



Run Date: 05/25/2017
EDP: 50

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

514F
LAKEVIEW COMMUNITY SCHOOLS
PATRICIA ROOT
123 FIFTH STREET
LAKEVIEW MI 48850

000018

514F
AGENT OF RECORD
TIMOTHY M DURSO
511 S WASHINGTON AVE
LANSING MI 48933-1658

BENEFIT AND RATE SCHEDULE
LAKEVIEW COMMUNITY SCHOOLS
Rate Effective: 10/2017 Renewal Month: October

Customer ID:	273423	Rating Type:	Large Group
Group-Division:	007022343-0002	Cluster Code:	0E00
Endorsed by:	Not Applicable	County:	MONTCALM

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 Department of Insurance and Financial Services (DIFS) approval.

Certificates, riders and rates are subject to regulatory approval.

CERTIFICATES

BC-COMP	GROUP MEDICARE PART A COMPLEMENTARY BENEFIT CERTIFICATE
SBHSAGBCW/ORXLG	SIMPLY BLUE HEALTH SAVINGS ACCOUNT GROUP BENEFITS CERTIFICATE WITHOUT PRESCRIPTION DRUGS LG
65 OPTION 1	BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1)
MPD P-RX GBC LG	MANDATED PRESCRIPTION DRUGS P-RX GROUP BENEFITS CERTIFICATE LG

MEDICAL RIDERS

ADM A-XEA LG	ADMINISTRATIVE FORM A-XEA LG
ADM PLANR OCT	ADMINISTRATIVE RIDER PLAN YEAR - OCTOBER
HSAC0%IN20%ONLG	RIDER SB-HSA-C 0%-IN 20%-ON LG - SIMPLY BLUE HEALTH SAVINGS ACCOUNT COINSURANCE REQUIREMENT FOR IN-NETWORK AND OUT-OF-NETWORK SERVICES
SBHSAOPM1250INL	RIDER SB-HSA-OPM \$1250-IN LG SIMPLY BLUE HSA ANNUAL OUT-OF-POCKET MAXIMUM FOR IN-NETWORK SERVICES

MEDICARE SUPPLEMENTAL RIDERS

ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG
GCP-D	RIDER GCP-D
GPC-SAT 2	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM BENEFITS
GPC-SAT-MHP-2	RIDER GPC-SAT-MHP-2 - GROUP COMPLEMENTARY SUBSTANCE ABUSE TREATMENT MENTAL HEALTH PARITY
HCR MS PCB	RIDER HCR-MS-PCB - HEALTH CARE REFORM - MEDICARE SUPPLEMENTAL - PREVENTIVE CARE BENEFITS
HCR-MS-WCB-ECS	RIDER HCR-MS-WCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL WOMENS CONTRACEPTIVE BENEFITS

Reference Number: 55086-000

All benefit descriptions may not be applicable to all subscribers.



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BENEFIT AND RATE SCHEDULE
LAKEVIEW COMMUNITY SCHOOLS
Rate Effective: 10/2017 Renewal Month: October

Customer ID: 273423 Group-Division: 007022343-0002

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 4182	\$ 364.31	232.36	127.94	4.01			
Two Person Regular	0000 4182	\$ 874.35	557.66	307.06	9.63			
Family Regular	0000 4182	\$1,092.94	697.08	383.82	12.04			
One Complementary	0000 4183	\$ 342.55	248.59	93.29	0.67			
Two Complementary	0000 4183	\$ 685.10	497.18	186.58	1.34			
Three Complementary	0000 4183	\$1,027.65	745.77	279.87	2.01			
1 Person Regular & 1 Complementary	0000 4183	\$ 706.86	480.95	221.23	4.68			
2 Person Regular & 1 Complementary	0000 4183	\$1,216.90	806.25	400.35	10.30			
Family Regular & 1 Complementary	0000 4183	\$1,435.49	945.67	477.11	12.71			
1 Person Regular & 2 Complementary	0000 4183	\$1,049.41	729.54	314.52	5.35			
2 Person Regular & 2 Complementary	0000 4183	\$1,559.45	1,054.84	493.64	10.97			
Family Regular & 2 Complementary	0000 4183	\$1,778.04	1,194.26	570.40	13.38			
1 Person Regular & 3 Complementary	0000 4183	\$1,391.96	978.13	407.81	6.02			
2 Person Regular & 3 Complementary	0000 4183	\$1,902.00	1,303.43	586.93	11.64			
Family Regular & 3 Complementary	0000 4183	\$2,120.59	1,442.85	663.69	14.05			
RRL			2.9394	1.8058	13.3748		99.9999	99.9999

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: 55086-000