

MICHIGAN CARPENTERS HEALTH CARE FUND

SELF-PAYMENT RATES -January 1, 2023

| BCBSM eMVP | BCBSM eMCS | Class Code | S/P Rate NO Dental | class code with dental | S/P Rate w/Dental | S/P Rate w/Dental | Category |
|--|------------|------------|--------------------|------------------------|-------------------|-------------------|--|
| 007004452-0000(S) 007004452-0001(E) | 10979-000 | EC | \$721.50 | EC | \$721.50 | \$721.50 | Active Participant w/or without Dependents (based on hrs & cont rate) limited to 12 full payments 11/2023 Eligibility |

One Person With Medicare

Eff 01/01/2023

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|----------------|-----------|----|----------|----|----------|----------|---|
| 007004452-0062 | 15854-001 | S2 | \$224.00 | Y2 | \$251.00 | \$251.00 | Member with Medicare (No Dependents or Spouse) 1 PERSON |
| 007004452-0062 | 15854-014 | W4 | \$224.00 | F4 | \$251.00 | \$251.00 | Surviving Spouse w/Medicare - no Dependents - 1 PERSON |

Two Persons With Medicare

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|----------------|-----------|----|----------|----|----------|----------|---|
| 007004452-0062 | 15854-006 | S6 | \$448.00 | Y6 | \$475.00 | \$475.00 | Member & Spouse w/Medicare - no Dependent - 2 PEOPLE |
| 007004452-0062 | 15854-042 | W7 | \$448.00 | F7 | \$514.00 | \$514.00 | Surviving Spouse and dependent both on Medicare - 2 PEOPLE |
| 007004452-0062 | 15854-042 | W8 | \$448.00 | F8 | \$531.00 | \$531.00 | Surviving Spouse and dependents both on Medicare - 3 OR MORE PEOPLE |

Three Persons With Medicare

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|----------------|-----------|----|----------|----|----------|----------|---|
| 007004452-0062 | 15854-007 | S8 | \$669.00 | Y8 | \$751.00 | \$751.00 | Member, Spouse & 1 dependent - all on Medicare - 3 OR MORE PEOPLE |
|----------------|-----------|----|----------|----|----------|----------|---|

One Person With Medicare and

One or More Persons Without Medicare

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|----------------------------------|-------------------------|----|----------|----|------------|------------|---|
| 007004452-0062 007004452-0005 | 15854-003 10979-003 | D4 | \$930.00 | G4 | \$1,015.00 | \$995.00 | Member w/Medicare / 2 PEOPLE Spouse without Medicare on Active Plan - no Dependent children |
| 007004452-0062 007004452-0005 | 15854-005 10979-005 | D6 | \$930.00 | G6 | \$1,031.00 | \$1,011.00 | Member w/Medicare / 3 OR MORE PEOPLE Spouse & Dependents on Active - NO Medicare |
| 007004452-0062 007004452-0005 | 15854-008 10979-008 | S0 | \$950.00 | Y0 | \$1,051.00 | \$1,031.00 | Member & Spouse both on Medicare / 3 OR MORE PEOPLE Dependent without Medicare on active Plan |
| 007004452-0005 007004452-0062 | 10979-034 15854-034 | E9 | \$930.00 | B9 | \$1,031.00 | \$1,011.00 | Early Retiree and dep children without Medicare on active Plan / Spouse on Supp to Medicare 3 OR MORE PEOPLE |
| 007004452-0005 007004452-0062 | 10979-0034 15854-034 | E8 | \$930.00 | B8 | \$1,019.00 | \$999.00 | Early Retiree without Medicare on active Plan / 2 PEOPLE Spouse on Supp to Medicare - NO Dependent Children |

Widow Without Medicare with or without Dependents - First 6 Months

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|----------------|-----------|----|----------|----|----------|----------|--|
| 007004452-0015 | 10979-011 | W3 | \$469.00 | F3 | \$492.00 | \$492.00 | Surviving Spouse w/o Medicare, without dependent children not eligible for Medicare- First 6 months - 1 PERSON |
| 007004452-0015 | 10979-011 | W2 | \$469.00 | F2 | \$525.00 | \$525.00 | Surviving Spouse w/o Medicare, with 1 dependent child not eligible for Medicare- First 6 months - 2 PEOPLE |
| 007004452-0015 | 10979-011 | W1 | \$469.00 | F1 | \$540.00 | \$540.00 | Surviving Spouse w/o Medicare, with 3 or more dependent children not eligible for Medicare- First 6 months - 3 OR MORE PEOPLE |

Disabled Participant with or without Dependents - First 6 Months

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|----------------|-----------|----|----------|----|----------|----------|--|
| 007004452-0019 | 10979-018 | P1 | \$544.00 | X1 | \$571.00 | \$571.00 | Disabled Participant w/o Medicare without dependents -1 PERSON or spouse on Active Plan - first 6 months of Disability |
| 007004452-0019 | 10979-018 | P8 | \$544.00 | X8 | \$609.00 | \$609.00 | Disabled Participant w/o Medicare with either spouse OR 1 dependent on Active Plan - first 6 months of Disability - 2 PEOPLE |
| 007004452-0019 | 10979-018 | P9 | \$544.00 | X9 | \$626.00 | \$626.00 | Disabled Participant w/o Medicare with 2 or more dependents (including spouse) on Active Plan-first 6 months of Disability-3 OR MORE PEOPLE |

Disabled Participant with or without Dependents - 7th Month and After

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|----------------|-----------|----|----------|----|----------|----------|---|
| 007004452-0019 | 10979-020 | P2 | \$930.00 | X2 | \$995.00 | \$995.00 | Disabled Participant w/o Medicare with 1 dependent - 2 PEOPLE OR spouse on Active Plan - beginning 7th month of Disability |
|----------------|-----------|----|----------|----|----------|----------|---|

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|----------------------------------|------------------------|------------|--------------------|------------------------|-------------------|-------------------|--|
| 007004452-0019 | 10979-020 | P3 | \$930.00 | X3 | \$1,011.00 | \$1,011.00 | Disabled Participant w/o Medicare with 2 or more dependents - 3 PEOPLE (Including spouse) on Active Plan - beginning 7th month of Disability |
| 007004452-0019 | 10979-022 | P4 | \$930.00 | X4 | \$956.00 | \$956.00 | Disabled Participant w/o Medicare without dependents or spouse - beginning 7th month of Disability - 1 PERSON |
| 007004452-0019 007004452-0062 | 10979-024 15854-024 | P5 | \$930.00 | X5 | \$1,011.00 | \$1,011.00 | Disabled Participant with spouse NO Medicare with dependent on Supp to Medicare- beginning 7th month of Disability - 3 PEOPLE |
| 007004452-0019 007004452-0062 | 10979-026 15854-026 | P6 | \$930.00 | X6 | \$1,011.00 | \$1,011.00 | Disabled Participant and dependent - neither are on Medicare with Spouse on Supp to Medicare - First 6 months of Disability-3 PEOPLE |
| 007004452-0019 007004452-0062 | 10979-029 15484029 | P7 | \$930.00 | X7 | \$1,011.00 | \$1,011.00 | Disabled Participant NO Medicare (On Active Plan) with spouse & Dep on Supp to Medicare beginning 7th Month of disability - 3 PEOPLE |

Widow with family - 7th month and after

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|----------------|-----------|----|----------|----|----------|----------|--|
| 007004452-0015 | 10979-013 | W5 | \$801.00 | F5 | \$824.00 | \$824.00 | Surviving Spouse w/o Medicare, with or w/o dependent children not eligible for Medicare- After 6 months - 1 PERSON |
| 007004452-0015 | 10979-013 | W6 | \$801.00 | F6 | \$858.00 | \$858.00 | Surviving Spouse w/o Medicare, with or w/o dependent children not eligible for Medicare- After 6 months - 2 PEOPLE |
| 007004452-0015 | 10979-013 | W9 | \$801.00 | F7 | \$872.00 | \$872.00 | Surviving Spouse w/o Medicare, with or w/o dependent children not eligible for Medicare- After 6 months - 3 OR MORE PEOPLE |

Minimum Coverage

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|----------------|-----------|----|----------|-----------|--|--|--|
| 007004452-0076 | 25286-000 | MC | \$436.00 | NO DENTAL | | | Minimum Coverage - with or without Dependents* |
|----------------|-----------|----|----------|-----------|--|--|--|

Early Retiree with or without Dependents

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|--|-----------|----|----------|----|------------|------------|--|
| 007004452-0026(S) 007004452-0005(E) | 10979-030 | E1 | \$930.00 | B1 | \$956.00 | \$956.00 | Early Retiree Not eligible for Medicare w/o spouse or dependents |
| 007004452-0026(S) 007004452-0005(E) | 10979-032 | E5 | \$930.00 | B5 | \$995.00 | \$995.00 | Early Retiree Not eligible for Medicare with spouse and/or dependents not eligible for Medicare - all covered under Active Plan - 2 PEOPLE |
| 007004452-0026(S) 007004452-0005(E) | 10979-032 | E6 | \$930.00 | B6 | \$1,011.00 | \$1,011.00 | Early Retiree Not eligible for Medicare with spouse and/or dependents not eligible for Medicare - all covered under Active Plan - 3 OR MORE PEOPLE |

COBRA effective January 1, 2022

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|--|-----------|----|----------|----|----------|----------|---|
| 007004452-0031(S) 007004452-0011(E) | 10979-037 | C1 | \$804.00 | A1 | \$881.00 | \$881.00 | Participant, Spouse and Dependents - 3 OR MORE PEOPLE |
| 007004452-0031(S) 007004452-0011(E) | 10979-038 | C3 | \$804.00 | A3 | \$846.00 | \$846.00 | Spouse & 1 Dependent only - 2 PEOPLE |
| 007004452-0031(S) 007004452-0011(E) | 10979-038 | C4 | \$804.00 | A4 | \$881.00 | \$881.00 | Spouse & 2 or more Dependents - 3 OR MORE PEOPLE |
| 007004452-0031(S) 007004452-0011(E) | 10979-039 | C5 | \$804.00 | A5 | \$827.00 | \$827.00 | Spouse only |
| 007004452-0031(S) 007004452-0011(E) | 10979-040 | C7 | \$804.00 | A7 | \$827.00 | \$827.00 | Dependent only |
| 007004452-0031(S) 007004452-0011(E) | 10979-041 | C8 | \$804.00 | A8 | \$846.00 | \$846.00 | Participant and 1 Dependent - 2 PEOPLE |
| 007004452-0031(S) 007004452-0011(E) | 10979-041 | C9 | \$804.00 | A9 | \$881.00 | \$881.00 | Participant and 2 or more Dependents - 3 OR MORE PEOPLE |

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|---------------|---------------|---------------|--------------------------|------------------------------|-------------------------|-------------------------|----------|
|---------------|---------------|---------------|--------------------------|------------------------------|-------------------------|-------------------------|----------|

| | | |
|---------------------|-------------|-------------|
| Dental Cost: | 2017 | 2019 |
| 1 person | \$24.00 | 24.00 |
| 2 people | \$57.00 | 42.00 |
| 3 or more people | \$71.00 | 75.00 |

| | | |
|-------------------------------------|--------|----------|
| COBRA BASE - composite illustrative | | \$804.00 |
| COBRA 1 person dental | base + | \$24.00 |
| COBRA 2 person dental | base + | \$42.00 |
| COBRA 3 person dental | base + | \$75.00 |

RETIRES RECEIVING A DETROIT CARPENTERS PENSION HAVE A SELFPAYMENT CODE OF N1

01/01/17- 10% increase on on self pay rates excluding Active Member's (EC) NLD 10/14/16
 01/01/18- 5% increase excluding non-medicare widows. NLD 11/04/17
 06/01/18- 5% increase excluding non-medicare widows. NLD
 06/01/19- 5% increase excluding non-medicare widows. NLD