



BCBSM Request for Proposal



Group / Employee Census / Agent Information

Date/Time of Request:	Effective Date:	Rate Quarter: <input type="checkbox"/> 1 st Qtr <input type="checkbox"/> 2 nd Qtr <input type="checkbox"/> 3 rd Qtr <input type="checkbox"/> 4 th Qtr	
Group Name:	Nature of Business/SIC:	City/County/Zip:	
Total # of Eligible Employees: () Total # of Enrolling Employees: () (Provide detailed census – Gender, DOB, Contract Size)	Current BCBSM/BCN Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, current Group/Suffix #(s):	Renewal Month:	
Agent Name:	<input type="checkbox"/> Email Address/Fax #:	Phone #:	

Hospital / Medical / Surgical Plans & Riders (*All plans & riders require 51 enrolling if plan is non sponsored)

Products	Plans	OV Visits	ER Co-pay	Chiro Visits	Additional Riders
Community Blue PPO PPO, CB-PCM \$500 CB-OV\$30 (Included in plans 12,14,15) **Riders only available with 12, 14, 15, 17	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 4 <input type="checkbox"/> Plan 12/0%* <input type="checkbox"/> Plan 12/20%* <input type="checkbox"/> Plan 14/0%* <input type="checkbox"/> Plan 14/20% <input type="checkbox"/> Plan 15/0%* <input type="checkbox"/> Plan 15/20%* <u>Optional Deductibles for Plan 15 Only:</u> <input type="checkbox"/> \$3000/\$6000 <input type="checkbox"/> \$4000/\$8000 <input type="checkbox"/> \$5000/\$10,000 <input type="checkbox"/> Plan 16CB Plus * <input type="checkbox"/> Plan 17CB Plus <input type="checkbox"/> Plan 18	<input type="checkbox"/> CB-OV\$20 <input type="checkbox"/> CB-OV\$30-2V** <input type="checkbox"/> ER Co-pay \$100 <input type="checkbox"/> CB-OV\$30 <input type="checkbox"/> CB-OV\$40-2V** <input type="checkbox"/> ER Co-pay \$150 <input type="checkbox"/> CB-OV\$40 <input type="checkbox"/> ER Co-pay \$250** <input type="checkbox"/> OV Excluded**	<input type="checkbox"/> ER Co-pay \$100 <input type="checkbox"/> ER Co-pay \$150 <input type="checkbox"/> ER Co-pay \$250**	<input type="checkbox"/> CBC-MT24 <input type="checkbox"/> CBC-MT12 <input type="checkbox"/> CBC-MT Excluded**	<input type="checkbox"/> CB RM 100 <input type="checkbox"/> CBPCM \$1000 <input type="checkbox"/> XVA <input type="checkbox"/> CH-CB Cheboygan <input type="checkbox"/> CB-CSR (UP Only)

Flexible Blue HSA Plans & Riders

Flexible Blue - 0%/20% Deductibles <input type="checkbox"/> Plan 2* <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 4* (Dollar amounts indexed to inflation & regulated min/max)	Check One Copay AND One Copay Maximum Rider		Flexible Blue Prescription Plans <input type="checkbox"/> FB RX after Deductible (Copay matches hospital/medical/surgical copay – includes MOPD) <input type="checkbox"/> FB RX Cert w/Closed Formulary rider <input type="checkbox"/> GB\$10/\$60 <input type="checkbox"/> GB \$10/\$40, RXCF * <input type="checkbox"/> GB \$15/40%(\$40/\$100) RXCF <input type="checkbox"/> GB \$15/\$50/50%(\$70/\$100) RXCM * <input type="checkbox"/> GB \$20/\$60/50%(\$80/\$100) RXCM (These plans include Mandatory MAC, Prior Authorization/ Step Therapy, 90-day retail 2x copay and MOPD2X) <input type="checkbox"/> Blue Advantage RX-Optional riders not available w/this plan*	Optional Plan Riders <input type="checkbox"/> FB OCSM-24 (Manipulative Therapy) <input type="checkbox"/> FB PCMS\$500, RM100 (Preventive & RM) <input type="checkbox"/> CB\$PCM1000, RM 100 (Preventive & RM) <input type="checkbox"/> XVA <input type="checkbox"/> FB CSR-UP Blue(Upper Pen-Area 8 only) * Optional RX Riders <input type="checkbox"/> PCD2, PD-CM, CI (Contraceptives) <input type="checkbox"/> FB Preventive Drug Rider 100% (\$500 max) <input type="checkbox"/> PD-XED (Exclude Lifestyle) (Not available with FB Preventive drug rider) <input type="checkbox"/> Retail 90 (Retail copay will match Mail Order copay)
	<u>Co Pay</u> <input type="checkbox"/> FB C20%/P/40%NP <input type="checkbox"/> FB C30%/P/50%NP	<u>Co Pay Maximum</u> <input type="checkbox"/> FB CM1000/2000P; 2000/4000NP <input type="checkbox"/> FB CM2000/4000P; 4000/8000NP		

Prescription Drug Plans & Riders (not available with Flexible Blue HSA Plans)

Prescription Drug Preferred RX Plan, MOPD2X <input type="checkbox"/> MOPD(Maintain)	<input type="checkbox"/> PDS\$10/\$20 <input type="checkbox"/> PD-TTC\$15/\$30/\$60 <input type="checkbox"/> PDS\$10/\$40 <input type="checkbox"/> PDS\$10/\$60 <input type="checkbox"/> PDS\$15/\$30 <input type="checkbox"/> PDS\$15/\$50 <input type="checkbox"/> Blue Advantage RX* (No Optional Riders Available)	<input type="checkbox"/> GB \$10/\$40 Closed Formulary* <input type="checkbox"/> GB \$15/40%(\$40/\$100) CF <input type="checkbox"/> GB \$15/\$50/50%(\$70/\$100) RXCM * <input type="checkbox"/> GB \$20/\$60/50%(\$80/\$100) RXCM <input type="checkbox"/> \$10/\$40/\$80 Open Formulary <input type="checkbox"/> \$10/\$40/\$80 \$250 Open Formulary (These plans include Mandatory MAC, Prior Authorization/Step Therapy, 90 day retail 2x co-pay and MOPD-2X)	Optional RX Riders <input type="checkbox"/> PCD, PD-CM, CI (Contraceptives) <input type="checkbox"/> PD-XED (Exclude Lifestyle) <input type="checkbox"/> PD-RXP (Pre-Auth/Step Therapy) <input type="checkbox"/> Retail 90	Vision <input type="checkbox"/> VSP 12/12/12 <input type="checkbox"/> VSP 24/24/24 Blue Vision Choice <input type="checkbox"/> 12/12/24 (voluntary)	Dental <table border="0"> <tr> <td>Traditional Plus Dental</td> <td>Community Dental</td> <td>Blue Dental Choice (Voluntary)</td> </tr> <tr> <td><input type="checkbox"/> Plan 1 *</td> <td><input type="checkbox"/> CD Plan 2*</td> <td><input type="checkbox"/> BDC Plan 2 *</td> </tr> <tr> <td><input type="checkbox"/> Plan 2 *</td> <td><input type="checkbox"/> CD Plan 3*</td> <td><input type="checkbox"/> BDC Plan 3 *</td> </tr> <tr> <td><input type="checkbox"/> Plan 3 *</td> <td><input type="checkbox"/> CD Plan 4*</td> <td><input type="checkbox"/> Waive WP</td> </tr> <tr> <td><input type="checkbox"/> Plan 5 *</td> <td><input type="checkbox"/> CD Plan 5*</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Plan 6 *</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Plan 7 *</td> <td></td> <td></td> </tr> </table>	Traditional Plus Dental	Community Dental	Blue Dental Choice (Voluntary)	<input type="checkbox"/> Plan 1 *	<input type="checkbox"/> CD Plan 2*	<input type="checkbox"/> BDC Plan 2 *	<input type="checkbox"/> Plan 2 *	<input type="checkbox"/> CD Plan 3*	<input type="checkbox"/> BDC Plan 3 *	<input type="checkbox"/> Plan 3 *	<input type="checkbox"/> CD Plan 4*	<input type="checkbox"/> Waive WP	<input type="checkbox"/> Plan 5 *	<input type="checkbox"/> CD Plan 5*		<input type="checkbox"/> Plan 6 *			<input type="checkbox"/> Plan 7 *		
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One Subscriber Group (OSG) and Groups of One (GOO) Plan & Rider (Sponsorship required)

CB PPO 8, PDS\$10/\$60, PRX-MM, MOPD2X, PD-XED XVA (Optional rider)

Blue Healthcare Bank (effective January 1, 2008)

Blue Healthcare Bank HSA (not available with Community Blue) WageWorks HRA WageWorks FSA