

THE JEFFERSON HEALTH CARE PLAN

2007 ANNUAL PREMIUM SCHEDULE

The premium rate per insured individual is determined by age bracket and options chosen :

Premium Schedule I - Residents of France without French Social Security, as well as Residents of other European Countries	Medical Cover	Medical Cover PLUS "American Hospital of Paris" Option	Optional Dental Cover
Age 0 -16	423 €	604 €	121 €
Age 17 - 24	544 €	846 €	181 €
Age 25 - 49	1 148 €	1 451 €	302 €
Age 50 - 64	1 692 €	2 176 €	363 €
Age 65 - 69			
Option A (No Deductible)	2 418 €	3 022 €	423 €
Option B (350 €Annual Deductible)	2 055 €	2 659 €	423 €
Age 70+			
Option A (No Deductible)	2 659 €	3 626 €	484 €
Option B (610 €Annual Deductible)	1 934 €	2 901 €	484 €

Premium Schedule II - Residents of France with French Social Security	Medical Cover	Medical Cover PLUS "American Hospital of Paris" Option	Optional Dental Cover
Age 0 -16	230 €	278 €	81 €
Age 17 - 24	302 €	363 €	109 €
Age 25 - 49	484 €	604 €	218 €
Age 50 - 64	604 €	846 €	266 €
Age 65 - 69			
Option A (No Deductible)	1 209 €	1 451 €	314 €
Option B (350 €Annual Deductible)	846 €	1 088 €	314 €
Age 70+			
Option A (No Deductible)	1 451 €	1 692 €	363 €
Option B (610 €Annual Deductible)	725 €	967 €	363 €

All amounts are in EUROS