

CITY OF MARQUETTE

Page 2 of 4

Run Date: 17th May, 2022 11:38 AM

QMQuoteld: A1HAU8

RATE/AGREEMENT **FOR CITY OF MARQUETTE**

The following rates are effective: 07/01/2022

Control #:

Group Suffix Name: CITY OF MARQUETTE Mos Group/Section(s): 007003465/0021, 0022, 0023

Rating Type: Renewal Month: **ASC** 07/01 Plan Name: P002

		ADMINISTRATIVE RIDER HCR-RXOC - HEALTH CARE REFORM -
Certificates	618E	PRESCRIPTION DRUGS OTHER CARRIER
	779E	SIMPLY BLUE HRA GROUP BENEFITS CERTIFICATE LG
	4943	DENTAL OPTIONS GROUP BENEFIT CERTIFICATE
Medical/Surgical Riders	551E	ADMINISTRATIVE RIDER PLAN YEAR - JULY
	664L	RIDER SB-HRA-OPM-IN-\$8150 LG - SIMPLY BLUE HRA ANNUAL OUT-OF-POCKET MAXIMUM FOR IN-NETWORK SERVICES
	665L	RIDER SB-HRA-OPM-ON-\$16300 LG - SIMPLY BLUE HRA ANNUAL OUT-OF-POCKET MAXIMUM FOR OUT-OF-NETWORK SERVICES
	740L	RIDER SB-HRA-BH-OV LG - SIMPLY BLUE HRA BEHAVIORAL HEALTH OFFICE VISITS
	758H	RIDER SB-HRA-EA-1 LG - SIMPLY BLUE HRA ELECTIVE ABORTIONS 1
	769E	RIDER SB-HRA MTC \$40 LG - SIMPLY BLUE HRA MANIPULATIVE THERAPY
	841F	RIDER SB-HRA-CSR LG - SIMPLY BLUE HRA COST-SHARING REQUIREMENT
	874E	RIDER SB-HRA-TCP \$40/\$60/\$60/\$250 LG - SIMPLY BLUE HRA TIERED COPAYMENT PLAN
	997H	RIDER SB-HRA-D-IN \$5000/\$10000 LG - SIMPLY BLUE HRA IN-NETWORK DEDUCTIBLE
	998H	RIDER SB-HRA-D-ON \$10000/\$20000 LG - SIMPLY BLUE HRA OUT-OF-NETWORK DEDUCTIBLE
Dental Riders	5339	RIDER DO-PPO - DENTAL OPTIONS PPO
	PK76	RIDER - TRADITIONAL PLUS - SCHEDULE OF BENEFITS OPTION PK76
Comp/Supplemental	0738	BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1)
	2017	GROUP MEDICARE PART A COMPLEMENTARY BENEFIT CERTIFICATE
	618E	ADMINISTRATIVE RIDER HCR-RXOC - HEALTH CARE REFORM - PRESCRIPTION DRUGS OTHER CARRIER

Proposed rates do not include any fees associated with <u>pharmacy benefit management carve out</u>, nor do they include fees for additional wellness buy-up programs. If <u>pharmacy benefits are carved out</u>, a fee of \$5 per contract per month will be applied to the monthly invoice.
 BCBSM reserves the right to adjust rates if any of the assumptions used to quote the rates are incorrect or change.
 The rates quoted above may vary when computer-generated for your monthly bill.
 Certificates, riders, and rates are subject to regulatory approval.



Page 3 of 4 Run Date: 17th May, 2022 11:38 AM QMQuoteld: A1HAU8

	4943	DENTAL OPTIONS GROUP BENEFIT CERTIFICATE
	2014	RIDER GCP-D
:	312D	RIDER HCR-MS-PCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL PREVENTIVE CARE BENEFITS
	4087	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM BENEFITS
	472B	RIDER GPC-SAT-MHP-2 - GROUP COMPLEMENTARY SUBSTANCE ABUSE TREATMENT MENTAL HEALTH PARITY
	509E	RIDER HCR-MS-WCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL WOMENS CONTRACEPTIVE BENEFITS
:	551E	ADMINISTRATIVE RIDER PLAN YEAR - JULY
	A902	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
	5339	RIDER DO-PPO - DENTAL OPTIONS PPO
	A900	ADMINISTRATIVE RIDER COMP BENEFITS - DENTAL
	PK76	RIDER - TRADITIONAL PLUS - SCHEDULE OF BENEFITS OPTION PK76

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Page 4 of 4	
Run Date: 17th May, 2022 11:3	38
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Tier	Blue Cross	Blue Shield	Dental	Total Premium
1Person	\$ 237.42	\$ 160.15	\$ 33.16	\$ 430.73
2Person	\$ 569.82	\$ 384.36	\$ 66.32	\$ 1,020.50
Family + DC	\$ 712.27	\$ 480.45	\$ 116.07	\$ 1,308.79
Comp	\$ 321.40	\$ 162.56	\$ 32.02	\$ 515.98

Factors	Blue Cross	Blue Shield	Dental
RRL	3.4859	4.3086	1.3302

Coordination of Benefits: COB1- Pursue and Pay Aggressive Coordination of Benefits Form must be attached HRA(Health Reimbursement Account): Add Maintain Cancel-attach group letter		
HSA(Health Savings Account): Add Maintain Cancel-attach group letter		Doto
Signature of Group Executive on behalf of the Group and the Group Health Plan:		Date:
Signature of BCBSM Rep: M.	Iail Code:	Date:
Signature of Agent:		Date:
Signature of Underwriter/Group Administration:		Date:

Commission Percent Medical/Drugs:3%

Ref- 17254016

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