

**BLUE CROSS BLUE SHIELD OF MICHIGAN**  
**Effective 01/01/2025**

**Grand Blanc Community Schools**  
**Group #007000391**

**MONTHLY EMPLOYEE COSTS**

Type of Plan	HDHP		PPO 2		PPO2		PPO 3	
	Teachers/Admin		Bus Drivers		Management Support (CO/Foreman) + Paras + Food Service		Maintenance & Clerical	
<b>SINGLE</b>	\$	144.44	\$	177.87	\$	177.87	\$	161.75
<b>2 PERSON</b>	\$	324.59		n/a	\$	399.80	\$	363.53
<b>FULL FAMILY</b>	\$	403.86		n/a	\$	497.46	\$	452.31

**PRESCRIPTION COPAYS**

Tier RX	HDHP		PPO 2		PPO2		PPO 3	
	Teachers/Admin		Bus Drivers		Management Support (CO/Foreman) + Paras + Food Service		Maintenance & Clerical	
<b>GENERIC</b>	\$	10.00	\$	10.00	\$	10.00	\$	10.00
<b>PREFERRED BRAND</b>	\$	20.00	\$	20.00	\$	20.00	\$	20.00
<b>NON-PREFERRED</b>	\$	50.00	\$	50.00	\$	50.00	\$	50.00

Prescription copays may be subject to an annual deductible depending on the plan you are enrolled in.