

General Information

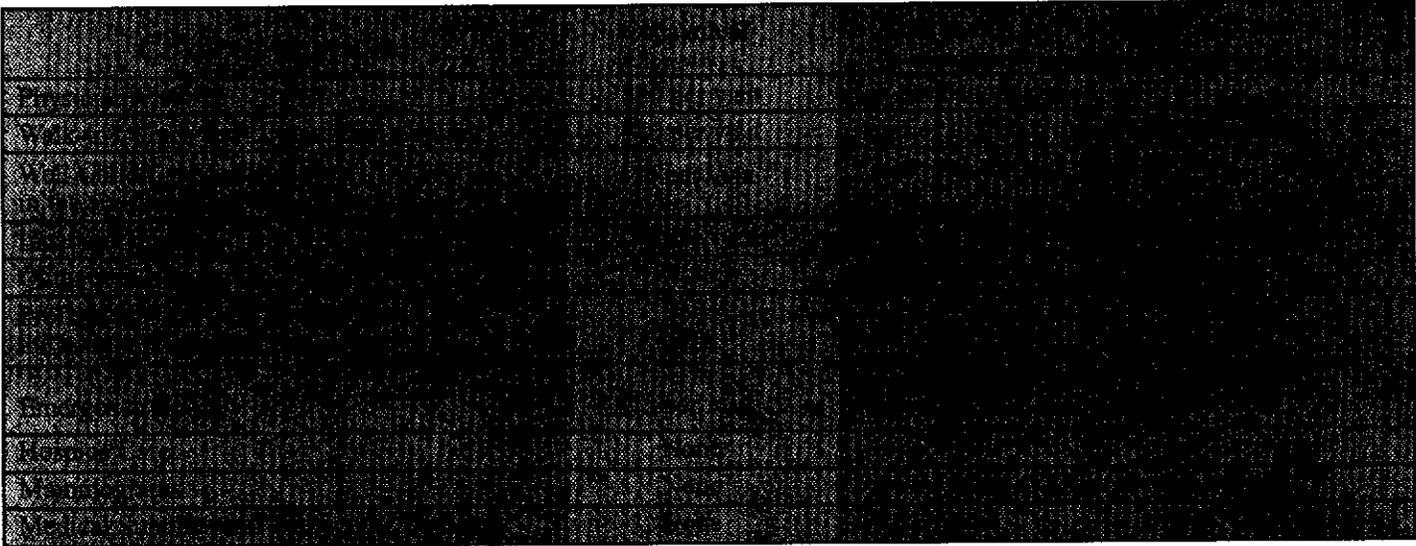
EXHIBIT NO. _____



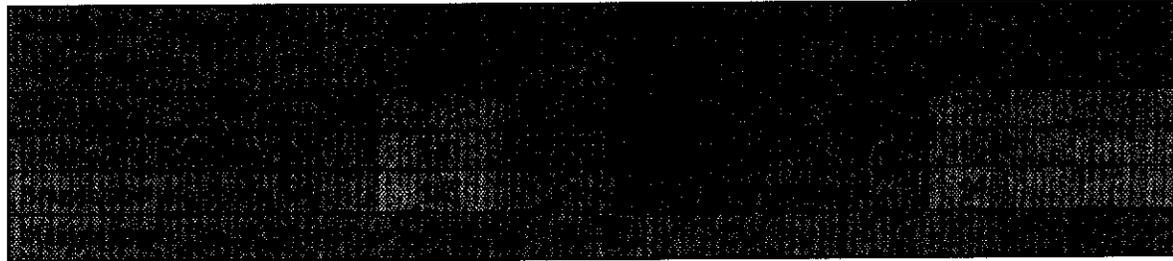
BILL NO. _____

What's Covered?

For the best benefit, services must be provided by a Blue Care participating provider who will accept the BCBSMT allowable fee as full payment. For services received from non-participating providers, BCBSMT reduces its allowable fee by 25%. That 25%, plus any other charges above BCBSMT allowable fee, are the patient's responsibility.



Prescription Drugs: Prescription drug coverage is provided through Express Scripts, Inc. Mail order service is available for maintenance medications.



October, November, December 2004 Rates	
Age	Monthly Premium Per Person
Under Age 25	\$53.83
25-29	57.78
30-34	62.86
35-39	71.06
40-44	80.99
45-49	94.68
50-54	102.72
55-59	116.45
60 Plus	136.40
One Child	39.39
Two Children +	78.78

**For more
information, call:
1-800-447-7828
Extension 8965**

This information is intended only for general informational purposes. The premium rates are for comparison purposes. Blue Care is subject to the BCBSMT underwriting process.

Note: BCBSMT cannot accept employer contributions for an individual policy.