



Appendix B:

BCBSM Benefit and Rate Schedule





Run Date: 02/16/2017
EDP: 430

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

514F
ITHACA PUBLIC SCHOOLS
Ben Engelter
710 NORTH UNION ST
ITHACA MI 48847

000144

514F
AGENT OF RECORD
HEATHER MENZIES
415 W. KALAMAZOO ST
01
LANSING MI 48933-2035

BENEFIT AND RATE SCHEDULE
ITHACA PUBLIC SCHOOLS
Rate Effective: 07/2017 Renewal Month: July

Customer ID:	268857	Rating Type:	Large Group
Group-Division:	007021232-0002	Cluster Code:	0E00
Endorsed by:	Not Applicable	County:	GRATIOT

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 Department of Insurance and Financial Services (DIFS) approval.

Certificates, riders and rates are subject to regulatory approval.

CERTIFICATES

BC-COMP	GROUP MEDICARE PART A COMPLEMENTARY BENEFIT CERTIFICATE
SB GBC LG	SIMPLY BLUE GROUP BENEFITS CERTIFICATE LG
65 OPTION 1	BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1)
PD A PC LG	PRESCRIPTION DRUG AFFINITY PROGRAM CERTIFICATE LG

MEDICAL RIDERS

ADM A-XEA LG	ADMINISTRATIVE FORM A-XEA LG
ADM MVP LG	ADMINISTRATIVE FORM MVP LG - MINIMUM VALUE PLAN
ADM PLANR JUL	ADMINISTRATIVE RIDER PLAN YEAR - JULY
SB-MTC \$30 LG	RIDER SB-MTC \$30 LG SIMPLY BLUE MANIPULATIVE THERAPY
SB-OPM-IN 4K LG	RIDER SB-OPM-IN \$4000 LG SIMPLY BLUE ANNUAL OUT-OF-POCKET MAXIMUM FOR IN-NETWORK SERVICES
SB-OPM-ON 8K LG	RIDER SB-OPM-ON \$8000 LG SIMPLY BLUE ANNUAL OUT-OF-POCKET MAXIMUM FOR OUT-OF-NETWORK SERVICES
SBD-ON 3K/6K LG	RIDER SBD-ON \$3000/\$6000 LG SIMPLY BLUE DEDUCTIBLE REQUIREMENT FOR OUT-OF-NETWORK SERVICES
SBDIN1.5K/3K LG	RIDER SBD-IN \$1500/\$3000 LG SIMPLY BLUE DEDUCTIBLE REQUIREMENT FOR IN-NETWORK SERVICES
SBTCP305060150L	RIDER SB-TCP \$30/\$50/\$60/\$150 LG SIMPLY BLUE TIERED COPAYMENT PLAN

DRUG RIDERS

MPD A-RX GBC LG	MANDATED PRESCRIPTION DRUGS A-RX GROUP BENEFITS CERTIFICATE LG (functions as a drug STD Rider)
-----------------	--

MEDICARE SUPPLEMENTAL RIDERS

ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG
GCP-D	RIDER GCP-D

Reference Number: 58155-285

All benefit descriptions may not be applicable to all subscribers.



Run Date: 02/16/2017
EDP: 431

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

BENEFIT AND RATE SCHEDULE
ITHACA PUBLIC SCHOOLS
Rate Effective: 07/2017 Renewal Month: July

Customer ID: 268857 Group-Division: 007021232-0002

GPC-SAT 2	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM BENEFITS
GPC-SAT-MHP-2	RIDER GPC-SAT-MHP-2 - GROUP COMPLEMENTARY SUBSTANCE ABUSE TREATMENT MENTAL HEALTH PARITY
HCR MS PCB	RIDER HCR-MS-PCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL PREVENTIVE CARE BENEFITS
HCR-MS-WCB-ECS	RIDER HCR-MS-WCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL WOMENS CONTRACEPTIVE BENEFITS

Reference Number: 58155-285

All benefit descriptions may not be applicable to all subscribers.

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

BENEFIT AND RATE SCHEDULE
ITHACA PUBLIC SCHOOLS
Rate Effective: 07/2017 Renewal Month: July

Customer ID: 268857 Group-Division: 007021232-0002

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 5VH4	\$ 534.38	334.25	195.86	4.27			
Two Person Regular	0000 5VH4	\$1,282.55	802.21	470.08	10.26			
Family Regular	0000 5VH4	\$1,603.17	1,002.76	587.59	12.82			
One Complementary	0000 534X	\$ 544.22	388.51	150.80	4.91			
Two Complementary	0000 534X	\$1,088.44	777.02	301.60	9.82			
Three Complementary	0000 534X	\$1,632.66	1,165.53	452.40	14.73			
1 Person Regular & 1 Complementary	0000 534X	\$1,078.60	722.76	346.66	9.18			
2 Person Regular & 1 Complementary	0000 534X	\$1,826.77	1,190.72	620.88	15.17			
Family Regular & 1 Complementary	0000 534X	\$2,147.39	1,391.27	738.39	17.73			
1 Person Regular & 2 Complementary	0000 534X	\$1,622.82	1,111.27	497.46	14.09			
2 Person Regular & 2 Complementary	0000 534X	\$2,370.99	1,579.23	771.68	20.08			
Family Regular & 2 Complementary	0000 534X	\$2,691.61	1,779.78	889.19	22.64			
1 Person Regular & 3 Complementary	0000 534X	\$2,167.04	1,499.78	648.26	19.00			
2 Person Regular & 3 Complementary	0000 534X	\$2,915.21	1,967.74	922.48	24.99			
Family Regular & 3 Complementary	0000 534X	\$3,235.83	2,168.29	1,039.99	27.55			
RRL			4.5939	2.9190	9.0939		99.9999	99.9999

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: 58155-285