



An Independent Licensee of
the Blue Cross Blue Shield
Association

Group Enrollment and Coverage Agreement
Terms and Conditions - Part A New Group

Federal Tax Id

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Blue Cross Blue Shield of Michigan (BCBSM) will provide health care coverage to Members, i.e., eligible persons enrolled through the group identified below (Group) and participating in Group's employee welfare benefit plan providing health benefits (Group Health Plan or GHP), subject to the terms of applicable certificates and riders (Certificates and Riders), BCBSM's administrative and underwriting requirements, the Group Administrative Guide (Guide) and the following terms and conditions of the Group Enrollment & Coverage Agreement consisting of Part A-Terms and Conditions, Part B-Group Information, and Part C-Coverage Selection (Agreement):

- 1. Effective Date.** This Agreement will become effective only when BCBSM returns a signed copy to Group and applicable premiums are paid. This Agreement is effective on the date established by BCBSM and will continue unless terminated as provided in Section 13.
 - 2. Group as Agent.** For all purposes of this Agreement, including the payment of premiums, Group is agent for all Members. Notice by or to Group will satisfy any notice requirements of this Agreement and applicable Certificates and Riders.
 - 3. Premiums.** Group must pay all premiums at least one-month in advance of the relevant monthly period. Group must pay all premiums related to any retroactive adjustments expressly permitted by BCBSM's underwriting rules. Refunds or retroactive credits of premium payments or retroactive additions or deletions of Members are not otherwise permitted under this Agreement. All premium rates are guaranteed for the applicable benefit period then in effect except for any government-mandated surcharges or subsidies and except if incorrect rates are identified for an area rated group. In the latter case, BCBSM will notify Group in writing that the rates will be corrected on the next available bill, 90 days following receipt of the notice of incorrect rates. At its discretion, BCBSM may terminate this Agreement immediately if premiums are more than thirty (30) days past due, with termination of coverage retroactive to the last date through which premiums were paid in full.
 - 4. Eligibility.** In order to be a Member, an enrolled individual must (A) meet the eligibility requirements set by Group and the requirements of BCBSM's underwriting rules, Certificates and Riders, and Part B of this Agreement and (B) be either (i) a proprietor, partner or shareholder actively managing Group's business, or (ii) a full time active employee of Group working at least thirty (30) hours per week or 17.5 to 30 hours per week, if that is the normal workweek for a full time employee and such policy is applied uniformly among all of Group's employees and without regard to health status-related factors. Deviation from 30 hours a week requires prior approval and must be noted in the exception area on Part B. A dependent of a Member shall also be deemed to be a Member if the dependent meets the requirement of (A) above.
- Group warrants that all enrolled individuals meet the above requirements and that it will not enroll any ineligible individual. If an ineligible individual is enrolled, Group agrees to indemnify and hold BCBSM harmless and reimburse BCBSM for all benefit payments made on behalf of such individual and any judgment, settlement, costs, expenses and reasonable attorney fees in connection therewith.
- 5. Enrollment Requirements.** Group will offer the coverage described in Part C of this Agreement to all eligible individuals as described in Section 4. To continue coverage, the number of eligible individuals enrolled in a Blue Family Benefit Program (Blue Care Network or Traditional, PPO, or any other program that BCBSM may establish) must at all times equal or exceed BCBSM enrollment, participation and underwriting requirements. The Group agrees to provide BCBSM or its designee with all information required to conduct an annual underwriting review and a payroll audit. Under no circumstances will coverage be available if fewer than two eligible individuals are enrolled in medical coverage and, if available, prescription drug coverage. In addition, under no circumstances will voluntary dental coverage be available if fewer than ten eligible individuals are enrolled in such coverage. In medical coverage and, if available, prescription drug coverage. In addition, under no circumstances will voluntary dental coverage be available if fewer than ten eligible individuals are enrolled in such coverage.. A husband and wife may be enrolled as a group only if a valid
 - 6. Eligibility Information.** Group shall provide timely and accurate eligibility information, including Medicare status, and identify all persons subject to the Medicare Secondary Payer statutes and regulations. Group acknowledges that BCBSM will rely upon the accuracy of all eligibility information Group provides, and Group shall indemnify and hold BCBSM harmless against loss, claim or action, including costs, penalties and reasonable attorney fees, arising from the provision of inaccurate eligibility information.
 - 7. Enrollment Applications.** Member applications for coverage shall only be submitted according to BCBSM's procedures that are set forth in the Guide. Rehires and persons renewing terminated memberships will be enrolled as new employees/Members. All applicable premiums, including those for any retroactive periods, must be paid before such persons shall be deemed to be eligible for coverage.
 - 8. PA 350 Claims Dispute Procedures.** A Member who disagrees with how a claim was processed may take advantage of BCBSM's routine inquiry procedures. A Member who is still dissatisfied must exhaust all steps of the internal grievance procedures established pursuant to Part 4 of 1980 PA 350 (MCL 550.1401 et seq., as amended) or, if the GHP is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the procedures established pursuant to 29 CFR Part 2560, before seeking other remedies. A Member dissatisfied with the results of the internal grievance procedures may be entitled to request an external review from the Office of Financial and Insurance Regulation as provided in 2000 PA 251 (MCLA 550.1901 et seq., as amended), or may file suit in a court having jurisdiction as set forth in Section 12. If the GHP is subject to ERISA, a Member may also have a right to file a claim under § 502(a) of ERISA.

Continued on Page 2

Group agrees with all terms as stipulated in this Group Enrollment and Coverage Agreement (Parts A, B & C), on the Enrollment/ Change of Status Form, and in the specified Blue Cross Blue Shield of Michigan Health Care Certificate(s) and Rider(s).

Company Name

Group Number:

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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: _____

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9. ERISA Fiduciaries. If the GHP is subject to ERISA, Group or its designee (other than BCBSM) shall be the Plan Administrator of the GHP under ERISA and shall have all of the responsibilities and authority of that position including ensuring compliance with ERISA, preparing and distributing summary plan descriptions, and advising all eligible individuals of: (i) available benefits and any changes in benefits, (ii) termination of coverage for any reason, including the failure to make any payments when due, and (iii) COBRA rights, if any. Group delegates the responsibility and discretionary authority to process and pay claims to BCBSM as "claims administrator" and retains all other responsibilities and duties under ERISA not specifically delegated to BCBSM. BCBSM agrees to assume such responsibility and authority, including any responsibility it may have as a "named fiduciary" (as defined under ERISA §402) for purposes of its claims administration duties, to the extent that under the GHP and ERISA it meets the definition of a "named fiduciary." As the named claims administrator, BCBSM shall have the power and discretion to construe the terms of this Agreement and to determine all questions pertaining to the administration, interpretation, and application of this Agreement and any Certificates and Riders that involve eligibility for benefits and the payment or denial of claims. In addition, the parties agree that BCBSM shall have the responsibility for ensuring that its claims procedures comply with the Department of Labor's Claims Procedures described in 29 C.F.R. Part 2560 and for handling all levels of appeal.

10. HIPAA Privacy Notices; Certification of Creditable Coverage. BCBSM and the GHP are an "organized health care arrangement" with respect to protected health information (PHI), as those terms are defined in 45 C.F.R. § 164.50, created or received by BCBSM that relates to individuals who are or who have been participants or beneficiaries in the GHP. BCBSM will comply with the administrative requirements under 45 C.F.R. Parts 160 and 164 and prepare and distribute Notices of Privacy Practices appropriate for Group under 45 C.F.R. § 164.520. Group shall maintain the confidentiality of any PHI that may be disclosed by BCBSM.

Unless Group otherwise notifies BCBSM in writing, BCBSM will issue certificates of creditable coverage to terminated Members as required by HIPAA and further agrees to respond to any requests for such certificates and related inquiries. If applicable, Group will retain responsibility for issuing certificates of creditable coverage to persons entitled to elect COBRA no later than when Group provides the COBRA notice

11. Licensee Status of BCBSM. This Agreement is between Group and BCBSM, an independent corporation licensed by the Blue Cross and Blue Shield Association (BCBSA), an association of independent Blue Cross and Blue Shield Plans, to use the Blue Cross and Blue Shield names and service marks in Michigan. However, BCBSM is not an agent of BCBSA and, by entering into this Agreement, Group agrees that it made this Agreement based solely on its relationship with BCBSM or its agents. The Group further agrees that BCBSA is not a party to, nor has any obligations under this Agreement, and that no obligations are created or implied by this language.

12. Litigation. Any suit arising out of this Agreement or any Certificates and Riders must be filed within 2 years after the cause of action arose and, unless pre-empted by ERISA, shall be brought in a Michigan court of competent jurisdiction. Under no circumstances may Group, the GHP, or a Member file suit before exhausting the internal BCBSM-administered steps of the applicable grievance procedure set forth in Part 4 of 1980 PA 350 referenced in Section 8. However, exercising any rights under PA 350, as also described in Section 8, shall not extend the 2-year period in which any suit may be filed.

13. Termination. Upon thirty (30) days written notice, either party may terminate this Agreement for any reason consistent with applicable law. BCBSM may also terminate this Agreement as described in Section 3 above.

14. Assignment and Waiver. Neither party may assign this Agreement without the written permission of the other party. Any assignment by Group without BCBSM's written permission shall be deemed a voluntary termination of this Agreement by Group. The waiver by a party of any breach of this Agreement by the other party shall not constitute a waiver of any subsequent breach of this Agreement.

The Group will immediately notify BCBSM in writing of any Change in Control, any change in Group's name, identity, ownership, or legal organizational structure, any change in, or addition to, a location of Group's place of business, and any merger, combination, sale of assets, or other similar material transaction in which Group is involved. For purposes of this Agreement, a "Change in Control" shall be deemed to be an assignment requiring BCBSM's consent and shall mean an event resulting in a change in the beneficial ownership of Group of 50% or more immediately after the event compared to one year before the event. "Beneficial ownership" means actual ownership or the right, directly or indirectly, to control voting power associated with ownership interests in Group.

15. Exclusions. Notwithstanding anything contained in this Agreement, BCBSM will have no obligation to Group for any coverage not specified in the applicable Certificate and Riders, nor for any coverage that Group, in whole or in part, contracts with other carriers to provide on behalf of Group. The Group agrees to indemnify and hold BCBSM harmless against any loss, claims, actions, and damages, including costs and reasonable attorneys' fees, that may arise from any coverage not so provided by BCBSM.

16. Entire Agreement. This Agreement, which, as defined, includes Parts B and C, together with any attachments is the entire agreement between BCBSM and Group and supersedes all other agreements, oral or written, between the parties regarding the same subject matter. This Agreement may be amended only by a written document signed by the parties.

17. Severability. If any provision of this Agreement is found invalid or unenforceable, the remaining provisions shall remain in full force and effect.

18. Governing Law. This Agreement is entered into in Michigan and, except as may be pre-empted by ERISA, shall be construed according to the laws of Michigan.

19. Physician Group Incentive Plan: If Group is experience rated, Group acknowledges that BCBSM or a Blue Cross and Blue Shield Plan may have programs with providers such as quality improvement programs, incentive compensation arrangements, or other similar programs for which some portion of the cost may be payable from the amounts paid to providers in which the provider is subject to performance or risk-based compensation, including but not limited to withholds, bonuses, incentive payments, provider credits, and member management fees. Often the compensation amount is determined after the medical service has been performed and after Group has been invoiced.

20. Group Conversion. If Group's coverage is underwritten by BCBSM, state law (MCL 550.1410a) requires Group to notify any BCBSM subscriber whose Group coverage is cancelled of the right to convert to BCBSM group conversion coverage. This notice must be provided within fourteen (14) days of the cancellation of Group BCBSM coverage. BCBSM will provide this group conversion option for thirty (30) days from the date of termination of the subscriber's coverage through Group.



An Independent Licensee of
the Blue Cross Blue Shield
Association

Terms and Conditions - Part New Group
Exhibit 1
BlueCard Program

Federal Tax Id

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I. Out-of-Area Services

BCBSM has a variety of relationships with other Blue Cross and/or Blue Shield Licensees referred to generally as "Inter-Plan Programs." Whenever Members access healthcare services outside the geographic area BCBSM serves, the claim for those services may be processed through one of these Inter-Plan Programs and presented to BCBSM for payment in accordance with the rules of the Inter-Plan Programs policies then in effect. The Inter-Plan Programs available to Members under this Agreement are described generally below.

Typically, Members, when accessing care outside the geographic area BCBSM serves, obtain care from healthcare providers that have a contractual agreement (i.e., are "participating providers") with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). In some instances, Members may obtain care from non-participating healthcare providers. BCBSM's payment practices in both instances are described below.

A. BlueCard® Program

Under the BlueCard® Program, when Members access covered healthcare services within the geographic area served by a Host Blue, BCBSM will remain responsible to Group for fulfilling BCBSM's contractual obligations. However, in accordance with applicable Inter-Plan Programs policies then in effect, the Host Blue will be responsible for providing such services as contracting and handling substantially all interactions with its participating healthcare providers. The financial terms of the BlueCard Program are described generally below. Individual circumstances may arise that are not directly covered by this description; however, in those instances, our action will be consistent with the spirit of this description.

Liability Calculation Method Per Claim

The calculation of the Member's liability on claims for covered healthcare services processed through the BlueCard Program will be based on the lower of the participating healthcare provider's billed covered charges or the negotiated price made available to BCBSM by the Host Blue.

Host Blues may use various methods to determine a negotiated price, depending on the terms of each Host Blue's healthcare provider contracts. The negotiated price made available to BCBSM by the Host Blue may represent a payment negotiated by a Host Blue with a healthcare provider that is one of the following:

- (i) an actual price. An actual price is a negotiated payment without any other increases or decreases, or
- (ii) an estimated price. An estimated price is a negotiated payment reduced or increased by a percentage to take into account certain payments negotiated with the provider and other claim- and non-claim-related transactions. Such transactions may include, but are not limited to, anti-fraud and abuse recoveries, provider refunds not applied on a claim-specific basis, retrospective settlements, and performance-related bonuses or incentives; or
- (iii) an average price. An average price is a percentage of billed covered charges representing the aggregate payments negotiated by the Host Blue with all of its healthcare providers or a similar classification of its providers and other claim- and non-claim-related transactions. Such transactions may include the same ones as noted above for an estimated price.

Host Blues using either an estimated price or an average price may, in accordance with Inter-Plan Programs policies, prospectively increase or reduce such prices to correct for over- or underestimation of past prices (i.e., prospective adjustments may mean that a current price reflects additional amounts or credits for claims already paid to providers or anticipated to be paid to or received from providers). However, the amount paid by the Member is a final price; no future price adjustment will result in increases or decreases to the pricing of past claims. The BlueCard Program requires that the price submitted by a Host Blue to BCBSM is a final price irrespective of any future adjustments based on the use of estimated or average pricing.

A small number of states require a Host Blue either (i) to use a basis for determining Member liability for covered healthcare services that does not reflect the entire savings realized, or expected to be realized, on a particular claim or (ii) to add a surcharge. Should the state in which healthcare services are accessed mandate liability calculation methods that differ from the negotiated price methodology or require a surcharge, BCBSM would then calculate Member liability in accordance with applicable law.

Return of Overpayments

Under the BlueCard Program, recoveries from a Host Blue or its participating healthcare providers can arise in several ways, including, but not limited to, anti-fraud and abuse recoveries, healthcare provider/hospital audits, credit balance audits, utilization review refunds, and unsolicited refunds. In some cases, the Host Blue will engage a third party to assist in identification or collection of recovery amounts. The fees of such a third party may be netted against the recovery. Recovery amounts determined in this way will be applied in accordance with applicable Inter-Plan Programs policies, which generally require correction on a claim-by claim or prospective basis.



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

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

New Group - Part B

Group Exec Initials

Federal Tax ID Number

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Sponsored Plan Acronym <input type="text"/>		Customer ID(BCBSM), Group ID(BCN) <input type="text"/>		SubGroupID <input type="text"/>		ClassID <input type="text"/>		BCBSM Group Number <input type="text"/>				Group Suffix <input type="text"/>			
Leasing Company Acronym <input type="text"/>		Leasing Company Name <input type="text"/>										Effective Date <input type="text"/> / <input type="text"/> / <input type="text"/>			
Company Name <input type="text"/>												Phone <input type="text"/> - <input type="text"/> - <input type="text"/>			
Physical Address <input type="text"/>												County <input type="text"/>			
City <input type="text"/>												State <input type="text"/>		Zip Code <input type="text"/>	
Primary Nature Of Business <input type="text"/>												Company Fax <input type="text"/>			
Doing Business As <input type="text"/>												Company Fax <input type="text"/>			
DBA <input type="text"/>												Company Fax <input type="text"/>			
Check here if this group is ERISA Exempt <input type="checkbox"/>		Are you currently in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any leased employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this group have subsidiaries, offices, or branches located at other physical locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit multiple location report									
Is Work Force Unionized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Employees Represented <input type="text"/>		Local Number <input type="text"/>		Contract Expiration Date <input type="text"/>		National/International Name <input type="text"/>							
Local Representative Name <input type="text"/>						Retiree Group: Is there a surviving spouse option? <input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Employer Premium Contribution <input type="checkbox"/> In Dollars <input type="checkbox"/> Percentage <input type="text"/>							
<p>A. To be eligible for coverage an employee must work a minimum of 30 hours per week.</p> <p>B. Eligible Dependent coverage will be effective on date of event, e.g., spouse, newborn, if written notification is received within 30 days thereof with billing prorated. If after 30 days, coverage will be effective at group's next annual reopening date.</p> <p>C. Newly hired full-time, or part-time employees who become full-time are to be effective on the 1st billing following <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 calendar days of employment. (check one) OR Other, enter appropriate BCBSM/BCN code selected from page 7 of this agreement: <input type="text"/></p> <p>D. Employees hired with an active BCBSM/BCN contract may transfer to this group without regard to above schedule (Item C, above).</p> <p>E. Exceptions: <input type="text"/></p>												<p>ID cards will be mailed directly to the subscriber unless the box below is checked.</p> <p>Mail to group <input type="checkbox"/> Yes</p>			
Managing Agent Name <input type="text"/>						MA Code <input type="text"/>		Agent Code <input type="text"/>							
Agent Name: (first and last)		<input type="text"/>													

New Group - Part B

Group Exec Initials

Federal Tax ID Number

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Previous BCBSM/BCN Coverage? [] Yes [] No

If yes, Former Group Number

 -

Previous Carrier

BCBSM/BCN Cancellation Date

 / /

Workers Comp Information

Workers Comp Carrier

Workers Comp Policy Number

Workers Comp Renewal Date

 / /

Billing Contact Information

Billing Contact - First Name

Last Name

Billing Phone Number

 - -

Billing Contact - Job Title

Billing Address-If other than Physical Address

Billing Address County

City

State

Zip Code

 -

Administrative Contact Information

Administrative Contact Person - First Name

Last Name

Contact Person's Phone Number

 - -

Administrative Contact Job Title

Mailing Address

Mailing Address County

City

State

Zip Code

 -

Chief Executive Contact Information

Chief Executive - First Name

Last Name

Chief Executive's Phone Number

 - -



New Group Number - Part B

BCBSM/BCN New Hire/Rehire Options

New Hire/Rehire Option	BCBSM Code*	BCN Code*
The employee coverage will be effective the date of hire/rehire.	S2	01
BCN ONLY: Nonstandard newhire/rehire		01
The employee coverage will be effective the first billing date following the date of hire/rehire.	S4	16
The employee coverage will be effective the first billing date following thirty (30) days from the date of hire/rehire.	S30	17
The employee coverage will be effective the 31st day following the date of hire/rehire	S3-30	02
The employee coverage will be effective the first billing date following sixty (60) days from the date of hire/rehire.	S60	18
The employee coverage will be effective the 61st day following the date of hire/rehire	S3-60	08
The employee coverage will be effective the first billing date following ninety (90) days from the date of hire/rehire.	S90	19
The employee coverage will be effective the 91st day following the date of hire/rehire	S3-90	10
The employee coverage will be effective the 181st day following the date of hire/rehire	S3-180	12
The employee coverage will be effective the first billing date following 180 days (6 months) from the date of hire/rehire.	S1-180	13
The employee coverage will be effective the first billing date following 365 days (1 year) from the date of hire/rehire.	S1-365	04
The employee coverage will be effective the 366th day following the date of hire/rehire	S3-365	05

* Enter appropriate code on Page 5.



**Blue Cross
Blue Shield**
of Michigan

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

**New Small Group and ERS - Part C
Simply Blue, Healthy Blue Outcomes, and
Community Blue 3A, 4A, & 12A**

Federal Tax Id

____ - _____

Group Exec Initials

Requested Effective Date

____ / ____ / ____

Group Number

Suffix Number

Group Name (Full Legal Name)

*** This plan or rider requires 51 enrolling if plan is non-sponsored**

Product	Plans	Deductible	Co-Insurance	Co-Insurance Maximum	Office Visit	Emergency Room	Options
Community Blue	<input type="checkbox"/> Plan 3A	\$250	20%	\$1,000	\$20	\$150	<input type="checkbox"/> OV30 (3A & 4A only) <input type="checkbox"/> OV40 UC40 ER250 (12A only)
	<input type="checkbox"/> Plan 4A	\$500	20%	\$1,500	\$20	\$150	
	<input type="checkbox"/> Plan 12A*	\$1,000	20%	\$2,500	\$30	\$150	
Healthy Blue Outcomes	Healthy Reward/ Benefit Plan						
	<input type="checkbox"/> Healthy Reward 250 (ERS only)	\$250/\$1,000	20%	\$2,500	\$20/\$40	\$150/\$250	Not Applicable
	<input type="checkbox"/> Healthy Reward 500	\$500/\$1,500	20%	\$2,500	\$20/\$40	\$150/\$250	
	<input type="checkbox"/> Healthy Reward 1000	\$1,000/\$2,500	20%	\$2,500	\$20/\$40	\$150/\$250	
Simply Blue	<input type="checkbox"/> SB 250 (ERS only)	\$250	20%	\$2,500	\$20	\$150	<input type="checkbox"/> OV40 UC40 ER250 <input type="checkbox"/> \$1500 Copay Max SB 250 (ERS only) <input type="checkbox"/> \$1500 Copay Max SB 500 (ERS only)
	<input type="checkbox"/> SB 500*	\$500	20%	\$2,500	\$20	\$150	
	<input type="checkbox"/> SB 1000*	\$1,000	20%	\$2,500	\$30	\$150	
	<input type="checkbox"/> SB 1500	\$1,500	20%	\$2,500	\$30	\$150	
	<input type="checkbox"/> SB 2500	\$2,500	20%	\$2,500	\$30	\$150	
	<input type="checkbox"/> SB 4000 (ERS only)	\$4,000	30%	\$2,500	\$30	\$150	
Simply Blue HRA	<input type="checkbox"/> SBHRA 1000*	\$1,000	20%	\$2,500	\$30	\$150	<input type="checkbox"/> OV40 UC40 ER250
	<input type="checkbox"/> SBHRA 1500	\$1,500	20%	\$2,500	\$30	\$150	
	<input type="checkbox"/> SBHRA 2500*	\$2,500	20%	\$2,500	\$30	\$150	
	<input type="checkbox"/> SBHRA 4000	\$4,000	20%	\$2,500	\$30	\$150	
Simply Blue HSA	<input type="checkbox"/> SBHSA 1250/0%*	\$1,250	0%	\$0/\$1,000 w/drug	--	--	Not Applicable
	<input type="checkbox"/> SBHSA 1250/20%*	\$1,250	20%	\$1,000	--	--	
	<input type="checkbox"/> SBHSA 2000/0%	\$2,000	0%	\$0/\$1,000 w/drug	--	--	
	<input type="checkbox"/> SBHSA 3000/0%	\$3,000	0%	\$0/\$1,000 w/drug	--	--	
	<input type="checkbox"/> SBHSA 3000/20%	\$3,000	20%	\$1,000	--	--	



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New Small Group and ERS - Part C
Simply Blue, Healthy Blue Outcomes, and
Community Blue 3A, 4A, & 12A
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Group Exec Initials

Optional Riders for All Plans

Cost Sharing Requirements (Upper Peninsula Only)

Mental Health Parity (REQUIRED for groups with 51 or more employees on payroll including seasonal and part time. Not available to groups with fewer than 51.)

Exclude Voluntary Abortion

*** This plan or rider requires 51 enrolling if plan is non-sponsored**

Spending Accounts	<input type="checkbox"/> HealthEquity	<input type="checkbox"/> WageWorks HRA (WW-CC) <input type="checkbox"/> Opt-Out Claims Crossover (WW-NCC) <input type="checkbox"/> WageWorks HSA (WW-NCC) <input type="checkbox"/> WageWorks FSA (WW-NCC)	<input type="checkbox"/> Healthy Blue HSA (BHB)

Statements of Prior Deductibles Included

Coordination of Benefits: COB1 100+: Other COB form must be attached

			Sponsored/ Group Size	Non Sponsored/ Group Size
Vision	<input type="checkbox"/> Freestanding Vision	<input type="checkbox"/> <u>Blue Vision</u> <input type="checkbox"/> 12-12-12, BVFL <input type="checkbox"/> 24-24-24, BVFLE <input type="checkbox"/> <u>Blue Vision ChoiceSM (Voluntary)</u> <input type="checkbox"/> 12-12-24, BVFLL, BVC \$10/\$25	2+	10+
			2+ medical contracts	25+ medical contracts
Dental	<input type="checkbox"/> Freestanding Dental	Traditional Plus: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 6 Community: <input type="checkbox"/> CD Plan 2 <input type="checkbox"/> CD Plan 4 Exclusive: <input type="checkbox"/> Exclusive Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 5 (Deductible) <input type="checkbox"/> Plan 7 <input type="checkbox"/> CD Plan 3 <input type="checkbox"/> CD Plan 5 <input type="checkbox"/> Exclude DO-FACR (for ERS groups only) This rider is required for small groups 2-49	2+	10+
		Voluntary: <input type="checkbox"/> Blue Dental PPO Plus 100/80/50 <input type="checkbox"/> Blue Dental PPO 100/80/50 <input type="checkbox"/> Blue Dental EPO 100/80/50 (Maximum 35% employer contribution, and minimum 30% participation) <input type="checkbox"/> Waive Waiting Period (Proof of prior dental coverage required) <input type="checkbox"/> 50% Ortho with \$1,000 max (optional Rider for Voluntary Plans)	10+ dental contracts	

Prescription Drug Preferred Plans

- \$5/\$25/\$50 (RXCM)
- \$7/\$35/\$70 (RXCM)
- \$10/\$40/\$80 (RXCM)
- \$15/\$30/\$60 (RXCM)
- \$15/\$50/50% (RXCM)* \$70 min/\$100 max
- \$20/\$60/50% (RXCM) \$80 min/\$100 max

- \$5/\$25/\$50 w/o RXCM (ERS only)
- \$10/\$60 (ERS only)

RXCM = Mandatory MAC, Prior Authorization/StepTherapy, 90 day retail 2x copay and MOPD-2X.

Blue Advantage RX *

Optional Drug Riders All drug plans:

- Exclude Lifestyle Drugs (PD-XED)+
- PD-XED-MHP+

(REQUIRED for groups with 51 or more employees on payroll including seasonal and part time. Not available to groups with fewer than 51.) (Replaces PD-XED.)

Contraceptives (PCD, PD-CM, CI)

+ Not available with Healthy Blue Outcomes



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

Group Exec Initials Federal Tax Id -

New Group - Part C (con't)

Complete the applicable section for all New Business or previously unenrolled

Total Group Census	Enrolling	Not Enrolling
Total Employees: <input type="text"/>	Blue Enrolled - Active: <input type="text"/>	Other: <input type="text"/>
Ineligible - Part Time: <input type="text"/>	Other/Segment: <input type="text"/>	Identify Segment: ie, Union/NHWP _____
Seasonal: <input type="text"/>	COBRA: <input type="text"/>	Enrolled, Other Carrier: <input type="text"/>
Eligible Employees: <input type="text"/>	Retirees: <input type="text"/>	Hases: <input type="text"/>
* Note: Enrolling plus Not Enrolling segments equal "Eligible Employees". Segments not enrolling (ie Union/NHWP) captured in the "Not Enrolling" section are still counted towards determining group's rating type.		Waiving Coverage: <input type="text"/>

For BCBSM/BCN Managing Agent Use Only

Effective Date: <input type="text"/>	Sales Office Code: <input type="text"/>	Control Code: <input type="text"/>
Billing Cycle Date: <input type="text"/>	Mail Code: <input type="text"/>	SIC Code: <input type="text"/>
Rate Renewal Date: <input type="text"/>	Territory Code: <input type="text"/>	County Code: <input type="text"/>
Inventory Date: <input type="text"/>		Cluster Code: <input type="text"/>
Group has a Retiree Segment? <input type="checkbox"/> Yes <input type="checkbox"/> No	MA Contact Person: _____	Phone Number: _____
Comments: _____		
Rating Type: <input type="checkbox"/> Reform <input type="checkbox"/> Non Reform <input type="checkbox"/> 50 - 99 ERS <input type="checkbox"/> ERS <input type="checkbox"/> ASC		

BCBSM 50 to 99 ERS Only - Group Authorizes PHI release to: Agent Consultant TPA (Authorization letter required)



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

Federal Tax Id

Form for Federal Tax Id with a hyphen and two sets of boxes for digits.

GROUP REIMBURSEMENT POLICY ACKNOWLEDGEMENT

Group Name _____

By signing this document, Group agrees that deductibles, coinsurance, and copayments under

- List of insurance plans: Simply Blue, Simply Blue HSA, Healthy Blue Outcomes, BlueCore Plus, Community Blue Plan 19, Community Blue Plan 20, All BCN plans, Any BCN prescription drug coverage, Any BCBSM prescription drug coverage*.

* applies to groups under 100 only

will not be reimbursed by any third party administrator, any employer-funded reimbursement arrangement or any fully-insured plan (whether employer or employee funded). Rules for Flexible Spending Accounts (FSAs): Employee-funded FSAs are allowed for all plans. Employer FSA contributions of up to \$250 per contract are allowed, with the following exceptions: BCBSM's Healthy Blue Outcomes and BCN's Healthy Blue Living and Healthy Blue Living Rewards.

Group understands that failure to adhere to this agreement could result in Blue Cross Blue Shield of Michigan or Blue Care Network taking either of the following actions: (1) refuse to renew the group's coverage; or (2) terminate the group's coverage. BCN may adjust the premiums for the coverage.

Group Decision Maker signature _____ Date _____

Group Decision Maker Name (Print) _____

BCBSM Group number/suffixes; BCN Group number/subgroups/classes _____

As agent of this group, in addition to the statement above, I also certify that I am not offering and will not offer or facilitate any of the above described reimbursement arrangements for this customer when the customer has purchased one of the above plans. I understand that failure to adhere to this certification can result in termination of the agent's contract with BCBSM/BCN; nonpayment of commissions; or other penalties identified by BCBSM/BCN.

Agent signature _____ Date _____

Agent name (Print) _____