

**Sierra Health Life Insurance Co.
Distinct Advantage PPO Plans
As of 8/1/08**

**Distinct Advantage PPO Plan 1
\$1000 deductible - Does NOT include Maternity
with Prescription Benefit Rider \$10/35/60 Rx
(SurePay Billing Option* for automatic bank withdrawal)**

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
0 - 17	93.00	93.00				
18 - 24	77.00	169.00	245.00	239.00	333.00	432.00
25 - 29	85.00	178.00	261.00	249.00	341.00	446.00
30 - 34	93.00	195.00	288.00	257.00	359.00	470.00
35 - 39	102.00	204.00	304.00	265.00	366.00	484.00
40 - 44	145.00	211.00	356.00	307.00	374.00	530.00
45 - 49	152.00	244.00	397.00	316.00	408.00	568.00
50 - 54	237.00	287.00	523.00	401.00	451.00	681.00
55 - 59	320.00	371.00	692.00	484.00	535.00	833.00
60 - 64	402.00	402.00	804.00	565.00	565.00	934.00
65+	541.00	574.00	1,115.00	705.00	737.00	1,214.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

**Distinct Advantage PPO Plan 2
\$1500 deductible - Does NOT include Maternity
with Prescription Benefit Rider \$10/35/60 Rx
(SurePay Billing Option* for automatic bank withdrawal)**

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
0 - 17	84.00	84.00				
18 - 24	68.00	151.00	219.00	214.00	298.00	385.00
25 - 29	76.00	158.00	234.00	221.00	304.00	398.00
30 - 34	84.00	174.00	257.00	229.00	320.00	419.00
35 - 39	90.00	180.00	271.00	237.00	327.00	432.00
40 - 44	127.00	189.00	317.00	274.00	335.00	472.00
45 - 49	136.00	219.00	355.00	282.00	364.00	507.00
50 - 54	211.00	257.00	468.00	358.00	403.00	607.00
55 - 59	286.00	331.00	618.00	432.00	478.00	745.00
60 - 64	360.00	360.00	719.00	506.00	506.00	835.00
65+	483.00	513.00	996.00	629.00	659.00	1,083.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

***DIRECT BILL OPTION (to receive monthly bill by mail):** To calculate rates for having the bill sent to your home, add \$10.00 to the above medical rates. Sierra Health and Life Insurance Company has the right to increase premiums for the agreement after providing 60 days notice to the Applicant/Subscriber. In addition, an increase **will** be applied if an Applicant/Subscriber has a birthday which results in an age reclassification of the rate charts.

Notice: These rates are for non-smoker preferred individuals. Rates may increase up to 75% based on the medical history of the applicants. New enrollees are subject to medical underwriting.

**Sierra Health Life Insurance Co.
Distinct Advantage PPO Plans
As of 8/1/08**

**Distinct Advantage PPO Plan 3
\$2500 deductible - Does NOT include Maternity
with Prescription Benefit Rider \$10/35/60 Rx
(SurePay Billing Option* for automatic bank withdrawal)**

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
0 - 17	77.00	77.00				
18 - 24	62.00	137.00	199.00	195.00	271.00	350.00
25 - 29	69.00	145.00	213.00	201.00	277.00	363.00
30 - 34	77.00	158.00	235.00	209.00	291.00	382.00
35 - 39	82.00	166.00	249.00	215.00	299.00	393.00
40 - 44	117.00	172.00	290.00	250.00	305.00	432.00
45 - 49	124.00	199.00	324.00	257.00	333.00	463.00
50 - 54	193.00	235.00	427.00	326.00	367.00	556.00
55 - 59	261.00	303.00	565.00	394.00	436.00	680.00
60 - 64	328.00	328.00	656.00	462.00	462.00	762.00
65+	441.00	468.00	908.00	574.00	601.00	989.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

**Distinct Advantage PPO Plan 4
\$5000 deductible - Does NOT include Maternity
with Prescription Benefit Rider \$10/35/60 Rx
(SurePay Billing Option* for automatic bank withdrawal)**

Age	Male Subscriber	Female Subscriber	Subscriber & Spouse	Male Subscriber & Children	Female Subscriber & Children	Family
0 - 17	46.00	46.00				
18 - 24	36.00	82.00	119.00	117.00	163.00	210.00
25 - 29	41.00	87.00	127.00	121.00	167.00	217.00
30 - 34	46.00	94.00	140.00	126.00	175.00	229.00
35 - 39	49.00	99.00	148.00	130.00	178.00	237.00
40 - 44	70.00	103.00	172.00	150.00	183.00	258.00
45 - 49	74.00	119.00	193.00	154.00	198.00	276.00
50 - 54	115.00	140.00	255.00	195.00	220.00	331.00
55 - 59	156.00	180.00	337.00	237.00	260.00	406.00
60 - 64	196.00	196.00	391.00	276.00	276.00	455.00
65+	262.00	280.00	542.00	343.00	360.00	591.00

NOTE: For "Subscriber & Spouse" and "Family" policies, the OLDER spouse must be the applicant.

***DIRECT BILL OPTION (to receive monthly bill by mail):** To calculate rates for having the bill sent to your home, add \$10.00 to the above medical rates. Sierra Health and Life Insurance Company has the right to increase premiums for the agreement after providing 60 days notice to the Applicant/Subscriber. In addition, an increase **will** be applied if an Applicant/Subscriber has a birthday which results in an age reclassification of the rate charts.

Notice: These rates are for non-smoker preferred individuals. Rates may increase up to 75% based on the medical history of the applicants. New enrollees are subject to medical underwriting.