

Exhibit B
Rate Exhibits

Fixed Premium

1. The Fixed Cost Fees are as follows:

Employee	\$32.06
Employee/Spouse	\$73.71
Employee/Child(ren)	\$59.96
Family	\$101.00

2. Pooling Charges (including Terminal Liability Coverage Charges, if applicable) are as follows:

Employee	\$78.70
Employee/Spouse	\$181.02
Employee/Child(ren)	\$147.19
Family	\$247.93

3. Access Fees are as follows:

\$15.76 per employee per month

4. Statutory Assessments are as follows:

- A. The Health Insurance Providers Fee (aka HIT Tax) is due and payable with the Monthly Settlement Report and shall be 0% of the sum of the amounts payable under Articles 1.2 1.3 and 1.4.
- B. The Patient-Centered Outcomes Research Institute Fee (aka Comparative Effectiveness Fee) is due and payable with the Monthly Settlement Report and shall be \$2.72 per Covered Person (which equals \$0.23 per Covered Person per month).
- C. All other Statutory Assessments are due and payable with the Monthly Settlement Report and shall be \$0 per Covered Person (which equals \$0 per Covered Person per month).

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Rate Factors

1. Monthly Claims Limit Factors are as follows:

	\$1,000 Ded PCB	\$1,500 Ded PCB	\$2,500 Ded PCB	\$2,800 H.S.A. PCB
Employee	\$837.73	\$776.87	\$660.53	\$660.53
Employee & Spouse	\$1,926.65	\$1,786.71	\$1,519.09	\$1,519.09
Employee & Child(ren)	\$1,566.45	\$1,452.72	\$1,235.12	\$1,235.12
Family	\$2,638.65	\$2,446.98	\$2,080.46	\$2,080.46

2. Terminal Liability Factors are as follows:

	\$1,000 Ded PCB	\$1,500 Ded PCB	\$2,500 Ded PCB	\$2,800 H.S.A. PCB
Employee	\$1,256.60	\$1,165.30	\$990.79	\$990.79
Employee & Spouse	\$2,889.97	\$2,680.07	\$2,278.63	\$2,278.63
Employee & Child(ren)	\$2,349.68	\$2,179.07	\$1,852.68	\$1,852.68
Family	\$3,957.97	\$3,670.47	\$3,120.68	\$3,120.68