



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

Run Date: 05/22/2013
EDP: 569

9-1-2013
RENEWAL



**BENEFIT AND RATE SCHEDULE
BRANCH DISTRICT LIBRARY**

Rate Effective: 09/2013 Renewal Month: September

Customer ID: 187251 Group-Division: 007016025-0000

-12%

LIR725EQ13052220001850020021000

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 2TM9	\$ 589.41	333.60	172.39	55.62		22.62	5.18
Two Person Regular	0000 2TM9	\$1,414.61	800.65	413.74	133.49		54.29	12.44
Family Regular	0000 2TM9	\$1,768.25	1,000.81	517.17	166.86		67.86	15.55
Advantage Pricing*		4.00%						
One Complementary	0000 2H64	\$ 708.18	343.69	100.92	236.72		22.60	4.25
Two Complementary	0000 2H64	\$1,416.36	687.38	201.84	473.44		45.20	8.50
Three Complementary	0000 2H64	\$2,124.54	1,031.07	302.76	710.16		67.80	12.75
Advantage Pricing*		4.00%						
1 Person Regular & 1 Complementary	0000 2H64	\$1,297.59	677.29	273.31	292.34		45.22	9.43
2 Person Regular & 1 Complementary	0000 2H64	\$1,969.09	1,000.81	514.66	370.21		67.86	15.55
Family Regular & 1 Complementary	0000 2H64	\$2,004.97	1,000.81	517.17	403.58		67.86	15.55
1 Person Regular & 2 Complementary	0000 2H64	\$1,957.12	1,000.81	374.23	500.58		67.82	13.68
2 Person Regular & 2 Complementary	0000 2H64	\$2,101.97	1,000.81	517.17	500.58		67.86	15.55
Family Regular & 2 Complementary	0000 2H64	\$2,101.97	1,000.81	517.17	500.58		67.86	15.55
1 Person Regular & 3 Complementary	0000 2H64	\$2,059.95	1,000.81	475.15	500.58		67.86	15.55
2 Person Regular & 3 Complementary	0000 2H64	\$2,101.97	1,000.81	517.17	500.58		67.86	15.55
Family Regular & 3 Complementary	0000 2H64	\$2,101.97	1,000.81	517.17	500.58		67.86	15.55
Advantage Pricing*		4.00%						
Reform CCF			1.0978	1.0978	1.1989	1.0978	1.0000	1.0000
SBHSA 1250/0%								
RX 10-40-80	(RXCM) MOPD 2							
XVA								
Blue Vision	24/24/24							
TRADITIONAL	PLUS PLAN 1 DENTAL							

* 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: 66549-000



Run Date: 05/22/2013
EDP: 567

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514F
BRANCH DISTRICT LIBRARY
JEANNE BERG
10 EAST CHICAGO
COLDWATER MI 49036-1615

LTR725EQ13052220001851

514F
AGENT OF RECORD
DAVID L. AVIZA
101 W CHICAGO ST
COLDWATER MI 49036-1805

000185



BENEFIT AND RATE SCHEDULE
BRANCH DISTRICT LIBRARY
Rate Effective: 09/2013 Renewal Month: September

Customer ID:	187251	Rating Type:	Area (Reform)
Group-Division:	007016025-0000	Certification Status:	Not Surveyed
Participation Factor:	1.0000	Cluster Code:	9400
Group Size Factor:	1.0000	County:	BRANCH
SIC Code:	8231 - Libraries and information centers		
Sponsor:	Not Applicable		

Disclaimer: The figures do not include federal and state taxes, fees or assessments that will be included in your future bills.

Rates for groups renewing on or after January 1, 2011 will reflect known benefit changes required by the Patient Protection and Affordable Care Act (PPACA) (also referred to as health care reform). These benefit changes and any related rates are subject to Office of Financial and Insurance Regulation approval.

CERTIFICATES

SBlue HSA/RX	Simply Blue HSA/Integrated Drug Certificate
65 OPT 2	Benefits Which Supplement The Medicare Contract And Inpatient Hospital Deductible For 1St-60Th Day is Payable
65 OPTION 1	Blue Shield 65, GI Benefit Certificate
PREFERRED RX 65	Preferred Rx Program Certificate (Medicare Supplemental)
SBlue HSA RX	Simply Blue HSA DRUG Certificate
DENTAL OPT CERT	Dental Options Group Benefit Certificate
DNTLOPT CERT65	Dental Options Group Benefit Certificate (Medicare Supplemental)
VSP-BLUE VISION	Blue Vision Group Benefits Certificate
VSP-65 BLUE VIS	Blue Vision Group Benefits Certificate

MEDICAL RIDERS

ADMIN CP0%MOS	CO Pay 0% MOS Administrative Rider
BONE MRRW TRANS	Rider BMT - Bone Marrow Transplant
ECIP	Rider ECIP - Extended Coverage for Inpatient Psychologists' Service
GLE-1	Rider GLE-1 - General Limitations and Exclusions
HCR-PCDI-ED-HSA	HCR-PCDI-ED-HSA
HCRVSTF-ED-HSA	HCRVSTF-ED-HSA
HSA CM\$1K	Simply Blue HSA Copay Max \$1000 Panel/\$2000 Non-Panel
HSA PCB1K wRX	Simply Blue HSA PREVENTIVE CARE BENEFIT \$1000
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

Reference Number: 66549-000

All benefit descriptions may not be applicable to all subscribers.

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Customer ID: 187251 Group-Division: 007016025-0000

DRUG RIDERS

HCRPDCM-BC	HCRPDCM-BC
HCRPDCM-GC\$0	HCRPDCM-GC\$0
HS 104080 RX	Simply Blue HSA \$10/\$40/\$80RXCM COPAY 0%/\$1250 Deductible
HSRXCM\$1K	Simply Blue HSA Copay Max \$1000 Panel/\$2000 Non-Panel Drug

DENTAL RIDERS

DO-PPO 50/800	Rider DO-PPO - Dental Options PPO
DO-50/800	Rider DO-50/800 - Dental Options 50% Copayment \$800 Annual Maximum
DOFACR	Rider DO-FACR - Dental Options--Frequency, Age And Classification Redesign Amends The Dental Options Group Certificate

VISION RIDERS

BVFLE	Rider BVFLE, Blue Vision Frequency Limit for Exams
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MEDICARE SUPPLEMENTAL RIDERS

AdminMOS-COMP	Administrative Mnemonic For MOS - Comp
BVFLE-65	Rider BVFLE, Blue Vision Frequency Limit for Exams
DOFACR 65	Rider DO-FACR 65 - Dental Options--Frequency, Age And Classification Redesign Amends The Dental Options Group Certificate
DOPPO 50/800 65	Rider DO-PPO - Dental Options PPO
DO-50/800 (65)	Rider DO-50/800 - Dental Options 50% Copayment \$800 Annual Maximum
HCR-Supp C2	Health Care Reform Supplemental Cross Option2
HCRMS-WCB 65	HCRMS-WCB 65
HCRPDCM-BC 65	HCRPDCM-BC 65
HCRPDCM-GC\$0 65	HCRPDCM-GC\$0 65
RDR GPC SAT II	Rider GPC- SAT-2 - Substance Abuse Treatment Program Benefits
TTC\$10/\$40/\$8-65	Rider PD-TTC \$10/\$40/\$80-RXCM - Prescription Drug Triple-Tier Copayment with Minimum and Maximum Amounts and A Cost Management Program
XVA65	Rider XVA - Exclusion of Benefits for Voluntary Abortion

