

New Benefit and Rate Schedule Example



**Blue Cross
Blue Shield**
of Michigan

Run Date: 03/11/2010
EDP: 1

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

B614
ABC GROUP OF INDUSTRIES 000070
JOHN DOE
1234 MAIN STREET
DETROIT MI 99999

B614
AGENT OF RECORD
AGENT JANE DOE
9999 SUB STREET
SOUTHFIELD MI 99999-1234

BENEFIT AND RATE SCHEDULE ABC GROUP OF INDUSTRIES

Rate Effective: 07/2009

Renewal Month: July

Customer ID:	100001	Rating Type:	Area (Non Reform)
Group-Suffix:	12345-123	Certification Status:	Certification Received
Participation Factor:	1.0000	Cluster Code:	2399
Group Size Factor:	1.0000	County:	WAYNE
SIC Code:	5084 – Industrial machinery and equipment		
Sponsor:	ASSOCIATION/CHAMBER NAME		

CERTIFICATES

PSG1 Professional Services Group Benefit Certificate
PREFERRED RX Preferred Rx Program Certificate

**NEW – Benefit
descriptions**

MEDICAL RIDERS

COMP SEMI Comprehensive Hospital Care Group Benefit Certificate
MM X PD OPT4 Master Medical Catastrophic Option IV Benefits
BONE MRRW TRANS Rider BMT – Bone Marrow Transplant
CI Rider CI – Contraceptive Injections
CNM Rider CNM – Certified Nurse Midwife
CRNA Rider CRNA – Certified Registered Nurse Anesthetist
D-45NM REG Rider D-45NM – Limits On Inpatient Days
ECIP Rider ECIP – Extended Coverage For Inpatient Psychologists' Service
PSG RDR-FAE-RC Rider FAE-RC – First Aid Emergency Reasonable Charge
GLE-1 Rider GLE-1 – General Limitations And Exclusions
PCD Rider PCD – Prescription Contraceptive Devices
RIDER SAT II Rider SAT-2 – Substance Abuse Treatment Program Benefits
SOCT Rider SOCT – Specified Oncology Clinical Trials
TBHD Rider TBHD – Temporary Benefits Due To Hospital Departicipation
XVA Rider XVA – Exclusion Of Benefits For Voluntary Abortion

DRUG RIDERS

MOPD w/BC5w/5 Rider MOPD – Mail Order Prescription Drugs
BC\$5 W/\$5 PREF Rider PD-BC \$5 – Prescription Drug Brandname Copayment Requirement
PDCM PDCR \$5.00 Rider PD-CM – Prescription Contraceptive Medications
PD-CR \$5.00 Rider PD-CR \$5.00 – Prescription Drug Copayment Requirement
PT-\$5 Rider PD-PT – Prescription Drug Preferred Therapy

DENTAL RIDERS

252550-1000 Class-I Copay 25%, Class-II-Copay 25%, Class-III Copay 50%; MBL 1000

Reference Number: 12345-123

All benefit descriptions may not be applicable to all subscribers.

Highlighted areas reflect new rate sheet information

New Benefit and Rate Schedule Example



**Blue Cross
Blue Shield**
of Michigan

Run Date: 03/11/2010
EDP: 2

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

BENEFIT AND RATE SCHEDULE ABC GROUP OF INDUSTRIES

Rate Effective: 07/2009

Renewal Month: July

Customer ID: 100001

Group-Suffix: 12345-123

FC DC

FC DC

MEDICARE SUPPLEMENTAL RIDERS

65 OPT 2	Benefits Which Supplement The Medicare Contract And Inpatient Hospital Deductible for 1st-60th Day Is Not Payable
65 OPTION 1	Blue Shield 65, Gi Benefit Certificate
252550-1000	Class-I Copay 25%, Class-II-Copay 25%, Class-III-Copay 50%; MBL 1000
CATASTROPHIC 65	Master Medical Catastrophic Medicare 65 Benefits (W/Out Drugs)
RDR GPC SAT II	Rider GPC- SAT-II - Substance Abuse Treatment Program Benefits
MOPDw/BC5w/5	Rider MOPD - Mail Order Prescription Drugs
BC\$5-65W/\$5PREF	Rider PD-BC \$5 - Prescription Drug Brandname Copayment Requirement
PD-CR \$5.00-65	Rider PD-CR \$5.00 - Prescription Drug Copayment Requirement
PT-\$5-65	Rider PD-PT Prescription Drug Preferred Therapy
XVA65	Rider XVA - Exclusion Of Benefits For Voluntary Abortion



**NEW – Benefit
descriptions**

Reference Number: 12345-123

All benefit descriptions may not be applicable to all subscribers.

Highlighted areas reflect new rate sheet information

New Benefit and Rate Schedule Example



**Blue Cross
Blue Shield**
of Michigan

Run Date: 03/11/2010
EDP: 3

**NEW – Rates
and rating
combinations**



BENEFIT AND RATE SCHEDULE ABC GROUP OF INDUSTRIES

Rate Effective: 07/2009 Renewal Month: July

Customer ID: 100001 Group-Suffix: 12345-123

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	71NF T9EM	\$ 740.83	295.10	141.27	167.70	98.76	38.00	
Two Person Regular	71NF T9EM	\$1,666.87	663.98	317.86	377.32	222.22	85.49	
Family Regular	71NF T9EM	\$2,000.00	796.78	381.44	452.78	266.66	102.59	
Family Continuation	71NF T9EM	\$ 370.42	147.55	70.64	83.85	49.38	19.00	
Sponsored Dependent	71NF T9EM	\$ 845.70	413.14	197.78	234.78			
Advantage Pricing*		4.00%						
One Person Regular	71NF F06G	\$ 333.10	295.10				38.00	
Two Person Regular	71NF F06G	\$ 749.47	663.98				85.49	
Family Regular	71NF F06G	\$ 899.37	796.78				102.59	
Family Continuation	71NF F06G	\$ 166.55	147.55				19.00	
Sponsored Dependent	71NF F06G	\$ 413.14	413.14					
One Complementary	1C26 T9EP	\$ 747.86	175.21	81.85	444.53	8.27	38.00	
Two Complementary	1C26 T9EP	\$1,495.72	350.42	163.70	889.06	16.54	76.00	
Three Complementary	1C26 T9EP	\$2,243.58	525.63	245.55	1,333.59	24.81	114.00	
Advantage Pricing*		4.00%						
One Complementary	1C26 F071	\$ 213.21	175.21				38.00	
Two Complementary	1C26 F071	\$ 426.42	350.42				76.00	
Three Complementary	1C26 F071	\$ 639.63	525.63				114.00	
1 Person Regular & 1 Complementary	71NG T9EN	\$1,488.69	470.31	223.12	612.23	107.03	76.00	
2 Person Regular & 1 Complementary	71NG T9EN	\$2,333.15	796.78	381.44	821.85	230.49	102.59	
Family Regular & 1 Complementary	71NG T9EN	\$2,444.78	796.78	381.44	897.31	266.66	102.59	
1 Person Regular & 2 Complementary	71NG T9EN	\$2,225.14	645.52	304.97	1,056.76	115.30	102.59	
2 Person Regular & 2 Complementary	71NG T9EN	\$2,785.95	796.78	381.44	1,266.38	238.76	102.59	
Family Regular & 2 Complementary	71NG T9EN	\$2,889.31	796.78	381.44	1,341.84	266.66	102.59	
1 Person Regular & 3 Complementary	71NG T9EN	\$2,762.72	796.78	381.44	1,358.34	123.57	102.59	
2 Person Regular & 3 Complementary	71NG T9EN	\$2,886.18	796.78	381.44	1,358.34	247.03	102.59	
Family Regular & 3 Complementary	71NG T9EN	\$2,905.81	796.78	381.44	1,358.34	266.66	102.59	
Advantage Pricing*		4.00%						
Non Reform CCF			0.9600	0.9600	0.9600	0.9600	1.0000	1.0000

* The noted percentage for Advantage Pricing represents an approximate savings on medical rates due to the added lines of business of Prescription Drugs and/or Dental coverage.

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: 12345-123

E21256 FEB 2010

Highlighted areas reflect new rate sheet information

New Benefit and Rate Schedule Example



**Blue Cross
Blue Shield**
of Michigan

Run Date: 03/11/2010
EDP: 4

**NEW – Rates
and rating
combinations**



BENEFIT AND RATE SCHEDULE ABC GROUP OF INDUSTRIES

Rate Effective: 07/2009 Renewal Month: July

Customer ID: 100001 Group-Suffix: 12345-123

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
1 Person Regular & 1 Complementary	71NG F070	\$ 546.31	470.31				76.00	
2 Person Regular & 1 Complementary	71NG F070	\$ 899.37	796.78				102.59	
Family Regular & 1 Complementary	71NG F070	\$ 899.37	796.78				102.59	
1 Person Regular & 2 Complementary	71NG F070	\$ 748.11	645.52				102.59	
2 Person Regular & 2 Complementary	71NG F070	\$ 899.37	796.78				102.59	
Family Regular & 2 Complementary	71NG F070	\$ 899.37	796.78				102.59	
1 Person Regular & 3 Complementary	71NG F070	\$ 899.37	796.78				102.59	
2 Person Regular & 3 Complementary	71NG F070	\$ 899.37	796.78				102.59	
Family Regular & 3 Complementary	71NG F070	\$ 899.37	796.78				102.59	
Non Reform CCF			0.9600	0.9600	0.9600	0.9600	1.0000	1.0000

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.



Glossary of Terms

ID

Customer ID	A 6-digit numeric identifier for a company and all of its related groups.
Group-Suffix	An 8-digit number that provides segmentation within a customer by characteristics such as location and benefit.
Group-Division	A 13-digit number that will be employed as the replacement for group-suffix.
Reference Number	Represents the group-suffix and will be used as a reference to prior information when group-division is instituted and group-suffix is no longer reported.

Factor

Case Characteristic Factor (CCF)	A rating factor used for Area/Industry groups.
Group Size Factor	Applicable to Area-rated nonreform groups and groups of one.
Participation Factor	Applies to nonreform Area-rated customers who have less than 75 percent participation.
Relative Rate Level (RRL)	A factor on the group's renewal, the RRL is the group specific relationship of the group's utilization to the base or average cost. The RRL is applied to the base to determine the group's rates.

Code

Standard Industrial Classification (SIC) Code	A SIC code identifies the type of business a customer or prospect (company) operates.
Cluster Code	An internal customer identifier.

Rating Type

Area (Reform)	A rating type given to Area/Industry groups with 50 or fewer eligible employees. Age, Size and Industry factors are used in the rate calculation.
Area (Nonreform)	A rating type given to Area/Industry groups with more than 50 eligible employees and fewer than 100 enrolled employees. Participation, Size and Industry factors are used in the rate calculation.
Administrative Service Contract (ASC)	A financial arrangement for groups with 50 or more contracts seeking alternatives to fully insured options. An ASC group acts as its own insurer and pays BCBSM a fee to administer the plan.
Experience Rating System (ERS)	A rating system used to develop large group rate projections. Rates for a customer are based upon their previous claims utilization that may or may not involve a settlement.

Other

Certificates and Riders	<ul style="list-style-type: none"> • Certificates of coverage are legal documents that list health care coverage terms, benefits and limitations. The state Office of Financial and Insurance Regulation (OFIR) approves certificates. • Riders are legal documents that help groups customize their coverage by amending certificates. Riders allow groups to add, delete or amend the scope of coverage the certificate offers. Riders also go through the state OFIR approval process. Riders can include a copayment or fixed amount the member must pay for covered services, such as office visits, prescription drugs or emergency room visits.
Certification	BCBSM conducts Rate Renewal Certification (RRC) to verify that a group continues to meet eligibility requirements and to maintain an employer group's correct rating status.
Sponsor	The association or chamber the customer has enrolled through.