

SCHEDULE A-Renewal Term (Effective January 2014 through December 2014)  
Administrative Services Contract (ASC)

1. Group Name: City of Ann Arbor  
 2. Group Number: 007000981  
 3. Contract Effective Date: July 1, 1983  
 4. ASC Funding Arrangement: Monthly Wire  
 5. Line(s) of Business:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Facility       | <input type="checkbox"/> Prescription Drugs  |
| <input type="checkbox"/> Facility Foreign          | <input type="checkbox"/> Dental              |
| <input type="checkbox"/> Facility Domestic         | <input type="checkbox"/> Vision              |
| <input checked="" type="checkbox"/> Physician      | <input checked="" type="checkbox"/> [Hearing |
| <input checked="" type="checkbox"/> Master Medical |  |

\*Domestic Facility Code(s):

6. Administrative Fees:

		<u>Cost Per Contract</u>	<u>Monthly Contracts</u>	<u>Monthly Premium</u>
A. Administrative Fee	01/01/2014-12/31/2014	\$53.57	1,439	\$77,087
B. Additional Agent Fee		\$0.00		\$0
<b>TOTAL</b>				
C. Additional Administrative Compensation: Zero				

7. Stop-loss Coverage(s):

A. Stop-loss Coverage Purchased

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Standard    | <input checked="" type="checkbox"/> Specific Only |
| <input type="checkbox"/> Specific and Aggregate | <input type="checkbox"/> Aggregate Only           |
| <input type="checkbox"/> None                   |   |

B. Coverage Lines of Business

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Facility      | <input checked="" type="checkbox"/> Master Medical              |
| <input type="checkbox"/> Facility Foreign Payment | <input type="checkbox"/> Prescription Drugs                     |
| <input type="checkbox"/> Facility Domestic Charge | <input type="checkbox"/> All Lines of Business (Aggregate Only) |
| <input checked="" type="checkbox"/> Physician     |   |

C. Attachment Point(s) (per contract)

Specific: \$275,000      0% Aggregate: \$0

	<u>Cost Per Contract *</u>	<u>Monthly Contracts</u>	<u>Monthly Fee</u>
D. Total Stop-loss-Fee *	\$29.65	1,439	\$42,666
* Stop-Loss Renews Annually			

Blue Cross Blue Shield of Michigan is an independent licensee of the Blue Cross and Blue Shield Association.

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- 8. Late Payment Charges/Interest:
  - A. Late Payment Charge 2%
  - B. Yearly Statutory Interest Charge (Simple Interest) 12%
  - C. Provider Contractual Interest

9. BCBSM Account: 1840-09397-3 Comerica 0720-00096  
Wire Number Bank American Bank Assoc

- 10. The Group acknowledges that BCBSM or a Blue Cross and Blue Shield Plan may have compensation arrangements with providers in which the provider is subject to performance or risk-based compensation, including but not limited to withholds, bonuses, incentive payments, provider provider credits and member management fees. Often the compensation amount is determined after the medical service has been performed and after the Group has been invoiced.
- 11. In the event the Schedule A in the form as submitted to Group by BCBSM ("this Schedule A") is not signed by Group and delivered to BCBSM on or before the 15th day after the Renewal Date, Group's administrative fee shall increase by \$2 per contract per month during the Term until the first day of the month following BCBSM's receipt of this Schedule A as signed by Group. Notwithstanding the foregoing, Group's total increase in its administrative fee shall not exceed \$10,000 per month.
- 12. BCBSM will charge an additional administrative fee of \$4.00 per contract per month if an ASC customer obtains stop-loss coverage from a third-party stop-loss vendor.
- 13. Your rate does not include taxes or assessments under consideration by federal and state governments that, if enacted, would be added to your bill.

BCBSM:  
 BY: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

THE GROUP:  
 BY: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

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