

**Gratiot County Healthcare**  
Effective 10.1.24

	<b>Blue Cross/ Blue Shield \$500</b>	<b>Blue Cross/ Blue Shield \$100</b>
Deductible	\$500/\$1,000	\$100/\$200
Coinsurance	20%	10%
Coinsurance Max	\$3,000/\$6,000	\$500/\$1,000
Office Visit	\$30	\$15
Specialist Visit	\$30	\$15
Urgent Care	\$40	\$20
Emergency Room	\$150	\$50
Chiropractive/Max Visits	\$30 (12 Visits)	\$0 (12 Visits)
Prescription	\$10/ \$50 / \$60	\$10/ \$50 / \$60
Prescription 90 Day Supply	\$10/ \$60 / \$60	\$10/ \$60 / \$60
Total Out of Pocket Max	\$6,350/ \$12,700	\$6,350/ \$12,700
<b><u>Premium (per payroll)</u></b>		
Employee	\$0.00	\$0.00
Employee + One	\$0.00	\$0.00
Family	\$0.00	\$0.00

<b><i>Annual Healthcare Buy Out</i></b>
GELC/TPOAM/Non-Union Single- \$1,800 2 Person- \$3,000 Family- \$4,000
CCLP Dispatch/CCLP Sheriff Single- \$900 2 Person- \$1,500 Family- \$2,000

<b><i>Dental/Vision/Behavioral Health Reimbursement</i></b>
GELC/TPOAM/Non-Union Single- \$400 2 Person- \$600 Family- \$750