

Rate Exhibit



Employer Group: Tawas Area Schools

Quote No: 566

Agent Name: KIMBERLY NICHOLSON

Effective Date: 07/01/2013

Commission: 3%

Rating Segment: TOTAL REPLACEMEN

Agent/Authorized Employer Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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 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 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.

Please note rates, fees, and/or claims projections do not include the "Michigan claims tax" effective January 1, 2012, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan. Rates and fees will be adjusted as necessary to incorporate such assessments or taxes and will be communicated to you as soon as they are known.

**Rate Exhibit**



Employer Group: Tawas Area Schools  
 Plan: POS Opt 1 w RX  
 Effective Date: 07/01/2013  
 Rating Segment: TOTAL REPLACEMENT

Quote No: 566  
 Agent Name: KIMBERLY NICHOLSON  
 Commission: 3%

Product	[NonGrandfathered HCR]	POS Standard	Riders
Copay Type		Tiered	DME/P&O Coins: 50%
Hospital Coinsurance			Rx Mail Order: 2.0 times
In Network		100%	Rx includes Contraceptives
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	
Out of Pocket 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	
Urgent Care Copay		\$75	
Emergency Room Copay		\$150	
Ambulance Copay		\$150	
High Tech Imaging Copay		\$150	

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
Rx Generic	\$15	100%	\$15
Rx Preferred Brand	\$50	100%	\$50
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$0	80%	\$150
Rx Non-preferred Specialty	\$0	80%	\$300

	Single	Double	Family
Premium	\$413.05	\$826.10	\$1,127.63
Participants	20	22	54

<b>Summary</b>	Participants	96
	Monthly Cost	\$87,327.22
	Annual Cost	\$1,047,926.64
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	PEPM	\$909.66

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

**Rate Exhibit**



Employer Group: Tawas Area Schools  
 Plan: POS Opt 2 w RX  
 Effective Date: 07/01/2013  
 Rating Segment: TOTAL REPLACEMEN

Quote No: 566  
 Agent Name: KIMBERLY NICHOLSON  
 Commission: 3%

Product [NonGrandfathered HCR]	POS Standard	Riders
Copay Type	Tiered	DME/P&O Coins: 50%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	80%	Rx includes Contraceptives
Out of Network	60%	
Deductible		
Individual - In Network	\$250	
Family - In Network	\$500	
Individual - Out of Network	\$500	
Family - Out of Network	\$1,000	
Out of Pocket Max		
Individual - In Network	\$1,500	
Family - In Network	\$3,000	
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	
Urgent Care Copay	\$75	
Emergency Room Copay	\$150	
Ambulance Copay	\$150	
High Tech Imaging Copay	\$150	

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	\$396.95	\$793.90	\$1,083.67
Participants	20	22	54

<b>Summary</b>	Participants	96
	Monthly Cost	\$83,922.98
	Annual Cost	\$1,007,075.76
	<u>PEPM</u>	<u>\$874.20</u>

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

**Rate Exhibit**



Employer Group: Tawas Area Schools  
 Plan: HMO Opt 1 w RX  
 Effective Date: 07/01/2013  
 Rating Segment: TOTAL REPLACEMENT

Quote No: 566  
 Agent Name: KIMBERLY NICHOLSON  
 Commission: 3%

Product [NonGrandfathered HCR]	HMO Standard	Riders
Copay Type	Tiered	DME/P&O Coins: 50%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	100%	Rx includes Contraceptives
Out of Network	0%	
Deductible		
Individual - In Network	\$250	
Family - In Network	\$500	
Individual - Out of Network	\$0	
Family - Out of Network	\$0	
Out of Pocket Max		
Individual - In Network	\$0	
Family - In Network	\$0	
Individual - Out of Network	\$0	
Family - Out of Network	\$0	
With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below		
Office Visit (PCP) Copay	\$20	
Specialist Copay	\$35	
Urgent Care Copay	\$75	
Emergency Room Copay	\$150	
Ambulance Copay	\$150	
High Tech Imaging Copay	\$150	

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	\$418.62	\$837.24	\$1,142.83
Participants	20	22	54
<b>Summary</b>	<b>Participants</b>	<b>96</b>	
	<b>Monthly Cost</b>	<b>\$88,504.50</b>	
	<b>Annual Cost</b>	<b>\$1,062,054.00</b>	
	<b>PEPM</b>	<b>\$921.92</b>	

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

Rate Exhibit



Employer Group: Tawas Area Schools  
 Plan: HMO Opt2 w RX  
 Effective Date: 07/01/2013  
 Rating Segment: TOTAL REPLACEMENT

Quote No: 566  
 Agent Name: KIMBERLY NICHOLSON  
 Commission: 3%

Product	[NonGrandfathered HCR]	HMO Standard	Riders
Copay Type		Tiered	DME/P&O Coins: 50%
Hospital Coinsurance			Rx Mail Order: 2.0 times
In Network		100%	Rx includes Contraceptives
Out of Network		0%	
Deductible			
Individual - In Network		\$500	
Family - In Network		\$1,000	
Individual - Out of Network		\$0	
Family - Out of Network		\$0	
Out of Pocket Max			
Individual - In Network		\$0	
Family - In Network		\$0	
Individual - Out of Network		\$0	
Family - Out of Network		\$0	
With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below			
Office Visit (PCP) Copay		\$20	
Specialist Copay		\$35	
Urgent Care Copay		\$75	
Emergency Room Copay		\$150	
Ambulance Copay		\$150	
High Tech Imaging Copay		\$150	

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
Rx Generic	\$15	100%	\$15
Rx Preferred Brand	\$50	100%	\$50
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$0	80%	\$150
Rx Non-preferred Specialty	\$0	80%	\$300

	Single	Double	Family
Premium	\$398.02	\$796.04	\$1,086.59
Participants	20	22	54

Summary	Participants	96
	Monthly Cost	\$84,149.14
	Annual Cost	\$1,009,789.68
PEPM		\$876.55

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

Rate Exhibit



Employer Group: Tawas Area Schools  
 Plan: HMO Opt 3 w RX  
 Effective Date: 07/01/2013  
 Rating Segment: TOTAL REPLACEMENT

Quote No: 566  
 Agent Name: KIMBERLY NICHOLSON  
 Commission: 3%

Product	[NonGrandfathered HCR]	HMO Standard	Riders
Copay Type		Tiered	DME/P&O Coins: 50%
Hospital Coinsurance			Rx Mail Order: 2.0 times
In Network		100%	Rx includes Contraceptives
Out of Network		0%	
Deductible			
Individual - In Network		\$1,000	
Family - In Network		\$2,000	
Individual - Out of Network		\$0	
Family - Out of Network		\$0	
Out of Pocket Max			
Individual - In Network		\$0	
Family - In Network		\$0	
Individual - Out of Network		\$0	
Family - Out of Network		\$0	
With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below			
Office Visit (PCP) Copay		\$20	
Specialist Copay		\$35	
Urgent Care Copay		\$75	
Emergency Room Copay		\$150	
Ambulance Copay		\$150	
High Tech Imaging Copay		\$150	

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
Rx Generic	\$15	100%	\$15
Rx Preferred Brand	\$50	100%	\$50
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$0	80%	\$150
Rx Non-preferred Specialty	\$0	80%	\$300

	Single	Double	Family
Premium	\$376.87	\$753.74	\$1,028.86
Participants	20	22	54
<b>Summary</b>			
Participants		96	
Monthly Cost		\$79,678.12	
Annual Cost		\$956,137.44	
	PEPM	\$829.98	

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

**Rate Exhibit**



Employer Group: Tawas Area Schools  
 Plan: HMO Opt 4 w RX  
 Effective Date: 07/01/2013  
 Rating Segment: TOTAL REPLACEMENT

Quote No: 566  
 Agent Name: KIMBERLY NICHOLSON  
 Commission: 3%

Product [NonGrandfathered HCR]	HMO Standard	Riders
Copay Type	Tiered	DME/P&O Coins: 50%
Hospital Coinsurance		Rx Mail Order: 2.0 times
In Network	80%	Rx includes Contraceptives
Out of Network	0%	
Deductible		
Individual - In Network	\$250	
Family - In Network	\$500	
Individual - Out of Network	\$0	
Family - Out of Network	\$0	
Out of Pocket Max		
Individual - In Network	\$1,500	
Family - In Network	\$3,000	
Individual - Out of Network	\$0	
Family - Out of Network	\$0	
With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below		
Office Visit (PCP) Copay	\$20	
Specialist Copay	\$35	
Urgent Care Copay	\$75	
Emergency Room Copay	\$150	
Ambulance Copay	\$150	
High Tech Imaging Copay	\$150	

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	\$380.57	\$761.14	\$1,038.96
Participants	20	22	54
Summary	Participants	96	
	Monthly Cost	\$80,460.32	
	Annual Cost	\$965,523.84	
	PEPM	\$838.13	

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

**Rate Exhibit**



Employer Group: Tawas Area Schools  
 Plan: PPO 100 Opt 1 w RX  
 Effective Date: 07/01/2013  
 Rating Segment: TOTAL REPLACEMENT

Quote No: 566  
 Agent Name: KIMBERLY NICHOLSON  
 Commission: 3%

Product [NonGrandfathered HCR]	PPO Standard	Riders
Copay Type	Tiered	DME/P&O Coins: 50% PPO Annual \$5,000,000 Max
Hospital Coinsurance		
In Network	100%	Rx Mail Order: 2.0 times
Out of Network	70%	Rx includes Contraceptives
Deductible		
Individual - In Network	\$1,000	
Family - In Network	\$2,000	
Individual - Out of Network	\$2,000	
Family - Out of Network	\$4,000	
Out of Pocket 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	
Urgent Care Copay	\$75	
Emergency Room Copay	\$150	
Ambulance Copay	\$150	
High Tech Imaging Copay	\$150	

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
Rx Generic	\$15	100%	\$15
Rx Preferred Brand	\$50	100%	\$50
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$0	80%	\$150
Rx Non-preferred Specialty	\$0	80%	\$300

	Single	Double	Family
Premium	\$423.25	\$846.50	\$1,155.47
Participants	20	22	54

<b>Summary</b>	Participants	96
	Monthly Cost	\$89,483.38
	Annual Cost	\$1,073,800.56
	PEPM	\$932.12

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



**Rate Exhibit**



Employer Group: Tawas Area Schools  
 Plan: PPO 100 Opt 2 w RX  
 Effective Date: 07/01/2013  
 Rating Segment: TOTAL REPLACEMENT

Quote No: 566  
 Agent Name: KIMBERLY NICHOLSON  
 Commission: 3%

Product	[NonGrandfathered HCR]	PPO Standard	Riders
Copay Type		Tiered	DME/P&O Coins: 50% PPO Annual \$5,000,000 Max
Hospital Coinsurance			
In Network		100%	Rx Mail Order: 2.0 times
Out of Network		70%	Rx includes Contraceptives
Deductible			
Individual - In Network		\$2,000	
Family - In Network		\$4,000	
Individual - Out of Network		\$4,000	
Family - Out of Network		\$8,000	
Out of Pocket 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		\$30	
Specialist Copay		\$45	
Urgent Care Copay		\$75	
Emergency Room Copay		\$150	
Ambulance Copay		\$150	
High Tech Imaging Copay		\$150	

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	\$0	80%	\$200
Rx Non-preferred Specialty	\$0	80%	\$400

	Single	Double	Family
Premium	\$371.29	\$742.58	\$1,013.62
Participants	20	22	54
<b>Summary</b>	Participants	96	
	Monthly Cost	\$78,498.04	
	Annual Cost	\$941,976.48	
	PEPM	\$817.69	

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

Rate Exhibit



Employer Group: Tawas Area Schools  
 Plan: PPO 100 Opt 3 w RX  
 Effective Date: 07/01/2013  
 Rating Segment: TOTAL REPLACEMENT

Quote No: 566  
 Agent Name: KIMBERLY NICHOLSON  
 Commission: 3%

Product	[NonGrandfathered HCR]	PPO Standard	Riders
Copay Type		Tiered	DME/P&O Coins: 50% PPO Annual \$5,000,000 Max
Hospital Coinsurance			
In Network		100%	Rx Mail Order: 2.0 times
Out of Network		70%	Rx includes Contraceptives
Deductible			
Individual - In Network		\$3,000	
Family - In Network		\$6,000	
Individual - Out of Network		\$6,000	
Family - Out of Network		\$12,000	
Out of Pocket 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		\$30	
Specialist Copay		\$45	
Urgent Care Copay		\$75	
Emergency Room Copay		\$150	
Ambulance Copay		\$150	
High Tech Imaging Copay		\$150	

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	\$0	80%	\$200
Rx Non-preferred Specialty	\$0	80%	\$400

	Single	Double	Family
Premium	\$345.70	\$691.40	\$943.76
Participants	20	22	54
<b>Summary</b>	<b>Participants</b>	<b>96</b>	
	<b>Monthly Cost</b>	<b>\$73,087.84</b>	
	<b>Annual Cost</b>	<b>\$877,054.08</b>	
	<b>PEPM</b>	<b>\$761.33</b>	

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

Rate Exhibit



Employer Group: Tawas Area Schools  
 Plan: PPO 80% Opt 4 w RX  
 Effective Date: 07/01/2013  
 Rating Segment: TOTAL REPLACEMENT

Quote No: 566  
 Agent Name: KIMBERLY NICHOLSON  
 Commission: 3%

Product	[NonGrandfathered HCR]	PPO Standard	Riders
Copay Type		Tiered	DME/P&O Coins: 50% PPO Annual \$5,000,000 Max
Hospital Coinsurance			
In Network		80%	Rx Mail Order: 2.0 times
Out of Network		60%	Rx includes Contraceptives
Deductible			
Individual - In Network		\$250	
Family - In Network		\$500	
Individual - Out of Network		\$500	
Family - Out of Network		\$1,000	
Out of Pocket Max			
Individual - In Network		\$1,500	
Family - In Network		\$3,000	
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	
Urgent Care Copay		\$75	
Emergency Room Copay		\$150	
Ambulance Copay		\$150	
High Tech Imaging Copay		\$150	

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	\$429.33	\$858.66	\$1,172.07
Participants	20	22	54

<b>Summary</b>	Participants	96
	Monthly Cost	\$90,768.90
	Annual Cost	\$1,089,226.80
	PEPM	\$945.51

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