NILES GRAND LLC
BlueCross BlueShield Insurance
Effective January 1, 2026

	RENEWAL	RENEWAL	RENEWAL	RENEWAL	RENEWAL
Carrier	**BCBS**	**BCBS**	**BCBS**	**BCBS**	**BCBS**
Plan Type/Number	**MIBCO2005 - TIER 1**	**MICOE4065 - TIER 1**	**MICOE3073 - TIER 1**	**MIESE4024**	**MIBAV2145**
Deductible Ind. (In/Out)	$750	$3,500	$5,000	$7,500 / $15,000	$1,750
Deductible Fam. (In/Out)	$2,250	$10,500	$10,000	$15,000 / $30,000	$5,250
Coinsurance - (In/Out)	90%	100%	80%	100%	80%
Out-of-Pocket Max Ind. (In/Out)	$4,500	$3,500	$6,000	$7,500 / $15,000	$5,000
Out-of-Pocket Max Fam. (In/Out)	$9,000	$10,500	$12,000	$15,000 / $30,000	$15,000
Copay (PCP/Spec.) In-Network	$25 / $50	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	$55 / $80
Preventive Care (In/Out)	100%	100%	100%	Deductible + Coinsurance	100%
Urgent Care	$75/Visit	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	$55 / $80
Emergency Room	$400/Visit + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	$400/Visit + Coinsurance
Inpatient Hospitalization (In/Out)	$250/Visit + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	$200/Visit + Coinsurance
Outpatient Surgery (In/Out)	$200/Visit + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	$150/Visit + Coinsurance
Prescription Drug (Preferred Pharmacy)	$5/$15/$45/$85/$250/$350	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	$5/$15/$60/$11/$250/$350
Network	**Blue Choice Options (Tier 1)**	**Blue Choice Options (Tier 1)**	**Blue Choice Options (Tier 1)**	**Blue Edge Select**	**Blue Advantage HMO Value Choice**

Per Pay Period Deduction	MIBCO2005	MICOE4065	MICOE3073	MIESE4024	MIBAV2145
EO	$317.26	$232.87	$173.68	$89.64	$188.52
ES	$967.46	$783.82	$655.00	$472.10	$687.27
EC	$806.31	$647.27	$535.71	$377.31	$563.66
EF	$1,456.53	$1,198.21	$1,017.02	$759.77	$1,062.43

updated November 20, 2025