



Run Date: 02/08/2013
EDP: 11

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

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WEST BRANCH/ROSE CITY SCHOOL 000004
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514F
AGENT OF RECORD
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BENEFIT AND RATE SCHEDULE
WEST BRANCH/ROSE CITY SCHOOLS
Rate Effective: 07/2013 Renewal Month: July

Customer ID:	183177	Rating Type:	ERS 50-99
Group-Division:	007015431-0001	Certification Status:	Not Applicable
Participation Factor:	1.0000	Cluster Code:	0E00
Group Size Factor:	1.0000	County:	OGEMAW
SIC Code:	Not Applicable		
Sponsor:	Not Applicable		

Disclaimer: The figures do not include federal and state taxes, fees or assessments that will be included in your future bills.

Rates for groups renewing on or after January 1, 2011 will reflect known benefit changes required by the Patient Protection and Affordable Care Act (PPACA) (also referred to as health care reform). These benefit changes and any related rates are subject to Office of Financial and Insurance Regulation approval.

CERTIFICATES

SBlue HSA/RX	Simply Blue HSA/Integrated Drug Certificate
65 OPT 2	Benefits Which Supplement The Medicare Contract And Inpatient Hospital Deductible For 1St-60Th Day Is Not Payable
65 OPTION 1	Blue Shield 65, GI Benefit Certificate
PREFERRED RX 65	Preferred Rx Program Certificate (Medicare Supplemental)
SBlue HSA RX	Simply Blue HSA DRUG Certificate
VSP-BLUE VISION	Blue Vision Group Benefits Certificate
VSP-65 BLUE VIS	Blue Vision Group Benefits Certificate (Medicare Supplemental)

MEDICAL RIDERS

ADMIN CP0%MOS	CO Pay 0% MOS Administrative Rider
BONE MRRW TRANS	Rider BMT - Bone Marrow Transplant
ECIP	Rider ECIP - Extended Coverage for Inpatient Psychologists' Service
GLE-1	Rider GLE-1 - General Limitations and Exclusions
HCR-PCDI-ED-HSA	HCR-PCDI-ED-HSA
HCRVSTF-ED-HSA	HCRVSTF-ED-HSA
HSA CM\$1K	Simply Blue HSA Copay Max \$1000 Panel/\$2000 Non-Panel
HSA PCB1K wRX	Simply Blue HSA PREVENTIVE CARE BENEFIT \$1000
SB-HSA-MHP2	Simply Blue HSA MENTAL HEALTH PARITY-2
SOCT	Rider SOCT - Specified Oncology Clinical Trials
TBHD	Rider TBHD - Temporary Benefits Due to Hospital Departicipation

DRUG RIDERS

Reference Number: 04549-002

All benefit descriptions may not be applicable to all subscribers.



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**BENEFIT AND RATE SCHEDULE
WEST BRANCH/ROSE CITY SCHOOLS**
Rate Effective: 07/2013 Renewal Month: July

Customer ID: 183177 Group-Division: 007015431-0001

HCRPDCM-BC	HCRPDCM-BC
HCRPDCM-GC\$0	HCRPDCM-GC\$0
HS 52550 RX	Simply Blue HSA \$5/\$25/\$50RXCM COPAY 0%/\$1250 Deductible
HSRXCM\$1K	Simply Blue HSA Copay Max \$1000 Panel/\$2000 Non-Panel Drug

VISION RIDERS

BVFL	Rider BVFL - Blue Vision Frequency Limits
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MEDICARE SUPPLEMENTAL RIDERS

\$5\$25\$50 65	Rider Amends The Preferred RX & Flexible Blue RX Certificate
AdminMOS-COMP	Administrative Mnemonic For MOS - Comp
BVFL-65	Rider BVFL - Blue Vision Frequency Limits
GPC-SAT-MHP2 65	Rider GPC - SAT - MHP - 2 Group Complementary Substance Abuse Treatment - Mental Health Parity
HCR-Supp C2	Health Care Reform Supplemental Cross Option2
HCRPDCM-BC 65	HCRPDCM-BC 65
HCRPDCM-GC\$0 65	HCRPDCM-GC\$0 65
RDR GPC SAT II	Rider GPC- SAT-2 - Substance Abuse Treatment Program Benefits
RXCM\$5/25/50 65	Rider PD-Rx-CM - Prescription Drug Cost Management

Reference Number: 04549-002

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D21256 FEB 2010



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BENEFIT AND RATE SCHEDULE
WEST BRANCH/ROSE CITY SCHOOLS
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Customer ID: 183177 Group-Division: 007015431-0001

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 2CYR	\$ 415.80	200.85	165.44	40.60			8.91
Two Person Regular	0000 2CYR	\$ 997.92	482.03	397.05	97.45			21.39
Family Regular	0000 2CYR	\$1,247.40	602.54	496.31	121.81			26.74
One Complementary	0000 2DHR	\$ 545.37	206.71	96.48	234.88			7.30
Two Complementary	0000 2DHR	\$1,090.74	413.42	192.96	469.76			14.60
Three Complementary	0000 2DHR	\$1,636.11	620.13	289.44	704.64			21.90
1 Person Regular & 1 Complementary	0000 2DHR	\$ 868.41	407.56	261.92	182.72			16.21
2 Person Regular & 1 Complementary	0000 2DHR	\$1,305.53	602.54	493.53	182.72			26.74
Family Regular & 1 Complementary	0000 2DHR	\$1,308.31	602.54	496.31	182.72			26.74
1 Person Regular & 2 Complementary	0000 2DHR	\$1,167.17	602.54	358.40	182.72			23.51
2 Person Regular & 2 Complementary	0000 2DHR	\$1,308.31	602.54	496.31	182.72			26.74
Family Regular & 2 Complementary	0000 2DHR	\$1,308.31	602.54	496.31	182.72			26.74
1 Person Regular & 3 Complementary	0000 2DHR	\$1,266.88	602.54	454.88	182.72			26.74
2 Person Regular & 3 Complementary	0000 2DHR	\$1,308.31	602.54	496.31	182.72			26.74
Family Regular & 3 Complementary	0000 2DHR	\$1,308.31	602.54	496.31	182.72			26.74
RRL			1.3503	1.0465	4.2228	0.0000	0.0000	1.2465

BCBSM reserves the right to adjust rate if any of the assumptions or calculations used to develop the rates are incorrect.

If you have questions or wish to discuss other BCBSM benefit plans, please contact your BCBSM Regional Sales Office or Agent. We at BCBSM appreciate your business and look forward to providing your continuing health benefit needs.

Reference Number: 04549-002