

**Sierra Health Life Insurance Co. - Southern NV
Distinct Advantage PPO Plans
Effective 11/1/09**

**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	97.00	97.00				
18 - 24	80.00	175.00	254.00	248.00	346.00	448.00
25 - 29	88.00	185.00	271.00	258.00	354.00	463.00
30 - 34	97.00	202.00	299.00	267.00	373.00	488.00
35 - 39	106.00	212.00	316.00	275.00	380.00	502.00
40 - 44	151.00	219.00	370.00	319.00	388.00	550.00
45 - 49	158.00	253.00	412.00	328.00	424.00	590.00
50 - 54	246.00	298.00	543.00	416.00	468.00	707.00
55 - 59	332.00	385.00	718.00	502.00	555.00	865.00
60 - 64	417.00	417.00	835.00	586.00	586.00	969.00
65+	562.00	596.00	1,157.00	732.00	765.00	1,260.00

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	87.00	87.00				
18 - 24	71.00	157.00	227.00	222.00	309.00	400.00
25 - 29	79.00	164.00	243.00	229.00	316.00	413.00
30 - 34	87.00	181.00	267.00	238.00	332.00	435.00
35 - 39	93.00	187.00	281.00	246.00	339.00	448.00
40 - 44	132.00	196.00	329.00	284.00	348.00	490.00
45 - 49	141.00	227.00	368.00	293.00	378.00	526.00
50 - 54	219.00	267.00	486.00	372.00	418.00	630.00
55 - 59	297.00	344.00	641.00	448.00	496.00	773.00
60 - 64	374.00	374.00	746.00	525.00	525.00	867.00
65+	501.00	532.00	1,034.00	653.00	684.00	1,124.00

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. - Southern NV
Distinct Advantage PPO Plans
Effective 11/1/09**

**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	80.00	80.00				
18 - 24	64.00	142.00	207.00	202.00	281.00	363.00
25 - 29	72.00	151.00	221.00	209.00	288.00	377.00
30 - 34	80.00	164.00	244.00	217.00	302.00	397.00
35 - 39	85.00	172.00	258.00	223.00	310.00	408.00
40 - 44	121.00	179.00	301.00	260.00	317.00	448.00
45 - 49	129.00	207.00	336.00	267.00	346.00	481.00
50 - 54	200.00	244.00	443.00	338.00	381.00	577.00
55 - 59	271.00	315.00	586.00	409.00	453.00	706.00
60 - 64	340.00	340.00	681.00	480.00	480.00	791.00
65+	458.00	486.00	943.00	596.00	624.00	1,027.00

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	48.00	48.00				
18 - 24	37.00	85.00	124.00	121.00	169.00	218.00
25 - 29	43.00	90.00	132.00	126.00	173.00	225.00
30 - 34	48.00	98.00	145.00	131.00	182.00	238.00
35 - 39	51.00	103.00	154.00	135.00	185.00	246.00
40 - 44	73.00	107.00	179.00	156.00	190.00	268.00
45 - 49	77.00	124.00	200.00	160.00	206.00	286.00
50 - 54	119.00	145.00	265.00	202.00	228.00	344.00
55 - 59	162.00	187.00	350.00	246.00	270.00	421.00
60 - 64	203.00	203.00	406.00	286.00	286.00	472.00
65+	272.00	291.00	563.00	356.00	374.00	613.00

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.