



Rate Exhibit

Employer Group Traverse City Area Public Schools
 Product POS
 Rate Period 2nd Quarter 2008 Estimated

Notes:

Plan Components

Base Plan

POS #1 100% Preferred / 80% Alternate Coinsurance

Office Visit

\$10 Office Visit Copay

Medical Deductible

\$100 Individual / \$200 Family Preferred Medical Deductible

Rx Copay

\$10 Generic / \$30 Brand Rx Copay Including Contraceptives, mail-order 2x retail copay

Rx Miscellaneous

Mail-order Rx - 90 Day Supply at 1 Times Copay

Emergency Room

Emergency Room \$50 Copay

Ambulance

Ambulance \$0 Copay

DME

Durable Medical Equipment 0% Copay

P&O

Prosthetics & Orthotics 0% Copay

Alternate Medical Deductible

\$500 Individual / \$1,000 Family Alternate Medical Deductible

Alternate Out-of-Pocket Maximum

\$2,500 Individual / \$5,000 Family Maximum Alternate Out-of-Pocket - POS 1

Alternate Lifetime Maximum

Alternate \$1 Million Lifetime Maximum

	Single	Double	Family
Totals	\$441.25	\$973.44	\$1,192.67
Participants	39	32	45

Summary

Participants	116
Monthly Cost	\$102,028.57
Annual Cost	\$1,224,342.89

Notes:

1. Final premium rates will vary slightly due to rounding.
2. Priority Health's POS plans may not coexist with other carriers.
3. If two Priority Health plan designs coexist, there must be two or more differences in preferred base coinsurance, deductible, office visit copay, and/or Rx copay. 10 or more must enroll in each offered plan design.

Other restrictions apply. Please contact your Priority Health Sales Representative for plan design approval and actual rates prior to finalizing the proposal or renewal. Priority Health is not liable for agent or employer group errors.

TCLASH
 RID #3
 10/30/08