

Proposal for: Traverse City Area Public Schools – June TCTA CA03

Effective Date: June 1, 2011 through May 31, 2012

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: 100% Hospital Services (Preferred Benefit)
80/20% Hospital Services (Alternate Benefit)

Deductibles:

Benefit Level / Plan Type	Minimum
Preferred	\$1,200 Individual/\$2,400 Family
Alternate	\$3,000 Individual/\$6,000 Family

Riders: \$15/50 Prescription Drug Copay w/ CM - after Deductible (Preferred Benefit)
90-Day Mail Supply at 1 x Copay - after Deductible (Preferred Benefit)
50% Prosthetic & Orthotics Coverage (Preferred Benefit)
50% Durable Medical Equipment Coverage (Preferred Benefit)
100% Emergency Room Coverage
100% Ambulance Coverage
Hearing Rider
Unlimited Individual Annual Maximum (Preferred Benefit)
\$1,000,000 Individual Annual Maximum (Alternate Benefit)
Sponsored Dependent Coverage

Out-of-Pocket Max

Benefit Level / Plan Type	Minimum
Preferred	\$2,000 Individual/\$4,000 Family
Alternate	\$4,000 Individual/\$8,000 Family

Monthly Rates:

Plan Option / Rates	Single	Double	Family	Spons Dep.
Minimum	\$472.47	\$1,042.23	\$1,274.22	\$566.97

PRIORITY HEALTH

Tina Poindexter

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Senior Account Manager

February 22, 2011

- 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.

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.