

# Blue Cross Blue Shield of Michigan 2026 Individual Plan Overview

Note: All 2026 Blue Cross individual plans have an embedded deductible and an embedded out-of-pocket maximum.

## PPO

### Gold

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Premier PPO Gold	\$1450/\$2900	20%	\$9,000/\$18,000	\$30 AD \$0 BD	\$50 AD	\$75 BD	\$250 AD then covered 80%	\$15 AD/\$100 AD/\$150 AD/ 40% AD/45% AD
Blue Cross® Premier PPO Gold Extra	\$2,000/\$4,000	25%	\$8,200/\$16,400	\$30 BD \$0 BD	\$60 BD	\$45 BD	Covered 75% AD	\$15 BD/\$30 BD/\$60 BD/ \$250 BD

### Silver

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Premier PPO Silver	\$3,200/\$6,400	20%	\$10,100/\$20,200	\$30 AD \$0 BD	\$50 AD	\$75 BD	\$250 AD then covered 80%	\$15 AD/\$100 AD/\$150 AD/ 40% AD/45% AD
Blue Cross® Premier PPO Silver Extra	\$6,000/\$12,000	40%	\$8,900/\$17,800	\$40 BD \$0 BD	\$80 BD	\$60 BD	Covered 60% AD	\$20 BD/\$40 BD/\$80 AD/ \$350 AD
Blue Cross® Premier PPO Silver Saver HSA*	\$3,900/\$7,800	20%	\$7,700/\$15,400	\$30 AD \$0 AD	\$50 AD	\$75 AD	\$250 AD then covered 80%	\$15 AD/\$100 AD/\$150 AD/ 40% AD/45% AD
Blue Cross® Premier PPO Silver Secure	\$4,100/\$8,200	20%	\$9,900/\$19,800	\$30 AD \$0 BD	\$50 AD	\$75 BD	\$250 AD then covered 80%	\$15 AD/\$100 AD/\$150 AD/ 40% AD/45% AD
Blue Cross® Premier PPO Silver Plus	\$5,500/\$11,000	20%	\$10,600/\$21,200	\$30 BD \$0 BD	\$75 BD	\$40 BD	\$250 AD then covered 80%	\$20 BD/\$100 AD/\$150 AD/40% AD/45% AD
Blue Cross® Premier PPO Silver HSA*	\$3,500/\$7,000	20%	\$8,500/\$17,000	\$25 AD \$0 AD	\$60 AD	\$40 AD	\$250 AD then covered 80%	\$15 AD/\$100 AD/\$150 AD/40% AD/45% AD

\*HSA Compatible

AD: After deductible  
BD: Before deductible

### Bronze

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Premier PPO Bronze Saver HSA*	\$8,500/\$17,000	None	\$8,500/\$17,000	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Premier PPO Bronze Extra	\$7,500/\$15,000	50%	\$10,000/\$20,000	\$50 BD \$0 BD	\$100 BD	\$75 BD	Covered 50% AD	\$25 BD/\$50 AD/\$100 AD/\$500 AD
Blue Cross® Premier PPO Bronze Secure	\$10,600/\$21,200	None	\$10,600/\$21,200	Covered 100% AD/ \$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Premier PPO Bronze Plus	\$8,500/\$17,000	50%	\$10,600/\$21,200	\$30 BD \$0 BD	\$50 AD	\$40 BD	Covered 50% AD	\$20 BD/50% AD/50% AD/ 50% AD/50% AD
Blue Cross® Premier PPO Bronze HSA*	\$5,500/\$11,000	30%	\$8,500/\$17,000	\$25 AD \$0 AD	\$60 AD	\$40 AD	Covered 70% AD	\$15 AD/\$100 AD/\$150 AD/ 40% AD/45% AD

### Catastrophic

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Premier PPO Value	\$10,600/\$21,200	None	\$10,600/\$21,200	\$30 BD (First 3 visits) Then covered 100% AD/ \$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD

\*HSA Compatible

AD: After deductible  
BD: Before deductible

# Blue Care Network 2026 Individual Plan Overview

Note: All 2026 BCN individual plans have an embedded deductible and an embedded out-of-pocket maximum.

## HMO

### Gold

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Gold	\$2,050/\$4,100	20%	\$8,800/\$17,600	\$30 BD/ \$0 BD	\$50 AD	\$40 BD	\$250 AD then covered 80%	\$4 AD/\$20 AD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross® Preferred HMO Gold Extra	\$2,000/\$4,000	25%	\$8,200/\$16,400	\$30 BD/ \$0 BD	\$60 BD	\$45 BD	Covered 75% AD	\$15 BD/\$30 BD/\$60 BD/\$250 BD

### Silver

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Silver	\$4,500/\$9,000	20%	\$10,600/\$21,200	\$30 BD/ \$0 BD	\$50 AD	\$40 BD	\$250 AD then covered 80%	\$4 AD/\$20 AD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross® Select HMO Silver								
Blue Cross® Preferred HMO Silver Extra	\$6,000/\$12,000	40%	\$8,900/\$17,800	\$40 BD/ \$0 BD	\$80 BD	\$60 BD	Covered 60% AD	\$20 BD/\$40 BD/\$80 AD/ \$350 AD
Blue Cross® Select HMO Silver Extra								
Blue Cross® Local HMO Silver Extra								

AD: After deductible  
BD: Before deductible

## Silver

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Silver Saver	\$5,800/\$11,600	35%	\$7,650/\$15,300	\$60 BD/ \$0 BD	\$110 BD	\$45 BD	\$250 AD then covered 65%	\$4 AD/\$20 AD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross® Select HMO Silver Saver								
Blue Cross® Local HMO Silver Saver								
Blue Cross® Preferred HMO Silver Secure	\$6,300/\$12,600	20%	\$9,800/\$19,600	\$30 BD/ \$0 BD	\$50 AD	\$40 BD	\$250 AD then covered 80%	\$4 AD/\$20 AD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross® Select HMO Silver Secure								
Blue Cross® Local HMO Silver Secure								
Blue Cross® Preferred HMO Silver Plus	\$5,500/\$11,000	20%	\$10,600/\$21,200	\$30 BD \$0 BD	\$75 BD	\$40 BD	\$250 AD then covered 80%	\$20 BD/\$20 BD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross® Select HMO Silver Plus								
Blue Cross® Local HMO Silver Plus								
Blue Cross® Preferred HMO Silver HSA*	\$3,500/\$7,000	20%	\$8,500/\$17,000	\$25 AD \$0 AD	\$60 AD	\$40 AD	\$250 AD then covered 80%	\$4 AD/\$20 AD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross® Select HMO Silver HSA*								
Blue Cross® Local HMO Silver HSA*								

AD: After deductible  
BD: Before deductible

## Bronze

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Bronze Saver HSA*	\$8,500/\$17,000	None	\$8,500/\$17,000	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Local HMO Bronze Saver HSA*								
Blue Cross® Select HMO Bronze Saver HSA*								
Blue Cross® Preferred HMO Bronze Extra	\$7,500/\$15,000	50%	\$10,000/\$20,000	\$50 BD/ \$0 BD	\$100 BD	\$75 BD	Covered 50% AD	\$25 BD/\$50 AD/ \$100 AD/\$500 AD/
Blue Cross® Select HMO Bronze Extra								
Blue Cross® Local HMO Bronze Extra								
Blue Cross® Preferred HMO Bronze Secure	\$10,600/\$21,200	None	\$10,600/\$21,200	Covered 100% AD/ \$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Select HMO Bronze Secure								
Blue Cross® Local HMO Bronze Secure								
Blue Cross® Preferred HMO Bronze Plus	\$8,500/\$17,000	50%	\$10,600/\$21,200	\$30 BD \$0 AD	\$50 AD	\$40 BD	Covered 50% AD	\$20 BD/\$20 BD/50% AD/ 50% AD/50% AD/50% AD
Blue Cross® Select HMO Bronze Plus								
Blue Cross® Local HMO Bronze Plus								

\*HSA Compatible

AD: After deductible  
BD: Before deductible

### Bronze

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Bronze HSA*	\$5,500/\$11,000	30%	\$8,500/\$17,000	\$25 AD/ \$0 BD	\$60 AD	\$40 AD	Covered 70% AD	\$4 AD/\$20 AD/\$100 AD/ \$150 AD/40% AD/45% AD
Blue Cross® Select HMO Bronze HSA*								
Blue Cross® Local HMO Bronze HSA*								

### Catastrophic

Plan	Ded. single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Select HMO Value	\$10,600/\$21,200	None	\$10,600/\$21,200	\$30 BD/ \$0 BD	Covered 100% AD	\$40 BD	Covered 100% AD	Covered 100% AD
Blue Cross® Preferred HMO Value								

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BD: Before deductible