

MONTANA COMPREHENSIVE HEALTH ASSOCIATION  
PPO PREMIUM ASSISTANCE PROGRAM  
 SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2012

\$1,000 DEDUCTIBLE

Age	Member Monthly Premium	Full Premium	Age	Member Monthly Premium	Full Premium
0-17	\$135.85	\$247	41	\$336.60	\$612
18	\$223.30	\$406	42	\$347.60	\$632
19	\$223.85	\$407	43	\$359.70	\$654
20	\$224.95	\$409	44	\$372.90	\$678
21	\$227.15	\$413	45	\$386.10	\$702
22	\$227.70	\$414	46	\$400.40	\$728
23	\$229.35	\$417	47	\$415.25	\$755
24	\$231.00	\$420	48	\$429.55	\$781
25	\$232.65	\$423	49	\$444.95	\$809
26	\$235.95	\$429	50	\$461.45	\$839
27	\$237.05	\$431	51	\$478.50	\$870
28	\$242.00	\$440	52	\$496.10	\$902
29	\$246.40	\$448	53	\$512.60	\$932
30	\$252.45	\$459	54	\$530.20	\$964
31	\$257.40	\$468	55	\$548.35	\$997
32	\$262.90	\$478	56	\$567.05	\$1,031
33	\$269.50	\$490	57	\$586.85	\$1,067
34	\$276.10	\$502	58	\$609.40	\$1,108
35	\$282.15	\$513	59	\$631.95	\$1,149
36	\$289.30	\$526	60	\$655.60	\$1,192
37	\$296.45	\$539	61	\$681.45	\$1,239
38	\$305.80	\$556	62	\$706.75	\$1,285
39	\$316.25	\$575	63	\$716.10	\$1,302
40	\$325.60	\$592	64	\$724.90	\$1,318

Medicare Carveout  
 Member Monthly

Age	Premium	Full Premium
0-17	\$39.05	\$71
18-64	\$103.40	\$188

The amount listed is your monthly premium which has been subsidized (decreased) by 45%. The age of the Policyholder determines the premiums payable. When your age changes (e.g., turn 50), your rates will be increased to the next band at the next rate renewal increase. Rates are subject to change each January.

To determine your premium, find the correct age band. (Your age band is your age as of January 1, 2012) The amount listed under Member Monthly Premium is the monthly premium amount you will pay.

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