

EXHIBIT 7B

BLUE CROSS AND BLUE SHIELD OF MICHIGAN

An independent licensee of the Blue Cross and Blue Shield Association

TO: DISTRIBUTION CODE: SUBJECT: CITY OF DETROIT
FROM: PRODUCT CODE: DATE: MAY 26, 2006
DEVELOPMENT 1845 REVISED:
AND OCTOBER 19, 2006
MANAGEMENT

REVISION

**ASC PLAN MODIFICATION 2945
FORM NUMBER 8995**

**CITY OF DETROIT
EFFECTIVE 07/01/06**

This modification is being revised to remove panel cost-sharing from routine mammograms for facility and professional.

Specifications for ASC Plan Modification **2945** are attached.

This modification was developed for employees of CITY OF DETROIT, enrolled in **Group 54731, Suffix 700**.

This modification amends the group's Community Blue Group Benefits Certificate and related riders.

SINCE THIS GROUP IS SELF-FUNDED UNDER AN ASC ARRANGEMENT, A RIDER FOR THIS MODIFICATION WILL NOT BE FILED WITH THE OFFICE OF FINANCIAL AND INSURANCE SERVICES.

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GENERAL PURPOSE	The purpose of this form is to identify benefit provisions adopted for employees of CITY OF DETROIT, enrolled in Group 54731, Suffix 700.
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This modification amends the Community Blue Group Benefits Certificate (Form Number 6225), Rider CBD\$100-P (Form Number 5775), Rider CBD-\$500-NP (Form Number 5786), Rider CBC 10%-P (Form Number 5756), Rider CB-CMP\$1000 (Form Number 5824) and CBC MT (Form Number 5580).

EFFECT ON COVERAGE	
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1. PANEL DEDUCTIBLE REQUIREMENT

A. Coverage Prior To This Modification

Under the Community Blue Group Benefits Certificate (Form Number 6225), with Rider CBD-P\$100 (Form Number 5775) an annual deductible of \$100 per member, \$200 per family, per calendar year is required.

B. Effect Of Adding This Modification

This modification **INCREASES** the annual deductible requirement for panel services to **\$175** for one member, **\$350** per family, per calendar year.

2. NON-PANEL DEDUCTIBLE REQUIREMENT

A. Coverage Prior To This Modification

Under the Community Blue Group Benefits Certificate (Form Number 6225), with Rider CBD-\$500-NP (Form Number 5786) an annual non-panel deductible of \$500 per member, \$1000 per family, per calendar year is required.

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2. **NON-PANEL DEDUCTIBLE REQUIREMENT
CONTINUED**

B. Effect Of Adding This Modification

This modification **DECREASES** the annual deductible requirement for non-panel services to **\$425** for one member, **\$850** per family; per calendar year.

3. **ANNUAL PANEL COPAYMENT MAXIMUM**

A. Coverage Prior To This Modification

Under the Community Blue Group Benefits Certificate (Form Number 6225), with Rider CB-CM-P\$1000 (Form Number 5824) an annual copayment maximum is of \$ 1000 per member, \$2000 per family is required for most covered services obtained from a panel provider.

B. Effect Of Adding This Modification

This modification **DECREASES** the panel out-of-pocket maximum to **\$825** per member, **\$1650** for per family per calendar year.

4. **ANNUAL NON-PANEL COPAYMENT MAXIMUM**

A. Coverage Prior To This Modification

Under the Community Blue Group Benefits Certificate (Form Number 6225), an annual non-panel copayment maximum is required of \$2000 per member, \$4000 per family, per calendar year.

B. Effect Of Adding This Modification

This modification **DECREASES** the non-panel out-of-pocket maximum to **\$1575** per member, **\$3150** per family, per calendar year.

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**5. PANEL DEDUCTIBLE AND COPAYMENT
REQUIREMENT**

A. Coverage Prior To This Modification

Under the Community Blue Group Benefits Certificate (Form Number 6225), with Rider CBD \$100-P (Form Number 5775) and Rider CBC 10%- P (Form Number 5756), most covered services are subject to panel and non panel deductible and copayment requirements.

B. Effect Of Adding This Modification

This modification **IMPOSES** panel deductible and copayment **only** for the following services:

- Outpatient hospital services
- Lab and pathology (outpatient and independent laboratory) ✓
- Outpatient diagnostic test and xrays
- Durable medical equipment and prosthetic and orthotic appliances
- Outpatient PT, ST and OT
- Outpatient consultations

6. OSTEOPATHIC MANIPULATIVE THERAPY

A. Coverage Prior To This Modification

Under the Community Blue Group Benefits Certificate (Form Number 6225), and CBC MT (Form Number 5580), \$15 copayment for each osteopathic manipulative treatment is required

B. Effect Of Adding This Modification

This modification: **REMOVES** the flat dollar copayment for osteopathic manipulative therapy, imposed by rider CBC MT

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8. ROUTINE MAMMOGRAMS -PANEL

A. Coverage Prior To This Modification

Under the Community Blue Group Benefits Certificate (Form Number 6225), routine mammogram is covered once per member, per calendar year whether performed by a panel or non-panel provider.

Covered benefits are subjects to the member's panel and non-panel cost-sharing requirements.

B. Effect Of Adding This Modification

This modification **REMOVES** the member's Panel cost sharing requirements for facility and professional routine mammograms. As a result BCBSM will pay 100% of its approved amount.