Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

PROPOSAL REQUEST
FOR
WEST BRANCH ROSE CITY SCHOOLS
WEST REGION

COMMERCIAL QUOTE NON REFORM GROUP

MEDICAL / PHARMACY RRF: 1.3328

This letter sets the rates for your benefit package.

The following rates are effective 07/01/2011 through 06/30/2012 .

HEALTHY LIVING ENHANCED BENEFITS - HL2A
CERTIFICATE: BCN10
RIDERS:

MHSAP Mental Health and Substance Abuse copays match medical copays and/or coinsurance
CO20 $20 Office Visit Copay
ER75 $75 Emergency Room Copay
UR35 $35 Urgent Care Copay

1020DC Drug - $10 / $20 (Contraceptives, Closed Formulary)

MOPD2C MOPD2x, 1020

STANDARD BENEFITS: BCN10, MHSAP, CO20, ER75, UR35, 1000DED, 30%CR, 1500OM, 1040DC, MOPD2X

The above are abbreviated descriptions. They do not replace the language in the certificate or rider brochure.

RATES ARE CONTINGENT UPON TOTAL REPLACEMENT OF MESSA

MONTHLY PREMIUM RATES:	BCN MEDICAL	BCN PHARMACY	TOTAL
Single Contract:	$365.88	$87.76	$453.64
Double Contract:	$841.52	$201.84	$1,043.36
E + C Contract:	$841.52	$201.84	$1,043.36
E + >C Contract:	$1,006.16	$241.34	$1,247.50
Family Contract:	$1,006.16	$241.34	$1,247.50

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA) (also referred to as health care reform) groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. To learn more about the PPACA, please visit our webpage, www.bcbsm.com/healthcarereform/. You should also consult with your legal counsel for any legal advice on how you may comply with the law and regulations and the applicability to your plan.

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Blue Shield
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of the Blue Cross and Blue Shield Association

Run Date: 20th Jul, 2011 08:18 AM
Quote ID: PR13prop80858123

RATE/AGREEMENT
FOR
WEST BRANCH ROSE CITY SCHOOLS

The following rates are effective: 07/01/2011

Control #:
Group Suffix Name: WEST BRANCH ROSE CITY SCHOOL
Group/Suffix: 04549/000
Rating Type: ASC
Renewal Date: 07/01/2011
Plan Name: 3400

Blue Cross	**Community Blue**	6225
Reg Riders	PCB-HCR w Ded/Copay-Panel	772C02
	Specified Oncology Clinical Trials	5401
	MHP-CB$2500	429B11
	XVA	4725
	CB-OV $30	1864
	CBD$2500P	8377
	CB-D $5000 NP	8414
	CB-CMNP $5000	5889
	Temporary Benefits Hosp De-Par	1700
	BMT - Bone Marrow Transplant	4398
	GLE1 - General Limitations and Exclusions	993009
Comp Riders	XVA	472565
	HCR-Supp Cross Opt2 -New	312D62
	GPC-SAT-MHP2	472B
	Comp Option 2 Cross	6502
	Medicare Supp Sub Abuse Cross GPCST2	408703
Blue Shield	**Community Blue**	6225
Reg Riders	PCB-HCR w Ded/Copay-Panel	772C02
	Specified Oncology Clinical Trials	5401
	MHP-CB$2500	429B11
	XVA	4725
	CB-OV $30	1864
	CBD$2500P	8377
	CB-D $5000 NP	8414
	CB-CMT	558005
	CB-CMNP $5000	5889
	Contraceptive Injections	5315

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Blue Shield	**Community Blue**	6225
	PCD	9973
	BMT - Bone Marrow Transplant	4398
	CRNA - Certified Registered Nurse Anesthetist	5385
	ECIP - Extended Coverage Inpt Psychologists	5216
	CNM - Certified Nurse Midwife	6600
	Preventive Care Benefits	6603
Comp Riders	Comp Option 1 Shield	0738
	Medicare Supp Sub Abuse Shield GPCST2	408703
	XVA	472565
	HCR-Supp Shield Opt1	312D62
	GPC-SAT-MHP2	472B
Drugs	**Preferred RX**	3607
Reg Riders	MOPD2X (Generic/Brand)	2138Z1
	PT-$10/$60	404B32
	PDCM	513857
	$10/$60 RX	6937
Comp Riders	PT-$10/$60	404BBG
	$10/$60 RX	693765
	MOPD2X (Generic/Brand)	2138Z2

Tier	Blue Cross	Blue Shield	Drugs	Total
1Person	$ 197.21	$ 125.83	$ 101.93	$ 424.97
2Person	$ 473.31	$ 302.00	$ 244.64	$ 1,019.95
Family + DC	$ 591.64	$ 377.50	$ 305.80	$ 1,274.94
Comp	$ 201.52	$ 81.82	$ 290.93	$ 574.27

Factors	Blue Cross	Blue Shield	Drugs
RRL	1.3164	0.8875	6.8517

Medigap: Yes

Coordination of Benefits: COB1- Pursue and Pay Aggressive Coordination of Benefits Form must be attached
HRA(Health Reimbursement Account): ☐ Add ☐ Maintain ☐ Cancel-attach group letter
HSA(Health Savings Account): ☐ Add ☐ Maintain ☐ Cancel-attach group letter

Signature of Group Executive on behalf of the Group and the Group Health Plan: _____ Date: _____

Signature of BCBSM Rep: _____ Mail Code: Date: _____

Signature of Agent: _____ Date: _____

Signature of Underwriter/Group Administration: _____ Date: _____

Ref- 04549000

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Run Date: 20th Jul, 2011 07:57 AM
Quote ID: PR13prop80856406

RATE/AGREEMENT
FOR
WEST BRANCH ROSE CITY SCHOOLS

The following rates are effective: 07/01/2011

Control #:
Group Suffix Name: WEST BRANCH ROSE CITY SCHOOL
Group/Suffix: 04549/000
Rating Type: ASC
Renewal Date: 07/01/2011
Plan Name: 105126

Blue Cross	**Flexible Blue/Integrated Drug**	819901
Reg Riders	PCB-FB(Med/Rx) HCR	771C19
	Specified Oncology Clinical Trials	5401
	MHP2-FB	431B
	XVA	4725
	FB Plan 2;1250	8312A1
	HSA	HSA1
	$1250/2500P; $2500/5000NP	820001
	FB OCSM-24	821816
	Temporary Benefits Hosp De-Par	1700
	BMT - Bone Marrow Transplant	4398
	GLE1 - General Limitations and Exclusions	993009
Comp Riders	XVA	472565
	HCR-Supp Cross Opt2 -New	312D62
	GPC-SAT-MHP2	472B
	Comp Option 2 Cross	6502
	Medicare Supp Sub Abuse Cross GPCST2	408703
Blue Shield	**Flexible Blue/Integrated Drug**	819901
Reg Riders	BMT - Bone Marrow Transplant	4398
	ECIP - Extended Coverage Inpt Psychologists	5216
	PCB-FB(Med/Rx) HCR	771C19
	Specified Oncology Clinical Trials	5401
	MHP2-FB	431B
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	HSA	HSA1
	$1250/2500P; $2500/5000NP	820001
	FB OCSM-24	821816
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	PCD2	8416
Comp Riders	XVA	472565
	HCR-Supp Shield Opt1	312D62
	GPC-SAT-MHP2	472B
	Comp Option 1 Shield	0738
	Medicare Supp Sub Abuse Shield GPCST2	408703
Drugs	**Flexible Blue RX**	8223
Reg Riders	PT-FB2 0%1K-1060	404BF4
	RX902X FB	8429FB
	PDCM FB10/60	5138XG
	FB10/60	827601
	$1000/2000P; $2000/4000NP; FB10/60	831207
	$1250/2500P; $2500/5000NP	820001
Comp Riders	PT-FB2 0%1K-1060	404BBG
	RX902X FB COMP	842965
	FB10/60	693765
	MOPD2X COMP FB10/60	2138Z2

Tier	Blue Cross	Blue Shield	Drugs	Total
1Person	$ 229.99	$ 162.46	$ 71.69	$ 464.14
2Person	$ 551.97	$ 389.90	$ 172.06	$ 1,113.93
Family + DC	$ 689.96	$ 487.38	$ 215.08	$ 1,392.42
Comp	$ 201.52	$ 81.82	$ 290.93	$ 574.27

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Group/Suffix: 04549/000
Rating Type: ASC
Renewal Date: 07/01/2011
Plan Name: 3400

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