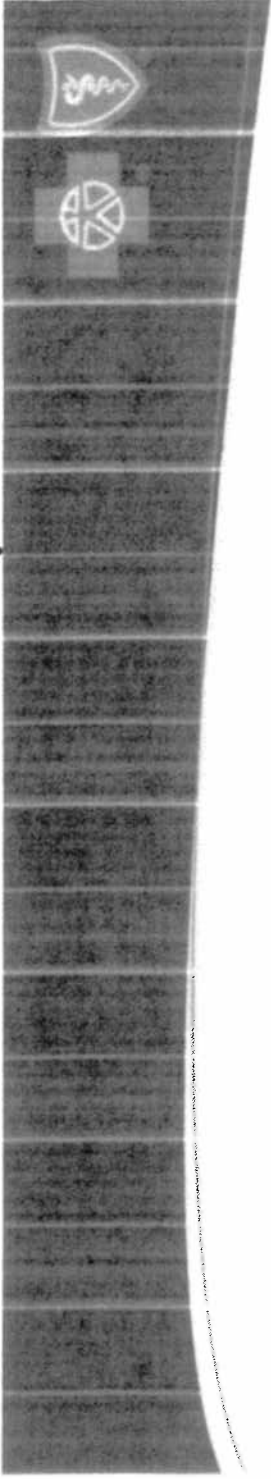


Everyone



$G = 24$   
 $D = 27$   
 $F = 71$

## Blue Cross Blue Shield of Michigan

### Fully Insured Illustrative Rates

for

### COMSTOCK PARK SCHOOLS

Effective July 1, 2014 - June 30, 2015

April 28, 2014

# COMSTOCK PARK SCHOOLS

Effective July 1, 2014 - June 30, 2015

Menu A with Rx #1	Medical	Rx	OV/UC/ER	Illustrative Rates			Taxes & Fees			Total After Taxes		
				One Person	Two Person	Family (w/DCCR)	One Person	Two Person	Family (w/DCCR)	One Person	Two Person	Family (w/DCCR)
SB \$1,000 ECM		\$15/\$50/50%/20%/25%	\$30/\$50/\$60/\$150	\$502.44	\$1,205.85	\$1,507.3	\$29.34	\$66.24	\$88.01	\$531.77	\$1,274.09	\$1,595.32
SB (HSA) \$1,250; 20%		\$15/\$50/50%/20%/25%	N/A*	\$483.84	\$1,089.21	\$1,361.5	\$27.02	\$62.69	\$81.07	\$480.86	\$1,151.90	\$1,442.59
SB \$2,500 ECM		\$15/\$50/50%/20%/25%	\$30/\$50/\$60/\$150	\$449.38	\$1,078.51	\$1,348.1	\$26.81	\$62.18	\$80.43	\$476.19	\$1,140.68	\$1,428.56
SB (HSA) \$3,000; 20%		\$15/\$50/50%/20%/25%	N/A*	\$356.90	\$856.57	\$1,070.7	\$22.41	\$51.61	\$67.23	\$379.31	\$908.18	\$1,137.94
SB \$4,000		\$15/\$50/50%/20%/25%	\$30/\$50/\$60/\$150	\$429.04	\$1,025.70	\$1,287.1	\$25.84	\$55.85	\$77.53	\$454.88	\$1,089.55	\$1,364.65
<b>Menu A with Rx #2</b>												
SB \$1,000 ECM		\$0/\$40/\$80 RXCM	\$30/\$50/\$60/\$150	\$535.09	\$1,284.23	\$1,605.24	\$30.89	\$71.97	\$92.67	\$565.98	\$1,356.19	\$1,697.95
SB (HSA) \$1,250; 20%		\$0/\$40/\$80 RXCM	N/A*	\$460.39	\$1,104.94	\$1,381.1	\$27.33	\$65.44	\$82.00	\$487.73	\$1,168.38	\$1,463.18
SB \$2,500 ECM		\$0/\$40/\$80 RXCM	\$30/\$50/\$60/\$150	\$482.03	\$1,156.88	\$1,446.1	\$28.36	\$66.91	\$85.09	\$510.40	\$1,221.79	\$1,531.19
SB (HSA) \$3,000; 20%		\$0/\$40/\$80 RXCM	N/A*	\$361.85	\$868.45	\$1,085.54	\$22.64	\$52.18	\$67.93	\$384.50	\$920.63	\$1,153.49
SB \$4,000		\$0/\$40/\$80 RXCM	\$30/\$50/\$60/\$150	\$462.52	\$1,110.04	\$1,387.5	\$27.44	\$65.68	\$82.31	\$489.95	\$1,175.72	\$1,469.86
<b>Menu B with Rx #1</b>												
SB \$250 ECM		\$15/\$50/50%/20%/25%	\$20/\$40/\$60/\$150	\$571.95	\$1,372.67	\$1,715.84	\$32.64	\$76.18	\$97.93	\$604.59	\$1,448.85	\$1,813.77
SB \$500 ECM		\$15/\$50/50%/20%/25%	\$20/\$40/\$60/\$150	\$550.30	\$1,320.72	\$1,650.94	\$31.61	\$75.71	\$94.84	\$581.92	\$1,394.43	\$1,745.75
SB \$1,000 ECM		\$15/\$50/50%/20%/25%	\$30/\$60/\$50/\$150	\$592.44	\$1,205.85	\$1,507.3	\$29.34	\$66.24	\$88.01	\$531.77	\$1,274.09	\$1,595.32
SB (HSA) \$1,250; 20%		\$15/\$50/50%/20%/25%	N/A*	\$453.84	\$1,089.21	\$1,361.5	\$27.02	\$62.69	\$81.07	\$480.86	\$1,151.90	\$1,442.59
SB (HSA) \$2,000; 0%		\$15/\$50/50%/20%/25%	N/A*	\$430.10	\$1,032.25	\$1,290.3	\$25.89	\$55.98	\$77.68	\$456.00	\$1,092.23	\$1,367.99
<b>Menu B with Rx #2</b>												
SB \$250 ECM		\$0/\$40/\$80 RXCM	\$20/\$40/\$60/\$150	\$604.60	\$1,451.04	\$1,813.8	\$34.20	\$75.91	\$102.60	\$638.80	\$1,530.95	\$1,916.40
SB \$500 ECM		\$0/\$40/\$80 RXCM	\$20/\$40/\$60/\$150	\$582.96	\$1,399.10	\$1,748.8	\$33.17	\$74.44	\$99.51	\$616.13	\$1,476.53	\$1,848.38
SB \$1,000 ECM		\$0/\$40/\$80 RXCM	\$30/\$60/\$50/\$150	\$555.09	\$1,284.23	\$1,605.24	\$30.89	\$71.97	\$92.67	\$565.98	\$1,356.19	\$1,697.95
SB (HSA) \$1,250; 20%		\$0/\$40/\$80 RXCM	N/A*	\$460.39	\$1,104.94	\$1,381.1	\$27.33	\$65.44	\$82.00	\$487.73	\$1,168.38	\$1,463.18
SB (HSA) \$2,000; 0%		\$0/\$40/\$80 RXCM	N/A*	\$437.60	\$1,050.23	\$1,312.74	\$26.25	\$60.83	\$78.75	\$463.85	\$1,111.06	\$1,391.54

Optional Riders	Illustrative Rate Impacts		
	One Person	Two Person	Family (w/DCCR)
DIP	\$0.00	\$0.00	\$0.00
EA 1	\$1.03	\$2.48	\$3.10
XED-MHP (Rider rate is dependant on plan, see chart below)			
SB \$250, SB \$500, SB \$1,000, SB \$2,500, SB \$4,000			
SB (HSA) \$1,250; 20%	(\$3.70)	(\$8.88)	(\$11.10)
SB (HSA) \$2,000; 0%	(\$2.19)	(\$5.25)	(\$6.56)
SB (HSA) \$3,000; 20%	(\$1.85)	(\$4.44)	(\$5.55)
SB (HSA) \$3,000; 20%	(\$1.68)	(\$4.04)	(\$5.05)
SB \$250, SB \$500, SB \$1,000	(\$4.71)	(\$11.30)	(\$14.13)
SB \$2,500, SB \$4,000	(\$4.54)	(\$10.90)	(\$13.62)
SB (HSA) \$1,250; 20%	(\$2.52)	(\$6.06)	(\$7.57)
SB (HSA) \$2,000; 0%	(\$2.02)	(\$4.84)	(\$6.06)
SB (HSA) \$3,000; 20%	(\$1.85)	(\$4.44)	(\$5.55)

\*Subject to Deductible and Copay

Optional Riders: Optional Riders must be added to the premium above to estimate the expected illustrative rates.

## A Summary of Benefits and Coverage corresponding to the coverage being quoted is available electronically by selecting "Summary of Benefits and Coverage"

Under Product Information on the agent secured services.

The group's first renewal will be based on the current pricing trend, changes in demographics, the risk profile, and changes to rating factors.

**ERS Relative Rate Levels:**

These figures include certain federal taxes and fees established by the Affordable Care Act as well as certain state taxes and assessments. This figure may differ from the actual amount of the net cost per contract.

**Taxes & Fees Assumptions**

- Group should consider its own legal counsel regarding responsibility for any taxes and/or fees imposed by the Affordable Care Act or other federal, state, or local laws.
- The Taxes and Fees listed in this addendum are estimates as a percentage of the monthly figure. They are based on the assumption of a single member, single contract, 2 members per family contract. The actual amount of the net cost per contract may differ.
- The standard BCBM copayment does not apply to the rates above due to the inclusion of the taxes and fees.
- Please note when comparing BCBM to BCBM, the taxes and fees will differ for HMO products.
- Marketplace Fee & Rate Assessment: Tax will not be charged to groups enrolling in self-funded clients.

**As required by the Transparency Regulations, we do not intend to use this information to avoid payment under the Internal Revenue Code.**

**Employee Eligibility Assumptions**

We are quoting this cost only with the understanding that the group is subject to the employer minimum rate. This quote assumes a 30-hour employee and a 30-hour employer (mandated) employer (IRC section 30.1 and additionally the employer's minimum rate definition as listed below).

**Common Law Employee**

Determining whether an employee is based on the "common law" principle. An employee is an individual who performs services which are subject to the will and control of an employer, both of which shall be done in total employment relationship.

*The employer has the right to control the method and order of the services performed.*

*The employee is subject to discharge by the employer's discretion.*

**Proposal Qualifier:**

- 1.) The rates above may differ from final rates due to rounding differences. Once a commitment to purchase is made, final rates may be provided upon request.
- 2.) BCBM reserves the right to require a higher membership or enrollment percentage than the percentage assumptions. A higher percentage may be completed or a waitlist enrollment and the difference is known.
- 3.) The rates above are based on an expected enrollment of 122 contracts.
- 4.) The illustration represents ERS - For a fully insured arrangement at \$75,000 specific to the attachment point. They may be used for illustration purposes for a self-funded group.
- 5.) Proposed rates are a 75% participation rate with no other carrier of record.
- 6.) Benefits include COBRA.
- 7.) The glidepath plan fee of \$5 per contract per month is in addition to the rate above.
- 8.) Deductibles, copayments, and copayment structures are any of the following: applicable healthcare programs cannot be reimbursed by a third party administrator, employer-funded flexible spending Account or an employer-funded flexible spending Account arrangement. (1) may be funded flexible spending accounts are allowed in these plans.
  - Simply Flexible
  - Simply Flexible (may be paired with a HSA only)
  - Any pre-emptive for drug coverage, except for the Blue integrated plan (available for groups under 100 contracts only)

Cross Field RX  
2,897.1 1,685 16,552

\* everyone



# Blue Care Network of Michigan

## Fully Insured Illustrative Rates for COMSTOCK PARK SCHOOLS

Effective July 1, 2014 - June 30, 2015  
April 2, 2014



# COMSTOCK PARK SCHOOLS

Effective July 1, 2014 - June 30, 2015

Medical	Rx	OV/UC/ER	Illustrative Rates				Taxes & Fees				Total After Taxes			
			One Person	Two Person	Family (w/DCCR)	One Person	Two Person	Family (w/DCCR)	One Person	Two Person	Family (w/DCCR)			
<b>Menu A with Rx #1</b>														
BCN \$1,000, MDOOPM	\$4/\$15/\$40/\$80/20%/20%	\$30/\$50/\$50/\$150	\$450.63	\$1,013.92	\$1,261.77	\$13.85	\$29.80	\$45.28	\$464.48	\$1,043.72	\$1,307.04	\$453.84	\$1,019.78	\$1,277.25
BCN (HSA) \$1,250; 20%	\$4/\$15/\$40/\$80/20%/20%	N/A*	\$440.19	\$990.42	\$1,232.52	\$13.65	\$29.36	\$44.73	\$402.63	\$904.56	\$1,133.87	\$350.32	\$786.86	\$987.39
BCN \$2,500, MDOOPM	\$4/\$15/\$40/\$80/20%/20%	\$30/\$50/\$50/\$150	\$389.52	\$877.31	\$1,091.77	\$12.71	\$27.25	\$42.10	\$350.32	\$786.86	\$987.39	\$355.04	\$797.48	\$1,000.61
BCN (HSA) \$3,000; 20%	\$4/\$15/\$40/\$80/20%/20%	N/A*	\$338.56	\$761.77	\$947.98	\$11.75	\$25.09	\$39.41	\$350.32	\$786.86	\$987.39	\$355.04	\$797.48	\$1,000.61
BCN \$4,000, MDOOPM	\$4/\$15/\$40/\$80/20%/20%	\$30/\$50/\$50/\$150	\$343.20	\$772.20	\$960.96	\$11.84	\$25.28	\$39.65	\$355.04	\$797.48	\$1,000.61	\$355.04	\$797.48	\$1,000.61
<b>Menu A with Rx #2</b>														
BCN \$1,000, MDOOPM	\$10/\$40/\$80	\$30/\$50/\$50/\$150	\$452.52	\$1,018.17	\$1,267.06	\$13.88	\$29.88	\$45.37	\$466.40	\$1,048.05	\$1,312.44	\$454.40	\$1,021.04	\$1,278.81
BCN (HSA) \$1,250; 20%	\$10/\$40/\$80	N/A*	\$440.73	\$991.65	\$1,234.06	\$13.66	\$29.38	\$44.76	\$404.25	\$908.20	\$1,138.40	\$350.66	\$787.64	\$988.37
BCN \$2,500, MDOOPM	\$10/\$40/\$80	\$30/\$50/\$50/\$150	\$391.51	\$880.89	\$1,096.22	\$12.74	\$27.31	\$42.18	\$350.66	\$787.64	\$988.37	\$350.66	\$787.64	\$988.37
BCN (HSA) \$3,000; 20%	\$10/\$40/\$80	N/A*	\$338.91	\$762.54	\$948.94	\$11.76	\$25.10	\$39.43	\$350.66	\$787.64	\$988.37	\$350.66	\$787.64	\$988.37
BCN \$4,000, MDOOPM	\$10/\$40/\$80	\$30/\$50/\$50/\$150	\$344.79	\$775.77	\$965.41	\$11.87	\$25.35	\$39.73	\$356.66	\$801.12	\$1,005.14	\$356.66	\$801.12	\$1,005.14
<b>Menu B with Rx #1</b>														
BCN \$250, MDOOPM	\$4/\$15/\$40/\$80/20%/20%	\$20/\$40/\$40/\$150	\$529.95	\$1,192.38	\$1,483.85	\$15.33	\$33.14	\$49.43	\$545.28	\$1,225.52	\$1,533.28	\$525.74	\$1,181.55	\$1,478.56
BCN \$500, MDOOPM	\$4/\$15/\$40/\$80/20%/20%	\$20/\$40/\$40/\$150	\$510.76	\$1,149.22	\$1,430.14	\$14.97	\$32.33	\$48.42	\$464.48	\$1,043.72	\$1,307.04	\$464.48	\$1,043.72	\$1,307.04
BCN \$1,000, MDOOPM	\$4/\$15/\$40/\$80/20%/20%	\$30/\$50/\$50/\$150	\$440.19	\$990.42	\$1,261.77	\$13.85	\$29.80	\$45.28	\$453.84	\$1,019.78	\$1,277.25	\$453.84	\$1,019.78	\$1,277.25
BCN (HSA) \$1,250; 20%	\$4/\$15/\$40/\$80/20%/20%	N/A*	\$440.19	\$990.42	\$1,261.77	\$13.85	\$29.36	\$44.73	\$453.84	\$1,019.78	\$1,277.25	\$453.84	\$1,019.78	\$1,277.25
BCN (HSA) \$2,000; 0%	\$4/\$15/\$40/\$80/20%/20%	N/A*	\$454.38	\$1,022.36	\$1,272.27	\$13.92	\$29.96	\$45.47	\$468.30	\$1,052.32	\$1,317.74	\$468.30	\$1,052.32	\$1,317.74
<b>Menu B with Rx #2</b>														
BCN \$250, MDOOPM	\$10/\$40/\$80	\$20/\$40/\$40/\$150	\$531.84	\$1,196.64	\$1,489.15	\$15.37	\$33.22	\$49.53	\$547.20	\$1,229.85	\$1,538.67	\$527.66	\$1,185.88	\$1,483.96
BCN \$500, MDOOPM	\$10/\$40/\$80	\$20/\$40/\$40/\$150	\$512.66	\$1,153.47	\$1,435.44	\$15.01	\$32.41	\$48.52	\$527.66	\$1,185.88	\$1,483.96	\$527.66	\$1,185.88	\$1,483.96
BCN \$1,000, MDOOPM	\$10/\$40/\$80	\$30/\$50/\$50/\$150	\$452.52	\$1,018.17	\$1,267.06	\$13.88	\$29.88	\$45.37	\$466.40	\$1,048.05	\$1,312.44	\$466.40	\$1,048.05	\$1,312.44
BCN (HSA) \$1,250; 20%	\$10/\$40/\$80	N/A*	\$440.73	\$991.65	\$1,234.06	\$13.66	\$29.38	\$44.76	\$404.25	\$908.20	\$1,138.40	\$404.25	\$908.20	\$1,138.40
BCN (HSA) \$2,000; 0%	\$10/\$40/\$80	N/A*	\$454.12	\$1,021.77	\$1,271.54	\$13.91	\$29.95	\$45.46	\$468.03	\$1,051.72	\$1,317.00	\$468.03	\$1,051.72	\$1,317.00

### Illustrative Rate Impacts

One Person	Two Person	Family (w/DCCR)
(\$0.12)	(\$0.27)	(\$0.34)
(\$1.04)	(\$2.34)	(\$2.92)

Optional Riders: Optional Riders must be added to the premium above to estimate the expected illustrative rates.

WPT  
XHRX

\*Subject to Deductible and Copay

**A Summary of Benefits and Coverage corresponding to the coverage being quoted is available electronically by selecting "Summary of Benefits and Coverage" under Product Information on the agent secured services.**

The group's first renewal will be based on the current pricing trend, changes in demographics, the risk profile, and changes to rating factors.

**BCN ERS RRFs:**

<b>Medical</b>	<b>Rx</b>
1.2563	1.2563

**These figures include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.**

**Taxes & Fees Assumptions**

- Group should consult its own legal counsel regarding responsibility for any taxes and/or fees imposed by the Affordable Care Act or other federal laws.
- The Taxes and Fees reflected in this addendum are estimates as a per contract per month figure. These figures assume 1 member per single contract, 2 members per 2 person contract and 4 members per family contract. The actual amount of the taxes and fees per contract per month will change based on actual enrollment.
- \*The standard BCBSM sloping does not apply to the rates above due to the inclusion of the taxes and fees.
- \*Please note when comparing BCBSM to BCN, some taxes and fees will differ for HMO products.
- \*Marketplace Fee & Risk Adjustment Tax will not be charged to groups enrolling 51 or more contracts or any self-funded clients.

**As required by US Treasury Regulations, we also inform you that any tax information contained in this communication is not intended to be used and cannot be used by any taxpayer to avoid penalties under the Internal Revenue Code.**

**Employee Eligibility Assumptions**

We are quoting this group with the understanding that the group is subject to the employer mandate. This quote assumes group's employees are full-time employees working 30 hours a week as defined by employer mandate provision – IRC section 4980H and additionally the employees meet the common law definition as listed below.

**Common Law Employee:**

Determining who is an employee is based on "common law" principles:

- An employee is an individual who performs services which are subject to the will and control of an employer, both as to what shall be done and to how it shall be done. Specific employment requirements include the following:
- *The employer has the right to control both the method and result of the services performed.*
- *The employee is subject to discharge at the employer's discretion*

**Proposal Qualifiers:**

- 1.) The rates above may differ from final sold rates due to rounding differences. Once a commitment to purchase BCBSM is made, final sold rates may be provided upon request.
- 2.) BCBSM reserves the right to request if enrollment or membership mix changes by greater than ten percent variance from the proposal assumptions. A final proposal may be completed once actual enrollment and benefit selections are known.
- 3.) The rates above are based on an expected enrollment of 122 contracts.
- 4.) The illustrative rates represent a fully insured arrangement.
- 5.) Proposed rates assume a 75% participation level with no other carrier offered.
- 6.) Benefits include MOPD2X.
- 7.) The GlidePath admin fee of \$5 per contract per month is in addition to the rates above.
- 8.) Deductibles, coinsurance, and copayments under the any of the following applicable healthcare programs cannot be reimbursed by any third party administrator, employer funded Flexible Spending Account or any other employer funded reimbursement arrangement. Only employee-funded Flexible Spending Accounts are allowed with these plans.
  - Simply Blue
  - Simply Blue HSA (may be paired with an HSA only)
  - Any prescription drug coverage, except Flexible Blue integrated plans (valid groups under 100 contracts only)

Traditional -> not competitive



# Blue Cross Blue Shield of Michigan

## Illustrative Rates for COMSTOCK PARK PUBLIC SCHOOLS Effective July 1, 2014



# COMSTOCK PARK PUBLIC SCHOOLS

Effective July 1, 2014

Illustrative Rates		Taxes & Fees		Total Including Taxes	
One Person	Two Person	One Person	Two Person	One Person	Two Person
\$499.01	\$1,197.64	\$29.17	\$67.85	\$528.19	\$1,265.48
\$746.26	\$1,791.01	\$40.94	\$96.09	\$787.20	\$1,887.11
\$673.12	\$1,615.49	\$37.46	\$87.74	\$710.58	\$1,703.23

Illustrative Rates		Taxes & Fees		Total Including Taxes	
One Person	Two Person	One Person	Two Person	One Person	Two Person
\$930.13	\$1,497.04	\$92.94	\$92.94	\$1,589.98	\$1,589.98
\$1,092.44	\$2,238.77	\$128.25	\$128.25	\$1,265.48	\$1,589.98
\$968.98	\$2,019.37	\$117.80	\$117.80	\$1,137.17	\$1,137.17

**Medical & Prescription Drugs (All Copays, Coinsurances, & Deductibles apply to OOPM)**

- Simply Blue SB HSA \$1,250 / 0% - In Network \$1,250 Ded/0%, \$2,250 OOPM, Out Network \$2,500 Ded/20%, \$4,500 OOPM, A-XEA-LG, SB HSA w/Rx LG Group Benefit Cert / PD-GB \$10/\$60 MO2x LG / PD-PT / Rx-90-2X LG,
- Community Blue 3 EOM - In Network \$250 Ded/20%, \$1,000/\$6,350 OOPM, Out Network \$500 Ded/40%, \$3,000/\$12,700 OOPM, ER \$150, \$20 OV / \$20 MT, A-XEA-LG, Pref Rx Cert / PD-GB \$10/\$40 LG / MOFD2X LG / PD-PT / Rx-90-2X LG,
- Community Blue 4 EOM - In Network \$500 Ded/20%, \$1,500/\$6,350 OOPM, Out Network \$1,000 Ded/40%, \$3,000/\$12,700 OOPM, ER \$150, \$20 OV / \$20 MT, A-XEA-LG, Pref Rx Cert / PD-TTC \$15/\$30/\$60 RXGM LG,

Refer to the Benefits at a Glance for a full benefit description.

The group's first renewal will be based on the current pricing trend, changes in demographics, the risk profile, and changes to rating factors.

**This quote is for financial purposes only.**

**ERS Relative Rate Levels:**

Cross	2.8973	Dental	Vision
Shield	1.9685	Rx	16.6532





**Proposal Assumptions/Disclaimers:**

SIC Code	8211	MI Contracts	122	Single	24
Average Age	48	Non-MI Contracts	0	2 Person Family	27
Medical/Rx Agent Fee	Non-Standard - 2% Flat			Comp's	71
				Opt Out's	0
					37

◊ BCBSM has included the member cost out of pocket maximum accumulator in the 2014 benefit designs. Your BCBSM benefits may be richer than a competitor not using an accumulator.  
 ◊ These figures include certain federal taxes and fees established by the Affordable Care Act as well as certain state taxes and assessments. The figures are estimates and may change for future billings.

**Taxes & Fees Assumptions**

• Group should consult its own legal counsel regarding responsibility for any taxes and/or fees imposed by the Affordable Care Act or other federal laws.  
 • The Taxes and Fees reflected in this addendum are estimates as a per contract per month figure. These figures assume 1 member per single contract, 2 members per 2 person contract and 4 members per family contract. The actual amount of the taxes and fees per contract per month will change based on actual enrollment.

\*The standard BCBSM stopping does not apply to the rates above due to the inclusion of the taxes and fees.

\*\*Please note when comparing BCBSM to BCN, some taxes and fees will differ for HMO products.

\*\*Marketplace Fee & Risk Adjustment Tax will not be charged to groups enrolling 51 or more contracts or any self-funded clients.

*As required by US Treasury Regulations, we also inform you that any tax information contained in this communication is not intended to be used and cannot be used by any taxpayer to avoid penalties under the Internal Revenue Code.*

**Employee Eligibility Assumptions**

We are quoting this group with the understanding that the group is subject to the employer mandate. This quote assumes group's employees are full-time employees working 30 hours a week as defined by employer mandate provision - IRC section 4980H and additionally the employees meet the common law definition as listed below.

**Common Law Employee:**

Determining who is an employee is based on "common law" principles:

An employee is an individual who performs services which are subject to the will and control of an employer, both as to what shall be done and to how it shall be done. Specific employment requirements include the following:

- The employer has the right to control both the method and result of the services performed.
- The employee is subject to discharge at the employer's discretion

**Proposal Qualifiers:**

- 1.) The rates above may differ from final rates due to rounding differences. Once a commitment to purchase BCBSM is made, final rates may be provided upon request.
- 2.) BCBSM reserves the right to quote if enrollment or membership mix changes by greater than ten percent variance from the proposal assumptions. A final proposal may be completed once actual enrollment and benefit selections are known.
- 3.) The rates above are based on an expected enrollment of 122 contracts.
- 4.) The illustrative rates represent ERS - Formula III fully insured arrangement at \$75,000 specific stop-loss attachment point. They may be used for illustrative purposes for a self-funded program.
- 5.) Complementary rates assume a Medicare 2+1 option for all medical benefit offerings.
- 6.) Rates above are valid for Total Replacement (100% BCBSM enrollment) which does not include any BCN enrollment.
- 7.) Deductibles, coinsurance, and copayments under the any of the following applicable healthcare programs cannot be reimbursed by any third party administrator, employer funded Flexible Spending Account or any other employer funded reimbursement arrangement. Only employee funded Flexible Spending Accounts are allowed with these plans.
  - Simply Blue
  - Simply Blue HSA (may be paired with an HSA only)
  - Healthy Blue Outcomes
  - Blue Core Plus<sup>SM</sup>
  - Community Blue Plan 19
  - Community Blue Plan 20
  - Any prescription drug coverage, except Flexible Blue Integrated plans (valid groups under 100 contracts only)



# Blue Cross Blue Shield of Michigan

## Fully Insured Illustrative Rates for Comstock Park Public Schools - Certified Staff

Effective July 1, 2014 - June 30, 2015

Quote Provided by:  
April 16, 2014



# Comstock Park Public Schools - Certified Staff

Effective July 1, 2014 - June 30, 2015

Medical	Rx	OV/UC/ER	Illustrative Rates			Taxes & Fees			Total After Taxes		
			One Person	Two Person	Family (w/DCCR)	One Person	Two Person	Family (w/DCCR)	One Person	Two Person	Family (w/DCCR)
<b>Menu A with Rx #1</b>											
SB \$1,000 ECM	\$15/\$50/50%/20%/25%	\$30/\$50/\$60/\$150	\$424.04	\$1,017.70	\$1,272.12	\$25.60	\$59.28	\$82.23	\$449.64	\$1,076.98	\$1,354.35
SB (HSA) \$1,250; 20%	\$15/\$50/50%/20%/25%	N/A*	\$403.34	\$968.02	\$1,210.03	\$24.62	\$56.92	\$79.28	\$427.96	\$1,024.94	\$1,289.31
SB \$2,500 ECM	\$15/\$50/50%/20%/25%	\$30/\$50/\$60/\$150	\$371.50	\$891.60	\$1,114.49	\$23.10	\$53.28	\$74.73	\$394.60	\$944.88	\$1,189.22
SB (HSA) \$3,000; 20%	\$15/\$50/50%/20%/25%	N/A*	\$317.90	\$762.96	\$953.70	\$20.55	\$47.16	\$67.08	\$338.45	\$810.12	\$1,020.78
SB \$4,000	\$15/\$50/50%/20%/25%	\$30/\$50/\$60/\$150	\$349.46	\$838.70	\$1,048.38	\$22.05	\$50.76	\$71.58	\$371.51	\$889.47	\$1,119.96
<b>Menu A with Rx #2</b>											
SB \$1,000 ECM	\$10/\$40/\$80 RXCM	\$30/\$50/\$60/\$150	\$439.93	\$1,055.84	\$1,319.80	\$26.36	\$61.10	\$84.50	\$466.29	\$1,116.94	\$1,404.30
SB (HSA) \$1,250; 20%	\$10/\$40/\$80 RXCM	N/A*	\$405.77	\$973.84	\$1,217.30	\$24.73	\$57.19	\$79.62	\$430.50	\$1,031.04	\$1,296.93
SB \$2,500 ECM	\$10/\$40/\$80 RXCM	\$30/\$50/\$60/\$150	\$387.39	\$929.74	\$1,162.17	\$23.86	\$55.10	\$77.00	\$411.25	\$984.84	\$1,239.17
SB (HSA) \$3,000; 20%	\$10/\$40/\$80 RXCM	N/A*	\$319.84	\$767.63	\$959.53	\$20.64	\$47.38	\$67.35	\$340.49	\$815.01	\$1,026.89
SB \$4,000	\$10/\$40/\$80 RXCM	\$30/\$50/\$60/\$150	\$365.75	\$877.81	\$1,097.26	\$22.83	\$52.62	\$73.91	\$388.58	\$930.43	\$1,171.17
<b>Menu B with Rx #1</b>											
SB \$250 ECM	\$15/\$50/50%/20%/25%	\$20/\$40/\$60/\$150	\$492.82	\$1,182.77	\$1,478.47	\$28.88	\$67.14	\$92.06	\$521.70	\$1,249.91	\$1,570.52
SB \$500 ECM	\$15/\$50/50%/20%/25%	\$20/\$40/\$60/\$150	\$471.39	\$1,131.35	\$1,414.18	\$27.86	\$64.69	\$89.00	\$499.25	\$1,196.04	\$1,503.18
SB \$1,000 ECM	\$15/\$50/50%/20%/25%	\$30/\$60/\$50/\$150	\$424.04	\$1,017.70	\$1,272.12	\$25.60	\$59.28	\$82.23	\$449.64	\$1,076.98	\$1,354.35
SB (HSA) \$1,250; 20%	\$15/\$50/50%/20%/25%	N/A*	\$403.34	\$968.02	\$1,210.03	\$24.62	\$56.92	\$79.28	\$427.96	\$1,024.94	\$1,289.31
SB (HSA) \$2,000; 0%	\$15/\$50/50%/20%/25%	N/A*	\$389.92	\$935.80	\$1,169.75	\$23.98	\$55.38	\$77.36	\$413.90	\$991.19	\$1,247.11
<b>Menu B with Rx #2</b>											
SB \$250 ECM	\$10/\$40/\$80 RXCM	\$20/\$40/\$60/\$150	\$506.72	\$1,220.92	\$1,526.15	\$29.63	\$68.96	\$94.32	\$538.35	\$1,289.87	\$1,620.47
SB \$500 ECM	\$10/\$40/\$80 RXCM	\$20/\$40/\$60/\$150	\$487.29	\$1,169.49	\$1,461.86	\$28.61	\$66.51	\$91.26	\$515.90	\$1,236.00	\$1,553.13
SB \$1,000 ECM	\$10/\$40/\$80 RXCM	\$30/\$60/\$50/\$150	\$439.93	\$1,055.84	\$1,319.80	\$26.36	\$61.10	\$84.50	\$466.29	\$1,116.94	\$1,404.30
SB (HSA) \$1,250; 20%	\$10/\$40/\$80 RXCM	N/A*	\$405.77	\$973.84	\$1,217.30	\$24.73	\$57.19	\$79.62	\$430.50	\$1,031.04	\$1,296.93
SB (HSA) \$2,000; 0%	\$10/\$40/\$80 RXCM	N/A*	\$393.52	\$944.44	\$1,180.55	\$24.15	\$55.80	\$77.87	\$417.67	\$1,000.24	\$1,258.43

### Illustrative Rate Impacts

One Person	Two Person	Family (w/DCCR)
\$0.00	\$0.00	\$0.00
\$1.02	\$2.45	\$3.06
(\$1.80)	(\$4.32)	(\$5.40)
(\$1.06)	(\$2.55)	(\$3.19)
(\$0.90)	(\$2.16)	(\$2.70)
(\$0.82)	(\$1.96)	(\$2.46)
(\$2.29)	(\$5.50)	(\$6.88)
(\$2.21)	(\$5.30)	(\$6.63)
(\$1.23)	(\$2.95)	(\$3.68)
(\$0.98)	(\$2.36)	(\$2.95)
(\$0.90)	(\$2.16)	(\$2.70)

Optional Riders: Optional Riders must be added to the premium above to estimate the expected illustrative rates.

DP  
EA 1  
XED-MHP (Rider rate is dependant on plan, see chart below)  
SB \$250, SB \$500, SB \$1,000, SB \$2,500, SB \$4,000  
SB (HSA) \$1,250; 20%  
SB (HSA) \$2,000; 0%  
SB (HSA) \$3,000; 20%  
SB \$250, SB \$500, SB \$1,000  
SB \$2,500, SB \$4,000  
SB (HSA) \$1,250; 20%  
SB (HSA) \$2,000; 0%  
SB (HSA) \$3,000; 20%

\*Subject to Deductible and Copay  
The group's first renewal will be based on the current pricing trend, changes in demographics, the risk profile, and changes to rating.

A Summary of Benefits and Coverage corresponding to the coverage being quoted is available electronically by selecting "Summary of Benefits and Coverage" under Product Information on the agent secured services.

#### ERS Relative Rate Levels:

Cross	Shield	Rx
2.8809	1.9312	8.1051

**These figures include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.**

#### Taxes & Fees Assumptions

- Group should consult its own legal counsel regarding responsibility for any taxes and/or fees imposed by the Affordable Care Act or other federal laws.
- The Taxes and Fees reflected in this addendum are estimates as a per contract per month figure. These figures assume 1 member per single contract, 2 members per 2 person contract and 4 members per family contract. The actual amount of the taxes and fees per contract per month will change based on actual enrollment.
- \*The standard BCBSM sloping does not apply to the rates above due to the inclusion of the taxes and fees.
- \*Please note when comparing BCBSM to BCN, some taxes and fees will differ for HMO products.
- \*Marketplace Fee & Risk Adjustment Tax will not be charged to groups enrolling 51 or more contracts or any self-funded clients.

**As required by US Treasury Regulations, we also inform you that any tax information contained in this communication is not intended to be used and cannot be used by any taxpayer to avoid penalties under the Internal Revenue Code.**

#### Employee Eligibility Assumptions

We are quoting this group with the understanding that the group is subject to the employer mandate. This quote assumes group's employees are full-time employees working 30 hours a week as defined by employer mandate provision – IRC section 4980H and additionally the employees meet the common law definition as listed below.

#### Common Law Employee:

Determining who is an employee is based on "common law" principles:

An employee is an individual who performs services which are subject to the will and control of an employer, both as to what shall be done and to how it shall be done. Specific employment requirements include the following:

- *The employer has the right to control both the method and result of the services performed.*
- *The employee is subject to discharge at the employer's discretion*

#### Proposal Qualifiers:

- 1.) The rates above may differ from final sold rates due to rounding differences. Once a commitment to purchase BCBSM is made, final sold rates may be provided upon request.
- 2.) BCBSM reserves the right to requote if enrollment or membership mix changes by greater than ten percent variance from the proposal assumptions. A final proposal may be completed once actual enrollment and benefit selections are known.
- 3.) The rates above are based on an expected enrollment of 90 contracts.
- 4.) The illustrative rates represent ERS - Formula III fully insured arrangement at \$75,000 specific stop-loss attachment point. They may be used for illustrative purposes for a self-funded program.
- 5.) Proposed rates assume a 75% participation level with no other carrier offered.
- 6.) Benefits include MQPDPX.
- 7.) The Glidepath admin fee of \$5 per contract per month is in addition to the rates above.
- 8.) Deductibles, coinsurance, and copayments under the any of the following applicable healthcare programs cannot be reimbursed by any third party administrator, employer funded Flexible Spending Account or any other employer funded reimbursement arrangement. Only employee-funded Flexible Spending Accounts are allowed with these plans.

- Simply Blue
- Simply Blue HSA (may be paired with an HSA only)
- Any prescription drug coverage, except Flexible Blue integrated plans (valid groups under 100 contracts only)

*Not Competitive*



# Blue Cross Blue Shield of Michigan

## Fully Insured Illustrative Rates for Comstock Park Public Schools - Support Staff

Effective July 1, 2014 - June 30, 2015

Quote Provided by:  
April 16, 2014



# Comstock Park Public Schools - Support Staff

Effective July 1, 2014 - June 30, 2015

	Medical	Rx	Illustrative Rates			Taxes & Fees			Total After Taxes		
			One Person	Two Person	Family (w/DCCR)	One Person	Two Person	Family (w/DCCR)	One Person	Two Person	Family (w/DCCR)
<b>Menu A with Rx #1</b>											
SB \$1,000 ECM		\$15/\$50/50%/20%/25%	\$730.84	\$1,754.02	\$2,192.53	\$40.21	\$94.33	\$126.04	\$771.05	\$1,848.36	\$2,318.57
SB (HSA) \$1,250; 20%		N/A*	\$694.59	\$1,667.02	\$2,083.78	\$38.48	\$90.19	\$120.87	\$733.07	\$1,757.21	\$2,204.64
SB \$2,500 ECM		\$30/\$50/50%/20%/25%	\$640.22	\$1,536.54	\$1,920.67	\$35.89	\$83.98	\$113.10	\$676.12	\$1,620.52	\$2,033.77
SB (HSA) \$3,000; 20%		N/A*	\$547.34	\$1,313.61	\$1,642.02	\$31.47	\$73.37	\$99.84	\$578.81	\$1,386.98	\$1,741.86
SB \$4,000		\$30/\$50/50%/20%/25%	\$601.96	\$1,444.71	\$1,805.89	\$34.07	\$79.61	\$107.64	\$636.04	\$1,524.32	\$1,913.53
<b>Menu A with Rx #2</b>											
SB \$1,000 ECM		\$10/\$40/\$80 RXCM	\$758.49	\$1,820.38	\$2,275.47	\$41.52	\$97.49	\$129.99	\$800.02	\$1,917.87	\$2,405.47
SB (HSA) \$1,250; 20%		\$10/\$40/\$80 RXCM	\$698.84	\$1,677.21	\$2,096.51	\$38.68	\$90.68	\$121.47	\$737.52	\$1,767.89	\$2,217.99
SB \$2,500 ECM		\$30/\$50/50%/20%/25%	\$667.87	\$1,602.89	\$2,003.61	\$37.21	\$87.14	\$117.05	\$705.08	\$1,690.03	\$2,120.67
SB (HSA) \$3,000; 20%		N/A*	\$550.74	\$1,321.77	\$1,652.21	\$31.64	\$73.76	\$100.33	\$582.37	\$1,395.53	\$1,752.54
SB \$4,000		\$30/\$50/50%/20%/25%	\$630.31	\$1,512.73	\$1,890.92	\$35.42	\$82.85	\$111.69	\$665.73	\$1,595.58	\$2,002.61
<b>Menu B with Rx #1</b>											
SB \$250 ECM		\$15/\$50/50%/20%/25%	\$849.23	\$2,038.16	\$2,547.70	\$45.84	\$107.86	\$142.95	\$895.08	\$2,146.02	\$2,690.65
SB \$500 ECM		\$20/\$40/\$60/\$150	\$812.31	\$1,949.54	\$2,436.92	\$44.09	\$103.64	\$137.68	\$856.39	\$2,053.18	\$2,574.60
SB \$1,000 ECM		\$30/\$60/\$50/\$150	\$730.84	\$1,754.02	\$2,192.53	\$40.21	\$94.33	\$126.04	\$771.05	\$1,848.36	\$2,318.57
SB (HSA) \$1,250; 20%		N/A*	\$694.59	\$1,667.02	\$2,083.78	\$38.48	\$90.19	\$120.87	\$733.07	\$1,757.21	\$2,204.64
SB (HSA) \$2,000; 0%		N/A*	\$671.29	\$1,611.09	\$2,013.86	\$37.37	\$87.53	\$117.54	\$708.66	\$1,698.61	\$2,131.40
<b>Menu B with Rx #2</b>											
SB \$250 ECM		\$10/\$40/\$80 RXCM	\$876.88	\$2,104.52	\$2,630.65	\$47.16	\$111.02	\$146.90	\$924.04	\$2,215.53	\$2,777.55
SB \$500 ECM		\$20/\$40/\$60/\$150	\$839.96	\$2,015.89	\$2,519.87	\$45.40	\$106.80	\$141.63	\$885.36	\$2,122.69	\$2,661.49
SB \$1,000 ECM		\$30/\$60/\$50/\$150	\$758.49	\$1,820.38	\$2,275.47	\$41.52	\$97.49	\$129.99	\$800.02	\$1,917.87	\$2,405.47
SB (HSA) \$1,250; 20%		N/A*	\$698.84	\$1,677.21	\$2,096.51	\$38.68	\$90.68	\$121.47	\$737.52	\$1,767.89	\$2,217.99
SB (HSA) \$2,000; 0%		N/A*	\$677.55	\$1,626.12	\$2,032.65	\$37.67	\$88.24	\$118.43	\$715.22	\$1,714.36	\$2,151.08

### Illustrative Rate Impacts

	One Person	Two Person	Family (w/DCCR)
DP	\$0.00	\$0.00	\$0.00
EA 1	\$1.75	\$4.21	\$5.26
XED-MHP (Rider rate is dependent on plan, see chart below)			
SB \$250, SB \$500, SB \$1,000, SB \$2,500, SB \$4,000	(\$3.13)	(\$7.52)	(\$9.40)
SB (HSA) \$1,250; 20%	(\$1.85)	(\$4.44)	(\$5.55)
SB (HSA) \$2,000; 0%	(\$1.57)	(\$3.76)	(\$4.70)
SB (HSA) \$3,000; 20%	(\$1.42)	(\$3.42)	(\$4.27)
SB \$250, SB \$500, SB \$1,000	(\$3.99)	(\$9.57)	(\$11.96)
SB \$2,500, SB \$4,000	(\$3.84)	(\$9.23)	(\$11.53)
SB (HSA) \$1,250; 20%	(\$2.14)	(\$5.13)	(\$6.41)
SB (HSA) \$2,000; 0%	(\$1.71)	(\$4.10)	(\$5.13)
SB (HSA) \$3,000; 20%	(\$1.57)	(\$3.76)	(\$4.70)

\*Subject to Deductible and Copay

The group's first renewal will be based on the current pricing trend, changes in demographics, the risk profile, and changes to rating.

**A Summary of Benefits and Coverage corresponding to the coverage being quoted is available electronically by selecting "Summary of Benefits and Coverage" under Product Information on the agent secured services.**

## ERS Relative Rate Levels:

Cross	Shield	Rx
5.0309	3.2368	14.0995

These figures include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

### Taxes & Fees Assumptions

- Group should consult its own legal counsel regarding responsibility for any taxes and/or fees imposed by the Affordable Care Act or other federal laws.
- The Taxes and Fees reflected in this addendum are estimates as a per contract, per month figure. These figures assume 1 member per single contract, 2 members per family contract, and 4 members per family contract. The actual amount of the taxes and fees per contract per month will change based on actual enrollment.
- \*The standard BCBSM sloping does not apply to the rates above due to the inclusion of the taxes and fees.
- \*Please note when comparing BCBSM to BCN, some taxes and fees will differ for HMO products.
- \*Marketplace Fee & Risk Adjustment Tax will not be charged to groups enrolling 51 or more contracts or any self-funded clients.

*As required by US Treasury Regulations, we also inform you that any tax information contained in this communication is not intended to be used and cannot be used by any taxpayer to avoid penalties under the Internal Revenue Code.*

### Employee Eligibility Assumptions

We are quoting this group with the understanding that the group is subject to the employer mandate. This quote assumes group's employees are full-time employees working 30 hours a week as defined by employer mandate provision – IRC section 4980H and additionally the employees meet the common law definition as listed below.

### Common Law Employee:

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An employee is an individual who performs services which are subject to the will and control of an employer, both as to what shall be done and to how it shall be done. Specific employment requirements include the following:

- *The employer has the right to control both the method and result of the services performed.*
- *The employee is subject to discharge at the employer's discretion*

### Proposal Qualifiers:

- 1.) The rates above may differ from final sold rates due to rounding differences. Once a commitment to purchase BCBSM is made, final sold rates may be provided upon request.
- 2.) BCBSM reserves the right to require if enrollment or membership mix changes by greater than ten percent variance from the proposal assumptions. A final proposal may be completed once actual enrollment and benefit selections are known.
- 3.) The rates above are based on an expected enrollment of 33 contracts.
- 4.) The illustrative rates represent ERS - Formula III fully insured arrangement at \$75,000 specific stop-loss attachment point. They may be used for illustrative purposes for a self-funded program.
- 5.) Proposed rates assume a 75% participation level with no other carrier offered.
- 6.) Benefits include MOPDXX.
- 7.) The GuidePath admin fee of \$5 per contract per month is in addition to the rates above.
- 8.) Deductibles, coinsurance, and copayments under the any of the following applicable healthcare programs cannot be reimbursed by any third party administrator, employer funded Flexible Spending Account or any other employer funded reimbursement arrangement. Only employee-funded Flexible Spending Accounts are allowed with these plans.

• Simply Blue

• Simply Blue HSA (may be paired with an HSA only)

• Any prescription drug coverage, except Flexible Blue integrated plans (valid groups under 100 contracts only)