



PROPOSAL REQUEST

TAWAS AREA SCHOOLS

COMMERCIAL QUOTE NON REFORM GROUP

MEDICAL / PHARMACY RRF: 1.2265

WEST REGION

This letter sets the rates for your benefit package.

The following rates are effective 7/1/2013 through 6/30/2014.

CERTIFICATE: BCN5

RIDERS: Dependent Continuation Rider

IOMHP Covers inpatient MH and SA at 100%, applies the medical office visit copay for outpatient mental health and substance abuse vi  
 CO20 \$20 Office Visit Copay  
 40RP \$40 Specialist Office Visit Copay  
 UR50 \$50 Urgent Care Copay  
 ER150 \$150 Emergency Room Copay  
 250HC \$250 Hospital Inpatient Copay per Admission up to \$750 per year/individual, \$1000 per year/contract

P1024C Drug - \$10 / \$20 / \$40 (Contraceptives, Open Formulary)

MOPD20 MOPD2x, 102040

\*\*\*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\*\*\*\*

The rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

\*RATES ARE CONTINGENT ON TOTAL REPLACEMENT OF BCBSM

MONTHLY PREMIUM RATES:	BCN MEDICAL	BCN PHARMACY	TOTAL
Single Contract:	\$447.65	\$106.47	\$554.12
Double Contract:	\$1,029.60	\$244.87	\$1,274.47
E + C Contract:	\$1,029.60	\$244.87	\$1,274.47
E + >C Contract:	\$1,231.05	\$292.78	\$1,523.83
Family Contract:	\$1,231.05	\$292.78	\$1,523.83
Dependent Continuation:	Covered	Covered	Covered
Estimated Michigan Claims Tax Assessment (Monthly for this subgroup and class)			\$1,011.68

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/healthcare/reform/](http://www.bcbsm.com/healthcare/reform/). 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 you continuing health benefit needs.

SR

## Tawas Area Schools

### Deductible, Copays and Dollar Maximums

Deductible	None
Fixed Copay:	\$5 for allergy injections
	\$20 for office visits
	\$50 for urgent care visits
	\$150 for emergency room visits
	\$250 for inpatient hospital admission
	\$40 for referral physician visits
Coinsurance	50% for selected services as noted below
Copay Dollar Maximums	
Fixed Dollar Copay Maximum	\$750 per individual per calendar year, \$1000 per contract per calendar year for inpatient admission.
Coinsurance Maximum - Excludes services with a 50% coinsurance	None
Dollar Maximums	\$50,000 for autism (ABA) treatment only

### Preventive Services

Health Maintenance Exam	100%
Annual Gynecological Exam	100%
Pap Smear Screening	100%
Well-Baby and Child Care	100%
Immunizations - pediatric and adult	100%
Prostate Specific Antigen (PSA) Screening	100%

### Mammography

Mammography Screening	100%
-----------------------	------

### Physician Office Services

Office Visits	\$20 Copay
Consulting Specialist Care - when referred	\$40 copay

### Emergency Medical Care

Hospital Emergency Room (copay waived if admitted, if applicable)	\$150 Copay
Urgent Care Center	\$50 Copay
Ambulance Services - medically necessary	100%, ground and air services

Benefits Selected - ER150,250HC,IOMHP,CO20,40RP,UR50,P1024C,MOPD20

[bcbsm.com](http://bcbsm.com)

04/02/2013 01:42:35 pm



## Tawas Area Schools

## Diagnostic Services

Laboratory and Pathology Tests	Office visit copay may apply per member, per visit
Diagnostic Tests and X-rays	Office visit copay may apply per member, per visit
High Technology Radiology Imaging (MRI, MRA, CAT, PET)	Office visit copay may apply per member, per visit
Radiation Therapy	Office visit copay may apply per member, per visit

## Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	\$20 Copay
Delivery and Nursery Care	100% (for professional services. See Hospital Care for facility charges)

## Hospital Care

General Nursing Care, Hospital Services and Supplies	\$250 copay/admission, up to \$750 per individual per calendar year, \$1000 per contract per calendar year
Outpatient Surgery	100%

## Alternatives to Hospital Care

Skilled Nursing Care	100% Up to 45 days per member per calendar year
Hospice Care	100% when authorized
Home Health Care	\$40 copay

## Surgical Services

Surgery - included all related surgical services and anesthesia.	See Hospital Care for inpatient and outpatient copay
Voluntary Sterilization	Male - 50% Female - 100%
Human Organ Transplants (subject to medical criteria)	\$250 copay/admission, up to \$750/individual, \$1000/contract per calendar year
Reduction Mammoplasty (subject to medical criteria)	50%
Male Mastectomy (subject to medical criteria)	50%
Temporomandibular Joint Syndrome (subject to medical criteria)	50%
Orthognathic Surgery (subject to medical criteria)	50%

Benefits Selected - ER150,250HC,IOMHP,CO20,40RP,UR50,P1024C,MOPD20

bcbsm.com

04/02/2013 01:42:37 pm

## Tawas Area Schools

### Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	100% when authorized
Inpatient Substance Abuse	100% when authorized
Outpatient Mental Health Care	\$20 Copay
Autism spectrum disorders, diagnoses and treatment	
Applied behavioral analyses (ABA) treatment - Limited to an annual maximum of \$50,000 per member, through age 18 (limits may be waived on an individual consideration basis)	\$20 Copay
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	\$40 copay
Other covered services, including mental health services, for Autism Spectrum Disorder	See your outpatient mental health benefit and medical office visit benefit
Outpatient Substance Abuse	\$20 Copay

### Other Services

Allergy Care	50%^
Allergy Injections	\$5 Copay
Chiropractic Spinal Manipulation - when referred	\$40 copay
Outpatient Physical, Speech and Occupational Therapy (60 consecutive days/episode)	\$40 copay
Infertility Counseling and Treatment (excludes In-vitro Fertilization)	50% on all associated costs
Durable Medical Equipment	50%
Breast Pumps (DME guidelines apply. Limited to no more than one per 24 month period)	100%
Prosthetic and Orthotic Appliances	50%
Weight Reduction Procedures	100%
Prescription Drugs	Tier 1 - \$10 copay, Tier 2 - \$20 copay, Tier 3 - \$40 copay; with contraceptives, 30 day supply
	Sexual Dysfunction drugs - 50% coinsurance
	Women's Contraceptives - Tier 1 - 100%, Tier 2 - Tier 2 Copayment/Coinsurance above applies, Tier 3 - Tier 3 Copayment/Coinsurance above applies
Mail Order Prescription Drugs	Two times the applicable copay up to a 90 day supply
Prescription Drug Deductible	None
Hearing Aid	Not Covered

Benefits Selected - ER150,250HC,IOMHP,CO20,40RP,UR50,P1024C,MOPD20

[bcbsm.com](http://bcbsm.com)

04/02/2013 01:42:38 pm



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

## Tawas Area Schools

This is intended as an easy to read summary and provides only a general overview of your benefits. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network certificates and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan. **Services must be provided or arranged by member's primary care physician or health plan.**

Benefits Selected - ER150,250HC,IOMHP,CO20,40RP,UR50,P1024C,MOPD2O

[bcbsm.com](http://bcbsm.com)

04/02/2013 01:42:40 pm

## Tawas Area Schools

### Deductible, Copays and Dollar Maximums

Deductible	None
Fixed Dollar Copays	\$25 copay for office visits \$35 for urgent care visits \$100 for emergency room visits \$35 for referral physician
Coinsurance	20% and 50% for select services as noted below
Copay Dollar Maximums	
Fixed Dollar Copay	None
Coinsurance	\$1,500 per member, \$3,000 per family
Dollar Maximums	\$50,000 for autism (ABA) treatment only

### Preventive Services

Health Maintenance Exam	100%
Annual Gynecological Exam	100%
Pap Smear Screening	100%
Well-Baby and Child Care	100%
Immunizations	100%
Prostate Specific Antigen (PSA) Screening	100%

### Mammography

Mammography Screening	100%
-----------------------	------

### Physician Office Services

Office Visits	\$25 Copay*
Consulting Specialist Care	\$35 Copay*

### Emergency Medical Care

Hospital Emergency Care ( copay waived if admitted)	\$100 Copay*
Urgent Care Center	\$35 Copay*
Ambulance Services	\$50 copay for ground and air services; applies to the annual maximum of \$1,500 per member, \$3,000 per family

### Diagnostic Services

Laboratory and Pathology Tests	80%; 20% (coinsurance applies to the annual coinsurance maximum) Office visit copay may apply per member, per visit. Office visit copay may apply per member, per visit
Diagnostic Tests and X-rays	80%; 20% (coinsurance applies to the annual coinsurance maximum) Office visit copay may apply per member, per visit. Office visit copay may apply per member, per visit
Radiation Therapy	80%; 20% (coinsurance applies to the annual coinsurance maximum) Office visit copay may apply per member, per visit. Office visit copay may apply per member, per visit

Benefits Selected - ER100,MHSAP,BAS25,35RPOV,UR35,10408C

**bcbsm.com**  
04/02/2013 01:18:40 pm



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

\* Copay/Coinsurance does not apply to Annual Maximum

## Tawas Area Schools

### Maternity Services Provided by a Physician

Pre-Natal and Post -Natal Care	\$25 Copay*
Delivery and Nursery Care	80%; 20% (coinsurance applies to the annual coinsurance maximum)

### Hospital Care

General Nursing Care, Hospital Services and Supplies	80%; unlimited days; 20% (coinsurance applies to the annual coinsurance maximum)
Outpatient Surgery - see member certificate for specific outpatient surgical copays	80%; 20% (coinsurance applies to the annual coinsurance maximum)

### Alternatives to Hospital Care

Skilled Nursing Care	80%; 20% (coinsurance applies to the annual coinsurance maximum) up to 20 days per calendar year
Hospice Care	100%
Home Health Care	80%; 20% (coinsurance applies to the annual coinsurance maximum); limited to a 60-day period per calendar year

### Surgical Services

Surgery - included all related surgical services and anesthesia. See member certificate for specific surgical copays	See Hospital Care for inpatient and outpatient copay
Voluntary Sterilization	Male - 50% Female - 100%
Human Organ Transplants (subject to medical criteria)	80% with a 20% coinsurance; (coinsurance applies to the annual coinsurance maximum)

### Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	80%; unlimited days; 20% (coinsurance applies to the annual coinsurance maximum)
Inpatient Substance Abuse	80%; unlimited days; 20% (coinsurance applies to the annual coinsurance maximum)*
Outpatient Mental Health Care	\$25 Copay**
Autism spectrum disorders, diagnoses and treatment	
Applied behavioral analyses (ABA) treatment - Limited to an annual maximum of \$50,000 per member, through age 18 (limits may be waived on an individual consideration basis)	\$25 copay
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	\$35 Copay
Other covered services, including mental health services, for Autism Spectrum Disorder	See your outpatient mental health benefit and medical office visit benefit
Outpatient Substance Abuse	\$25 Copay**

Benefits Selected - ER100,MHSAP,BAS25,35RPOV,UR35,10408C

[bcbsm.com](http://bcbsm.com)  
04/02/2013 01:18:42 pm



\* Copay/Coinsurance does not apply to Annual Maximum



## Tawas Area Schools

### Other Services

Allergy Care	50% for evaluation, \$5 Copay for allergy injections; both copays apply to the annual maximum of \$1,500 per member, \$3,000 per family
Chiropractic Spinal Manipulation - when referred	\$35 Copay*
Outpatient Physical, Speech and Occupational Therapy	50% up to 30 visits for a 60-day period; 50% Copay applies to an annual maximum of \$1,500 per member, \$3,000 per family
Infertility Counseling and Treatment (excludes In-vitro Fertilization)	50% on all associated cost*
Durable Medical Equipment	50%*
Breast Pumps (DME guidelines apply. Limited to no more than one per 24 month period)	100%
Prosthetic and Orthotic Appliances	50%*
Prescription Drugs	Tier 1 - \$10 copay, Tier 2 - \$40 copay, Tier 3 - \$80 copay; with contraceptives, 30 day supply Sexual Dysfunction Drugs - 50% coinsurance
Mail Order Prescription Drugs	Not Covered
Prescription Drug Deductible	None
Hearing Aid	Not Covered

This is intended as an easy to read summary and provides only a general overview of your benefits. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network certificates and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan. **Services must be provided or arranged by member's primary care physician or health plan.**

Benefits Selected - ER100,MHSAP,BAS25,35RPOV,UR35,10408C

[bcbsm.com](http://bcbsm.com)

04/02/2013 01:18:44 pm



\* Copay/Coinsurance does not apply to Annual Maximum





PROPOSAL REQUEST

TAWAS AREA SCHOOLS

COMMERCIAL QUOTE NON REFORM GROUP

MEDICAL / PHARMACY RRF: 1.2265

WEST REGION

This letter sets the rates for your benefit package.

The following rates are effective 7/1/2013 through 6/30/2014.

CERTIFICATE: BCN10

RIDERS: Dependent Continuation Rider

MHSAP Mental Health and Substance Abuse copays match medical copays and/or coinsurance  
 CO30 \$30 Office Visit Copay  
 45RP \$45 Specialist Office Visit Copay  
 UR50 \$50 Urgent Care Copay  
 ER150 \$150 Emergency Room Copay  
 IMG150 Adds a \$150 copay (or 50%, whichever is less) for specific high technology imaging services  
 500DED Adds a \$500 per member / \$1000 per family deductible  
 20%CR Changes the inpatient hospital copayment to 20%, adds 20% copay on specific services  
 1500CM Amends the annual copayment maximum to \$1500 per individual / \$3000 per contract  
 WDRPOV Waives Deductible on Specialist Visits - BCN10 only

1550DC Drug - \$15 / \$50 (Contraceptives, Closed Formulary)

MOPD2C MOPD2x, 1550

\*\*\*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\*\*\*\*

The rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

\*RATES ARE CONTINGENT ON TOTAL REPLACEMENT OF BCBSM

MONTHLY PREMIUM RATES:	BCN MEDICAL	BCN PHARMACY	TOTAL
Single Contract:	\$357.07	\$73.18	\$430.25
Double Contract:	\$821.27	\$168.32	\$989.59
E + C Contract:	\$821.27	\$168.32	\$989.59
E + >C Contract:	\$981.95	\$201.26	\$1,183.21
Family Contract:	\$981.95	\$201.26	\$1,183.21
Dependent Continuation:	Covered	Covered	Covered
Estimated Michigan Claims Tax Assessment (Monthly for this subgroup and class)			\$785.54

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 you continuing health benefit needs.

SR

## Tawas Area Schools

### Deductible, Copays and Dollar Maximums

Note: The Deductible will apply to certain services as defined below.

Deductible	\$500 per member/\$1,000 per contract per calendar year
Fixed Dollar Copays	\$5 for allergy injections \$30 for office visits \$50 for urgent care visits \$150 for emergency room visits No fixed dollar copay for ambulance services. See below for applicable coinsurance. \$45 for referral physician visits
Coinsurance	50% for select services as noted below 20% for select services as noted below
Copay Dollar Maximums	
Fixed Dollar Copay Maximum	None
Coinsurance Maximums - Excludes services with a 50% coinsurance	\$1,500/member, \$3,000/contract/calendar year
Dollar Maximums	\$50,000 for autism (ABA) treatment only

### Preventive Services

Health Maintenance Exam	100%
Annual Gynecological Exam	100%
Pap Smear Screening	100%
Well-Baby and Child Care	100%
Immunizations - pediatric and adult	100%
Prostate Specific Antigen (PSA) Screening	100%

### Mammography

Mammography Screening	100%
-----------------------	------

### Physician Office Services

Office Visits	\$30 Copay
Consulting Specialist Care - when referred	\$45 Copay

### Emergency Medical Care

Hospital Emergency Room (copay waived if admitted, if applicable)	\$150 Copay after deductible
Urgent Care Center	\$50 Copay
Ambulance Services - medically necessary	80%, with a 20% coinsurance after deductible

Benefits Selected - IMG150,ER150,MHSAP,CO30,45RP,UR50,1550DC,MOPD2C,500DED,20%CR,1500CM,WDRPOV

[bcbsm.com](http://bcbsm.com)

04/02/2013 01:48:59 pm



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

## Tawas Area Schools

### Diagnostic Services

Laboratory and Pathology Tests	Office visit copay may apply per member, per visit
Diagnostic Tests and X-rays	80%, with a 20% coinsurance after deductible
High Technology Radiology Imaging (MRI, MRA, CAT, PET)	\$150 copay after deductible
Radiation Therapy	80%, with a 20% coinsurance after deductible

### Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	\$30 Copay
Delivery and Nursery Care	100% (For professional services. See Hospital Care for facility charges) after deductible

### Hospital Care

General Nursing Care, Hospital Services and Supplies (unlimited days)	80%, with a 20% coinsurance after deductible
Outpatient Surgery	80%, with a 20% coinsurance after deductible
Outpatient Facility Visits – Non-Surgical	\$10 Copay after deductible

### Alternatives to Hospital Care

Skilled Nursing Care	80%, with a 20% coinsurance after deductible Up to 45 days per member per calendar year
Hospice Care	100% when authorized after deductible
Home Health Care	\$45 Copay after deductible

### Surgical Services

Surgery - included all related surgical services and anesthesia.	See Hospital Care for inpatient and outpatient copay
Voluntary Sterilization	Male - 50% after deductible Female - 100%
Human Organ Transplants (subject to medical criteria)	80%, with a 20% coinsurance after deductible
Reduction Mammoplasty (subject to medical criteria)	50% after deductible
Male Mastectomy (subject to medical criteria)	50% after deductible
Temporomandibular Joint Syndrome (subject to medical criteria)	50% after deductible
Orthognathic Surgery (subject to medical criteria)	50% after deductible

Benefits Selected - IMG150,ER150,MHSAP,CO30,45RP,UR50,1550DC,MOPD2C,500DED,20%CR,1500CM,WDRPOV

bcbsm.com  
04/02/2013 01:49:00 pm



## Tawas Area Schools

### Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	80%, with a 20% coinsurance after deductible
Inpatient Substance Abuse Care	80%, with a 20% coinsurance after deductible
Outpatient Mental Health Care	\$30 Copay after deductible
Autism spectrum disorders, diagnoses and treatment	
Applied behavioral analyses (ABA) treatment - Limited to an annual maximum of \$50,000 per member, through age 18 (limits may be waived on an individual consideration basis)	\$30 Copay after deductible
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	\$45 copay after deductible
Other covered services, including mental health services, for Autism Spectrum Disorder	See your outpatient mental health benefit and medical office visit benefit
Outpatient Substance Abuse	\$30 Copay after deductible

### Other Services

Allergy Care	50% after deductible
Allergy Injections	\$5 Copay
Chiropractic Spinal Manipulation - when referred	\$45 Copay
Outpatient Physical, Speech and Occupational Therapy (60 consecutive days/episode)	\$45 Copay after deductible
Infertility Counseling and Treatment (excludes In-vitro Fertilization)	50% on all associated costs after deductible
Durable Medical Equipment	50%
Breast Pumps (DME guidelines apply. Limited to no more than one per 24 month period)	100%
Prosthetic and Orthotic Appliances	50%
Weight Reduction Procedures	50% after deductible
Prescription Drugs	Tier 1 - \$15 copay, Tier 2 - \$50 copay; with contraceptives; 30 day supply Sexual Dysfunction Drugs - 50% coinsurance Women's Contraceptives - Tier 1 - 100%, Tier 2 - Tier 2 Copayment/Coinsurance above applies
Mail Order Prescription Drugs	Two times the applicable copay up to a 90 day supply
Prescription Drug Deductible	None
Hearing Aid	Not Covered

This is intended as an easy to read summary and provides only a general overview of your benefits. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network certificates and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan. **Services must be provided or arranged by member's primary care physician or health plan.**

Benefits Selected - IMG150,ER150,MHSAP,CO30,45RP,UR50,1550DC,MOPD2C,500DED,20%CR,1500CM,WDRPOV

bcbsm.com

04/02/2013 01:49:02 pm



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