

For contract # 71108

	CURRENT	QUOTE # 1	QUOTE # 2	QUOTE # 3	QUOTE # 4
242A-TEACH,COUN,SOC WO SE	Quote ID: 00039401 Choices II	Quote ID: 00039404 Choices II \$10/20 Rx	Quote ID: 00039402 Choices II - 31 (see attached)		
HEALTH PLAN:					
RATE:	\$1,212.97	\$1,093.36	\$1,029.59		
HEALTH PLAN RIDER:					
RATE:					
HEALTH PLAN RIDER:					
RATE:					
LTD BENEFIT:					
MAX MONTHLY BENEFIT:					
QUALIFYING PERIOD:					
ELIMINATION PERIOD:					
COLA:					
ALCOHOLISM DRUG:					
MENTAL/NERVOUS:					
MINIMUM PAYOUT:					
PRE-EXISTING LIMITS:					
SOCIAL SECURITY OFFSET:					
SURVIVOR INCOME BENEFIT:					
FREEZE ON OFFSET:					
EDUCATION SUPPLEMENT:					
OWN OCCUPATION:					
RATE:					
LIFE VOLUME w/AD&D	Life volume requested \$10,000.00	Life volume requested \$10,000.00	Life volume requested \$10,000.00		
RATE:	\$1.80	\$1.80	\$1.80		
DEPENDENT LIFE					
RATE:					
VISION PLAN	VSP 2	VSP 2	VSP 2		
RATE:	\$13.83	\$13.83	\$13.83		
DENTAL PLAN: ANNUAL MAX:	90/70/70 \$1,500.00 Class I, I 0-\$0.00 Class IV Lifetime Maximum Two Cleanings Per Year Sealants - Yes No Adult Ortho	90/70/70 \$1,500.00 Class I, II, III A 0-\$0.00 Class IV Lifetime Maximum Two Cleanings Per Year Sealants - Yes No Adult Orthodontic	90/70/70 \$1,500.00 Class I, II, III 0-\$0.00 Class IV Lifetime Maximum Two Cleanings Per Year Sealants - Yes No Adult Orthodontic		
Note: Class I/II/III is an Annual Max. Class IV is a Lifetime Max.					
RATE:	\$81.54	\$81.54	\$81.54		
TOTAL PAK RATE:	\$1,310.14	\$1,190.53	\$1,126.76		

Rates change on July 1 of each year. The above quotes are based on the specified census and benefits. Any modifications will result in different rates

242A-TEACH,COUN,SOC WO SE	CURRENT Quote ID: 00039401	QUOTE # 1 Quote ID: 00039404	QUOTE # 2 Quote ID: 00039402	QUOTE # 3 Quote ID:	QUOTE # 4 Quote ID:
HEALTH PLAN: RATE:					
HEALTH PLAN RIDER: RATE:					
HEALTH PLAN RIDER: RATE:					
LTD BENEFIT:					
MAX MONTHLY BENEFIT:					
QUALIFYING PERIOD:					
ELIMINATION PERIOD:					
COLA:					
ALCOHOLISM/DRUG:					
MENTAL/NERVOUS:					
MINIMUM PAYOUT:					
PRE-EXISTING LIMITS:					
SOCIAL SECURITY OFFSET:					
SURVIVOR INCOME BENEFIT:					
FREEZE ON OFFSET:					
EDUCATION SUPPLEMENT:					
OWN OCCUPATION: RATE:					
LIFE VOLUME w/AD&D RATE:	Life volume requested \$25,000.00 \$4.50	Life volume requested \$25,000.00 \$4.50	Life volume requested \$25,000.00 \$4.50		
DEPENDENT LIFE RATE:					
VISION PLAN RATE:	VSP 2 \$14.70	VSP 2 \$14.70	VSP 2 \$14.70		
DENTAL PLAN: ANNUAL MAX:	90/70/70 \$1,500.00 Class I, I 0-\$0.00 Class IV Lifetime Maximum Two Cleanings Per Year Sealants - Yes No Adult Ortho	90/70/70 \$1,500.00 Class I, II, III A 0-\$0.00 Class IV Lifetime Maximum Two Cleanings Per Year Sealants - Yes No Adult Orthodontic	90/70/70 \$1,500.00 Class I, II, III 0-\$0.00 Class IV Lifetime Maximum Two Cleanings Per Year Sealants - Yes No Adult Orthodontic		
Note: Class I/II/III is an Annual Max, Class IV is a Lifetime Max.					
TOTAL PAK RATE: RATE:	\$79.36 \$98.56	\$79.36 \$98.56	\$79.36 \$98.56		

Rates change on July 1 of each year. The above quotes are based on the specified census and benefits. Any modifications will result in different rates

PRIORITYPOSSM OPTION RATE EXHIBIT

Proposal for: Traverse City Area Public Schools - TCEA

Effective Date: July 1, 2009 through June 30, 2010

Rate Guarantee: For 12 months from the effective date of coverage, or to the renewal date of the traditional carrier, whichever is sooner.

Benefit Level: Basic agreement with: \$10 Office Visit Copayment
 100% Hospital Coverage for Preferred Benefit
 80/20% Hospital Coverage for Alternate Benefit

Deductible: \$100/\$200 Medical Deductible for Preferred Benefit
 \$250/\$500 Medical Deductible for Alternate Benefit

Riders: \$10/\$20/\$50 Prescription Drug Copayment with Contraceptive Medications
 90 Day Mail Order Supply at 1 Times Rx Copayment
 100% Prosthetic & Orthotics Coverage
 100% Durable Medical Equipment Coverage
 \$50 Emergency Room Copayment
 \$0 Ambulance Copayment
 \$2,500/\$5,000 Out-of-Pocket Maximum for Alternate Benefit
 Unlimited Individual Lifetime Maximum for Preferred Benefit
 \$1,000,000 Individual Lifetime Maximum for Alternate Benefit

Monthly Rate:

Single	Double	Family	Spons Dep
\$398.71	\$877.19	\$1,156.30	\$478.45

PRIORITY HEALTH
Tina Poindexter
 Tina Poindexter
 Senior Account Manager
 February 6, 2009

- Rates are subject to approval by the Office of Financial and Insurance Regulation (OFIR).
- Priority Health reserves the right to withdraw this rate exhibit up to the effective date of coverage should the account fail to meet minimum underwriting standards.

The offering of the Point of Service Product requires that no more than 10% of the eligible and enrolled employees live outside the service area.

A decision on the benefit level for renewal of Priority Health must be received by the 1st of the month prior to the renewal date. If no decision is received, the plan will automatically renew at the current benefit level and benefits cannot be changed mid plan year.

TCEA Bid #4

PRIORITYPOSSM OPTION RATE EXHIBIT

Proposal for: Traverse City Area Public Schools - TCEA

Effective Date: July 1, 2009 through June 30, 2010

Rate Guarantee: For 12 months from the effective date of coverage, or to the renewal date of the traditional carrier, whichever is sooner.

Benefit Level: Basic agreement with: \$10 Office Visit Copayment
 100% Hospital Coverage for Preferred Benefit
 80/20% Hospital Coverage for Alternate Benefit

Deductible: \$250/\$500 Medical Deductible for Preferred Benefit
 \$500/\$1,000 Medical Deductible for Alternate Benefit

Riders: \$10/\$20/\$50 Prescription Drug Copayment with Contraceptive Medications
 90 Day Mail Order Supply at 1 Times Rx Copayment
 100% Prosthetic & Orthotics Coverage
 100% Durable Medical Equipment Coverage
 \$50 Emergency Room Copayment
 \$0 Ambulance Copayment
 \$2,500/\$5,000 Out-of-Pocket Maximum for Alternate Benefit
 Unlimited Individual Lifetime Maximum for Preferred Benefit
 \$1,000,000 Individual Lifetime Maximum for Alternate Benefit

Monthly Rate:

Single	Double	Family	Spons Dep
\$389.83	\$857.63	\$1,132.81	\$467.80

PRIORITY HEALTH
Tina Poindexter
 Tina Poindexter
 Senior Account Manager
 February 6, 2009

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The offering of the Point of Service Product requires that no more than 10% of the eligible and enrolled employees live outside the service area.

A decision on the benefit level for renewal of Priority Health must be received by the 1st of the month prior to the renewal date. If no decision is received, the plan will automatically renew at the current benefit level and benefits cannot be changed mid plan year.

TCEA Rider #3