

MONTANA COMPREHENSIVE HEALTH
ASSOCIATION
PPO PREMIUM ASSISTANCE PROGRAM
SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2010

\$1,000 DEDUCTIBLE
45% SUBSIDY

Age	Premium	Age	Premium
0— 17	\$117.15	41	\$289.85
18	\$192.50	42	\$299.20
19	\$193.05	43	\$310.20
20	\$194.15	44	\$321.20
21	\$195.25	45	\$332.75
22	\$195.80	46	\$344.85
23	\$197.45	47	\$357.50
24	\$199.10	48	\$370.15
25	\$200.75	49	\$383.35
26	\$202.95	50	\$397.65
27	\$204.05	51	\$412.50
28	\$208.45	52	\$427.35
29	\$212.30	53	\$441.65
30	\$217.25	54	\$457.05
31	\$221.65	55	\$472.45
32	\$226.60	56	\$488.40
33	\$232.10	57	\$505.45
34	\$238.15	58	\$524.70
35	\$243.10	59	\$544.50
36	\$249.15	60	\$564.85
37	\$255.20	61	\$586.85
38	\$263.45	62	\$608.85
39	\$272.25	63	\$617.10
40	\$280.50	64 & over	\$624.25

Medicare Carveout

Age	Premium
0-17	33.55
18-64	\$89.10

Premiums for the single Policyholder are payable according to the above schedule. 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, 2010) Your premium will be subsidized 45%.