

# Rate Exhibit



Employer Group: TRAVERSE CITY AREA PUBLIC SCHOOLS - ADMIN/T  
 Plan: TCAA- HSA MIN OPT1 15.05%  
 Effective Date: 01/01/2014  
 Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

Quote No: 5921  
 Agent Name: PRIORITY HEALTH LARGE BUSIN  
 Commission:

Group No: 775098

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	\$369.05	\$811.84	\$1,072.42
Participants	2	3	15
Sponsored Dep	\$442.86		
Summary	Participants	20	
	Monthly Cost	\$19,259.92	
	Annual Cost	\$231,119.04	
	PEPM	\$963.00	

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: TCAA- HSA MIN OPT2 15.32% 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	\$369.93	\$813.77	\$1,074.98
Participants	2	3	15
Sponsored Dep	\$443.92		
Summary	Participants	20	
	Monthly Cost	\$19,305.87	
	Annual Cost	\$231,670.44	
	PEPM	\$965.29	

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:** TCAA- HSA MID OPT2 13.06%      **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	\$362.68	\$797.82	\$1,053.91
Participants	2	3	15
Sponsored Dep	\$435.22		
Summary	Participants	20	
	Monthly Cost	\$18,927.47	
	Annual Cost	\$227,129.64	
	PEPM	\$946.37	

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: TCAA- HSA MID OPT3 13.04% 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	\$362.63	\$797.71	\$1,053.77
Participants	2	3	15
Sponsored Dep	\$435.16		
Summary	Participants	20	
	Monthly Cost	\$18,924.94	
	Annual Cost	\$227,099.28	
	PEPM	\$946.25	

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: TCAA- HSA MID OPT1 13.30% 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

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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	\$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	\$363.44	\$799.50	\$1,056.12
Participants	2	3	15
Sponsored Dep	\$436.13		
Summary	Participants	20	
	Monthly Cost	\$18,967.18	
	Annual Cost	\$227,606.16	
	PEPM	\$948.36	

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/T  
**Plan:** TCAA- Trad 100/70  
**Effective Date:** 01/01/2014  
**Rating Segment:** ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA  
**Quote No:** 6972  
**Agent Name:** PRIORITY HEALTH LARGE BUSIN  
**Group No:** 775098  
**Commission:**

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	\$427.00	\$939.31	\$1,240.82
Participants	2	3	15
Sponsored Dep	\$512.40		
Summary	Participants	20	
	Monthly Cost	\$22,284.23	
	Annual Cost	\$267,410.76	
	PEPM	\$1,114.21	

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/T  
 Plan: TCAA-POS 80 750/1500ded 25/5kOOP +24.92  
 Effective Date: 01/01/2014  
 Rating Segment: ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA  
 Quote No: 6939  
 Agent Name: PRIORITY HEALTH LARGE BUSIN  
 Group No: 775098  
 Commission:

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	\$400.73	\$881.53	\$1,164.48
Participants	2	3	15
Sponsored Dep	\$480.88		
Summary	Participants	20	
	Monthly Cost	\$20,913.25	
	Annual Cost	\$250,959.00	
	PEPM	\$1,045.66	

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:** TCAA-POS 80 1/2kded 15/3kOOP +23.51      **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	\$396.20	\$871.56	\$1,151.32
Participants	2	3	15
Sponsored Dep	\$475.44		
<b>Summary</b>	Participants	20	
	Monthly Cost	\$20,676.88	
	Annual Cost	\$248,122.56	
	PEPM	\$1,033.84	

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: TCAA-POS 80 750/1500ded 2/4kOOP +25.64

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 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	\$403.02	\$886.56	\$1,171.14
Participants	2	3	15
Sponsored Dep	\$483.62		
Summary	Participants	20	
	Monthly Cost	\$21,032.82	
	Annual Cost	\$252,393.84	
	PEPM	\$1,051.64	

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/T  
**Plan:** TCAA-POS 80 1/2kded 25/5kOOP +21.95  
**Effective Date:** 01/01/2014  
**Rating Segment:** ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

**Quote No:** 6939  
**Agent Name:** PRIORITY HEALTH LARGE BUSIN  
**Group No:** 775098  
**Commission:**

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	\$391.19	\$860.54	\$1,136.76
Participants	2	3	15
Sponsored Dep	\$469.43		
Summary	Participants	20	
	Monthly Cost	\$20,415.40	
	Annual Cost	\$244,984.80	
	PEPM	\$1,020.77	

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: 6830

Plan: TCAA- HSA MIN OPT 10.99%

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	\$356.04	\$783.22	\$1,034.62
Participants	2	3	15
Sponsored Dep	\$427.25		
Summary	Participants	20	
	Monthly Cost	\$18,581.04	
	Annual Cost	\$222,972.48	
	PEPM	\$929.05	

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/T  
**Plan:** ADMIN - HSA MID OPT1 6.01%  
**Effective Date:** 01/01/2014  
**Rating Segment:** ACTIVE - NON-AFFILIATED ADMIN HSA, ACTIVE - TCCA HSA

**Quote No:** 5921  
**Agent Name:** PRIORITY HEALTH LARGE BUSIN  
**Group No:** 775098  
**Commission:**

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	\$40	100%	\$40
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$364.04	\$800.82	\$1,055.57
Participants	6	10	25
Sponsored Dep	\$436.85		
Summary	Participants	41	
	Monthly Cost	\$36,581.69	
	Annual Cost	\$438,980.28	
	PEPM	\$892.24	

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: TCAA- HSA MIN OPT3 11.26% 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	\$356.91	\$785.13	\$1,037.14
Participants	2	3	15
Sponsored Dep	\$428.29		
Summary	Participants	20	
	Monthly Cost	\$18,626.31	
	Annual Cost	\$223,515.72	
	PEPM	\$931.32	

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