

Flexible BlueSM Monthly Rates

Flexible Blue Plan 1500

Individuals and families without Blue Cross Blue Shield of Michigan coverage

	AGE							
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55+
One Person	\$102.92	\$132.43	\$147.55	\$175.56	\$202.62	\$242.05	\$305.44	\$449.28
Two Person	\$205.83	\$264.85	\$295.10	\$351.13	\$405.23	\$484.11	\$610.89	\$898.56
Family	\$216.13	\$278.10	\$309.86	\$368.69	\$425.50	\$508.32	\$641.44	\$943.50
Dependent Continuation	\$89.12	\$89.12	\$89.12	\$89.12	\$89.12	\$89.12	\$89.12	\$89.12

(Rates subject to change with 30-day notice)

Individuals and Families transferring or converting from a Blue Cross Blue Shield of Michigan Employer-Sponsored Health Plan*

(Note: Your group health plan must meet qualifying criteria.)

	AGE							
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55+
One Person	\$102.37	\$132.32	\$148.18	\$176.89	\$204.79	\$245.38	\$309.70	\$454.91
Two Person	\$204.74	\$264.63	\$296.36	\$353.79	\$409.58	\$490.76	\$619.39	\$909.82
Family	\$214.99	\$277.87	\$311.18	\$371.49	\$430.06	\$515.31	\$650.37	\$955.32
Dependent Continuation	\$89.69	\$89.69	\$89.69	\$89.69	\$89.69	\$89.69	\$89.69	\$89.69

(Rates subject to change with 30-day notice)

*Rates for members who are transferring or who have already transferred from a qualifying BCBSM employer-sponsored health plan will apply for one year and will change in the second year.

Flexible Blue Plan 2500

Individuals and families without Blue Cross Blue Shield of Michigan coverage

	AGE							
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55+
One Person	\$59.83	\$74.85	\$81.38	\$95.09	\$107.83	\$126.70	\$159.05	\$233.94
Two Person	\$119.66	\$149.69	\$162.75	\$190.17	\$215.65	\$253.41	\$318.09	\$467.89
Family	\$125.65	\$157.18	\$170.89	\$199.68	\$226.44	\$266.09	\$334.00	\$491.29
Dependent Continuation	\$48.01	\$48.01	\$48.01	\$48.01	\$48.01	\$48.01	\$48.01	\$48.01

(Rates subject to change with 30-day notice)

Individuals and Families transferring or converting from a Blue Cross Blue Shield of Michigan Employer-Sponsored Health Plan*

(**Note:** Your group health plan must meet qualifying criteria.)

	AGE							
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55+
One Person	\$58.53	\$73.37	\$79.99	\$93.64	\$106.35	\$125.18	\$157.11	\$230.85
Two Person	\$117.07	\$146.74	\$159.98	\$187.28	\$212.70	\$250.35	\$314.21	\$461.69
Family	\$122.92	\$154.09	\$167.98	\$196.65	\$223.34	\$262.88	\$329.92	\$484.78
Dependent Continuation	\$47.22	\$47.22	\$47.22	\$47.22	\$47.22	\$47.22	\$47.22	\$47.22

(Rates subject to change with 30-day notice)

*Rates for members who are transferring or who have already transferred from a qualifying BCBSM employer-sponsored health plan will apply for one year and will change in the second year.

Flexible Blue Plan Optional Benefits

Maternity — Services are optional for both Flexible Blue plans

	Plan 1500	Plan 2500
One Person	\$133.72	\$94.08
Two Person	\$133.72	\$94.08
Family	\$133.72	\$94.08
Dependent Continuation	\$0.00	\$0.00

(Rates subject to change with 30-day notice)

Flexible Blue Individual Dental — Services are optional for both Flexible Blue plans

	AGE							
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55+
One Person	\$15.10	\$19.01	\$20.40	\$23.82	\$26.85	\$31.43	\$39.85	\$39.85
Two Person	\$30.20	\$38.02	\$40.80	\$47.64	\$53.70	\$62.86	\$79.70	\$79.70
Family	\$31.71	\$39.92	\$42.84	\$50.02	\$56.39	\$66.00	\$83.69	\$83.69
Dependent Continuation	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00

(Rates subject to change with 30-day notice)

