

Suite A – 2016 Optional Blue DentalSM PPO Plus 100/80/50 with a \$1000 Annual Maximum and Blue VisionSM 12/12/24

PLAN	DEDUCTIBLE (SINGLE/FAMILY)	COINSURANCE	OUT-OF-POCKET MAX (SINGLE/FAMILY)	OFFICE VISIT/SPECIALIST/URGENT CARE/ER COPAYS	RX
BCN HMO SM Platinum 20% (\$1000 ECM Rider)	\$0/\$0	20%	\$6,600/\$13,200	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
BCN HMO SM Gold \$1000 (\$2500 ECM Rider)	\$1,000/\$2,000	20%	\$6,600/\$13,200	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
Simply Blue SM PPO Gold \$500 (\$3000 ECM Rider)	\$500/\$1,000	20%	\$6,600/\$13,200	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%
Simply Blue SM HSA PPO Silver \$2700	\$2,700/\$5,400	20%	\$5,000/\$10,000	Covered at 80% after deductible	Covered at \$15/\$50/50%/20%/25% after deductible

Suite B – 2016 Optional Blue DentalSM PPO 100/80/50 (50/50/50) with a \$1000 Annual Maximum and Blue VisionSM 12/12/24

PLAN	DEDUCTIBLE (SINGLE/FAMILY)	COINSURANCE	OUT-OF-POCKET MAX (SINGLE/FAMILY)	OFFICE VISIT/SPECIALIST/URGENT CARE/ER COPAYS	RX
BCN HMO SM Gold \$1000 (\$2500 ECM Rider)	\$1,000/\$2,000	20%	\$6,600/\$13,200	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
BCN HMO SM Silver \$3000 (\$3500 ECM Rider)	\$3,000/\$6,000	20%	\$6,600/\$13,200	\$30/\$50/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%
Simply Blue SM PPO Gold \$1500 (\$1000 ECM Rider)	\$1,500/\$3,000	20%	\$6,600/\$13,200	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%
Simply Blue SM HSA PPO Bronze \$4500	\$4,500/\$9,000	30%	\$6,450/\$12,900	Covered at 70% after deductible	Covered at \$20/\$60/50%/20%/25% after deductible

Suite C – 2016 Optional Blue DentalSM PPO 100/80/50 (50/50/50) with a \$1000 Annual Maximum and Blue VisionSM 12/12/24

PLAN	DEDUCTIBLE (SINGLE/FAMILY)	COINSURANCE	OUT-OF-POCKET MAX (SINGLE/FAMILY)	OFFICE VISIT/SPECIALIST/URGENT CARE/ER COPAYS	RX
Community Blue SM PPO Platinum \$250 (\$500 ECM Rider)	\$250/\$500	20%	\$6,600/\$13,200	\$20/\$20/\$60/\$150	\$5/\$40/\$80
Community Blue SM PPO Gold \$1000 (\$3500 ECM Rider)	\$1,000/\$2,000	20%	\$6,600/\$13,200	\$20/\$20/\$60/\$150	\$10/\$40/\$80
BCN HMO SM Gold \$1000 (\$2500 ECM Rider)	\$1,000/\$2,000	20%	\$6,600/\$13,200	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
BCN HMO SM HSA Silver \$3000	\$3,000/\$6,000	0%	\$6,350/\$12,700	Covered at 100% after deductible	\$10/\$30/\$60/\$80/20%/20%

Suite D – 2016 Optional Blue DentalSM PPO 100/80/50 (50/50/50) with a \$1000 Annual Maximum and Blue VisionSM 12/12/24

PLAN	DEDUCTIBLE (SINGLE/FAMILY)	COINSURANCE	OUT-OF-POCKET MAX (SINGLE/FAMILY)	OFFICE VISIT/SPECIALIST/URGENT CARE/ER COPAYS	RX
BCN HMO SM Platinum 20% (\$1000 ECM Rider) (Comprehensive Rx)	\$0/\$0	20%	\$6,600/\$13,200	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
BCN HMO SM Platinum \$500	\$500/\$1,000	0%	\$1,000/\$2,000	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
BCN HMO SM Gold \$1500 (\$1500 ECM Rider)	\$1,500/\$3,000	20%	\$6,600/\$13,200	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
BCN HMO SM HSA Silver \$3000	\$3,000/\$6,000	0%	\$6,350/\$12,700	Covered at 100% after deductible	\$10/\$30/\$60/\$80/20%/20%

Suite E – 2016 Optional Blue DentalSM PPO 100/80/50 (50/50/50) with a \$1000 Annual Maximum and Blue VisionSM 12/12/24

PLAN	DEDUCTIBLE (SINGLE/FAMILY)	COINSURANCE	OUT-OF-POCKET MAX (SINGLE/FAMILY)	OFFICE VISIT/SPECIALIST/URGENT CARE/ER COPAYS	RX
Simply Blue SM PPO Gold \$500 (\$3000 ECM Rider)	\$500/\$1,000	20%	\$6,600/\$13,200	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%
Simply Blue SM Routine Care PPO Silver \$1500	\$1,500/\$3,000	30%	\$6,600/\$13,200	\$30 office visit/80% after deductible all others	Covered at \$10/deductible then \$60/50%/20%/25%
Simply Blue SM PPO Silver \$2000	\$2,000/\$4,000	30%	\$6,600/\$13,200	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%
Simply Blue SM HSA PPO Bronze \$4500	\$4,500/\$9,000	30%	\$6,450/\$12,900	Covered at 70% after deductible	Covered at \$20/\$60/50%/20%/25% after deductible

BCBSM/BCN reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect. BCBSM/BCN has the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA) (also referred to as health care reform) groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. To learn more about the PPACA, please visit <http://bcbsm.com/healthreform/>. You should also consult with your legal counsel on how you may comply with the law and regulations and the applicability of your plan.

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