

Rate Exhibit for TRAVERSE CITY AREA PUBLIC SCHOOLS



Effective Date: 01/01/2019 Quote No: 57373
Deductible Type: Policy Year Agent Name: PRIORITY HEALTH LARGE BUSIN
Group No: 775597 Commission: (No commission)
Rating Segment: ACTIVE FSEA POS \$300 HIGH PLAN, ACTIVE FSEA POS \$1000 LOW PLAN, ACTIVE NON AFF SUPP STAFF POS \$500 10 MO, ACTIVE NON AFF SUPP STAFF POS \$500 12 MO, ACTIVE MAINTENANCE POS \$250 PLAN, ACTIVE ADMIN POS \$1350 HSA, ACTIVE TCAA POS \$1350 HSA, ACTIVE NON-AFF ADMIN POS \$500 PLAN, ACTIVE TCAA POS \$500 PLAN

Agent/Authorized Employer Representative: [Signature] Date: 10/19/18

Priority Health Account Representative: _____ Date: _____

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 Department of Insurance and Financial Services.
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 may be required if actual enrollment as of the effective date differs by 10% or more.

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.

This Group Agreement, including the Plan Documents, Exhibit A, Exhibit B, Exhibit C (if applicable), the New Group Application, the Rate Exhibit, the Pre-Renewal letter, and any amendments or attachments/exhibits thereto, constitutes the entire agreement between Group and Health Plan. On the Effective Date, this Agreement supersedes all other agreements for health care services and benefits between the parties. However, if this Agreement, including but not limited to any Exhibit A and B, contains a typographical error which is a mistake that is known or should have been known by the parties, the parties agree that this Agreement will be amended to correct such error. If one of the parties is unwilling to amend this Agreement to correct the error, the other party may terminate this Agreement by providing written notice to the unwilling party.

Handwritten note in a yellow box: - Ben Rate - PH

Rate Exhibit for TRAVERSE CITY AREA PUBLIC SCHOOLS



Plan: Admin/ TCAA HSA POS with Prev drug rider Quote No: 57373
 Effective Date: 01/01/2019 Agent Name: PRIORITY HEALTH LARGE BUSIN
 Deductible Type: Policy Year Group No: 775597 Commission: (No commission)
 Rating Segment: ACTIVE FSEA POS \$300 HIGH PLAN, ACTIVE FSEA POS \$1000 LOW PLAN, ACTIVE NON AFF SUPP STAFF POS \$500 10 M

| | | | |
|---|------------------------|-------------|---|
| Product | [NonGrandfathered HCR] | POS HSA | Riders |
| Copay Type | | Traditional | Abortion Rider: Minimum Elective Chiropractic Visits: 30 DME/P&O Coins: 80% |
| Hospital Coinsurance | | | Rx Mail Order: 2.0 times Rx Preventive Drug |
| In Network | | 80% | |
| Out of Network | | 60% | |
| Deductible | | | |
| Individual - In Network | | \$1,350 | |
| Family - In Network | | \$2,700 | |
| Individual - Out of Network | | \$3,000 | |
| Family - Out of Network | | \$6,000 | |
| Total Cost Sharing Out of Pocket Annual Limit | | | |
| Individual - In Network | | \$2,000 | |
| Family - In Network | | \$4,000 | |
| Individual - Out of Network | | \$4,000 | |
| Family - Out of Network | | \$8,000 | |

*Admin
HSA*

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

| | Copay | Coinsurance | Max |
|----------------------------|--------------|--------------------|------------|
| Rx Generic | \$10 | 100% | \$10 |
| Rx Preferred Brand | \$40 | 100% | \$40 |
| Rx Non-preferred Brand | \$40 | 100% | \$40 |
| Rx Preferred Specialty | \$40 | 100% | \$40 |
| Rx Non-preferred Specialty | \$40 | 100% | \$40 |

| | Single | Double | Family |
|-----------------------|---------------|---------------|---------------|
| Premium | \$452.07 | \$994.46 | \$1,310.82 |
| Federal & State Taxes | \$3.06 | \$6.73 | \$8.87 |
| Billed Rate | \$455.13 | \$1,001.19 | \$1,319.69 |
| Participants | 7 | 11 | 38 |

Sponsored Dep \$546.16

| | | | |
|----------------|--------------|---------------------|---------------------|
| Summary | Participants | 56 | <u>Combined</u> |
| | Monthly Cost | \$63,914.71 | \$64,347.22 |
| | Annual Cost | \$766,976.52 | \$772,166.64 |
| | PEPM | \$1,141.33 | \$1,149.06 |

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit for TRAVERSE CITY AREA PUBLIC SCHOOLS



Plan: Admin/ TCAA POS Trad Renewal Quote No: 57373
 Effective Date: 01/01/2019 Agent Name: PRIORITY HEALTH LARGE BUSIN
 Deductible Type: Policy Year Group No: 775597 Commission: (No commission)
 Rating Segment: ACTIVE FSEA POS \$300 HIGH PLAN, ACTIVE FSEA POS \$1000 LOW PLAN, ACTIVE NON AFF SUPP STAFF POS \$500 10 M

| | | |
|--|-----------------|---|
| Product [NonGrandfathered HCR] | POS Traditional | Riders |
| Copay Type | Tiered | Abortion Rider: Minimum Elective Chiropractic Visits: 30 DME/P&O Coins: 80% |
| Hospital Coinsurance | | Rx Mail Order: 2.0 times |
| In Network | 100% | |
| Out of Network | 70% | |
| Deductible | | |
| Individual - In Network | \$500 | |
| Family - In Network | \$1,000 | |
| Individual - Out of Network | \$1,000 | |
| Family - Out of Network | \$2,000 | |
| Coinsurance Max | | |
| Individual - In Network | \$0 | |
| Family - In Network | \$0 | |
| Individual - Out of Network | \$3,000 | |
| Family - Out of Network | \$6,000 | |
| With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below | | |
| Office Visit (PCP) Copay | \$20 | |
| Specialist Copay | \$35 | Total Cost Sharing Out of Pocket Annual Limit |
| Urgent Care Copay | \$75 | Individual - In Network \$7,350 |
| Emergency Room Copay | \$150 | Family - In Network \$14,700 |
| Ambulance Copay | \$150 | Individual - Out of Network \$14,700 |
| High Tech Imaging Copay | \$150 | Family - Out of Network \$29,400 |

Admin Track

Rx Deductible (Individual/Family): \$0

| | Copay | Coinsurance | Max |
|----------------------------|-------|-------------|------|
| Rx Generic | \$10 | 100% | \$10 |
| Rx Preferred Brand | \$50 | 100% | \$50 |
| Rx Non-preferred Brand | \$50 | 100% | \$50 |
| Rx Preferred Specialty | \$50 | 100% | \$50 |
| Rx Non-preferred Specialty | \$50 | 100% | \$50 |

| | Single | Double | Family |
|-----------------------|----------|------------|------------|
| Premium | \$630.79 | \$1,387.61 | \$1,829.04 |
| Federal & State Taxes | \$3.06 | \$6.73 | \$8.87 |
| Billed Rate | \$633.85 | \$1,394.34 | \$1,837.91 |
| Participants | 2 | 0 | 4 |

9.5

Sponsored Dep \$760.62

| | | | |
|----------------|--------------|--------------|-----------------|
| Summary | Participants | 6 | <u>Combined</u> |
| | Monthly Cost | \$8,577.74 | \$8,619.34 |
| | Annual Cost | \$102,932.88 | \$103,432.08 |
| | PEPM | \$1,429.62 | \$1,436.56 |

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit for TRAVERSE CITY AREA PUBLIC SCHOOLS



Plan: Maintenance Renewal Quote No: 57373
 Effective Date: 01/01/2019 Agent Name: PRIORITY HEALTH LARGE BUSIN
 Deductible Type: Policy Year Group No: 775597 Commission: (No commission)
 Rating Segment: ACTIVE FSEA POS \$300 HIGH PLAN, ACTIVE FSEA POS \$1000 LOW PLAN, ACTIVE NON AFF SUPP STAFF POS \$500 10 M

| | | |
|--------------------------------|-----------------|---|
| Product [NonGrandfathered HCR] | POS Traditional | Riders |
| Copay Type | Copay Aligned | Chiropractic Visits: 30 DME/P&O Coins: 80% Rehab Visits: 20 |
| Hospital Coinsurance | | Rx Mail Order: 1.0 times |
| In Network | 100% | |
| Out of Network | 70% | |
| Deductible | | |
| Individual - In Network | \$250 | |
| Family - In Network | \$750 | |
| Individual - Out of Network | \$500 | |
| Family - Out of Network | \$1,000 | |
| Coinsurance Max | | |
| Individual - In Network | \$0 | |
| Family - In Network | \$0 | |
| Individual - Out of Network | \$2,500 | |
| Family - Out of Network | \$5,000 | |
| Office Visit (PCP) Copay | \$20 | |
| Specialist Copay | \$35 | |
| Urgent Care Copay | \$50 | |
| Emergency Room Copay | \$100 | |
| Ambulance Copay | \$50 | |
| High Tech Imaging Copay | \$150 | |
| | | Total Cost Sharing Out of Pocket Annual Limit |
| | | Individual - In Network \$7,350 |
| | | Family - In Network \$14,700 |
| | | Individual - Out of Network \$14,700 |
| | | Family - Out of Network \$29,400 |

Waived

Rx Deductible (Individual/Family): \$0

| | Copay | Coinsurance | Max |
|----------------------------|--------------|--------------------|------------|
| Rx Generic | \$10 | 100% | \$10 |
| Rx Preferred Brand | \$40 | 100% | \$40 |
| Rx Non-preferred Brand | \$80 | 100% | \$80 |
| Rx Preferred Specialty | \$0 | 80% | \$100 |
| Rx Non-preferred Specialty | \$0 | 80% | \$200 |

| | Single | Double | Family |
|-----------------------|---------------|---------------|---------------|
| Premium | \$662.91 | \$1,454.95 | \$1,784.02 |
| Federal & State Taxes | \$3.20 | \$7.02 | \$8.61 |
| Billed Rate | \$666.11 | \$1,461.97 | \$1,792.63 |
| Participants | 27 | 12 | 14 |

Sponsored Dep \$799.33

| | | | |
|----------------|--------------|---------------------|---------------------|
| Summary | Participants | 53 | <u>Combined</u> |
| | Monthly Cost | \$60,334.25 | \$60,625.43 |
| | Annual Cost | \$724,011.00 | \$727,505.16 |
| | PEPM | \$1,138.38 | \$1,143.88 |

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit for TRAVERSE CITY AREA PUBLIC SCHOOLS



Plan: Support Staff High Renewal
FSEA

Quote No: 57373

Effective Date: 01/01/2019

Agent Name: PRIORITY HEALTH LARGE BUSIN

Deductible Type: Policy Year

Group No: 775597

Commission: (No commission)

Rating Segment: ACTIVE FSEA POS \$300 HIGH PLAN, ACTIVE FSEA POS \$1000 LOW PLAN, ACTIVE NON AFF SUPP STAFF POS \$500 10 M

| | | |
|--------------------------------|-----------------|--|
| Product [NonGrandfathered HCR] | POS Traditional | Riders |
| Copay Type | Traditional | Chiropractic Visits: 30 DME/P&O Coins: 100% |
| Hospital Coinsurance | | Rx Mail Order: 1.0 times |
| In Network | 100% | |
| Out of Network | 80% | |
| Deductible | | |
| Individual - In Network | \$300 | |
| Family - In Network | \$600 | |
| Individual - Out of Network | \$600 | |
| Family - Out of Network | \$1,200 | |
| Coinsurance Max | | |
| Individual - In Network | \$0 | |
| Family - In Network | \$0 | |
| Individual - Out of Network | \$1,000 | |
| Family - Out of Network | \$2,000 | |

FSEA High

With the exception of PCP deductible applies to all services below

| | | | |
|--------------------------|------|--|----------|
| Office Visit (PCP) Copay | \$20 | Total Cost Sharing Out of Pocket Annual Limit | |
| Specialist Copay | \$20 | Individual - In Network | \$7,350 |
| Urgent Care Copay | \$20 | Family - In Network | \$14,700 |
| Emergency Room Copay | \$50 | Individual - Out of Network | \$14,700 |
| Ambulance Copay | \$0 | Family - Out of Network | \$29,400 |

Rx Deductible (Individual/Family): \$0

| | Copay | Coinsurance | Max |
|----------------------------|--------------|--------------------|------------|
| Rx Generic | \$10 | 100% | \$10 |
| Rx Preferred Brand | \$40 | 100% | \$40 |
| Rx Non-preferred Brand | \$40 | 100% | \$40 |
| Rx Preferred Specialty | \$40 | 100% | \$40 |
| Rx Non-preferred Specialty | \$40 | 100% | \$40 |

| | Single | Double | Family |
|-----------------------|---------------|---------------|---------------|
| Premium | \$653.69 | \$1,437.86 | \$1,902.11 |
| Federal & State Taxes | \$3.05 | \$6.71 | \$8.87 |
| Billed Rate | \$656.74 | \$1,444.57 | \$1,910.98 |
| Participants | 6 | 0 | 1 |

9.4

Sponsored Dep \$788.09

| | | | |
|----------------|--------------|-------------|-----------------|
| Summary | Participants | 7 | <u>Combined</u> |
| | Monthly Cost | \$5,824.25 | \$5,851.42 |
| | Annual Cost | \$69,891.00 | \$70,217.04 |
| | PEPM | \$832.04 | \$835.92 |

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit for TRAVERSE CITY AREA PUBLIC SCHOOLS



Plan: FSEA ^{Low} Renewal

Quote No: 57373

Effective Date: 01/01/2019

Agent Name: PRIORITY HEALTH LARGE BUSIN

Deductible Type: Policy Year

Group No: 775597

Commission: (No commission)

Rating Segment: ACTIVE FSEA POS \$300 HIGH PLAN, ACTIVE FSEA POS \$1000 LOW PLAN, ACTIVE NON AFF SUPP STAFF POS \$500 10 M

| | | | |
|-----------------------------|---------------------|-----------------|--|
| Product | [Grandfathered HCR] | POS Traditional | Riders |
| Copay Type | | Traditional | Chiropractic Visits: 30 DME/P&O Coins: 100% |
| Hospital Coinsurance | | | Rx Mail Order: 1.0 times |
| In Network | | 80% | |
| Out of Network | | 60% | |
| Deductible | | | |
| Individual - In Network | | \$1,000 | |
| Family - In Network | | \$2,000 | |
| Individual - Out of Network | | \$2,000 | |
| Family - Out of Network | | \$4,000 | |
| Coinsurance Max | | | |
| Individual - In Network | | \$800 | |
| Family - In Network | | \$2,400 | |
| Individual - Out of Network | | \$3,000 | |
| Family - Out of Network | | \$6,000 | |

FSEA low

With the exception of PCP deductible applies to all services below

| | |
|--------------------------|------|
| Office Visit (PCP) Copay | \$30 |
| Specialist Copay | \$30 |
| Urgent Care Copay | \$30 |
| Emergency Room Copay | \$50 |
| Ambulance Copay | \$0 |

Rx Deductible (Individual/Family): \$0

| | Copay | Coinsurance | Max |
|----------------------------|-------|-------------|------|
| Rx Generic | \$10 | 100% | \$10 |
| Rx Preferred Brand | \$40 | 100% | \$40 |
| Rx Non-preferred Brand | \$40 | 100% | \$40 |
| Rx Preferred Specialty | \$40 | 100% | \$40 |
| Rx Non-preferred Specialty | \$40 | 100% | \$40 |

| | Single | Double | Family |
|-----------------------|----------|------------|------------|
| Premium | \$504.00 | \$1,096.00 | \$1,624.44 |
| Federal & State Taxes | \$2.87 | \$6.24 | \$9.25 |
| Billed Rate | \$506.87 | \$1,102.24 | \$1,633.69 |
| Participants | 12 | 4 | 0 |

Sponsored Dep \$608.24

| | | | |
|----------------|--------------|--------------|-----------------|
| Summary | Participants | 16 | <u>Combined</u> |
| | Monthly Cost | \$10,432.00 | \$10,491.40 |
| | Annual Cost | \$125,184.00 | \$125,896.80 |
| | PEPM | \$652.00 | \$655.71 |

Rate Exhibit for TRAVERSE CITY AREA PUBLIC SCHOOLS



Plan: Support Staff ~~Low~~ Renewal

Quote No: 57373

Effective Date: 01/01/2019

Agent Name: PRIORITY HEALTH LARGE BUSIN

Deductible Type: Policy Year

Group No: 775597

Commission: (No commission)

Rating Segment: ACTIVE FSEA POS \$300 HIGH PLAN, ACTIVE FSEA POS \$1000 LOW PLAN, ACTIVE NON AFF SUPP STAFF POS \$500 10 M

| | | |
|--------------------------------|-----------------|--|
| Product [NonGrandfathered HCR] | POS Traditional | Riders |
| Copay Type | Copay Aligned | Chiropractic Visits: 30 DME/P&O Coins: 100% |
| Hospital Coinsurance | | Rx Mail Order: 1.0 times |
| In Network | 100% | |
| Out of Network | 80% | |

| | |
|-----------------------------|---------|
| Deductible | |
| Individual - In Network | \$500 |
| Family - In Network | \$1,000 |
| Individual - Out of Network | \$1,000 |
| Family - Out of Network | \$2,000 |

| | |
|-----------------------------|---------|
| Coinsurance Max | |
| Individual - In Network | \$0 |
| Family - In Network | \$0 |
| Individual - Out of Network | \$1,000 |
| Family - Out of Network | \$2,000 |

Support Staff

| | |
|--------------------------|-------|
| Office Visit (PCP) Copay | \$30 |
| Specialist Copay | \$45 |
| Urgent Care Copay | \$60 |
| Emergency Room Copay | \$100 |
| Ambulance Copay | \$100 |
| High Tech Imaging Copay | \$150 |

| | |
|---|----------|
| Total Cost Sharing Out of Pocket Annual Limit | |
| Individual - In Network | \$7,350 |
| Family - In Network | \$14,700 |
| Individual - Out of Network | \$14,700 |
| Family - Out of Network | \$29,400 |

Rx Deductible (Individual/Family): \$0

| | Copay | Coinsurance | Max |
|----------------------------|-------|-------------|------|
| Rx Generic | \$20 | 100% | \$20 |
| Rx Preferred Brand | \$60 | 100% | \$60 |
| Rx Non-preferred Brand | \$80 | 100% | \$80 |
| Rx Preferred Specialty | \$60 | 100% | \$60 |
| Rx Non-preferred Specialty | \$80 | 100% | \$80 |

| | Single | Double | Family |
|-----------------------|----------|------------|------------|
| Premium | \$601.43 | \$1,323.21 | \$1,765.20 |
| Federal & State Taxes | \$3.04 | \$6.69 | \$8.92 |
| Billed Rate | \$604.47 | \$1,329.90 | \$1,774.12 |
| Participants | 13 | 9 | 20 |

Sponsored Dep \$725.36

| | | | |
|----------------|--------------|---------------------|---------------------|
| Summary | Participants | 42 | <u>Combined</u> |
| | Monthly Cost | \$55,031.48 | \$55,309.61 |
| | Annual Cost | \$660,377.76 | \$663,715.32 |
| | PEPM | \$1,310.27 | \$1,316.90 |

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.