



## 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) :** 007003465/0025  
**Rating Type:** ASC  
**Renewal Month:** 07/01  
**Plan Name:** P001

<b>Certificates</b>	618E	<b>ADMINISTRATIVE RIDER HCR-RXOC - HEALTH CARE REFORM - PRESCRIPTION DRUGS OTHER CARRIER</b>
	779E	<b>SIMPLY BLUE HRA GROUP BENEFITS CERTIFICATE LG</b>
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
	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
<b>Comp/Supplemental</b>	0738	<b>BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1)</b>
	2017	<b>GROUP MEDICARE PART A COMPLEMENTARY BENEFIT CERTIFICATE</b>
	618E	<b>ADMINISTRATIVE RIDER HCR-RXOC - HEALTH CARE REFORM - PRESCRIPTION DRUGS OTHER CARRIER</b>
	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

- 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.



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

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	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

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Tier	Blue Cross	Blue Shield	Total Premium
1Person	\$ 246.52	\$ 166.14	\$ 412.66
2Person	\$ 591.65	\$ 398.74	\$ 990.39
Family + DC	\$ 739.57	\$ 498.42	\$ 1,237.99
Comp	\$ 321.40	\$ 162.56	\$ 483.96

Factors	Blue Cross	Blue Shield
RRL	3.4859	4.3086

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- 17254813

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