



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

Blue Cross Blue Shield of Michigan Rate Quote

Groupwide Change, Non-Reform

Group/Suffix: 0000
 BCBSM Area: 7
 Effective Date: 7/1/2013
 Renewal Date: 7/1/2013

Client: Tawas Area Schools

Agent:

Assoc: Nonc

Tawas City MI 48763

County: Iosco

Total Eligibles: 1

Group SIC: 8211 Elementary and secondary

Zip: 48763

Customer Size: 94

Sponsorship: Association

BCBSM: Class4

Suffix/Class Size: 94

Quoted Benefits

	One	Two	Med	Suppl.
Community Blue Plan 3A	635.10	1524.23	1905.29	445.36
Medicare HCR-PCB Preventive Care Benefits	0.00	0.00	0.00	1.33
Mental Health Parity	9.60	23.04	28.80	0.00
CB-OV\$30 - \$30 Office Visit/Outpatient Services Copay	-28.36	-68.06	-85.07	0.00
CBC-MT\$30 - Manip Treat Copay	-13.75	-33.00	-41.25	0.00
OCSM-12, osteopathic & chiropractic spinal manipulation w/\$30	-0.48	-1.15	-1.44	0.00
XVA - Excludes Voluntary Abortion Coverage	-1.05	-2.51	-3.14	0.00
HCR-Medicare Supplemental Women's Contra Benefits	0.00	0.00	0.00	0.00
PD-TTC \$7/\$35/\$70 RXCM	442.68	1062.44	1328.05	1283.69
RX90 - Retail Purchase 2X for 90-day Refill	0.00	0.00	0.00	0.00
Total Medical and Drug Rate	1043.75	2504.99	3131.24	1730.38

Advantage Pricing - Drug Coverage	-12.37	-29.68	-37.10	-6.64
Adjusted Medical and Drug Total	1031.39	2475.31	3094.14	1723.74
Medical and Drug Enrollment	94	0	0	0
Total Plan Rate	1031.39	2475.31	3094.14	1723.74

Monthly Premium
 Estimated Monthly Michigan Claims Tax Assessment
Estimated Monthly Amount Due
 \$96,950.34
 \$727.13
 \$97,677.48

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The figures do not include federal and state taxes, fees or assessments that will be included in your future bills. Verify that the group is Non-Reform, the enrollment or eligibility numbers do not indicate Non-Reform. Please submit quote with enrollment documentation.

BCBSM reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect. Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.

Cross CCF = 1.3879, Shield CCF = 0.9936
Drug CCF = 4.7062, Dental CCF = 0.0000, Vision CCF = 0.0000



Blue Cross
Blue Shield
Blue Care Network
of Michigan

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

Blue Cross Blue Shield of Michigan Rate Quote

Groupwide Change, Non-Reform

If group participation is below 75% a participation factor is part of the CCF.

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Blue Cross Blue Shield of Michigan Rate Quote

Groupwide Change, Non-Reform

<p>Agency: agency name Assoc: None Group SIC: 8211 Elementary and secondary Sponsorship: Association</p>	<p>Client: Tawas Area Schools Tawas City MI 48763 BCBSM: Class4</p>
<p>Group/Suffix: 0 BCBSM Area: 7</p>	<p>Group(Subgroup/Suffix(Class) Specific Data Effective Date: 7/1/2013 Renewal Date: 7/1/2013</p>
<p>County: Iosco Zip: 48763</p>	<p>Total Eligibles: 1 Customer Size: 94 Suffix/Class Size: 94</p>

Quoted Benefits

	One	Two	Med	
Person	Person	Family	Suppl.	
Community Blue Plan 4-A	587.81	1410.74	1763.44	-445.36
Medicare HCR-PCB Preventive Care Benefits	0.00	0.00	0.00	1.33
Mental Health Parity	8.95	21.48	26.85	0.00
CB-OV \$30 - \$30 Office Visit/Outpatient Services Copay	-28.36	-68.06	-85.07	0.00
CBC-MT \$30 - Manup Treat Copay	-13.75	-33.00	-41.25	0.00
OCSM-12, osteopathic & chiropractic spinal manipulation w/ \$30	-0.48	-1.15	-1.44	0.00
XVA - Excludes Voluntary Abortion Coverage	-1.05	-2.51	-3.14	0.00
HCR-Medicare Supplemental Women's Contra Benefits	0.00	0.00	0.00	0.00
PD-TTC \$10/\$40/\$80 RXCM	385.20	924.48	1155.60	1116.86
RX90 - Retail Purchase 2X for 90-day Refill	0.00	0.00	0.00	0.00
Total Medical and Drug Rate	938.33	2251.98	2814.98	1563.55
Advantage Pricing - Drug Coverage	-11.35	-27.24	-34.05	-6.64
Adjusted Medical and Drug Total	926.98	2224.74	2780.93	1556.91
Medical and Drug Enrollment	94	0	0	0
Total Plan Rate	926.98	2224.74	2780.93	1556.91

Monthly Premium **\$87,136.12**

Estimated Monthly Michigan Claims Tax Assessment \$653.52

Estimated Monthly Amount Due **\$87,789.64**

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Drug CCF = 4.7062, Dental CCF = 0.0000, Vision CCF = 0.0000

Blue Cross Blue Shield of Michigan Rate Quote

Groupwide Change, Non-Reform

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Blue Cross Blue Shield of Michigan Rate Quote

Groupwide Change, Non-Reform

Group/Subgroup/Suffix(Class) Specific Data
 Group/Suffix: 000 Effective Date: 7/1/2013
 BCBSM Area: 7 Renewal Date: 7/1/2013

Client: Tawas Area Schools

Tawas City MI 48763

County: Iosco Total Eligibles: 1
 Zip: 48763 Customer Size: 94
 Suffix/Class Size: 94

Agency: agency name

Agent:

Assoc: None

Group SIC: 8211 Elementary and secondary BCBSM: Class+
 Sponsorship: Association

	One	Two	Med
Quoted Benefits	Person	Person	Suppl.
Simply Blue PPO \$500	513.73	1232.97	1541.21
\$2500 In-Network Copay Max	-27.71	-66.50	-83.12
\$5000 Out-of-Network Copay Max	-3.67	-8.81	-11.01
HCR-PCB Preventive Care Benefits	20.17	48.40	60.50
Mental Health Parity	9.02	21.64	27.06
SB-TCP OV\$20, Spec\$40, UC\$60, ER\$150	-4.26	-10.23	-12.79
SB-CMIT \$30 Manip Treat Copay	-2.19	-5.27	-6.58
XVA - Excludes Voluntary Abortion Coverage	-1.05	-2.51	-3.14
HCR-Medicare Supplemental Women's Contra Benefits	0.00	0.00	0.00
PD-TTC\$15/\$30/\$60 RXCM	477.05	1144.91	1431.14
RX90 - Retail Purchase 2X for 90-day Refill	0.00	0.00	0.00
Total Medical and Drug Rate	981.09	2354.61	2943.26

Advantage Pricing - Drug Coverage	-11.10	-26.63	-33.29
Adjusted Medical and Drug Total	969.99	2327.98	2909.97
Medical and Drug Enrollment	94	0	0
Total Plan Rate	969.99	2327.98	2909.97

Monthly Premium \$91,179.06
 Estimated Monthly Michigan Claims Tax Assessment \$683.84
Estimated Monthly Amount Due \$91,862.91

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Cross CCF = 1.3879, Shield CCF = 0.9936

Blue Cross Blue Shield of Michigan Rate Quote

Groupwide Change, Non-Reform

Drug CCF = 4.7062, Dental CCF = 0.0000, Vision CCF = 0.0000
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Blue Cross Blue Shield of Michigan Rate Quote

Groupwide Change, Non-Reform

Agency: agency name	Client: Tawas Area Schools	<u>Group(Subgroup/Suffix(Class) Specific Data</u>	
Agent:	Tawas City MI 48763	Group/Suffix: 0 000	Effective Date: 7/1/2013
Assoc: None	BCBSM: Class4	BCBSM Area: 7	Renewal Date: 7/1/2013
Group SIC: 8211 Elementary and secondary		County: Iosco	Total Eligibles: 1
Sponsorship: Association		Zip: 48763	Customer Size: 94
			Suffix/Class Size: 94

Quoted Benefits

	One	Two	Med	Suppl.
Simply Blue HSA \$1250/0% w/o Drug Plan	394.58	946.98	1183.73	445.36
Mental Health Parity	0.00	0.00	0.00	0.00
HCR-PCB Preventive Care Benefits	20.17	48.40	60.50	1.33
XVA - Excludes Voluntary Abortion Coverage	-1.05	-2.51	-3.14	0.00
HCR-Medicare Supplemental Women's Contra Benefits	0.00	0.00	0.00	0.00
Mandated Prescription Drugs P-Rx Group Benefit Certificate	0.00	0.00	0.00	0.00
Total Medical Rate	413.70	992.86	1241.08	446.69
Adjusted Medical Total	413.70	992.86	1241.08	446.69
Medical Enrollment	94	0	0	0
Total Plan Rate	413.70	992.86	1241.08	446.69
Monthly Premium				\$38,887.80
Estimated Monthly Michigan Claims Tax Assessment				\$291.66
Estimated Monthly Amount Due				\$39,179.46

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Groupwide Change, Non-Reform

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Blue Cross Blue Shield of Michigan Rate Quote

Groupwide Change, Non-Reform

Group(Subgroup/Suffix/Class) Specific Data
 Group/Suffix: 0 000 Effective Date: 7/1/2013
 BCBSM Area: 7 Renewal Date: 7/1/2013

Client: Tawas Area Schools

Agency: agency name

Agent:

Assoc: None

Tawas City MI 48763

County: Iosco
 Zip: 48763
 Total Eligibles: 1
 Customer Size: 94
 Suffix/Class Size: 94

Group SIC: 8211 Elementary and secondary
 Sponsorship: Association

BCBSM: Class4

	One	Two	Med
Quoted Benefits	Person	Person	Family
Simply Blue HSA \$1250/20% w/o Drug Plan	342.33	821.62	1027.02
Mental Health Parity	0.00	0.00	0.00
HCR-PCB Preventive Care Benefits	20.17	48.40	60.50
XVA - Excludes Voluntary Abortion Coverage	-1.05	-2.51	-3.14
HCR-Medicare Supplemental Women's Contra Benefits	0.00	0.00	0.00
Mandated Prescription Drugs P-Rx Group Benefit Certificate	0.00	0.00	0.00
Total Medical Rate	361.45	867.50	1084.37

Adjusted Medical Total	361.45	867.50	1084.37
Medical Enrollment	0.00	0.00	0.00
Total Plan Rate	361.45	867.50	1084.37

Monthly Premium \$33,976.30
 Estimated Monthly Michigan Claims Tax Assessment \$254.82
Estimated Monthly Amount Due \$34,231.12

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Groupwide Change, Non-Reform

Agency: agency name
Client: Tawas Area Schools
Group/Suffix: 0
BCBSM Area: 7
Effective Date: 7/1/2013
Renewal Date: 7/1/2013
Group/(Subgroup/Suffix/(Class) Specific Data)
 000

Agent:
Assoc: None
Group SIC: 8211 Elementary and secondary
Sponsorship: Association
Tawas City MI 48763
BCBSM: Class4
County: Iosco
Zip: 48763
Total Eligibles: 1
Customer Size: 94
Suffix/Class Size: 94

Quoted Benefits

	One	Two	Med	Suppl.
Simply Blue HRA \$2,500/20%	381.82	916.38	1145.47	445.36
HCR-PCB Preventive Care Benefits	20.17	48.40	60.50	1.33
Mental Health Parity	6.14	14.73	18.41	0.00
SB-HRA-TCP OV\$40, Spec\$60, UC\$60, ER\$250	-20.04	-48.11	-60.13	0.00
SB-CMT \$40 Manip Treat Copay	-2.78	-6.66	-8.33	0.00
XVA - Excludes Voluntary Abortion Coverage	-1.05	-2.51	-3.14	0.00
HCR-Medicare Supplemental Women's Contra Benefits	0.00	0.00	0.00	0.00
RX \$15/\$50/50% \$70 min \$100 max Copay w/MOPD2X	307.10	737.03	921.29	890.68
RX90 - Retail Purchase 2X for 90-day Refill	0.00	0.00	0.00	0.00
Total Medical and Drug Rate	691.36	1659.25	2074.06	1337.37

Advantage Pricing - Drug Coverage	-8.24	-19.77	-24.72	-6.64
Adjusted Medical and Drug Total	683.12	1639.48	2049.34	1330.73
Medical and Drug Enrollment	94	0	0	0
Total Plan Rate	683.12	1639.48	2049.34	1330.73
Monthly Premium				\$64,213.07
Estimated Monthly Michigan Claims Tax Assessment				\$481.60
Estimated Monthly Amount Due				\$64,694.68

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Agency: agency name	Client: Tawas Area Schools	Group/Subgroup/Suffix(Class) Specific Data
Agent:	Tawas City MI 48763	Group/Suffix: 0 000
Assoc: None	BCBSM: Class4	Effective Date: 7/1/2013
Group SIC: 8211 Elementary and secondary	Sponsorship: Association	Renewal Date: 7/1/2013
		BCBSM Area: 7
		County: Iosco
		Zip: 48763
		Total Eligibles: 1
		Customer Size: 94
		Suffix/Class Size: 94

	One	Two	Med
Quoted Benefits	Person	Family	Suppl.

Simply Blue HRA \$4,000/20%	320.09	768.25	960.30	445.36
HCR-PCB Preventive Care Benefits	20.17	48.40	60.50	1.33
Mental Health Parity	5.18	12.43	15.53	0.00
SB-FIRA-TCP OV\$40, Spec\$60, UC\$60, ER\$250	-20.04	-48.11	-60.13	0.00
SB-CMT \$40 Manip Treat Copay	-1.82	-4.36	-5.45	0.00
XV.A - Excludes Voluntary Abortion Coverage	-1.05	-2.51	-3.14	0.00
HCR-Medicare Supplemental Women's Contra Benefits	0.00	0.00	0.00	0.00
Mandated Prescription Drugs P-Rx Group Benefit Certificate	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Total Medical Rate	322.53	774.09	967.60	446.69
Adjusted Medical Total	322.53	774.09	967.60	446.69
Medical Enrollment	<u>94</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Plan Rate	322.53	774.09	967.60	446.69
Monthly Premium				\$30,317.82
Estimated Monthly Michigan Claims Tax Assessment				\$227.38
Estimated Monthly Amount Due				\$30,545.20

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Groupwide Change, Non-Reform

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