

**Sierra Health Life Insurance Co. - No. NV
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	112.00	112.00				
18 - 24	92.00	203.00	294.00	287.00	400.00	518.00
25 - 29	102.00	214.00	313.00	299.00	409.00	535.00
30 - 34	112.00	234.00	346.00	308.00	431.00	564.00
35 - 39	122.00	245.00	365.00	318.00	439.00	581.00
40 - 44	174.00	253.00	427.00	368.00	449.00	636.00
45 - 49	182.00	293.00	476.00	379.00	490.00	682.00
50 - 54	284.00	344.00	628.00	481.00	541.00	817.00
55 - 59	384.00	445.00	830.00	581.00	642.00	1,000.00
60 - 64	482.00	482.00	965.00	678.00	678.00	1,121.00
65+	649.00	689.00	1,338.00	846.00	884.00	1,457.00

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	101.00	101.00				
18 - 24	82.00	181.00	263.00	257.00	358.00	462.00
25 - 29	91.00	190.00	281.00	265.00	365.00	478.00
30 - 34	101.00	209.00	308.00	275.00	384.00	503.00
35 - 39	108.00	216.00	325.00	284.00	392.00	518.00
40 - 44	152.00	227.00	380.00	329.00	402.00	566.00
45 - 49	163.00	263.00	426.00	338.00	437.00	608.00
50 - 54	253.00	308.00	562.00	430.00	484.00	728.00
55 - 59	343.00	397.00	742.00	518.00	574.00	894.00
60 - 64	432.00	432.00	863.00	607.00	607.00	1,002.00
65+	580.00	616.00	1,195.00	755.00	791.00	1,300.00

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. - No. NV
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	92.00	92.00				
18 - 24	74.00	164.00	239.00	234.00	325.00	420.00
25 - 29	83.00	174.00	256.00	241.00	332.00	436.00
30 - 34	92.00	190.00	282.00	251.00	349.00	458.00
35 - 39	98.00	199.00	299.00	258.00	359.00	472.00
40 - 44	140.00	206.00	348.00	300.00	366.00	518.00
45 - 49	149.00	239.00	389.00	308.00	400.00	556.00
50 - 54	232.00	282.00	512.00	391.00	440.00	667.00
55 - 59	313.00	364.00	678.00	473.00	523.00	816.00
60 - 64	394.00	394.00	787.00	554.00	554.00	914.00
65+	529.00	562.00	1,090.00	689.00	721.00	1,187.00

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	55.00	55.00				
18 - 24	43.00	98.00	143.00	140.00	196.00	252.00
25 - 29	49.00	104.00	152.00	145.00	200.00	260.00
30 - 34	55.00	113.00	168.00	151.00	210.00	275.00
35 - 39	59.00	119.00	178.00	156.00	214.00	284.00
40 - 44	84.00	124.00	206.00	180.00	220.00	310.00
45 - 49	89.00	143.00	232.00	185.00	238.00	331.00
50 - 54	138.00	168.00	306.00	234.00	264.00	397.00
55 - 59	187.00	216.00	404.00	284.00	312.00	487.00
60 - 64	235.00	235.00	469.00	331.00	331.00	546.00
65+	314.00	336.00	650.00	412.00	432.00	709.00

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.