

Attachment I
Blue Cross Blue Shield of Michigan
Creditable Coverage for Rx Plans
Testing Results for Calendar Year 2010

Plan #	Plan Description	Gross Test
1	\$0 ded \$2 fixed Mail = 2*Retail	Pass
2	\$0 ded \$3 fixed Mail = 2*Retail	Pass
3	\$0 ded \$5 fixed Mail = 2*Retail	Pass
4	\$0 ded \$10 fixed Mail = Retail	Pass
5	\$0 ded \$10 fixed Mail = 2*Retail	Pass
6	\$0 ded \$15 fixed Mail = 2*Retail	Pass
7	\$0 ded \$20 fixed Mail = Retail	Pass
8	\$0 ded \$20 fixed Mail = 2*Retail	Pass
9	\$0 ded \$5 / \$10 Mail = 2*Retail	Pass
10	\$0 ded \$10 / \$20 Mail = Retail	Pass
11	\$0 ded \$10 / \$20 Mail = 2*Retail	Pass
12	\$0 ded \$10 / \$40 Mail = 2*Retail	Pass
13	\$0 ded \$10 / \$60 Mail = 2*Retail	Pass
14	\$0 ded \$15 / \$25 Mail = 2*Retail	Pass
15	\$0 ded \$15 / \$30 Mail = 2*Retail	Pass
16	\$0 ded \$15 / \$50 Mail = 2*Retail	Pass

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Testing Results for Calendar Year 2010

Plan #	Plan Description	Gross Test
17	\$0 ded \$20 / \$40 Mail = 2*Retail	Pass
18	\$0 ded \$15 / \$30 / \$60 Mail = 2*Retail	Pass
19*	\$250 ded \$10 / \$20 Mail = 2*Retail	Pass
20*	\$100 ded 20% Coins	Pass
21*	\$100 ded 10% Coins	Pass
22*	\$50 ded 20% Coins	Pass
23*	\$50 ded 10% Coins	Pass
24*	\$150 ded 20% Coins	Pass
25*	\$150 ded 10% Coins	Pass
26	\$0 ded 30% Coins Min 10 / Max 100	Pass
27	\$0 ded 50% Coins Min 10 / Max 100	Pass
28	\$0 ded \$15/40%(min 40, max 100)	Pass
29	\$0 ded \$15/\$50/50% (min 70 max 100)	Pass
30	\$0 ded \$20/\$60/50%(min 80, max 100)	Pass
31	\$0 ded 50% Coins Min 10 / Max 100 (Annual Benefit Max \$2,500)	FAIL
32	\$7/\$35/\$70	Pass
33	\$5/\$50/\$100	Pass
34	\$10/\$40/\$80	Pass
35	\$15/\$50	Pass

- Notes:
- Some of the benefit options listed above are a combination of a base plan and a rider that affects the cost sharing (e.g. the MOPD-2x rider sets the mail order copay at 2 times the retail copay).
 - The introduction of the following riders to any of the above plans would not change the result of the test. They would still pass in 2010.
 - PD-XED or PD-ED 50% - these riders exclude or limit coverage for elective drugs.
 - Riders CI, PCD and PD-CM, a group of contraception riders.
 - Rider RXP requires preauthorization
 - Rider RXP requires preauthorization
 - Rider PD-BD \$250 - adds a \$250 per member or \$500 per family annual deductible
 - The introduction of Rider PD-AM \$2500, which adds a \$2500 benefit maximum would cause any plan to fail.

* Family deductible = 2 x Individual deductible

Attachment II
Blue Cross Blue Shield of Michigan
Creditable Coverage for Rx Plans
Testing Results for Calendar Year 2010
Master Medical Plans

Medicare Part D Gross Value

Plan #	Plan Description	Gross Test
36	\$100 ded - Master Medical Plan Coins 20% Lifetime Maximum \$1,000,000	Pass
37	\$100 ded - Master Medical Plan Coins 10% Lifetime Maximum \$1,000,000	Pass
38	\$50 ded - Master Medical Plan Coins 20% Lifetime Maximum \$1,000,000	Pass
39	\$50 ded - Master Medical Plan Coins 10% Lifetime Maximum \$1,000,000	Pass
40	\$150 ded - Master Medical Plan Coins 20% Lifetime Maximum \$1,000,000	Pass
41	\$150 ded - Master Medical Plan Coins 10% Lifetime Maximum \$1,000,000	Pass
42	\$100 ded - Master Medical Plan Coins 20% Annual Maximum \$2,500 Lifetime Maximum \$5,000 (\$1,000 renewable)	FAIL

Attachment III
Blue Cross Blue Shield of Michigan
Creditable Coverage for Rx Plans
Testing Results for Calendar Year 2010
Flexible Blue Plans

Plan #	Plan Description	Gross Test
43	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Coinsurance - 0% Coinsurance Limit - N/A	Pass
44	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Coinsurance - 0% Coinsurance Limit - N/A	Pass
45	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Coinsurance - 0% Coinsurance Limit - N/A	Fail
46	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Coinsurance - 20% Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
47	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Coinsurance - 20% Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
48	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Coinsurance - 20% Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
49	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Coinsurance - 30% Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
50	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Coinsurance - 30% Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
51	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Coinsurance - 30% Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
52	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Coinsurance - 20% Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
53	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Coinsurance - 20% Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
54	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Coinsurance - 20% Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
55	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Coinsurance - 30% Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
56	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Coinsurance - 30% Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
57	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Coinsurance - 30% Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
58	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$60 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
59	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$60 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
60	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$60 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail

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Creditable Coverage for Rx Plans
Testing Results for Calendar Year 2010
Flexible Blue Plans

Plan #	Plan Description	Gross Test
61	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$60 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
62	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$60 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
63	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$60 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
64	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$60 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
65	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$60 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
66	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$60 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
67	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$60 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
68	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$60 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
69	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$60 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
70	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$60 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
71	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$60 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
72	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$60 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
73	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$60 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
74	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$60 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
75	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$60 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail

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Testing Results for Calendar Year 2010
Flexible Blue Plans

Plan #	Plan Description	Gross Test
76	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 0%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
77	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 0%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
78	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 0%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
79	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 20%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
80	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 20%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
81	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 20%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
82	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 30%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
83	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 30%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
84	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 30%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
85	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 0%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
86	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 0%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
87	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 0%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
88	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 20%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
89	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 20%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
90	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 20%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
91	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 30%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
92	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 30%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
93	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 30%, Rx Copays \$5/\$50/\$100 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail

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Creditable Coverage for Rx Plans
Testing Results for Calendar Year 2010
Flexible Blue Plans

Plan #	Plan Description	Gross Test
94	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 0%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
95	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 0%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
96	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 0%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
97	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 20%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
98	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 20%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
99	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 20%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
100	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 30%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
101	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 30%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
102	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 30%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
103	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 0%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
104	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 0%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
105	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 0%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
106	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 20%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
107	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 20%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
108	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 20%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
109	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 30%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
110	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 30%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
111	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 30%, Rx Copays \$7/\$35/\$70 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail

Attachment III
Blue Cross Blue Shield of Michigan
Creditable Coverage for Rx Plans
Testing Results for Calendar Year 2010
Flexible Blue Plans

Plan #	Plan Description	Gross Test
112	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
113	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
114	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
115	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
116	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
117	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
118	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Pass
119	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
120	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$1,000/\$2,000 (single/family)	Fail
121	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
122	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
123	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 0%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
124	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
125	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
126	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 20%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
127	Flexible Blue Plan Deductible - \$1,250/\$2,500 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Pass
128	Flexible Blue Plan Deductible - \$2,000/\$4,000 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
129	Flexible Blue Plan Deductible - \$2,650/\$5,300 (single/family) Medical Coinsurance 30%, Rx Copays \$10/\$40/\$80 Coinsurance Limit - \$2,000/\$4,000 (single/family)	Fail
130	Flexible Blue Plan Deductible - \$1,500/\$3,000 (single/family) Medical Coinsurance 0%, Rx Coinsurance 0% Benefit Limit - \$2,500/member, per calendar year after ded	Fail
131	Flexible Blue Plan Deductible - \$2,500/\$5,000 (single/family) Medical Coinsurance 50% Rx Coinsurance 50% (min 10, max 100) Benefit Limit - \$2,500/member, per calendar year after ded	Fail

Attachment IV
Blue Cross Blue Shield of Michigan
Creditable Coverage for Rx Plans - Additional Flexible Blue Plans
Testing Results for Calendar Year 2010
Gross Test

0% Medical Coinsurance	\$1,000/\$2,000 Coinsurance Limit			\$2,000/\$4,000 Coinsurance Limit		
	Deductible					
	Rx Plan	\$1250 / \$2500	\$2000 / \$4000	\$2850 / \$5650	\$1250 / \$2500	\$2000 / \$4000
A	PASS	FAIL	FAIL	PASS	FAIL	FAIL
L	PASS	FAIL	FAIL	PASS	FAIL	FAIL
N	PASS	FAIL	FAIL	PASS	FAIL	FAIL
U	PASS	FAIL	FAIL	PASS	FAIL	FAIL
G	PASS	FAIL	FAIL	PASS	FAIL	FAIL
J	PASS	FAIL	FAIL	PASS	FAIL	FAIL
B	PASS	FAIL	FAIL	PASS	FAIL	FAIL
C	PASS	FAIL	FAIL	PASS	FAIL	FAIL
E	PASS	PASS	FAIL	PASS	FAIL	FAIL
F	PASS	FAIL	FAIL	PASS	FAIL	FAIL
H	PASS	FAIL	FAIL	PASS	FAIL	FAIL
K	PASS	FAIL	FAIL	PASS	FAIL	FAIL
O	PASS	FAIL	FAIL	PASS	FAIL	FAIL
P	PASS	FAIL	FAIL	PASS	FAIL	FAIL
Q	PASS	FAIL	FAIL	PASS	FAIL	FAIL
R	PASS	FAIL	FAIL	PASS	FAIL	FAIL
S	PASS	FAIL	FAIL	PASS	FAIL	FAIL
V	PASS	FAIL	FAIL	PASS	FAIL	FAIL
W	PASS	FAIL	FAIL	PASS	FAIL	FAIL

20% Medical Coinsurance	\$1,000/\$2,000 Coinsurance Limit			\$2,000/\$4,000 Coinsurance Limit		
	Deductible					
	Rx Plan	\$1250 / \$2500	\$2000 / \$4000	\$2850 / \$5650	\$1250 / \$2500	\$2000 / \$4000
A	PASS	FAIL	FAIL	PASS	FAIL	FAIL
L	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
N	PASS	FAIL	FAIL	PASS	FAIL	FAIL
U	PASS	FAIL	FAIL	PASS	FAIL	FAIL
G	PASS	FAIL	FAIL	PASS	FAIL	FAIL
J	PASS	FAIL	FAIL	PASS	FAIL	FAIL
B	PASS	FAIL	FAIL	PASS	FAIL	FAIL
C	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
E	PASS	FAIL	FAIL	PASS	FAIL	FAIL
F	PASS	FAIL	FAIL	PASS	FAIL	FAIL
H	PASS	FAIL	FAIL	PASS	FAIL	FAIL
K	PASS	FAIL	FAIL	PASS	FAIL	FAIL
O	PASS	FAIL	FAIL	PASS	FAIL	FAIL
P	PASS	FAIL	FAIL	PASS	FAIL	FAIL
Q	PASS	FAIL	FAIL	PASS	FAIL	FAIL
R	PASS	FAIL	FAIL	PASS	FAIL	FAIL
S	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
V	PASS	FAIL	FAIL	PASS	FAIL	FAIL
W	PASS	FAIL	FAIL	PASS	FAIL	FAIL

30% Medical Coinsurance	\$1,000/\$2,000 Coinsurance Limit			\$2,000/\$4,000 Coinsurance Limit		
	Deductible					
	Rx Plan	\$1250 / \$2500	\$2000 / \$4000	\$2850 / \$5650	\$1250 / \$2500	\$2000 / \$4000
A	PASS	FAIL	FAIL	PASS	FAIL	FAIL
L	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
N	PASS	FAIL	FAIL	PASS	FAIL	FAIL
U	PASS	FAIL	FAIL	PASS	FAIL	FAIL
G	PASS	FAIL	FAIL	PASS	FAIL	FAIL
J	PASS	FAIL	FAIL	PASS	FAIL	FAIL
B	PASS	FAIL	FAIL	PASS	FAIL	FAIL
C	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
E	PASS	FAIL	FAIL	PASS	FAIL	FAIL
F	PASS	FAIL	FAIL	PASS	FAIL	FAIL
H	PASS	FAIL	FAIL	PASS	FAIL	FAIL
K	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
O	PASS	FAIL	FAIL	PASS	FAIL	FAIL
P	PASS	FAIL	FAIL	PASS	FAIL	FAIL
Q	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
R	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
S	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
V	PASS	FAIL	FAIL	PASS	FAIL	FAIL
W	PASS	FAIL	FAIL	PASS	FAIL	FAIL

Attachment V
Blue Cross Blue Shield of Michigan
Creditable Coverage Testing - Community Blue Plans
Testing Results for Calendar Year 2010

20% Coinsurance	Gross Test		
	Deductible		
Rx Plan	\$1000 / \$2000	\$1500 / \$3000	\$2500 / \$5000
\$10 Generic Copay / \$40 Brand Copay (Closed Formulary)	Pass	Pass	Fail
\$10 Generic Copay / \$40 Brand Copay (Open Formulary)	Pass	Pass	Fail
\$15 Generic Copay / \$50 Formulary Brand Copay / 50% Nonformulary Brand Coinsurance (Min \$70 Max \$100)	Pass	Fail	Fail

Notes:

Coinsurance limit is \$2,500 for Single and \$5,000 for Family.

This maximum does not apply to any drug copays - only the 20% medical coinsurance.