



Rate Exhibit

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

Plan Components

Base Plan

POS #1 100% Preferred / 80% Alternate Coinsurance

Office Visit

\$10 Office Visit Copay

Medical Deductible

No 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

No 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	\$502.69	\$1,108.92	\$1,355.76
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.

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.

TCTA Bid #4 open