

**Attachment I**  
**Blue Cross Blue Shield of Michigan**  
**Creditable Coverage for Rx Plans**  
**Testing Results for Calendar Year 2009**

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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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 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 2009.
    - 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

\* Family deductible = 2 x Individual deductible

**Attachment II**  
**Blue Cross Blue Shield of Michigan**  
**Creditable Coverage for Rx Plans**  
**Testing Results for Calendar Year 2009**  
**Master Medical Plans**

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 2009**  
**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

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**Testing Results for Calendar Year 2009**  
**Flexible Blue Plans**

Plan #	Plan Description	Gross Test
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
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

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**Testing Results for Calendar Year 2009**  
**Flexible Blue Plans**

Plan #	Plan Description	Gross Test
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)	Fail
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)	Fail
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
76	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
77	Flexible Blue Plan Deductible - \$2,500/\$5,000 (single/family) Medical Coinsurance 50% Rx Coinsurance 50% (min10, 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 2009  
Gross Test

Rx Plan	10% Medical Coinsurance			1,000/\$2,000 Coinsurance Limit			2,000/\$4,000 Coinsurance Limit		
	Deductible			Deductible			Deductible		
	\$1250 / \$2500	\$2000 / \$4000	\$2850 / \$5650	\$1250 / \$2500	\$2000 / \$4000	\$2850 / \$5650	\$1250 / \$2500	\$2000 / \$4000	\$2850 / \$5650
A	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
L	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
N	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
U	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
G	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
J	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
B	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
C	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
E	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
F	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
H	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
K	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
O	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
P	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
Q	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
R	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
S	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
V	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL
W	PASS	FAIL	FAIL	PASS	FAIL	FAIL	PASS	FAIL	FAIL

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

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

Plan	Member Copays by Tier			Minimum and Maximum Copays on Percentage Plans			
	G	FB	NFB	Min FB	Max FB	Min NFB	Max NFB
A	\$10	\$40	N/A	Not Applicable		Not Applicable	
L	\$15	40%	N/A	\$40	\$100	Not Applicable	
N	\$15	\$50	50%	Not Applicable		\$70	\$100
U	\$20	\$60	50%	Not Applicable		\$80	\$100
G	\$10	30%	50%	\$25	\$100	\$35	No
J	\$15	\$50	N/A	Not Applicable		Not Applicable	
B	\$10	30%	N/A	\$25	\$100	Not Applicable	
C	\$10	40%	N/A	\$30	\$100	Not Applicable	
E	\$10	\$40	\$60	Not Applicable		Not Applicable	
F	\$10	\$40	50%	Not Applicable		\$60	\$100
H	\$10	\$40	50%	Not Applicable		\$60	No
K	\$15	30%	N/A	\$30	\$100	Not Applicable	
O	\$15	30%	50%	\$30	\$100	\$45	No
P	\$15	\$50	50%	Not Applicable		\$70	No
Q	\$20	\$60	N/A	Not Applicable		Not Applicable	
R	\$20	30%	N/A	\$30	\$100	Not Applicable	
S	\$20	40%	N/A	\$50	\$100	Not Applicable	
V	\$20	30%	50%	\$40	\$100	\$60	No
W	\$20	\$60	50%	Not Applicable		\$80	No

These drug plans are combined with 18 medical plan options. The variations are as follows:

3 Deductibles:

\$1,250 (single) / \$2,500 (family)  
 \$2,000 (single) / \$4,000 (family)  
 \$2,850 (single) / \$5,650 (family)

3 Member Coinsurances:

0%  
 20%  
 30%

2 Member Copay and Coinsurance Maximums:

\$1,000 (single) / \$2,000 (family)  
 \$2,000 (single) / \$4,000 (family)

**Attachment V**  
**Blue Cross Blue Shield of Michigan**  
**Creditable Coverage Testing - Community Blue Plans**  
**Testing Results for Calendar Year 2009**

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