



# EXHIBIT 9



# Group Enrollment & Coverage Agreement

Independent licensees of the Blue Cross  
Blue Shield Association

## Part C - Coverage Selection

Customer ID: 102824

Group Name (Full Legal Name): CITY OF DETROIT - POLICE

Group(s) Covered: 81100-700

Benefit Requested Date: January 1, 2009

### Certificate/Rider Options:

Package: Non-Standard Traditional Med/Surg

#### MEDICAL/SURG.

##### Certificates/Riders

Comprehensive Hospital Care Certificate  
Professional Services Group Benefit Certificate

AS2944	ASC1862	BMT	CC	CLC
D45NM	ECIP	EF	ERT\$75	FAE-RC
FC	GLE-1	ML	OPC	OPPC2
PPNV1	PRFS	PSA	RM	RPS
SAT-2	SD	SOCT	TBHD	VST
XF				

Package: Non-Standard Traditional Med/Surg

#### MASTER/MEDICAL

##### Certificates/Riders

Master Medical Certificate Option 3

ASC2944	MMC3XD	MM-MHP
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Package: Non-Standard Drug

#### PRESCRIP. DRUG

##### Certificates/Riders

Pre and Rx Plan Certificate

MOFU2X	PD-BC \$10	PD-CR \$5	PRX-MM	XBPPE
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### SELECTED PACKAGES & OPTIONAL RIDERS

Medical/Surg.	Prescription Drug	Dental	Vision
Non-Standard Traditional Med/Surg	Non-Standard Drug		

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.

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 and the Group Health Plan

Date \_\_\_\_\_

Signature of BCBSM Rep

Date \_\_\_\_\_

Name of Agent

Date \_\_\_\_\_

Title of Underwriter/Group Administration

Date \_\_\_\_\_



# Group Enrollment & Coverage Agreement

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Part C con't (2)

<b>Group Name (Full Legal Name):</b> CITY OF DETROIT - POLICE	<b>Customer ID:</b> 102824
<b>Group(s) Covered:</b> 81100-700	
<b>Benefit Requested Date:</b> January 1, 2009	

Total Group Census:	Enrolling:	Not Enrolling:
<b>Total Employees:</b> 175,210	<b>Blue Enrolled - Active:</b> _____	<b>Enrolled, Other Carrier:</b> _____ <b>Identify Carrier:</b> _____
<b>Total Ineligible:</b> 0	<b>Other:</b> _____	<b>Covered by Spouse/Parent -</b> _____
<b>Part Time:</b> _____	<b>COBRA:</b> _____	<b>Blue:</b> _____
<b>Seasonal:</b> _____	<b>Retirees:</b> _____	<b>Non Blue:</b> _____
<b>Other:</b> _____ <b>Identify Segment:</b> _____		<b>Waiving Coverage:</b> _____
<b>Total Eligible:</b> 175,210		

(Blue Cross Blue Shield of Michigan Use Only)

**Business Type:** Benefit Change

<b>Effective Date:</b> January 1, 2009	<b>BCBSM Inventory Date:</b> May 1, 2000	<b>Control Code:</b> KC
<b>Billing Cycle Date:</b> 01	<b>Sales Office Code:</b> 611	<b>Cluster Code:</b> D622
<b>Current Rate Renewal Date:</b> July 1, 2008	<b>Mail Code:</b> 0712	<b>SIC Code:</b> 9131
<b>BCN Inventory Date:</b>	<b>Territory Code:</b> KC	<b>County Code:</b> 082



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# Benefit Descriptions

Printed on 10/02/2008

## Benefits for: CITY OF DETROIT - POLICE

List of Groups: 81100-700

Classification	Certificate/Rider	Number	Benefit Description
<u>Line of Business</u>	<u>MEDICAL/SURG.</u>		
	AS2944	8994	
	ASC1862	1395	
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	CC	2286	Adds facility benefits for convalescent care in Blue Cross Blue Shield approved skilled nursing care facilities. Coverage is limited to 730 days of care for the treatment of general conditions and 90 days for mental health care. Each two days of care takes away one day of available inpatient care days.
Convalescent and Long Term Illness Care			
Rider	CLC	0662	Adds physician benefits for convalescent care in Blue Cross Blue Shield-approved skilled nursing care facilities. Coverage is limited to two visits per week, per month, not to exceed 730 days of care for the treatment of general conditions and 90 days for mental health care.
Convalescent and Long Term Care			
Certificate	COMPS	0959	Provides basic hospital services in a semi-private room, covered at 100% of the Blue Cross Blue Shield approved amount, when received by participating hospitals or approved facilities. Coverage includes: <ul style="list-style-type: none"> <li>o 120 inpatient days for general medical conditions</li> <li>o 30 inpatient days for mental health care</li> <li>o Inpatient hospital services</li> <li>o Outpatient hospital care</li> </ul>
Comprehensive Hospital Care Certificate			
Rider	D45NM	2288	Increases the number of inpatient hospital days to 365 days for general medical conditions and 45 days for mental health care.
Increased General Medical and Mental Health Care Days			
Rider	ECIP	5216	Allows fully licensed psychologists with hospital privileges to receive direct reimbursement for certain covered inpatient mental health care services.
Extended Coverage for Inpatient Psychologists' Services			
Rider	EF	1991	Complements Medicare Part B benefits according to the benefit level provided under the group's regular coverage for members enrolled in Medicare.
Exact Fill			
Rider	ERTS75	2075	MNDINQ: THIS RIDER AMENDS ALL BCBSM BENEFIT CERTIFICATES THAT PROVIDE COVERAGE FOR HOSPITAL OR HOSPITAL AND FACILITY SERVICES:  OUTPATIENT HOSPITAL EMERGENCY ROOM:  ADDS A MEMBER COPAYMENT OF \$75 PER VISIT FOR SERVICES TO TREAT A MEDICAL EMERGENCY OR ACCIDENTAL INJURY IN AN OUTPATIENT HOSPITAL
ERT \$75			



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			EMERGENCY ROOM. THIS AMOUNT IS SEPARATE FROM, AND IN ADDITION TO, ANY DEDUCTIBLE OR COPAYMENT THAT MAY BE REQUIRED UNDER THE MEMBER'S CERTIFICATE.
			LIMITATIONS AND EXCLUSIONS: - THE COPAYMENT IS APPLIED ONLY TO COVERED HOSPITAL OR FACILITY SERVICES (NOT TO PROFESSIONAL SERVICES); - THE COPAYMENT IS NOT APPLIED TOWARDS ANY COPAYMENT MAXIMUM THAT MAY BE APPLICABLE UNDER THE MEMBER'S CERTIFICATE; - THE MEMBER IS REQUIRED TO PAY THIS COPAYMENT EVEN IF THE CERTIFICATE IS AMENDED BY RIDERS THAT WAIVE COPAYMENTS FOR OTHER SERVICES; NOTE: IF THE CERTIFICATE IS AMENDED BY RIDER CMM-SAB, THE COPAYMENT REQUIRED UNDER THIS RIDER IS APPLIED ONLY AFTER THRE SPECIFIC DOLLAR LIMIT OF RIDER CMM-SAB IS REACHED. - MEMBERS ARE REQUIRED TO PAY THIS COPAYMENT EVEN IF THEY HAVE PREFERRED PROVIDER ORGANIZATION (PPO) COVERAGE AND ARE TREATED FOR A MEDICAL EMERGENCY OR ACCIDENTAL INJURY BY A PANEL OR NON-PANEL PROVIDER; THE LIMITATIONS AND EXLUSIONS LISTED ALSO APPLY TO THE MEMBER'S CERTIFICATE IF IT IS AMENDED BY A RIDER TO INCLUDE THE PPO PROGRAM.
Emergency First Aid	F AE-RC (FAERC)	0218	Increases payment amount for accidental injuries from \$15 to the Blue Cross Blue Shield approved amount and adds benefits for the treatment of life-threatening medical emergencies.
Rider Family Continuation	FC	4655	Allows members to continue group coverage for dependant children between the ages of 19-25 when certain eligibility requirements are met. Member is responsible for the additional charge per family continuation member.
Rider General Limitations and Exclusions	GLE-1 (GLE1)	9930	Excludes benefits for services, care, devices, or supplies considered experimental or research in nature.
Rider Waiver of Member Liability	ML	1892	Waives the member liability of \$5 or 10% (whichever is greater) for laboratory, pathology, and radiology services.
Rider Outpatient Psychiatric Care	OPC	2290	Adds outpatient mental health care in Blue Cross Blue Shield-approved facilities, up to a maximum of \$400 per member per calendar year.
Rider Outpatient Psychiatric Care	OPPC2 (OPPC-2)	0665	Adds medical care for outpatient mental health in approved facilities or in a physician's office, up to a combined (with hospital benefits) maximum of \$400 per member per calendar year. Copays apply based on the number of visits.



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Classification	Certificate/Rider	Number	Benefit Description
Rider Pre- and Post-natal Visits	PPNV1 (PPNV-1)	4639	Adds physician benefits for pre- and post-natal care visits.
Rider Predetermination of Foot Surgery	PRFS	4975	Requires certain non-emergency surgical foot procedures to be preauthorized by Blue Cross Blue Shield before the services are performed. Member may be liable for all non-authorized services.
Rider Prostate Specific Antigen Screening	PSA	5140	Covers one prostate antigen screening laboratory test per member, per calendar year beginning at age 40. An independent (nonhospital) laboratory must bill laboratory services.
Certificate Professional Services Group Benefit Certificate	PSG	1879	Provides basic medical and surgical care covered at 100% of the Blue Cross Blue Shield approved amount. Coverage includes: o Unlimited visits for general medical conditions o 45 medical visits for mental health care o Surgical services including surgical and anesthesia o Obstetrical care - delivery only o Laboratory, pathology, and radiology services with a member liability of \$5 or 10% (whichever is greater) per test
Rider Mammograms	RM	7562	Adds benefits for one routine mammogram per calendar year. Services are subject to the copayments and deductibles required under the member's certificate for diagnostic services.
Rider Routine Pap Smear	RPS	4832	Adds laboratory and pathology services for routine pap smears, payable once in a 12-month period. Services are subject to the \$5 or 10% member liability for laboratory, pathology, and radiology services
Rider Substance Abuse Treatment Program Benefits	SAT-2 (SAT2)	4081	Adds rehabilitation care for substance abuse when performed in Blue Cross Blue Shield-approved facilities. Inpatient services are limited to the number of unused inpatient mental health care days. Outpatient facility services are payable up to the dollar minimum as determined by state law.
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.
Rider Voluntary Sterilization	VST	4664	Adds benefits for voluntary sterilization, regardless of medical necessity.
Rider Exact Fill	XF	0627	Complements Medicare Part A benefits according to the benefit level provided under the group's regular coverage for members enrolled in Medicare.



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Benefits for: **CITY OF DETROIT - POLICE**

List of Groups: 81100-700

Classification	Certificate/Rider	Number	Benefit Description
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## Benefits for: CITY OF DETROIT - POLICE

List of Groups: 81100-700

Classification	Certificate/Rider	Number	Benefit Description
<u>Line of Business</u>	<u>MASTER/MEDICAL</u>		
	ASC2944	8994	
	MM-MHP (MHP365)	5522	Eliminates annual and lifetime maximums for mental health care.
Mental Health Parity			
Certificate	MMC3 (MMC3D)	MMPD	Provides additional benefits for services not covered under the basic plan up to a lifetime maximum of \$1 million per member. Benefits are subject to a \$50 per member (\$100 per family) deductible each calendar year. Members are also responsible for a 20% copay for general medical services and a 50% copay for outpatient mental health care and private duty nursing.
Master Medical Certificate Option 3			
	MMC3XD	MMPD	MNDINQ: MASTER MEDICAL CATASTROPHIC OPTION III BENEFITS (EXACT FILL FOR COMPLEMENTARY):  EXTENDED BENEFITS - ADDITIONAL PERIOD OF DAYS FOR INPATIENT HOSPITAL CARE FOR GENERAL CONDITIONS - NOT SUBJECT TO DEDUCTIBLES OR COPAYMENTS.  ADDITIONAL BENEFITS - SUBJECT TO DEDUCTIBLE AND COPAYMENTS AS FOLLOWS:  CALENDAR YEAR DEDUCTIBLE: \$50 PER INDIVIDUAL: \$100 PER FAMILY *FOURTH QUARTER CARRY-OVER PROVISIONS APPLY COINSURANCE: 20% FOR GENERAL MEDICAL SERVICES 50% FOR MENTAL DISORDERS AND PRIVATE DUTY NURSING STOP-LOSS: \$1,000 PER CONTRACT (MENTAL HEALTH AND PRIVATE DUTY NURSING SERVICES DO NOT APPLY/CONTRIBUTE TO THE STOP-LOSS AMOUNT).  LIFETIME MAXIMUM: TOTAL LIFETIME MAXIMUM FOR EXTENDED ADDITIONAL BENEFITS IS \$1,000,000 PER MEMBER.  MENTAL HEALTH CARE MAXIMUMS PER MEMBER:  COMBINED INPATIENT AND OUTPATIENT - \$15,000 ONE YEAR; \$30,000 TWO OR MORE YEARS (LIFETIME).  OUTPATIENT - \$2,000 ONE YEAR; \$5,000 TWO OR MORE YEARS (LIFETIME).
Catastrophic			



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Classification	Certificate/Rider	Number	Benefit Description
			<p>MASTER MEDICAL CATASTROPHIC BENEFITS ARE COVERED WHEN MEDICALLY NECESSARY. ALL SERVICES ARE SUBJECT TO BLUE CROSS AND BLUE SHIELD OF MICHIGAN PRICING CRITERIA AND MEDICAL POLICY.</p> <p>ADDITIONAL BENEFITS ARE AS FOLLOWS (20% COPAYMENT):</p> <ul style="list-style-type: none"> <li>- HOME, OFFICE AND OUTPATIENT VISITS</li> <li>- CHIROPRACTIC CARE: ACUTE-20 VISITS DURING FIRST 90 DAYS; 2 PER MONTH THEREAFTER FOR CHRONIC CONDITIONS); REFER TO CBR (ON-LINE REF) FOR O.V. LIMITS.</li> <li>- PHYSICAL THERAPY SERVICES</li> <li>- SPEECH THERAPY SERVICES</li> <li>- ALLERGY TESTING AND INJECTIONS</li> <li>- GROUND AND AIR AMBULANCE</li> <li>- EMERGENCY FIRST AID AND QUALIFYING MEDICAL EMERGENCIES</li> <li>- DME (RENTAL AND PURCHASE)</li> <li>- P&amp;O</li> <li>- DENTAL SERVICES FOR ACCIDENTAL INJURIES</li> <li>- BLOOD (FOR TRANSFUSIONS)</li> <li>- PRE-AND POST NATAL VISITS (WHEN NOT COVERED UNDER BASIC)</li> <li>- OXYGEN AND OTHER THERAPEUTIC GASES</li> </ul> <p>EXCLUSION: PRESCRIPTION DRUGS ARE NOT A BENEFIT UNDER THIS MASTER MEDICAL PROG.</p> <p>ADDITIONAL SERVICES (50% COPAYMENT):</p> <ul style="list-style-type: none"> <li>- MENTAL HEALTH DISORDERS (INPATIENT AND OUTPATIENT)</li> <li>- PRIVATE DUTY NURSING SERVICES</li> </ul>



## Benefits for: CITY OF DETROIT - POLICE

List of Groups: 81100-700

Classification	Certificate/Rider	Number	Benefit Description
<u>Line of Business</u>	<u>PRESCRIP. DRUG</u>		
Rider	MOPD2X	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"> <li>- supplied to cover up to 34 days</li> <li>- supplied to cover between 35 and 90 days</li> </ul> <p>The copay is doubled for prescriptions covering more than a 34-day supply:</p> <ul style="list-style-type: none"> <li>- for a fixed dollar copay, the member pays two times that amount</li> <li>- for a percentage copay with a minimum dollar requirement, the minimum dollar requirement is doubled (the percentage remains the same)</li> <li>- for a percentage copay with a minimum and maximum dollar requirement, the minimum and maximum dollar requirements are doubled (the percentage remains the same)</li> </ul>
Certificate	PDRX	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	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>
	PD-BC \$10 (RBC105)	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>
Rider	PD-CR \$5 (RX5)	3506	<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>
Rider	XPPE	2479	<p>Amends all certificates that include prescription drug coverage (except Master Medical and MESSA certificates)</p> <p>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.</p>



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of Groups: 81100-700

Classification	Certificate/Rider	Number	Benefit Description
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*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.*