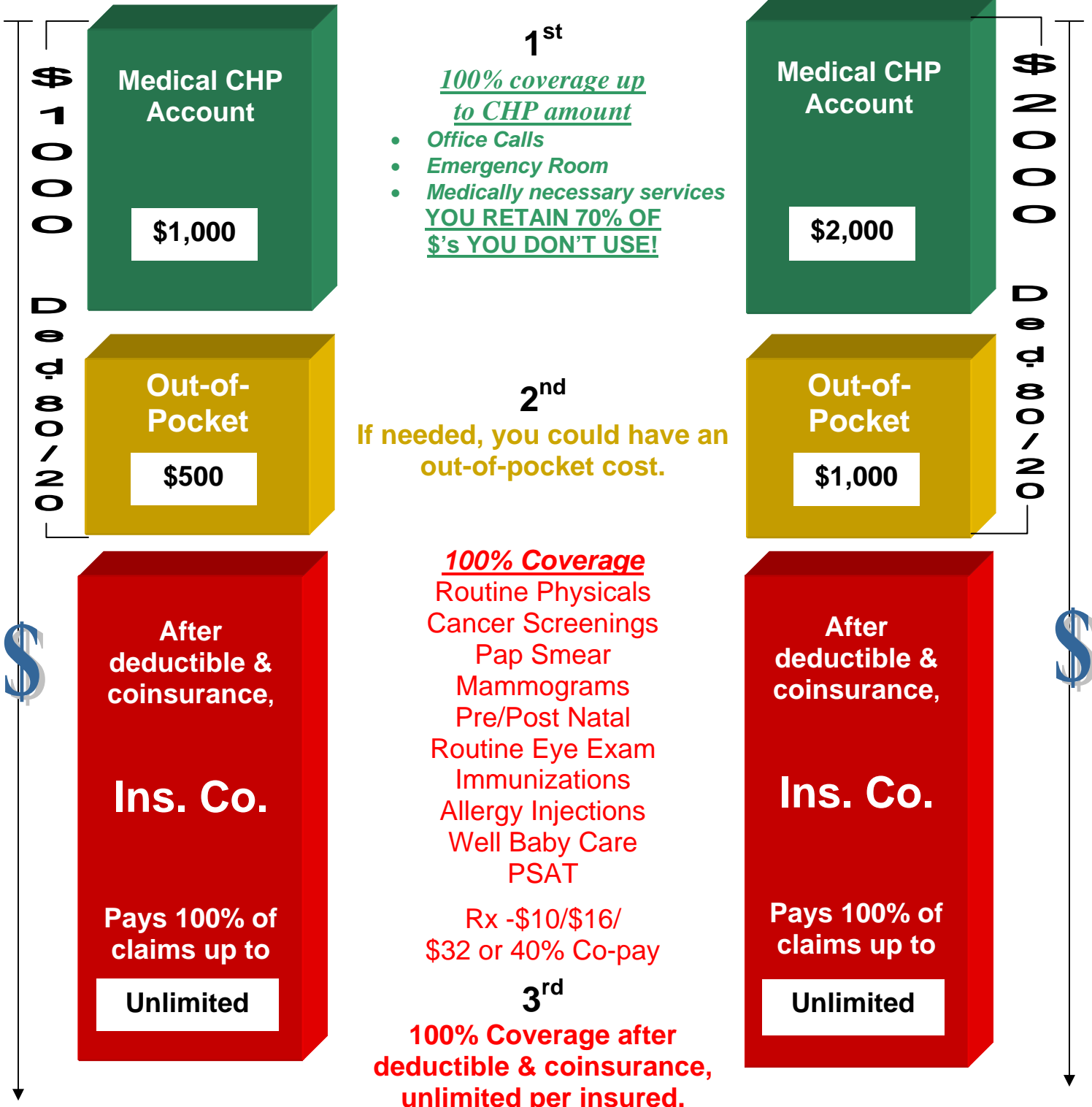


**FIRST YEAR CHP
SAMPLE COMPANY**

Single Plan

Family Plan



*Assumes annual conversion account balance carried forward



Personal Convertible Health PlanSM Illustration

THREE-YEAR CHP SUMMARY SAMPLE COMPANY

Single Plan

\$300/yr in claims

Medical CHP Account

\$1,470*
Total
+
\$1,000/yr.

Out-of-Pocket

\$0

After deductible & coinsurance,

Ins. Co.

Pays 100% of claims up to

Unlimited

1st

100% coverage up to CHP amount

- Office Calls
 - Emergency Room
 - Medically necessary services
- YOU RETAIN 70% OF \$'s YOU DON'T USE!

2nd

If needed, you could have an out-of-pocket cost.

100% Coverage

Routine Physicals
Cancer Screenings
Pap Smear
Mammograms
Pre/Post Natal
Routine Eye Exam
Immunizations
Allergy Injections
Well Baby Care
PSAT

Rx -\$10/\$16/
\$32 or 40% Co-pay

3rd

100% Coverage after deductible & coinsurance, unlimited per insured.

Family Plan

\$600/yr in claims

Medical CHP Account

\$2,940*
Total
+
\$2,000/yr.

Out-of-Pocket

\$0

After deductible & coinsurance,

Ins. Co.

Pays 100% of claims up to

Unlimited



This is a summary of benefits, see contracts with insurance carrier and AHR for complete details.