MESSA.
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Marshall Public Schools
Effective Date: 07/01/2016

Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES Single	2-Person	Family	PAK MEDICAL RATES Single	2-Person	Family
Choices/Choices II	$300/$600	$20/$25/$50	0%	Saver Rx	$655.68	$1,473.39	$1,833.18	$642.59	$1,443.95	$1,796.55
Choices/Choices II	$500/$1000	$5/$10/$25	0%	Saver Rx	$639.47	$1,436.92	$1,787.80	$626.71	$1,408.22	$1,752.08
Choices/Choices II	$500/$1000	$10/$25/$50	0%	Saver Rx	$632.36	$1,420.93	$1,767.90	$619.74	$1,392.54	$1,732.58
Choices/Choices II	$500/$1000	$20/$25/$50	0%	Saver Rx	$621.21	$1,395.85	$1,736.69	$608.82	$1,367.96	$1,701.98
Choices/Choices II	$1000/$2000	$20/$25/$50	0%	Saver Rx	$585.88	$1,316.37	$1,637.78	$574.20	$1,290.07	$1,605.05
ABC Plan 1	$1300[1]; $2600[2]	None	0%	ABC Rx	$559.24	$1,256.41	$1,563.17	$548.08	$1,231.31	$1,531.93
Choices/Choices II	$2000/$4000	$20/$25/$50	0%	Saver Rx	$552.42	$1,241.07	$1,544.07	$541.40	$1,216.28	$1,513.22
Choices/Choices II	$3000/$6000	$20/$25/$50	0%	Saver Rx	$530.11	$1,190.87	$1,481.61	$519.54	$1,167.08	$1,452.01
ABC Plan 2	$2000[1]; $4000[2]	None	0%	ABC Rx	$523.47	$1,175.92	$1,463.00	$513.03	$1,152.43	$1,433.77
ABC Plan 3	$3500[1]; $7000[2]	None	10%	ABC Rx	$466.06	$1,046.77	$1,302.28	$456.77	$1,025.87	$1,276.26

1. Employees who choose a MESSA ABC health plan with coverage for a single person are subject to the single person MESSA ABC deductible.
2. Employees who choose 2-person or full family coverage are subject to the higher MESSA ABC family deductible (the full deductible must be met before claims are paid for any individual).

This information is based on the rates and composition of the group as of the above Effective Date. Material changes in the composition of the group could result in different rates.

If you have any questions, please contact your MESSA Field Representative, Tara Wilbur, at 800.292.4910.

SET SEG
School Insurance Specialists

Marshall Public Schools
All Employees
Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teachers Enrolled in MESSA Choices	Census	1	4	27	32	
MESSA $200-0%; Saver Rx	Rate	$703.71	$1,581.09	$1,969.19		$722,354
Teachers Enrolled in MESSA ABC 1	Census	11	18	73	102	
MESSA ABC Plan 1 $1300-0%; ABC Rx	Rate	$566.33	$1,271.98	$1,584.51		$1,737,534
All Employees Except Teachers, Food Service & Parapro's Enrolled in MESS	Census	6	13	17	36	
MESSA ABC Plan 1 $1300-0%; ABC Rx	Rate	$566.33	$1,271.98	$1,584.51		$562,445
Food Service and Parapro's Enrolled in MESSA ABC 1	Census	30			30	
MESSA ABC Plan 1 $1300-0%; ABC Rx	Rate	$577.83	$1,297.85	$1,616.71		$208,019
Administrators and Part-Time Bus Drivers Enrolled in MESSA Choices	Census			2	2	
MESSA $200-0%; Saver Rx	Rate	$703.71	$1,581.09	$1,969.19		$47,261
Maintenance and Office Personnel Enrolled in MESSA Choices	Census			1	1	
MESSA $100-0%; $10/$20 Rx	Rate	$769.89	$1,730.00	$2,154.48		$25,854
	TOTALS:	48	35	120	203	$3,303,466

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO $500-20%; $10/$40/$80 Rx	$952	$2,285	$2,856	$5,621,068	-$2,317,602
BCBSM SB PPO $1000-20%; $10/$40/$80 Rx	$900	$2,161	$2,701	$5,316,438	-$2,012,972
BCBSM SB PPO $1500-20%; $10/$40/$80 Rx	$870	$2,088	$2,609	$5,135,343	-$1,831,877
BCBSM SB PPO HSA $1300-20%; $10/$40/$80 Rx	$725	$1,739	$2,174	$4,278,068	-$974,602
BCBSM SB PPO HSA $2000-0%; $10/$40/$80 Rx	$676	$1,622	$2,027	$3,989,170	-$685,704
BCBSM SB PPO HSA $2000-20%; $10/$40/$80 Rx	$641	$1,539	$1,868	$3,706,448	-$402,982
BCBSM SB PPO HSA $3000-0%; $10/$40/$80 Rx	$621	$1,491	$1,864	$3,667,867	-$364,401

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO HSA $3000-20%; $10/$40/$80 Rx	$594	$1,425	$1,782	$3,506,393	-$202,927

SET SEG
School Insurance Specialists

Marshall Public Schools
Teachers
Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teachers Enrolled in MESSA Choices	Census	1	4	27	32	
MESSA $200-0%; Saver Rx	Rate	$703.71	$1,581.09	$1,969.19		$722,354
Teachers Enrolled in MESSA ABC 1	Census	11	18	73	102	
MESSA ABC Plan 1 $1300-0%; ABC Rx	Rate	$566.33	$1,271.98	$1,584.51		$1,737,534
	TOTALS:	12	22	100	134	$2,459,888

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO $500-20%; $10/$40/$80 Rx	$904	$2,171	$2,713	$3,959,424	-$1,499,536
BCBSM SB PPO $1000-20%; $10/$40/$80 Rx	$855	$2,053	$2,566	$3,744,846	-$1,284,958
BCBSM SB PPO $1500-20%; $10/$40/$80 Rx	$826	$1,983	$2,479	$3,617,287	-$1,157,399
BCBSM SB PPO HSA $1300-20%; $10/$40/$80 Rx	$688	$1,652	$2,065	$3,013,422	-$553,534
BCBSM SB PPO HSA $2000-0%; $10/$40/$80 Rx	$642	$1,541	$1,926	$2,809,920	-$350,032
BCBSM SB PPO HSA $2000-20%; $10/$40/$80 Rx	$609	$1,463	$1,828	$2,667,632	-$207,743
BCBSM SB PPO HSA $3000-0%; $10/$40/$80 Rx	$590	$1,416	$1,771	$2,583,601	-$123,712
BCBSM SB PPO HSA $3000-20%; $10/$40/$80 Rx	$564	$1,354	$1,693	$2,469,868	-$9,980

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Care Network of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCN: Class 2

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

BCN Area: J

County: Calhoun

Zip: 49068

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
BCN HMO $1500/20%/$5000 OOP Minimum Value Plan	366.58	843.14	1008.10	0.00
Preventive Prescription Drug Coverage	2.43	5.58	6.67	0.00
BCN65, 65OV25, MMHSAP, ER150, UR50	0.00	0.00	0.00	177.04
Total Medical Rate	369.01	848.71	1014.77	177.04
Medical Enrollment	35	0	0	0
Total Plan Rate	369.01	848.71	1014.77	177.04

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$12,915.21**
Estimated Monthly Taxes, Fees and Assessments	**$322.96**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$13,238.17**

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Please submit quote with enrollment documentation.
BCN reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
Final rates will be determined by BCBCM/BCN underwriting based on actual group enrollment and participation.
Initial BCN Medical RRF = 0.9959, Drug RRF = 0.9959, BCBSM Dental CCF = 0.0000, BCBSM Vision CCF = 0.0000
This quote is based on there being no defined retiree segment.

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, http://www.bcbsm.com/healthreform/. You should also consult with your legal counsel on how you may comply with the law and regulations and the applicability to your plan.

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Care Network of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCN: Class 2

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

BCN Area: J

County: Calhoun

Zip: 49068

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
BCN HSA HMO $1300/20%	405.25	932.08	1114.44	0.00
RX $4/$15/$40/$80/20% (max $200)/20% (max $300)	39.64	91.17	109.01	0.00
BCN65, 65OV25, MMHSAP, ER150, UR50	0.00	0.00	0.00	177.04
RX $10/$40/$80/20%/20%	0.00	0.00	0.00	261.17
Total Medical and Drug Rate	444.89	1023.25	1223.45	438.21
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	444.89	1023.25	1223.45	438.21

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$15,571.15**
Estimated Monthly Taxes, Fees and Assessments	**$361.74**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$15,932.89**

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Final rates will be determined by BCBCM/BCN underwriting based on actual group enrollment and participation.
Initial BCN Medical RRF = 0.9959, Drug RRF = 0.9959, BCBSM Dental CCF = 0.0000, BCBSM Vision CCF = 0.0000
This quote is based on there being no defined retiree segment.

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Blue Care Network of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCN: Class 2

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

BCN Area: J

County: Calhoun

Zip: 49068

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
BCN HSA HMO $2000/0%	431.73	992.97	1187.25	0.00
RX $4/$15/$40/$80/20% (max $200)/20% (max $300)	33.02	75.95	90.81	0.00
BCN65, 65OV25, MMHSAP, ER150, UR50	0.00	0.00	0.00	177.04
RX $10/$40/$80/20%/20%	0.00	0.00	0.00	261.17
Total Medical and Drug Rate	464.75	1068.93	1278.06	438.21
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	464.75	1068.93	1278.06	438.21

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$16,266.25**
Estimated Monthly Taxes, Fees and Assessments	**$371.89**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$16,638.14**

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Initial BCN Medical RRF = 0.9959, Drug RRF = 0.9959, BCBSM Dental CCF = 0.0000, BCBSM Vision CCF = 0.0000
This quote is based on there being no defined retiree segment.

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Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Care Network of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

BCN Area: J

County: Calhoun

Zip: 49068

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCN: Class 2

Average Age: 45.2

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
BCN HMO $1000/20%	406.56	935.08	1118.03	0.00
RX $6/$25/$50/$80/20% (max $200)/20% (max $300)	51.87	119.30	142.65	0.00
BCN65, 65OV25, MMHSAP, ER150, UR50	0.00	0.00	0.00	177.04
RX $10/$40/$80/20%/20%	0.00	0.00	0.00	261.17
Total Medical and Drug Rate	458.43	1054.39	1260.68	438.21
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	458.43	1054.39	1260.68	438.21

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$16,044.98**
Estimated Monthly Taxes, Fees and Assessments	**$368.66**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$16,413.64**

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Initial BCN Medical RRF = 0.9959, Drug RRF = 0.9959, BCBSM Dental CCF = 0.0000, BCBSM Vision CCF = 0.0000
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Blue Care Network of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCN: Class 2

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

BCN Area: J

County: Calhoun

Zip: 49068

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
BCN HMO Routine Care $1500	373.08	858.09	1025.98	0.00
RX $6/$25/$60/$80/20% (max $200)/20% (max $300)	38.43	88.39	105.69	0.00
BCN65, 65OV25, MMHSAP, ER150, UR50	0.00	0.00	0.00	177.04
RX $10/$40/$80/20%/20%	0.00	0.00	0.00	261.17
Total Medical and Drug Rate	411.51	946.48	1131.66	438.21
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	411.51	946.48	1131.66	438.21

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$14,402.99**
Estimated Monthly Taxes, Fees and Assessments	**$344.69**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$14,747.68**

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Initial BCN Medical RRF = 0.9959, Drug RRF = 0.9959, BCBSM Dental CCF = 0.0000, BCBSM Vision CCF = 0.0000
This quote is based on there being no defined retiree segment.

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Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Care Network of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCN: Class 2

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

BCN Area: J

County: Calhoun

Zip: 49068

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
BCN HMO $1500/20%/$500 ECM/$6350 OOP	422.86	972.57	1162.86	0.00
RX $4/$15/$40/$80/20% (max $200)/20% (max $300)	66.07	151.96	181.69	0.00
BCN65, 65OV25, MMHSAP, ER150, UR50	0.00	0.00	0.00	177.04
RX $10/$40/$80/20%/20%	0.00	0.00	0.00	261.17
Total Medical and Drug Rate	488.92	1124.53	1344.54	438.21
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	488.92	1124.53	1344.54	438.21

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$17,112.37**
Estimated Monthly Taxes, Fees and Assessments	**$384.25**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$17,496.62**

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Initial BCN Medical RRF = 0.9959, Drug RRF = 0.9959, BCBSM Dental CCF = 0.0000, BCBSM Vision CCF = 0.0000
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Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Care Network of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCN: Class 2

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

BCN Area: J

County: Calhoun

Zip: 49068

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
BCN HMO $1000/20%	406.56	935.08	1118.03	0.00
RX $6/$40/$60/$80/20% (max $200)/20% (max $300)	44.52	102.40	122.43	0.00
BCN65, 65OV25, MMHSAP, ER150, UR50	0.00	0.00	0.00	177.04
RX $10/$40/$80/20%/20%	0.00	0.00	0.00	261.17
Total Medical and Drug Rate	451.08	1037.48	1240.46	438.21
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	451.08	1037.48	1240.46	438.21

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$15,787.73**
Estimated Monthly Taxes, Fees and Assessments	**$364.90**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$16,152.63**

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Please submit quote with enrollment documentation.
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Final rates will be determined by BCBCM/BCN underwriting based on actual group enrollment and participation.
Initial BCN Medical RRF = 0.9959, Drug RRF = 0.9959, BCBSM Dental CCF = 0.0000, BCBSM Vision CCF = 0.0000
This quote is based on there being no defined retiree segment.

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, http://www.bcbsm.com/healthreform/. You should also consult

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Care Network of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCN: Class 2

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

BCN Area: J

County: Calhoun

Zip: 49068

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
BCN HMO $1000/20%	406.56	935.08	1118.03	0.00
RX $6/$40/$60/$80/20% (max $200)/20% (max $300) with Custom Select	42.07	96.77	115.70	0.00
BCN65, 65OV25, MMHSAP, ER150, UR50	0.00	0.00	0.00	177.04
RX $10/$40/$80/20%/20%	0.00	0.00	0.00	261.17
Total Medical and Drug Rate	448.63	1031.85	1233.74	438.21
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	448.63	1031.85	1233.74	438.21

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$15,702.08**
Estimated Monthly Taxes, Fees and Assessments	**$363.65**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$16,065.73**

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BCN reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
Final rates will be determined by BCBCM/BCN underwriting based on actual group enrollment and participation.
Initial BCN Medical RRF = 0.9959, Drug RRF = 0.9959, BCBSM Dental CCF = 0.0000, BCBSM Vision CCF = 0.0000
This quote is based on there being no defined retiree segment.

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA)(also referred to as health care reform)

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**
Community Blue Plan 3, $250 Deductible, 20% Co-Insurance, $1,000 Embedded Co-Insurance Max, $6,350 OOP Max, $20 OV Copay, $150 ER Copay	574.62	1379.09	1723.86	418.25
PD-TTC $15/$30/$60-RXCM	109.03	261.68	327.10	316.21
Total Medical and Drug Rate	683.65	1640.77	2050.96	734.46
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	683.65	1640.77	2050.96	734.46
Monthly Premium excluding estimated Taxes, Fees and Assessments				**$23,927.89**
Estimated Monthly Taxes, Fees and Assessments				**$1,084.34**
Total Monthly Premium Due including estimated Taxes, and Assessments				**$25,012.23**

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BCBSM reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
You have indicated that your group also includes 0 employees covered by BCN,
and 207 employees with outside covered or in another contract.
This quote is based on there being no defined retiree segment.

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**	
Community Blue Plan 4, $500 Deductible, 20% Co-Insurance, $1,500 Embedded Co-Insurance Max, $6,350 OOP Max, $20 OV Copay, $150 ER Copay	537.93	1291.01	1613.77	418.25	
PD-TTC $15/$30/$60-RXCM	109.03	261.68	327.10	316.21	
Total Medical and Drug Rate	646.96	1552.69	1940.87	734.46	
Medical and Drug Enrollment	35	0	0	0	
Total Plan Rate	646.96	1552.69	1940.87	734.46	
Monthly Premium excluding estimated Taxes, Fees and Assessments					**$22,643.46**
Estimated Monthly Taxes, Fees and Assessments					**$1,033.35**
Total Monthly Premium Due including estimated Taxes, and Assessments					**$23,676.80**

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BCBSM reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
You have indicated that your group also includes 0 employees covered by BCN,
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Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**
Community Blue Plan 12/20%, $1,000 Deductible, 20% Co-Insurance, $2,500 Embedded Co-Insurance Max, $6,350 OOP Max, $30 OV Copay, $150 ER Copay	486.68	1168.02	1460.02	418.25
PD-TTC $15/$30/$60-RXCM	109.03	261.68	327.10	316.21
Total Medical and Drug Rate	595.71	1429.70	1787.12	734.46
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	595.71	1429.70	1787.12	734.46
Monthly Premium excluding estimated Taxes, Fees and Assessments				**$20,849.78**
Estimated Monthly Taxes, Fees and Assessments				**$962.14**
Total Monthly Premium Due including estimated Taxes, and Assessments				**$21,811.92**

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Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
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Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**	
Simply Blue $250, $250 Deductible, 20% Co-Insurance, $2,500 Embedded Co-Insurance Max, $6,350 OOP Max, $20 OV Copay, $150 ER Copay	491.16	1178.78	1473.47	418.25	
PD-TTC $15/$30/$60-RXCM	109.03	261.68	327.10	316.21	
Total Medical and Drug Rate	600.19	1440.46	1800.57	734.46	
Medical and Drug Enrollment	35	0	0	0	
Total Plan Rate	600.19	1440.46	1800.57	734.46	
Monthly Premium excluding estimated Taxes, Fees and Assessments					**$21,006.68**
Estimated Monthly Taxes, Fees and Assessments					**$968.36**
Total Monthly Premium Due including estimated Taxes, and Assessments					**$21,975.05**

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BCBSM reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
You have indicated that your group also includes 0 employees covered by BCN,
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Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**
Simply Blue $500, $500 Deductible, 20% Co-Insurance, $2,500 Embedded Co-Insurance Max, $6,350 OOP Max, $20 OV Copay, $150 ER Copay	466.51	1119.62	1399.52	418.25
PD-TTC $15/$30/$60-RXCM	109.03	261.68	327.10	316.21
Total Medical and Drug Rate	575.54	1381.30	1726.63	734.46
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	575.54	1381.30	1726.63	734.46

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$20,143.97**
Estimated Monthly Taxes, Fees and Assessments	**$934.11**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$21,078.08**

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Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
You have indicated that your group also includes 0 employees covered by BCN,
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This quote is based on there being no defined retiree segment.

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000 **Effective Date:** 7/1/2015

BCBSM Area: 3 **Renewal Date:** 7/1/2015

County: Calhoun **Total Eligibles:** 242

Zip: 49068 **Customer Size:** 35

Suffix/Class Size: 35

Number of FTE's: 242

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Quoted Benefits	One Person	Two Person	Family	Med Suppl.	
Simply Blue $1000, $1,000 Deductible, 20% Co-Insurance, $2,500 Embedded Co-Insurance Max, $6,350 OOP Max, $30 OV Copay, $150 ER Copay	423.26	1015.80	1269.75	418.25	
PD-TTC $15/$30/$60-RXCM	109.03	261.68	327.10	316.21	
Total Medical and Drug Rate	532.28	1277.48	1596.85	734.46	
Medical and Drug Enrollment	35	0	0	0	
Total Plan Rate	532.28	1277.48	1596.85	734.46	
Monthly Premium excluding estimated Taxes, Fees and Assessments					**$18,629.97**
Estimated Monthly Taxes, Fees and Assessments					**$874.01**
Total Monthly Premium Due including estimated Taxes, and Assessments					**$19,503.99**

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Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
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Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
Simply Blue HSA $1250/0%, $1,300 Deductible, 0% Co-Insurance, $2,250 OOP Max	480.40	1152.95	1441.19	418.25
PD-TTC $15/$30/$60-RXCM	51.83	124.40	155.50	316.21
Total Medical and Drug Rate	532.23	1277.35	1596.69	734.46
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	532.23	1277.35	1596.69	734.46

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$18,628.05**
Estimated Monthly Taxes, Fees and Assessments	**$873.93**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$19,501.98**

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Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
You have indicated that your group also includes 0 employees covered by BCN,
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Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**	
Simply Blue $500, $500 Deductible, 20% Co-Insurance, $2,500 Embedded Co-Insurance Max, $6,350 OOP Max, $20 OV Copay, $150 ER Copay	466.50	1119.62	1399.52	418.26	
PD-TTC $15/$50/50%/$70/$100-RXCM	77.13	185.10	231.38	223.59	
Total Medical and Drug Rate	543.63	1304.72	1630.90	641.84	
Medical and Drug Enrollment	35	0	0	0	
Total Plan Rate	543.63	1304.72	1630.90	641.84	
Monthly Premium excluding estimated Taxes, Fees and Assessments					**$19,027.15**
Estimated Monthly Taxes, Fees and Assessments					**$889.77**
Total Monthly Premium Due including estimated Taxes, and Assessments					**$19,916.93**

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Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
You have indicated that your group also includes 0 employees covered by BCN,
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Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	One Person	Two Person	Family	Med Suppl.	
Simply Blue $1000, $1,000 Deductible, 20% Co-Insurance, $2,500 Embedded Co-Insurance Max, $6,350 OOP Max, $30 OV/$50 Spec/$60 UR/$150 ER Copays	419.90	1007.77	1259.70	418.26	
PD-TTC $15/$50/50%/$70/$100-RXCM	77.13	185.10	231.38	223.59	
Total Medical and Drug Rate	497.03	1192.87	1491.08	641.84	
Medical and Drug Enrollment	35	0	0	0	
Total Plan Rate	497.03	1192.87	1491.08	641.84	
Monthly Premium excluding estimated Taxes, Fees and Assessments					**$17,395.95**
Estimated Monthly Taxes, Fees and Assessments					**$825.02**
Total Monthly Premium Due including estimated Taxes, and Assessments					**$18,220.96**

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Please submit quote with enrollment documentation.
BCBSM reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
You have indicated that your group also includes 0 employees covered by BCN,
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This quote is based on there being no defined retiree segment.

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
Simply Blue Routine Care PPO $1000, $1,000 Deductible, 20% Co-Insurance, $2,500 Embedded Co-Insurance Max, $6,600 OOP Max, $30 OV	409.69	983.25	1229.07	418.25
PD-TTC $15/$30/$60-RXCM	105.92	254.21	317.76	316.21
Total Medical and Drug Rate	515.61	1237.46	1546.83	734.46
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	515.61	1237.46	1546.83	734.46

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$18,046.35**
Estimated Monthly Taxes, Fees and Assessments	**$850.84**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$18,897.19**

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Please submit quote with enrollment documentation.
BCBSM reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
You have indicated that your group also includes 0 employees covered by BCN,
and 207 employees with outside covered or in another contract.
This quote is based on there being no defined retiree segment.

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**	
Simply Blue Routine Care PPO $1000, $1,000 Deductible, 20% Co-Insurance, $2,500 Embedded Co-Insurance Max, $6,600 OOP Max, $30 OV	409.57	982.98	1228.72	418.25	
PD-TTC $10/$40/$80-RXCM	92.85	222.83	278.54	263.83	
Total Medical and Drug Rate	502.42	1205.81	1507.26	682.08	
Medical and Drug Enrollment	35	0	0	0	
Total Plan Rate	502.42	1205.81	1507.26	682.08	
Monthly Premium excluding estimated Taxes, Fees and Assessments					**$17,584.73**
Estimated Monthly Taxes, Fees and Assessments					**$832.51**
Total Monthly Premium Due including estimated Taxes, and Assessments					**$18,417.25**

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Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
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Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**	
Simply Blue $1500, $1,500 Deductible, 20% Co-Insurance, $2,500 Embedded Co-Insurance Max, $6,350 OOP Max, $30 OV Copay, $150 ER Copay	396.98	952.75	1190.94	418.25	
PD-TTC $15/$30/$60-RXCM	109.03	261.68	327.10	316.21	
Total Medical and Drug Rate	506.01	1214.43	1518.04	734.46	
Medical and Drug Enrollment	35	0	0	0	
Total Plan Rate	506.01	1214.43	1518.04	734.46	
Monthly Premium excluding estimated Taxes, Fees and Assessments					**$17,710.42**
Estimated Monthly Taxes, Fees and Assessments					**$837.51**
Total Monthly Premium Due including estimated Taxes, and Assessments					**$18,547.93**

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Please submit quote with enrollment documentation.
BCBSM reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
You have indicated that your group also includes 0 employees covered by BCN,
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This quote is based on there being no defined retiree segment.

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Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000 **Effective Date:** 7/1/2015

BCBSM Area: 3 **Renewal Date:** 7/1/2015

County: Calhoun **Total Eligibles:** 242

Zip: 49068 **Customer Size:** 35

Suffix/Class Size: 35

Number of FTE's: 242

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
Simply Blue HSA $1250/0%, $1,300 Deductible, 0% Co-Insurance, $2,250 OOP Max	480.55	1153.32	1441.65	418.26
PD-TTC $15/$50/50%/$70/$100-RXCM	41.48	99.55	124.44	223.59
Total Medical and Drug Rate	522.03	1252.87	1566.09	641.84
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	522.03	1252.87	1566.09	641.84

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$18,271.09**
Estimated Monthly Taxes, Fees and Assessments	**$859.77**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$19,130.85**

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Certificates, riders, and rates are subject to regulatory approval.
Please submit quote with enrollment documentation.
BCBSM reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
You have indicated that your group also includes 0 employees covered by BCN,
and 207 employees with outside covered or in another contract.
This quote is based on there being no defined retiree segment.

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Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: agency name

Client: Marshall Public Schools

Agent:

Assoc: None

Marshall MI 49068

Group SIC: 8211 Elementary and secondary

Sponsorship: Association

BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**
Simply Blue HSA $1250/20%, $1,300 Deductible, 20% Co-Insurance, $2,250 OOP Max	424.67	1019.20	1273.99	418.25
PD-TTC $15/$30/$60-RXCM	58.21	139.71	174.64	316.21
Total Medical and Drug Rate	482.88	1158.91	1448.63	734.46
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	482.88	1158.91	1448.63	734.46

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$16,900.73**
Estimated Monthly Taxes, Fees and Assessments	**$805.36**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$17,706.09**

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BCBSM reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
Based on census input, your group participation level is 100.0%. The group quote contains no additional participation rating factor.
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Agency: agency name

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Marshall MI 49068

Group SIC: 8211 Elementary and secondary

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BCBSM: Class4

Average Age: 45.2

Group(Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**	
Simply Blue HSA $2000/0%, $2,000 Deductible, 0% Co-Insurance, $3,000 OOP Max	421.80	1012.30	1265.38	418.25	
PD-TTC $15/$30/$60-RXCM	46.46	111.51	139.39	316.21	
Total Medical and Drug Rate	468.26	1123.81	1404.77	734.46	
Medical and Drug Enrollment	35	0	0	0	
Total Plan Rate	468.26	1123.81	1404.77	734.46	
Monthly Premium excluding estimated Taxes, Fees and Assessments					**$16,388.93**
Estimated Monthly Taxes, Fees and Assessments					**$785.04**
Total Monthly Premium Due including estimated Taxes, and Assessments					**$17,173.97**

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Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
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Agency: agency name

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Group/Suffix: 0 000

BCBSM Area: 3

County: Calhoun

Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**
Simply Blue HSA $2000/0%, $2,000 Deductible, 0% Co-Insurance, $3,000 OOP Max	421.89	1012.53	1265.66	418.26
PD-TTC $15/$50/50%/$70/$100-RXCM	37.51	90.03	112.54	223.59
Total Medical and Drug Rate	459.40	1102.56	1378.20	641.84
Medical and Drug Enrollment	35	0	0	0
Total Plan Rate	459.40	1102.56	1378.20	641.84

Monthly Premium excluding estimated Taxes, Fees and Assessments	**$16,078.96**
Estimated Monthly Taxes, Fees and Assessments	**$772.73**
Total Monthly Premium Due including estimated Taxes, and Assessments	**$16,851.70**

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Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
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Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	**One Person**	**Two Person**	**Family**	**Med Suppl.**	
Simply Blue HSA $2000/20%, $2,000 Deductible, 20% Co-Insurance, $3,000 OOP Max	378.23	907.75	1134.68	418.25	
PD-TTC $15/$30/$60-RXCM	51.21	122.90	153.63	316.21	
Total Medical and Drug Rate	429.44	1030.65	1288.31	734.46	
Medical and Drug Enrollment	35	0	0	0	
Total Plan Rate	429.44	1030.65	1288.31	734.46	
Monthly Premium excluding estimated Taxes, Fees and Assessments					**$15,030.29**
Estimated Monthly Taxes, Fees and Assessments					**$731.10**
Total Monthly Premium Due including estimated Taxes, and Assessments					**$15,761.40**

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Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
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Zip: 49068

Effective Date: 7/1/2015

Renewal Date: 7/1/2015

Total Eligibles: 242

Customer Size: 35

Suffix/Class Size: 35

Number of FTE's: 242

Quoted Benefits	One Person	Two Person	Family	Med Suppl.	
Simply Blue Routine Care PPO $4000, $4,000 Deductible, 30% Co-Insurance, $6,600 OOP Max, $30 OV	289.16	694.00	867.50	418.26	
PD-TTC $20/$60/50%/$80/$100-RXCM	62.65	150.36	187.95	188.10	
Total Medical and Drug Rate	351.82	844.36	1055.45	606.36	
Medical and Drug Enrollment	35	0	0	0	
Total Plan Rate	351.82	844.36	1055.45	606.36	
Monthly Premium excluding estimated Taxes, Fees and Assessments					**$12,313.53**
Estimated Monthly Taxes, Fees and Assessments					**$623.24**
Total Monthly Premium Due including estimated Taxes, and Assessments					**$12,936.77**

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Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.
Cross RRL = 3.6862, Shield RRL = 1.9816
Drug RRL = 7.7055, Dental RRL = 0.0000, Vision RRL = 0.0000
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This quote is based on there being no defined retiree segment.

UnitedHealthcare

Medical Proposed Rates and Alternate Plan Designs

Customer Name: Marshall Public Schools
Effective Date: July 1, 2015

• The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

	Option 1	Option 2	Option 3
Plan Name	ABIX (HSA) Rx Plan: 2V-HSA	DGZ (Choice Plus 100%) Rx Plan: 2V	DGY (Choice Plus 100%) Rx Plan: 2V
Product	Choice + Insurance *	Choice + Insurance *	Choice + Insurance *
Option	OPTION 1	OPTION 2	OPTION 3
Plan Offering	Multiple Option	Multiple Option	Multiple Option
Multiple Option with:	Option(s) 2,3	Option(s) 1,3	Option(s) 1,2
HRA or HSA	No	No	No
Benefits*	Network Single/Family	Network Single/Family	Network Single/Family
Office Copay (PCP/SPC)	PCP N/A, SPC N/A	PCP $25, SPC $25	PCP $20, SPC $40
Hospital Copays	OP N/A, IP N/A	OP $0, IP NA	OP $0, IP NA
UC/ER/Major Diag Copay	UC N/A, ER N/A, Maj Diag $0	UC $75, ER $100, Maj Diag $0	UC $75, ER $150, Maj Diag $0
Other	N/A	N/A	N/A
Deductible	1500/3000 (Non-Embedded)	250/500 (Embedded)	0/0 (Embedded)
Coinsurance	100%	100%	100%
Out-of-Pocket	2500/5000	4000/8000	2500/5000
Pharmacy	Integrated Med/Rx; $10/$35/$60- With H.S.A.	$10/35/60 2.5x for M.O.	$10/35/60 2.5x for M.O.
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Deductible	5000/15000 (Non-Embedded)	500/1000 (Embedded)	1500/3000 (Embedded)
Coinsurance	70%	80%	80%
Out of Pocket	10000/30000	8000/16000	5000/10000
Enrollment			
Employee	5	36	9
Employee + 1	10	9	25
Employee + Family	16	3	94
Total	31	48	128
	Rates (Billed)	Rates (Billed)	Rates (Billed)
Rates			
Employee	**$543.75**	**$646.13**	**$660.68**
Employee + 1	**$1,223.44**	**$1,453.79**	**$1,486.53**
Employee + Family	**$1,517.06**	**$1,802.70**	**$1,843.30**
Monthly Cost	**$39,226**	**$41,753**	**$216,380**
Annual Cost	**$470,713**	**$501,035**	**$2,596,555**

**High level benefit summary. Please see your plan summary for more detailed benefit description.*

The numbers above are on an illustrative basis. Rates are subject to Underwriting approval.

For markets moving to service fees, current rates (applicable for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

UnitedHealthcare
Medical Quote Assumptions

Customer Name: Marshall Public Schools
Effective Date: July 1, 2015

The rates quoted here are based on the following assumptions. Changes to these assumptions may result in an adjustment to rates.

Medical Quote Assumptions

- Rates are guaranteed for the contract period of 7/1/15 through 6/30/16.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 75% of all eligible employees will enroll in an employer sponsored plan. This proposal further assumes that at least 50% of all benefit eligible employees (including spousal waivers) will enroll with UnitedHealthcare. If either assumption is not accurate, we reserve the right to requote back to original effective date.
- The "Morbid Obesity Rider" may be purchased for an additional 4.4% of premium. UHC will develop the final rates upon request.
- UHC reserves the right to reevaluate its quoted rates based on the receipt and review of the incumbent carrier's final renewal rates .
- Premium does not include MI Claims Tax which will billed separately.
- This offer, unless otherwise stated herein, completely replaces all other previous offers or portions thereof. Any previous offers that may have been extended are hereby null and void.
- Quote includes the Elective Abortion Rider.

- Quote does not include Simply Engaged

UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iii) as otherwise permitted in our policy.

This premium includes state and federal taxes and fees, including the Insurer Fee (about 3% of premium) and the Reinsurance Fee (about $3 per member per month) under the Affordable Care Act. These estimates will vary based on renewal date and state reinsurance fees.

Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.

Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.

At your request, a service fee to be paid to your producer/service agent of 3.09% has been added as an expense item in sites where service fees apply.

Agents may receive commissions and other compensation from us and these costs may be reflected in your premium or fee. Separately, you may have contracted with producers to provide services directly for your group and have agreed to pay them a 'service fee'. Since 'service fees' are not a contingency of the purchase of health insurance such fees are not part of your premium but may be included in your bill under total amount due.

UnitedHealthcare

Medical Proposed Rates and Alternate Plan Designs

Customer Name: Marshall Public Schools
Effective Date: July 1, 2015

• The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

	Option 1	Option 2	Option 3
Plan Name	ABIX (HSA) Rx Plan: 2V-HSA	DGZ (Choice Plus 100%) Rx Plan: 2V	DGY (Choice Plus 100%) Rx Plan: 2V
Product	Choice + Insurance *	Choice + Insurance *	Choice + Insurance *
Option	OPTION 1	OPTION 2	OPTION 3
Plan Offering	Multiple Option	Multiple Option	Multiple Option
Multiple Option with:	Option(s) 2,3	Option(s) 1,3	Option(s) 1,2
HRA or HSA	No	No	No
Benefits*	Network Single/Family	Network Single/Family	Network Single/Family
Office Copay (PCP/SPC)	PCP N/A, SPC N/A	PCP $25, SPC $25	PCP $20, SPC $40
Hospital Copays	OP N/A, IP N/A	OP $0, IP NA	OP $0, IP NA
UC/ER/Major Diag Copay	UC N/A, ER N/A, Maj Diag $0	UC $75, ER $100, Maj Diag $0	UC $75, ER $150, Maj Diag $0
Other	N/A	N/A	N/A
Deductible	1500/3000 (Non-Embedded)	250/500 (Embedded)	0/0 (Embedded)
Coinsurance	100%	100%	100%
Out-of-Pocket	2500/5000	4000/8000	2500/5000
Pharmacy	Integrated Med/Rx; $10/$35/$60- With H.S.A.	$10/35/60 2.5x for M.O.	$10/35/60 2.5x for M.O.
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Deductible	5000/15000 (Non-Embedded)	500/1000 (Embedded)	1500/3000 (Embedded)
Coinsurance	70%	80%	80%
Out of Pocket	10000/30000	8000/16000	5000/10000
Enrollment			
Employee	6	10	25
Employee + 1	3	4	10
Employee + Family	3	5	11
Total	12	19	46
Rates	Rates (Billed)	Rates (Billed)	Rates (Billed)
Employee	**$532.16**	**$632.47**	**$646.72**
Employee + 1	**$1,197.36**	**$1,423.06**	**$1,455.12**
Employee + Family	**$1,484.73**	**$1,764.59**	**$1,804.35**
Monthly Cost	**$11,239**	**$20,840**	**$50,567**
Annual Cost	**$134,871**	**$250,079**	**$606,805**

**High level benefit summary. Please see your plan summary for more detailed benefit description.*

The numbers above are on an illustrative basis. Rates are subject to Underwriting approval.

For markets moving to service fees, current rates (applicable for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

UnitedHealthcare
Medical Quote Assumptions

Customer Name: Marshall Public Schools
Effective Date: July 1, 2015

The rates quoted here are based on the following assumptions. Changes to these assumptions may result in an adjustment to rates.

Medical Quote Assumptions

- Rates are guaranteed for the contract period of 7/1/15 through 6/30/16.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 75% of all eligible employees will enroll in an employer sponsored plan. This proposal further assumes that at least 50% of all benefit eligible employees (including spousal waivers) will enroll with UnitedHealthcare. If either assumption is not accurate, we reserve the right to requote back to original effective date.
- The "Morbid Obesity Rider" may be purchased for an additional 4.4% of premium. UHC will develop the final rates upon request.
- UHC reserves the right to reevaluate its quoted rates based on the receipt and review of the incumbent carrier's final renewal rates .
- Premium does not include MI Claims Tax which will billed separately.
- This offer, unless otherwise stated herein, completely replaces all other previous offers or portions thereof. Any previous offers that may have been extended are hereby null and void.
- Quote includes the Elective Abortion Rider.

- Quote does not include Simply Engaged

UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iii) as otherwise permitted in our policy.

This premium includes state and federal taxes and fees, including the Insurer Fee (about 3% of premium) and the Reinsurance Fee (about $3 per member per month) under the Affordable Care Act. These estimates will vary based on renewal date and state reinsurance fees.

Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.

Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.

At your request, a service fee to be paid to your producer/service agent of 3.09% has been added as an expense item in sites where service fees apply.

Agents may receive commissions and other compensation from us and these costs may be reflected in your premium or fee. Separately, you may have contracted with producers to provide services directly for your group and have agreed to pay them a 'service fee'. Since 'service fees' are not a contingency of the purchase of health insurance such fees are not part of your premium but may be included in your bill under total amount due.

Marshall Public Schools

Effective July 1, 2015 through June 30, 2016

Blue Cross Blue Shield of Michigan

PPO Medical & Prescription Drugs Premium Rates

Plan:	Plan 1			
Benefit Description: *See Benefits at a Glance for full benefit description*	Simply Blue SB HSA Base Plan 0% - In Network $1,300 Ded/0%, $2,250 OOPM, Out Network $2,600 Ded/20%, $4,500 OOPM, A-XEA-LG, SB HSA w/Rx LG Group Benefit Cert / PD-TTC $10/$40/$80 RXCM LG			
	Premium Rates PCPM (without taxes & fees) Med	Rx	Taxes & Fees	Total Premium Rates PCPM
One Person	$395.84	$107.85	$24.15	$527.84
Two Person	$950.00	$258.85	$56.43	$1,265.29
Family	$1,187.51	$323.56	$76.29	$1,587.36
Complimentary	$338.84	$639.20	$39.62	$1,017.66

Plan 2			
Community Blue 3 - In Network $250 Ded/20%, $1,250 OOPM, Out Network $500 Ded/40%, $3,500 OOPM, ER $150, $20 OV / $20 MT, A-XEA-LG, Pref Rx Cert / PD-TTC $10/$40/$80 RXCM LG			
Premium Rates PCPM (without taxes & fees) Med	Rx	Taxes & Fees	Total Premium Rates PCPM
$488.66	$229.28	$32.80	$750.73
$1,172.77	$550.28	$77.18	$1,800.23
$1,465.97	$687.85	$102.22	$2,256.03
$338.84	$639.20	$39.62	$1,017.66

Plan 3			
Community Blue M - In Network $100 Ded/0%, $1,250 OOPM, Out Network $250 Ded/30%, $2,250 OOPM, ER $50, $10 OV / $10 MT, A-XEA-LG, Pref Rx Cert / PD-TTC $10/$40/$80 RXCM LG			
Premium Rates PCPM (without taxes & fees) Med	Rx	Taxes & Fees	Total Premium Rates PCPM
$563.05	$229.28	$35.80	$828.12
$1,351.31	$550.28	$84.38	$1,985.97
$1,689.14	$687.85	$111.22	$2,488.21
$338.84	$639.20	$39.62	$1,017.66

Dental Premium Rates

Plan:	Plan 1		
Benefit Description: *See Benefits at a Glance for full benefit description*	Custom Blue Dental PPO PLUS, PK (formerly Trad Plus) - - ,IN 100/100/90-1000, 80-1500, DO-AO		
	Premium Rates PCPM (without taxes & fees)	Taxes & Fees	Total Premium Rates PCPM
One Person	$35.99	$1.45	$37.44
Two Person	$86.38	$3.48	$89.86
Family	$107.97	$4.36	$112.33

Plan 2		
Custom Blue Dental PPO PLUS, PK (formerly Trad Plus) - - ,IN 80/80/80-1500, 80-1800		
Premium Rates PCPM (without taxes & fees)	Taxes & Fees	Total Premium Rates PCPM
$33.48	$1.35	$34.83
$80.34	$3.24	$83.58
$100.43	$4.05	$104.48

Plan 3		
Custom Blue Dental PPO PLUS, PK (formerly Trad Plus) - - ,IN 80/80/60-1000, 60-1000		
Premium Rates PCPM (without taxes & fees)	Taxes & Fees	Total Premium Rates PCPM
$28.49	$1.15	$29.64
$68.38	$2.76	$71.14
$85.48	$3.45	$88.93

Vision Premium Rates

Plan:	Plan 1		
Benefit Description: *See Benefits at a Glance for full benefit description*	Essential -		
	Premium Rates PCPM (without taxes & fees)	Taxes & Fees	Total Premium Rates PCPM
One Person	$5.61	$0.23	$5.83
Two Person	$13.45	$0.54	$13.99
Family	$16.82	$0.68	$17.49

Plan 2		
Essential - EVFL		
Premium Rates PCPM (without taxes & fees)	Taxes & Fees	Total Premium Rates PCPM
$6.86	$0.28	$7.13
$16.45	$0.66	$17.12
$20.57	$0.83	$21.40

Plan 3		
Essential - EVFLL		
Premium Rates PCPM (without taxes & fees)	Taxes & Fees	Total Premium Rates PCPM
$6.45	$0.26	$6.71
$15.47	$0.62	$16.10
$19.34	$0.78	$20.12

This quote is for financial purposes only.

ERS Relative Rate Levels:	Cross	Shield	Rx	Dental	Vision
	2.8234	1.8720	18.6688	1.1316	1.1909

Proposal assumptions and disclaimers are listed on the following page.

Proposal Assumptions/Disclaimers:

SIC Code	8211
Average Age	45
Medical/Rx Agent Fee	Standard
Dental/Vision Agent Fee	Standard

Contracts	
Single	50
Two Person	42
Family	115
Comp	0
Opt Out's	35

Contracts	
Michigan	207
Non- MI	0

Estimated Annual Taxes, Fees and Assessments are for quoting purposes only and are subject to change. You will be invoiced actual taxes, fees and assessments.

Taxes & Fees Assumptions

- Group should consult its own legal counsel regarding responsibility for any taxes and/or fees imposed by the Affordable Care Act or other federal laws.
- The Taxes and Fees reflected in this addendum are estimates as a per contract per month figure. These figures assume 1 member per single contract, 2 members per 2 person contract and 4 members per family contract. The actual amount of the taxes and fees per contract per month will change based on actual enrollment.

*The standard BCBSM sloping does not apply to the rates above due to the inclusion of the taxes and fees.

*Please note when comparing BCBSM to BCN, some taxes and fees will differ for HMO products.

*Marketplace Fee & Risk Adjustment Tax will not be charged to groups enrolling 51 or more contracts or any self-funded clients.

As required by US Treasury Regulations, we also inform you that any tax information contained in this communication is not intended to be used and cannot be used by any taxpayer to avoid penalties under the Internal Revenue Code.

Employee Eligibility Assumptions

We are quoting this group with the understanding that the group is subject to the employer mandate. This quote assumes group's employees are full-time employees working 30 hours a week as defined by employer mandate provision – IRC section 4980H and additionally the employees meet the common law definition as listed below.

Common Law Employee:

Determining who is an employee is based on "common law" principles:

An employee is an individual who performs services which are subject to the will and control of an employer, both as to what shall be done and to how it shall be done. Specific employment requirements include the following:

- *The employer has the right to control both the method and result of the services performed.*
- *The employee is subject to discharge at the employer's discretion*

Proposal Qualifiers:

1.) The rates above may differ from final sold rates due to rounding differences. Once a commitment to purchase BCBSM is made, final sold rates may be provided upon request.

2.) BCBSM reserves the right to requote if enrollment or membership mix changes by greater than ten percent variance from the proposal assumptions. A final proposal may be completed once actual enrollment and benefit selections are known.

3.) The rates above are based on an expected enrollment of 207 contracts.

4.) The illustrative rates represent ERS - Formula III fully insured arrangement at $100,000 specific stop-loss attachment point. They may be used for illustrative purposes for a self-funded program.

5.) Complementary rates assume a Medicare 2+1 option for all medical benefit offerings.

6.) Rates above are valid for total enrollment with BCBSM Only. These rates are not available as a dual rated option with BCN or coexistence with an outside carrier.

7.) Deductibles, coinsurance, and copayments under the any of the following applicable healthcare programs cannot be reimbursed by any third party administrator, employer funded Flexible Spending Account or any other employer funded reimbursement arrangement. Only employee-funded Flexible Spending Accounts are allowed with these plans.

- Simply Blue
- Simply Blue HSA (*may be paired with an HSA only*)
- Healthy Blue Outcomes
- Blue Core Plus℠
- Community Blue Plan 19
- Community Blue Plan 20
- Any prescription drug coverage, except Flexible Blue integrated plans (*valid groups under 100 contracts only*)