

EXHIBIT 6



Group Enrollment & Coverage Agreement

Part C - Coverage Selection

Group Name (Full Legal Name):

CITY OF DETROIT FIRE RETIREE

Group(s) Covered: 54731-702

Customer ID: 102824

MEDICAL/SURG.

Benefit Requested Date: January 1, 2009

Certificates/Riders

Package: Non-Standard PPO Med/Surg

Community Blue Group Benefits Certificate

ASC2945	ASC2987	BMT	CBC 30% NP	CB-CM-NP \$1000
CB-CM-P \$1000	CBC-MT \$10	CBD \$500-NP	CBDS\$100P	CB-ET \$75
CB-MHP	CB-PCB	CB-PCM500	CI	DC
ECIP	GLE-1	MEDFIL	PCD	SD
SOCT	TBHD			

PRESCRIP. DRUG

Certificates/Riders

Package: Non-Standard Drug

Preferred Rx Plan Certificate

MOPD2X	PD-BC \$10	PD-CM	PD-CR \$10	PRX-MM
XBPPE				

Medical/Surg.

Non-Standard PPO Med/Surg

Prescription Drug
Non-Standard Drug

Dental

Vision

Coordination of Benefits: COB1 - Pursue & Pay Aggressive

Coordination of Benefits Form must be attached

Funded Account Program: Maintain Cancel - attach group letter

HRA (Health Reimbursement Account): Add Maintain Cancel - attach group letter

HSA (Health Savings Account): Add Maintain Cancel - attach group letter

Mental Health Parity: According to the Mental Health Parity Act of 1996, "small employers" are exempt from the law. The term "small employer" is defined as an employer who employed an average of at least two, but not more than 50, employees on business days during the preceding calendar year and who employs at least two employees on the first day of the plan year. Mental Health Parity: Plan Year _____ "Plan year" is the date designated in your group health plan documents. If there is no such date, the law becomes effective on your rate-renewal date or policy year.

Total Group Census:

Total Employees: 175,210
 Total Ineligible: 0
 Part Time: _____
 Seasonal: _____
 Other: _____
 Total Eligible: 175,210

Enrolling:

Blue Enrolled - Active: _____
 Other: _____

COBRA: _____
 Retirees: _____

Not Enrolling:

Enrolled, Other Carrier: _____ Identify Carrier: _____

Covered by Spouse/Parent - _____

Blue: _____
 Non Blue: _____
 Waiving Coverage: _____

Business Type: Benefit Change

[Blue Cross Blue Shield of Michigan Use Only]

The Group agrees with all terms as stipulated in this Benefit Change - Part C and in specified Blue Cross Blue Shield of Michigan Health Care Certificate(s) and Rider(s). Do not sign this agreement unless a benefit description is enclosed.

Signature of Group Executive on behalf of the Group

 The Group Health Plan:

Signature of BCBSM Rep: _____

Signature of Agent: _____

Signature of Underwriter/Group Administration: _____

Date: _____

Date: _____

Date: _____

Date: _____



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Group Enrollment & Coverage Agreement

Part C con't (2)

Group Name (Full Legal Name):

CITY OF DETROIT FIRE RETIREE

Group(s) Covered: 54731-702

Customer ID: 102824

Benefit Requested Date:

January 1, 2009

Effective Date: January 1, 2009

Billing Cycle Date: 01

Current Rate Renewal Date: July 1, 2008

BCN Inventory Date:

BCBSM Inventory Date: May 1, 2000

Sales Office Code: 611

Mail Code: 0712

Territory Code: KC

Control Code: KC

Cluster Code: D622

SIC Code: 9131

County Code: 082



Benefits for: CITY OF DETROIT FIRE RETIREE

List of Groups: 54731-702

Classification	Certificate/Rider	Number	Benefit Description
<u>Line of Business</u>	<u>MEDICAL/SURG.</u>		
	ASC2945	8995	
	ASC2987	0407	
Rider	BMT	4398	Establishes the criteria and clarifies which conditions are payable for bone marrow transplants. Donors must meet genetic marker criteria. Requires prior approval by Blue Cross Blue Shield.
Bone Marrow Transplants			
Rider	CBC 30% NP (CBC30%NP)	5769	Increases out-of-network copay from 20% to 30% except for mental health care, substance abuse and private duty nursing, which have a 50% copay. The out-of-pocket copay maximum remains the same unless a CB-CM-NP rider is included.
Copay Requirement for Out-of-Network Services			
Rider	CB-CM-NP \$1000 (CBCMNP1000)	5847	Decreases out-of-network copay maximum from \$2,000/\$4,000 to \$1,000 per member, \$2,000 family per calendar year.
Copay Maximum for Out-of-Network Services			
Rider	CB-CM-P \$1000 (CBCMPS1000)	5824	Adds an annual copay maximum of \$1,000 per member, \$2,000 family for covered in-network services. Fixed dollar copays and copays for mental health care, substance abuse and private duty nursing cannot be applied toward this maximum. Copays applied toward the annual copay maximum for out-of-network services also count toward the copay maximum for in-network services. However, copays for in-network services are not applied toward the annual copay maximum for out-of-network services.
Copay Maximum for Network Services			
Rider	CBD \$500-NP (CBDS500NP)	5786	Increases out-of-network deductible from \$250/\$500 to \$500 per member, \$1,000 family per calendar year.
Deductible Requirement for Out-of-Network Services			
Rider	CB-ET \$75 (CBETS75)	5807	Increases emergency room copay from \$50 to \$75 per visit.
Emergency Treatment Copay Requirement			
Rider	CB-MHP	5515	Eliminates annual and lifetime maximums for mental health care. Note: The separate annual and lifetime maximums still apply to substance abuse treatment.
Mental Health Parity			
Rider	CB-PCB	6603	Adds the following laboratory and radiology services to the list of preventive care services: o Chemical profile o Complete blood count o Urinalysis o Chest X-ray o EKG One of each test per member, per calendar year is covered when performed by a network provider, with no age restrictions. These benefits are subject to the annual \$250 Preventive Care Benefits maximum.
Preventive Care Benefits			
Rider	CB-PCM500 (CB-PCM-500)	3742	Increases combined annual maximum for covered preventive care services from \$250 to \$500. All age and frequency limitations remain the same.
Preventive Care Maximum			
Certificate	CBPPO1	6225	Provides hospital, medical-surgical, and selected preventive services under a Preferred Provider Organization (PPO) arrangement, subject to a \$5 million lifetime maximum.
Community Blue Group Benefits Certificate			



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Benefit Descriptions

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Classification	Certificate/Rider	Number	Benefit Description
			In-network, members have a \$10 copay for select office services, a \$50 copay for emergency room visits and a 50% copay for all mental health care, substance abuse treatment and private duty nursing. When members choose to go outside the network, there is a \$250 per member, \$500 family deductible, a 20% out-of-network copay, a \$50 copay for emergency room and a 50% copay for all mental health care, substance abuse treatment and private duty nursing. Preventive care is not covered out-of-network.
Rider	CI Contraceptive Injections	5315	Adds benefits for contraceptive injections as part of your medical-surgical coverage.
Rider	CBC-MT \$10 (CMTS10) Community Blue Copay Requirement for Manipulative Treatment	5580	Imposes the same fixed dollar copay requirement for chiropractic and osteopathic manipulative treatment by a network provider as is required for all network physician office visits.
Rider	CBDS100P (D1009P) Deductible/Copayment Requirement for Network Services	5775	<p>Rider CBD \$100P combined with rider CBC 10%P amend the Community Blue group benefits certificate as follows:</p> <p>Deductible/copayment requirement - panel services:</p> <p style="padding-left: 40px;">Deductible*: \$100 - one person contract; \$200 - per family contract</p> <p style="padding-left: 40px;">Coinsurance: 10% coinsurance for most covered panel services.</p> <p style="padding-left: 40px;">* 4th quarter carry-over deductible provision is "not" applicable.</p> <p>Note: any amounts applied toward the annual non-panel deductible will be applied toward the deductible for panel services. However, the amounts applied toward the panel deductible will not be applied toward the non-panel deductible</p> <p>The panel deductible and % copayment will not apply to the following panel services:</p> <ul style="list-style-type: none"> - covered services performed in a panel physician's office, including presurgical consultations. - services subject to a flat-dollar copayment requirement (refer to the Community Blue certificate/mnemonic). - services for the initial exam to treat a medical emergency or an accidental injury in the outpatient department of a hospital, urgent care center or a physician's office. - chiropractic spinal manipulation - prenatal and postnatal care visits - allergy testing and therapy - injections - hospice care benefits - preventive care services (refer to the Community Blue certificate/riders for applicable preventative care services).

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List of Groups: 54731-702

Classification	Certificate/Rider	Number	Benefit Description
			Note: copayments for mental health/substance abuse & PDN remain in effect.
Rider Dependent Continuation	DC	4656	Allows members to continue group coverage for dependent children between the ages of 19-25 when eligibility requirements are met.
Rider Extended Coverage for Inpatient Psychologists' Services	ECIP	5216	Allows fully licensed psychologists with hospital privileges to receive direct reimbursement for certain covered inpatient mental health care services.
Rider General Limitations and Exclusions	GLE-1 (GLE1)	9930	Excludes benefits for services, care, devices, or supplies considered experimental or research in nature.
Rider MIB Comp MEDFIL	MEDFIL	MEDF	MNDINQ: MEDICARE SUPPLEMENTAL: MED-E-FILL COVERAGE: THIS MEDICARE SUPPLEMENTAL PROGRAM IS BASED ON THE COMMUNITY BLUE CERTIFICATE. MED-E-FILL COVERAGE WILL BE DELIVERED IN THE FORM OF TRADITIONAL MEDICARE COMPLEMENTARY EXACT-FILL COVERAGE. THE PPO PANEL AND RELATED COMPONENTS ARE REMOVED FROM THE COMMUNITY BLUE CERTIFICATE, BUT "ONLY" FOR MEMBERS FOR WHOM MEDICARE IS PRIMARY.
Rider Prescribed Contraceptive Devices	PCD	9973	Adds benefits for physician-prescribed contraceptive devices such as diaphragms and intrauterine devices as part of your medical-surgical coverage. Note: If the certificate amended by Rider PCD requires a deductible and/or copay, Rider PCD waives the copay except any copay requirement for services provided by a non-network provider. Rider PCD does not waive the deductible.
Rider Sponsored Dependents	SD	4651	Allows members to continue coverage for dependents over 19 years of age who do not meet eligibility requirements for riders FC or DC. Member is responsible for the additional charge per sponsored dependent member.
Rider Specified Oncology Clinical Trials	SOCT	5401	Provides coverage for preapproved, specified bone marrow and/or peripheral blood stem cell transplants and related services to treat stages II and III breast cancer and/or all stages of ovarian cancer during an approved clinical trial.
Rider Temporary Benefits Due to Hospital Departicipation	TBHD	1700	Adds temporary benefits for designated services, emergency care, and travel, meals and lodging. It also provides an expiration date for the benefits.



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Classification	Certificate/Rider	Number	Benefit Description
<u>Line of Business</u>	<u>PRESCRIP. DRUG</u>		
Rider	MOPD2X Mail Order Prescription Drugs	2138	<p>Provides benefits for up to a 90-day supply of medications when prescribed by a physician. Mail order vendor approved by Blue Cross Blue Shield must dispense drugs.</p> <p>Member pays a separate copay for mail-order drugs that are:</p> <ul style="list-style-type: none"> - supplied to cover up to 34 days - supplied to cover between 35 and 90 days <p>The copay is doubled for prescriptions covering more than a 34-day supply:</p> <ul style="list-style-type: none"> - for a fixed dollar copay, the member pays two times that amount - for a percentage copay with a minimum dollar requirement, the minimum dollar requirement is doubled (the percentage remains the same) - for a percentage copay with a minimum and maximum dollar requirement, the minimum and maximum dollar requirements are doubled (the percentage remains the same)
Rider	PD-CM (PDCM) Contraceptive Medications	5138	<p>Adds benefits for contraceptive medications requiring a prescription, subject to the same copay as other prescription drugs. Available for the Preferred Rx and Traditional Rx prescription drug card programs.</p>
Rider	PD-CR \$10 (PD-CRS10) Prescription Drug Copay Requirement	3509	<p>Establishes copay requirement for the Preferred or Traditional Rx Plan certificate. Available for the Preferred Rx and Traditional Rx prescription drug card programs.</p>
Certificate	PDRX Preferred Rx Plan Certificate	3607	<p>Provides benefits for most federal legend drugs, state-controlled drugs, injectable insulin, and needles and syringes for insulin and chemotherapy, payable at 100% of the Blue Cross Blue Shield-approved amount, less the member's copay when obtained from a Preferred Rx network provider. Coverage also requires dispensing of generic equivalent drugs. Excludes benefits for contraceptive drugs and drugs dispensed for cosmetic purposes.</p>
Rider	PRX-MM Mandatory MAC Program	6618	<p>Requires the member to pay the difference between the cost of the brand name drug and the BCBSM approved amount for the generic equivalent drug, plus the member's copay. Available for the Preferred Rx prescription drug card program, for ERS and ASC groups. Note: Not compatible with Rider PD-CMAC.</p>
Rider	PD-BC \$10 (RBC105) Prescription Drug Brand Name Copay Requirement	5163	<p>Increases copay by \$10 whenever a member receives a brand name drug, even if the prescription is marked "DAW" or there is no generic equivalent drug available. Available for the Preferred Rx and Traditional Rx prescription drug card programs. Note: This rider cannot be sold with any of the variable percentage copay riders.</p>



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Classification	Certificate/Rider	Number	Benefit Description
Rider	XBPPE	2479	Amends all certificates that include prescription drug coverage (except Master Medical and MESSA certificates)
	Exclude coverage for select over the counter drugs (opt out rider)		Amends the certificates named above to exclude benefits for certain over-the-counter drugs and eliminate authorization requirements for select prescription drugs, and dosages and quantities of drugs.

This is intended as an easy-to-read guide. It is not a contract. An official description of benefits is contained in applicable Blue Cross and Blue Shield of Michigan certificates and riders. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed to the laws of the State of Michigan.