

EXHIBIT 9C

BLUE CROSS AND BLUE SHIELD OF MICHIGAN

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TO: DISTRIBUTION

CODE:

SUBJECT CITY OF DETROIT

FROM: PRODUCT DEVELOPMENT
AND MANAGEMENT

CODE: 1845

DATE: MAY 26, 2006

REVISED: June 26, 2006

REVISED: May 2, 2007

REVISION

ASC PLAN MODIFICATION 2944
FORM NUMBER 8994

CITY OF DETROIT
EFFECTIVE 07/15/06

This modification has been revised to change the effective date and the Master Medical certificate being amended.

Specifications for ASC Plan Modification 2944 are attached.

This modification has been developed for members of the CITY OF DETROIT account enrolled in Group Number 81100, Suffixes: 700 and 701; Group Number 81101, Suffixes 700 and 701.

This modification amends Master Medical Supplemental Benefit Certificate Catastrophic Coverage Plan Option 5 and Riders RM and PSA.

Bmc

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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PRODUCT AND DEVELOPMENT SERVICES DEPARTMENT
COVERAGE SPECIFICATIONS

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REVISED 06/26/06
REVISED 05/02/07

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GENERAL PURPOSE

The purpose of this form is to identify benefit plan provisions adopted for members of the **CITY OF DETROIT** account enrolled in **Group Number 81100, Suffixes: 700 and 701, Group 81101, Suffixes 700 and 701.**

This modification amends:

- Master Medical Supplemental Benefit Certificate Catastrophic Coverage Plan Option 5 (Form Number 4834)
- Rider RM (Form Number 7562)
- Rider PSA (Form Number 5140)

EFFECT ON COVERAGE

1. ROUTINE MAMMOGRAMS

A. Coverage Prior To This Modification

Rider RM (Form Number 7562) adds benefits for *routine* mammograms subject to the following limitations:

- one baseline mammogram for a patient between the ages of 35 and 40 years old.
- one mammogram per calendar year for a patient 40 years or older.

Services are subject to the member's cost sharing requirements.

B. Effect of Adding This Modification

This modification **REMOVES** age limits for routine mammograms and **IMPOSES** a frequency limit of once, per 12 month period.

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EFFECT
ON
COVERAGE

2. PROSTATE SPECIFIC ANTIGEN TEST (PSA)

A. Coverage Prior To This Modification

Under the Rider PSA (Prostate Specific Antigen Test) (Form Number 5140), the Prostate Specific Antigen screening laboratory test is covered, once per member per calendar year beginning at age 40.

B. Effect Of Adding This Modification

This modification **REMOVES** the age limit for the PSA test and **IMPOSES** a frequency limit of once per 12 month period.

3. MEMBER DEDUCTIBLE REQUIREMENT: (MASTER MEDICAL -ADDITIONAL BENEFITS)

A. Coverage Prior To This Modification

Under the Master Medical Supplemental Catastrophic Benefit Certificate Option 5 (Form Number 4834), benefits are subject to a \$150 per member; \$300 per family deductible requirement for covered services identified in the certificate as Additional Benefits.

B. Effect Of Adding This Modification

This modification **INCREASES** the deductibles to \$175 per member; \$350 per family per calendar year.

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EFFECT
ON
COVERAGE

**4. MEMBER COPAYMENT MAXIMUM REQUIREMENT
ADDITIONAL BENEFITS;**

A. Coverage Prior To This Modification

Under the Master Medical Supplemental Catastrophic Benefit Certificate Option 5 (Form Number 4834), copayments for all services (excluding mental health and private duty nursing copays) are subject to copayment maximum of \$1000 per contract, per calendar year.

B. Effect Of Adding This Modification

This modification **INCREASES** and **CHANGES** the copayment maximum to **\$825** per member, **\$1650** per family per calendar year.