



## Rate Exhibit

**Employer Group** Traverse City Area Public Schools  
**Product** POS  
**Effective Date** 6/1/2009  
**Rating Segment** TCTA/CA03, CC01

### 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 / \$40 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

\$250 Individual / \$500 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	\$496.74	\$1,095.78	\$1,339.69
Participants	35	40	24

### Notes:

1. Final premium rates will vary slightly due to rounding.
2. Rates and benefits may be pending and subject to approval by the Michigan Office of Financial and Insurance Regulation.
3. All released quotes are based on enrollment provided by the group or agent (proposals) or extracted from the Priority Health system (renewals). Re-rating, including stop-loss premiums and attachment points, may be required if actual enrollment as of the effective date differs by 10% or more.
4. Priority Health's POS plans may not coexist with other carriers.
5. 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. 5 or more must enroll in each offered plan design.

TCTA Bid #3 2009