



**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, 1500CM, 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/](http://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.

BCN of Michigan rates are guaranteed for the period stated above; however, BCN reserves the right to adjust rates if any of the assumptions or calculations used to calculate the rates are incorrect. Please remember that BCN is a prepaid health plan and payment is due on or before the date noted on your billing statement.

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## 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

<b>Blue Cross</b>	<b>Community Blue</b>	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
<b>Blue Shield</b>	<b>Community Blue</b>	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  
Blue Care Network  
of Michigan**

Run Date: 2011 Jul, 2011 06:16 AM  
Quote ID: PR13prop80858123

Nonprofit corporations and independent licensees  
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<b>Blue Shield</b>	<b>Community Blue</b>	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
<b>Drugs</b>	<b>Preferred RX</b>	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: COBI - 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: \_\_\_\_\_

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**Group/Suffix:** 04549/000  
**Rating Type:** ASC  
**Renewal Date:** 07/01/2011  
**Plan Name:** 105126

<b>Blue Cross</b>	<b>Flexible Blue/Integrated Drug</b>	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
<b>Blue Shield</b>	<b>Flexible Blue/Integrated Drug</b>	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
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	\$1250/2500P; \$2500/5000NP	820001
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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
<b>Drugs</b>	<b>Flexible Blue RX</b>	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
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