



**Blue Cross
Blue Shield
Blue Care Network
of Michigan**

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

Page 2 of 4
Run Date: 16th May, 2022 05:04 PM
QMQuoteld: A1HAS9

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) : 007003465/0018
Rating Type: ASC
Renewal Month: 07/01
Plan Name: P002

Certificates	618E	ADMINISTRATIVE RIDER HCR-RXOC - HEALTH CARE REFORM - 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
	769E	RIDER SB-HRA MTC \$40 LG - SIMPLY BLUE HRA MANIPULATIVE THERAPY
	804H	RIDER SB-HRA-OPM-IN \$6600 LG - SIMPLY BLUE HRA ANNUAL OUT-OF-POCKET MAXIMUM FOR IN-NETWORK SERVICES
	810H	RIDER SB-HRA-OPM-ON \$13200 LG - SIMPLY BLUE HRA ANNUAL OUT-OF-POCKET MAXIMUM FOR OUT-OF-NETWORK SERVICES
	831F	ADMINISTRATIVE FORM A-XEA LG
	835F	RIDER SD-LG SPONSORED DEPENDENT
	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	4684	RIDER MBL-1000 - MAXIMUM BENEFIT LIMIT
	4795	RIDER CR-20 - COPAYMENT REQUIREMENTS
Comp/Supplemental	213E	ADMINISTRATIVE CERTIFICATE - MEDICAL SERVICES (placeholder)
	618E	ADMINISTRATIVE RIDER HCR-RXOC - HEALTH CARE REFORM - PRESCRIPTION DRUGS OTHER CARRIER
	4943	DENTAL OPTIONS GROUP BENEFIT CERTIFICATE
	551E	ADMINISTRATIVE RIDER PLAN YEAR - JULY
	4684	RIDER MBL-1000 - MAXIMUM BENEFIT LIMIT

- Proposed rates do not include any fees associated with pharmacy benefit management carve out, nor do they include fees for additional wellness buy-up programs. If pharmacy benefits are carved out, 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.



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Page 3 of 4
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	4795	RIDER CR-20 - COPAYMENT REQUIREMENTS
	A900	ADMINISTRATIVE RIDER COMP BENEFITS - DENTAL

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Page 4 of 4
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Tier	Blue Cross	Blue Shield	Dental	Total Premium
1Person	\$ 246.52	\$ 166.14	\$ 28.36	\$ 441.02
2Person	\$ 591.65	\$ 398.74	\$ 56.72	\$ 1,047.11
Family + DC	\$ 739.57	\$ 498.42	\$ 99.26	\$ 1,337.25
Comp	\$ 0.00	\$ 0.00	\$ 28.36	\$ 28.36
SD	\$ 345.13	\$ 232.60	\$ 0.00	\$ 577.73

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

Signature of Group Executive on behalf of the Group and the Group Health Plan: _____ Date: _____

Signature of BCBSM Rep: _____ Mail Code: _____ Date: _____

Signature of Agent: _____ Date: _____

Signature of Underwriter/Group Administration: _____ Date: _____

Commission Percent Medical/Drugs:3%

Ref- 17254912

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