

Blue Cross Blue Shield of Michigan Rate Quote

New Policy, Non-Reform

Agency: Action - Mark	Client: Lakers School	Group(Subgroup/Suffix(Class) Specific Data	
Agent:		Group/Suffix: 0 000	Effective Date: 1/1/2013
Assoc: None	Pigeon MI 48755	BCBSM Area: 6	Renewal Date: 1/1/2013
Group SIC: 8211 Elementary and secondary	BCBSM: Class4	County: Huron	Total Eligibles: 58
Sponsorship: Association	Average Age: 42.3	Zip: 48755	Customer Size: 44
			Suffix/Class Size: 44

Quoted Benefits	One Person	Two Person	Family	Med Suppl.
Community Blue Plan 4A	493.54	1184.51	1480.64	357.59
Medicare HCR-PCB Preventive Care Benefits	0.00	0.00	0.00	1.06
Mental Health Parity	7.50	18.00	22.50	0.00
CB-OV\$30 - \$30 Office Visit/Outpatient Services Copay	-23.76	-57.03	-71.29	0.00
CBC-MT\$30 - Manip Treat Copay	-14.47	-34.73	-43.41	0.00
OCSM-12, osteopathic & chiropractic spinal manipulation w/\$30	-0.40	-0.96	-1.21	0.00
CI - Contraceptive Injections	0.00	0.00	0.00	0.00
MR-Medicare Supplemental Women's Contra Benefits	0.00	0.00	0.00	0.00
-TTC \$10/\$40/\$80 RXCM	74.49	178.77	223.46	215.97
PDCM - Prescription Contraceptive Medications	1.09	2.61	3.26	0.00
RX90 - Retail Purchase 2X for 90-day Refill	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Total Medical and Drug Rate	537.98	1291.16	1613.96	574.62
Advantage Pricing - Drug Coverage	<u>-11.99</u>	<u>-28.77</u>	<u>-35.97</u>	<u>-6.98</u>
Adjusted Medical and Drug Total	526.00	1262.39	1577.99	567.64
Medical and Drug Enrollment	<u>2</u>	<u>12</u>	<u>23</u>	<u>0</u>
Total Plan Rate	526.00	1262.39	1577.99	567.64
Monthly Premium				\$56,176.40
Estimated Monthly Michigan Claims Tax Assessment				\$421.32
Estimated Monthly Amount Due				\$56,597.72

A Summary of Benefits and Coverage corresponding to the coverage being quoted has been provided to your agent by Blue Cross Blue Shield of Michigan. Your Agent is providing an SBC to you with this quote. A paper copy is available free of charge by contacting your agent that has provided the quote.

These rates do not include upcoming federal taxes that will be added to your bill when they become effective. 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 CCF = 0.9600, Shield CCF = 0.9600
Drug CCF = 0.9600, Dental CCF = 1.0000, Vision CCF = 1.0000

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Quote Page 1 of 2 Printed 9/21/2012 2:40:46