.70	47	\$528.45	\$420.65	\$483.75	\$566.88	\$680.25	\$732.67
21 – 24	\$338.10	\$269.13	\$309.50	\$362.69	\$435.22	\$468.76	48	\$552.79	\$440.03	\$506.03	\$593.00	\$711.58	\$766.42
25	\$339.45	\$270.21	\$310.74	\$364.14	\$436.96	\$470.64	49	\$576.80	\$459.14	\$528.01	\$618.75	\$742.49	\$799.70
26	\$346.21	\$275.59	\$316.93	\$371.39	\$445.67	\$480.01	50	\$603.85	\$480.67	\$552.77	\$647.76	\$777.30	\$837.21
27	\$354.33	\$282.05	\$324.36	\$380.10	\$456.11	\$491.26	51	\$630.56	\$501.93	\$577.22	\$676.42	\$811.69	\$874.24
28	\$367.51	\$292.54	\$336.43	\$394.24	\$473.08	\$509.54	52	\$659.97	\$525.34	\$604.14	\$707.97	\$849.55	\$915.02
29	\$378.33	\$301.16	\$346.33	\$405.85	\$487.01	\$524.54	53	\$689.72	\$549.03	\$631.38	\$739.89	\$887.85	\$956.27
30	\$383.74	\$305.46	\$351.28	\$411.65	\$493.97	\$532.04	54	\$721.84	\$574.59	\$660.78	\$774.34	\$929.19	\$1,000.80
31	\$391.86	\$311.92	\$358.71	\$420.36	\$504.42	\$543.29	55	\$753.96	\$600.16	\$690.19	\$808.80	\$970.54	\$1,045.33
32	\$399.97	\$318.38	\$366.14	\$429.06	\$514.87	\$554.54	56	\$788.79	\$627.88	\$722.06	\$846.16	\$1,015.37	\$1,093.62
33	\$405.04	\$322.42	\$370.78	\$434.50	\$521.39	\$561.57	57	\$823.95	\$655.87	\$754.25	\$883.88	\$1,060.63	\$1,142.37
34	\$410.45	\$326.72	\$375.73	\$440.31	\$528.36	\$569.07	58	\$861.48	\$685.74	\$788.61	\$924.13	\$1,108.94	\$1,194.40
35	\$413.16	\$328.88	\$378.21	\$443.21	\$531.84	\$572.82	59	\$880.07	\$700.55	\$805.63	\$944.08	\$1,132.88	\$1,220.18
36	\$415.86	\$331.03	\$380.69	\$446.11	\$535.32	\$576.57	60	\$917.60	\$730.42	\$839.98	\$984.34	\$1,181.19	\$1,272.21
37	\$418.57	\$333.18	\$383.16	\$449.01	\$538.80	\$580.32	61	\$950.06	\$756.26	\$869.70	\$1,019.16	\$1,222.97	\$1,317.22
38	\$421.27	\$335.34	\$385.64	\$451.91	\$542.28	\$584.07	62	\$971.36	\$773.21	\$889.19	\$1,042.01	\$1,250.39	\$1,346.75
39	\$426.68	\$339.64	\$390.59	\$457.71	\$549.25	\$591.58	63	\$998.07	\$794.47	\$913.64	\$1,070.66	\$1,284.77	\$1,383.78
40	\$432.09	\$343.95	\$395.54	\$463.52	\$556.21	\$599.08	64 and over	\$1,014.30	\$807.39	\$928.50	\$1,088.07	\$1,305.66	\$1,406.28

MyPriority HMO plans

Includes Trinity Health East Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Lenawee, Livingston, Washtenaw

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Trinity Health East Network	MyPriority Value Bronze	MyPriority Value Bronze Trinity Health East Network	MyPriority Balanced Silver	MyPriority Balanced Silver Trinity Health East Network	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Trinity Health East Network	Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Trinity Health East Network	MyPriority Value Bronze	MyPriority Value Bronze Trinity Health East Network	MyPriority Balanced Silver	MyPriority Balanced Silver Trinity Health East Network	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Trinity Health East Network
0 – 14	\$256.58	\$226.82	\$228.81	\$202.27	\$304.70	\$269.36	\$267.28	\$236.28	41	\$436.69	\$386.04	\$389.43	\$344.25	\$518.59	\$458.43	\$454.89	\$402.14
15	\$279.39	\$246.98	\$249.15	\$220.25	\$331.78	\$293.30	\$291.03	\$257.28	42	\$444.41	\$392.86	\$396.31	\$350.33	\$527.75	\$466.53	\$462.93	\$409.24
16	\$288.11	\$254.69	\$256.93	\$227.12	\$342.14	\$302.45	\$300.12	\$265.31	43	\$455.14	\$402.35	\$405.88	\$358.79	\$540.49	\$477.80	\$474.11	\$419.12
17	\$296.83	\$262.40	\$264.70	\$233.99	\$352.50	\$311.61	\$309.20	\$273.34	44	\$468.55	\$414.21	\$417.84	\$369.37	\$556.43	\$491.88	\$488.08	\$431.48
18	\$306.22	\$270.70	\$273.08	\$241.40	\$363.65	\$321.47	\$318.98	\$281.99	45	\$484.32	\$428.15	\$431.90	\$381.79	\$575.15	\$508.43	\$504.50	\$445.99
19	\$315.61	\$279.01	\$281.45	\$248.80	\$374.80	\$331.33	\$328.77	\$290.64	46	\$503.10	\$444.75	\$448.65	\$396.60	\$597.45	\$528.15	\$524.07	\$463.29
20	\$325.34	\$287.61	\$290.13	\$256.47	\$386.35	\$341.54	\$338.90	\$299.59	47	\$524.23	\$463.43	\$467.49	\$413.26	\$622.54	\$550.33	\$546.08	\$482.75
21 – 24	\$335.40	\$296.50	\$299.10	\$264.40	\$398.30	\$352.10	\$349.38	\$308.86	48	\$548.38	\$484.78	\$489.03	\$432.29	\$651.22	\$575.68	\$571.24	\$504.99
25	\$336.74	\$297.69	\$300.30	\$265.46	\$399.89	\$353.51	\$350.78	\$310.10	49	\$572.19	\$505.83	\$510.26	\$451.07	\$679.50	\$600.68	\$596.04	\$526.92
26	\$343.45	\$303.62	\$306.28	\$270.75	\$407.86	\$360.55	\$357.77	\$316.27	50	\$599.02	\$529.55	\$534.19	\$472.22	\$711.36	\$628.85	\$623.99	\$551.62
27	\$351.50	\$310.73	\$313.46	\$277.09	\$417.42	\$369.00	\$366.15	\$323.69	51	\$625.52	\$552.97	\$557.82	\$493.11	\$742.83	\$656.67	\$651.59	\$576.02
28	\$364.58	\$322.30	\$325.12	\$287.40	\$432.95	\$382.73	\$379.78	\$335.73	52	\$654.70	\$578.77	\$583.84	\$516.11	\$777.48	\$687.30	\$681.99	\$602.89
29	\$375.31	\$331.78	\$334.69	\$295.86	\$445.70	\$394.00	\$390.96	\$345.61	53	\$684.22	\$604.86	\$610.16	\$539.38	\$812.53	\$718.28	\$712.74	\$630.07
30	\$380.68	\$336.53	\$339.48	\$300.09	\$452.07	\$399.63	\$396.55	\$350.56	54	\$716.08	\$633.03	\$638.58	\$564.49	\$850.37	\$751.73	\$745.93	\$659.42
31	\$388.73	\$343.64	\$346.66	\$306.44	\$461.63	\$408.08	\$404.93	\$357.97	55	\$747.94	\$661.20	\$666.99	\$589.61	\$888.21	\$785.18	\$779.12	\$688.76
32	\$396.78	\$350.76	\$353.84	\$312.79	\$471.19	\$416.53	\$413.32	\$365.38	56	\$782.49	\$691.73	\$697.80	\$616.85	\$929.23	\$821.45	\$815.10	\$720.57
33	\$401.81	\$355.21	\$358.32	\$316.75	\$477.16	\$421.82	\$418.56	\$370.01	57	\$817.37	\$722.57	\$728.91	\$644.34	\$970.66	\$858.07	\$851.44	\$752.69
34	\$407.18	\$359.95	\$363.11	\$320.98	\$483.54	\$427.45	\$424.15	\$374.96	58	\$854.60	\$755.48	\$762.11	\$673.69	\$1,014.87	\$897.15	\$890.22	\$786.98
35	\$409.86	\$362.32	\$365.50	\$323.10	\$486.72	\$430.27	\$426.94	\$377.43	59	\$873.05	\$771.79	\$778.56	\$688.23	\$1,036.77	\$916.52	\$909.44	\$803.96
36	\$412.54	\$364.70	\$367.89	\$325.21	\$489.91	\$433.08	\$429.74	\$379.90	60	\$910.28	\$804.70	\$811.76	\$717.58	\$1,080.99	\$955.60	\$948.22	\$838.25
37	\$415.23	\$367.07	\$370.29	\$327.33	\$493.10	\$435.90	\$432.53	\$382.37	61	\$942.47	\$833.17	\$840.47	\$742.96	\$1,119.22	\$989.40	\$981.76	\$867.90
38	\$417.91	\$369.44	\$372.68	\$329.44	\$496.28	\$438.72	\$435.33	\$384.84	62	\$963.60	\$851.84	\$859.31	\$759.62	\$1,144.32	\$1,011.58	\$1,003.77	\$887.35
39	\$423.27	\$374.18	\$377.46	\$333.67	\$502.65	\$444.35	\$440.92	\$389.78	63	\$990.10	\$875.27	\$882.94	\$780.51	\$1,175.78	\$1,039.40	\$1,031.37	\$911.75
40	\$428.64	\$378.93	\$382.25	\$337.90	\$509.03	\$449.98	\$446.51	\$394.72	64 and over	\$1,006.20	\$889.50	\$897.30	\$793.20	\$1,194.90	\$1,056.30	\$1,048.14	\$926.58

MyPriority HMO plans

Includes Trinity Health East Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

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Add supplemental dental to any plan

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MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Lenawee, Livingston, Washtenaw

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Premier Silver	MyPriority Premier Silver Trinity Health East Network	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Trinity Health East Network	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Trinity Health East Network	MyPriority Enhanced Gold Trinity Health East Network	Ages	MyPriority Premier Silver	MyPriority Premier Silver Trinity Health East Network	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Trinity Health East Network	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Trinity Health East Network	MyPriority Enhanced Gold Trinity Health East Network
0 – 14	\$293.39	\$259.35	\$257.35	\$227.50	\$291.80	\$257.95	\$367.04	41	\$499.33	\$441.40	\$438.01	\$387.20	\$496.63	\$439.02	\$624.69
15	\$319.46	\$282.40	\$280.23	\$247.73	\$317.74	\$280.88	\$399.67	42	\$508.15	\$449.20	\$445.74	\$394.04	\$505.41	\$446.78	\$635.72
16	\$329.44	\$291.22	\$288.98	\$255.46	\$327.66	\$289.65	\$412.14	43	\$520.42	\$460.05	\$456.51	\$403.56	\$517.61	\$457.57	\$651.08
17	\$339.41	\$300.03	\$297.72	\$263.19	\$337.57	\$298.41	\$424.61	44	\$535.76	\$473.61	\$469.96	\$415.45	\$532.87	\$471.05	\$670.27
18	\$350.14	\$309.53	\$307.14	\$271.52	\$348.25	\$307.85	\$438.05	45	\$553.79	\$489.54	\$485.78	\$429.43	\$550.80	\$486.90	\$692.82
19	\$360.88	\$319.02	\$316.56	\$279.84	\$358.94	\$317.30	\$451.48	46	\$575.27	\$508.53	\$504.62	\$446.09	\$572.16	\$505.79	\$719.69
20	\$372.00	\$328.85	\$326.32	\$288.47	\$370.00	\$327.07	\$465.40	47	\$599.43	\$529.89	\$525.81	\$464.82	\$596.19	\$527.03	\$749.91
21 – 24	\$383.51	\$339.02	\$336.41	\$297.39	\$381.44	\$337.19	\$479.79	48	\$627.04	\$554.30	\$550.03	\$486.23	\$623.65	\$551.31	\$784.46
25	\$385.04	\$340.38	\$337.76	\$298.58	\$382.97	\$338.54	\$481.71	49	\$654.27	\$578.37	\$573.92	\$507.35	\$650.74	\$575.25	\$818.52
26	\$392.71	\$347.16	\$344.48	\$304.53	\$390.59	\$345.28	\$491.30	50	\$684.95	\$605.49	\$600.83	\$531.14	\$681.25	\$602.22	\$856.90
27	\$401.92	\$355.29	\$352.56	\$311.66	\$399.75	\$353.38	\$502.82	51	\$715.25	\$632.27	\$627.40	\$554.63	\$711.39	\$628.86	\$894.81
28	\$416.88	\$368.51	\$365.68	\$323.26	\$414.63	\$366.53	\$521.53	52	\$748.61	\$661.77	\$656.67	\$580.51	\$744.57	\$658.19	\$936.55
29	\$429.15	\$379.36	\$376.44	\$332.78	\$426.83	\$377.32	\$536.89	53	\$782.36	\$691.60	\$686.28	\$606.68	\$778.14	\$687.87	\$978.77
30	\$435.28	\$384.79	\$381.83	\$337.54	\$432.93	\$382.71	\$544.56	54	\$818.79	\$723.81	\$718.24	\$634.93	\$814.37	\$719.90	\$1,024.35
31	\$444.49	\$392.92	\$389.90	\$344.68	\$442.09	\$390.80	\$556.08	55	\$855.23	\$756.01	\$750.19	\$663.18	\$850.61	\$751.93	\$1,069.93
32	\$453.69	\$401.06	\$397.97	\$351.81	\$451.24	\$398.90	\$567.59	56	\$894.73	\$790.93	\$784.84	\$693.81	\$889.90	\$786.66	\$1,119.35
33	\$459.44	\$406.15	\$403.02	\$356.27	\$456.97	\$403.95	\$574.79	57	\$934.61	\$826.19	\$819.83	\$724.74	\$929.57	\$821.73	\$1,169.25
34	\$465.58	\$411.57	\$408.40	\$361.03	\$463.07	\$409.35	\$582.47	58	\$977.18	\$863.82	\$857.17	\$757.75	\$971.91	\$859.16	\$1,222.50
35	\$468.65	\$414.28	\$411.09	\$363.41	\$466.12	\$412.05	\$586.30	59	\$998.28	\$882.47	\$875.68	\$774.11	\$992.89	\$877.71	\$1,248.89
36	\$471.72	\$416.99	\$413.78	\$365.79	\$469.17	\$414.74	\$590.14	60	\$1,040.85	\$920.10	\$913.02	\$807.12	\$1,035.23	\$915.13	\$1,302.15
37	\$474.79	\$419.71	\$416.48	\$368.17	\$472.22	\$417.44	\$593.98	61	\$1,077.66	\$952.65	\$945.31	\$835.67	\$1,071.85	\$947.50	\$1,348.21
38	\$477.85	\$422.42	\$419.17	\$370.55	\$475.27	\$420.14	\$597.82	62	\$1,101.82	\$974.00	\$966.51	\$854.40	\$1,095.88	\$968.75	\$1,378.44
39	\$483.99	\$427.84	\$424.55	\$375.31	\$481.38	\$425.53	\$605.49	63	\$1,132.12	\$1,000.79	\$993.08	\$877.90	\$1,126.01	\$995.38	\$1,416.34
40	\$490.13	\$433.27	\$429.93	\$380.06	\$487.48	\$430.93	\$613.17	64 and over	\$1,150.53	\$1,017.06	\$1,009.23	\$892.17	\$1,144.32	\$1,011.57	\$1,439.37

MyPriority HMO plans

Includes Trinity Health East Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Lenawee, Livingston, Washtenaw

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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	MyPriority	MyPriority Standard	MyPriority	MyPriority	MyPriority Standard	MyPriority	MyPriority	MyPriority Standard			MyPriority	MyPriority Standard	MyPriority	MyPriority	MyPriority Standard	MyPriority	MyPriority	MyPriority Standard
Ages	Standard Bronze	Bronze Trinity Health East	Standard Bronze Travel	Standard Silver	Silver Trinity Health East	Standard Silver Travel	Standard Gold	Gold Trinity Health East		Ages	Standard Bronze	Bronze Trinity Health East	Standard Bronze Travel	Standard Silver	Silver Trinity Health East	Standard Silver Travel	Standard Gold	Gold Trinity Health East
0 – 14	\$232.28	Network \$205.33	\$267.12	\$313.02	Network \$276.71	\$375.62	\$404.57	Network \$357.64		41	\$395.33	Network \$349.47	\$454.63	\$532.75	Network \$470.95	\$639.30	\$688.56	Network \$608.69
15	\$252.92	\$223.59	\$290.87	\$340.85	\$301.30	\$409.01	\$440.53	\$389.43		42	\$402.31	\$355.64	\$462.66	\$542.16	\$479.27	\$650.59	\$700.73	\$619.44
16	\$260.82	\$230.56	\$299.95	\$351.49	\$310.71	\$421.78	\$454.28	\$401.58		43	\$412.03	\$364.23	\$473.84	\$555.26	\$490.84	\$666.30	\$717.65	\$634.40
17	\$268.71	\$237.54	\$309.02	\$362.12	\$320.11	\$434.54	\$468.03	\$413.74		44	\$424.17	\$374.97	\$487.80	\$571.62	\$505.31	\$685.94	\$738.80	\$653.10
18	\$277.21	\$245.06	\$318.80	\$373.58	\$330.24	\$448.29	\$482.84	\$426.83		45	\$438.44	\$387.58	\$504.22	\$590.86	\$522.31	\$709.02	\$763.66	\$675.07
19	\$285.72	\$252.57	\$328.58	\$385.04	\$340.37	\$462.04	\$497.65	\$439.92		46	\$455.45	\$402.62	\$523.77	\$613.77	\$542.57	\$736.52	\$793.28	\$701.25
20	\$294.52	\$260.36	\$338.70	\$396.90	\$350.86	\$476.28	\$512.98	\$453.48		47	\$474.57	\$419.52	\$545.77	\$639.55	\$565.35	\$767.45	\$826.59	\$730.70
21 – 24	\$303.63	\$268.41	\$349.18	\$409.18	\$361.71	\$491.01	\$528.85	\$467.50		48	\$496.44	\$438.85	\$570.91	\$669.01	\$591.40	\$802.80	\$864.67	\$764.36
25	\$304.84	\$269.48	\$350.58	\$410.82	\$363.16	\$492.97	\$530.97	\$469.37		49	\$517.99	\$457.91	\$595.70	\$698.06	\$617.08	\$837.66	\$902.22	\$797.56
26	\$310.92	\$274.85	\$357.56	\$419.00	\$370.39	\$502.79	\$541.54	\$478.72		50	\$542.28	\$479.38	\$623.64	\$730.80	\$646.01	\$876.94	\$944.53	\$834.96
27	\$318.20	\$281.29	\$365.94	\$428.82	\$379.07	\$514.58	\$554.23	\$489.94		51	\$566.27	\$500.58	\$651.22	\$763.12	\$674.59	\$915.73	\$986.31	\$871.89
28	\$330.05	\$291.76	\$379.56	\$444.78	\$393.18	\$533.73	\$574.86	\$508.17		52	\$592.69	\$523.94	\$681.60	\$798.72	\$706.06	\$958.45	\$1,032.32	\$912.56
29	\$339.76	\$300.35	\$390.73	\$457.87	\$404.75	\$549.44	\$591.78	\$523.13		53	\$619.41	\$547.56	\$712.33	\$834.73	\$737.89	\$1,001.66	\$1,078.85	\$953.70
30	\$344.62	\$304.65	\$396.32	\$464.42	\$410.54	\$557.30	\$600.24	\$530.61	·	54	\$648.25	\$573.06	\$745.50	\$873.60	\$772.25	\$1,048.31	\$1,129.09	\$998.11
31	\$351.91	\$311.09	\$404.70	\$474.24	\$419.22	\$569.08	\$612.94	\$541.83		55	\$677.09	\$598.55	\$778.67	\$912.47	\$806.61	\$1,094.95	\$1,179.34	\$1,042.53
32	\$359.19	\$317.53	\$413.08	\$484.06	\$427.90	\$580.86	\$625.63	\$553.05		56	\$708.37	\$626.20	\$814.64	\$954.62	\$843.87	\$1,145.53	\$1,233.81	\$1,090.68
33	\$363.75	\$321.56	\$418.32	\$490.20	\$433.33	\$588.23	\$633.56	\$560.07		57	\$739.95	\$654.12	\$850.95	\$997.17	\$881.49	\$1,196.59	\$1,288.81	\$1,139.30
34	\$368.61	\$325.85	\$423.90	\$496.74	\$439.12	\$596.09	\$642.02	\$567.55		58	\$773.65	\$683.91	\$889.71	\$1,042.59	\$921.64	\$1,251.09	\$1,347.51	\$1,191.19
35	\$371.04	\$328.00	\$426.70	\$500.02	\$442.01	\$600.01	\$646.25	\$571.29		59	\$790.35	\$698.67	\$908.92	\$1,065.10	\$941.53	\$1,278.10	\$1,376.60	\$1,216.90
36	\$373.46	\$330.14	\$429.49	\$503.29	\$444.90	\$603.94	\$650.49	\$575.03		60	\$824.05	\$728.46	\$947.67	\$1,110.51	\$981.68	\$1,332.60	\$1,435.30	\$1,268.80
37	\$375.89	\$332.29	\$432.28	\$506.56	\$447.80	\$607.87	\$654.72	\$578.77		61	\$853.20	\$754.23	\$981.20	\$1,149.80	\$1,016.41	\$1,379.74	\$1,486.07	\$1,313.68
38	\$378.32	\$334.44	\$435.08	\$509.84	\$450.69	\$611.80	\$658.95	\$582.51		62	\$872.33	\$771.14	\$1,003.19	\$1,175.57	\$1,039.19	\$1,410.67	\$1,519.39	\$1,343.13
39	\$383.18	\$338.73	\$440.67	\$516.39	\$456.48	\$619.65	\$667.41	\$589.99		63	\$896.32	\$792.35	\$1,030.78	\$1,207.90	\$1,067.77	\$1,449.46	\$1,561.17	\$1,380.06
40	\$388.04	\$343.03	\$446.25	\$522.93	\$462.27	\$627.51	\$675.87	\$597.47		64 and over	\$910.89	\$805.23	\$1,047.54	\$1,227.54	\$1,085.13	\$1,473.03	\$1,586.55	\$1,402.50

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Genesee, Lapeer, Shiawassee

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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			Genesee, Lapeer, Shiawassee											
Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace		Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace
0 – 14	\$222.00	\$197.97	\$263.63	\$231.26	\$253.84	\$222.67		41	\$377.84	\$336.94	\$448.70	\$393.59	\$432.03	\$378.97
15	\$241.74	\$215.57	\$287.07	\$251.82	\$276.41	\$242.46		42	\$384.52	\$342.90	\$456.62	\$400.55	\$439.66	\$385.67
16	\$249.28	\$222.30	\$296.03	\$259.68	\$285.03	\$250.03		43	\$393.80	\$351.18	\$467.65	\$410.22	\$450.28	\$394.98
17	\$256.83	\$229.03	\$304.99	\$267.54	\$293.66	\$257.60		44	\$405.41	\$361.53	\$481.43	\$422.31	\$463.55	\$406.62
18	\$264.95	\$236.28	\$314.64	\$276.00	\$302.95	\$265.75		45	\$419.05	\$373.69	\$497.63	\$436.52	\$479.15	\$420.31
19	\$273.08	\$243.52	\$324.29	\$284.46	\$312.24	\$273.90		46	\$435.30	\$388.19	\$516.93	\$453.45	\$497.73	\$436.61
20	\$281.49	\$251.03	\$334.28	\$293.23	\$321.87	\$282.34		47	\$453.58	\$404.49	\$538.64	\$472.49	\$518.63	\$454.94
21 – 24	\$290.20	\$258.79	\$344.62	\$302.30	\$331.82	\$291.07		48	\$474.48	\$423.12	\$563.45	\$494.26	\$542.53	\$475.90
25	\$291.36	\$259.83	\$346.00	\$303.51	\$333.15	\$292.23		49	\$495.08	\$441.50	\$587.92	\$515.72	\$566.08	\$496.57
26	\$297.16	\$265.00	\$352.89	\$309.56	\$339.78	\$298.06		50	\$518.30	\$462.20	\$615.49	\$539.91	\$592.63	\$519.85
27	\$304.13	\$271.21	\$361.16	\$316.81	\$347.75	\$305.04		51	\$541.22	\$482.64	\$642.72	\$563.79	\$618.84	\$542.85
28	\$315.45	\$281.30	\$374.60	\$328.60	\$360.69	\$316.39		52	\$566.47	\$505.16	\$672.70	\$590.09	\$647.71	\$568.17
29	\$324.73	\$289.59	\$385.63	\$338.27	\$371.31	\$325.71		53	\$592.01	\$527.93	\$703.02	\$616.69	\$676.91	\$593.78
30	\$329.38	\$293.73	\$391.14	\$343.11	\$376.62	\$330.36		54	\$619.58	\$552.52	\$735.76	\$645.41	\$708.44	\$621.43
31	\$336.34	\$299.94	\$399.41	\$350.37	\$384.58	\$337.35		55	\$647.15	\$577.10	\$768.50	\$674.13	\$739.96	\$649.09
32	\$343.31	\$306.15	\$407.69	\$357.62	\$392.54	\$344.34		56	\$677.04	\$603.76	\$804.00	\$705.27	\$774.14	\$679.07
33	\$347.66	\$310.03	\$412.85	\$362.16	\$397.52	\$348.70		57	\$707.22	\$630.67	\$839.84	\$736.71	\$808.65	\$709.34
34	\$352.30	\$314.17	\$418.37	\$366.99	\$402.83	\$353.36		58	\$739.43	\$659.40	\$878.09	\$770.26	\$845.48	\$741.65
35	\$354.62	\$316.24	\$421.13	\$369.41	\$405.48	\$355.69		59	\$755.39	\$673.63	\$897.05	\$786.89	\$863.73	\$757.66
36	\$356.95	\$318.31	\$423.88	\$371.83	\$408.14	\$358.02		60	\$787.60	\$702.36	\$935.30	\$820.44	\$900.56	\$789.96
37	\$359.27	\$320.38	\$426.64	\$374.25	\$410.79	\$360.34		61	\$815.46	\$727.20	\$968.38	\$849.46	\$932.41	\$817.91
38	\$361.59	\$322.45	\$429.40	\$376.67	\$413.45	\$362.67		62	\$833.74	\$743.50	\$990.09	\$868.51	\$953.32	\$836.24
39	\$366.23	\$326.59	\$434.91	\$381.50	\$418.76	\$367.33		63	\$856.67	\$763.95	\$1,017.32	\$892.39	\$979.53	\$859.24
40	\$370.88	\$330.73	\$440.42	\$386.34	\$424.07	\$371.99		64 and over	\$870.60	\$776.37	\$1,033.86	\$906.90	\$995.46	\$873.21

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:

Genesee, Lapeer, Shiawassee

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages	MyPriority Prime Silver HSA Off Marketplace	MyPriority Standard Bronze	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Travel	MyPriority Standard Gold	Ages	MyPriority Prime Silver HSA Off Marketplace	MyPriority Standard Bronze	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Travel	MyPriority Standard Gold		
0 – 14	\$252.48	\$200.97	\$231.12	\$270.84	\$325.00	\$350.05	41	\$429.71	\$342.05	\$393.36	\$460.96	\$553.14	\$595.77		
15	\$274.92	\$218.84	\$251.67	\$294.92	\$353.89	\$381.16	42	\$437.30	\$348.09	\$400.31	\$469.10	\$562.91	\$606.29		
16	\$283.50	\$225.67	\$259.52	\$304.12	\$364.94	\$393.06	43	\$447.86	\$356.50	\$409.98	\$480.43	\$576.51	\$620.94		
17	\$292.09	\$232.50	\$267.38	\$313.33	\$375.98	\$404.96	44	\$461.07	\$367.01	\$422.06	\$494.59	\$593.50	\$639.24		
18	\$301.33	\$239.85	\$275.84	\$323.24	\$387.88	\$417.77	45	\$476.58	\$379.35	\$436.26	\$511.23	\$613.47	\$660.75		
19	\$310.57	\$247.21	\$284.29	\$333.15	\$399.77	\$430.58	46	\$495.06	\$394.07	\$453.18	\$531.06	\$637.26	\$686.37		
20	\$320.14	\$254.83	\$293.06	\$343.42	\$412.09	\$443.85	47	\$515.85	\$410.62	\$472.21	\$553.36	\$664.02	\$715.20		
21 – 24	\$330.04	\$262.71	\$302.12	\$354.04	\$424.84	\$457.58	48	\$539.62	\$429.53	\$493.97	\$578.86	\$694.61	\$748.14		
25	\$331.36	\$263.76	\$303.33	\$355.46	\$426.54	\$459.41	49	\$563.05	\$448.18	\$515.42	\$603.99	\$724.78	\$780.63		
26	\$337.96	\$269.02	\$309.37	\$362.54	\$435.04	\$468.56	50	\$589.45	\$469.20	\$539.59	\$632.32	\$758.76	\$817.24		
27	\$345.88	\$275.32	\$316.62	\$371.03	\$445.23	\$479.54	51	\$615.52	\$489.95	\$563.45	\$660.28	\$792.33	\$853.39		
28	\$358.75	\$285.57	\$328.40	\$384.84	\$461.80	\$497.39	52	\$644.24	\$512.81	\$589.74	\$691.09	\$829.29	\$893.20		
29	\$369.31	\$293.97	\$338.07	\$396.17	\$475.40	\$512.03	53	\$673.28	\$535.93	\$616.32	\$722.24	\$866.67	\$933.46		
30	\$374.60	\$298.18	\$342.91	\$401.84	\$482.19	\$519.35	54	\$704.64	\$560.89	\$645.03	\$755.88	\$907.03	\$976.93		
31	\$382.52	\$304.48	\$350.16	\$410.33	\$492.39	\$530.34	55	\$735.99	\$585.84	\$673.73	\$789.51	\$947.39	\$1,020.40		
32	\$390.44	\$310.79	\$357.41	\$418.83	\$502.59	\$541.32	56	\$769.98	\$612.90	\$704.85	\$825.98	\$991.15	\$1,067.53		
33	\$395.39	\$314.73	\$361.94	\$424.14	\$508.96	\$548.18	57	\$804.31	\$640.22	\$736.27	\$862.80	\$1,035.34	\$1,115.12		
34	\$400.67	\$318.93	\$366.77	\$429.80	\$515.76	\$555.50	58	\$840.94	\$669.39	\$769.80	\$902.09	\$1,082.49	\$1,165.91		
35	\$403.31	\$321.03	\$369.19	\$432.64	\$519.15	\$559.16	59	\$859.09	\$683.83	\$786.42	\$921.57	\$1,105.86	\$1,191.08		
36	\$405.95	\$323.13	\$371.61	\$435.47	\$522.55	\$562.82	60	\$895.73	\$712.99	\$819.95	\$960.86	\$1,153.02	\$1,241.87		
37	\$408.59	\$325.23	\$374.02	\$438.30	\$525.95	\$566.48	61	\$927.41	\$738.22	\$848.96	\$994.85	\$1,193.80	\$1,285.80		
38	\$411.23	\$327.34	\$376.44	\$441.13	\$529.35	\$570.14	62	\$948.20	\$754.77	\$867.99	\$1,017.16	\$1,220.57	\$1,314.63		
39	\$416.51	\$331.54	\$381.28	\$446.80	\$536.15	\$577.47	63	\$974.28	\$775.52	\$891.86	\$1,045.13	\$1,254.13	\$1,350.78		
40	\$421.79	\$335.74	\$386.11	\$452.46	\$542.95	\$584.79	64 and over	\$990.12	\$788.13	\$906.36	\$1,062.12	\$1,274.52	\$1,372.74		

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Huron, Sanilac, Tuscola *For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace	Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace
0 – 14	\$228.08	\$203.39	\$270.86	\$237.59	\$260.80	\$228.77	41	\$388.19	\$346.16	\$460.99	\$404.38	\$443.86	\$389.35
15	\$248.36	\$221.47	\$294.93	\$258.71	\$283.98	\$249.10	42	\$395.05	\$352.28	\$469.13	\$411.52	\$451.71	\$396.23
16	\$256.11	\$228.38	\$304.14	\$266.79	\$292.84	\$256.88	43	\$404.59	\$360.79	\$480.46	\$421.46	\$462.61	\$405.80
17	\$263.86	\$235.29	\$313.34	\$274.86	\$301.71	\$264.65	44	\$416.52	\$371.42	\$494.62	\$433.88	\$476.25	\$417.76
18	\$272.21	\$242.74	\$323.26	\$283.56	\$311.25	\$273.02	45	\$430.53	\$383.92	\$511.26	\$448.48	\$492.27	\$431.81
19	\$280.56	\$250.18	\$333.17	\$292.26	\$320.80	\$281.40	46	\$447.23	\$398.81	\$531.09	\$465.87	\$511.37	\$448.56
20	\$289.21	\$257.89	\$343.44	\$301.26	\$330.68	\$290.07	47	\$466.01	\$415.55	\$553.40	\$485.44	\$532.84	\$467.40
21 – 24	\$298.15	\$265.87	\$354.06	\$310.58	\$340.91	\$299.04	48	\$487.48	\$434.70	\$578.89	\$507.80	\$557.39	\$488.93
25	\$299.34	\$266.93	\$355.48	\$311.82	\$342.27	\$300.24	49	\$508.64	\$453.57	\$604.03	\$529.85	\$581.59	\$510.16
26	\$305.31	\$272.25	\$362.56	\$318.03	\$349.09	\$306.22	50	\$532.50	\$474.84	\$632.35	\$554.70	\$608.87	\$534.09
27	\$312.46	\$278.63	\$371.05	\$325.49	\$357.27	\$313.39	51	\$556.05	\$495.85	\$660.32	\$579.23	\$635.80	\$557.71
28	\$324.09	\$289.00	\$384.86	\$337.60	\$370.57	\$325.06	52	\$581.99	\$518.98	\$691.13	\$606.25	\$665.46	\$583.73
29	\$333.63	\$297.51	\$396.19	\$347.54	\$381.48	\$334.63	53	\$608.23	\$542.37	\$722.28	\$633.58	\$695.46	\$610.04
30	\$338.40	\$301.76	\$401.86	\$352.51	\$386.93	\$339.41	54	\$636.55	\$567.63	\$755.92	\$663.09	\$727.84	\$638.45
31	\$345.56	\$308.14	\$410.36	\$359.96	\$395.11	\$346.59	55	\$664.87	\$592.89	\$789.55	\$692.59	\$760.23	\$666.86
32	\$352.71	\$314.52	\$418.85	\$367.42	\$403.30	\$353.76	56	\$695.58	\$620.27	\$826.02	\$724.58	\$795.34	\$697.66
33	\$357.18	\$318.51	\$424.16	\$372.07	\$408.41	\$358.25	57	\$726.59	\$647.93	\$862.84	\$756.88	\$830.80	\$728.76
34	\$361.95	\$322.77	\$429.83	\$377.04	\$413.86	\$363.03	58	\$759.69	\$677.44	\$902.14	\$791.36	\$868.64	\$761.95
35	\$364.34	\$324.89	\$432.66	\$379.53	\$416.59	\$365.43	59	\$776.08	\$692.06	\$921.62	\$808.44	\$887.39	\$778.40
36	\$366.72	\$327.02	\$435.49	\$382.01	\$419.32	\$367.82	60	\$809.18	\$721.57	\$960.92	\$842.91	\$925.23	\$811.59
37	\$369.11	\$329.15	\$438.33	\$384.50	\$422.05	\$370.21	61	\$837.80	\$747.09	\$994.91	\$872.73	\$957.96	\$840.30
38	\$371.49	\$331.27	\$441.16	\$386.98	\$424.77	\$372.60	62	\$856.58	\$763.84	\$1,017.21	\$892.30	\$979.43	\$859.14
39	\$376.27	\$335.53	\$446.82	\$391.95	\$430.23	\$377.39	63	\$880.14	\$784.85	\$1,045.19	\$916.83	\$1,006.37	\$882.77
40	\$381.04	\$339.78	\$452.49	\$396.92	\$435.68	\$382.17	64 and over	\$894.45	\$797.61	\$1,062.18	\$931.74	\$1,022.73	\$897.12

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Huron, Sanilac, Tuscola

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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	MyPriority Prime		MyPriority		MyPriority				MyPriority Prime		MyPriority		MyPriority	
Ages	Silver HSA Off Marketplace	MyPriority Standard Bronze	Standard Bronze Travel	MyPriority Standard Silver	Standard Silver Travel	MyPriority Standard Gold		Ages	Silver HSA Off Marketplace	MyPriority Standard Bronze	Standard Bronze Travel	MyPriority Standard Silver	Standard Silver Travel	MyPriority Standard Gold
0 – 14	\$259.39	\$206.47	\$237.45	\$278.25	\$333.90	\$359.63	'	41	\$441.47	\$351.41	\$404.13	\$473.58	\$568.28	\$612.08
15	\$282.45	\$224.83	\$258.55	\$302.99	\$363.58	\$391.60		42	\$449.27	\$357.62	\$411.27	\$481.94	\$578.32	\$622.90
16	\$291.26	\$231.84	\$266.63	\$312.44	\$374.93	\$403.82		43	\$460.12	\$366.25	\$421.20	\$493.58	\$592.29	\$637.94
17	\$300.08	\$238.86	\$274.70	\$321.90	\$386.28	\$416.05		44	\$473.68	\$377.05	\$433.61	\$508.13	\$609.75	\$656.74
18	\$309.57	\$246.42	\$283.39	\$332.09	\$398.50	\$429.21		45	\$489.62	\$389.74	\$448.20	\$525.23	\$630.26	\$678.84
19	\$319.06	\$253.98	\$292.08	\$342.27	\$410.72	\$442.37		46	\$508.61	\$404.85	\$465.59	\$545.60	\$654.71	\$705.17
20	\$328.90	\$261.80	\$301.08	\$352.82	\$423.38	\$456.01		47	\$529.97	\$421.85	\$485.14	\$568.51	\$682.20	\$734.78
21 – 24	\$339.07	\$269.90	\$310.39	\$363.73	\$436.47	\$470.11		48	\$554.38	\$441.29	\$507.49	\$594.70	\$713.63	\$768.63
25	\$340.43	\$270.98	\$311.63	\$365.18	\$438.22	\$471.99		49	\$578.45	\$460.45	\$529.53	\$620.52	\$744.62	\$802.01
26	\$347.21	\$276.38	\$317.84	\$372.46	\$446.95	\$481.39		50	\$605.58	\$482.04	\$554.36	\$649.62	\$779.54	\$839.62
27	\$355.35	\$282.86	\$325.29	\$381.19	\$457.42	\$492.68		51	\$632.37	\$503.36	\$578.88	\$678.36	\$814.02	\$876.76
28	\$368.57	\$293.38	\$337.39	\$395.37	\$474.44	\$511.01		52	\$661.86	\$526.84	\$605.88	\$710.00	\$851.99	\$917.65
29	\$379.42	\$302.02	\$347.33	\$407.01	\$488.41	\$526.05		53	\$691.70	\$550.60	\$633.20	\$742.01	\$890.40	\$959.02
30	\$384.84	\$306.34	\$352.29	\$412.83	\$495.39	\$533.57		54	\$723.91	\$576.24	\$662.68	\$776.56	\$931.86	\$1,003.68
31	\$392.98	\$312.81	\$359.74	\$421.56	\$505.87	\$544.86		55	\$756.13	\$601.88	\$692.17	\$811.12	\$973.33	\$1,048.35
32	\$401.12	\$319.29	\$367.19	\$430.29	\$516.34	\$556.14		56	\$791.05	\$629.68	\$724.14	\$848.58	\$1,018.28	\$1,096.77
33	\$406.21	\$323.34	\$371.85	\$435.75	\$522.89	\$563.19		57	\$826.31	\$657.75	\$756.42	\$886.41	\$1,063.68	\$1,145.66
34	\$411.63	\$327.66	\$376.81	\$441.57	\$529.87	\$570.71		58	\$863.95	\$687.71	\$790.87	\$926.78	\$1,112.13	\$1,197.84
35	\$414.34	\$329.82	\$379.30	\$444.48	\$533.37	\$574.47		59	\$882.60	\$702.55	\$807.95	\$946.79	\$1,136.13	\$1,223.70
36	\$417.06	\$331.98	\$381.78	\$447.39	\$536.86	\$578.24		60	\$920.24	\$732.51	\$842.40	\$987.16	\$1,184.58	\$1,275.88
37	\$419.77	\$334.14	\$384.26	\$450.30	\$540.35	\$582.00		61	\$952.79	\$758.42	\$872.20	\$1,022.08	\$1,226.48	\$1,321.01
38	\$422.48	\$336.30	\$386.75	\$453.21	\$543.84	\$585.76		62	\$974.15	\$775.42	\$891.75	\$1,045.00	\$1,253.98	\$1,350.63
39	\$427.91	\$340.61	\$391.71	\$459.03	\$550.83	\$593.28		63	\$1,000.93	\$796.74	\$916.27	\$1,073.73	\$1,288.46	\$1,387.76
40	\$433.33	\$344.93	\$396.68	\$464.85	\$557.81	\$600.80		64 and over	\$1,017.21	\$809.70	\$931.17	\$1,091.19	\$1,309.41	\$1,410.33

MyPriority HMO plans

Includes Trinity Health East Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Clinton, Eaton, Hillsdale, Ingham, Jackson

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Trinity Health East Network	MyPriority Value Bronze	MyPriority Value Bronze Trinity Health East Network	MyPriority Balanced Silver	MyPriority Balanced Silver Trinity Health East Network	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Trinity Health East Network	Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Trinity Health East Network	MyPriority Value Bronze	MyPriority Value Bronze Trinity Health East Network	MyPriority Balanced Silver	MyPriority Balanced Silver Trinity Health East Network	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Trinity Health East Network
0 – 14	\$247.86	\$219.11	\$221.03	\$195.39	\$294.34	\$260.20	\$258.20	\$228.25	41	\$421.85	\$372.92	\$376.19	\$332.54	\$500.96	\$442.85	\$439.44	\$388.46
15	\$269.89	\$238.59	\$240.68	\$212.76	\$320.51	\$283.33	\$281.15	\$248.53	42	\$429.30	\$379.51	\$382.83	\$338.42	\$509.81	\$450.67	\$447.20	\$395.33
16	\$278.32	\$246.03	\$248.19	\$219.40	\$330.51	\$292.17	\$289.92	\$256.29	43	\$439.67	\$388.67	\$392.08	\$346.59	\$522.12	\$461.56	\$458.00	\$404.87
17	\$286.74	\$253.48	\$255.70	\$226.04	\$340.51	\$301.02	\$298.70	\$264.05	44	\$452.63	\$400.13	\$403.64	\$356.81	\$537.51	\$475.16	\$471.50	\$416.81
18	\$295.81	\$261.50	\$263.79	\$233.19	\$351.29	\$310.54	\$308.15	\$272.40	45	\$467.86	\$413.59	\$417.21	\$368.81	\$555.59	\$491.15	\$487.36	\$430.83
19	\$304.88	\$269.52	\$271.88	\$240.34	\$362.06	\$320.06	\$317.60	\$280.76	46	\$486.00	\$429.63	\$433.40	\$383.12	\$577.14	\$510.20	\$506.27	\$447.54
20	\$314.28	\$277.83	\$280.26	\$247.75	\$373.22	\$329.93	\$327.38	\$289.41	47	\$506.41	\$447.67	\$451.60	\$399.21	\$601.38	\$531.62	\$527.53	\$466.34
21 – 24	\$324.00	\$286.42	\$288.93	\$255.41	\$384.76	\$340.13	\$337.51	\$298.36	48	\$529.74	\$468.30	\$472.40	\$417.60	\$629.08	\$556.11	\$551.83	\$487.82
25	\$325.30	\$287.57	\$290.09	\$256.43	\$386.30	\$341.49	\$338.86	\$299.55	49	\$552.74	\$488.63	\$492.91	\$435.73	\$656.40	\$580.26	\$575.79	\$509.00
26	\$331.78	\$293.29	\$295.86	\$261.54	\$393.99	\$348.29	\$345.61	\$305.52	50	\$578.66	\$511.55	\$516.03	\$456.16	\$687.18	\$607.47	\$602.79	\$532.87
27	\$339.55	\$300.17	\$302.80	\$267.67	\$403.23	\$356.46	\$353.71	\$312.68	51	\$604.26	\$534.17	\$538.85	\$476.34	\$717.58	\$634.34	\$629.46	\$556.44
28	\$352.19	\$311.34	\$314.07	\$277.63	\$418.23	\$369.72	\$366.87	\$324.32	52	\$632.45	\$559.09	\$563.99	\$498.56	\$751.05	\$663.93	\$658.82	\$582.40
29	\$362.56	\$320.50	\$323.31	\$285.80	\$430.55	\$380.61	\$377.67	\$333.86	53	\$660.96	\$584.30	\$589.42	\$521.04	\$784.91	\$693.87	\$688.52	\$608.65
30	\$367.74	\$325.09	\$327.94	\$289.89	\$436.70	\$386.05	\$383.07	\$338.64	54	\$691.74	\$611.51	\$616.87	\$545.30	\$821.46	\$726.18	\$720.58	\$637.00
31	\$375.52	\$331.96	\$334.87	\$296.02	\$445.94	\$394.21	\$391.17	\$345.80	55	\$722.52	\$638.72	\$644.31	\$569.56	\$858.01	\$758.49	\$752.65	\$665.34
32	\$383.29	\$338.83	\$341.80	\$302.15	\$455.17	\$402.37	\$399.27	\$352.96	56	\$755.89	\$668.22	\$674.07	\$595.87	\$897.65	\$793.52	\$787.41	\$696.07
33	\$388.15	\$343.13	\$346.14	\$305.98	\$460.94	\$407.48	\$404.34	\$357.44	57	\$789.59	\$698.01	\$704.12	\$622.43	\$937.66	\$828.90	\$822.51	\$727.10
34	\$393.34	\$347.71	\$350.76	\$310.07	\$467.10	\$412.92	\$409.74	\$362.21	58	\$825.55	\$729.80	\$736.19	\$650.78	\$980.37	\$866.65	\$859.98	\$760.22
35	\$395.93	\$350.01	\$353.07	\$312.11	\$470.18	\$415.64	\$412.44	\$364.60	59	\$843.37	\$745.55	\$752.08	\$664.83	\$1,001.53	\$885.36	\$878.54	\$776.63
36	\$398.52	\$352.30	\$355.38	\$314.15	\$473.25	\$418.36	\$415.14	\$366.98	60	\$879.34	\$777.34	\$784.16	\$693.18	\$1,044.24	\$923.11	\$916.00	\$809.75
37	\$401.11	\$354.59	\$357.70	\$316.20	\$476.33	\$421.08	\$417.84	\$369.37	61	\$910.44	\$804.84	\$811.89	\$717.70	\$1,081.18	\$955.77	\$948.40	\$838.39
38	\$403.70	\$356.88	\$360.01	\$318.24	\$479.41	\$423.80	\$420.54	\$371.76	62	\$930.85	\$822.88	\$830.10	\$733.79	\$1,105.42	\$977.19	\$969.67	\$857.19
39	\$408.89	\$361.46	\$364.63	\$322.33	\$485.57	\$429.24	\$425.94	\$376.53	63	\$956.45	\$845.51	\$852.92	\$753.97	\$1,135.81	\$1,004.06	\$996.33	\$880.76
40	\$414.07	\$366.04	\$369.25	\$326.41	\$491.72	\$434.69	\$431.34	\$381.30	64 and over	\$972.00	\$859.26	\$866.79	\$766.23	\$1,154.28	\$1,020.39	\$1,012.53	\$895.08

MyPriority HMO plans

Includes Trinity Health East Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Clinton, Eaton, Hillsdale, Ingham, Jackson

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Premier Silver	MyPriority Premier Silver Trinity Health East Network	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Trinity Health East Network	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Trinity Health East Network	MyPriority Enhanced Gold Trinity Health East Network	Ages	MyPriority Premier Silver	MyPriority Premier Silver Trinity Health East Network	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Trinity Health East Network	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Trinity Health East Network	MyPriority Enhanced Gold Trinity Health East Network
0 – 14	\$283.41	\$250.54	\$248.61	\$219.77	\$281.89	\$249.18	\$354.57	41	\$482.35	\$426.41	\$423.12	\$374.04	\$479.76	\$424.10	\$603.46
15	\$308.60	\$272.81	\$270.71	\$239.30	\$306.94	\$271.33	\$386.09	42	\$490.87	\$433.94	\$430.60	\$380.65	\$488.24	\$431.59	\$614.12
16	\$318.23	\$281.32	\$279.16	\$246.77	\$316.52	\$279.80	\$398.14	43	\$502.73	\$444.42	\$441.00	\$389.84	\$500.03	\$442.02	\$628.96
17	\$327.87	\$289.84	\$287.61	\$254.24	\$326.10	\$288.27	\$410.19	44	\$517.55	\$457.52	\$454.00	\$401.33	\$514.77	\$455.04	\$647.50
18	\$338.24	\$299.01	\$296.71	\$262.29	\$336.42	\$297.39	\$423.17	45	\$534.96	\$472.91	\$469.27	\$414.83	\$532.09	\$470.35	\$669.28
19	\$348.61	\$308.18	\$305.81	\$270.33	\$346.74	\$306.51	\$436.14	46	\$555.71	\$491.25	\$487.47	\$430.92	\$552.72	\$488.60	\$695.24
20	\$359.36	\$317.68	\$315.23	\$278.66	\$357.43	\$315.96	\$449.59	47	\$579.04	\$511.88	\$507.94	\$449.02	\$575.93	\$509.12	\$724.43
21 – 24	\$370.47	\$327.50	\$324.98	\$287.28	\$368.48	\$325.73	\$463.49	48	\$605.72	\$535.46	\$531.34	\$469.70	\$602.46	\$532.57	\$757.81
25	\$371.95	\$328.81	\$326.28	\$288.43	\$369.95	\$327.03	\$465.34	49	\$632.02	\$558.72	\$554.42	\$490.10	\$628.63	\$555.70	\$790.71
26	\$379.36	\$335.36	\$332.78	\$294.17	\$377.32	\$333.55	\$474.61	50	\$661.66	\$584.92	\$580.41	\$513.08	\$658.11	\$581.75	\$827.79
27	\$388.25	\$343.22	\$340.58	\$301.07	\$386.17	\$341.37	\$485.74	51	\$690.93	\$610.79	\$606.09	\$535.78	\$687.22	\$607.49	\$864.41
28	\$402.70	\$355.99	\$353.25	\$312.27	\$400.54	\$354.07	\$503.81	52	\$723.16	\$639.28	\$634.36	\$560.77	\$719.27	\$635.82	\$904.73
29	\$414.56	\$366.47	\$363.65	\$321.47	\$412.33	\$364.49	\$518.65	53	\$755.76	\$668.10	\$662.96	\$586.05	\$751.70	\$664.49	\$945.52
30	\$420.48	\$371.71	\$368.85	\$326.06	\$418.22	\$369.70	\$526.06	54	\$790.95	\$699.21	\$693.83	\$613.34	\$786.70	\$695.43	\$989.55
31	\$429.37	\$379.57	\$376.65	\$332.96	\$427.07	\$377.52	\$537.18	55	\$826.15	\$730.33	\$724.71	\$640.63	\$821.71	\$726.38	\$1,033.58
32	\$438.27	\$387.43	\$384.45	\$339.85	\$435.91	\$385.34	\$548.31	56	\$864.31	\$764.06	\$758.18	\$670.22	\$859.66	\$759.93	\$1,081.32
33	\$443.82	\$392.35	\$389.33	\$344.16	\$441.44	\$390.22	\$555.26	57	\$902.84	\$798.12	\$791.98	\$700.10	\$897.99	\$793.80	\$1,129.53
34	\$449.75	\$397.59	\$394.53	\$348.76	\$447.33	\$395.44	\$562.68	58	\$943.96	\$834.47	\$828.05	\$731.99	\$938.89	\$829.96	\$1,180.97
35	\$452.71	\$400.21	\$397.13	\$351.06	\$450.28	\$398.04	\$566.38	59	\$964.33	\$852.48	\$845.92	\$747.79	\$959.15	\$847.88	\$1,206.46
36	\$455.68	\$402.83	\$399.73	\$353.35	\$453.23	\$400.65	\$570.09	60	\$1,005.46	\$888.84	\$882.00	\$779.68	\$1,000.05	\$884.03	\$1,257.91
37	\$458.64	\$405.45	\$402.33	\$355.65	\$456.18	\$403.25	\$573.80	61	\$1,041.02	\$920.28	\$913.19	\$807.26	\$1,035.43	\$915.30	\$1,302.41
38	\$461.61	\$408.07	\$404.93	\$357.95	\$459.13	\$405.86	\$577.51	62	\$1,064.36	\$940.91	\$933.67	\$825.36	\$1,058.64	\$935.82	\$1,331.61
39	\$467.53	\$413.31	\$410.12	\$362.55	\$465.02	\$411.07	\$584.92	63	\$1,093.63	\$966.78	\$959.34	\$848.05	\$1,087.75	\$961.55	\$1,368.22
40	\$473.46	\$418.55	\$415.32	\$367.14	\$470.92	\$416.28	\$592.34	64 and over	\$1,111.41	\$982.50	\$974.94	\$861.84	\$1,105.44	\$977.19	\$1,390.47

MyPriority HMO plans

Includes Trinity Health East Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Clinton, Eaton, Hillsdale, Ingham, Jackson

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Trinity Health East Network	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Trinity Health East Network	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Trinity Health East Network	Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Trinity Health East Network	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Trinity Health East Network	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Trinity Health East Network
0 – 14	\$224.38	\$198.35	\$258.04	\$302.38	\$267.31	\$362.85	\$390.82	\$345.48	41	\$381.89	\$337.58	\$439.18	\$514.64	\$454.94	\$617.56	\$665.15	\$588.00
15	\$244.33	\$215.98	\$280.98	\$329.26	\$291.07	\$395.11	\$425.55	\$376.19	42	\$388.64	\$343.55	\$446.94	\$523.73	\$462.98	\$628.47	\$676.90	\$598.38
16	\$251.95	\$222.72	\$289.75	\$339.54	\$300.15	\$407.44	\$438.84	\$387.93	43	\$398.02	\$351.84	\$457.73	\$536.38	\$474.16	\$643.65	\$693.25	\$612.83
17	\$259.58	\$229.46	\$298.52	\$349.81	\$309.24	\$419.77	\$452.12	\$399.67	44	\$409.75	\$362.21	\$471.22	\$552.19	\$488.14	\$662.63	\$713.69	\$630.90
18	\$267.79	\$236.72	\$307.96	\$360.88	\$319.02	\$433.05	\$466.42	\$412.32	45	\$423.54	\$374.40	\$487.08	\$570.77	\$504.56	\$684.92	\$737.70	\$652.12
19	\$276.00	\$243.98	\$317.41	\$371.95	\$328.80	\$446.34	\$480.73	\$424.97	46	\$439.97	\$388.92	\$505.97	\$592.91	\$524.13	\$711.48	\$766.31	\$677.42
20	\$284.51	\$251.50	\$327.19	\$383.41	\$338.94	\$460.09	\$495.54	\$438.06	47	\$458.44	\$405.25	\$527.22	\$617.81	\$546.14	\$741.36	\$798.49	\$705.87
21 – 24	\$293.31	\$259.28	\$337.31	\$395.27	\$349.42	\$474.32	\$510.87	\$451.61	48	\$479.56	\$423.92	\$551.50	\$646.27	\$571.30	\$775.51	\$835.27	\$738.38
25	\$294.48	\$260.32	\$338.66	\$396.85	\$350.82	\$476.22	\$512.91	\$453.42	49	\$500.39	\$442.33	\$575.45	\$674.33	\$596.11	\$809.19	\$871.54	\$770.45
26	\$300.35	\$265.50	\$345.41	\$404.76	\$357.81	\$485.70	\$523.13	\$462.45	50	\$523.85	\$463.07	\$602.44	\$705.95	\$624.06	\$847.14	\$912.41	\$806.58
27	\$307.39	\$271.73	\$353.50	\$414.24	\$366.19	\$497.09	\$535.39	\$473.29	51	\$547.02	\$483.56	\$629.08	\$737.18	\$651.67	\$884.61	\$952.77	\$842.25
28	\$318.83	\$281.84	\$366.66	\$429.66	\$379.82	\$515.59	\$555.32	\$490.90	52	\$572.54	\$506.11	\$658.43	\$771.57	\$682.07	\$925.87	\$997.22	\$881.54
29	\$328.21	\$290.13	\$377.45	\$442.31	\$391.00	\$530.76	\$571.66	\$505.35	53	\$598.35	\$528.93	\$688.11	\$806.35	\$712.82	\$967.61	\$1,042.17	\$921.28
30	\$332.91	\$294.28	\$382.85	\$448.63	\$396.59	\$538.35	\$579.84	\$512.58	54	\$626.22	\$553.56	\$720.16	\$843.90	\$746.01	\$1,012.67	\$1,090.71	\$964.19
31	\$339.95	\$300.51	\$390.94	\$458.12	\$404.98	\$549.74	\$592.10	\$523.42	55	\$654.08	\$578.19	\$752.20	\$881.45	\$779.21	\$1,057.73	\$1,139.24	\$1,007.09
32	\$346.99	\$306.73	\$399.04	\$467.60	\$413.36	\$561.12	\$604.36	\$534.25	56	\$684.29	\$604.90	\$786.94	\$922.16	\$815.20	\$1,106.59	\$1,191.86	\$1,053.61
33	\$351.39	\$310.62	\$404.10	\$473.53	\$418.61	\$568.24	\$612.02	\$541.03	57	\$714.80	\$631.87	\$822.02	\$963.27	\$851.54	\$1,155.92	\$1,244.99	\$1,100.57
34	\$356.08	\$314.77	\$409.49	\$479.86	\$424.20	\$575.82	\$620.20	\$548.25	58	\$747.35	\$660.65	\$859.47	\$1,007.15	\$890.32	\$1,208.57	\$1,301.70	\$1,150.70
35	\$358.42	\$316.84	\$412.19	\$483.02	\$426.99	\$579.62	\$624.28	\$551.87	59	\$763.49	\$674.91	\$878.02	\$1,028.89	\$909.54	\$1,234.65	\$1,329.79	\$1,175.54
36	\$360.77	\$318.91	\$414.89	\$486.18	\$429.79	\$583.41	\$628.37	\$555.48	60	\$796.04	\$703.69	\$915.46	\$1,072.76	\$948.33	\$1,287.30	\$1,386.50	\$1,225.67
37	\$363.12	\$320.99	\$417.59	\$489.34	\$432.58	\$587.21	\$632.46	\$559.09	61	\$824.20	\$728.58	\$947.84	\$1,110.71	\$981.87	\$1,332.84	\$1,435.54	\$1,269.02
38	\$365.46	\$323.06	\$420.29	\$492.51	\$435.38	\$591.00	\$636.54	\$562.71	62	\$842.68	\$744.91	\$969.09	\$1,135.61	\$1,003.88	\$1,362.72	\$1,467.73	\$1,297.48
39	\$370.16	\$327.21	\$425.69	\$498.83	\$440.97	\$598.59	\$644.72	\$569.93	63	\$865.85	\$765.39	\$995.74	\$1,166.84	\$1,031.49	\$1,400.19	\$1,508.09	\$1,333.15
40	\$374.85	\$331.36	\$431.08	\$505.16	\$446.56	\$606.18	\$652.89	\$577.16	64 and over	\$879.93	\$777.84	\$1,011.93	\$1,185.81	\$1,048.26	\$1,422.96	\$1,532.61	\$1,354.83

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Arenac, Bay, Gratiot, Saginaw

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace	Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace
0 – 14	\$226.56	\$202.04	\$269.05	\$236.01	\$259.06	\$227.24	41	\$385.60	\$343.86	\$457.91	\$401.68	\$440.91	\$386.76
15	\$246.70	\$220.00	\$292.97	\$256.99	\$282.09	\$247.44	42	\$392.41	\$349.93	\$466.00	\$408.78	\$448.70	\$393.59
16	\$254.40	\$226.86	\$302.11	\$265.01	\$290.89	\$255.17	43	\$401.89	\$358.38	\$477.26	\$418.65	\$459.53	\$403.10
17	\$262.10	\$233.73	\$311.25	\$273.03	\$299.70	\$262.89	44	\$413.74	\$368.95	\$491.32	\$430.99	\$473.08	\$414.98
18	\$270.39	\$241.12	\$321.10	\$281.67	\$309.18	\$271.21	45	\$427.66	\$381.36	\$507.85	\$445.49	\$489.00	\$428.94
19	\$278.69	\$248.52	\$330.95	\$290.31	\$318.66	\$279.52	46	\$444.24	\$396.15	\$527.55	\$462.77	\$507.96	\$445.58
20	\$287.28	\$256.18	\$341.15	\$299.25	\$328.48	\$288.14	47	\$462.90	\$412.79	\$549.71	\$482.20	\$529.29	\$464.29
21 – 24	\$296.16	\$264.10	\$351.70	\$308.51	\$338.64	\$297.05	48	\$484.22	\$431.80	\$575.03	\$504.41	\$553.68	\$485.68
25	\$297.34	\$265.16	\$353.11	\$309.74	\$339.99	\$298.24	49	\$505.25	\$450.55	\$600.00	\$526.32	\$577.72	\$506.77
26	\$303.27	\$270.44	\$360.14	\$315.91	\$346.77	\$304.18	50	\$528.94	\$471.68	\$628.14	\$551.00	\$604.81	\$530.53
27	\$310.38	\$276.78	\$368.58	\$323.32	\$354.89	\$311.31	51	\$552.34	\$492.55	\$655.92	\$575.37	\$631.56	\$554.00
28	\$321.93	\$287.08	\$382.30	\$335.35	\$368.10	\$322.89	52	\$578.10	\$515.52	\$686.52	\$602.21	\$661.03	\$579.84
29	\$331.40	\$295.53	\$393.55	\$345.22	\$378.94	\$332.40	53	\$604.17	\$538.76	\$717.47	\$629.36	\$690.83	\$605.98
30	\$336.14	\$299.75	\$399.18	\$350.16	\$384.36	\$337.15	54	\$632.30	\$563.85	\$750.88	\$658.67	\$723.00	\$634.20
31	\$343.25	\$306.09	\$407.62	\$357.56	\$392.48	\$344.28	55	\$660.44	\$588.94	\$784.29	\$687.98	\$755.17	\$662.42
32	\$350.36	\$312.43	\$416.06	\$364.97	\$400.61	\$351.41	56	\$690.94	\$616.15	\$820.52	\$719.75	\$790.05	\$693.02
33	\$354.80	\$316.39	\$421.34	\$369.59	\$405.69	\$355.87	57	\$721.74	\$643.61	\$857.09	\$751.84	\$825.27	\$723.91
34	\$359.54	\$320.62	\$426.96	\$374.53	\$411.11	\$360.62	58	\$754.62	\$672.93	\$896.13	\$786.08	\$862.85	\$756.88
35	\$361.91	\$322.73	\$429.78	\$377.00	\$413.82	\$363.00	59	\$770.90	\$687.45	\$915.48	\$803.05	\$881.48	\$773.22
36	\$364.28	\$324.84	\$432.59	\$379.47	\$416.53	\$365.37	60	\$803.78	\$716.77	\$954.51	\$837.30	\$919.07	\$806.19
37	\$366.65	\$326.96	\$435.40	\$381.94	\$419.24	\$367.75	61	\$832.21	\$742.12	\$988.28	\$866.91	\$951.58	\$834.71
38	\$369.02	\$329.07	\$438.22	\$384.40	\$421.95	\$370.12	62	\$850.87	\$758.76	\$1,010.43	\$886.35	\$972.91	\$853.42
39	\$373.75	\$333.29	\$443.85	\$389.34	\$427.36	\$374.88	63	\$874.26	\$779.62	\$1,038.22	\$910.72	\$999.67	\$876.89
40	\$378.49	\$337.52	\$449.47	\$394.28	\$432.78	\$379.63	64 and over	\$888.48	\$792.30	\$1,055.10	\$925.53	\$1,015.92	\$891.15

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:

Arenac, Bay, Gratiot, Saginaw

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Prime Silver HSA Off Marketplace	MyPriority Standard Bronze	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Travel	MyPriority Standard Gold	Ages	MyPriority Prime Silver HSA Off Marketplace	MyPriority Standard Bronze	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Travel	MyPriority Standard Gold
0 – 14	\$257.67	\$205.10	\$235.86	\$276.40	\$331.67	\$357.24	41	\$438.54	\$349.08	\$401.43	\$470.43	\$564.50	\$608.01
15	\$280.57	\$223.34	\$256.83	\$300.97	\$361.16	\$388.99	42	\$446.29	\$355.25	\$408.52	\$478.74	\$574.47	\$618.75
16	\$289.33	\$230.31	\$264.85	\$310.37	\$372.43	\$401.14	43	\$457.06	\$363.83	\$418.39	\$490.30	\$588.34	\$633.69
17	\$298.09	\$237.28	\$272.86	\$319.76	\$383.70	\$413.28	44	\$470.54	\$374.55	\$430.72	\$504.75	\$605.68	\$652.37
18	\$307.52	\$244.78	\$281.50	\$329.88	\$395.84	\$426.35	45	\$486.37	\$387.15	\$445.21	\$521.73	\$626.06	\$674.32
19	\$316.95	\$252.29	\$290.13	\$339.99	\$407.98	\$439.43	46	\$505.23	\$402.17	\$462.48	\$541.97	\$650.34	\$700.47
20	\$326.72	\$260.07	\$299.07	\$350.47	\$420.55	\$452.97	47	\$526.45	\$419.06	\$481.90	\$564.73	\$677.65	\$729.89
21 – 24	\$336.82	\$268.11	\$308.32	\$361.31	\$433.56	\$466.98	48	\$550.70	\$438.36	\$504.10	\$590.74	\$708.87	\$763.51
25	\$338.17	\$269.18	\$309.55	\$362.76	\$435.29	\$468.85	49	\$574.61	\$457.40	\$525.99	\$616.39	\$739.65	\$796.67
26	\$344.90	\$274.54	\$315.72	\$369.98	\$443.97	\$478.19	50	\$601.56	\$478.84	\$550.66	\$645.30	\$774.34	\$834.03
27	\$352.99	\$280.98	\$323.12	\$378.65	\$454.37	\$489.40	51	\$628.17	\$500.03	\$575.02	\$673.84	\$808.59	\$870.92
28	\$366.12	\$291.44	\$335.14	\$392.74	\$471.28	\$507.61	52	\$657.47	\$523.35	\$601.84	\$705.28	\$846.31	\$911.54
29	\$376.90	\$300.02	\$345.01	\$404.31	\$485.15	\$522.55	53	\$687.11	\$546.94	\$628.97	\$737.07	\$884.46	\$952.64
30	\$382.29	\$304.30	\$349.94	\$410.09	\$492.09	\$530.02	54	\$719.11	\$572.41	\$658.26	\$771.40	\$925.65	\$997.00
31	\$390.37	\$310.74	\$357.34	\$418.76	\$502.50	\$541.23	55	\$751.11	\$597.89	\$687.55	\$805.72	\$966.84	\$1,041.37
32	\$398.46	\$317.17	\$364.74	\$427.43	\$512.90	\$552.44	56	\$785.80	\$625.50	\$719.31	\$842.94	\$1,011.50	\$1,089.46
33	\$403.51	\$321.20	\$369.37	\$432.85	\$519.40	\$559.44	57	\$820.83	\$653.38	\$751.38	\$880.51	\$1,056.59	\$1,138.03
34	\$408.90	\$325.49	\$374.30	\$438.63	\$526.34	\$566.91	58	\$858.22	\$683.14	\$785.60	\$920.62	\$1,104.71	\$1,189.87
35	\$411.59	\$327.63	\$376.77	\$441.52	\$529.81	\$570.65	59	\$876.74	\$697.89	\$802.56	\$940.49	\$1,128.56	\$1,215.55
36	\$414.29	\$329.78	\$379.23	\$444.41	\$533.28	\$574.39	60	\$914.13	\$727.65	\$836.78	\$980.60	\$1,176.68	\$1,267.38
37	\$416.98	\$331.92	\$381.70	\$447.30	\$536.75	\$578.12	61	\$946.46	\$753.39	\$866.38	\$1,015.28	\$1,218.30	\$1,312.21
38	\$419.68	\$334.07	\$384.17	\$450.19	\$540.22	\$581.86	62	\$967.68	\$770.28	\$885.80	\$1,038.04	\$1,245.62	\$1,341.63
39	\$425.07	\$338.35	\$389.10	\$455.97	\$547.15	\$589.33	63	\$994.29	\$791.46	\$910.16	\$1,066.59	\$1,279.87	\$1,378.52
40	\$430.46	\$342.64	\$394.03	\$461.75	\$554.09	\$596.80	64 and over	\$1,010.46	\$804.33	\$924.96	\$1,083.93	\$1,300.68	\$1,400.94

MyPriority HMO plans

Includes Bronson Healthcare Partners
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Berrien, Cass, St. Joseph, Van Buren

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

							Berri	en, Cass, St	Joseph, Van	Buren							
Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Bronson Healthcare Partners	MyPriority Value Bronze	MyPriority Value Bronze Bronson Healthcare Partners	MyPriority Balanced Silver	MyPriority Balanced Silver Bronson Healthcare Partners	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Bronson Healthcare Partners	Ages	MyPriority Value Bronze HSA Bronson Healthcare Partners	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Value Bronze Bronson Healthcare Partners	MyPriority Balanced Silver	MyPriority Balanced Silver Bronson Healthcare Partners	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Bronson Healthcare Partners
0 – 14	\$257.59	\$233.12	\$229.71	\$207.88	\$305.89	\$276.83	\$268.32	\$242.83	41	\$438.41	\$396.76	\$390.95	\$353.81	\$520.62	\$471.15	\$456.68	\$413.29
15	\$280.49	\$253.84	\$250.12	\$226.36	\$333.08	\$301.44	\$292.17	\$264.42	42	\$446.15	\$403.77	\$397.86	\$360.06	\$529.81	\$479.48	\$464.74	\$420.59
16	\$289.24	\$261.76	\$257.93	\$233.42	\$343.48	\$310.85	\$301.29	\$272.67	43	\$456.93	\$413.52	\$407.47	\$368.75	\$542.61	\$491.06	\$475.97	\$430.75
17	\$298.00	\$269.69	\$265.74	\$240.49	\$353.88	\$320.25	\$310.41	\$280.93	44	\$470.40	\$425.71	\$419.48	\$379.62	\$558.60	\$505.53	\$490.00	\$443.45
18	\$307.43	\$278.22	\$274.15	\$248.10	\$365.07	\$330.39	\$320.23	\$289.81	45	\$486.22	\$440.03	\$433.59	\$392.39	\$577.40	\$522.54	\$506.48	\$458.37
19	\$316.85	\$286.75	\$282.55	\$255.71	\$376.27	\$340.52	\$330.06	\$298.70	46	\$505.08	\$457.10	\$450.41	\$407.61	\$599.79	\$542.81	\$526.13	\$476.15
20	\$326.62	\$295.59	\$291.26	\$263.59	\$387.86	\$351.01	\$340.23	\$307.91	47	\$526.29	\$476.29	\$469.32	\$424.73	\$624.98	\$565.60	\$548.22	\$496.14
21 – 24	\$336.72	\$304.73	\$300.27	\$271.74	\$399.86	\$361.87	\$350.75	\$317.43	48	\$550.54	\$498.23	\$490.94	\$444.29	\$653.77	\$591.66	\$573.48	\$519.00
25	\$338.07	\$305.95	\$301.47	\$272.83	\$401.46	\$363.32	\$352.15	\$318.70	49	\$574.44	\$519.87	\$512.26	\$463.59	\$682.16	\$617.35	\$598.38	\$541.54
26	\$344.80	\$312.04	\$307.48	\$278.26	\$409.46	\$370.55	\$359.17	\$325.05	50	\$601.38	\$544.25	\$536.28	\$485.33	\$714.15	\$646.30	\$626.44	\$566.93
27	\$352.88	\$319.36	\$314.68	\$284.78	\$419.05	\$379.24	\$367.59	\$332.67	51	\$627.98	\$568.32	\$560.00	\$506.80	\$745.74	\$674.89	\$654.15	\$592.01
28	\$366.01	\$331.24	\$326.39	\$295.38	\$434.65	\$393.35	\$381.27	\$345.05	52	\$657.28	\$594.83	\$586.13	\$530.44	\$780.53	\$706.37	\$684.66	\$619.62
29	\$376.79	\$340.99	\$336.00	\$304.08	\$447.44	\$404.93	\$392.49	\$355.20	53	\$686.91	\$621.65	\$612.55	\$554.35	\$815.71	\$738.21	\$715.53	\$647.56
30	\$382.18	\$345.87	\$340.81	\$308.42	\$453.84	\$410.72	\$398.10	\$360.28	54	\$718.90	\$650.60	\$641.08	\$580.16	\$853.70	\$772.59	\$748.85	\$677.71
31	\$390.26	\$353.18	\$348.01	\$314.95	\$463.44	\$419.41	\$406.52	\$367.90	55	\$750.89	\$679.55	\$669.60	\$605.98	\$891.69	\$806.97	\$782.17	\$707.87
32	\$398.34	\$360.50	\$355.22	\$321.47	\$473.03	\$428.09	\$414.94	\$375.52	56	\$785.57	\$710.94	\$700.53	\$633.97	\$932.87	\$844.24	\$818.30	\$740.56
33	\$403.39	\$365.07	\$359.72	\$325.54	\$479.03	\$433.52	\$420.20	\$380.28	57	\$820.59	\$742.63	\$731.76	\$662.23	\$974.46	\$881.88	\$854.78	\$773.58
34	\$408.78	\$369.94	\$364.53	\$329.89	\$485.43	\$439.31	\$425.81	\$385.36	58	\$857.96	\$776.45	\$765.09	\$692.39	\$1,018.84	\$922.04	\$893.71	\$808.81
35	\$411.47	\$372.38	\$366.93	\$332.07	\$488.63	\$442.21	\$428.62	\$387.90	59	\$876.48	\$793.21	\$781.60	\$707.34	\$1,040.84	\$941.95	\$913.00	\$826.27
36	\$414.17	\$374.82	\$369.33	\$334.24	\$491.83	\$445.10	\$431.42	\$390.44	60	\$913.86	\$827.04	\$814.93	\$737.50	\$1,085.22	\$982.12	\$951.94	\$861.51
37	\$416.86	\$377.26	\$371.73	\$336.41	\$495.03	\$448.00	\$434.23	\$392.98	61	\$946.18	\$856.29	\$843.76	\$763.59	\$1,123.61	\$1,016.85	\$985.61	\$891.98
38	\$419.55	\$379.69	\$374.14	\$338.59	\$498.23	\$450.89	\$437.03	\$395.52	62	\$967.40	\$875.49	\$862.68	\$780.71	\$1,148.80	\$1,039.65	\$1,007.70	\$911.98
39	\$424.94	\$384.57	\$378.94	\$342.94	\$504.62	\$456.68	\$442.65	\$400.60	63	\$994.00	\$899.56	\$886.40	\$802.18	\$1,180.39	\$1,068.24	\$1,035.41	\$937.05
40	\$430.33	\$389.44	\$383.75	\$347.28	\$511.02	\$462.47	\$448.26	\$405.68	64 and over	\$1,010.16	\$914.19	\$900.81	\$815.22	\$1,199.58	\$1,085.61	\$1,052.25	\$952.29

MyPriority HMO plans

Includes Bronson Healthcare Partners
Premium rates for non-tobacco users*

Add supplemental vision to any plan

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MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Berrien, Cass, St. Joseph, Van Buren

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Premier Silver	MyPriority Premier Silver Bronson Healthcare Partners	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Bronson Healthcare Partners	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Bronson Healthcare Partners	MyPriority Enhanced Gold Bronson Healthcare Partners	Ages	MyPriority Premier Silver	MyPriority Premier Silver Bronson Healthcare Partners	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Bronson Healthcare Partners	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Bronson Healthcare Partners	MyPriority Enhanced Gold Bronson Healthcare Partners
0 – 14	\$294.53	\$266.55	\$258.36	\$233.81	\$292.95	\$265.12	\$377.24	41	\$501.28	\$453.66	\$439.72	\$397.94	\$498.59	\$451.22	\$642.04
15	\$320.71	\$290.24	\$281.33	\$254.60	\$318.99	\$288.68	\$410.77	42	\$510.14	\$461.67	\$447.49	\$404.97	\$507.40	\$459.19	\$653.38
16	\$330.72	\$299.30	\$290.11	\$262.54	\$328.95	\$297.70	\$423.59	43	\$522.46	\$472.82	\$458.30	\$414.75	\$519.65	\$470.28	\$669.16
17	\$340.73	\$308.36	\$298.89	\$270.49	\$338.90	\$306.71	\$436.41	44	\$537.86	\$486.76	\$471.81	\$426.98	\$534.97	\$484.14	\$688.89
18	\$351.51	\$318.12	\$308.35	\$279.05	\$349.62	\$316.41	\$450.22	45	\$555.95	\$503.13	\$487.68	\$441.34	\$552.97	\$500.43	\$712.07
19	\$362.29	\$327.87	\$317.80	\$287.61	\$360.35	\$326.11	\$464.03	46	\$577.52	\$522.65	\$506.60	\$458.46	\$574.41	\$519.84	\$739.68
20	\$373.46	\$337.98	\$327.60	\$296.47	\$371.45	\$336.16	\$478.33	47	\$601.77	\$544.60	\$527.87	\$477.72	\$598.54	\$541.67	\$770.75
21 – 24	\$385.01	\$348.43	\$337.73	\$305.64	\$382.94	\$346.56	\$493.12	48	\$629.49	\$569.68	\$552.19	\$499.72	\$626.11	\$566.63	\$806.25
25	\$386.55	\$349.82	\$339.08	\$306.86	\$384.47	\$347.95	\$495.09	49	\$656.83	\$594.42	\$576.17	\$521.42	\$653.30	\$591.23	\$841.26
26	\$394.25	\$356.79	\$345.84	\$312.98	\$392.13	\$354.88	\$504.95	50	\$687.63	\$622.30	\$603.19	\$545.87	\$683.93	\$618.96	\$880.71
27	\$403.49	\$365.15	\$353.94	\$320.31	\$401.32	\$363.19	\$516.79	51	\$718.04	\$649.82	\$629.87	\$570.02	\$714.18	\$646.33	\$919.67
28	\$418.51	\$378.74	\$367.11	\$332.23	\$416.26	\$376.71	\$536.02	52	\$751.54	\$680.14	\$659.25	\$596.61	\$747.50	\$676.49	\$962.57
29	\$430.83	\$389.89	\$377.92	\$342.01	\$428.51	\$387.80	\$551.80	53	\$785.42	\$710.80	\$688.97	\$623.51	\$781.20	\$706.98	\$1,005.96
30	\$436.99	\$395.47	\$383.32	\$346.90	\$434.64	\$393.35	\$559.69	54	\$822.00	\$743.90	\$721.05	\$652.54	\$817.58	\$739.91	\$1,052.81
31	\$446.23	\$403.83	\$391.43	\$354.24	\$443.83	\$401.66	\$571.53	55	\$858.57	\$777.00	\$753.14	\$681.58	\$853.96	\$772.83	\$1,099.66
32	\$455.47	\$412.19	\$399.53	\$361.57	\$453.02	\$409.98	\$583.36	56	\$898.23	\$812.89	\$787.92	\$713.06	\$893.40	\$808.52	\$1,150.45
33	\$461.24	\$417.42	\$404.60	\$366.16	\$458.76	\$415.18	\$590.76	57	\$938.27	\$849.12	\$823.05	\$744.84	\$933.22	\$844.57	\$1,201.73
34	\$467.40	\$422.99	\$410.00	\$371.05	\$464.89	\$420.72	\$598.65	58	\$981.01	\$887.80	\$860.54	\$778.77	\$975.73	\$883.03	\$1,256.47
35	\$470.48	\$425.78	\$412.71	\$373.49	\$467.95	\$423.50	\$602.59	59	\$1,002.18	\$906.96	\$879.11	\$795.58	\$996.79	\$902.10	\$1,283.59
36	\$473.56	\$428.57	\$415.41	\$375.94	\$471.02	\$426.27	\$606.54	60	\$1,044.92	\$945.64	\$916.60	\$829.51	\$1,039.30	\$940.56	\$1,338.33
37	\$476.64	\$431.36	\$418.11	\$378.38	\$474.08	\$429.04	\$610.48	61	\$1,081.88	\$979.09	\$949.02	\$858.85	\$1,076.06	\$973.83	\$1,385.67
38	\$479.72	\$434.14	\$420.81	\$380.83	\$477.14	\$431.81	\$614.43	62	\$1,106.13	\$1,001.04	\$970.30	\$878.10	\$1,100.19	\$995.67	\$1,416.73
39	\$485.88	\$439.72	\$426.22	\$385.72	\$483.27	\$437.36	\$622.32	63	\$1,136.55	\$1,028.57	\$996.98	\$902.25	\$1,130.44	\$1,023.05	\$1,455.69
40	\$492.04	\$445.29	\$431.62	\$390.61	\$489.40	\$442.90	\$630.21	64 and over	\$1,155.03	\$1,045.29	\$1,013.19	\$916.92	\$1,148.82	\$1,039.68	\$1,479.36

MyPriority HMO plans

Includes Bronson Healthcare Partners
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Berrien, Cass, St. Joseph, Van Buren

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Bronson Healthcare Partners	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Bronson Healthcare Partners	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Bronson Healthcare Partners	Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Bronson Healthcare Partners	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Bronson Healthcare Partners	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Bronson Healthcare Partners
0 – 14	\$233.19	\$211.03	\$268.16	\$314.25	\$284.39	\$377.09	\$406.15	\$367.57	41	\$396.88	\$359.17	\$456.40	\$534.84	\$484.02	\$641.79	\$691.26	\$625.58
15	\$253.92	\$229.79	\$292.00	\$342.18	\$309.67	\$410.61	\$442.26	\$400.24	42	\$403.89	\$365.51	\$464.47	\$544.28	\$492.57	\$653.13	\$703.47	\$636.64
16	\$261.84	\$236.96	\$301.11	\$352.86	\$319.33	\$423.43	\$456.06	\$412.73	43	\$413.64	\$374.34	\$475.68	\$557.43	\$504.46	\$668.91	\$720.46	\$652.01
17	\$269.77	\$244.14	\$310.23	\$363.54	\$329.00	\$436.24	\$469.86	\$425.22	44	\$425.83	\$385.38	\$489.70	\$573.86	\$519.33	\$688.62	\$741.70	\$671.23
18	\$278.30	\$251.86	\$320.04	\$375.04	\$339.41	\$450.05	\$484.73	\$438.68	45	\$440.16	\$398.34	\$506.18	\$593.17	\$536.81	\$711.79	\$766.65	\$693.81
19	\$286.84	\$259.58	\$329.86	\$386.54	\$349.82	\$463.85	\$499.60	\$452.13	46	\$457.23	\$413.79	\$525.81	\$616.17	\$557.63	\$739.40	\$796.38	\$720.72
20	\$295.68	\$267.58	\$340.02	\$398.46	\$360.60	\$478.14	\$514.99	\$466.07	47	\$476.43	\$431.17	\$547.89	\$642.05	\$581.05	\$770.45	\$829.83	\$750.99
21 – 24	\$304.82	\$275.86	\$350.54	\$410.78	\$371.75	\$492.93	\$530.92	\$480.48	48	\$498.38	\$451.03	\$573.13	\$671.63	\$607.81	\$805.94	\$868.05	\$785.58
25	\$306.04	\$276.96	\$351.94	\$412.42	\$373.24	\$494.90	\$533.04	\$482.40	49	\$520.02	\$470.62	\$598.02	\$700.79	\$634.21	\$840.94	\$905.75	\$819.70
26	\$312.14	\$282.48	\$358.95	\$420.64	\$380.67	\$504.76	\$543.66	\$492.01	50	\$544.41	\$492.69	\$626.06	\$733.65	\$663.95	\$880.37	\$948.22	\$858.14
27	\$319.45	\$289.10	\$367.37	\$430.50	\$389.59	\$516.59	\$556.40	\$503.54	51	\$568.49	\$514.48	\$653.76	\$766.10	\$693.31	\$919.31	\$990.17	\$896.10
28	\$331.34	\$299.86	\$381.04	\$446.52	\$404.09	\$535.81	\$577.11	\$522.28	52	\$595.01	\$538.48	\$684.25	\$801.84	\$725.66	\$962.20	\$1,036.36	\$937.90
29	\$341.09	\$308.69	\$392.25	\$459.66	\$415.99	\$551.59	\$594.10	\$537.66	53	\$621.83	\$562.75	\$715.10	\$837.99	\$758.37	\$1,005.58	\$1,083.08	\$980.18
30	\$345.97	\$313.10	\$397.86	\$466.24	\$421.94	\$559.48	\$602.59	\$545.34	54	\$650.79	\$588.96	\$748.40	\$877.02	\$793.69	\$1,052.41	\$1,133.51	\$1,025.82
31	\$353.29	\$319.72	\$406.28	\$476.09	\$430.86	\$571.31	\$615.34	\$556.88	55	\$679.75	\$615.17	\$781.70	\$916.04	\$829.00	\$1,099.23	\$1,183.95	\$1,071.47
32	\$360.60	\$326.34	\$414.69	\$485.95	\$439.78	\$583.14	\$628.08	\$568.41	56	\$711.15	\$643.58	\$817.81	\$958.35	\$867.29	\$1,150.01	\$1,238.64	\$1,120.96
33	\$365.17	\$330.48	\$419.95	\$492.11	\$445.36	\$590.53	\$636.04	\$575.62	57	\$742.85	\$672.27	\$854.27	\$1,001.07	\$905.95	\$1,201.27	\$1,293.85	\$1,170.93
34	\$370.05	\$334.89	\$425.56	\$498.69	\$451.30	\$598.42	\$644.54	\$583.30	58	\$776.68	\$702.89	\$893.18	\$1,046.67	\$947.22	\$1,255.99	\$1,352.78	\$1,224.26
35	\$372.49	\$337.10	\$428.36	\$501.97	\$454.28	\$602.36	\$648.78	\$587.15	59	\$793.45	\$718.06	\$912.46	\$1,069.26	\$967.67	\$1,283.10	\$1,381.98	\$1,250.69
36	\$374.93	\$339.31	\$431.16	\$505.26	\$457.25	\$606.30	\$653.03	\$590.99	60	\$827.28	\$748.68	\$951.37	\$1,114.86	\$1,008.93	\$1,337.81	\$1,440.92	\$1,304.02
37	\$377.37	\$341.51	\$433.97	\$508.55	\$460.23	\$610.25	\$657.28	\$594.83	61	\$856.54	\$775.17	\$985.02	\$1,154.29	\$1,044.62	\$1,385.13	\$1,491.89	\$1,350.15
38	\$379.81	\$343.72	\$436.77	\$511.83	\$463.20	\$614.19	\$661.53	\$598.68	62	\$875.75	\$792.55	\$1,007.10	\$1,180.17	\$1,068.04	\$1,416.19	\$1,525.33	\$1,380.42
39	\$384.68	\$348.14	\$442.38	\$518.40	\$469.15	\$622.08	\$670.02	\$606.37	63	\$899.83	\$814.34	\$1,034.79	\$1,212.62	\$1,097.41	\$1,455.13	\$1,567.28	\$1,418.38
40	\$389.56	\$352.55	\$447.99	\$524.98	\$475.10	\$629.96	\$678.52	\$614.05	64 and over	\$914.46	\$827.58	\$1,051.62	\$1,232.34	\$1,115.25	\$1,478.79	\$1,592.76	\$1,441.44

MyPriority HMO plans

Includes Bronson Healthcare Partners
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:Branch, Calhoun, Kalamazoo

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Bronson Healthcare Partners	MyPriority Value Bronze	MyPriority Value Bronze Bronson Healthcare Partners	MyPriority Balanced Silver	MyPriority Balanced Silver Bronson Healthcare Partners	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Bronson Healthcare Partners	Ages	MyPriority Value Bronze HSA Bronson Healthcare Partners	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Value Bronze Bronson Healthcare Partners	MyPriority Balanced Silver	MyPriority Balanced Silver Bronson Healthcare Partners	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Bronson Healthcare Partners
0 – 14	\$257.59	\$233.12	\$229.71	\$207.88	\$305.89	\$276.83	\$268.32	\$242.83	41	\$438.41	\$396.76	\$390.95	\$353.81	\$520.62	\$471.15	\$456.68	\$413.29
15	\$280.49	\$253.84	\$250.12	\$226.36	\$333.08	\$301.44	\$292.17	\$264.42	42	\$446.15	\$403.77	\$397.86	\$360.06	\$529.81	\$479.48	\$464.74	\$420.59
16	\$289.24	\$261.76	\$257.93	\$233.42	\$343.48	\$310.85	\$301.29	\$272.67	43	\$456.93	\$413.52	\$407.47	\$368.75	\$542.61	\$491.06	\$475.97	\$430.75
17	\$298.00	\$269.69	\$265.74	\$240.49	\$353.88	\$320.25	\$310.41	\$280.93	44	\$470.40	\$425.71	\$419.48	\$379.62	\$558.60	\$505.53	\$490.00	\$443.45
18	\$307.43	\$278.22	\$274.15	\$248.10	\$365.07	\$330.39	\$320.23	\$289.81	45	\$486.22	\$440.03	\$433.59	\$392.39	\$577.40	\$522.54	\$506.48	\$458.37
19	\$316.85	\$286.75	\$282.55	\$255.71	\$376.27	\$340.52	\$330.06	\$298.70	46	\$505.08	\$457.10	\$450.41	\$407.61	\$599.79	\$542.81	\$526.13	\$476.15
20	\$326.62	\$295.59	\$291.26	\$263.59	\$387.86	\$351.01	\$340.23	\$307.91	47	\$526.29	\$476.29	\$469.32	\$424.73	\$624.98	\$565.60	\$548.22	\$496.14
21 – 24	\$336.72	\$304.73	\$300.27	\$271.74	\$399.86	\$361.87	\$350.75	\$317.43	48	\$550.54	\$498.23	\$490.94	\$444.29	\$653.77	\$591.66	\$573.48	\$519.00
25	\$338.07	\$305.95	\$301.47	\$272.83	\$401.46	\$363.32	\$352.15	\$318.70	49	\$574.44	\$519.87	\$512.26	\$463.59	\$682.16	\$617.35	\$598.38	\$541.54
26	\$344.80	\$312.04	\$307.48	\$278.26	\$409.46	\$370.55	\$359.17	\$325.05	50	\$601.38	\$544.25	\$536.28	\$485.33	\$714.15	\$646.30	\$626.44	\$566.93
27	\$352.88	\$319.36	\$314.68	\$284.78	\$419.05	\$379.24	\$367.59	\$332.67	51	\$627.98	\$568.32	\$560.00	\$506.80	\$745.74	\$674.89	\$654.15	\$592.01
28	\$366.01	\$331.24	\$326.39	\$295.38	\$434.65	\$393.35	\$381.27	\$345.05	52	\$657.28	\$594.83	\$586.13	\$530.44	\$780.53	\$706.37	\$684.66	\$619.62
29	\$376.79	\$340.99	\$336.00	\$304.08	\$447.44	\$404.93	\$392.49	\$355.20	53	\$686.91	\$621.65	\$612.55	\$554.35	\$815.71	\$738.21	\$715.53	\$647.56
30	\$382.18	\$345.87	\$340.81	\$308.42	\$453.84	\$410.72	\$398.10	\$360.28	54	\$718.90	\$650.60	\$641.08	\$580.16	\$853.70	\$772.59	\$748.85	\$677.71
31	\$390.26	\$353.18	\$348.01	\$314.95	\$463.44	\$419.41	\$406.52	\$367.90	55	\$750.89	\$679.55	\$669.60	\$605.98	\$891.69	\$806.97	\$782.17	\$707.87
32	\$398.34	\$360.50	\$355.22	\$321.47	\$473.03	\$428.09	\$414.94	\$375.52	56	\$785.57	\$710.94	\$700.53	\$633.97	\$932.87	\$844.24	\$818.30	\$740.56
33	\$403.39	\$365.07	\$359.72	\$325.54	\$479.03	\$433.52	\$420.20	\$380.28	57	\$820.59	\$742.63	\$731.76	\$662.23	\$974.46	\$881.88	\$854.78	\$773.58
34	\$408.78	\$369.94	\$364.53	\$329.89	\$485.43	\$439.31	\$425.81	\$385.36	58	\$857.96	\$776.45	\$765.09	\$692.39	\$1,018.84	\$922.04	\$893.71	\$808.81
35	\$411.47	\$372.38	\$366.93	\$332.07	\$488.63	\$442.21	\$428.62	\$387.90	59	\$876.48	\$793.21	\$781.60	\$707.34	\$1,040.84	\$941.95	\$913.00	\$826.27
36	\$414.17	\$374.82	\$369.33	\$334.24	\$491.83	\$445.10	\$431.42	\$390.44	60	\$913.86	\$827.04	\$814.93	\$737.50	\$1,085.22	\$982.12	\$951.94	\$861.51
37	\$416.86	\$377.26	\$371.73	\$336.41	\$495.03	\$448.00	\$434.23	\$392.98	61	\$946.18	\$856.29	\$843.76	\$763.59	\$1,123.61	\$1,016.85	\$985.61	\$891.98
38	\$419.55	\$379.69	\$374.14	\$338.59	\$498.23	\$450.89	\$437.03	\$395.52	62	\$967.40	\$875.49	\$862.68	\$780.71	\$1,148.80	\$1,039.65	\$1,007.70	\$911.98
39	\$424.94	\$384.57	\$378.94	\$342.94	\$504.62	\$456.68	\$442.65	\$400.60	63	\$994.00	\$899.56	\$886.40	\$802.18	\$1,180.39	\$1,068.24	\$1,035.41	\$937.05
40	\$430.33	\$389.44	\$383.75	\$347.28	\$511.02	\$462.47	\$448.26	\$405.68	64 and over	\$1,010.16	\$914.19	\$900.81	\$815.22	\$1,199.58	\$1,085.61	\$1,052.25	\$952.29

MyPriority HMO plans

Includes Bronson Healthcare Partners
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

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MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Branch, Calhoun, Kalamazoo

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages	MyPriority Premier Silver	MyPriority Premier Silver Bronson Healthcare Partners	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Bronson Healthcare Partners	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Bronson Healthcare Partners	MyPriority Enhanced Gold Bronson Healthcare Partners	Ages	MyPriority Premier Silver	MyPriority Premier Silver Bronson Healthcare Partners	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Bronson Healthcare Partners	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Bronson Healthcare Partners	(
0 – 14	\$294.53	\$266.55	\$258.36	\$233.81	\$292.95	\$265.12	\$377.24	41	\$501.28	\$453.66	\$439.72	\$397.94	\$498.59	\$451.22			
15	\$320.71	\$290.24	\$281.33	\$254.60	\$318.99	\$288.68	\$410.77	42	\$510.14	\$461.67	\$447.49	\$404.97	\$507.40	\$459.19			
16	\$330.72	\$299.30	\$290.11	\$262.54	\$328.95	\$297.70	\$423.59	43	\$522.46	\$472.82	\$458.30	\$414.75	\$519.65	\$470.28			
17	\$340.73	\$308.36	\$298.89	\$270.49	\$338.90	\$306.71	\$436.41	44	\$537.86	\$486.76	\$471.81	\$426.98	\$534.97	\$484.14			
18	\$351.51	\$318.12	\$308.35	\$279.05	\$349.62	\$316.41	\$450.22	45	\$555.95	\$503.13	\$487.68	\$441.34	\$552.97	\$500.43			
19	\$362.29	\$327.87	\$317.80	\$287.61	\$360.35	\$326.11	\$464.03	46	\$577.52	\$522.65	\$506.60	\$458.46	\$574.41	\$519.84			
20	\$373.46	\$337.98	\$327.60	\$296.47	\$371.45	\$336.16	\$478.33	47	\$601.77	\$544.60	\$527.87	\$477.72	\$598.54	\$541.67			
21 – 24	\$385.01	\$348.43	\$337.73	\$305.64	\$382.94	\$346.56	\$493.12	48	\$629.49	\$569.68	\$552.19	\$499.72	\$626.11	\$566.63			
25	\$386.55	\$349.82	\$339.08	\$306.86	\$384.47	\$347.95	\$495.09	49	\$656.83	\$594.42	\$576.17	\$521.42	\$653.30	\$591.23			
26	\$394.25	\$356.79	\$345.84	\$312.98	\$392.13	\$354.88	\$504.95	50	\$687.63	\$622.30	\$603.19	\$545.87	\$683.93	\$618.96			
27	\$403.49	\$365.15	\$353.94	\$320.31	\$401.32	\$363.19	\$516.79	51	\$718.04	\$649.82	\$629.87	\$570.02	\$714.18	\$646.33			
28	\$418.51	\$378.74	\$367.11	\$332.23	\$416.26	\$376.71	\$536.02	52	\$751.54	\$680.14	\$659.25	\$596.61	\$747.50	\$676.49			
29	\$430.83	\$389.89	\$377.92	\$342.01	\$428.51	\$387.80	\$551.80	53	\$785.42	\$710.80	\$688.97	\$623.51	\$781.20	\$706.98			
30	\$436.99	\$395.47	\$383.32	\$346.90	\$434.64	\$393.35	\$559.69	54	\$822.00	\$743.90	\$721.05	\$652.54	\$817.58	\$739.91			
31	\$446.23	\$403.83	\$391.43	\$354.24	\$443.83	\$401.66	\$571.53	55	\$858.57	\$777.00	\$753.14	\$681.58	\$853.96	\$772.83			
32	\$455.47	\$412.19	\$399.53	\$361.57	\$453.02	\$409.98	\$583.36	56	\$898.23	\$812.89	\$787.92	\$713.06	\$893.40	\$808.52			
33	\$461.24	\$417.42	\$404.60	\$366.16	\$458.76	\$415.18	\$590.76	57	\$938.27	\$849.12	\$823.05	\$744.84	\$933.22	\$844.57			
34	\$467.40	\$422.99	\$410.00	\$371.05	\$464.89	\$420.72	\$598.65	58	\$981.01	\$887.80	\$860.54	\$778.77	\$975.73	\$883.03			
35	\$470.48	\$425.78	\$412.71	\$373.49	\$467.95	\$423.50	\$602.59	59	\$1,002.18	\$906.96	\$879.11	\$795.58	\$996.79	\$902.10			
36	\$473.56	\$428.57	\$415.41	\$375.94	\$471.02	\$426.27	\$606.54	60	\$1,044.92	\$945.64	\$916.60	\$829.51	\$1,039.30	\$940.56			
37	\$476.64	\$431.36	\$418.11	\$378.38	\$474.08	\$429.04	\$610.48	61	\$1,081.88	\$979.09	\$949.02	\$858.85	\$1,076.06	\$973.83			
38	\$479.72	\$434.14	\$420.81	\$380.83	\$477.14	\$431.81	\$614.43	62	\$1,106.13	\$1,001.04	\$970.30	\$878.10	\$1,100.19	\$995.67			
39	\$485.88	\$439.72	\$426.22	\$385.72	\$483.27	\$437.36	\$622.32	63	\$1,136.55	\$1,028.57	\$996.98	\$902.25	\$1,130.44	\$1,023.05			
40	\$492.04	\$445.29	\$431.62	\$390.61	\$489.40	\$442.90	\$630.21	64 and over	\$1,155.03	\$1,045.29	\$1,013.19	\$916.92	\$1,148.82	\$1,039.68			

MyPriority HMO plans

Includes Bronson Healthcare Partners
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:Branch, Calhoun, Kalamazoo

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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												Bratieri, Califouri, Kalarriazoo									
Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Bronson Healthcare Partners	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Bronson Healthcare Partners	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Bronson Healthcare Partners		Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Bronson Healthcare Partners	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Bronson Healthcare Partners	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Bronson Healthcare Partners			
0 – 14	\$233.19	\$211.03	\$268.16	\$314.25	\$284.39	\$377.09	\$406.15	\$367.57		41	\$396.88	\$359.17	\$456.40	\$534.84	\$484.02	\$641.79	\$691.26	\$625.58			
15	\$253.92	\$229.79	\$292.00	\$342.18	\$309.67	\$410.61	\$442.26	\$400.24		42	\$403.89	\$365.51	\$464.47	\$544.28	\$492.57	\$653.13	\$703.47	\$636.64			
16	\$261.84	\$236.96	\$301.11	\$352.86	\$319.33	\$423.43	\$456.06	\$412.73		43	\$413.64	\$374.34	\$475.68	\$557.43	\$504.46	\$668.91	\$720.46	\$652.01			
17	\$269.77	\$244.14	\$310.23	\$363.54	\$329.00	\$436.24	\$469.86	\$425.22		44	\$425.83	\$385.38	\$489.70	\$573.86	\$519.33	\$688.62	\$741.70	\$671.23			
18	\$278.30	\$251.86	\$320.04	\$375.04	\$339.41	\$450.05	\$484.73	\$438.68		45	\$440.16	\$398.34	\$506.18	\$593.17	\$536.81	\$711.79	\$766.65	\$693.81			
19	\$286.84	\$259.58	\$329.86	\$386.54	\$349.82	\$463.85	\$499.60	\$452.13		46	\$457.23	\$413.79	\$525.81	\$616.17	\$557.63	\$739.40	\$796.38	\$720.72			
20	\$295.68	\$267.58	\$340.02	\$398.46	\$360.60	\$478.14	\$514.99	\$466.07		47	\$476.43	\$431.17	\$547.89	\$642.05	\$581.05	\$770.45	\$829.83	\$750.99			
21 – 24	\$304.82	\$275.86	\$350.54	\$410.78	\$371.75	\$492.93	\$530.92	\$480.48		48	\$498.38	\$451.03	\$573.13	\$671.63	\$607.81	\$805.94	\$868.05	\$785.58			
25	\$306.04	\$276.96	\$351.94	\$412.42	\$373.24	\$494.90	\$533.04	\$482.40		49	\$520.02	\$470.62	\$598.02	\$700.79	\$634.21	\$840.94	\$905.75	\$819.70			
26	\$312.14	\$282.48	\$358.95	\$420.64	\$380.67	\$504.76	\$543.66	\$492.01		50	\$544.41	\$492.69	\$626.06	\$733.65	\$663.95	\$880.37	\$948.22	\$858.14			
27	\$319.45	\$289.10	\$367.37	\$430.50	\$389.59	\$516.59	\$556.40	\$503.54		51	\$568.49	\$514.48	\$653.76	\$766.10	\$693.31	\$919.31	\$990.17	\$896.10			
28	\$331.34	\$299.86	\$381.04	\$446.52	\$404.09	\$535.81	\$577.11	\$522.28		52	\$595.01	\$538.48	\$684.25	\$801.84	\$725.66	\$962.20	\$1,036.36	\$937.90			
29	\$341.09	\$308.69	\$392.25	\$459.66	\$415.99	\$551.59	\$594.10	\$537.66		53	\$621.83	\$562.75	\$715.10	\$837.99	\$758.37	\$1,005.58	\$1,083.08	\$980.18			
30	\$345.97	\$313.10	\$397.86	\$466.24	\$421.94	\$559.48	\$602.59	\$545.34		54	\$650.79	\$588.96	\$748.40	\$877.02	\$793.69	\$1,052.41	\$1,133.51	\$1,025.82			
31	\$353.29	\$319.72	\$406.28	\$476.09	\$430.86	\$571.31	\$615.34	\$556.88		55	\$679.75	\$615.17	\$781.70	\$916.04	\$829.00	\$1,099.23	\$1,183.95	\$1,071.47			
32	\$360.60	\$326.34	\$414.69	\$485.95	\$439.78	\$583.14	\$628.08	\$568.41		56	\$711.15	\$643.58	\$817.81	\$958.35	\$867.29	\$1,150.01	\$1,238.64	\$1,120.96			
33	\$365.17	\$330.48	\$419.95	\$492.11	\$445.36	\$590.53	\$636.04	\$575.62		57	\$742.85	\$672.27	\$854.27	\$1,001.07	\$905.95	\$1,201.27	\$1,293.85	\$1,170.93			
34	\$370.05	\$334.89	\$425.56	\$498.69	\$451.30	\$598.42	\$644.54	\$583.30		58	\$776.68	\$702.89	\$893.18	\$1,046.67	\$947.22	\$1,255.99	\$1,352.78	\$1,224.26			
35	\$372.49	\$337.10	\$428.36	\$501.97	\$454.28	\$602.36	\$648.78	\$587.15		59	\$793.45	\$718.06	\$912.46	\$1,069.26	\$967.67	\$1,283.10	\$1,381.98	\$1,250.69			
36	\$374.93	\$339.31	\$431.16	\$505.26	\$457.25	\$606.30	\$653.03	\$590.99		60	\$827.28	\$748.68	\$951.37	\$1,114.86	\$1,008.93	\$1,337.81	\$1,440.92	\$1,304.02			
37	\$377.37	\$341.51	\$433.97	\$508.55	\$460.23	\$610.25	\$657.28	\$594.83		61	\$856.54	\$775.17	\$985.02	\$1,154.29	\$1,044.62	\$1,385.13	\$1,491.89	\$1,350.15			
38	\$379.81	\$343.72	\$436.77	\$511.83	\$463.20	\$614.19	\$661.53	\$598.68		62	\$875.75	\$792.55	\$1,007.10	\$1,180.17	\$1,068.04	\$1,416.19	\$1,525.33	\$1,380.42			
39	\$384.68	\$348.14	\$442.38	\$518.40	\$469.15	\$622.08	\$670.02	\$606.37		63	\$899.83	\$814.34	\$1,034.79	\$1,212.62	\$1,097.41	\$1,455.13	\$1,567.28	\$1,418.38			
40	\$389.56	\$352.55	\$447.99	\$524.98	\$475.10	\$629.96	\$678.52	\$614.05		64 and over	\$914.46	\$827.58	\$1,051.62	\$1,232.34	\$1,115.25	\$1,478.79	\$1,592.76	\$1,441.44			

MyPriority HMO plans

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Includes Corewell Health West Michigan Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Allegan, Barry *For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Value Bronze	MyPriority Value Bronze Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Balanced Silver	MyPriority Balanced Silver Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Corewell Health West Michigan Network (Allegan, Barry)	Age	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Value Bronze	MyPriority Value Bronze Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Balanced Silver	MyPriority Balanced Silver Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Corewell Health West Michigan Network (Allegan, Barry)
0 – 14	\$241.74	\$215.63	\$215.57	\$192.29	\$287.07	\$256.07	\$251.82	\$224.62	41	\$411.43	\$366.99	\$366.89	\$327.27	\$488.58	\$435.82	\$428.58	\$382.29
15	\$263.23	\$234.80	\$234.73	\$209.38	\$312.58	\$278.83	\$274.20	\$244.59	42	\$418.70	\$373.48	\$373.37	\$333.05	\$497.21	\$443.52	\$436.15	\$389.05
16	\$271.44	\$242.13	\$242.06	\$215.92	\$322.34	\$287.53	\$282.76	\$252.22	43	\$428.81	\$382.50	\$382.39	\$341.10	\$509.21	\$454.23	\$446.68	\$398.44
17	\$279.66	\$249.45	\$249.38	\$222.45	\$332.10	\$296.24	\$291.32	\$259.85	44	\$441.45	\$393.77	\$393.66	\$351.15	\$524.22	\$467.62	\$459.85	\$410.19
18	\$288.51	\$257.35	\$257.27	\$229.49	\$342.60	\$305.61	\$300.53	\$268.08	45	\$456.30	\$407.02	\$406.90	\$362.96	\$541.86	\$483.35	\$475.32	\$423.99
19	\$297.36	\$265.24	\$265.16	\$236.53	\$353.11	\$314.98	\$309.75	\$276.30	46	\$474.00	\$422.81	\$422.69	\$377.04	\$562.88	\$502.10	\$493.76	\$440.43
20	\$306.52	\$273.41	\$273.34	\$243.82	\$363.99	\$324.69	\$319.29	\$284.81	47	\$493.91	\$440.56	\$440.44	\$392.88	\$586.52	\$523.18	\$514.49	\$458.93
21 – 24	\$316.00	\$281.87	\$281.79	\$251.36	\$375.25	\$334.73	\$329.17	\$293.62	48	\$516.66	\$460.86	\$460.73	\$410.97	\$613.53	\$547.28	\$538.19	\$480.07
25	\$317.26	\$283.00	\$282.92	\$252.37	\$376.75	\$336.07	\$330.49	\$294.79	49	\$539.10	\$480.87	\$480.73	\$428.82	\$640.18	\$571.05	\$561.56	\$500.92
26	\$323.58	\$288.63	\$288.55	\$257.39	\$384.26	\$342.76	\$337.07	\$300.67	50	\$564.38	\$503.42	\$503.28	\$448.93	\$670.20	\$597.83	\$587.90	\$524.41
27	\$331.17	\$295.40	\$295.32	\$263.43	\$393.26	\$350.80	\$344.97	\$307.71	51	\$589.34	\$525.69	\$525.54	\$468.79	\$699.84	\$624.27	\$613.90	\$547.60
28	\$343.49	\$306.39	\$306.31	\$273.23	\$407.90	\$363.85	\$357.81	\$319.16	52	\$616.83	\$550.21	\$550.05	\$490.65	\$732.49	\$653.39	\$642.54	\$573.15
29	\$353.60	\$315.41	\$315.32	\$281.27	\$419.90	\$374.56	\$368.34	\$328.56	53	\$644.64	\$575.01	\$574.85	\$512.77	\$765.51	\$682.85	\$671.51	\$598.98
30	\$358.66	\$319.92	\$319.83	\$285.29	\$425.91	\$379.92	\$373.61	\$333.26	54	\$674.66	\$601.79	\$601.62	\$536.65	\$801.16	\$714.65	\$702.78	\$626.88
31	\$366.24	\$326.69	\$326.59	\$291.33	\$434.91	\$387.95	\$381.51	\$340.31	55	\$704.68	\$628.57	\$628.39	\$560.53	\$836.81	\$746.45	\$734.05	\$654.77
32	\$373.83	\$333.45	\$333.36	\$297.36	\$443.92	\$395.99	\$389.41	\$347.35	56	\$737.23	\$657.60	\$657.42	\$586.42	\$875.46	\$780.93	\$767.95	\$685.02
33	\$378.57	\$337.68	\$337.58	\$301.13	\$449.55	\$401.01	\$394.35	\$351.76	57	\$770.09	\$686.92	\$686.72	\$612.56	\$914.48	\$815.74	\$802.19	\$715.55
34	\$383.62	\$342.19	\$342.09	\$305.15	\$455.55	\$406.36	\$399.61	\$356.45	58	\$805.17	\$718.20	\$718.00	\$640.47	\$956.14	\$852.89	\$838.73	\$748.14
35	\$386.15	\$344.45	\$344.35	\$307.16	\$458.56	\$409.04	\$402.25	\$358.80	59	\$822.55	\$733.71	\$733.50	\$654.29	\$976.78	\$871.30	\$856.83	\$764.29
36	\$388.68	\$346.70	\$346.60	\$309.17	\$461.56	\$411.72	\$404.88	\$361.15	60	\$857.62	\$765.00	\$764.78	\$682.19	\$1,018.43	\$908.46	\$893.37	\$796.88
37	\$391.21	\$348.96	\$348.86	\$311.18	\$464.56	\$414.40	\$407.51	\$363.50	61	\$887.96	\$792.05	\$791.83	\$706.32	\$1,054.45	\$940.59	\$924.97	\$825.07
38	\$393.74	\$351.21	\$351.11	\$313.19	\$467.56	\$417.07	\$410.15	\$365.85	62	\$907.87	\$809.81	\$809.58	\$722.16	\$1,078.09	\$961.68	\$945.71	\$843.57
39	\$398.79	\$355.72	\$355.62	\$317.22	\$473.57	\$422.43	\$415.41	\$370.55	63	\$932.83	\$832.08	\$831.84	\$742.01	\$1,107.74	\$988.12	\$971.71	\$866.77
3 40	\$403.85	\$360.23	\$360.13	\$321.24	\$479.57	\$427.78	\$420.68	\$375.25	64 ar	\$948.00	\$845.61	\$845.37	\$754.08	\$1,125.75	\$1,004.19	\$987.51	\$880.86

MyPriority HMO plans

60

Includes Corewell Health West Michigan Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Allegan, Barry *For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

								Allegan, Barry								
Ages	MyPriority Pre- mier Silver	MyPriority Premier Silver Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Enhanced Gold Corewell Health West Michigan Network (Allegan, Barry)		Ages	MyPriority Premier Silver	MyPriority Premier Silver Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Enhanced Gold Corewell Health West Michigan Network (Allegan, Barry)
0 – 14	\$276.41	\$246.56	\$242.46	\$216.28	\$274.92	\$245.23	\$348.93		41	\$470.44	\$419.63	\$412.66	\$368.10	\$467.90	\$417.37	\$593.87
15	\$300.98	\$268.48	\$264.01	\$235.51	\$299.36	\$267.03	\$379.95		42	\$478.75	\$427.05	\$419.95	\$374.60	\$476.17	\$424.74	\$604.36
16	\$310.37	\$276.86	\$272.25	\$242.86	\$308.70	\$275.36	\$391.81		43	\$490.31	\$437.36	\$430.09	\$383.65	\$487.67	\$435.00	\$618.95
17	\$319.77	\$285.24	\$280.49	\$250.21	\$318.04	\$283.70	\$403.67		44	\$504.76	\$450.25	\$442.77	\$394.96	\$502.04	\$447.82	\$637.20
18	\$329.89	\$294.26	\$289.37	\$258.12	\$328.10	\$292.67	\$416.44		45	\$521.75	\$465.40	\$457.66	\$408.25	\$518.93	\$462.89	\$658.64
19	\$340.00	\$303.28	\$298.24	\$266.04	\$338.17	\$301.65	\$429.21		46	\$541.98	\$483.45	\$475.41	\$424.08	\$539.06	\$480.84	\$684.18
20	\$350.48	\$312.63	\$307.43	\$274.24	\$348.59	\$310.94	\$442.44		47	\$564.74	\$503.75	\$495.38	\$441.89	\$561.70	\$501.04	\$712.92
21 – 24	\$361.32	\$322.30	\$316.94	\$282.72	\$359.37	\$320.56	\$456.12		48	\$590.76	\$526.96	\$518.20	\$462.25	\$587.57	\$524.12	\$745.76
25	\$362.77	\$323.59	\$318.21	\$283.85	\$360.81	\$321.84	\$457.94		49	\$616.41	\$549.84	\$540.70	\$482.32	\$613.09	\$546.88	\$778.14
26	\$369.99	\$330.04	\$324.55	\$289.51	\$367.99	\$328.25	\$467.07		50	\$645.32	\$575.63	\$566.05	\$504.94	\$641.83	\$572.52	\$814.63
27	\$378.66	\$337.77	\$332.15	\$296.29	\$376.62	\$335.95	\$478.01		51	\$673.86	\$601.09	\$591.09	\$527.27	\$670.23	\$597.84	\$850.66
28	\$392.75	\$350.34	\$344.51	\$307.32	\$390.64	\$348.45	\$495.80		52	\$705.30	\$629.13	\$618.67	\$551.87	\$701.49	\$625.73	\$890.35
29	\$404.32	\$360.65	\$354.66	\$316.36	\$402.14	\$358.71	\$510.40		53	\$737.09	\$657.49	\$646.56	\$576.75	\$733.11	\$653.94	\$930.48
30	\$410.10	\$365.81	\$359.73	\$320.89	\$407.88	\$363.84	\$517.70		54	\$771.42	\$688.11	\$676.67	\$603.61	\$767.25	\$684.40	\$973.82
31	\$418.77	\$373.55	\$367.33	\$327.67	\$416.51	\$371.53	\$528.64		55	\$805.74	\$718.73	\$706.78	\$630.47	\$801.40	\$714.85	\$1,017.15
32	\$427.44	\$381.28	\$374.94	\$334.46	\$425.13	\$379.22	\$539.59		56	\$842.96	\$751.93	\$739.42	\$659.59	\$838.41	\$747.87	\$1,064.13
33	\$432.86	\$386.12	\$379.69	\$338.70	\$430.53	\$384.03	\$546.43		57	\$880.54	\$785.45	\$772.38	\$688.99	\$875.78	\$781.20	\$1,111.56
34	\$438.64	\$391.27	\$384.77	\$343.22	\$436.28	\$389.16	\$553.73		58	\$920.64	\$821.22	\$807.56	\$720.37	\$915.67	\$816.79	\$1,162.19
35	\$441.53	\$393.85	\$387.30	\$345.48	\$439.15	\$391.72	\$557.38		59	\$940.52	\$838.95	\$824.99	\$735.92	\$935.44	\$834.42	\$1,187.28
36	\$444.42	\$396.43	\$389.84	\$347.75	\$442.03	\$394.29	\$561.03		60	\$980.62	\$874.72	\$860.18	\$767.30	\$975.33	\$870.00	\$1,237.91
37	\$447.31	\$399.01	\$392.37	\$350.01	\$444.90	\$396.85	\$564.68		61	\$1,015.31	\$905.66	\$890.60	\$794.44	\$1,009.83	\$900.77	\$1,281.70
38	\$450.20	\$401.59	\$394.91	\$352.27	\$447.78	\$399.42	\$568.33		62	\$1,038.07	\$925.97	\$910.57	\$812.25	\$1,032.47	\$920.97	\$1,310.43
39	\$455.99	\$406.74	\$399.98	\$356.79	\$453.52	\$404.55	\$575.62		63	\$1,066.62	\$951.43	\$935.61	\$834.59	\$1,060.86	\$946.29	\$1,346.47
40	\$461.77	\$411.90	\$405.05	\$361.32	\$459.27	\$409.68	\$582.92		64 and over	\$1,083.96	\$966.90	\$950.82	\$848.16	\$1,078.11	\$961.68	\$1,368.36

MyPriority HMO plans

Includes Corewell Health West Michigan Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include: Allegan, Barry

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

										Alle	gari, barry						
Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Corewell Health West Michigan Network (Allegan, Barry)	Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Corewell Health West Michigan Network (Allegan, Barry)	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Corewell Health West Michigan Network (Allegan, Barry)
0 – 14	\$218.84	\$195.21	\$251.66	\$294.91	\$263.06	\$353.89	\$381.16	\$340.00	41	\$372.45	\$332.23	\$428.32	\$501.92	\$447.72	\$602.31	\$648.72	\$578.66
15	\$238.29	\$212.56	\$274.03	\$321.12	\$286.44	\$385.35	\$415.04	\$370.22	42	\$379.03	\$338.10	\$435.89	\$510.79	\$455.63	\$612.95	\$660.18	\$588.88
16	\$245.73	\$219.19	\$282.59	\$331.14	\$295.38	\$397.37	\$428.00	\$381.77	43	\$388.18	\$346.27	\$446.41	\$523.12	\$466.63	\$627.75	\$676.13	\$603.11
17	\$253.16	\$225.83	\$291.14	\$341.17	\$304.32	\$409.40	\$440.95	\$393.33	44	\$399.63	\$356.47	\$459.57	\$538.54	\$480.39	\$646.25	\$696.06	\$620.88
18	\$261.17	\$232.97	\$300.35	\$351.96	\$313.95	\$422.35	\$454.90	\$405.77	45	\$413.07	\$368.47	\$475.03	\$556.66	\$496.55	\$667.99	\$719.47	\$641.77
19	\$269.18	\$240.11	\$309.56	\$362.76	\$323.58	\$435.31	\$468.85	\$418.22	46	\$429.09	\$382.76	\$493.46	\$578.25	\$515.81	\$693.90	\$747.38	\$666.66
20	\$277.48	\$247.51	\$319.10	\$373.94	\$333.55	\$448.72	\$483.30	\$431.11	47	\$447.11	\$398.83	\$514.18	\$602.54	\$537.47	\$723.04	\$778.76	\$694.66
21 – 24	\$286.06	\$255.17	\$328.97	\$385.50	\$343.87	\$462.60	\$498.25	\$444.44	48	\$467.71	\$417.20	\$537.87	\$630.29	\$562.23	\$756.35	\$814.64	\$726.66
25	\$287.20	\$256.19	\$330.29	\$387.04	\$345.25	\$464.45	\$500.24	\$446.22	49	\$488.02	\$435.32	\$561.22	\$657.66	\$586.64	\$789.20	\$850.01	\$758.21
26	\$292.93	\$261.29	\$336.87	\$394.75	\$352.12	\$473.70	\$510.21	\$455.11	50	\$510.90	\$455.73	\$587.54	\$688.50	\$614.15	\$826.20	\$889.87	\$793.77
27	\$299.79	\$267.42	\$344.76	\$404.00	\$360.38	\$484.80	\$522.17	\$465.77	51	\$533.50	\$475.89	\$613.53	\$718.96	\$641.32	\$862.75	\$929.24	\$828.88
28	\$310.95	\$277.37	\$357.59	\$419.04	\$373.79	\$502.85	\$541.60	\$483.11	52	\$558.39	\$498.09	\$642.15	\$752.50	\$671.23	\$903.00	\$972.58	\$867.55
29	\$320.10	\$285.54	\$368.12	\$431.37	\$384.79	\$517.65	\$557.54	\$497.33	53	\$583.56	\$520.55	\$671.10	\$786.42	\$701.49	\$943.70	\$1,016.43	\$906.66
30	\$324.68	\$289.62	\$373.38	\$437.54	\$390.29	\$525.05	\$565.51	\$504.44	54	\$610.74	\$544.79	\$702.35	\$823.04	\$734.16	\$987.65	\$1,063.76	\$948.88
31	\$331.54	\$295.74	\$381.28	\$446.79	\$398.55	\$536.15	\$577.47	\$515.11	55	\$637.91	\$569.03	\$733.60	\$859.67	\$766.83	\$1,031.60	\$1,111.10	\$991.10
32	\$338.41	\$301.87	\$389.17	\$456.05	\$406.80	\$547.26	\$589.43	\$525.77	56	\$667.38	\$595.31	\$767.49	\$899.37	\$802.25	\$1,079.25	\$1,162.42	\$1,036.88
33	\$342.70	\$305.69	\$394.11	\$461.83	\$411.96	\$554.19	\$596.90	\$532.44	57	\$697.13	\$621.85	\$801.70	\$939.46	\$838.01	\$1,127.36	\$1,214.24	\$1,083.10
34	\$347.28	\$309.78	\$399.37	\$468.00	\$417.46	\$561.60	\$604.88	\$539.55	58	\$728.88	\$650.17	\$838.22	\$982.25	\$876.18	\$1,178.70	\$1,269.54	\$1,132.43
35	\$349.57	\$311.82	\$402.00	\$471.08	\$420.21	\$565.30	\$608.86	\$543.11	59	\$744.61	\$664.21	\$856.31	\$1,003.46	\$895.09	\$1,204.15	\$1,296.94	\$1,156.88
36	\$351.85	\$313.86	\$404.63	\$474.17	\$422.96	\$569.00	\$612.85	\$546.66	60	\$776.37	\$692.53	\$892.82	\$1,046.25	\$933.26	\$1,255.50	\$1,352.25	\$1,206.21
37	\$354.14	\$315.90	\$407.26	\$477.25	\$425.71	\$572.70	\$616.83	\$550.22	61	\$803.83	\$717.03	\$924.41	\$1,083.26	\$966.27	\$1,299.91	\$1,400.08	\$1,248.88
38	\$356.43	\$317.94	\$409.90	\$480.33	\$428.46	\$576.40	\$620.82	\$553.77	62	\$821.85	\$733.10	\$945.13	\$1,107.54	\$987.94	\$1,329.05	\$1,431.47	\$1,276.88
39	\$361.01	\$322.02	\$415.16	\$486.50	\$433.96	\$583.80	\$628.79	\$560.88	63	\$844.45	\$753.26	\$971.12	\$1,138.00	\$1,015.10	\$1,365.60	\$1,470.83	\$1,311.99
40	\$365.58	\$326.11	\$420.42	\$492.67	\$439.47	\$591.20	\$636.76	\$567.99	64 and over	\$858.18	\$765.51	\$986.91	\$1,156.50	\$1,031.61	\$1,387.80	\$1,494.75	\$1,333.32

MyPriority HMO plans

Includes Corewell Health West Michigan Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:

Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Corewell Health West Michigan Network	MyPriority Value Bronze	MyPriority Value Bronze Corewell Health West Michigan Network	MyPriority Balanced Silver	MyPriority Balanced Silver Corewell Health West Michigan Network	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Corewell Health West Michigan Network	Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze HSA Corewell Health West Michigan Network	MyPriority Value Bronze	MyPriority Value Bronze Corewell Health West Michigan Network	MyPriority Balanced Silver	MyPriority Balanced Silver Corewell Health West Michigan Network	MyPriority Balanced Silver Off Marketplace	MyPriority Balanced Silver Off Marketplace Corewell Health West Michigan Network
0 – 14	\$239.64	\$208.00	\$213.70	\$185.48	\$284.57	\$247.00	\$249.62	\$216.67	41	\$407.85	\$354.01	\$363.70	\$315.68	\$484.33	\$420.39	\$424.84	\$368.77
15	\$260.94	\$226.49	\$232.69	\$201.97	\$309.87	\$268.96	\$271.81	\$235.93	42	\$415.06	\$360.27	\$370.13	\$321.26	\$492.89	\$427.82	\$432.35	\$375.28
16	\$269.08	\$233.56	\$239.95	\$208.27	\$319.54	\$277.35	\$280.29	\$243.29	43	\$425.08	\$368.97	\$379.06	\$329.02	\$504.79	\$438.15	\$442.79	\$384.34
17	\$277.23	\$240.63	\$247.22	\$214.58	\$329.21	\$285.75	\$288.78	\$250.66	44	\$437.61	\$379.84	\$390.24	\$338.72	\$519.67	\$451.06	\$455.84	\$395.67
18	\$286.00	\$248.24	\$255.04	\$221.37	\$339.63	\$294.79	\$297.91	\$258.59	45	\$452.33	\$392.62	\$403.37	\$350.11	\$537.15	\$466.24	\$471.18	\$408.98
19	\$294.77	\$255.86	\$262.86	\$228.15	\$350.04	\$303.83	\$307.05	\$266.52	46	\$469.88	\$407.85	\$419.01	\$363.69	\$557.99	\$484.32	\$489.45	\$424.85
20	\$303.85	\$263.74	\$270.96	\$235.19	\$360.83	\$313.19	\$316.51	\$274.73	47	\$489.61	\$424.98	\$436.61	\$378.96	\$581.42	\$504.66	\$510.01	\$442.69
21 – 24	\$313.25	\$271.90	\$279.34	\$242.46	\$371.99	\$322.88	\$326.30	\$283.23	48	\$512.16	\$444.56	\$456.72	\$396.42	\$608.20	\$527.91	\$533.50	\$463.08
25	\$314.50	\$272.99	\$280.46	\$243.43	\$373.48	\$324.17	\$327.61	\$284.36	49	\$534.40	\$463.86	\$476.55	\$413.64	\$634.61	\$550.83	\$556.67	\$483.19
26	\$320.77	\$278.43	\$286.04	\$248.28	\$380.92	\$330.63	\$334.13	\$290.03	50	\$559.46	\$485.61	\$498.90	\$433.03	\$664.37	\$576.66	\$582.77	\$505.85
27	\$328.29	\$284.95	\$292.75	\$254.10	\$389.85	\$338.38	\$341.96	\$296.83	51	\$584.21	\$507.09	\$520.97	\$452.19	\$693.76	\$602.17	\$608.55	\$528.22
28	\$340.50	\$295.56	\$303.64	\$263.55	\$404.35	\$350.97	\$354.69	\$307.87	52	\$611.46	\$530.75	\$545.27	\$473.28	\$726.12	\$630.26	\$636.94	\$552.86
29	\$350.53	\$304.26	\$312.58	\$271.31	\$416.26	\$361.30	\$365.13	\$316.93	53	\$639.03	\$554.68	\$569.85	\$494.62	\$758.86	\$658.68	\$665.65	\$577.79
30	\$355.54	\$308.61	\$317.05	\$275.19	\$422.21	\$366.47	\$370.35	\$321.47	54	\$668.79	\$580.51	\$596.39	\$517.65	\$794.20	\$689.35	\$696.65	\$604.70
31	\$363.06	\$315.13	\$323.76	\$281.01	\$431.14	\$374.22	\$378.18	\$328.26	55	\$698.55	\$606.34	\$622.93	\$540.69	\$829.54	\$720.02	\$727.65	\$631.60
32	\$370.57	\$321.66	\$330.46	\$286.83	\$440.06	\$381.97	\$386.01	\$335.06	56	\$730.81	\$634.34	\$651.70	\$565.66	\$867.85	\$753.28	\$761.26	\$660.78
33	\$375.27	\$325.74	\$334.65	\$290.47	\$445.64	\$386.81	\$390.91	\$339.31	57	\$763.39	\$662.62	\$680.75	\$590.88	\$906.54	\$786.86	\$795.19	\$690.23
34	\$380.29	\$330.09	\$339.12	\$294.35	\$451.60	\$391.98	\$396.13	\$343.84	58	\$798.16	\$692.80	\$711.76	\$617.79	\$947.83	\$822.70	\$831.41	\$721.67
35	\$382.79	\$332.26	\$341.35	\$296.29	\$454.57	\$394.56	\$398.74	\$346.11	59	\$815.39	\$707.76	\$727.12	\$631.12	\$968.29	\$840.46	\$849.36	\$737.25
36	\$385.30	\$334.44	\$343.59	\$298.23	\$457.55	\$397.14	\$401.35	\$348.37	60	\$850.16	\$737.94	\$758.13	\$658.04	\$1,009.58	\$876.30	\$885.58	\$768.69
37	\$387.80	\$336.61	\$345.82	\$300.17	\$460.52	\$399.73	\$403.96	\$350.64	61	\$880.23	\$764.04	\$784.95	\$681.31	\$1,045.29	\$907.29	\$916.90	\$795.88
38	\$390.31	\$338.79	\$348.06	\$302.11	\$463.50	\$402.31	\$406.57	\$352.90	62	\$899.97	\$781.17	\$802.54	\$696.59	\$1,068.73	\$927.63	\$937.46	\$813.72
39	\$395.32	\$343.14	\$352.53	\$305.98	\$469.45	\$407.47	\$411.79	\$357.44	63	\$924.71	\$802.65	\$824.61	\$715.74	\$1,098.11	\$953.14	\$963.24	\$836.09
40	\$400.33	\$347.49	\$357.00	\$309.86	\$475.40	\$412.64	\$417.01	\$361.97	64 and over	\$939.75	\$815.70	\$838.02	\$727.38	\$1,115.97	\$968.64	\$978.90	\$849.69

MyPriority HMO plans

Includes Corewell Health West Michigan Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:

Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa *For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Premier Silver	MyPriority Premier Silver Corewell Health West Michigan Network	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Corewell Health West Michigan Network	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Corewell Health West Michigan Network	MyPriority Enhanced Gold Corewell Health West Michigan Network	Ages	MyPriority Premier Silver	MyPriority Premier Silver Corewell Health West Michigan Network	MyPriority Premier Silver Off Marketplace	MyPriority Premier Silver Off Marketplace Corewell Health West Michigan Network	MyPriority Prime Silver HSA Off Marketplace	MyPriority Prime Silver HSA Off Marketplace Corewell Health West Michigan Network	MyPriority Enhanced Gold Corewell Health West Michigan Network
0 – 14	\$274.00	\$237.83	\$240.36	\$208.62	\$272.52	\$236.55	\$336.59	41	\$466.34	\$404.78	\$409.08	\$355.07	\$463.82	\$402.60	\$572.87
15	\$298.36	\$258.97	\$261.72	\$227.17	\$296.75	\$257.58	\$366.51	42	\$474.58	\$411.93	\$416.30	\$361.34	\$472.02	\$409.72	\$582.99
16	\$307.67	\$267.05	\$269.89	\$234.26	\$306.01	\$265.62	\$377.95	43	\$486.04	\$421.88	\$426.36	\$370.07	\$483.42	\$419.61	\$597.07
17	\$316.98	\$275.14	\$278.06	\$241.35	\$315.27	\$273.66	\$389.39	44	\$500.36	\$434.31	\$438.92	\$380.98	\$497.67	\$431.98	\$614.67
18	\$327.01	\$283.84	\$286.86	\$248.98	\$325.25	\$282.32	\$401.71	45	\$517.20	\$448.93	\$453.69	\$393.79	\$514.41	\$446.51	\$635.35
19	\$337.04	\$292.55	\$295.65	\$256.62	\$335.22	\$290.98	\$414.03	46	\$537.26	\$466.34	\$471.29	\$409.07	\$534.36	\$463.83	\$659.99
20	\$347.42	\$301.56	\$304.76	\$264.53	\$345.55	\$299.94	\$426.79	47	\$559.82	\$485.92	\$491.08	\$426.25	\$556.80	\$483.31	\$687.70
21 – 24	\$358.17	\$310.89	\$314.19	\$272.71	\$356.24	\$309.22	\$439.99	48	\$585.61	\$508.31	\$513.70	\$445.88	\$582.45	\$505.57	\$719.38
25	\$359.60	\$312.13	\$315.45	\$273.80	\$357.66	\$310.46	\$441.75	49	\$611.04	\$530.38	\$536.01	\$465.24	\$607.75	\$527.53	\$750.62
26	\$366.77	\$318.35	\$321.73	\$279.26	\$364.79	\$316.64	\$450.55	50	\$639.69	\$555.25	\$561.14	\$487.06	\$636.24	\$552.27	\$785.82
27	\$375.36	\$325.81	\$329.27	\$285.80	\$373.34	\$324.06	\$461.11	51	\$667.99	\$579.81	\$585.96	\$508.60	\$664.39	\$576.70	\$820.58
28	\$389.33	\$337.94	\$341.52	\$296.44	\$387.23	\$336.12	\$478.27	52	\$699.15	\$606.86	\$613.30	\$532.33	\$695.38	\$603.60	\$858.86
29	\$400.79	\$347.89	\$351.58	\$305.16	\$398.63	\$346.02	\$492.35	53	\$730.67	\$634.22	\$640.95	\$556.33	\$726.73	\$630.81	\$897.58
30	\$406.52	\$352.86	\$356.61	\$309.53	\$404.33	\$350.96	\$499.39	54	\$764.69	\$663.75	\$670.80	\$582.24	\$760.57	\$660.18	\$939.38
31	\$415.12	\$360.32	\$364.15	\$316.07	\$412.88	\$358.39	\$509.95	55	\$798.72	\$693.28	\$700.64	\$608.14	\$794.42	\$689.56	\$981.18
32	\$423.72	\$367.78	\$371.69	\$322.62	\$421.43	\$365.81	\$520.51	56	\$835.61	\$725.31	\$733.01	\$636.23	\$831.11	\$721.41	\$1,026.50
33	\$429.09	\$372.45	\$376.40	\$326.71	\$426.78	\$370.45	\$527.11	57	\$872.86	\$757.64	\$765.68	\$664.59	\$868.16	\$753.57	\$1,072.26
34	\$434.82	\$377.42	\$381.43	\$331.07	\$432.48	\$375.39	\$534.15	58	\$912.62	\$792.15	\$800.56	\$694.87	\$907.70	\$787.89	\$1,121.09
35	\$437.68	\$379.91	\$383.94	\$333.25	\$435.33	\$377.87	\$537.67	59	\$932.32	\$809.25	\$817.84	\$709.86	\$927.29	\$804.90	\$1,145.29
36	\$440.55	\$382.39	\$386.45	\$335.43	\$438.18	\$380.34	\$541.19	60	\$972.07	\$843.76	\$852.71	\$740.13	\$966.84	\$839.22	\$1,194.13
37	\$443.41	\$384.88	\$388.97	\$337.61	\$441.03	\$382.81	\$544.71	61	\$1,006.46	\$873.60	\$882.87	\$766.32	\$1,001.03	\$868.91	\$1,236.37
38	\$446.28	\$387.37	\$391.48	\$339.80	\$443.88	\$385.29	\$548.23	62	\$1,029.02	\$893.19	\$902.67	\$783.50	\$1,023.48	\$888.39	\$1,264.09
39	\$452.01	\$392.34	\$396.51	\$344.16	\$449.57	\$390.24	\$555.27	63	\$1,057.32	\$917.75	\$927.49	\$805.04	\$1,051.62	\$912.82	\$1,298.85
40	\$457.74	\$397.32	\$401.53	\$348.52	\$455.27	\$395.18	\$562.31	64 and over	\$1,074.51	\$932.67	\$942.57	\$818.13	\$1,068.72	\$927.66	\$1,319.97

MyPriority HMO plans

Includes Corewell Health West Michigan Network
Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:

Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Corewell Health West Michigan Network	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Corewell Health West Michigan Network	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Corewell Health West Michigan Network	Ages	MyPriority Standard Bronze	MyPriority Standard Bronze Corewell Health West Michigan Network	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Corewell Health West Michigan Network	MyPriority Standard Silver Travel	MyPriority Standard Gold	MyPriority Standard Gold Corewell Health West Michigan Network
0 – 14	\$216.93	\$188.30	\$249.47	\$292.34	\$253.75	\$350.81	\$377.84	\$327.96	41	\$369.21	\$320.47	\$424.60	\$497.56	\$431.87	\$597.06	\$643.07	\$558.18
15	\$236.21	\$205.03	\$271.65	\$318.33	\$276.31	\$381.99	\$411.43	\$357.12	42	\$375.73	\$326.14	\$432.10	\$506.35	\$439.50	\$607.61	\$654.43	\$568.04
16	\$243.59	\$211.43	\$280.13	\$328.27	\$284.93	\$393.91	\$424.27	\$368.26	43	\$384.80	\$334.01	\$442.53	\$518.58	\$450.12	\$622.28	\$670.24	\$581.76
17	\$250.96	\$217.83	\$288.61	\$338.20	\$293.55	\$405.83	\$437.11	\$379.41	44	\$396.15	\$343.86	\$455.58	\$533.86	\$463.38	\$640.62	\$689.99	\$598.91
18	\$258.90	\$224.73	\$297.74	\$348.90	\$302.84	\$418.67	\$450.94	\$391.41	45	\$409.48	\$355.43	\$470.90	\$551.82	\$478.97	\$662.18	\$713.21	\$619.06
19	\$266.84	\$231.62	\$306.87	\$359.60	\$312.13	\$431.51	\$464.77	\$403.42	46	\$425.36	\$369.21	\$489.17	\$573.23	\$497.55	\$687.86	\$740.87	\$643.07
20	\$275.06	\$238.76	\$316.33	\$370.69	\$321.75	\$444.81	\$479.09	\$415.85	47	\$443.22	\$384.72	\$509.71	\$597.30	\$518.45	\$716.74	\$771.98	\$670.07
21 – 24	\$283.57	\$246.14	\$326.11	\$382.15	\$331.70	\$458.57	\$493.91	\$428.71	48	\$463.64	\$402.44	\$533.19	\$624.82	\$542.33	\$749.76	\$807.54	\$700.94
25	\$284.70	\$247.12	\$327.41	\$383.68	\$333.03	\$460.40	\$495.89	\$430.42	49	\$483.77	\$419.91	\$556.34	\$651.95	\$565.88	\$782.32	\$842.61	\$731.38
26	\$290.38	\$252.05	\$333.94	\$391.32	\$339.66	\$469.58	\$505.76	\$439.00	50	\$506.46	\$439.61	\$582.43	\$682.52	\$592.42	\$819.01	\$882.12	\$765.68
27	\$297.18	\$257.95	\$341.76	\$400.49	\$347.62	\$480.58	\$517.62	\$449.29	51	\$528.86	\$459.05	\$608.20	\$712.71	\$618.62	\$855.23	\$921.14	\$799.54
28	\$308.24	\$267.55	\$354.48	\$415.40	\$360.56	\$498.47	\$536.88	\$466.01	52	\$553.53	\$480.47	\$636.57	\$745.96	\$647.48	\$895.13	\$964.11	\$836.84
29	\$317.31	\$275.43	\$364.92	\$427.63	\$371.17	\$513.14	\$552.69	\$479.73	53	\$578.48	\$502.13	\$665.26	\$779.59	\$676.67	\$935.48	\$1,007.58	\$874.57
30	\$321.85	\$279.37	\$370.13	\$433.74	\$376.48	\$520.48	\$560.59	\$486.59	54	\$605.42	\$525.51	\$696.24	\$815.89	\$708.18	\$979.05	\$1,054.50	\$915.30
31	\$328.66	\$285.28	\$377.96	\$442.91	\$384.44	\$531.48	\$572.44	\$496.87	55	\$632.36	\$548.89	\$727.23	\$852.19	\$739.69	\$1,022.61	\$1,101.42	\$956.02
32	\$335.46	\$291.18	\$385.79	\$452.08	\$392.40	\$542.49	\$584.30	\$507.16	56	\$661.57	\$574.24	\$760.81	\$891.56	\$773.86	\$1,069.84	\$1,152.29	\$1,000.18
33	\$339.72	\$294.88	\$390.68	\$457.82	\$397.38	\$549.37	\$591.70	\$513.59	57	\$691.06	\$599.84	\$794.73	\$931.30	\$808.35	\$1,117.54	\$1,203.66	\$1,044.77
34	\$344.25	\$298.81	\$395.90	\$463.93	\$402.68	\$556.70	\$599.61	\$520.45	58	\$722.54	\$627.16	\$830.93	\$973.72	\$845.17	\$1,168.44	\$1,258.48	\$1,092.35
35	\$346.52	\$300.78	\$398.51	\$466.99	\$405.34	\$560.37	\$603.56	\$523.88	59	\$738.13	\$640.70	\$848.86	\$994.74	\$863.42	\$1,193.66	\$1,285.65	\$1,115.93
36	\$348.79	\$302.75	\$401.12	\$470.04	\$407.99	\$564.04	\$607.51	\$527.31	60	\$769.61	\$668.02	\$885.06	\$1,037.16	\$900.23	\$1,244.56	\$1,340.47	\$1,163.52
37	\$351.06	\$304.72	\$403.72	\$473.10	\$410.64	\$567.71	\$611.46	\$530.74	61	\$796.83	\$691.65	\$916.37	\$1,073.84	\$932.08	\$1,288.58	\$1,387.89	\$1,204.68
38	\$353.33	\$306.69	\$406.33	\$476.16	\$413.30	\$571.38	\$615.41	\$534.17	62	\$814.70	\$707.16	\$936.91	\$1,097.92	\$952.97	\$1,317.47	\$1,419.00	\$1,231.68
39	\$357.87	\$310.63	\$411.55	\$482.27	\$418.61	\$578.72	\$623.31	\$541.03	63	\$837.10	\$726.61	\$962.68	\$1,128.11	\$979.18	\$1,353.70	\$1,458.02	\$1,265.55
40	\$362.40	\$314.57	\$416.77	\$488.39	\$423.91	\$586.05	\$631.22	\$547.89	64 and over	\$850.71	\$738.42	\$978.33	\$1,146.45	\$995.10	\$1,375.71	\$1,481.73	\$1,286.13

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:

Claire, Gladwin, Isabella, Midland

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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			Claire, Gladwiri, Isabella, Midiarid											
Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace		Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace
0 – 14	\$243.12	\$216.80	\$288.70	\$253.25	\$277.99	\$243.84		41	\$413.78	\$368.99	\$491.36	\$431.03	\$473.12	\$415.01
15	\$264.73	\$236.07	\$314.37	\$275.76	\$302.70	\$265.52		42	\$421.09	\$375.51	\$500.04	\$438.64	\$481.48	\$422.34
16	\$272.99	\$243.44	\$324.18	\$284.37	\$312.14	\$273.81		43	\$431.25	\$384.57	\$512.12	\$449.23	\$493.11	\$432.54
17	\$281.25	\$250.81	\$333.99	\$292.98	\$321.59	\$282.09		44	\$443.97	\$395.91	\$527.21	\$462.48	\$507.64	\$445.29
18	\$290.15	\$258.74	\$344.56	\$302.25	\$331.77	\$291.02		45	\$458.90	\$409.23	\$544.95	\$478.04	\$524.72	\$460.28
19	\$299.05	\$266.68	\$355.12	\$311.52	\$341.94	\$299.94		46	\$476.70	\$425.10	\$566.09	\$496.58	\$545.07	\$478.13
20	\$308.27	\$274.90	\$366.07	\$321.12	\$352.48	\$309.19		47	\$496.72	\$442.95	\$589.86	\$517.43	\$567.96	\$498.21
21 – 24	\$317.80	\$283.40	\$377.39	\$331.05	\$363.38	\$318.75		48	\$519.60	\$463.36	\$617.03	\$541.27	\$594.13	\$521.16
25	\$319.07	\$284.53	\$378.90	\$332.37	\$364.83	\$320.03		49	\$542.17	\$483.48	\$643.83	\$564.77	\$619.93	\$543.79
26	\$325.43	\$290.20	\$386.45	\$339.00	\$372.10	\$326.40		50	\$567.59	\$506.15	\$674.02	\$591.26	\$649.00	\$569.29
27	\$333.05	\$297.00	\$395.50	\$346.94	\$380.82	\$334.05		51	\$592.70	\$528.54	\$703.83	\$617.41	\$677.70	\$594.47
28	\$345.45	\$308.06	\$410.22	\$359.85	\$394.99	\$346.48		52	\$620.35	\$553.20	\$736.67	\$646.21	\$709.32	\$622.20
29	\$355.62	\$317.12	\$422.30	\$370.44	\$406.62	\$356.68		53	\$648.31	\$578.14	\$769.88	\$675.34	\$741.30	\$650.25
30	\$360.70	\$321.66	\$428.34	\$375.74	\$412.44	\$361.78		54	\$678.50	\$605.06	\$805.73	\$706.79	\$775.82	\$680.53
31	\$368.33	\$328.46	\$437.40	\$383.69	\$421.16	\$369.43		55	\$708.69	\$631.98	\$841.58	\$738.24	\$810.34	\$710.81
32	\$375.96	\$335.26	\$446.45	\$391.63	\$429.88	\$377.08		56	\$741.43	\$661.17	\$880.45	\$772.34	\$847.77	\$743.64
33	\$380.72	\$339.51	\$452.11	\$396.60	\$435.33	\$381.86		57	\$774.48	\$690.65	\$919.70	\$806.77	\$885.56	\$776.79
34	\$385.81	\$344.05	\$458.15	\$401.89	\$441.14	\$386.96		58	\$809.75	\$722.10	\$961.59	\$843.52	\$925.89	\$812.18
35	\$388.35	\$346.31	\$461.17	\$404.54	\$444.05	\$389.51		59	\$827.23	\$737.69	\$982.35	\$861.72	\$945.88	\$829.71
36	\$390.89	\$348.58	\$464.19	\$407.19	\$446.96	\$392.06		60	\$862.51	\$769.15	\$1,024.24	\$898.47	\$986.21	\$865.09
37	\$393.44	\$350.85	\$467.21	\$409.84	\$449.86	\$394.61		61	\$893.02	\$796.35	\$1,060.47	\$930.25	\$1,021.10	\$895.69
38	\$395.98	\$353.12	\$470.23	\$412.49	\$452.77	\$397.16		62	\$913.04	\$814.21	\$1,084.24	\$951.11	\$1,043.99	\$915.77
39	\$401.06	\$357.65	\$476.27	\$417.79	\$458.59	\$402.26		63	\$938.15	\$836.60	\$1,114.06	\$977.26	\$1,072.70	\$940.95
40	\$406.15	\$362.19	\$482.30	\$423.08	\$464.40	\$407.36		64 and over	\$953.40	\$850.20	\$1,132.17	\$993.15	\$1,090.14	\$956.25

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

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Add supplemental dental to any plan

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MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:

Claire, Gladwin, Isabella, Midland

*For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages	MyPriority Prime Silver HSA Off Marketplace	MyPriority Standard Bronze	MyPriority Standard Bronze - Travel	MyPriority Standard Silver	MyPriority Standard Silver Travel	MyPriority Standard Gold	Ages	MyPriority Prime Silver HSA Off Marketplace	MyPriority Standard Bronze	MyPriority Standard Bronze - Travel	MyPriority Standard Silver	MyPriority Standard Silver Travel	MyPriority Standard Gold
0 – 14	\$276.49	\$220.08	\$253.10	\$296.59	\$355.91	\$383.33	41	\$470.57	\$374.57	\$430.77	\$504.79	\$605.74	\$652.42
15	\$301.06	\$239.65	\$275.60	\$322.95	\$387.54	\$417.41	42	\$478.88	\$381.19	\$438.38	\$513.70	\$616.44	\$663.94
16	\$310.46	\$247.13	\$284.20	\$333.03	\$399.64	\$430.44	43	\$490.45	\$390.40	\$448.96	\$526.11	\$631.33	\$679.98
17	\$319.86	\$254.61	\$292.80	\$343.11	\$411.74	\$443.46	44	\$504.90	\$401.90	\$462.20	\$541.62	\$649.94	\$700.02
18	\$329.98	\$262.66	\$302.07	\$353.97	\$424.76	\$457.50	45	\$521.89	\$415.42	\$477.75	\$559.84	\$671.81	\$723.57
19	\$340.10	\$270.72	\$311.33	\$364.83	\$437.79	\$471.53	46	\$542.13	\$431.54	\$496.28	\$581.55	\$697.86	\$751.64
20	\$350.58	\$279.06	\$320.92	\$376.07	\$451.28	\$486.06	47	\$564.90	\$449.66	\$517.12	\$605.98	\$727.17	\$783.20
21 – 24	\$361.42	\$287.69	\$330.85	\$387.70	\$465.24	\$501.09	48	\$590.92	\$470.37	\$540.94	\$633.89	\$760.67	\$819.28
25	\$362.87	\$288.84	\$332.17	\$389.25	\$467.10	\$503.09	49	\$616.58	\$490.80	\$564.43	\$661.42	\$793.70	\$854.86
26	\$370.09	\$294.59	\$338.79	\$397.00	\$476.41	\$513.12	50	\$645.50	\$513.81	\$590.90	\$692.43	\$830.92	\$894.95
27	\$378.77	\$301.50	\$346.73	\$406.31	\$487.57	\$525.14	51	\$674.05	\$536.54	\$617.04	\$723.06	\$867.67	\$934.53
28	\$392.86	\$312.72	\$359.63	\$421.43	\$505.72	\$544.68	52	\$705.49	\$561.57	\$645.82	\$756.79	\$908.15	\$978.13
29	\$404.43	\$321.93	\$370.22	\$433.84	\$520.60	\$560.72	53	\$737.30	\$586.89	\$674.93	\$790.91	\$949.09	\$1,022.22
30	\$410.21	\$326.53	\$375.51	\$440.04	\$528.05	\$568.74	54	\$771.63	\$614.22	\$706.36	\$827.74	\$993.29	\$1,069.83
31	\$418.89	\$333.43	\$383.46	\$449.34	\$539.21	\$580.76	55	\$805.97	\$641.55	\$737.80	\$864.57	\$1,037.49	\$1,117.43
32	\$427.56	\$340.34	\$391.40	\$458.65	\$550.38	\$592.79	56	\$843.19	\$671.18	\$771.87	\$904.50	\$1,085.40	\$1,169.04
33	\$432.98	\$344.65	\$396.36	\$464.46	\$557.36	\$600.31	57	\$880.78	\$701.10	\$806.28	\$944.82	\$1,133.79	\$1,221.16
34	\$438.76	\$349.26	\$401.65	\$470.67	\$564.80	\$608.32	58	\$920.90	\$733.03	\$843.01	\$987.86	\$1,185.43	\$1,276.78
35	\$441.66	\$351.56	\$404.30	\$473.77	\$568.52	\$612.33	59	\$940.78	\$748.86	\$861.20	\$1,009.18	\$1,211.02	\$1,304.34
36	\$444.55	\$353.86	\$406.95	\$476.87	\$572.25	\$616.34	60	\$980.89	\$780.79	\$897.93	\$1,052.22	\$1,262.66	\$1,359.96
37	\$447.44	\$356.16	\$409.59	\$479.97	\$575.97	\$620.35	61	\$1,015.59	\$808.41	\$929.69	\$1,089.44	\$1,307.32	\$1,408.06
38	\$450.33	\$358.46	\$412.24	\$483.07	\$579.69	\$624.36	62	\$1,038.36	\$826.53	\$950.53	\$1,113.86	\$1,336.63	\$1,439.63
39	\$456.11	\$363.06	\$417.53	\$489.28	\$587.13	\$632.38	63	\$1,066.91	\$849.26	\$976.67	\$1,144.49	\$1,373.39	\$1,479.22
40	\$461.89	\$367.67	\$422.83	\$495.48	\$594.58	\$640.39	64 and over	\$1,084.26	\$863.07	\$992.55	\$1,163.10	\$1,395.72	\$1,503.27

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:

Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford *For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages						MyPriority Premier Silver Off Marketplace		Ages	MyPriority Value Bronze HSA			MyPriority Balanced Silver Off Marketplace		MyPriority Premier Silver Off Marketplace
0 – 14	\$213.87	\$190.72	\$253.97	\$222.78	\$244.54	\$214.51		41	\$364.00	\$324.60	\$432.25	\$379.17	\$416.20	\$365.09
15	\$232.88	\$207.68	\$276.55	\$242.59	\$266.28	\$233.58		42	\$370.43	\$330.34	\$439.89	\$385.87	\$423.55	\$371.54
16	\$240.15	\$214.16	\$285.18	\$250.16	\$274.59	\$240.87		43	\$379.38	\$338.31	\$450.51	\$395.19	\$433.78	\$380.52
17	\$247.42	\$220.64	\$293.81	\$257.73	\$282.90	\$248.16		44	\$390.56	\$348.29	\$463.79	\$406.83	\$446.57	\$391.73
18	\$255.25	\$227.62	\$303.11	\$265.88	\$291.85	\$256.01		45	\$403.70	\$360.00	\$479.39	\$420.52	\$461.59	\$404.91
19	\$263.08	\$234.60	\$312.40	\$274.04	\$300.80	\$263.87		46	\$419.36	\$373.97	\$497.99	\$436.83	\$479.49	\$420.62
20	\$271.18	\$241.83	\$322.03	\$282.48	\$310.07	\$272.00		47	\$436.97	\$389.67	\$518.90	\$455.18	\$499.63	\$438.28
21 – 24	\$279.57	\$249.31	\$331.99	\$291.22	\$319.66	\$280.41		48	\$457.10	\$407.62	\$542.80	\$476.14	\$522.64	\$458.47
25	\$280.69	\$250.31	\$333.32	\$292.38	\$320.94	\$281.53		49	\$476.95	\$425.32	\$566.37	\$496.82	\$545.34	\$478.38
26	\$286.28	\$255.29	\$339.96	\$298.21	\$327.33	\$287.14		50	\$499.31	\$445.27	\$592.93	\$520.12	\$570.91	\$500.81
27	\$292.99	\$261.28	\$347.93	\$305.20	\$335.00	\$293.87		51	\$521.40	\$464.96	\$619.16	\$543.13	\$596.17	\$522.96
28	\$303.89	\$271.00	\$360.87	\$316.56	\$347.47	\$304.81		52	\$545.72	\$486.65	\$648.04	\$568.46	\$623.98	\$547.36
29	\$312.84	\$278.98	\$371.50	\$325.88	\$357.70	\$313.78		53	\$570.32	\$508.59	\$677.26	\$594.09	\$652.11	\$572.04
30	\$317.31	\$282.97	\$376.81	\$330.53	\$362.81	\$318.27		54	\$596.88	\$532.28	\$708.80	\$621.75	\$682.47	\$598.68
31	\$324.02	\$288.95	\$384.78	\$337.52	\$370.49	\$325.00		55	\$623.44	\$555.96	\$740.34	\$649.42	\$712.84	\$625.31
32	\$330.73	\$294.93	\$392.74	\$344.51	\$378.16	\$331.73		56	\$652.24	\$581.64	\$774.53	\$679.42	\$745.77	\$654.20
33	\$334.92	\$298.67	\$397.72	\$348.88	\$382.95	\$335.93		57	\$681.31	\$607.57	\$809.06	\$709.70	\$779.01	\$683.36
34	\$339.40	\$302.66	\$403.04	\$353.54	\$388.07	\$340.42		58	\$712.34	\$635.24	\$845.91	\$742.03	\$814.49	\$714.48
35	\$341.63	\$304.66	\$405.69	\$355.87	\$390.62	\$342.66		59	\$727.72	\$648.95	\$864.17	\$758.05	\$832.07	\$729.91
36	\$343.87	\$306.65	\$408.35	\$358.20	\$393.18	\$344.90		60	\$758.75	\$676.63	\$901.02	\$790.37	\$867.56	\$761.03
37	\$346.11	\$308.65	\$411.00	\$360.53	\$395.74	\$347.15		61	\$785.59	\$700.56	\$932.89	\$818.33	\$898.24	\$787.95
38	\$348.34	\$310.64	\$413.66	\$362.86	\$398.30	\$349.39		62	\$803.20	\$716.27	\$953.81	\$836.68	\$918.38	\$805.62
39	\$352.82	\$314.63	\$418.97	\$367.52	\$403.41	\$353.88		63	\$825.29	\$735.96	\$980.03	\$859.68	\$943.64	\$827.77
40	\$357.29	\$318.62	\$424.28	\$372.18	\$408.53	\$358.36		64 and over	\$838.71	\$747.93	\$995.97	\$873.66	\$958.98	\$841.23

MyPriority HMO plans

Premium rates for non-tobacco users*

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MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:

Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford *For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages							Ages						
					Travel					Travel		Travel	Standard Gold
0 – 14	\$243.22	\$193.61	\$222.65	\$260.91	\$313.09	\$337.22	41	\$413.96	\$329.51	\$378.95	\$444.06	\$532.87	\$573.93
15	\$264.84	\$210.82	\$242.44	\$284.10	\$340.92	\$367.19	42	\$421.27	\$335.33	\$385.64	\$451.90	\$542.28	\$584.07
16	\$273.11	\$217.40	\$250.01	\$292.97	\$351.56	\$378.66	43	\$431.44	\$343.43	\$394.95	\$462.82	\$555.38	\$598.18
17	\$281.38	\$223.98	\$257.58	\$301.84	\$362.20	\$390.12	44	\$444.16	\$353.55	\$406.60	\$476.46	\$571.75	\$615.81
18	\$290.28	\$231.06	\$265.73	\$311.39	\$373.66	\$402.46	45	\$459.11	\$365.45	\$420.28	\$492.49	\$590.99	\$636.53
19	\$299.18	\$238.15	\$273.88	\$320.94	\$385.12	\$414.80	46	\$476.91	\$379.62	\$436.58	\$511.59	\$613.91	\$661.22
20	\$308.40	\$245.49	\$282.32	\$330.83	\$396.99	\$427.59	47	\$496.94	\$395.56	\$454.91	\$533.08	\$639.69	\$688.99
21 – 24	\$317.94	\$253.08	\$291.05	\$341.06	\$409.27	\$440.81	48	\$519.83	\$413.79	\$475.87	\$557.63	\$669.16	\$720.72
25	\$319.21	\$254.09	\$292.21	\$342.42	\$410.91	\$442.57	49	\$542.41	\$431.75	\$496.53	\$581.85	\$698.21	\$752.02
26	\$325.57	\$259.15	\$298.04	\$349.25	\$419.09	\$451.39	50	\$567.84	\$452.00	\$519.82	\$609.13	\$730.96	\$787.29
27	\$333.20	\$265.23	\$305.02	\$357.43	\$428.91	\$461.97	51	\$592.96	\$471.99	\$542.81	\$636.08	\$763.29	\$822.11
28	\$345.60	\$275.10	\$316.37	\$370.73	\$444.88	\$479.16	52	\$620.62	\$494.01	\$568.13	\$665.75	\$798.90	\$860.46
29	\$355.77	\$283.20	\$325.68	\$381.65	\$457.97	\$493.27	53	\$648.60	\$516.28	\$593.74	\$695.76	\$834.91	\$899.25
30	\$360.86	\$287.25	\$330.34	\$387.10	\$464.52	\$500.32	54	\$678.80	\$540.33	\$621.39	\$728.16	\$873.79	\$941.13
31	\$368.49	\$293.32	\$337.33	\$395.29	\$474.34	\$510.90	55	\$709.01	\$564.37	\$649.04	\$760.56	\$912.67	\$983.01
32	\$376.12	\$299.39	\$344.31	\$403.47	\$484.17	\$521.48	56	\$741.75	\$590.44	\$679.02	\$795.69	\$954.83	\$1,028.41
33	\$380.89	\$303.19	\$348.68	\$408.59	\$490.31	\$528.09	57	\$774.82	\$616.76	\$709.29	\$831.16	\$997.39	\$1,074.25
34	\$385.98	\$307.24	\$353.33	\$414.05	\$496.85	\$535.14	58	\$810.11	\$644.85	\$741.60	\$869.02	\$1,042.82	\$1,123.18
35	\$388.52	\$309.26	\$355.66	\$416.78	\$500.13	\$538.67	59	\$827.60	\$658.77	\$757.60	\$887.78	\$1,065.33	\$1,147.43
36	\$391.07	\$311.29	\$357.99	\$419.50	\$503.40	\$542.20	60	\$862.89	\$686.86	\$789.91	\$925.64	\$1,110.76	\$1,196.36
37	\$393.61	\$313.31	\$360.32	\$422.23	\$506.68	\$545.72	61	\$893.41	\$711.15	\$817.85	\$958.38	\$1,150.05	\$1,238.68
38	\$396.15	\$315.34	\$362.65	\$424.96	\$509.95	\$549.25	62	\$913.44	\$727.10	\$836.19	\$979.87	\$1,175.83	\$1,266.45
39	\$401.24	\$319.39	\$367.31	\$430.42	\$516.50	\$556.30	63	\$938.56	\$747.09	\$859.18	\$1,006.81	\$1,208.17	\$1,301.27
40	\$406.33	\$323.44	\$371.96	\$435.87	\$523.05	\$563.36	64 and over	\$953.82	\$759.24	\$873.15	\$1,023.18	\$1,227.81	\$1,322.43

MyPriority HMO plans

Premium rates for non-tobacco users*

Add supplemental vision to any plan

MyPriority EyeMed – Medium \$7.93 per member, per month

MyPriority EyeMed – High \$11.85 per member, per month

Add supplemental dental to any plan

MyPriority Delta Dental – Standard \$28.64 per member, per month

MyPriority Delta Dental – Enhanced \$38.94 per member, per month



Counties include:

Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon *For customers that use tobacco, their premiums will be higher based on the formula below:

Ages	Rate-up multiplier
21 – 29	Non-tobacco rate x 1.05
30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

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Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace	Ages	MyPriority Value Bronze HSA	MyPriority Value Bronze	MyPriority Balanced Silver	MyPriority Balanced Silver Off Marketplace	MyPriority Premier Silver	MyPriority Premier Silver Off Marketplace
0 – 14	\$227.08	\$202.50	\$269.66	\$236.55	\$259.65	\$227.76	41	\$386.49	\$344.64	\$458.96	\$402.59	\$441.91	\$387.64
15	\$247.27	\$220.50	\$293.63	\$257.57	\$282.73	\$248.01	42	\$393.31	\$350.73	\$467.06	\$409.70	\$449.72	\$394.49
16	\$254.99	\$227.38	\$302.80	\$265.61	\$291.55	\$255.75	43	\$402.81	\$359.20	\$478.34	\$419.60	\$460.58	\$404.02
17	\$262.70	\$234.26	\$311.96	\$273.65	\$300.38	\$263.49	44	\$414.69	\$369.79	\$492.44	\$431.97	\$474.16	\$415.93
18	\$271.01	\$241.67	\$321.83	\$282.31	\$309.88	\$271.83	45	\$428.64	\$382.23	\$509.01	\$446.50	\$490.11	\$429.92
19	\$279.33	\$249.08	\$331.70	\$290.97	\$319.38	\$280.16	46	\$445.26	\$397.05	\$528.75	\$463.82	\$509.12	\$446.60
20	\$287.93	\$256.76	\$341.93	\$299.93	\$329.23	\$288.80	47	\$463.96	\$413.73	\$550.96	\$483.30	\$530.50	\$465.35
21 – 24	\$296.84	\$264.70	\$352.50	\$309.21	\$339.41	\$297.73	48	\$485.33	\$432.78	\$576.34	\$505.56	\$554.94	\$486.79
25	\$298.03	\$265.76	\$353.91	\$310.45	\$340.77	\$298.92	49	\$506.41	\$451.58	\$601.37	\$527.51	\$579.03	\$507.93
26	\$303.96	\$271.05	\$360.96	\$316.63	\$347.56	\$304.88	50	\$530.16	\$472.75	\$629.57	\$552.25	\$606.19	\$531.75
27	\$311.09	\$277.41	\$369.42	\$324.05	\$355.70	\$312.02	51	\$553.61	\$493.67	\$657.41	\$576.68	\$633.00	\$555.27
28	\$322.67	\$287.73	\$383.17	\$336.11	\$368.94	\$323.63	52	\$579.43	\$516.69	\$688.08	\$603.58	\$662.53	\$581.17
29	\$332.16	\$296.20	\$394.45	\$346.01	\$379.80	\$333.16	53	\$605.55	\$539.99	\$719.10	\$630.79	\$692.40	\$607.37
30	\$336.91	\$300.43	\$400.09	\$350.95	\$385.23	\$337.92	54	\$633.75	\$565.13	\$752.59	\$660.16	\$724.64	\$635.65
31	\$344.04	\$306.79	\$408.55	\$358.37	\$393.38	\$345.07	55	\$661.95	\$590.28	\$786.08	\$689.54	\$756.88	\$663.94
32	\$351.16	\$313.14	\$417.01	\$365.80	\$401.52	\$352.21	56	\$692.53	\$617.55	\$822.38	\$721.39	\$791.84	\$694.60
33	\$355.61	\$317.11	\$422.30	\$370.43	\$406.61	\$356.68	57	\$723.40	\$645.07	\$859.04	\$753.54	\$827.14	\$725.57
34	\$360.36	\$321.35	\$427.94	\$375.38	\$412.04	\$361.44	58	\$756.35	\$674.46	\$898.17	\$787.87	\$864.82	\$758.62
35	\$362.74	\$323.46	\$430.76	\$377.85	\$414.76	\$363.83	59	\$772.67	\$689.01	\$917.56	\$804.87	\$883.48	\$774.99
36	\$365.11	\$325.58	\$433.58	\$380.33	\$417.47	\$366.21	60	\$805.62	\$718.40	\$956.69	\$839.20	\$921.16	\$808.04
37	\$367.49	\$327.70	\$436.40	\$382.80	\$420.19	\$368.59	61	\$834.12	\$743.81	\$990.53	\$868.88	\$953.74	\$836.62
38	\$369.86	\$329.82	\$439.22	\$385.28	\$422.90	\$370.97	62	\$852.82	\$760.48	\$1,012.73	\$888.36	\$975.12	\$855.38
39	\$374.61	\$334.05	\$444.86	\$390.22	\$428.34	\$375.74	63	\$876.27	\$781.39	\$1,040.58	\$912.79	\$1,001.94	\$878.90
40	\$379.36	\$338.29	\$450.50	\$395.17	\$433.77	\$380.50	64 and over	\$890.52	\$794.10	\$1,057.50	\$927.63	\$1,018.23	\$893.19

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Premium rates for non-tobacco users*

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Ages	Rate-up multiplier
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30 – 44	Non-tobacco rate x 1.10
45 and older	Non-tobacco rate x 1.15

Ages	MyPriority Prime Silver HSA Off Marketplace	MyPriority Standard Bronze	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Travel	MyPriority Standard Gold	Ages	MyPriority Prime Silver HSA Off Marketplace	MyPriority Standard Bronze	MyPriority Standard Bronze Travel	MyPriority Standard Silver	MyPriority Standard Silver Travel	MyPriority Standard Gold
0 – 14	\$258.25	\$205.57	\$236.40	\$277.03	\$332.43	\$358.05	41	\$439.53	\$349.87	\$402.34	\$471.49	\$565.78	\$609.39
15	\$281.20	\$223.84	\$257.41	\$301.65	\$361.98	\$389.88	42	\$447.29	\$356.05	\$409.45	\$479.82	\$575.78	\$620.15
16	\$289.98	\$230.83	\$265.45	\$311.07	\$373.28	\$402.05	43	\$458.10	\$364.65	\$419.34	\$491.41	\$589.68	\$635.13
17	\$298.76	\$237.82	\$273.48	\$320.49	\$384.58	\$414.22	44	\$471.60	\$375.40	\$431.70	\$505.90	\$607.07	\$653.85
18	\$308.21	\$245.34	\$282.14	\$330.62	\$396.74	\$427.32	45	\$487.47	\$388.03	\$446.22	\$522.92	\$627.49	\$675.85
19	\$317.66	\$252.87	\$290.79	\$340.76	\$408.91	\$440.43	46	\$506.37	\$403.08	\$463.53	\$543.20	\$651.83	\$702.06
20	\$327.45	\$260.66	\$299.75	\$351.27	\$421.51	\$454.00	47	\$527.64	\$420.01	\$483.00	\$566.01	\$679.20	\$731.55
21 – 24	\$337.58	\$268.72	\$309.02	\$362.13	\$434.55	\$468.04	48	\$551.94	\$439.36	\$505.25	\$592.08	\$710.49	\$765.25
25	\$338.93	\$269.79	\$310.26	\$363.58	\$436.29	\$469.91	49	\$575.91	\$458.44	\$527.19	\$617.79	\$741.34	\$798.48
26	\$345.68	\$275.17	\$316.44	\$370.82	\$444.98	\$479.27	50	\$602.92	\$479.93	\$551.91	\$646.76	\$776.11	\$835.92
27	\$353.78	\$281.62	\$323.85	\$379.51	\$455.41	\$490.51	51	\$629.59	\$501.16	\$576.32	\$675.37	\$810.44	\$872.89
28	\$366.95	\$292.10	\$335.90	\$393.64	\$472.36	\$508.76	52	\$658.96	\$524.54	\$603.21	\$706.88	\$848.24	\$913.61
29	\$377.75	\$300.70	\$345.79	\$405.22	\$486.26	\$523.74	53	\$688.66	\$548.19	\$630.40	\$738.75	\$886.48	\$954.80
30	\$383.15	\$305.00	\$350.74	\$411.02	\$493.21	\$531.23	54	\$720.73	\$573.72	\$659.76	\$773.15	\$927.76	\$999.27
31	\$391.26	\$311.45	\$358.15	\$419.71	\$503.64	\$542.46	55	\$752.80	\$599.25	\$689.11	\$807.55	\$969.05	\$1,043.73
32	\$399.36	\$317.90	\$365.57	\$428.40	\$514.07	\$553.69	56	\$787.57	\$626.92	\$720.94	\$844.85	\$1,013.81	\$1,091.94
33	\$404.42	\$321.93	\$370.21	\$433.83	\$520.59	\$560.71	57	\$822.68	\$654.87	\$753.08	\$882.51	\$1,059.00	\$1,140.61
34	\$409.82	\$326.23	\$375.15	\$439.63	\$527.54	\$568.20	58	\$860.15	\$684.70	\$787.38	\$922.71	\$1,107.23	\$1,192.57
35	\$412.52	\$328.38	\$377.62	\$442.52	\$531.02	\$571.94	59	\$878.72	\$699.48	\$804.38	\$942.62	\$1,131.13	\$1,218.31
36	\$415.22	\$330.53	\$380.09	\$445.42	\$534.50	\$575.69	60	\$916.19	\$729.31	\$838.68	\$982.82	\$1,179.37	\$1,270.26
37	\$417.92	\$332.68	\$382.57	\$448.32	\$537.97	\$579.43	61	\$948.60	\$755.10	\$868.35	\$1,017.59	\$1,221.09	\$1,315.19
38	\$420.62	\$334.83	\$385.04	\$451.21	\$541.45	\$583.18	62	\$969.87	\$772.03	\$887.81	\$1,040.40	\$1,248.46	\$1,344.68
39	\$426.03	\$339.12	\$389.98	\$457.01	\$548.40	\$590.67	63	\$996.54	\$793.26	\$912.23	\$1,069.01	\$1,282.79	\$1,381.65
40	\$431.43	\$343.42	\$394.93	\$462.80	\$555.35	\$598.16	64 and over	\$1,012.74	\$806.16	\$927.06	\$1,086.39	\$1,303.65	\$1,404.12

If you have questions, contact Agent Services at 800.970.7379, option 1.

Visit the agent center to access rate sheets and more at *priorityhealth.com/agent*.

