

**Exhibit I**  
**Blue Cross Blue Shield of Michigan**  
**Creditable Coverage for Rx Plans**  
**Testing summary for Calendar Year 2012**  
**Prescription Drug Plans without Integration with Medical Plan Deductibles**  
**Community Blue (CB) and Simply Blue (PPO and HRA) (SB) and Others**

Plan Description - Member Cost Sharing	Gross Test
\$10.00/\$15.00/\$20.00 1X copay for up to a 90 day supply	PASS
\$10.00/\$20.00/\$30.00 1X copay for up to a 90 day supply	PASS
\$10.00/\$20.00/\$40.00 2X copay for 31-90 days supply	PASS
\$10.00/\$20.00/\$50.00 2X copay for 31-90 days supply	PASS
\$10.00/\$40.00/\$60.00 1X copay for up to a 90 day supply	PASS
\$10.00/\$40.00/\$80.00 1X copay for up to a 90 day supply	PASS
\$10.00/\$40.00/\$80.00 (Benefit Max of \$2,500) 1X copay for up to a 90 day supply	FAIL
\$10.00/\$40.00/\$80.00 2X copay for 31-90 days supply	PASS
\$10.00/\$40.00/\$80.00 Ded = \$250 (Benefit Max of \$2,500) 1X copay for up to a 90 day supply	FAIL
\$10.00/\$40.00/\$80.00 Ded = \$250 1X copay for up to a 90 day supply	PASS
\$10.00/\$40.00/50% (Min \$60 Max \$100) 1X copay for up to a 90 day supply	PASS
\$10.00/\$40.00/50% (Min \$60) 1X copay for up to a 90 day supply	PASS
\$10.00/\$60.00/\$100.00 1X copay for up to a 90 day supply	PASS
\$10.00/30% (Min \$25 Max \$100) 1X copay for up to a 90 day supply	PASS
\$10.00/30% (Min \$25 Max \$100)/50% (Min \$35) 1X copay for up to a 90 day supply	PASS
\$10.00/40% (Min \$30 Max \$100)/50% (Min \$35) 1X copay for up to a 90 day supply	PASS
\$12.00/\$40.00/\$65.00 1X copay for up to a 90 day supply	PASS
\$15.00/\$20.00/\$25.00 1X copay for up to a 90 day supply	PASS
\$15.00/\$25.00/\$35.00 1X copay for up to a 90 day supply	PASS
\$15.00/\$25.00/\$50.00 1X copay for up to a 90 day supply	PASS
\$15.00/30% (Min \$30 Max \$100)/50% (Min \$45) 1X copay for up to a 90 day supply	PASS
\$15.00/\$30.00/\$50.00 1X copay for up to a 90 day supply	PASS
\$15.00/\$30.00/\$50.00 2X copay for 31-90 days supply	PASS
\$15.00/\$30.00/\$60.00 1X copay for up to a 90 day supply	PASS
\$15.00/\$30.00/\$60.00 2X copay for 31-90 days supply	PASS
\$15.00/\$40.00/\$65.00 1X copay for up to a 90 day supply	PASS
\$15.00/\$50.00/50% (Min \$70 Max \$100) 1X copay for up to a 90 day supply	PASS
\$15.00/\$50.00/50% (Min \$70) 1X copay for up to a 90 day supply	PASS
\$15.00/\$50.00/50% 2X copay for 31-90 days supply	PASS
\$15.00/30% (Min \$30 Max \$100) 1X copay for up to a 90 day supply	PASS
\$15.00/30% (Min \$30 Max \$100)/50% (Min \$45) 1X copay for up to a 90 day supply	PASS
\$15.00/40% (Min \$40 Max \$100) 2X copay for 31-90 days supply or 1X copay for up to a 90 day supply	PASS
\$15.00/40% 2X copay for 31-90 days supply or 1X copay for up to a 90 day supply	PASS
\$20.00/\$30.00/\$40.00 1X copay for up to a 90 day supply	PASS
\$20.00/\$30.00/\$60.00 1X copay for up to a 90 day supply	PASS
\$20.00/\$60.00 1X copay for up to a 90 day supply	PASS
\$20.00/\$60.00/50% (Min \$80 Max \$100) 1X copay for up to a 90 day supply	PASS
\$20.00/\$60.00/50% (Min \$80) 1X copay for up to a 90 day supply	PASS
\$20.00/\$60.00/50% 2X copay for 31-90 days supply	PASS
\$20.00/30% (Min \$40 Max \$100) 1X copay for up to a 90 day supply	PASS
\$20.00/30% (Min \$40 Max \$100)/50% (Min \$60) 1X copay for up to a 90 day supply	PASS
\$20.00/40% (Min \$50 Max \$100) 1X copay for up to a 90 day supply	PASS
\$25.00/\$75.00 1X copay for up to a 90 day supply	PASS
\$5.00/\$10.00/\$25.00 1X copay for up to a 90 day supply	PASS
\$5.00/\$15.00/\$25.00 1X copay for up to a 90 day supply	PASS
\$5.00/\$25.00/\$50.00 1X copay for up to a 90 day supply	PASS
\$5.00/\$30.00 1X copay for up to a 90 day supply	PASS
\$5.00/\$30.00/\$60.00 2X copay for 31-90 days supply or 1X copay for up to a 90 day supply	PASS
\$5.00/\$40.00/\$80.00 2X copay for 31-90 days supply or 1X copay for up to a 90 day supply	PASS
\$7.00/\$12.00/\$17.00 1X copay for up to a 90 day supply	PASS
\$7.00/\$17.00/\$27.00 1X copay for up to a 90 day supply	PASS
\$7.00/\$35.00/\$70.00 1X copay for up to a 90 day supply	PASS
\$7.00/\$35.00/\$70.00 2X copay for 31-90 days supply	PASS

**Exhibit I**  
**Blue Cross Blue Shield of Michigan**  
**Creditable Coverage for Rx Plans**  
**Testing summary for Calendar Year 2012**  
**Prescription Drug Plans without Integration with Medical Plan Deductibles**  
**Community Blue (CB) and Simply Blue (PPO and HRA) (SB) and Others**

Plan Description - Member Cost Sharing	Gross Test
10% (Min \$10 Max \$25) 2X copay for 31-90 days supply	PASS
10% (Min \$5 Max \$100) 2X copay for 31-90 days supply	PASS
20% (Min \$10) 2X copay for 31-90 days supply	PASS
20% (Min \$15) 2X copay for 31-90 days supply	PASS
20% (Min \$5) 2X copay for 31-90 days supply	PASS
20% (Min \$5 Max \$100) 2X copay for 31-90 days supply	PASS
20% (Min \$5 Max \$25) 2X copay for 31-90 days supply	PASS
20% (Min \$5 Max \$50) 2X copay for 31-90 days supply	PASS
25% (Min \$10) 2X copay for 31-90 days supply	PASS
25% (Min \$10 Max \$15) 2X copay for 31-90 days supply	PASS
25% (Min \$15) 2X copay for 31-90 days supply	PASS
30% (Min \$10 Max \$100) 2X copay for 31-90 days supply	PASS
30% (Min \$5) 2X copay for 31-90 days supply	PASS
30% (Min \$5 Max \$25) 2X copay for 31-90 days supply	PASS
30% (Min \$5 Max \$50) 2X copay for 31-90 days supply	PASS
50% (Min \$10 Max \$100) 2X copay for 31-90 days supply	PASS
50% (Min \$5) 2X copay for 31-90 days supply	FAIL
50% (Min \$5 Max \$25) 2X copay for 31-90 days supply	PASS
50% (Min \$5 Max \$50) 2X copay for 31-90 days supply	PASS
\$10.00/\$60.00 1X copay for up to a 90 day supply	PASS
\$2.00 2X copay for 31-90 days supply	PASS
\$3.00 2X copay for 31-90 days supply	PASS
\$5.00 2X copay for 31-90 days supply	PASS
\$10.00 1X copay for up to a 90 day supply	PASS
\$10.00 2X copay for 31-90 days supply	PASS
\$15.00 2X copay for 31-90 days supply	PASS
\$20.00 1X copay for up to a 90 day supply	PASS
\$20.00 2X copay for 31-90 days supply	PASS
\$5.00/\$10.00 2X copay for 31-90 days supply	PASS
\$10.00/\$20.00 1X copay for up to a 90 day supply	PASS
\$10.00/\$20.00 2X copay for 31-90 days supply	PASS
\$10.00/\$40.00 2X copay for 31-90 days supply or 1X copay for up to a 90 day supply	PASS
\$10.00/\$60.00 2X copay for 31-90 days supply or 1X copay for up to a 90 day supply	PASS
\$15.00/\$25.00 2X copay for 31-90 days supply	PASS
\$15.00/\$30.00 2X copay for 31-90 days supply	PASS
\$15.00/\$50.00 2X copay for 31-90 days supply	PASS
\$20.00/\$40.00 2X copay for 31-90 days supply	PASS
\$15.00/\$30.00/\$60.00 2X copay for 31-90 days supply	PASS
\$10.00/\$20.00 Ded = \$250 2X copay for 31-90 days supply	PASS
20% Ded = \$100 2X copay for 31-90 days supply	PASS
10% Ded = \$100 2X copay for 31-90 days supply	PASS
20% Ded = \$50 2X copay for 31-90 days supply	PASS
10% Ded = \$50 2X copay for 31-90 days supply	PASS
20% Ded = \$150 2X copay for 31-90 days supply	PASS
10% Ded = \$150 2X copay for 31-90 days supply	PASS
30% (Min \$10 Max \$100) 2X copay for 31-90 days supply	PASS
50% (Min \$10 Max \$100) 2X copay for 31-90 days supply	PASS
\$15.00/40% (Min \$40 Max \$100) 2X copay for 31-90 days supply or 1X copay for up to a 90 day supply	PASS
\$15.00/\$50.00/50% (Min \$70 Max \$100) 2X copay for 31-90 days supply	PASS
\$20.00/\$60.00/50% (Min \$80 Max \$100) 2X copay for 31-90 days supply	PASS
50% (Min \$10 Max \$100) (Benefit Max of \$2,500) 2X copay for 31-90 days supply	FAIL
50% (Min \$10 Max \$100) 2X copay for 31-90 days supply	PASS
\$5.00/\$50.00/\$100.00 2X copay for 31-90 days supply	PASS
\$15.00/\$50.00 2X copay for 31-90 days supply	PASS

Note that any plan that passes with "2X copay for 31-90 days supply" will also pass for "1X copay for up to a 90 day supply"



**Exhibit II - Pass or Fail  
Blue Cross Blue Shield of Michigan  
Creditable Coverage for Rx Plans  
Testing Results for Calendar Year 2012  
Flexible Blue Plans**

Medical Plan	Rx Plan (See note at end of exhibit for Benefit Designs)									
	1	2	3	4	5	6	7	8	9	10
\$2,900/\$5,800 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$3,000/\$5,950 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$3,050/\$6,150 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,150/\$2,300 Deductible, 10% Coinsurance, \$3,000/\$6,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$1,200/\$2,400 Deductible, 10% Coinsurance, \$3,000/\$6,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,650/\$5,250 Deductible, 10% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,700/\$5,450 Deductible, 10% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,850/\$5,650 Deductible, 10% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,900/\$5,800 Deductible, 10% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$3,000/\$5,950 Deductible, 10% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$3,050/\$6,150 Deductible, 10% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,150/\$2,300 Deductible, 20% Coinsurance, \$3,000/\$6,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$1,200/\$2,400 Deductible, 20% Coinsurance, \$3,000/\$6,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,650/\$5,250 Deductible, 20% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,700/\$5,450 Deductible, 20% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,850/\$5,650 Deductible, 20% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,900/\$5,800 Deductible, 20% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$3,000/\$5,950 Deductible, 20% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$3,050/\$6,150 Deductible, 20% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,150/\$2,300 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$1,200/\$2,400 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,650/\$5,250 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,700/\$5,450 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,850/\$5,650 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,900/\$5,800 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$3,000/\$5,950 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$3,050/\$6,150 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL

**Rx Plans (Copay by Tier : Generic/Preferred Brand/Non Preferred Brand or Generic/Brand)**

- 1 - \$10.00/\$40.00 1X copay for up to a 90 day supply
- 2 - \$10.00/\$60.00 1X copay for up to a 90 day supply
- 3 - \$15.00/\$30.00/\$60.00 1X copay for up to a 90 day supply
- 4 - \$15.00/\$50.00/50% (Min \$70 Max \$100) 1X copay for up to a 90 day supply
- 5 - \$15.00/40% (Min \$40 Max \$100) 1X copay for up to a 90 day supply
- 6 - \$15.00/40% 1X copay for up to a 90 day supply
- 7 - \$20.00/\$60.00/50% (Min \$80 Max \$100) 1X copay for up to a 90 day supply
- 8 - \$5.00/\$25.00/\$50.00 1X copay for up to a 90 day supply
- 9 - \$5.00/\$30.00/\$60.00 1X copay for up to a 90 day supply
- 10 - \$5.00/\$40.00/\$80.00 1X copay for up to a 90 day supply

Note that for all plans, the coinsurance limit applies to both member coinsurance payments and member copay payments.  
The deductible applies to both medical and pharmacy benefits.



**Exhibit III - Pass or Fail  
Blue Cross Blue Shield of Michigan  
Creditable Coverage for Rx Plans  
Testing Results for Calendar Year 2012  
Simply Blue (HSA) Plans**

Medical Plan	Rx Plan (See note at end of exhibit for Benefit Designs)						
	1	2	3	4	5	6	7
\$1,500/\$2,500 Deductible, 30% Coinsurance, No Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 30% Coinsurance, No Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	FAIL
\$3,000/\$6,000 Deductible, 30% Coinsurance, No Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$1,500/\$2,500 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$3,000/\$6,000 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$1,500/\$2,500 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	FAIL
\$3,000/\$6,000 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$1,500/\$2,500 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	FAIL
\$3,000/\$6,000 Deductible, 30% Coinsurance, \$3,000/\$6,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL

**Rx Plans (Copay by Tier : Generic/Preferred Brand/Non Preferred Brand or Generic/Brand)**

1- \$5.00/\$25.00/\$50.00 2X copay for 31-90 days supply (For both RXCM and w/o RXCM)

2- \$7.00/\$35.00/\$70.00 2X copay for 31-90 days supply

3- \$10.00/\$40.00/\$80.00 2X copay for 31-90 days supply

4- \$10.00/\$60.00 2X copay for 31-90 days supply

5- \$15.00/\$30.00/\$60.00 2X copay for 31-90 days supply

6- \$15.00/\$50.00/50% (Min \$70 Max \$100) 2X copay for 31-90 days supply

7- \$20.00/\$60.00/50% (Min \$80 Max \$100) 2X copay for 31-90 days supply

Note that for all plans, the coinsurance limit applies to both member coinsurance payments and member copay payments.

The deductible applies to both medical and pharmacy benefits.

**Exhibit IV**  
**Blue Cross Blue Shield of Michigan**  
**Creditable Coverage for Rx Plans**  
**Testing Results for Calendar Year 2012**  
**Community Blue (Integrated Medical and Pharmacy Plans)**

Medical Plan	Rx Plan <sup>(1)</sup>	Gross Test
\$1,000/\$2,000 Deductible, 20% Coinsurance, \$2,500/\$5,000 Coins Limit	\$10.00/\$40.00 1X copay for up to a 90 day supply	PASS
\$1,500/\$3,000 Deductible, 20% Coinsurance, \$2,500/\$5,000 Coins Limit	\$10.00/\$40.00 1X copay for up to a 90 day supply	PASS
\$2,500/\$5,000 Deductible, 20% Coinsurance, \$2,500/\$5,000 Coins Limit	\$10.00/\$40.00 1X copay for up to a 90 day supply	PASS
\$1,000/\$2,000 Deductible, 20% Coinsurance, \$2,500/\$5,000 Coins Limit	\$15.00/\$50.00/50% (Min \$70 Max \$100) 1X copay for up to a 90 day supply	PASS
\$1,500/\$3,000 Deductible, 20% Coinsurance, \$2,500/\$5,000 Coins Limit	\$15.00/\$50.00/50% (Min \$70 Max \$100) 1X copay for up to a 90 day supply	PASS
\$2,500/\$5,000 Deductible, 20% Coinsurance, \$2,500/\$5,000 Coins Limit	\$15.00/\$50.00/50% (Min \$70 Max \$100) 1X copay for up to a 90 day supply	<b>FAIL</b>

(1) The \$10/\$40 plan results apply to both an open formulary and a closed formulary.

Note that for all plans, the coinsurance limit applies to both member coinsurance payments and member copay payn  
The deductible applies to both medical and pharmacy benefits.

**Exhibit V - Pass or Fail  
Blue Cross Blue Shield of Michigan  
Creditable Coverage for Rx Plans  
Testing Results for Calendar Year 2012  
Flexible Blue Plans (2010 and Prior plans)**

Medical Plan	Rx Plan (See note at end of exhibit for Benefit Designs)				
	1	2	3	4	5
\$1,250/\$2,500 Deductible, 0% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 0% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,650/\$5,300 Deductible, 0% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,650/\$5,300 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,650/\$5,300 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 0% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 0% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,650/\$5,300 Deductible, 0% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 20% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 20% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,650/\$5,300 Deductible, 20% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS
\$2,650/\$5,300 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL

**Rx Plans (Copay by Tier : Generic/Preferred Brand/Non Preferred Brand or Generic/Brand)**

- 1 - Same as Medical Coinsurance
- 2 - \$10.00/\$60.00 2X copay for 31-90 days supply
- 3 - \$5.00/\$50.00/\$100.00 2X copay for 31-90 days supply
- 4 - \$7.00/\$35.00/\$70.00 2X copay for 31-90 days supply
- 5 - \$10.00/\$40.00/\$80.00 2X copay for 31-90 days supply

Medical Plan	Rx Plan	Passing Percentage
\$1,500/\$3,000 Deductible, 0% Coinsurance, No Coins Limit	0% (Benefit Max of \$2,500) 2X copay for 31-90 days supply	FAIL
\$2,500/\$5,000 Deductible, 0% Coinsurance, No Coins Limit	50% (Min \$10 Max \$100)/50% Min \$10 Max \$100 (Benefit Max of \$2,500) 2X copay for 31-90 days supply	FAIL

Note that for all plans, the coinsurance limit applies to both member coinsurance payments and member copay payments.  
The deductible applies to both medical and pharmacy benefits.

**Exhibit VI - Pass or Fail  
Blue Cross Blue Shield of Michigan  
Creditable Coverage for Rx Plans  
Testing Results for Calendar Year 2012  
Additional Flexible Blue Plans (2010 and Prior plans)**

Medical Plan	Rx Plan (See note at end of exhibit for Benefit Designs)																		
	A	L	N	U	G	J	B	C	E	F	H	K	O	P	Q	R	S	V	W
\$1,250/\$2,500 Deductible, 0% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 0% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,850/\$5,650 Deductible, 0% Coinsurance, \$1,000/\$2,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,850/\$5,650 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,850/\$5,650 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 0% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 0% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	PASS	FAIL	PASS	FAIL	FAIL	FAIL	PASS	PASS	PASS	FAIL	FAIL	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,850/\$5,650 Deductible, 0% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 20% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 20% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	PASS	FAIL	PASS	FAIL	FAIL	FAIL	PASS	PASS	PASS	FAIL	FAIL	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,850/\$5,650 Deductible, 20% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1,250/\$2,500 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2,000/\$4,000 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	PASS	FAIL	PASS	FAIL	FAIL	FAIL	PASS	PASS	PASS	FAIL	FAIL	PASS	FAIL	FAIL	FAIL	FAIL	FAIL
\$2,850/\$5,650 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL

**Rx Plans (Copay by Tier : Generic/Preferred Brand/Non Preferred Brand or Generic/Brand)**

- A - \$10.00/\$40.00/N/C 2X copay for 31-90 days supply
- L - \$15.00/40% Min \$40 Max \$100/N/C 2X copay for 31-90 days supply
- N - \$15.00/\$50.00/50% Min \$70 Max \$100 2X copay for 31-90 days supply
- U - \$20.00/\$60.00/50% Min \$80 Max \$100 2X copay for 31-90 days supply
- G - \$10.00/30% Min \$25 Max \$100/50% Min \$35 2X copay for 31-90 days supply
- J - \$15.00/\$50.00/N/C 2X copay for 31-90 days supply
- B - \$10.00/30% Min \$25 Max \$100/N/C 2X copay for 31-90 days supply
- C - \$10.00/40% Min \$30 Max \$100/N/C 2X copay for 31-90 days supply
- E - \$10.00/\$40.00/\$60.00 2X copay for 31-90 days supply
- F - \$10.00/\$40.00/50% Min \$60 Max \$100 2X copay for 31-90 days supply
- H - \$10.00/\$40.00/50% Min \$60 2X copay for 31-90 days supply
- K - \$15.00/30% Min \$30 Max \$100/N/C 2X copay for 31-90 days supply
- O - \$15.00/30% Min \$30 Max \$100/50% Min \$45 2X copay for 31-90 days supply
- P - \$15.00/\$50.00/50% Min \$70 2X copay for 31-90 days supply
- Q - \$20.00/\$60.00/N/C 2X copay for 31-90 days supply
- R - \$20.00/30% Min \$30 Max \$100/N/C 2X copay for 31-90 days supply
- S - \$20.00/40% Min \$50 Max \$100/N/C 2X copay for 31-90 days supply
- V - \$20.00/30% Min \$40 Max \$100/50% Min \$60 2X copay for 31-90 days supply
- W - \$20.00/\$60.00/50% Min \$80 2X copay for 31-90 days supply

Note that for all plans, the coinsurance limit applies to both member coinsurance payments and member copay payments.  
The deductible applies to both medical and pharmacy benefits.

**Exhibit VII**  
**Blue Cross Blue Shield of Michigan**  
**Creditable Coverage for Rx Plans**  
**Testing Results for Calendar Year 2012**  
**Master Medical Plans**

Medical	Rx	Gross Test
\$100/\$200 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	20% 2X copay for 31-90 days supply	PASS
\$100/\$200 Deductible, 10% Coinsurance, \$1,000/\$2,000 Coins Limit	10% 2X copay for 31-90 days supply	PASS
\$050/\$100 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	20% 2X copay for 31-90 days supply	PASS
\$050/\$100 Deductible, 10% Coinsurance, \$1,000/\$2,000 Coins Limit	10% 2X copay for 31-90 days supply	PASS
\$150/\$300 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	20% 2X copay for 31-90 days supply	PASS
\$150/\$300 Deductible, 10% Coinsurance, \$1,000/\$2,000 Coins Limit	10% 2X copay for 31-90 days supply	PASS
\$100/\$200 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit Annual Max \$2,500, Lifetime Max \$5,000	20% 2X copay for 31-90 days supply	<b>FAIL</b>

Note that for all plans, the coinsurance limit applies to both member coinsurance payments and member copay payments. The deductible applies to both medical and pharmacy benefits.

**Exhibit VIII - Pass or Fail  
Blue Cross Blue Shield of Michigan  
Creditable Coverage for Rx Plans  
Testing Results for Calendar Year 2012  
Flexible Blue (2011 and Subsequent Rx plans with 2010 and Prior Medical plans)**

Medical Plan	Rx Plan (See note at end of exhibit for Benefit Designs)									
	1	2	3	4	5	6	7	8	9	10
\$1250/\$2500 Deductible, 0% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2000/\$4000 Deductible, 0% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2650/\$5300 Deductible, 0% Coinsurance, \$1,000/\$2,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1250/\$2500 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2000/\$4000 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2650/\$5300 Deductible, 20% Coinsurance, \$1,000/\$2,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1250/\$2500 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2000/\$4000 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2650/\$5300 Deductible, 30% Coinsurance, \$1,000/\$2,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1250/\$2500 Deductible, 0% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2000/\$4000 Deductible, 0% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	FAIL	PASS	PASS	PASS	PASS
\$2650/\$5300 Deductible, 0% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1250/\$2500 Deductible, 20% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2000/\$4000 Deductible, 20% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	FAIL	PASS	PASS	PASS	PASS
\$2650/\$5300 Deductible, 20% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL
\$1250/\$2500 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
\$2000/\$4000 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	PASS	PASS	PASS	PASS	PASS	FAIL	PASS	PASS	PASS	PASS
\$2650/\$5300 Deductible, 30% Coinsurance, \$2,000/\$4,000 Coins Limit	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL

**Rx Plans (Copay by Tier : Generic/Preferred Brand/Non Preferred Brand or Generic/Brand)**

- 1- \$10.00/\$40.00 1X copay for up to a 90 day supply
- 2- \$10.00/\$60.00 1X copay for up to a 90 day supply
- 3- \$15.00/\$30.00/\$60.00 1X copay for up to a 90 day supply
- 4- \$15.00/\$50.00/50% Min \$70 Max \$100 1X copay for up to a 90 day supply
- 5- \$15.00/40% Min \$40 Max \$100 1X copay for up to a 90 day supply
- 6- \$15.00/40% 1X copay for up to a 90 day supply
- 7- \$20.00/\$60.00/50% Min \$80 Max \$100 1X copay for up to a 90 day supply
- 8- \$5.00/\$25.00/\$50.00 1X copay for up to a 90 day supply
- 9- \$5.00/\$30.00/\$60.00 1X copay for up to a 90 day supply
- 10- \$5.00/\$40.00/\$80.00 1X copay for up to a 90 day supply

Note that for all plans, the coinsurance limit applies to both member coinsurance payments and member copay payments.

The deductible applies to both medical and pharmacy benefits.