

Blue Cross Blue Shield of Michigan

EXHIBIT TO THE STOP-LOSS INSURANCE POLICY

Policyholder Group Name:	CITY OF ANN ARBOR		
Policyholder Group Address:	301 EAST HURON		
City: ANN ARBOR	State of Situs:	MICHIGAN	Zip Code: 48107
Customer ID Number:	102815		
Policyholder Group Number:	007000981		
Effective Date of Policy	July 1, 1983		
Policy Period:	These specifications are f 31, 2015.	for the Policy Period	commencing on January 01, 2015 and ending on December
			pove and shall continue in full force and effect until the inates; or (3) The date this Exhibit is superseded in whole of
A. Aggregate Stop-Loss Insurance:		Yes	<u>X</u> No
If yes, the Attachment Point will be set	at 0% of the expected Clair	ns for the Policy Peri	od, and items 1 through 6 below should be completed.
1. Stop-Loss Coverage Period:			
New Coverage: Claims inco	arred and paid during the P	olicy Period.	
Standard: Claims incur	red and paid during the Po	licy Period.	
	claims incurred under exp d paid during the Policy Pe	-	ge provided to Group by Blue Cross Blue Shield of
Renewal of Existing Cover	rage: Claims incurred on or	after the original Eff	fective Date of Policy and paid during the Policy Period.
2. Aggregate Stop-Loss insurance shall	apply to Amounts Billed for	or:	
Medical Claims			
Medical Claims and Outpati	ent Prescription Drug Clair	ns	
All lines of covered business	s as identified in the Schedu	ule A to the Administ	rative Services Contract
Other (please specify):			
3. Attachment Point -The Attachment F Period multiplied by the following amou		•	the average of the number of Coverage Units for the Policy
 Aggregate Stop-Loss Coverage Amounts Billed during the current Polic aggregate credits to be provided, a twel- 	• • • • • • • • • • • • • • • • • • • •	, .	claims, if any) that exceed the Attachment Point. For any
5. Premium: Monthly Premium shall be premium rate of \$0.00 for each Coverage	•	ned by multiplying th	ne number of Coverage Units for a particular Month by the
6. The number of current Coverage Uni	ts is 1,440. If the number	of Coverage Units va	ries by +/- 10%, the premium rate and Attachment Point

may be revised.

B. Specific Stop-Loss Insurance:	<u>X</u> Yes	No
If yes, complete items 1 through 6 below.		
1. Stop-Loss Coverage Period:		
New Coverage (Select one from below):		
Standard: Claims incurred and paid d	luring the Policy Period.	
	on or after and paid during the Policy Period. Policyholder's prior claim administrator:	YesNo
X Renewal of Existing Coverage: Claims in	incurred on or after the original Effective Date	e of Policy and paid during the Policy Period.
"Run-Out" included: Claims incurred on o		nd paid during the Run-Out Period. (If Run-Out is
2. Specific (Individual) Stop-Loss Insurance shall	apply to Amounts Billed for:	
X Medical Claims		
Medical Claims and Outpatient Prescription	on Drug Claims	
3. Specific (Individual) Stop-Loss Coverage Attack	hment Point is \$300,000 per Coverage Unit.	
4. Specific (Individual) Stop-Loss Coverage - The B.3. above per Policy Period.	Amounts Billed during the current Policy Per	iod in excess of the individual Attachment Point in
 Run-Out Stop-Loss Insurance - The Amounts Bi excess of the individual Attachment Point identified Billed paid during the Run-Out Period. 		
6. Premium: If The Policyholder has selected Specific (Individual multiplying the number of Coverage Units for a part of the Policyholder has selected Run-Out Stop-Los	rticular Month by the premium rate of \$30.08	for each Coverage Unit.
number of Coverage Units for the final month befo for the first three months after termination of the A less than the number in the month exactly one year earlier.	dministrative Services Contract. However, if	the number of Coverage Units in the final month is
7. The number of current Coverage Units is 1,440. may be revised.	If the number of Coverage Units varies by +	/- 10%, the premium rate and Attachment Point
Additional Provisions:		
The undersigned person represents that he/she is authorized that the actual terms and conditions of coverage are those concorporated at the time of acceptance by Blue Cross Blue S BCBSM shall issue a Stop-Loss Coverage Policy to the Policyholder Group shall be referred to as the "Policyholder Cross Blue S Policyholder Cross Blue	ontained in this Exhibit and the Stop-Loss Cov Shield of Michigan, a nonprofit mutual disabil icyholder. Upon acceptance of this Exhibit an	verage Policy into which this Exhibit shall be lity insurer ("BCBSM"). Upon acceptance,
Signature of BCBSM Representative	Signature of Authoriz	zed Purchaser
Title of BCBSM Vice President or Delegate	Title of Authorized P	urchaser
Date	Date	
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CID 102815		

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