

MICHIGAN CARPENTERS HEALTH CARE FUND

SELF-PAYMENT RATES - January 1, 2018

BCBSM eMVP	BCBSM eMCS	Class Code	S/P Rate NO Dental	class code with dental	S/P Rate w/Dental	Category
007004452-0000(S) 007004452-0001(E)	10979-000	EC	\$693.00	EC	\$693.00	Active Participant w/or without Dependents (based on hrs & cont rate) limited to 12 full payments

One Person With Medicare

007004452-0062	15854-001	S2	\$184.00	Y2	\$209.00	Member with Medicare (No Dependents or Spouse) 1 PERSON
007004452-0062	15854-014	W4	\$184.00	F4	\$209.00	Surviving Spouse w/Medicare - no Dependents - 1 PERSON

Two Persons With Medicare

007004452-0062	15854-006	S6	\$369.00	Y6	\$394.00	Member & Spouse w/Medicare - no Dependent - 2 PEOPLE
007004452-0062	15854-042	W7	\$369.00	F7	\$429.00	Surviving Spouse and dependent both on Medicare - 2 PEOPLE
007004452-0062	15854-042	W8	\$369.00	F8	\$444.00	Surviving Spouse and dependents both on Medicare - 3 OR MORE PEOPLE

Three Persons With Medicare

007004452-0062	15854-007	S8	\$552.00	Y8	\$626.00	Member, Spouse & 1 dependent - all on Medicare - 3 OR MORE PEOPLE
----------------	-----------	----	----------	----	----------	---

One Person With Medicare and

One or More Persons Without Medicare

007004452-0062 007004452-0005	15854-003 10979-003	D4	\$842.00	G4	\$901.00	Member w/Medicare / 2 PEOPLE Spouse without Medicare on Active Plan - no Dependent children
007004452-0062 007004452-0005	15854-005 10979-005	D6	\$842.00	G6	\$916.00	Member w/Medicare / 3 OR MORE PEOPLE Spouse & Dependents on Active - NO Medicare
007004452-0062 007004452-0005	15854-008 10979-008	S0	\$842.00	Y0	\$916.00	Member & Spouse both on Medicare / 3 OR MORE PEOPLE Dependent without Medicare on active Plan
007004452-0005 007004452-0062	10979-034 15854-034	E9	\$842.00	B9	\$916.00	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	\$842.00	B8	\$905.00	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

007004452-0015	10979-011	W3	\$469.00	F3	\$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	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	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

007004452-0019	10979-018	P1	\$493.00	X1	\$517.00	Disabled Participant w/o Medicare without dependents -1 PERSON or spouse on Active Plan - first 6 months of Disability
007004452-0019	10979-018	P8	\$493.00	X8	\$552.00	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	\$493.00	X9	\$567.00	Disabled Participant w/o Medicare with 2 or more dependents (including spouse) on Active Plan-first 6 months of Disability-3 OR MORE PEOPLE

MICHIGAN CARPENTERS HEALTH CARE FUND

SELF-PAYMENT RATES - January 1, 2018

BCBSM eMVP	BCBSM eMCS	Class Code	S/P Rate NO Dental	class code with dental	S/P Rate w/Dental	Category
---------------	---------------	---------------	--------------------------	------------------------------	-------------------------	----------

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

007004452-0019	10979-020	P2	\$842.00	X2	\$901.00	Disabled Participant w/o Medicare with 1 dependent - 2 PEOPLE OR spouse on Active Plan - beginning 7th month of Disability
007004452-0019	10979-020	P3	\$842.00	X3	\$916.00	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	\$842.00	X4	\$866.00	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	\$842.00	X5	\$916.00	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	\$842.00	X6	\$916.00	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	\$842.00	X7	\$916.00	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

007004452-0015	10979-013	W5	\$801.00	F5	\$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	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	Surviving Spouse w/o Medicare, with or w/o dependent children not eligible for Medicare- After 6 months - 3 OR MORE PEOPLE

Retiree Spouse - with or without dependents

007004452-0026(S) 007004452-0015(E)	10979-036	R1	\$801.00	H1	\$858.00	Member not covered under Plan- coverage for spouse & 1 dependent not eligible for Medicare, under Active Plan - 2 PEOPLE
007004452-0026(S) 007004452-0015(E)	10979-036	R2	\$801.00	H2	\$872.00	Member not covered under Plan- coverage for spouse & dependents not eligible for Medicare, under Active Plan - 3 OR MORE PEOPLE

Minimum Coverage

007004452-0076	25286-000	MC	\$395.00	NO DENTAL		Minimum Coverage - with or without Dependents*
007004452-0062 007004452-0076	25286-001	M1	\$579.00	⌘	\$604.00	Minimum Coverage - Mbr w/Medicare (Supp) Spouse Min Coverage
007004452-0076 007004452-0062	25286-001	M3	\$579.00	⌘	\$604.00	Minimum Coverage - Mbr Min Coverage Spouse w/Medicare (Supp)*

Early Retiree with or without Dependents

007004452-0026(S) 007004452-0005(E)	10979-030	E1	\$842.00	B1	\$866.00	Early Retiree Not eligible for Medicare w/o spouse or dependents
007004452-0026(S) 007004452-0005(E)	10979-032	E5	\$842.00	B5	\$901.00	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	\$842.00	B6	\$916.00	Early Retiree Not eligible for Medicare with spouse and/or dependents not eligible for Medicare - all covered under Active Plan - 3 OR MORE PEOPLE

