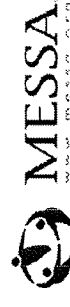


Traverse City Area Public Schools *Teachers, Counselors, Social Worker, Nurse* Choices Rate Summary

Product	In Network Deductible	Office Visit Copay	Rx Drug Copay	PAK Medical Rates				Percentage Savings		
				Single	2-Person	Family	Single %	2-Person %	Family %	
Choices/Choices II	\$0	\$5	\$10/\$20	\$ 509.49	\$ 1,144.48	\$ 1,271.47				BASE PLAN
Choices/Choices II*	\$200/\$400	\$10	\$10/\$20	\$ 473.11	\$ 1,062.63	\$ 1,180.52	-7.14%	-7.15%	-7.15%	
Choices/Choices II*	\$100/\$200	\$10	Saver Rx	\$ 471.44	\$ 1,058.87	\$ 1,176.36	-7.47%	-7.48%	-7.48%	
Choices/Choices II*	\$300/\$600	\$5	\$10/\$20	\$ 471.43	\$ 1,058.86	\$ 1,176.34	-7.47%	-7.48%	-7.48%	
Choices/Choices II*	\$300/\$600	\$10	\$10/\$20	\$ 464.74	\$ 1,043.79	\$ 1,159.60	-8.78%	-8.80%	-8.80%	
Choices/Choices II*	\$200/\$400	\$5	Saver Rx	\$ 463.57	\$ 1,041.15	\$ 1,156.67	-9.01%	-9.03%	-9.03%	
Choices/Choices II*	\$200/\$400	\$20	\$10/\$20	\$ 462.48	\$ 1,038.70	\$ 1,153.95	-9.23%	-9.24%	-9.24%	
Choices/Choices II*	\$100/\$200	\$20	Saver Rx	\$ 460.82	\$ 1,034.97	\$ 1,149.80	-9.55%	-9.57%	-9.57%	
Choices/Choices II*	\$200/\$400	\$10	Saver Rx	\$ 456.85	\$ 1,026.05	\$ 1,139.89	-10.33%	-10.35%	-10.35%	
Choices/Choices II*	\$300/\$600	\$5	Saver Rx	\$ 455.18	\$ 1,022.28	\$ 1,135.70	-10.66%	-10.68%	-10.68%	
Choices/Choices II*	\$300/\$600	\$20	\$10/\$20	\$ 454.11	\$ 1,019.87	\$ 1,133.02	-10.87%	-10.89%	-10.89%	
Choices/Choices II*	\$500/\$1,000	\$5	\$10/\$20	\$ 452.13	\$ 1,015.42	\$ 1,128.07	-11.26%	-11.28%	-11.28%	
Choices/Choices II*	\$300/\$600	\$10	Saver Rx	\$ 448.48	\$ 1,007.22	\$ 1,118.97	-11.97%	-11.99%	-11.99%	
Choices/Choices II*	\$200/\$400	\$20	Saver Rx	\$ 446.22	\$ 1,002.12	\$ 1,113.31	-12.42%	-12.44%	-12.44%	

*Please Note: Final medical rates may differ by cents due to rounding. All plans include the Adult Immunization Rider and exclude the XVA-2 rider.

Above rates are based on 2010-2011 Renewal Information. Material changes in the composition of the group such as eligibility requirements, number of enrollees, or plans offered could result in different rates than above. Final rates will be determined at implementation. Rates are guaranteed for 12 months beginning July 1, 2010.





2010 Rider Options - Effective 7/1/10

NEW DEDUCTIBLES

- A. \$300/\$600 in-network deductible - 7.4%*
with \$600/\$1,200 out-of-network deductible
- B. \$500/\$1,000 in-network deductible -11.3%*
with \$1,000/\$2,000 out-of-network deductible

As with the 1/1/09 riders, the new deductible options will automatically include the Adult Immunization Rider.

NEW "VALUE BASED" PRESCRIPTION DRUG PROGRAM

MESSA Saver Rx - 3.2%*

\$10 copayment for most generic drugs

\$40 copayment for most brand-name drugs

This program has the following MESSA-specific enhancements:

- \$2 copayment for generics in specific therapeutic classes - to encourage proper drug use for those with listed chronic conditions: asthma, diabetes, high cholesterol, high blood pressure
- \$10 copayment for highly prescribed drugs for which an OTC alternative exists (Claritin, Claritin D, Prilosec, Prevacid, Zyrtec, Zyrtec D) with a doctor's prescription - will save over brand-name alternatives
- \$20 copayment for diabetic insulins and asthma inhalers. These medications have no generic or therapeutic alternatives available, but are critical for management of these conditions.
- Medco-by-Mail and 90-Day Retail Network prescriptions are available at all copayment levels at two copayments for a 3-month supply.

NOTES:

1. Additional savings are available with the \$10 or \$20 office visit co-payment rider.
2. Above savings are based on initial BCBSM estimated savings. Final rate reductions may vary based on independent actuarial review.

*The above rate reductions assume the Choices II base medical rate that includes the \$10/\$20 Rx.