



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

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

Small Group Benefit Rate Comparison (with Estimated Premium)

Quote Benefits	Age Band				Total Monthly Premium	Monthly Cost (Based on Census Input)
	0-18	30	50	Comp		
Simply Blue PPO Gold \$1000	\$194.01	\$346.78	\$545.68	\$724.49	\$30,506.73	
Simply Blue PPO Gold \$1500	\$190.40	\$340.32	\$535.51	\$724.49	\$29,979.20	
Simply Blue PPO Silver \$2000	\$163.91	\$292.97	\$461.00	\$724.49	\$26,110.30	
SG BDPPPO Plus 100/80/50	\$28.72	\$24.53	\$34.10	\$44.32	\$2,156.31	
Blue Vision 12-12-12 \$5/\$10	\$0.00	\$4.63	\$7.29	\$12.24	\$374.06	

*BCBSM/BCN reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect. Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.

*Certificates, riders and rates are subject to regulatory approval.

*A Summary of Benefits and Coverage corresponding to the coverage being quoted has been provided to your agent by Blue Cross Blue Shield of Michigan. Your Agent is providing an SBC to you with this quote. A paper copy is available free of charge by contacting your agent that has provided the quote.

*Please submit quote with enrollment documentation.

*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 our webpage, <http://www.bcbsm.com/healthreform/>. You should also consult with your legal counsel on how you may comply with the law and regulations and the applicability to your plan.