



BCS Insurance Company
 2 Mid America Plaza, Suite 200
 Oakbrook Terrace, Illinois 60181
 800.621.9215
 bcsins.com

REVISED
SCHEDULE FOR STOP LOSS INSURANCE

Policyholder		
Full Legal Group Name of Policyholder (to appear on Policy) City of Ann Arbor	Issue Date 1/6/2021	
Group Number 2100011-01	Policy Period From: January 01, 2021 To: December 31, 2021	
	Policy Number ESL-30386	
A. SPECIFIC STOP LOSS [X] YES, INCLUDED [] NO, NOT INCLUDED		
1.	Benefit Period 36/12	
	Incurred From January 01, 2019	Through December 31, 2021
	Paid From January 01, 2021	Through December 31, 2021
	Run-In Limit, if applicable \$0	
2.	Eligible Expenses under Specific Stop Loss	
	<input checked="" type="checkbox"/> Medical	
	<input checked="" type="checkbox"/> Prescription Drugs	
	<input type="checkbox"/> Other	
3.	Specific Deductible Per Covered Person, Per Policy Period \$350,000 except for the following Covered Person(s):	
	Covered Person(s) Name	Amount
	N/A	N/A
		Laser Condition (if applicable)
		N/A
4.	Aggregating Specific Deductible, Per Policy Period \$0	
5.	Specific Percentage Reimbursable Per Covered Person, Per Policy Period 100%	
6.	Maximum Specific Reimbursement Per Covered Person, Per Policy Period Unlimited	
7.	Specific Stop Loss Coverage Rate(s) Per Month Per:	
	Employee	\$29.81
	Employee plus Spouse (or plus one)	\$0.00
	Employee plus Child(ren)	\$0.00
	Family	\$51.10
	Composite	\$0.00
	Other	\$0.00

8.	<p>Special Considerations: Limits for Specific Stop Loss, Per Policy Period:</p> <p>The network is BC and/or BS Network. The claims administrator is BCBS of Michigan. BCS will follow the group's Plan Document subject to the BCS stop loss policy exclusions and requirements. BCS will follow all state mandates that pertain to stop loss policies.</p> <p>Retirees are covered under stop loss. Both retirees under age 65 are covered and retirees age 65 and over are covered. Retirees age 65 and over must be Medicare primary except for Public Safety Grandfathered members and those over age 65 without Medicare Part A and/or Part B grandfathered by the City as approved by BCBSM. PBM is Express Scripts.</p> <p>At the group's renewal on 1/1/2022, no new claimants will be lasered and specific rates will increase no more than 50% assuming the same contract type and specific deductibles.</p>
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B. AGGREGATE STOP LOSS		<input type="checkbox"/> YES, INCLUDED	<input checked="" type="checkbox"/> NO, NOT INCLUDED
1.	Benefit Period 0/0		
	Incurred From	Through	
	Paid From	Through	
	Run-In Limit, if applicable \$0		
2.	Eligible Expenses under Aggregate Stop Loss		
	<input type="checkbox"/> Medical		
	<input type="checkbox"/> Prescription Drugs		
	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	Other
3.	Aggregate Percentage Reimbursable, Per Policy Period	0%	
4.	Maximum Aggregate Benefit Per Policy Period	\$0.00	
5.	Minimum Annual Aggregate Deductible, Per Policy Period	\$0.00	
6.	Loss Limit Per Covered Person, Per Policy Period	\$0.00	
7.	Monthly Aggregate Factor(s) Per Covered Person:		
	Employee	\$0.00	
	Employee plus Spouse (or plus one)	\$0.00	
	Employee plus Child(ren)	\$0.00	
	Family	\$0.00	
	Composite	\$0.00	
	Other	\$0.00	
8.	Monthly Aggregate Rate(s) Per:		
	Employee	\$0.00	
	Employee plus Spouse (or plus one)	\$0.00	

Employee plus Child(ren)	\$0.00
Family	\$0.00
Composite	\$0.00
Other	\$0.00
9.	Special Considerations: Limits for Aggregate Stop Loss, Per Policy Period: N/A
C. COVERED PERSONS	
EMPLOYEES	<input checked="" type="checkbox"/> Covered <input type="checkbox"/> Not Covered
DEPENDENTS	<input checked="" type="checkbox"/> Covered <input type="checkbox"/> Not Covered
COBRA BENEFICIARIES	<input checked="" type="checkbox"/> Covered <input type="checkbox"/> Not Covered
RETIREES	
Under age 65	<input checked="" type="checkbox"/> Covered <input type="checkbox"/> Not Covered
Age 65 And Over (must be Medicare Primary)	<input checked="" type="checkbox"/> Covered <input type="checkbox"/> Not Covered
D. ENDORSEMENTS	
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> CHANGE ENDORSEMENT
<input type="checkbox"/> TERMINAL LIABILITY	<input type="checkbox"/> OTHER

By signing below, the Policyholder agrees to all the above terms and conditions, and binds the Stop Loss Policy to which this Schedule will be affixed. The Company reserves the right to revise coverage terms and conditions if this Schedule is not signed by the Policyholder's authorized representative and returned to the Company within thirty (30) days of the Schedule's "Issue Date." In connection with making this Application, and as a condition of obtaining the coverage the Stop Loss Policy provides or would provide, the Policyholder authorizes and permits the Company to request, access and obtain, and will use its best efforts to make reasonably available to the Company or its authorized agent, detailed claims information, clinical information, and claims and clinical data, beyond the Complete Claims History (as defined in the Application), to facilitate the performance of detailed claims analyses.

Full Legal Name of Group (to appear on Policy) City of Ann Arbor			
Address 301 E. Huron Street	City Ann Arbor	State MI	Zip Code 48107

Please see next page.

Signature of Policyholder's Authorized Representative Date Title

If the terms of a signed Proposal and a signed Schedule conflict, the terms of the signed Schedule shall govern.

**Schedule for Stop Loss Insurance 2021
FOR THE CITY OF ANN ARBOR**

By _____
Christopher Taylor, Mayor

By _____
Jacqueline Beaudry, City Clerk

Approved as to substance:

By _____
Tom Crawford, City Administrator

Approved as to form and content

By _____
Stephen K. Postema, City Attorney