EXHIBIT 1
DATE 2-23-07
HB 749

NEW WEST HEALTH PLAN

BENEFIT PLAN: CHO
RX$10

MEMBER: JOSEPH COHENOUR
PCP: S HOWELL

ID#: [redacted]
PCP PHONE: 406-442-0120

DEPENDENTS	PCP	PCP PHONE
JILL COHENOUR	S HOWELL	406-442-0120
ALLYSHA COHENOUR	S HOWELL	406-442-0120
TAYLOR COHENOUR	S HOWELL	406-442-0120

COPAYS: OFFICE VISIT $10 URGENT CARE $25 ER $50 RX $10
PHARMACY BENEFIT MANAGER: ADVANCE PARADIGM
RX QUESTIONS: MEMBERS CALL 1-800-929-2524 / PROVIDERS CALL 1-800-364-6331

NEW WEST HEALTH SERVICES

PLAN: HMO 75/25, $400 Deductible
OFFICE/ER COPAY: $15/$75
Rx: Available through PharmaCare
The Subscriber's Social Security Number is the Member's Policy ID.

SUBSCRIBER:	DOB:
JOSEPH COHENOUR (*M)	2/19/1963
DEPENDENTS:	
TAYLOR COHENOUR (*M)	8/8/1992
JILL COHENOUR (*M)	7/2/1966

* M: Medical, D: Dental, V: Vision
Rx Benefit Manager: PharmaCare
Rx Questions: Participants Call: 888-645-9303

Beech Street Corporation