Blue Care Network Benefit and rate schedule

CMU RESEARCH CORPORATION

Group ID:00267285 Subgroup:0001 Class:0001

Subgroup Name: Class Name:Active

Rating Area: M

Your benefit package has been renewed at the following rates and is effective from 12/01/2026 through 11/30/2027.

Age	Total	Medical + Pharmacy	Dental	Vision
0	$ 404.90	$ 368.26	$ 36.64	$ 0.00
1	$ 404.90	$ 368.26	$ 36.64	$ 0.00
2	$ 404.90	$ 368.26	$ 36.64	$ 0.00
3	$ 404.90	$ 368.26	$ 36.64	$ 0.00
4	$ 404.90	$ 368.26	$ 36.64	$ 0.00
5	$ 404.90	$ 368.26	$ 36.64	$ 0.00
6	$ 404.90	$ 368.26	$ 36.64	$ 0.00
7	$ 404.90	$ 368.26	$ 36.64	$ 0.00
8	$ 404.90	$ 368.26	$ 36.64	$ 0.00
9	$ 404.90	$ 368.26	$ 36.64	$ 0.00
10	$ 404.90	$ 368.26	$ 36.64	$ 0.00
11	$ 404.90	$ 368.26	$ 36.64	$ 0.00
12	$ 404.90	$ 368.26	$ 36.64	$ 0.00
13	$ 404.90	$ 368.26	$ 36.64	$ 0.00
14	$ 404.90	$ 368.26	$ 36.64	$ 0.00
15	$ 437.64	$ 401.00	$ 36.64	$ 0.00
16	$ 450.15	$ 413.51	$ 36.64	$ 0.00
17	$ 462.67	$ 426.03	$ 36.64	$ 0.00
18	$ 476.15	$ 439.51	$ 36.64	$ 0.00
19	$ 482.08	$ 452.99	$ 23.61	$ 5.48
20	$ 496.04	$ 466.95	$ 23.61	$ 5.48
21	$ 510.39	$ 481.39	$ 23.61	$ 5.39
22	$ 510.53	$ 481.39	$ 23.82	$ 5.32
23	$ 510.72	$ 481.39	$ 24.06	$ 5.27
24	$ 510.94	$ 481.39	$ 24.32	$ 5.23
25	$ 513.11	$ 483.32	$ 24.59	$ 5.20
26	$ 522.99	$ 492.94	$ 24.88	$ 5.17
27	$ 534.82	$ 504.50	$ 25.16	$ 5.16
28	$ 553.94	$ 523.27	$ 25.50	$ 5.17
29	$ 569.69	$ 538.68	$ 25.82	$ 5.19
30	$ 577.77	$ 546.38	$ 26.18	$ 5.21
31	$ 589.70	$ 557.93	$ 26.53	$ 5.24
32	$ 601.67	$ 569.48	$ 26.91	$ 5.28
33	$ 609.35	$ 576.71	$ 27.31	$ 5.33
34	$ 617.50	$ 584.41	$ 27.71	$ 5.38

Age	Total	Medical + Pharmacy	Dental	Vision
35	$ 621.83	$ 588.26	$ 28.14	$ 5.43
36	$ 626.19	$ 592.11	$ 28.58	$ 5.50
37	$ 630.56	$ 595.96	$ 29.04	$ 5.56
38	$ 634.95	$ 599.81	$ 29.51	$ 5.63
39	$ 643.21	$ 607.51	$ 30.00	$ 5.70
40	$ 651.51	$ 615.22	$ 30.50	$ 5.79
41	$ 663.65	$ 626.77	$ 31.02	$ 5.86
42	$ 675.35	$ 637.84	$ 31.57	$ 5.94
43	$ 691.37	$ 653.25	$ 32.10	$ 6.02
44	$ 711.26	$ 672.50	$ 32.67	$ 6.09
45	$ 734.56	$ 695.13	$ 33.26	$ 6.17
46	$ 762.18	$ 722.09	$ 33.85	$ 6.24
47	$ 793.20	$ 752.41	$ 34.47	$ 6.32
48	$ 828.56	$ 787.07	$ 35.10	$ 6.39
49	$ 863.44	$ 821.25	$ 35.74	$ 6.45
50	$ 902.67	$ 859.76	$ 36.40	$ 6.51
51	$ 941.44	$ 897.79	$ 37.09	$ 6.56
52	$ 984.05	$ 939.67	$ 37.77	$ 6.61
53	$ 1027.17	$ 982.04	$ 38.48	$ 6.65
54	$ 1073.66	$ 1027.77	$ 39.21	$ 6.68
55	$ 1120.15	$ 1073.50	$ 39.94	$ 6.71
56	$ 1170.50	$ 1123.08	$ 40.70	$ 6.72
57	$ 1221.35	$ 1173.15	$ 41.47	$ 6.73
58	$ 1275.56	$ 1226.58	$ 42.25	$ 6.73
59	$ 1302.83	$ 1253.06	$ 43.06	$ 6.71
60	$ 1357.07	$ 1306.49	$ 43.89	$ 6.69
61	$ 1404.07	$ 1352.71	$ 44.71	$ 6.65
62	$ 1435.19	$ 1383.03	$ 45.56	$ 6.60
63	$ 1474.03	$ 1421.06	$ 46.44	$ 6.53
64	$ 1497.94	$ 1444.17	$ 47.31	$ 6.46
65+	$ 1497.84	$ 1444.17	$ 47.31	$ 6.36

Medicare supplemental benefit rates				
Age	Total	Medical + Pharmacy	Dental	Vision
All	$ 713.37	$ 659.70	$ 47.31	$ 6.36

****Rates are subject to change based on Dept. of Insurance & Financial Services approval****

To comply with requirements of the Affordable Care Act, groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. Consult with your legal counsel for any legal advice on how you may comply with the law and regulations and the applicability to your plan. Blue Cross Blue Shield of Michigan and Blue Care Network rates are guaranteed for the period stated above. However Blue Cross and BCN reserve the right to adjust rates if any of the assumptions or calculations used to calculate the rates are incorrect. Blue Cross and BCN are prepaid health plans and payment is due on or before the date noted on your billing statement.

If you have questions or wish to discuss other Blue Cross and BCN benefit plans, contact your Blue Cross sales representative or agent. We appreciate your business and look forward to providing your continuing health benefit needs.