



BLUE CROSS  
BLUE SHIELD  
OF MICHIGAN



## **Small Group Renewal Package**

for

# **VERONA TOWNSHIP DISTRICT 1**

Customer ID: 283881

For Renewal Period Beginning: January, 2024

Publication Date: 09/12/2023

## Rate Renewal Change

### VERONA TOWNSHIP DISTRICT 1

CID:	283881	Rate Effective:	1/1/2024
General Agency:	Action Benefits		
Agent:	RICHARD WARD	Agency:	HALEY WARD & ASSOCIATES CORP

BCN Rate Renewal Change	Current Premium <sup>1</sup>	Renewal Premium <sup>1</sup>
Total Billable Members <sup>2</sup>	2	2
Total Medical & Pharmacy Premium <sup>3</sup>	\$888.96	\$986.87
Total Dental Premium	\$0.00	\$0.00
Total Vision Premium	\$0.00	\$0.00
Total Monthly Premium	\$888.96	\$986.87
Total Annual Premium	\$10,667.52	\$11,842.44
<b>Projected Change in Monthly Premium</b>		<b>11.01%</b>

## BCN Components of Rate Change

Components	Medical <sup>3</sup> & Pharmacy	Dental	Vision
Index to Current rate	4.63%	0.00%	0.00%
Aggregate Product Differences	0.77%	0.00%	0.00%
Area	1.00%	0.00%	0.00%
Age	4.26%	0.00%	0.00%
Age Factor Change	0.00%	0.00%	0.00%
Dependent Cap	0.00%	0.00%	0.00%
<b>Total Rate Change</b>	<b>11.01%</b>	<b>0.00%</b>	<b>0.00%</b>

1. Premiums are based on enrollment at the time of renewal development.

2. Count based on snapshot as of 9/11/2023.

3. Medical includes Pediatric Vision.

4. The figures reflect commercial plans only.

5. Percent changes due to members aging out of pediatric dental, members aging into adult vision plans, and/or changes in Taxes & Fees are accounted for in the Aggregate Product Differences

Blue Cross Blue Shield of Michigan and Blue Care Network reserve the right to adjust rates if any of the assumptions or calculations used to develop the rates are incorrect.

# Benefit Summary Description

## VERONA TOWNSHIP DISTRICT 1

DIV: 00283881\_0001\_0001

	Current Benefits	Renewal Compliant Benefit Conversion
<b>Medical</b>	<b>BCN HMO Gold \$1000/20%</b>	<b>2024 BCN Gold Option 2</b>
Deductible (individual) <sup>1</sup>	\$1000	\$1000
Coinsurance <sup>1</sup>	20%	20%
Office Visit Copay <sup>1</sup>	20 Copay	20 Copay
Emergency Room Copay <sup>1</sup>	250 Copay	250 Copay
<b>Drug</b>	<b>\$15/\$40/\$80/\$100/20%/20%</b>	<b>\$15/\$40/\$80/\$100/20%/20%</b>
Metal Level <sup>1</sup>	Gold	Gold
<b>Dental</b>	<b>Blue Dental PPO Plus 80/50/50 Pediatric SG</b>	<b>Blue Dental PPO Plus 80/50/50 Pediatric SG</b>
Annual Max <sup>1</sup>	\$0	\$0
Contribution Type	Not Applicable	Not Applicable
<b>Vision</b>	<b>Pediatric Vision SG \$0/\$0</b>	<b>Pediatric Vision SG \$0/\$0</b>
Contribution Type	Not Applicable	Not Applicable
<b>Total Monthly Premium</b>	<b>\$888.96</b>	<b>\$986.87</b>

For a more detailed description of benefits, please refer to the Agent Portal or contact your General Agency.<sup>2</sup>

1. BCBSM plans will display values to represent "in-Network"

2. BAAGs and SBCs can be found on the Agent Portal or by contacting your General Agency.

Reference Number: 044

Blue Cross Blue Shield of Michigan and Blue Care Network reserve the right to adjust rates if any of the assumptions or calculations used to develop the rates are incorrect.