

MONTANA COMPREHENSIVE HEALTH ASSOCIATION
PORTABILITY PPO PLAN
OPTION 1000

SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2008
\$1,000 DEDUCTIBLE

Age	Premium	Age	Premium
0-17	\$214	41	\$527
18	\$350	42	\$545
19	\$351	43	\$564
20	\$353	44	\$585
21	\$355	45	\$606
22	\$357	46	\$628
23	\$360	47	\$650
24	\$363	48	\$674
25	\$366	49	\$698
26	\$369	50	\$724
27	\$372	51	\$750
28	\$379	52	\$777
29	\$387	53	\$804
30	\$396	54	\$832
31	\$404	55	\$860
32	\$412	56	\$890
33	\$422	57	\$920
34	\$433	58	\$955
35	\$443	59	\$991
36	\$453	60	\$1,029
37	\$464	61	\$1,068
38	\$479	62	\$1,108
39	\$495	63	\$1,123
40	\$511	64 & over	\$1,136

MONTANA COMPREHENSIVE HEALTH ASSOCIATION
PORTABILITY PPO PLAN
OPTION 2500

SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2008
\$2,500 DEDUCTIBLE

Age	Premium	Age	Premium
0-17	\$145	41	\$358
18	\$237	42	\$370
19	\$238	43	\$383
20	\$239	44	\$397
21	\$241	45	\$411
22	\$242	46	\$426
23	\$244	47	\$441
24	\$246	48	\$457
25	\$248	49	\$474
26	\$250	50	\$491
27	\$252	51	\$509
28	\$257	52	\$527
29	\$263	53	\$545
30	\$268	54	\$564
31	\$274	55	\$584
32	\$280	56	\$604
33	\$286	57	\$624
34	\$293	58	\$648
35	\$300	59	\$672
36	\$307	60	\$698
37	\$315	61	\$724
38	\$325	62	\$752
39	\$336	63	\$762
40	\$347	64 & over	\$771

MONTANA COMPREHENSIVE HEALTH ASSOCIATION
PORTABILITY PPO PLAN
OPTION 5000

SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2008
\$5,000 DEDUCTIBLE

Age	Premium	Age	Premium
0-17	\$125	41	\$308
18	\$204	42	\$318
19	\$205	43	\$330
20	\$206	44	\$341
21	\$207	45	\$354
22	\$208	46	\$367
23	\$210	47	\$380
24	\$212	48	\$394
25	\$214	49	\$408
26	\$215	50	\$423
27	\$217	51	\$438
28	\$221	52	\$454
29	\$226	53	\$470
30	\$231	54	\$486
31	\$236	55	\$502
32	\$241	56	\$520
33	\$247	57	\$537
34	\$253	58	\$558
35	\$259	59	\$579
36	\$265	60	\$601
37	\$271	61	\$624
38	\$280	62	\$647
39	\$289	63	\$656
40	\$298	64 & over	\$664

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, 2008.

No trend data is available for these plans.

(Over)

MONTANA COMPREHENSIVE HEALTH ASSOCIATION
 PORTABILITY INDEMNITY PLAN
 OPTION 1000

SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2008
 \$1,000 DEDUCTIBLE

Age	Premium	Age	Premium
0-17	\$232	41	\$574
18	\$381	42	\$593
19	\$382	43	\$614
20	\$384	44	\$636
21	\$386	45	\$659
22	\$388	46	\$683
23	\$391	47	\$708
24	\$395	48	\$733
25	\$398	49	\$760
26	\$401	50	\$788
27	\$404	51	\$816
28	\$413	52	\$846
29	\$421	53	\$875
30	\$430	54	\$905
31	\$439	55	\$936
32	\$449	56	\$968
33	\$459	57	\$1,001
34	\$471	58	\$1,039
35	\$482	59	\$1,078
36	\$493	60	\$1,119
37	\$505	61	\$1,162
38	\$522	62	\$1,206
39	\$538	63	\$1,222
40	\$556	64 & over	\$1,237

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, 2008.

The trend of premium increase during the preceding five years for the Traditional Indemnity Plan Option 1000 and the Portability Indemnity Plan Option 1000 is 10.6%

(Over)