

Rate Exhibit



Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/TI Quote No: 6830
 Plan: ADMIN - HSA MIN OPT 3.85% Agent Name: PRIORITY HEALTH LARGE BUSIN
 Effective Date: 01/01/2014 Group No: 775098 Commission:
 Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Product [NonGrandfathered HCR]	POS HSA	Riders
Copay Type	Standard	DME/P&O Coins: 80%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	80%	Rx includes Contraceptives
Out of Network	60%	
Deductible		
Individual - In Network	\$1,250	
Family - In Network	\$2,500	
Individual - Out of Network	\$3,000	
Family - Out of Network	\$6,000	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$4,000	
Family - Out of Network	\$8,000	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

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Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$15	100%	\$15
Rx Preferred Brand	\$50	100%	\$50
Rx Non-preferred Brand	\$50	100%	\$50
Rx Preferred Specialty	\$50	100%	\$50
Rx Non-preferred Specialty	\$50	100%	\$50

	Single	Double	Family
Premium	\$356.63	\$784.51	\$1,034.08
Participants	6	10	25
Sponsored Dep	\$427.96		
Summary	Participants	41	
	Monthly Cost	\$35,836.88	
	Annual Cost	\$430,042.56	
	PEPM	\$874.07	

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit



Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/TI **Quote No:** 5921
Plan: ADMIN - HSA MIN OPT1 7.64% **Agent Name:** PRIORITY HEALTH LARGE BUSIN
Effective Date: 01/01/2014 **Group No:** 775098 **Commission:**
Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Product [NonGrandfathered HCR]	POS HSA	Riders
Copay Type	Standard	DME/P&O Coins: 90%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	90%	Rx includes Contraceptives
Out of Network	70%	
Deductible		
Individual - In Network	\$1,250	
Family - In Network	\$2,500	
Individual - Out of Network	\$3,000	
Family - Out of Network	\$6,000	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$4,000	
Family - Out of Network	\$8,000	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$80	100%	\$80

	Single	Double	Family
Premium	\$369.65	\$813.16	\$1,071.84
Participants	6	10	25
Sponsored Dep	\$443.58		
Summary	Participants	41	
	Monthly Cost	\$37,145.50	
	Annual Cost	\$445,746.00	
	PEPM	\$905.99	

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

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Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/TI **Quote No:** 5921
Plan: ADMIN - HSA MIN OPT2 7.90% **Agent Name:** PRIORITY HEALTH LARGE BUSIN
Effective Date: 01/01/2014 **Group No:** 775098 **Commission:**
Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Product [NonGrandfathered HCR]	POS HSA	Riders
Copay Type	Standard	DME/P&O Coins: 90%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	90%	Rx includes Contraceptives
Out of Network	70%	
Deductible		
Individual - In Network	\$1,250	
Family - In Network	\$2,500	
Individual - Out of Network	\$3,000	
Family - Out of Network	\$6,000	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$4,000	
Family - Out of Network	\$8,000	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$370.54	\$815.11	\$1,074.42
Participants	6	10	25
Sponsored Dep	\$444.65		
Summary	Participants	41	
	Monthly Cost	\$37,234.84	
	Annual Cost	\$446,818.08	
	PEPM	\$908.17	

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

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Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/TI **Quote No:** 5921
Plan: ADMIN - HSA MID OPT2 5.79% **Agent Name:** PRIORITY HEALTH LARGE BUSIN
Effective Date: 01/01/2014 **Group No:** 775098 **Commission:**
Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Product [NonGrandfathered HCR]	POS HSA	Riders
Copay Type	Standard	DME/P&O Coins: 100%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	100%	Rx includes Contraceptives
Out of Network	80%	
Deductible		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$3,500	
Family - Out of Network	\$7,000	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$4,000	
Family - In Network	\$8,000	
Individual - Out of Network	\$5,500	
Family - Out of Network	\$11,000	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$80	100%	\$80

	Single	Double	Family
Premium	\$363.28	\$799.14	\$1,053.37
Participants	6	10	25
Sponsored Dep	\$435.94		
Summary	Participants	41	
	Monthly Cost	\$36,505.33	
	Annual Cost	\$438,063.96	
	PEPM	\$890.37	

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

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Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/TI Quote No: 5921
 Plan: ADMIN - HSA MID OPT3 5.77% Agent Name: PRIORITY HEALTH LARGE BUSIN
 Effective Date: 01/01/2014 Group No: 775098 Commission:
 Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Product [NonGrandfathered HCR]	POS HSA	Riders
Copay Type	Standard	DME/P&O Coins: 100%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	100%	Rx includes Contraceptives
Out of Network	80%	
Deductible		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$3,500	
Family - Out of Network	\$7,000	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$4,000	
Family - In Network	\$8,000	
Individual - Out of Network	\$5,500	
Family - Out of Network	\$11,000	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$15	100%	\$15
Rx Preferred Brand	\$50	100%	\$50
Rx Non-preferred Brand	\$50	100%	\$50
Rx Preferred Specialty	\$50	100%	\$50
Rx Non-preferred Specialty	\$50	100%	\$50

	Single	Double	Family
Premium	\$363.22	\$799.01	\$1,053.19
Participants	6	10	25
Sponsored Dep	\$435.86		
Summary	Participants	41	
	Monthly Cost	\$36,499.17	
	Annual Cost	\$437,990.04	
	PEPM	\$890.22	

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit



Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/TI **Quote No:** 6939
Plan: ADMIN-POS 80 1/2kded 25/5kOOP +14.10% **Agent Name:** PRIORITY HEALTH LARGE BUSIN
Effective Date: 01/01/2014 **Group No:** 775098 **Commission:**
Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Product [NonGrandfathered HCR]	POS Standard	Riders
Copay Type	Tiered	DME/P&O Coins: 80%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	80%	Rx includes Contraceptives
Out of Network	60%	
Deductible		
Individual - In Network	\$1,000	
Family - In Network	\$2,000	
Individual - Out of Network	\$2,000	
Family - Out of Network	\$4,000	
Coinsurance Max		
Individual - In Network	\$2,500	
Family - In Network	\$5,000	
Individual - Out of Network	\$5,000	
Family - Out of Network	\$10,000	
With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below		
Office Visit (PCP) Copay	\$25	
Specialist Copay	\$40	
Urgent Care Copay	\$75	
Emergency Room Copay	\$150	
Ambulance Copay	\$150	
High Tech Imaging Copay	\$150	

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$391.83	\$861.95	\$1,136.15
Participants	6	10	25
Sponsored Dep	\$470.20		
Summary	Participants	41	
	Monthly Cost	\$39,374.23	
	Annual Cost	\$472,490.76	
	PEPM	\$960.35	

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit



Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/TI Quote No: 6939
 Plan: ADMIN-POS 80 750/1500ded 2/4OOP +17.55 Agent Name: PRIORITY HEALTH LARGE BUSIN
 Effective Date: 01/01/2014 Group No: 775098 Commission:
 Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Product [NonGrandfathered HCR]	POS Standard	Riders
Copay Type	Tiered	DME/P&O Coins: 80%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	80%	Rx includes Contraceptives
Out of Network	60%	
Deductible		
Individual - In Network	\$750	
Family - In Network	\$1,500	
Individual - Out of Network	\$1,500	
Family - Out of Network	\$3,000	
Coinsurance Max		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$4,000	
Family - Out of Network	\$8,000	
With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below		
Office Visit (PCP) Copay	\$25	
Specialist Copay	\$40	
Urgent Care Copay	\$75	
Emergency Room Copay	\$150	
Ambulance Copay	\$150	
High Tech Imaging Copay	\$150	

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$403.68	\$888.02	\$1,170.51
Participants	6	10	25
Sponsored Dep	\$484.42		
Summary	Participants	41	
	Monthly Cost	\$40,565.03	
	Annual Cost	\$486,780.36	
	PEPM	\$989.39	

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit



Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/TI Quote No: 6939
 Plan: ADMIN-POS 80 1/2kded 15/3kOOP +15.57% Agent Name: PRIORITY HEALTH LARGE BUSIN
 Effective Date: 01/01/2014 Group No: 775098 Commission:
 Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Product [NonGrandfathered HCR]	POS Standard	Riders
Copay Type	Tiered	DME/P&O Coins: 80%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	80%	Rx includes Contraceptives
Out of Network	60%	
Deductible		
Individual - In Network	\$1,000	
Family - In Network	\$2,000	
Individual - Out of Network	\$2,000	
Family - Out of Network	\$4,000	
Coinsurance Max		
Individual - In Network	\$1,500	
Family - In Network	\$3,000	
Individual - Out of Network	\$3,000	
Family - Out of Network	\$6,000	
With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below		
Office Visit (PCP) Copay	\$25	
Specialist Copay	\$40	
Urgent Care Copay	\$75	
Emergency Room Copay	\$150	
Ambulance Copay	\$150	
High Tech Imaging Copay	\$150	

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$396.85	\$872.99	\$1,150.71
Participants	6	10	25
Sponsored Dep	\$476.22		
Summary	Participants	41	
	Monthly Cost	\$39,878.75	
	Annual Cost	\$478,545.00	
	PEPM	\$972.65	

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit



Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/TI Quote No: 6939
 Plan: ADMIN-POS 80 750/1500ded 25/5KOOP +16.18 Agent Name: PRIORITY HEALTH LARGE BUSINI
 Effective Date: 01/01/2014 Group No: 775098 Commission:
 Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Product [NonGrandfathered HCR]	POS Standard	Riders
Copay Type	Tiered	DME/P&O Coins: 80%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	80%	Rx includes Contraceptives
Out of Network	60%	
Deductible		
Individual - In Network	\$750	
Family - In Network	\$1,500	
Individual - Out of Network	\$1,500	
Family - Out of Network	\$3,000	
Coinsurance Max		
Individual - In Network	\$2,500	
Family - In Network	\$5,000	
Individual - Out of Network	\$5,000	
Family - Out of Network	\$10,000	
With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below		
Office Visit (PCP) Copay	\$25	
Specialist Copay	\$40	
Urgent Care Copay	\$75	
Emergency Room Copay	\$150	
Ambulance Copay	\$150	
High Tech Imaging Copay	\$150	

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$401.39	\$882.98	\$1,163.87
Participants	6	10	25
Sponsored Dep	\$481.67		
Summary	Participants	41	
	Monthly Cost	\$40,334.89	
	Annual Cost	\$484,018.68	
	PEPM	\$983.78	

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit



Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/TI Quote No: 6972
 Plan: ADMIN - Trad 100/70 Agent Name: PRIORITY HEALTH LARGE BUSIN
 Effective Date: 01/01/2014 Group No: 775098 Commission:
 Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Product [NonGrandfathered HCR]	POS Standard	Riders
Copay Type	Tiered	DME/P&O Coins: 100%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	100%	Rx includes Contraceptives
Out of Network	70%	
Deductible		
Individual - In Network	\$750	
Family - In Network	\$1,500	
Individual - Out of Network	\$1,500	
Family - Out of Network	\$3,000	
Coinsurance Max		
Individual - In Network	\$0	
Family - In Network	\$0	
Individual - Out of Network	\$4,000	
Family - Out of Network	\$8,000	
With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below		
Office Visit (PCP) Copay	\$40	
Specialist Copay	\$55	
Urgent Care Copay	\$75	
Emergency Room Copay	\$150	
Ambulance Copay	\$150	
High Tech Imaging Copay	\$150	

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
Rx Generic	\$15	100%	\$15
Rx Preferred Brand	\$50	100%	\$50
Rx Non-preferred Brand	\$50	100%	\$50
Rx Preferred Specialty	\$50	100%	\$50
Rx Non-preferred Specialty	\$50	100%	\$50

	Single	Double	Family
Premium	\$427.71	\$940.88	\$1,240.19
Participants	6	10	25
Sponsored Dep	\$513.25		
Summary	Participants	41	
	Monthly Cost	\$42,979.81	
	Annual Cost	\$515,757.72	
	PEPM	\$1,048.29	

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit



Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/TI **Quote No:** 5921
Plan: ADMIN - HSA MIN OPT3 4.11% **Agent Name:** PRIORITY HEALTH LARGE BUSIN
Effective Date: 01/01/2014 **Group No:** 775098 **Commission:**
Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Product [NonGrandfathered HCR]	POS HSA	Riders
Copay Type	Standard	DME/P&O Coins: 80%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	80%	Rx includes Contraceptives
Out of Network	60%	
Deductible		
Individual - In Network	\$1,250	
Family - In Network	\$2,500	
Individual - Out of Network	\$3,000	
Family - Out of Network	\$6,000	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$4,000	
Family - Out of Network	\$8,000	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$357.50	\$786.43	\$1,036.61
Participants	6	10	25
Sponsored Dep	\$429.00		
Summary	Participants	41	
	Monthly Cost	\$35,924.55	
	Annual Cost	\$431,094.60	
	PEPM	\$876.21	

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.