



Blue Care Network of Michigan Rate Quote

Group Wide Change Large Group HMO

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

Agency Haley & Associates
: 989-269-5100

Agent:

Client: Laker Schools

Pigeon MI 48755

Group(Subgroup/Suffix(Class) Specific Data
Group/Suffix 0 000

Effective Date: 1/1/2018
Renewal Date: 1/1/2018

x:
BCN Area: F

County: Huron
Zip: 48755
Total Eligibles: 77
Customer Size: 46
Suffix/Class Size: 46
Number of FTE's: 77

Group SIC: 8211 Elementary and secondary

Quoted Benefits	One Person	Two Person	Med Person	Suppl. Famil
BCN HSA HMO \$1350/0%. \$2350 OOPM	395.80	949.93	1187.41	0.00
RX \$10/\$30/\$60/\$80/20% (max \$200)/20% (max \$300)	47.80	114.72	143.40	0.00
BCN65, 65OV25, MMHSAP, ER150, UR50	0.00	0.00	0.00	194.46
RX \$10/\$40/\$80/20%/20%	0.00	0.00	0.00	608.54
Total Medical and Drug Rate	443.60	1064.65	1330.81	803.00
Medical and Drug Enrollment	4	8	34	0
Total Plan Rate	443.60	1064.65	1330.81	803.00

Total Monthly Premium

\$55,538.97

CDH Spending Account: No Action

We reserve the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect. Final rates will be determined based on actual group enrollment and participation. Certificates, riders, and rates are subject to regulatory approval. Your agent is providing a Summary of Benefits and Coverage with this quote. To comply with the Patient Protection and Affordable Care Act, groups may be required to make changes to their health insurance coverage. This may result in an adjustment to the rates.

Please submit quote with enrollment documentation.

BCN Medical RRL = 2.4214, Drug RRL = 13.9766, BCBSM Dental RRL = 0.0000, BCBSM Vision RRL = 0.0000



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	One	Two	Med
Quoted Benefits	Person	Person	Famil Suppl.
BCN HMO \$1000/20%. \$2500 ECM, \$6600 OOPM, \$20 OV, \$40 Spec, \$50 UC, \$150 ER	355.19	852.47	1065.59
RX \$6/\$25/\$50/\$80/20% (max \$200)/20% (max \$300)	129.98	311.96	389.95
BCN65, 65OV25, MMHSAP, ER150, UR50	0.00	0.00	194.46
RX \$10/\$40/\$80/20%/20%	0.00	0.00	608.54
Total Medical and Drug Rate	485.18	1164.43	1455.53
Medical and Drug Enrollment	4	8	34
Total Plan Rate	485.18	1164.43	1455.53
Total Monthly Premium			\$60,744.20

CDH Spending Account: No Action

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