



Total Value Proposition for Kalamazoo Public Schools



Financing Your Health Care Program by Blue Cross Blue Shield of Michigan

Effective October 1, 2011

Local Platform

Table of Contents

		<u>Page</u>
Overview	Overview - Blue Cross Blue Shield Value Proposition	1
Section 1	Financial Summary	2
Section 2	Medical Networks and Discounts	3
Section 3	Administrative Services Fees	4
Section 4	Value-Added Services	5
Section 5	BlueHealthConnection®	6
Section 6	Stop-Loss Coverage	7
Section 7	Projected Total Cost Value	8
Section 8	Dental & Vision Projected Cost Value	9
Section 9	Pricing Assumptions	10 - 11
Products	Our Array of Products and Services	12
Appendix A	Alternative Stop-Loss Options	
Appendix B	BlueCard Program	
Appendix C	Consumer-Directed Plan Pricing	
Appendix E	Performance Guarantees	



Blue Cross Blue Shield of Michigan Value Proposition

We'll provide you with the lowest net cost as well as total value savings. With Blue Cross and Blue Shield of Michigan, we project you will save 48.2%

For over 70 years, thousands of companies like yours have trusted Blue Cross Blue Shield of Michigan for savings and value in health care coverage.

Commitment

Our value commitment provides:

- Brand Recognition - the most widely recognized health care card in the industry.
- Unmatched number of providers (depth) and specialty types (breadth) of provider networks, with more than 670,000 participating physicians and more than 5,800 hospitals/facilities.
- The highest average PPO in-network discounts throughout the United States.
- Unique, significant out-of-network discount advantage.
- Total health and productivity management (absenteeism, presenteeism).
- Accessible and informative tools that provide cost and quality information to help your members manage their health.
- Program flexibility and customization.
- Consultative expertise for claims analysis and clinical evaluation.
- Comprehensive resources available through the Consortium Health Plans, the Blue Cross and Blue Shield Association and the Blue Health Intelligence tool.
- Lower out-of-pocket costs for your employees.



Key Features

For your peace of mind we deliver:

- Guaranteed nationwide discounts both in-network and out-of-network, across all non-Medicare claims dollars.
- Guaranteed customer service and operational performance standards.
- Multi-year administrative fee guarantee.
- The most comprehensive stop-loss program featuring a pooled stop-loss arrangement.
- A 93 percent nationwide in-network access to hospital and professional providers.

About 90 percent of your health care dollars go to pay claims. That's why it's especially important that you look at more than just fixed fees when you consider your health care coverage. Please take a close look at how the BCBSM total value proposition can save you money.



Total Value Proposition

Section 1: Financial Summary

No other carrier can match our Total Value Proposition

Blue Cross Blue Shield Networks and Discounts Summary (see sections 2, 3 & 9)

Projected advantage over other carrier as a cost per contract per month of: **\$192.83**
Advantage of the BCBSM network size realizing a larger in-network utilization at: **94%**

	<u>Total</u>
In-Network Discount Average	48.3%
Out-of-Network Discount Average	46.6%
Weighted Overall Discount Average	48.2%

Administrative Charges (see sections 4 & 5)

- Guaranteed Multi-Year Administrative Fee Options.
- Administrative Fee includes multiple services.
- Care Management Services (BlueHealthConnection) included in Medical Administrative Fee.

Stop-Loss Advantage (see section 9)

- **BCBSM does not carve out individuals.** Our product is truly a pooled arrangement.
- BCBSM offers the highest protection because Specific Stop-Loss is applied to a family's total claims, not a member's.
- There is no need to coordinate reimbursement with a third party.
- Your account will be promptly credited for catastrophic claims that exceed the attachment point.
- Stop-loss is guaranteed renewable.
- BCBSM's speed of claims processed makes this product be a better value for your group.

Guaranteed Performance

Performance Guarantee - Appendix E

BCBSM guarantees customer service and operational performance standards.

Access/Discount Guarantee - Appendix F

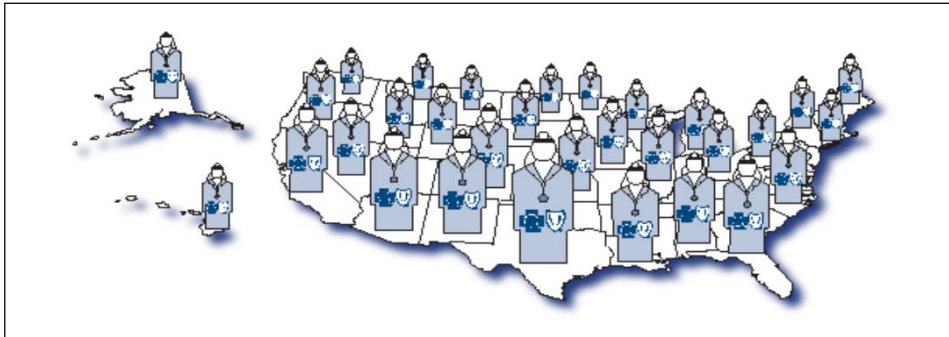
BCBSM guarantees an average 95% of the provider savings for Non-Medicare claims. BCBSM is willing to guarantee up to 10.0% of the administration fee allocated between the performance and access/discount guarantees listed above.



Total Value Proposition

Section 2: Medical Networks and Discounts

No competitor can match the strength of our provider networks.



BCBSM and the Blue Syndicate own our networks and have owned our networks since the development of traditional program in the 1940s.

Blue Cross Blue Shield members have access to 80 percent of the doctors and 90 percent of the hospitals in the United States.

The Blues Syndicate has more than 670,000 participating physicians and more than 5,800 facilities across the country.

Virtually all non-Medicare claims are discounted and only BCBSM can deliver this value for your claims because of our unique network arrangements.

Blue Cross Blue Shield offers broad, high-performance and specialty networks and thus offers flexibility depending on your needs.

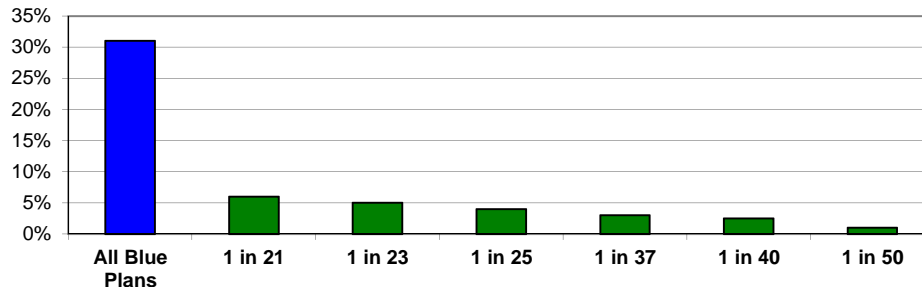
BCBS is the Choice for Nearly

1 in 3
AMERICANS

&

74% of
FORTUNE 100
COMPANIES

Enrollment as a Percent of U.S. Population



Total Value Proposition

Section 3: Administrative Services Fees

Blue Cross Blue Shield of Michigan's Administrative Services cover a wide range of services valuable to both you and your members.

Administrative and Stop-Loss Fees as a Cost per Contract per Month

Medical (blended for all contracts)	\$50.96
Prescription Drugs	\$1.82
Dental	\$3.50
Vision	
Care Management Services (BlueHealthConnection)	Included
<hr/>	
Administrative Fee	\$56.28
Stop-Loss Fees at \$300,000	\$26.47

If the group purchases a HSA or HRA program, an additional charge, no more than \$4.95 per contract per month will be charged for each contract enrolled in the program.
NOTE: You may receive an additional charge for loading prior carrier data, including obtaining Medicare and prescription drug data. Should you choose not to purchase a BCBSM Rx program, there may be ongoing costs as well.

If the ASC contract is not signed by the effective date, BCBSM will charge \$4 per contract, per month. These charges won't be retroactively waived once the documents are signed.

Above Pricing Assumes the Following

If Stop-Loss is purchased through an outside carrier an additional administrative charge of \$4.00 per contract per month will be applied.

Administrative fees do not include agent commission. All agent commission is in addition to the above administrative fees.

The medical administrative fee assumes current NASCO and Custom BlueCard par plans remain participating. If the NASCO or Custom BlueCard par plans change, then the medical administrative fee may be adjusted.

Administrative Fee Payment Flexibility

No lag - Administrative Fees are paid from the initial month of effective date along with Run-out administrative fee charged.

Administrative Fee Savings - Per Contract Per Month

Group shall pay an Administrative Access Fee ("AAF") included in the hospital claims cost contained in Amounts Billed. AAF is separate from and does not include BlueCard fees and shall not exceed \$35.00 per contract per month. Approximately 120 days after the close of the Contract Year, BCBSM shall report the aggregate amount of AAF actually paid by group.

Guaranteed Future Administrative Charges

Administrative fees will increase 4% for year 2	Year 2 (fixed) \$58.53
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**The escalator will be applied to both fixed administrative and variable AAC/AAF fees.*

Guaranteed Return

\$5.10 or 10.0% of Administrative Fees are at-risk for all Performance Measures.

In Michigan, as an example, Blue Cross Blue Shield of Michigan adds value to your contract by pioneering programs that promote quality and seek new ways to control health care costs. For instance, our Value Partnerships Hospital Pay for Performance Program has, in conjunction with the Michigan Health & Hospital Association, saved more than \$165 million since 2005.



Total Value Proposition

Section 4: Value-Added Services

The following specific services are included adding significant value to your health care program and increasing member engagement.

Account Services

- Account representation
- Health plan consulting
- Anti-fraud services
- Coordination of benefits
- Customer service representatives
- Legislative compliance
- Membership processing
- Nationwide claims processing
- Subrogation
- Utilization review

Suite of Resources

- Health Care Advisor
- Pharmacy Advisor
- Coverage Advisor
- Hospital Advisor
- Care Guides

Member Services

- Member benefit books
- BlueHealthConnection®
- Employee communications
- ID cards
- Web tools:
 - Coverage advice
 - Explanation of Benefits
 - Health Risk Assessments (HRAs)
 - Health care information and tools
 - Member self-service
- Enrollment materials
- HIPAA Certificates of Credible Coverage
- Standard data file feeds will be offered at no charge; non-standard data file available at additional cost
See Additional note in the Pricing Assumptions section

Financial Services

- Underwriting services
- Check writing
- Claims fiduciary responsibility

Lower Out-of-Pocket Costs Provide Added Value For Members

Fact:

The Blue Cross Blue Shield provider contracts save your members from unpleasant financial surprises and frees them from filing complicated paperwork.

What you need to know:

Member satisfaction is enhanced when services are performed in-network. Finding a Blue Cross Blue Shield provider is easy because our network of participating hospitals and doctors is unmatched by any other carrier, which means members have less out-of-network claims. Failure to know the percentage of claims processed in-network can result in costly out-of-network charges to your members. Additionally, when claims are processed out-of-network, your overall discounted savings are lower due to higher payments to hospitals and physicians.



Total Value Proposition

Section 5: BlueHealthConnection®

BlueHealthConnection services are part of your administrative fee at no additional cost.

They include promotion of health awareness, disease prevention and healthy lifestyles by employing:

- 24/7 telephonic access to nurse health coaches
- Condition Management
 - Outbound calls by nurse health coaches
 - Proactive postcards
- "Quit the Nic" smoking cessation program
- Online health risk assessment
- Online health coach
- Online incentive point activity tracking
- Online symptom manager for self-care of chronic illness
- Personalized information via the "Health Dashboard"
- Web tools for members to research hundreds of health topics
- Shared decision-making tools in video and audio formats

BCBSM helps members manage their health risks by:

- Application of state-of-the-art predictive modeling with claims information, utilization management indicators and clinical data
- Online Health Risk Assessment with immediate assessment of the top three health risk areas
- Nurse Health Coach assessment and development of interactive treatment plans for condition management
- Depression assessment on every nurse Health Coach call
- Targeted intervention of members with recognizable gaps in care using behavior modification
- Online Personal health records to track important
- Discounts on health goods, services and safety equipment
- Free newsletters and health handbooks
- Health education programs or discounts on programs

Our approach to managing chronic and catastrophic conditions uses the following tools:

- Predictive modeling
- Utilization management
- Proactive outreach
- Condition and case management

Disease management targets the most costly chronic conditions:

- Ischemic heart disease
- Asthma
- Cancer
- Chronic obstructive pulmonary disorder
- Congestive heart failure

BCBSM condition management targets:

- Benign prostatic hyperplasia
- Benign uterine conditions
- Hypercholesteremia
- Low back pain and knee and hip pain

Tailored Solutions - All of BlueHealthConnection, AND MORE!

To capitalize on BlueHealthConnection and build a healthier membership base, many companies can select a tailored BlueHealthConnection solution. It takes all of the basic features and combines them with increased and more focused outreach. If you want to maximize your savings or your return on investment, and improve the engagement and health of your employees, **a tailored solution may better meet your specific goals.**

Tailoring makes BlueHealthConnection a low-cost, high-value, population-based health care management program that provides:

- **A significantly higher percent of targeted members**
- **A greater opportunity to engage those members who are responsible for the majority of health care cost**

We have found that tailoring works to improve outcomes for these members and therefore, reduce your costs. Risk stratification, increased member referral (% of population), and designated nurse resources are included. Administrative fees do not include these services.

Tailored BlueHealthConnection Solution charges are based on selected program design.



Total Value Proposition

Section 6: Stop-Loss Coverage

Flexibility in Stop-Loss Coverage Options for 1,255 Estimated Number of Total Contracts

Specific Attachment Point	Specific Monthly Rate	Aggregate Monthly Rate	Total Stop-loss Premium	125% Aggregate Mature Attachment Point	Maximum Claim Liability
\$200,000	\$38.14	\$4.50	\$42.63	\$17,720	\$22,238,229
\$250,000	\$28.38	\$4.59	\$32.96	\$17,810	\$22,351,857
\$300,000	\$21.82	\$4.65	\$26.47	\$17,849	\$22,400,555
\$350,000	\$17.72	\$4.46	\$22.18	\$17,888	\$22,449,253
\$400,000	\$14.56	\$4.25	\$18.80	\$17,927	\$22,497,951

Stop-Loss is based on claims incurred and paid October 1, 2011 to September 30, 2012.

Stop-loss Product

- Specific stop-loss protects against individual catastrophic claims paid during the contract year
- Aggregate stop-loss, if purchased, protects against high claim total amounts paid in the contract year
- Specific stop-loss protection applies to medical and prescription drug claims
- Aggregate stop-loss applies only to medical and prescription drug claims
- BCBSM reserves the right to adjust rates if at the time of actual enrollment a change of +/- 10 percent occurs in employee enrollment, demographics or contract mix
- If specific stop-loss is purchased from a third-party vendor, additional costs may be charged
- Rates, fees and attachment points are illustrative only and are all subject to change upon validation of current discounts and utilization patterns used in claims analysis
- BCBSM assumes lag factors of 1.00 on medical and 1.00 on prescription drugs for purposes of developing a first year attachment point if aggregate stop-loss is selected.
- Alternative stop-loss pricing options are available upon request (Appendix A)

The quoted specific stop-loss rates are contingent upon receipt of excess claims equal to 50% of requested stop-loss specific attachment point and at least all large claims over \$25,000 for the past two years including any information regarding claimants that could exceed a stop-loss level in the future (e.g., transplant patients or premature births). BCBSM reserves the right to re-rate or rescind the stop-loss coverages offer based upon the excess claims received.

Blue Cross Blue Shield of Michigan applies specific stop-loss to a family's total claims, not per member, and that dollars saved for your members. In addition, we will promptly credit your account for any catastrophic claim and provide you with guaranteed renewal. We also take care of any coordination of third-party reimbursement so you don't have to.



Total Value Proposition

Section 7: Projected Total Cost Value

1,255 Active Contracts - Annualized First Year Costs Annual Plan Cost (Mature Claim Costs)

	<u>BCBSM</u>
First Year BCBS Fixed Costs (12 Months of Admin/12 Months Stop-Loss)	
Administrative and Stop Loss Costs	\$1,245,248
Discount Summary for Medical Annualized Mature Claim Costs	
Expected Medical Claim Charges	\$25,047,564
<u>Estimated Medical Provider Savings (Discounts)</u>	<u>(\$12,061,471)</u>
Expected Medical Claim Cost (Amounts Billed)	\$12,986,092
Expected Prescription Drug Claim Cost	\$4,934,352
Expected Dental Claim Cost	\$827,524
<u>Expected Vision Claim Cost</u>	
Expected Total Ancillary Cost	\$5,761,876
Expected Hospital Claim Advance	\$470,625
Expected Medical & Ancillary Claim Cost	\$19,218,593
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<i>Maximum Claim Cost when Aggregate Stop Loss is reached</i>	\$23,228,079
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<i>Administrative and Stop Loss Cost + Maximum Claim Cost</i>	\$24,473,300
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Administrative and Stop-Loss Fees - Per Contract Per Month	
Administrative Fees:	
Medical Administrative Fee	\$50.96
Network Access, Utilization Review, HIPAA, Misc Fees	Included
Prescription Drug Administrative Fee	\$1.82
Dental Administrative Fee	\$3.50
Vision Administrative Fee	\$0.00
Total Administrative Fees	<u>\$56.28</u>
Stop-Loss Fees:	
Specific Stop-Loss: \$300,000	\$21.82
Aggregate Stop-Loss: 125%	\$4.65
Total Stop-Loss Fees	<u>\$26.47</u>
Total Fixed Costs - Per Contract Per Month	\$82.75



Section 8: Dental & Vision Projected Cost Value

Dental

Dental-related illnesses annually results in 20.5 million lost work days. Studies show that each visit a person makes to the dentist will save them an estimated \$4 in medical treatment costs for every dollar spent on preventative dentistry.

Blue Dental combined with Blue Medical provides an overall health solution for your employees:

- One card • One monthly bill • One point of contact • Multi-line discount opportunities • Medical/Dental integration • More dentists

As a multi-line carrier, BCBSM can link medical and dental data.

This allows us to target members who require more dental care by:

- Supplying educational material • Encouraging better oral hygiene • Providing extra dental cleanings

Blue Dental has more dentists than anyone else. On average, 94 percent of claims are submitted by dentists who participate with Blue Dental's provider access arrangements.

Three ways Blue Dental creates savings advantage for You and Your Employees:

1 - In-Network Blue PPO Network (DenteMax) discount advantage.

Your members also have access to the DenteMax network, the largest leasable network in the nation. There are nearly 80,000 DenteMax provider locations accepting discounted fees averaging 25% to 40% below the dentist's usual charge.

2 - Higher In-Network utilization & savings through Blue Par Select (Par-Per-Claim network).

Any licensed dentist is eligible to participate with Blue Dental as part of our "Par Per Claim" agreement, Blue Par Select. This means your members have access to over 176,000 dentists nationwide (over 6,000 dentists in Michigan) who accept as much as 20% discount off the dentist's usual charge with no balance billing.

3 - Out-of-Network discounts using the Blue Dental approved fee schedule.

Projected Dental Network Savings for October 1, 2011 to September 30, 2012.

Assumptions:

Estimated Annual charges	\$976,430
Number of Active Employees	1,232

	Blue Dental
1) PPO Network	
Utilization	25.0%
Estimated Discount	25.0%
Savings	\$61,027
2) Extended Network	
Utilization	72.0%
Estimated Discount	12.0%
Savings	\$84,364
3) Non-Participating	
Utilization	3.0%
Estimated Discount	12.0%
Savings	\$3,515
Projected Dental Claims	\$827,524
Dental Administrative Fee	\$3.50
Total Projected Dental Cost	\$879,268

Percentages are based on industry trends. For a more accurate estimate Blue Dental can analyze claims data in a savings analysis.

Oral Health + Overall Health = Lower Costs

Additional Savings

Besides our network savings as listed above Blue Dental also provides you savings with:

- Plan Design Savings
- Member Liability
- Claims Processing Policies
- Healthcare Fraud
- Coordination of Benefits (COB)

Vision

Consider Blue VisionSM

BCBSM has joined with Vision Service Plan, the largest national vision care organization, offering our members PPO vision coverage with nationwide access. There are more than 1,100 VSP network providers throughout Michigan and over 23,000 nationwide.



Total Value Proposition

Section 9: Pricing Assumptions

Contract Mix Assumptions

All figures contained in this proposal are based on the number of covered contracts listed below. BCBSM reserves the right to adjust rates if at the time of actual enrollment a change of +/- 10% occurs in employee enrollment, demographics, members per contract or contract mix. BCBSM assumed the following contract mix:

One Person	340	27.1%
Two Person	303	24.1%
Family	612	48.8%
Complementary	0	0.0%
<u>Total Enrolling</u>	<u>1,255</u>	
Waives	118	

Benefit Plans

- ASC MOD Community Blue (CB-ET \$25, CB-PCB-HCR, CB-OV \$5, MHP-2, XVA2, Change urgent care to \$10 copay, private duty nursing at 90%, chiropractic 38 visit limit, HC-A) (1255 contracts)
- Preferred RX (\$10/\$20, PCD, PDCM, CI, MOPD2X, PD-RXP) (1255 Contracts)
- Custom Traditional Plus (80%/80%/80%-\$2000,80%-\$2000,DO-DS) (320 Contracts) • Custom Traditional Plus (50%/50%/50%-\$1500,50%-\$1500,DO-DS) (912 Contracts)

Group Specific Assumptions

- The group is headquartered in Michigan.
- The group's primary SIC code is 8211.
- This proposal assumes a total carrier replacement.
- This proposal includes no Agent Commissions.
- The group is in good financial standing and financial statements are available for review.
- Contributions levels must be at least 50% employer contributions for employees and 0% for dependents.
- Coverage is contingent upon a minimum participation of 75% of eligible employees.

BCBSM Assumptions

- Files released in BCBSM format
- No Medicare carve-out
- Explanation of Benefits in BCBSM format
- Coordination of Benefits at BCBSM process
- BCBSM current available networks and tiers
- Out-of-state open enrollment meetings and health fairs will be subject to additional charges. *Please check with your Sales Representative.*
- BCBSM assumes a lag factor of 1.00 on medical for purposes of projecting the first year claims cost.

BCBSM reserves the right to revise this quote under the following circumstances:

- More than 6 benefit plan designs (package codes) are offered.
- Changes in federal, state or other applicable legislation or regulation require changes to this quotation.

Self-Funded Arrangement

Final rates and terms are subject to your group's actual census, should you elect enrollment with BCBSM. Please be advised that all financial information presented in this proposal is only valid for effective dates two months past the proposed effective date. BCBSM reserves the right to requote past this date.

All data is annualized assuming your group's employment level remains constant for the 12-month period to help you to compare this proposal to your current plan and any other proposals under review. BCBSM's assumed distribution of one person, two person and family membership should be considered when analyzing this quote with another carrier's.

If your group defaults on payments, BCBSM will pay providers for all claims which were unpaid if incurred prior to the default date. This feature allows your employees to have the assurance of a guaranteed payment of benefits, regardless your group's financial condition.

A signed Administrative Service Agreement must be submitted prior to the effective date. If the ASC contract is not signed by the effective date, BCBSM will charge \$4 per contract, per month. These charges won't be retroactively waived once the documents are signed. Additionally, if the signed agreement is not received prior to the effective date, claims processing may be delayed. In the unlikely event that the arrangement is terminated by the Group during the implementation phase or during the first year of enrollment, twelve months of administrative fees will be paid by the Group to BCBSM.

This proposal includes contract level benefits, existing programming, files released in BCBSM format, no medicare carve-out, Explanation of Benefit (EOBs) packages in BCBSM format, COB at BCBSM process, and BCBSM current available networks and tiers. There may be an additional charge for loading prior carrier data, including obtaining Medicare and prescription drug data. Should you choose not to purchase a BCBSM Prescription Drug program, there may be ongoing costs as well.



Section 11: Pricing Assumptions

Weekly / Monthly Wire Transfer

The ASC Wire program establishes payments by quarter with a set payment for each month or week within the quarter. The initial proposed payment schedule applies to the first six months, with future monthly payments adjusted quarterly. The payment schedule for the first two months or eight weeks includes the stop-loss premium, hospital prepayment and apportion of the claims liability. The remaining payments in the initial payment schedule will include the administrative fee, stop-loss fees, and claims.

Approximately 60 days after the end of each quarter, BCBSM will provide you with a reconciliation of the amount paid by your group and the actual amount due based on your utilization. Also, an updated quarterly payment schedule will be provided, that includes an adjustment for any over or underpayment from the quarterly settlement. Administrative fee and stop-loss premiums will be adjusted annually based on your group's rate renewal. The renewal package will be provided approximately 30 days prior to your renewal date.

Michigan Hospital Claim Advance

The Michigan hospital claim advance represents one month (30/365) of your group's estimated Michigan hospital claims. These amounts constitute cash held by BCBSM which are the property of your group. Should termination occur, advances are refunded or applied to claims runout amounts to be billed.

Since BCBSM pays Michigan hospitals in advance, the hospitals are benefited with stable revenue with less cash fluctuation. This helps our customers financially by providing them with the best hospital discounts across the state and provides our customers' employees with the largest hospital network with 100 percent participation status. Finally, it helps BCBSM build strong, long-term partnerships with our hospitals and maintain network stability.

Access and National Network

There are a few locations for which a national network (BlueCard) access fee is charged. This is estimated to be \$869 (excluding any cost for travelers) and are estimated to be 0.0% of claims costs. These amounts have already been factored into all claim projections.

Late Payment Fees

Your group may pay for coverage by way of check or federal wire transfer. ASC payments must be received on the due date. If payment is not made within one day of the due date, a 2 percent late charge is assessed.

Incurred But not Reported Claims (IBNR) and Risk

Under a self-funding arrangement, the underwriting risk shifts from BCBSM to your group. However, BCBSM still remains at financial risk. The benefits are not fully funded for your group's members. Your group is responsible for unreported and unpaid claim liabilities. This includes payment of any unreported or unpaid claims (runout) after termination. BCBSM recommends that your group fund, by way of trust or incurred other means, their estimated liability for incurred but not reported claims. BCBSM, at your request, will provide estimates of unreported and unpaid claim liabilities.

Patient Protection and Affordable Care Act (PPACA)

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

BCBSM will provide your group with schedules of monthly premium rates for the purpose of determining employee contributions, payroll deductions, or HMO rate tests. The schedule of monthly rates will be updated on an annual renewal basis.

Family rates include DC



Blue Cross Blue Shield of Michigan Product Options

Blue Cross Blue Shield of Michigan offers an array of health care plans with benefits and cost arrangements to fit all of your group needs.

Community Blue PPOSM covers costs for hospitals, physicians and preventive care. Utilizing our unmatched networks it is one of the most popular products.

Flexible BlueSM is an HSA-compatible product for the consumer-directed health market. It combines a high-deductible PPO plan with spending accounts.

Blue Choice PPOSM allows members to choose care from providers both in- and out-of-network without a referral.

Healthy Blue IncentivesSM encourages members to participate in wellness initiatives and care management activities designed to improve the health and productivity of your workforce.

Blue Managed Traditional provides complete health care plan coverage after deductibles and copays for covered services from a BCBSM participating provider.

Comprehensive Major Medical is similar to a Traditional first-dollar plan with Master Medical, but has lower premiums through its various cost-sharing options.

BCBSM Medicare Advantage is a comprehensive fee-for-service product for groups to offer their Medicare and Medicare-eligible members. It combines the benefits of Medicare parts A and B with supplemental coverage.

Blue Care Network offers coverage through its Commercial product plans with no deductibles and affordable copays as well as lower-cost plans that include deductibles.

HealthyBlueLivingSM rewards members who adopt and maintain healthier lifestyles. Members receive lower cost-sharing amounts by meeting certain healthy participation goals.

Blue Elect Self-Referral OptionSM offers groups better rates compared to competitor PPO and point-of-service plans. Members decide where to seek care, which has an impact on their out-of-pocket costs.

BCN AdvantageSM is a managed care Medicare product under which members receive extra benefits, such as hearing and dental coverage, not covered by original Medicare. Options include plans with or without Part D drug coverage.

In addition, we offer a wide array of coverage options for prescription drugs, dental, vision, and for individuals. Individuals can select from the comprehensive MyBlueSM product portfolio of great health care plans.

