

Rate Exhibit for Southgate Community School District



Effective Date: 01/01/2019
Deductible Type: Policy Year

Quote No: 58516
Agent Name: TYRONE JORDAN

Group No: 790688 Commission: 3%

Rating Segment: ACTIVE

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.

Rate Exhibit for Southgate Community School District



Plan: HMO HSA 1350	Quote No: 58516	
Effective Date: 01/01/2019	Agent Name: TYRONE JORDAN	
Deductible Type: Policy Year	Group No: 790688	Commission: 3%
Rating Segment: ACTIVE		

Product [NonGrandfathered HCR]	HMO HSA	Riders
Copay Type	Traditional	Abortion Rider: Elective Termination DME/P&O Coins: 100%
Hospital Coinsurance		Rx Mail Order: 2.0 times Rx Sexual Dysfunction: Oral & Non-Oral Treatment, Matching Copay
In Network	100%	
Out of Network	N/A	
Deductible		
Individual - In Network	\$1,350	
Family - In Network	\$2,700	
Individual - Out of Network	N/A	
Family - Out of Network	N/A	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	N/A	
Family - Out of Network	N/A	

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	\$20	100%	\$20
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$20	100%	\$20
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$521.94	\$1,172.43	\$1,458.61
Federal & State Taxes	\$3.09	\$6.94	\$8.64
Billed Rate	\$525.03	\$1,179.37	\$1,467.25
Participants	30	23	50

Summary	Participants	103	<u>Combined</u>
Monthly Cost		\$115,554.59	\$116,238.91
Annual Cost		\$1,386,655.08	\$1,394,866.92
	PEPM	\$1,121.89	\$1,128.53

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

Rate Exhibit for Southgate Community School District



Plan: POS HSA 1350	Quote No: 58516	
Effective Date: 01/01/2019	Agent Name: TYRONE JORDAN	
Deductible Type: Policy Year	Group No: 790688	Commission: 3%
Rating Segment: ACTIVE		

Product [NonGrandfathered HCR]	POS HSA	Riders
Copay Type	Traditional	Abortion Rider: Elective Termination DME/P&O Coins: 100%
Hospital Coinsurance		Rx Mail Order: 2.0 times Rx Sexual Dysfunction: Oral & Non-Oral Treatment, Matching Copay
In Network	100%	
Out of Network	80%	
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	

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	\$20	100%	\$20
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$20	100%	\$20
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$540.77	\$1,214.73	\$1,511.24
Federal & State Taxes	\$3.09	\$6.94	\$8.64
Billed Rate	\$543.86	\$1,221.67	\$1,519.88
Participants	1	2	1

Summary	Participants	4	<u>Combined</u>
Monthly Cost		\$4,481.47	\$4,507.08
Annual Cost		\$53,777.64	\$54,084.96
	PEPM	\$1,120.37	\$1,126.77

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

Rate Exhibit for Southgate Community School District



Plan: PPO HSA 1350	Quote No: 58516	
Effective Date: 01/01/2019	Agent Name: TYRONE JORDAN	
Deductible Type: Policy Year	Group No: 790688	Commission: 3%
Rating Segment: ACTIVE		

Product [NonGrandfathered HCR]	PPO HSA	Riders
Copay Type	Traditional	Abortion Rider: Elective Termination DME/P&O Coins: 100%
Hospital Coinsurance		Rx Mail Order: 2.0 times Rx Sexual Dysfunction: Oral & Non-Oral Treatment, Matching Copay
In Network	100%	
Out of Network	80%	
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	

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	\$20	100%	\$20
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$20	100%	\$20
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$550.98	\$1,237.67	\$1,539.77
Federal & State Taxes	\$3.09	\$6.94	\$8.64
Billed Rate	\$554.07	\$1,244.61	\$1,548.41
Participants	6	5	10

Summary	Participants	21	<u>Combined</u>
Monthly Cost		\$24,891.93	\$25,031.57
Annual Cost		\$298,703.16	\$300,378.84
	PEPM	\$1,185.33	\$1,191.98

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

Rate Exhibit for Southgate Community School District



Plan: HMO HSA 2000	Quote No: 58516	
Effective Date: 01/01/2019	Agent Name: TYRONE JORDAN	
Deductible Type: Policy Year	Group No: 790688	Commission: 3%
Rating Segment: ACTIVE		

Product [NonGrandfathered HCR]	HMO HSA	Riders
Copay Type	Traditional	Abortion Rider: Elective Termination DME/P&O Coins: 100%
Hospital Coinsurance		Rx Mail Order: 2.0 times Rx Sexual Dysfunction: Oral & Non-Oral Treatment, Matching Copay
In Network	100%	
Out of Network	N/A	
Deductible		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	N/A	
Family - Out of Network	N/A	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$4,000	
Family - In Network	\$8,000	
Individual - Out of Network	N/A	
Family - Out of Network	N/A	

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	\$20	100%	\$20
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$20	100%	\$20
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$462.27	\$1,038.40	\$1,291.86
Federal & State Taxes	\$3.09	\$6.94	\$8.64
Billed Rate	\$465.36	\$1,045.34	\$1,300.50
Participants	17	23	86

	Participants	126	<u>Combined</u>
Summary	Participants	126	<u>Combined</u>
	Monthly Cost	\$142,841.75	\$143,796.94
	Annual Cost	\$1,714,101.00	\$1,725,563.28
	PEPM	\$1,133.66	\$1,141.25

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

Rate Exhibit for Southgate Community School District



Plan: POS HSA 2000	Quote No: 58516	
Effective Date: 01/01/2019	Agent Name: TYRONE JORDAN	
Deductible Type: Policy Year	Group No: 790688	Commission: 3%
Rating Segment: ACTIVE		

Product [NonGrandfathered HCR]	POS HSA	Riders
Copay Type	Traditional	Abortion Rider: Elective Termination DME/P&O Coins: 100%
Hospital Coinsurance		Rx Mail Order: 2.0 times Rx Sexual Dysfunction: Oral & Non-Oral Treatment, Matching Copay
In Network	100%	
Out of Network	80%	
Deductible		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$3,500	
Family - Out of Network	\$7,000	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$4,000	
Family - In Network	\$8,000	
Individual - Out of Network	\$5,500	
Family - Out of Network	\$11,000	

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	\$20	100%	\$20
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$20	100%	\$20
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$481.77	\$1,082.20	\$1,346.35
Federal & State Taxes	\$3.09	\$6.94	\$8.64
Billed Rate	\$484.86	\$1,089.14	\$1,354.99
Participants	1	2	1

Summary	Participants	4	<u>Combined</u>
	Monthly Cost	\$3,992.52	\$4,018.13
	Annual Cost	\$47,910.24	\$48,217.56
	PEPM	\$998.13	\$1,004.53

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

Rate Exhibit for Southgate Community School District



Plan: PPO HSA 2000	Quote No: 58516	
Effective Date: 01/01/2019	Agent Name: TYRONE JORDAN	
Deductible Type: Policy Year	Group No: 790688	Commission: 3%
Rating Segment: ACTIVE		

Product [NonGrandfathered HCR]	PPO HSA	Riders
Copay Type	Traditional	Abortion Rider: Elective Termination DME/P&O Coins: 100%
Hospital Coinsurance		Rx Mail Order: 2.0 times Rx Sexual Dysfunction: Oral & Non-Oral Treatment, Matching Copay
In Network	100%	
Out of Network	80%	
Deductible		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$3,500	
Family - Out of Network	\$7,000	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$4,000	
Family - In Network	\$8,000	
Individual - Out of Network	\$5,500	
Family - Out of Network	\$11,000	

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	\$20	100%	\$20
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$20	100%	\$20
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$491.30	\$1,103.61	\$1,372.99
Federal & State Taxes	\$3.09	\$6.94	\$8.64
Billed Rate	\$494.39	\$1,110.55	\$1,381.63
Participants	6	5	10

Summary	Participants	21	<u>Combined</u>
Monthly Cost		\$22,195.75	\$22,335.39
Annual Cost		\$266,349.00	\$268,024.68
	PEPM	\$1,056.94	\$1,063.59

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

Rate Exhibit for Southgate Community School District



Plan: HMO HSA 3000	Quote No: 58516	
Effective Date: 01/01/2019	Agent Name: TYRONE JORDAN	
Deductible Type: Policy Year	Group No: 790688	Commission: 3%
Rating Segment: ACTIVE		

Product [NonGrandfathered HCR]	HMO HSA	Riders
Copay Type	Traditional	Abortion Rider: Elective Termination DME/P&O Coins: 100%
Hospital Coinsurance		Rx Mail Order: 2.0 times Rx Sexual Dysfunction: Oral & Non-Oral Treatment, Matching Copay
In Network	100%	
Out of Network	N/A	
Deductible		
Individual - In Network	\$3,000	
Family - In Network	\$6,000	
Individual - Out of Network	N/A	
Family - Out of Network	N/A	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$5,000	
Family - In Network	\$10,000	
Individual - Out of Network	N/A	
Family - Out of Network	N/A	

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	\$20	100%	\$20
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$20	100%	\$20
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$401.92	\$902.83	\$1,123.21
Federal & State Taxes	\$3.09	\$6.94	\$8.64
Billed Rate	\$405.01	\$909.77	\$1,131.85
Participants	17	23	86

Summary	Participants	126	<u>Combined</u>
Monthly Cost		\$124,193.79	\$125,148.98
Annual Cost		\$1,490,325.48	\$1,501,787.76
	PEPM	\$985.67	\$993.25

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