



BLUE CROSS  
BLUE SHIELD  
OF MICHIGAN



# **Annual Rate Renewal**

for

## **PITTSFIELD CHARTER TOWNSHIP**

**Customer ID: 151458**

**For Renewal Period Beginning: January, 2022**

Publication Date: August 19, 2021

# ADMINISTRATIVE & STOP-LOSS PREMIUMS

Current period: 01/01/2021-12/31/2021

Renewal period: 01/01/2022-12/31/2022

## ADMINISTRATIVE CHARGE

Monthly fee per contract	Renewal Period	Current Period	Change
Base administrative fee	<b>\$79.49</b>	\$77.36	2.75%
Total fixed administrative fee (See Schedule A for additional program fees)	<b>\$79.49</b>	\$77.36	2.75%

## CURRENT STOP-LOSS COVERAGE

Specific attachment point: \$ 100,000

Aggregate percentage: 120%

Specific coverage: Medical and prescription drugs

Aggregate coverage: Medical and prescription drugs

Monthly premium rates per contract	Renewal Period	Current Period	Change
Specific Stop-loss	<b>\$194.36</b>	\$193.28	0.56%
Aggregate Stop-loss	<b>\$49.29</b>	\$37.85	30.22%
Total Stop-loss Rate	<b>\$243.65</b>	\$231.13	5.42%
Aggregate annual attachment point	<b>\$14,790</b>	\$12,112	22.11%

BCBSM will charge an additional administrative fee of \$8.00 per contract per month if an ASC customer obtains stop-loss coverage from a third-party stop-loss vendor.

Your groups aggregate attachment point is calculated by dividing 120% of projected annual amounts billed to your group by BCBSM for Medical claims (Facility and Professional) with Prescription Drugs by the number of contracts covered

( 120% X \$ 1,466,654 / 119 = \$ 14,790 )

Aggregate Attachment Point is calculated by Line of Business (LOB), therefore contract count shown is a weighted average for all LOBs covered by Aggregate Stop Loss.

## STOP-LOSS PROTECTION OPTIONS

Specific Attachment Point	Specific Monthly Premium Rate	Aggregate Attachment Point	Aggregate Monthly Premium Rate	Total monthly premium rate with specific and aggregate coverage
\$95,000	\$204.72	\$14,649	\$46.79	\$251.51
\$125,000	\$154.05	\$15,345	\$61.81	\$215.86
\$150,000	\$124.90	\$15,738	\$73.23	\$198.13



Run Date: 08/19/2021  
EDP: 2347

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**BENEFIT AND RATE SCHEDULE**  
**PITTSFIELD CHARTER TOWNSHIP**  
Rate Effective: 01/2022 Renewal Month: January

<b>Customer ID:</b>	151458	<b>Rating Type:</b>	ASC
<b>Group-Division:</b>	007010234-0005	<b>Cluster Code:</b>	D500
		<b>County:</b>	WASHTENAW
<b>Endorsed by:</b>	Not Applicable		

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)
CB ASC	COMMUNITY BLUE GROUP BENEFITS CERTIFICATE ASC
PDRX ASC	PREFERRED RX PROGRAM CERTIFICATE ASC

**MEDICAL RIDERS**

ADM PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
CB-DPP-ASC	RIDER CB-DPP-ASC - COMMUNITY BLUE DIABETES PREVENTION PROGRAM
CB-EDMP-ASC	RIDER CB-EDMP-ASC - COMMUNITY BLUE ENHANCED DIABETES MANAGEMENT PROGRAM
CB-OPMIN 6350 A	RIDER CB-OPM-IN \$6350 ASC COMMUNITY BLUE ANNUAL OUT-OF-POCKET MAXIMUM FOR IN-NETWORK SERVICES
CB-XC-IN ASC	RIDER CB-XC-IN ASC COMMUNITY BLUE COINSURANCE REQUIREMENT FOR IN-NETWORK SERVICES
CB-XD-IN ASC	RIDER CB-XD-IN ASC COMMUNITY BLUE EXCLUSION OF DEDUCTIBLE REQUIREMENT FOR IN-NETWORK SERVICES
CBC 20%-ON ASC	RIDER CBC 20%-ON ASC COMMUNITY BLUE COINSURANCE REQUIREMENT FOR OUT-OF-NETWORK SERVICES
CBOLV 10 ASC	RIDER CB-OLV \$10 ASC - COMMUNITY BLUE ONLINE VISIT
CBOPMON 12.7K A	RIDER CB-OPM-ON \$12700 ASC COMMUNITY BLUE ANNUAL OUT-OF-POCKET MAXIMUM FOR OUT-OF-NETWORK SERVICES
HC ASC	RIDER HC ASC - HEARING CARE
MYSP	ADMINISTRATIVE FORM MYSP - MYSTRENGTH PROGRAM

**DRUG RIDERS**

MOPD-2X ASC	RIDER MOPD-2X ASC - MAIL-ORDER PRESCRIPTION DRUGS-OPTION 2X
PD-PT ASC	RIDER PD-PT ASC - PRESCRIPTION DRUG PREFERRED THERAPY
PDGB\$10/\$40 ASC	RIDER PD-GB \$10/\$40 ASC - PRESCRIPTION DRUG GENERIC/BRAND NAME COPAYMENT REQUIREMENT
RX-VCP ASC	RIDER RX-VCP ASC - PRESCRIPTION DRUG VARIABLE COST-SHARING PROGRAM

Reference Number: 64039-003

All benefit descriptions may not be applicable to all subscribers.



Run Date: 08/19/2021  
EDP: 2348

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## BENEFIT AND RATE SCHEDULE PITTSFIELD CHARTER TOWNSHIP

Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0005

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RX-90-2X ASC RIDER RX-90-2X ASC - PRESCRIPTION DRUG 90-DAY SUPPLY 2X

### MEDICARE SUPPLEMENTAL RIDERS

ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG
GCP-D	RIDER GCP-D
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: 64039-003

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**BENEFIT AND RATE SCHEDULE**  
**PITTSFIELD CHARTER TOWNSHIP**  
Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0005

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 8CZC	\$ 691.98	308.24	265.38	118.36			
Two Person Regular	0000 8CZC	\$1,660.73	739.76	636.91	284.06			
Family Regular	0000 8CZC	\$2,075.91	924.71	796.13	355.07			
One Complementary	0000 8CZD	\$ 822.31	223.12	121.37	477.82			
Two Complementary	0000 8CZD	\$1,644.62	446.24	242.74	955.64			
Three Complementary	0000 8CZD	\$2,466.93	669.36	364.11	1,433.46			
1 Person Regular & 1 Complementary	0000 8CZD	\$1,514.29	531.36	386.75	596.18			
2 Person Regular & 1 Complementary	0000 8CZD	\$2,483.04	962.88	758.28	761.88			
Family Regular & 1 Complementary	0000 8CZD	\$2,898.22	1,147.83	917.50	832.89			
1 Person Regular & 2 Complementary	0000 8CZD	\$2,336.60	754.48	508.12	1,074.00			
2 Person Regular & 2 Complementary	0000 8CZD	\$3,305.35	1,186.00	879.65	1,239.70			
Family Regular & 2 Complementary	0000 8CZD	\$3,720.53	1,370.95	1,038.87	1,310.71			
1 Person Regular & 3 Complementary	0000 8CZD	\$3,158.91	977.60	629.49	1,551.82			
2 Person Regular & 3 Complementary	0000 8CZD	\$4,127.66	1,409.12	1,001.02	1,717.52			
Family Regular & 3 Complementary	0000 8CZD	\$4,542.84	1,594.07	1,160.24	1,788.53			
RRL			2.4200	3.2167	9.3342			

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: 64039-003



Run Date: 08/19/2021  
EDP: 2350

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**BENEFIT AND RATE SCHEDULE**  
**PITTSFIELD CHARTER TOWNSHIP**  
Rate Effective: 01/2022 Renewal Month: January

<b>Customer ID:</b>	151458	<b>Rating Type:</b>	ASC
<b>Group-Division:</b>	007010234-0006	<b>Cluster Code:</b>	D500
		<b>County:</b>	WASHTENAW
<b>Endorsed by:</b>	Not Applicable		

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)
CB ASC	COMMUNITY BLUE GROUP BENEFITS CERTIFICATE ASC
PDRX ASC	PREFERRED RX PROGRAM CERTIFICATE ASC

**MEDICAL RIDERS**

ADM PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
CB-DPP-ASC	RIDER CB-DPP-ASC - COMMUNITY BLUE DIABETES PREVENTION PROGRAM
CB-EDMP-ASC	RIDER CB-EDMP-ASC - COMMUNITY BLUE ENHANCED DIABETES MANAGEMENT PROGRAM
CB-MTC \$0 ASC	RIDER CB-MTC \$0 ASC COMMUNITY BLUE MANIPULATIVE THERAPY
CB-OPMON 2250 A	RIDER CB-OPM-ON \$2250 ASC COMMUNITY BLUE ANNUAL OUT-OF-POCKET MAXIMUM FOR OUT-OF-NETWORK SERVICES
CB-OV \$15 ASC	RIDER CB-OV \$15 ASC - COMMUNITY BLUE OFFICE VISIT COPAYMENT REQUIREMENT
CB-XC-IN ASC	RIDER CB-XC-IN ASC COMMUNITY BLUE COINSURANCE REQUIREMENT FOR IN-NETWORK SERVICES
CB-XD-IN ASC	RIDER CB-XD-IN ASC COMMUNITY BLUE EXCLUSION OF DEDUCTIBLE REQUIREMENT FOR IN-NETWORK SERVICES
CBC 20%-ON ASC	RIDER CBC 20%-ON ASC COMMUNITY BLUE COINSURANCE REQUIREMENT FOR OUT-OF-NETWORK SERVICES
CBOLV 15 ASC	RIDER CB-OLV \$15 ASC - COMMUNITY BLUE ONLINE VISIT
MYSP	ADMINISTRATIVE FORM MYSP - MYSTRENGTH PROGRAM

**DRUG RIDERS**

MOPD-2X ASC	RIDER MOPD-2X ASC - MAIL-ORDER PRESCRIPTION DRUGS-OPTION 2X
PD-BC \$10 ASC	RIDER PD-BC \$10 ASC PRESCRIPTION DRUG COPAYMENT REQUIREMENT
PD-CR \$10 ASC	RIDER PD-CR \$10.00 ASC PRESCRIPTION DRUG COPAYMENT REQUIREMENT
PD-PT ASC	RIDER PD-PT ASC - PRESCRIPTION DRUG PREFERRED THERAPY

Reference Number: 64039-004

All benefit descriptions may not be applicable to all subscribers.



Run Date: 08/19/2021  
EDP: 2351

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## BENEFIT AND RATE SCHEDULE PITTSFIELD CHARTER TOWNSHIP

Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0006

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RX-VCP ASC RIDER RX-VCP ASC - PRESCRIPTION DRUG VARIABLE COST-SHARING PROGRAM

### MEDICARE SUPPLEMENTAL RIDERS

ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG
GCP-D	RIDER GCP-D
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: 64039-004

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**BENEFIT AND RATE SCHEDULE**  
**PITTSFIELD CHARTER TOWNSHIP**  
Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0006

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 8CZ9	\$ 696.60	309.42	264.90	122.28			
Two Person Regular	0000 8CZ9	\$1,671.83	742.61	635.75	293.47			
Family Regular	0000 8CZ9	\$2,089.78	928.26	794.69	366.83			
One Complementary	0000 8CZB	\$ 837.24	223.12	121.37	492.75			
Two Complementary	0000 8CZB	\$1,674.48	446.24	242.74	985.50			
Three Complementary	0000 8CZB	\$2,511.72	669.36	364.11	1,478.25			
1 Person Regular & 1 Complementary	0000 8CZB	\$1,533.84	532.54	386.27	615.03			
2 Person Regular & 1 Complementary	0000 8CZB	\$2,509.07	965.73	757.12	786.22			
Family Regular & 1 Complementary	0000 8CZB	\$2,927.02	1,151.38	916.06	859.58			
1 Person Regular & 2 Complementary	0000 8CZB	\$2,371.08	755.66	507.64	1,107.78			
2 Person Regular & 2 Complementary	0000 8CZB	\$3,346.31	1,188.85	878.49	1,278.97			
Family Regular & 2 Complementary	0000 8CZB	\$3,764.26	1,374.50	1,037.43	1,352.33			
1 Person Regular & 3 Complementary	0000 8CZB	\$3,208.32	978.78	629.01	1,600.53			
2 Person Regular & 3 Complementary	0000 8CZB	\$4,183.55	1,411.97	999.86	1,771.72			
Family Regular & 3 Complementary	0000 8CZB	\$4,601.50	1,597.62	1,158.80	1,845.08			
RRL			2.4200	3.2167	9.3342			

BCBSM reserves the right to adjust rate if any of the assumptions or calculations used to develop the rates are incorrect.

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Reference Number: 64039-004





Run Date: 08/19/2021  
EDP: 2353

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## BENEFIT AND RATE SCHEDULE PITTSFIELD CHARTER TOWNSHIP

Rate Effective: 01/2022 Renewal Month: January

<b>Customer ID:</b>	151458	<b>Rating Type:</b>	ASC
<b>Group-Division:</b>	007010234-0007	<b>Cluster Code:</b>	D500
		<b>County:</b>	WASHTENAW
<b>Endorsed by:</b>	Not Applicable		

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### 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 ASC	SIMPLY BLUE HEALTH SAVINGS ACCOUNT GROUP BENEFITS CERTIFICATE WITH PRESCRIPTION DRUGS ASC
PDRX ASC	PREFERRED RX PROGRAM CERTIFICATE ASC

### MEDICAL RIDERS

ADM PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
CDH-HSA	ADMINISTRATIVE FORM CDH-HSA - CONSUMER DIRECTED HEALTHCARE HEALTH SAVINGS ACCOUNT
HEQ	ADMINISTRATIVE FORM HEQ - HEALTHEQUITY
HSAPrev-WAC ASC	RIDER SB-HSA PREV-WAC ASC - SIMPLY BLUE HSA PREVENTIVE SERVICES WAIVE COST SHARING
HSAPrevRx-WAC A	RIDER SB-HSA PREV-RX-WAC ASC - SIMPLY BLUE HSA PREVENTIVE PRESCRIPTION DRUGS WAIVE COST SHARING
MYS	ADMINISTRATIVE FORM MYS - MYSTRENGTH PROGRAM
SB-HSA-AMB ASC	RIDER SB-HSA-AMB ASC - SIMPLY BLUE HEALTH SAVINGS ACCOUNT AUTISM MANDATED BENEFITS
SBD HSA OLV ASC	RIDER SBD-HSA-OLV ASC - SIMPLY BLUE HEALTH SAVINGS ACCOUNT ONLINE VISIT
SBDHSAC0IN20ONA	RIDER SBD-HSA-C 0%-IN 20%-ON ASC - SIMPLY BLUE HEALTH SAVINGS ACCOUNT COINSURANCE REQUIREMENT FOR IN-NETWORK AND OUT-OF-NETWORK SERVICES
SBHSA-D-DPP-ASC	RIDER SB-HSA-D-DPP-ASC - SIMPLY BLUE HSA WITH DRUGS DIABETES PREVENTION PROGRAM
SBHSAD-EDMP ASC	RIDER SB-HSA-D-EDMP-ASC - SIMPLY BLUE ENHANCED DIABETES MANAGEMENT PROGRAM
14/28K-28/56KAS	RIDER SBD-HSA-D-\$1400/\$2800 IN-\$2800/\$5600 ON ASC - SIMPLY BLUE HSA w/RX DEDUCTIBLE REQUIREMENTS

### DRUG RIDERS

PDTC104080RXCM	RIDER PD-TTC \$10/\$40/\$80-RXCM ASC - PRESCRIPTION DRUG TRIPLE-TIER COPAYMENT WITH A COST MANAGEMENT PROGRAM
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Reference Number: 64039-005

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Run Date: 08/19/2021  
EDP: 2354

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## BENEFIT AND RATE SCHEDULE PITTSFIELD CHARTER TOWNSHIP

Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0007

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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
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: 64039-005

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**BENEFIT AND RATE SCHEDULE**  
**PITTSFIELD CHARTER TOWNSHIP**  
Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0007

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 8CZ8	\$ 516.44	241.69	192.33	82.42			
Two Person Regular	0000 8CZ8	\$1,239.43	580.04	461.58	197.81			
Family Regular	0000 8CZ8	\$1,549.30	725.06	576.98	247.26			
One Complementary	0000 7LQ7	\$ 809.80	223.12	121.37	465.31			
Two Complementary	0000 7LQ7	\$1,619.60	446.24	242.74	930.62			
Three Complementary	0000 7LQ7	\$2,429.40	669.36	364.11	1,395.93			
1 Person Regular & 1 Complementary	0000 7LQ7	\$1,326.24	464.81	313.70	547.73			
2 Person Regular & 1 Complementary	0000 7LQ7	\$2,049.23	803.16	582.95	663.12			
Family Regular & 1 Complementary	0000 7LQ7	\$2,359.10	948.18	698.35	712.57			
1 Person Regular & 2 Complementary	0000 7LQ7	\$2,136.04	687.93	435.07	1,013.04			
2 Person Regular & 2 Complementary	0000 7LQ7	\$2,859.03	1,026.28	704.32	1,128.43			
Family Regular & 2 Complementary	0000 7LQ7	\$3,168.90	1,171.30	819.72	1,177.88			
1 Person Regular & 3 Complementary	0000 7LQ7	\$2,945.84	911.05	556.44	1,478.35			
2 Person Regular & 3 Complementary	0000 7LQ7	\$3,668.83	1,249.40	825.69	1,593.74			
Family Regular & 3 Complementary	0000 7LQ7	\$3,978.70	1,394.42	941.09	1,643.19			
RRL			2.4200	3.2167	9.3342			

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Reference Number: 64039-005



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EDP: 2356

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**BENEFIT AND RATE SCHEDULE**  
**PITTSFIELD CHARTER TOWNSHIP**  
Rate Effective: 01/2022 Renewal Month: January

<b>Customer ID:</b>	151458	<b>Rating Type:</b>	ASC
<b>Group-Division:</b>	007010234-0008	<b>Cluster Code:</b>	D500
		<b>County:</b>	WASHTENAW
<b>Endorsed by:</b>	Not Applicable		

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CB ASC	COMMUNITY BLUE GROUP BENEFITS CERTIFICATE ASC
PDRX ASC	PREFERRED RX PROGRAM CERTIFICATE ASC

**MEDICAL RIDERS**

ADM PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
CB-AMB ASC	RIDER CB-AMB ASC - COMMUNITY BLUE AUTISM MANDATED BENEFITS
CB-DPP-ASC	RIDER CB-DPP-ASC - COMMUNITY BLUE DIABETES PREVENTION PROGRAM
CB-ECM-IN\$2.5KA	RIDER CB-ECM-IN \$2500 ASC - COMMUNITY BLUE IN-NETWORK EMBEDDED COINSURANCE MAXIMUM
CB-ECM-ON \$3K A	RIDER CB-ECM-ON \$3000 ASC - COMMUNITY BLUE OUT-OF-NETWORK EMBEDDED COINSURANCE MAXIMUM
CB-EDMP-ASC	RIDER CB-EDMP-ASC - COMMUNITY BLUE ENHANCED DIABETES MANAGEMENT PROGRAM
CB-ET \$150 ASC	RIDER CB-ET \$150 ASC - COMMUNITY BLUE EMERGENCY TREATMENT COPAYMENT REQUIREMENT
CB-MTC \$30 ASC	RIDER CB-MTC \$30 ASC COMMUNITY BLUE MANIPULATIVE THERAPY COPAYMENT REQUIREMENT
CB-OPMIN 6350 A	RIDER CB-OPM-IN \$6350 ASC COMMUNITY BLUE ANNUAL OUT-OF-POCKET MAXIMUM FOR IN-NETWORK SERVICES
CB-OV \$30 ASC	RIDER CB-OV \$30 ASC - COMMUNITY BLUE OFFICE VISIT COPAYMENT REQUIREMENT
CBC 20%-IN ASC	RIDER CBC 20%-IN ASC - COMMUNITY BLUE COINSURANCE REQUIREMENT FOR IN-NETWORK SERVICES
CBC 40%-ON ASC	RIDER CBC 40%-ON ASC - COMMUNITY BLUE COINSURANCE REQUIREMENT FOR OUT-OF-NETWORK SERVICES
CBD \$1K-IN ASC	RIDER CBD \$1000-IN ASC COMMUNITY BLUE DEDUCTIBLE REQUIREMENT FOR IN-NETWORK SERVICES
CBD \$2K-ON ASC	RIDER CBD \$2000-ON ASC COMMUNITY BLUE DEDUCTIBLE REQUIREMENT FOR OUT-OF-NETWORK SERVICES
CBOLV 30 ASC	RIDER CB-OLV \$30 ASC - COMMUNITY BLUE ONLINE VISIT
CBOPMON 12.7K A	RIDER CB-OPM-ON \$12700 ASC COMMUNITY BLUE ANNUAL OUT-OF-POCKET MAXIMUM FOR OUT-OF-NETWORK SERVICES
MYSF	ADMINISTRATIVE FORM MYSF - MYSTRENGTH PROGRAM

Reference Number: 64039-006

All benefit descriptions may not be applicable to all subscribers.

**BENEFIT AND RATE SCHEDULE  
PITTSFIELD CHARTER TOWNSHIP**

Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0008

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**DRUG RIDERS**

RX-VCP ASC	RIDER RX-VCP ASC - PRESCRIPTION DRUG VARIABLE COST-SHARING PROGRAM
SP10408015%253K	Rider PD-SP-CM \$10/\$40/\$80/15%-\$150/25%-\$300 ASC - PRESCRIPTION DRUG COPAYMENTS INCLUDING SPECIALTY PHARMACY AND COST MANAGEMENT FEATURES (Pref-Rx)

**MEDICARE SUPPLEMENTAL RIDERS**

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

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**BENEFIT AND RATE SCHEDULE**  
**PITTSFIELD CHARTER TOWNSHIP**  
Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0008

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 8CZ7	\$ 541.93	228.06	207.09	106.78			
Two Person Regular	0000 8CZ7	\$1,300.65	547.35	497.02	256.28			
Family Regular	0000 8CZ7	\$1,625.80	684.18	621.27	320.35			
One Complementary	0000 8C7D	\$ 776.29	223.12	121.37	431.80			
Two Complementary	0000 8C7D	\$1,552.58	446.24	242.74	863.60			
Three Complementary	0000 8C7D	\$2,328.87	669.36	364.11	1,295.40			
1 Person Regular & 1 Complementary	0000 8C7D	\$1,318.22	451.18	328.46	538.58			
2 Person Regular & 1 Complementary	0000 8C7D	\$2,076.94	770.47	618.39	688.08			
Family Regular & 1 Complementary	0000 8C7D	\$2,402.09	907.30	742.64	752.15			
1 Person Regular & 2 Complementary	0000 8C7D	\$2,094.51	674.30	449.83	970.38			
2 Person Regular & 2 Complementary	0000 8C7D	\$2,853.23	993.59	739.76	1,119.88			
Family Regular & 2 Complementary	0000 8C7D	\$3,178.38	1,130.42	864.01	1,183.95			
1 Person Regular & 3 Complementary	0000 8C7D	\$2,870.80	897.42	571.20	1,402.18			
2 Person Regular & 3 Complementary	0000 8C7D	\$3,629.52	1,216.71	861.13	1,551.68			
Family Regular & 3 Complementary	0000 8C7D	\$3,954.67	1,353.54	985.38	1,615.75			
RRL			2.4200	3.2167	9.3342			

BCBSM reserves the right to adjust rate if any of the assumptions or calculations used to develop the rates are incorrect.

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Reference Number: 64039-006



Run Date: 08/19/2021  
EDP: 2359

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## BENEFIT AND RATE SCHEDULE PITTSFIELD CHARTER TOWNSHIP

Rate Effective: 01/2022 Renewal Month: January

<b>Customer ID:</b>	151458	<b>Rating Type:</b>	ASC
<b>Group-Division:</b>	007010234-0009	<b>Cluster Code:</b>	D500
		<b>County:</b>	WASHTENAW
<b>Endorsed by:</b>	Not Applicable		

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 ASC	SIMPLY BLUE HEALTH SAVINGS ACCOUNT GROUP BENEFITS CERTIFICATE WITH PRESCRIPTION DRUGS ASC
PDRX ASC	PREFERRED RX PROGRAM CERTIFICATE ASC

### MEDICAL RIDERS

ADM PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
CDH-HSA	ADMINISTRATIVE FORM CDH-HSA - CONSUMER DIRECTED HEALTHCARE HEALTH SAVINGS ACCOUNT
HEQ	ADMINISTRATIVE FORM HEQ - HEALTHEQUITY
HSAPrev-WAC ASC	RIDER SB-HSA PREV-WAC ASC - SIMPLY BLUE HSA PREVENTIVE SERVICES WAIVE COST SHARING
HSAPrevRx-WAC A	RIDER SB-HSA PREV-RX-WAC ASC - SIMPLY BLUE HSA PREVENTIVE PRESCRIPTION DRUGS WAIVE COST SHARING
MYS	ADMINISTRATIVE FORM MYS - MYSTRENGTH PROGRAM
SB-HSA-AMB ASC	RIDER SB-HSA-AMB ASC - SIMPLY BLUE HEALTH SAVINGS ACCOUNT AUTISM MANDATED BENEFITS
SBD HSA OLV ASC	RIDER SBD-HSA-OLV ASC - SIMPLY BLUE HEALTH SAVINGS ACCOUNT ONLINE VISIT
SBDHSA0IN20ONA	RIDER SBD-HSA-C 0%-IN 20%-ON ASC - SIMPLY BLUE HEALTH SAVINGS ACCOUNT COINSURANCE REQUIREMENT FOR IN-NETWORK AND OUT-OF-NETWORK SERVICES
SBHSA-D-DPP-ASC	RIDER SB-HSA-D-DPP-ASC - SIMPLY BLUE HSA WITH DRUGS DIABETES PREVENTION PROGRAM
SBHSA-D-EDMP-ASC	RIDER SB-HSA-D-EDMP-ASC - SIMPLY BLUE ENHANCED DIABETES MANAGEMENT PROGRAM
14/28K-28/56KAS	RIDER SBD-HSA-D-\$1400/\$2800 IN-\$2800/\$5600 ON ASC - SIMPLY BLUE HSA w/RX DEDUCTIBLE REQUIREMENTS

### DRUG RIDERS

PDTTC104080RXCM	RIDER PD-TTC \$10/\$40/\$80-RXCM ASC - PRESCRIPTION DRUG TRIPLE-TIER COPAYMENT WITH A COST MANAGEMENT PROGRAM
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Reference Number: 64039-900

All benefit descriptions may not be applicable to all subscribers.



Run Date: 08/19/2021  
EDP: 2360

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## BENEFIT AND RATE SCHEDULE PITTSFIELD CHARTER TOWNSHIP

Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0009

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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
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: 64039-900

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**BENEFIT AND RATE SCHEDULE**  
**PITTSFIELD CHARTER TOWNSHIP**  
Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0009

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 8CZ8	\$ 516.44	241.69	192.33	82.42			
Two Person Regular	0000 8CZ8	\$1,239.43	580.04	461.58	197.81			
Family Regular	0000 8CZ8	\$1,549.30	725.06	576.98	247.26			
One Complementary	0000 7LQ7	\$ 809.80	223.12	121.37	465.31			
Two Complementary	0000 7LQ7	\$1,619.60	446.24	242.74	930.62			
Three Complementary	0000 7LQ7	\$2,429.40	669.36	364.11	1,395.93			
1 Person Regular & 1 Complementary	0000 7LQ7	\$1,326.24	464.81	313.70	547.73			
2 Person Regular & 1 Complementary	0000 7LQ7	\$2,049.23	803.16	582.95	663.12			
Family Regular & 1 Complementary	0000 7LQ7	\$2,359.10	948.18	698.35	712.57			
1 Person Regular & 2 Complementary	0000 7LQ7	\$2,136.04	687.93	435.07	1,013.04			
2 Person Regular & 2 Complementary	0000 7LQ7	\$2,859.03	1,026.28	704.32	1,128.43			
Family Regular & 2 Complementary	0000 7LQ7	\$3,168.90	1,171.30	819.72	1,177.88			
1 Person Regular & 3 Complementary	0000 7LQ7	\$2,945.84	911.05	556.44	1,478.35			
2 Person Regular & 3 Complementary	0000 7LQ7	\$3,668.83	1,249.40	825.69	1,593.74			
Family Regular & 3 Complementary	0000 7LQ7	\$3,978.70	1,394.42	941.09	1,643.19			
RRL			2.4200	3.2167	9.3342			

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Reference Number: 64039-900



Run Date: 08/19/2021  
EDP: 2362

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## BENEFIT AND RATE SCHEDULE PITTSFIELD CHARTER TOWNSHIP

Rate Effective: 01/2022 Renewal Month: January

<b>Customer ID:</b>	151458	<b>Rating Type:</b>	ASC
<b>Group-Division:</b>	007010234-0010	<b>Cluster Code:</b>	D500
		<b>County:</b>	WASHTENAW
<b>Endorsed by:</b>	Not Applicable		

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)
CB ASC	COMMUNITY BLUE GROUP BENEFITS CERTIFICATE ASC
PDRX ASC	PREFERRED RX PROGRAM CERTIFICATE ASC

### MEDICAL RIDERS

ADM PLANR JAN	ADMINISTRATIVE RIDER PLAN YEAR - JANUARY
CB-AMB ASC	RIDER CB-AMB ASC - COMMUNITY BLUE AUTISM MANDATED BENEFITS
CB-DPP-ASC	RIDER CB-DPP-ASC - COMMUNITY BLUE DIABETES PREVENTION PROGRAM
CB-ECM-IN\$2.5KA	RIDER CB-ECM-IN \$2500 ASC - COMMUNITY BLUE IN-NETWORK EMBEDDED COINSURANCE MAXIMUM
CB-ECM-ON \$3K A	RIDER CB-ECM-ON \$3000 ASC - COMMUNITY BLUE OUT-OF-NETWORK EMBEDDED COINSURANCE MAXIMUM
CB-EDMP-ASC	RIDER CB-EDMP-ASC - COMMUNITY BLUE ENHANCED DIABETES MANAGEMENT PROGRAM
CB-ET \$150 ASC	RIDER CB-ET \$150 ASC - COMMUNITY BLUE EMERGENCY TREATMENT COPAYMENT REQUIREMENT
CB-MTC \$30 ASC	RIDER CB-MTC \$30 ASC COMMUNITY BLUE MANIPULATIVE THERAPY COPAYMENT REQUIREMENT
CB-OPMIN 6350 A	RIDER CB-OPM-IN \$6350 ASC COMMUNITY BLUE ANNUAL OUT-OF-POCKET MAXIMUM FOR IN-NETWORK SERVICES
CB-OV \$30 ASC	RIDER CB-OV \$30 ASC - COMMUNITY BLUE OFFICE VISIT COPAYMENT REQUIREMENT
CBC 20%-IN ASC	RIDER CBC 20%-IN ASC - COMMUNITY BLUE COINSURANCE REQUIREMENT FOR IN-NETWORK SERVICES
CBC 40%-ON ASC	RIDER CBC 40%-ON ASC - COMMUNITY BLUE COINSURANCE REQUIREMENT FOR OUT-OF-NETWORK SERVICES
CBD \$1K-IN ASC	RIDER CBD \$1000-IN ASC COMMUNITY BLUE DEDUCTIBLE REQUIREMENT FOR IN-NETWORK SERVICES
CBD \$2K-ON ASC	RIDER CBD \$2000-ON ASC COMMUNITY BLUE DEDUCTIBLE REQUIREMENT FOR OUT-OF-NETWORK SERVICES
CBOLV 30 ASC	RIDER CB-OLV \$30 ASC - COMMUNITY BLUE ONLINE VISIT
CBOPMON 12.7K A	RIDER CB-OPM-ON \$12700 ASC COMMUNITY BLUE ANNUAL OUT-OF-POCKET MAXIMUM FOR OUT-OF-NETWORK SERVICES
MYSF	ADMINISTRATIVE FORM MYSF - MYSTRENGTH PROGRAM

Reference Number: 64039-901

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Run Date: 08/19/2021  
EDP: 2363

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## BENEFIT AND RATE SCHEDULE PITTSFIELD CHARTER TOWNSHIP

Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0010

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### DRUG RIDERS

RX-VCP ASC	RIDER RX-VCP ASC - PRESCRIPTION DRUG VARIABLE COST-SHARING PROGRAM
SP10408015%253K	Rider PD-SP-CM \$10/\$40/\$80/15%-\$150/25%-\$300 ASC - PRESCRIPTION DRUG COPAYMENTS INCLUDING SPECIALTY PHARMACY AND COST MANAGEMENT FEATURES (Pref-Rx)

### MEDICARE SUPPLEMENTAL RIDERS

ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG
GCP-D	RIDER GCP-D
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: 64039-901

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**BENEFIT AND RATE SCHEDULE**  
**PITTSFIELD CHARTER TOWNSHIP**  
Rate Effective: 01/2022 Renewal Month: January

Customer ID: 151458 Group-Division: 007010234-0010

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 8CZ7	\$ 541.93	228.06	207.09	106.78			
Two Person Regular	0000 8CZ7	\$1,300.65	547.35	497.02	256.28			
Family Regular	0000 8CZ7	\$1,625.80	684.18	621.27	320.35			
One Complementary	0000 8C7D	\$ 776.29	223.12	121.37	431.80			
Two Complementary	0000 8C7D	\$1,552.58	446.24	242.74	863.60			
Three Complementary	0000 8C7D	\$2,328.87	669.36	364.11	1,295.40			
1 Person Regular & 1 Complementary	0000 8C7D	\$1,318.22	451.18	328.46	538.58			
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Family Regular & 1 Complementary	0000 8C7D	\$2,402.09	907.30	742.64	752.15			
1 Person Regular & 2 Complementary	0000 8C7D	\$2,094.51	674.30	449.83	970.38			
2 Person Regular & 2 Complementary	0000 8C7D	\$2,853.23	993.59	739.76	1,119.88			
Family Regular & 2 Complementary	0000 8C7D	\$3,178.38	1,130.42	864.01	1,183.95			
1 Person Regular & 3 Complementary	0000 8C7D	\$2,870.80	897.42	571.20	1,402.18			
2 Person Regular & 3 Complementary	0000 8C7D	\$3,629.52	1,216.71	861.13	1,551.68			
Family Regular & 3 Complementary	0000 8C7D	\$3,954.67	1,353.54	985.38	1,615.75			
RRL			2.4200	3.2167	9.3342			

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Reference Number: 64039-901