



Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan

Run Date: 08/30/2021  
EDP: 779

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

514F  
ELKTON PIGEON BAY PORT LAKER  
Angela Dubs  
6136 PIGEON ROAD  
PIGEON MI 48755

000228

514F  
AGENT OF RECORD  
RICHARD WARD  
P O BOX 216  
BAD AXE MI 48413--021

## BENEFIT AND RATE SCHEDULE ELKTON PIGEON BAY PORT LAKERS

Rate Effective: 01/2022 Renewal Month: January

Customer ID:	100286	Rating Type:	Large Group
Group-Division:	007041677-0001	Cluster Code:	0E00
Endorsed by:	Not Applicable	County:	HURON

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
BS 65 OPTION 1	BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1)
SBD HSA-E LG	SIMPLY BLUE HEALTH SAVINGS ACCOUNT WITH PRESCRIPTION DRUGS EMBEDDED COST-SHARING GROUP BENEFITS CERTIFICATE LG
PDRX LG	PREFERRED RX PROGRAM CERTIFICATE LG

### MEDICAL RIDERS

ADM PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
HSA-OP-E-IN6350	RIDER SBD-HSA-OPM-E \$6350-IN \$12700-ON LG - SIMPLY BLUE HEALTH SAVINGS ACCOUNT ANNUAL OUT-OF-POCKET MAXIMUMS
SBD-HSA-EA-1 LG	RIDER SBD-HSA-EA-1 LG - SIMPLY BLUE HEALTH SAVINGS ACCOUNT WITH PRESCRIPTION DRUGS - ELECTIVE ABORTIONS 1
SBDHSA-D-E3500	RIDER SBD-HSA-D-E \$3500/\$7000 IN/ \$7000/\$14000 ON LG - SIMPLY BLUE HEALTH SAVINGS ACCOUNT EMBEDDED COST-SHARING DEDUCTIBLE REQUIREMENT

### DRUG RIDERS

TTC104080RXCMLG	RIDER PD-TTC \$10/\$40/\$80-RXCM LG - PRESCRIPTION DRUG TRIPLE-TIER COPAYMENT WITH A COST MANAGEMENT PROGRAM
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### 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: 49652-001

All benefit descriptions may not be applicable to all subscribers.



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**BENEFIT AND RATE SCHEDULE**  
**ELKTON PIGEON BAY PORT LAKERS**

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Customer ID: 100286 Group-Division: 007041677-0001

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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: 49652-001

All benefit descriptions may not be applicable to all subscribers.



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**BENEFIT AND RATE SCHEDULE**  
**ELKTON PIGEON BAY PORT LAKERS**  
Rate Effective: 01/2022 Renewal Month: January

Customer ID: 100286 Group-Division: 007041677-0001

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 7R5C	\$ 592.48	294.21	151.29	146.98			
Two Person Regular	0000 7R5C	\$1,421.96	706.10	363.10	352.76			
Family Regular	0000 7R5C	\$1,777.46	882.63	453.88	440.95			
One Complementary	0000 7HGJ	\$1,521.98	381.68	154.15	986.15			
Two Complementary	0000 7HGJ	\$3,043.96	763.36	308.30	1,972.30			
Three Complementary	0000 7HGJ	\$4,565.94	1,145.04	462.45	2,958.45			
1 Person Regular & 1 Complementary	0000 7HGJ	\$2,114.46	675.89	305.44	1,133.13			
2 Person Regular & 1 Complementary	0000 7HGJ	\$2,943.94	1,087.78	517.25	1,338.91			
Family Regular & 1 Complementary	0000 7HGJ	\$3,299.44	1,264.31	608.03	1,427.10			
1 Person Regular & 2 Complementary	0000 7HGJ	\$3,636.44	1,057.57	459.59	2,119.28			
2 Person Regular & 2 Complementary	0000 7HGJ	\$4,465.92	1,469.46	671.40	2,325.06			
Family Regular & 2 Complementary	0000 7HGJ	\$4,821.42	1,645.99	762.18	2,413.25			
1 Person Regular & 3 Complementary	0000 7HGJ	\$5,158.42	1,439.25	613.74	3,105.43			
2 Person Regular & 3 Complementary	0000 7HGJ	\$5,987.90	1,851.14	825.55	3,311.21			
Family Regular & 3 Complementary	0000 7HGJ	\$6,343.40	2,027.67	916.33	3,399.40			
RRL			4.1397	4.0857	19.7824		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 Agent. We at BCBSM appreciate your business and look forward to providing your continuing health benefit needs.

Reference Number: 49652-001



## BCN Benefit and Rate Schedule

GROUP ID / SUBGROUP ID / CLASS ID: 00100286 / 0001 / 0001

SUBGROUP NAME / CLASS NAME: ELKTONPIGEONBAYPORTLAKERS / ACTIVE HSA

AGENT: WARD, RICHARD (09028)

Your benefit package has been renewed at the following rates and is effective from 1/1/22 through 12/31/22.

**CERTIFICATE:** High Deductible Health Plan for Large Groups (HDHPLG)

**Riders:** HDHPLG, 2000HD, 3KOMHD, VACR50, OMRR

2000HD	\$2,000 Individual/\$4,000 Family - HDHP
3KOMHD	\$3,000 Individual/\$6,000 Family Out-of-Pocket Maximum Rider - HDHP
OMRR	Outpatient Medical Rehabilitation Rider
VACR50	Voluntary Abortion Coverage Rider - 50% Coinsurance

**Pharmacy:** P415DL, 2000HD, 3KOMHD, 90D3X

2000HD	\$2,000 Individual/\$4,000 Family - HDHP
3KOMHD	\$3,000 Individual/\$6,000 Family Out-of-Pocket Maximum Rider - HDHP
90D3X	Prescription Drug Rider - 90 Day Retail And Mail Order
P415DL	Prescription Drug Rider - \$4/\$15/\$40/\$80/20%/20% 6 Tier - HDHP

The above are abbreviated descriptions. They do not replace the language in the certificate or rider brochure.

****RATES ARE SUBJECT TO CHANGE BASED ON DEPT. OF INSURANCE & FINANCIAL SERVICES APPROVAL****					
Monthly Premium Rates	Medical	Drug	Dental	Vision	Total
Single	\$444.10	\$105.56			\$549.66
Double	\$1,065.84	\$253.35			\$1,319.19
Subscriber plus Child	\$1,065.84	\$253.35			\$1,319.19
Subscriber plus Children	\$1,332.30	\$316.69			\$1,648.99
Family	\$1,332.30	\$316.69			\$1,648.99
RRL	3.1577	14.8264			

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. If you have questions or wish to discuss other BCN benefit plans, please contact your BCBSM Regional Sales Office or Agent. We at BCN appreciate your business and look forward to providing your continuing health benefit needs.

## BCN Benefit and Rate Schedule

GROUP ID / SUBGROUP ID / CLASS ID: 00100286 / 0001 / 0002

SUBGROUP NAME / CLASS NAME: ELKTONPIGEONBAYPORTLAKERS / ACTIVE HMO

AGENT: WARD, RICHARD (09028)

Your benefit package has been renewed at the following rates and is effective from 1/1/22 through 12/31/22.

**CERTIFICATE:** BCN Classic for Large Groups (CLSSLG)  
**Riders:** CLSSLG, 8150PM, 50RP, CI20%, CO30, D1500, DSR20%, ER250, IMG150, UR60, WDRPOV, 25ECM

25ECM	\$2,500/\$5,000 Annual Coinsurance Maximum Rider
50RP	\$50 Referral Physician Office Visit Copay Rider
8150PM	\$8,150 Individual/\$16,300 Family Out-of-Pocket Maximum Rider
CI20%	20% Coinsurance Rider
CO30	\$30 Office Visit Copay Rider
D1500	\$1,500 Individual/\$3,000 Family Deductible Rider
DSR20%	20% Diabetic Supply Rider
ER250	\$250 Emergency Room Copay Rider
IMG150	\$150 High Technology Imaging Copay Rider
UR60	\$60 Urgent Care Copay Rider
WDRPOV	Waiver of Deductible for Referral Physician Office Visit

**Pharmacy:** 3068CS, PDLR, 8150PM, 90D3X

3068CS	Prescription Drug Rider - \$30/\$60/\$80/20%/20% - 5 Tier Preferred Drug List
8150PM	\$8,150 Individual/\$16,300 Family Out-of-Pocket Maximum Rider
90D3X	Prescription Drug Rider - 90 Day Retail And Mail Order
PDLR	Prescription Drug Rider- Preferred Drug List

The above are abbreviated descriptions. They do not replace the language in the certificate or rider brochure.

****RATES ARE SUBJECT TO CHANGE BASED ON DEPT. OF INSURANCE & FINANCIAL SERVICES APPROVAL****					
Monthly Premium Rates	Medical	Drug	Dental	Vision	Total
Single	\$425.47	\$140.55			\$566.02
Double	\$1,021.12	\$337.33			\$1,358.45
Subscriber plus Child	\$1,021.12	\$337.33			\$1,358.45
Subscriber plus Children	\$1,276.41	\$421.66			\$1,698.07
Family	\$1,276.41	\$421.66			\$1,698.07
RRL	3.1577	14.8264			

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