

MEDICA®

MINNESOTA

Rate Guide

July 2008 – June 2009

MEDICA DIRECT HSASM FOR INDIVIDUALS

Health plans as individual as you
and your family.

Available in Minnesota counties excluding:

- Cook
- Lake (except Zip Codes 55609 and 55616)

Determine your standard premium

IMPORTANT:

- When calculating your family premium, optional benefits apply to the entire family.
- You pay for a maximum of three dependents (not including spouse).
- Note that your application cannot be signed more than 60 days before the requested effective date.
- Rates in this guide are standard non-tobacco user rates. The actual rate offered may be up to 40% higher based on tobacco use and other health factors.
- Newborns under 90 days old are not eligible for coverage.

INSTRUCTIONS:

Use these instructions to help calculate your standard premium on the worksheet on page 3. Determine which rate chart—found on pages 4 through 7—to use based on the optional benefits (if any) you are applying for.

■ Standard Base Rate

Find your age, deductible level, family status and coinsurance (80% or 100% coverage after deductible) option. Write down the standard monthly rate from the chart.

- If applicable, find your spouse's standard monthly rate in the same manner that you used to calculate your rate.
- If applicable, add the dependent rate based on the total number of dependents, up to a maximum of 3, for the total dependent's standard monthly rate.
- Add your standard monthly rate, your spouse's standard monthly rate and your dependent(s) standard monthly rate to calculate the total standard monthly premium for your family.

Note that if you and/or your spouse have a birthday during the first month of coverage, you should use the new age(s) to determine your rate.

REMEMBER:

- Sign your application.
- Include a check or money order for your first month's premium with your application.
- Be certain that you selected the appropriate optional benefits on your application.

Questions on how to calculate your premium? Contact your Medica broker or call Medica's Sales Department at 952-992-2080 or 1-800-670-5935.

Worksheet

EXAMPLE:

I am a 35-year-old needing single coverage. I have selected the \$1,800 deductible 80% coinsurance plan with First Dollar Preventive Coverage. I answered "Yes" to question 2 (found in section C on my application). Here is how I would calculate my standard monthly rate:

I would use the chart on page 4.

Based on my age, deductible and coinsurance plan plus First Dollar Preventive Coverage, my **standard monthly rate** would be:

\$139.88

You
your standard monthly rate

+

Spouse
spouse's standard monthly rate

+

Dependent(s)
dependent's standard monthly rate

=

Total Family Standard Monthly Premium
Add your standard monthly rate to your spouse's and dependent's standard monthly rates

Note that the actual rate offered may be up to 40% higher based on tobacco use and other health factors.

Standard monthly rates with no optional benefits

Effective July 1, 2008 through June 30, 2009

Plan:	SINGLE					
Coinsurance*:	80%		100%			
Deductible:	\$1,400	\$1,800	\$1,800	\$2,400	\$2,850	\$3,500
Age <30	\$154.79	\$124.84	\$140.08	\$126.75	\$120.34	\$112.09
30-31	\$162.84	\$131.34	\$147.37	\$133.34	\$126.60	\$117.93
32-33	\$166.87	\$134.59	\$151.01	\$136.65	\$129.74	\$120.85
34-35	\$169.30	\$136.54	\$153.20	\$138.63	\$131.62	\$122.60
36-37	\$171.51	\$138.33	\$155.21	\$140.44	\$133.34	\$124.21
38-39	\$177.76	\$143.37	\$160.86	\$145.56	\$138.20	\$128.73
40-41	\$190.66	\$153.77	\$172.53	\$156.12	\$148.23	\$138.07
42-43	\$201.54	\$162.55	\$182.39	\$165.04	\$156.69	\$145.95
44-45	\$220.69	\$177.99	\$199.72	\$180.71	\$171.57	\$159.81
46-47	\$241.65	\$194.89	\$218.68	\$197.88	\$187.87	\$174.99
48-49	\$268.66	\$216.68	\$243.12	\$219.99	\$208.88	\$194.55
50-51	\$301.91	\$243.49	\$273.22	\$247.23	\$234.72	\$218.64
52-53	\$336.17	\$271.13	\$304.23	\$275.28	\$261.36	\$243.44
54-55	\$370.43	\$298.76	\$335.22	\$303.34	\$288.00	\$268.26
56-57	\$408.12	\$329.15	\$369.33	\$334.20	\$317.30	\$295.56
58-59	\$430.09	\$346.87	\$389.21	\$352.19	\$334.39	\$311.46
60+	\$450.25	\$363.13	\$407.45	\$368.69	\$350.05	\$326.05
1 Dependent	\$130.19	\$105.01	\$117.82	\$106.61	\$101.22	\$94.29
2 Dependents	\$260.38	\$210.02	\$235.64	\$213.22	\$202.44	\$188.58
3+ Dependents	\$390.57	\$315.03	\$353.46	\$319.83	\$303.66	\$282.87

Plan:	FAMILY					
Coinsurance*:	80%		100%			
Deductible:	\$2,800	\$3,650	\$3,650	\$4,500	\$5,500	\$7,000
Age <30	\$127.69	\$104.99	\$118.96	\$109.49	\$99.86	\$88.79
30-31	\$134.34	\$110.46	\$125.15	\$115.19	\$105.06	\$93.41
32-33	\$137.67	\$113.19	\$128.25	\$118.04	\$107.66	\$95.73
34-35	\$139.67	\$114.83	\$130.11	\$119.76	\$109.22	\$97.11
36-37	\$141.49	\$116.33	\$131.81	\$121.32	\$110.66	\$98.38
38-39	\$146.65	\$120.57	\$136.62	\$125.75	\$114.69	\$101.97
40-41	\$157.29	\$129.32	\$146.53	\$134.86	\$123.01	\$109.36
42-43	\$166.27	\$136.70	\$154.90	\$142.57	\$130.03	\$115.61
44-45	\$182.07	\$149.69	\$169.62	\$156.11	\$142.38	\$126.59
46-47	\$199.36	\$163.90	\$185.72	\$170.93	\$155.91	\$138.61
48-49	\$221.64	\$182.22	\$206.48	\$190.04	\$173.33	\$154.10
50-51	\$249.07	\$204.78	\$232.04	\$213.57	\$194.79	\$173.18
52-53	\$277.34	\$228.02	\$258.37	\$237.80	\$216.89	\$192.83
54-55	\$305.60	\$251.26	\$284.70	\$262.04	\$239.00	\$212.49
56-57	\$336.70	\$276.82	\$313.67	\$288.69	\$263.31	\$234.10
58-59	\$354.82	\$291.72	\$330.55	\$304.24	\$277.48	\$246.71
60+	\$371.44	\$305.39	\$346.05	\$318.50	\$290.49	\$258.26
1 Dependent	\$107.41	\$88.31	\$100.06	\$92.10	\$84.00	\$74.68
2 Dependents	\$214.82	\$176.62	\$200.12	\$184.20	\$168.00	\$149.36
3+ Dependents	\$322.23	\$264.93	\$300.18	\$276.30	\$252.00	\$224.04

Standard monthly rates with first dollar preventive coverage

Effective July 1, 2008 through June 30, 2009

Plan:	SINGLE					
Coinsurance*:	80%		100%			
Deductible:	\$1,400	\$1,800	\$1,800	\$2,400	\$2,850	\$3,500
Age <30	\$158.58	\$127.90	\$143.51	\$129.85	\$123.29	\$114.84
30-31	\$166.83	\$134.55	\$150.98	\$136.61	\$129.71	\$120.82
32-33	\$170.96	\$137.89	\$154.71	\$140.00	\$132.92	\$123.81
34-35	\$173.45	\$139.88	\$156.96	\$142.03	\$134.85	\$125.61
36-37	\$175.72	\$141.72	\$159.02	\$143.89	\$136.61	\$127.25
38-39	\$182.11	\$146.89	\$164.81	\$149.13	\$141.59	\$131.89
40-41	\$195.33	\$157.53	\$176.76	\$159.95	\$151.86	\$141.45
42-43	\$206.48	\$166.53	\$186.86	\$169.08	\$160.53	\$149.53
44-45	\$226.10	\$182.35	\$204.61	\$185.14	\$175.78	\$163.73
46-47	\$247.57	\$199.67	\$224.04	\$202.73	\$192.48	\$179.28
48-49	\$275.24	\$221.99	\$249.08	\$225.39	\$214.00	\$199.32
50-51	\$309.31	\$249.46	\$279.91	\$253.29	\$240.48	\$224.00
52-53	\$344.41	\$277.77	\$311.68	\$282.02	\$267.77	\$249.41
54-55	\$379.51	\$306.08	\$343.44	\$310.77	\$295.06	\$274.84
56-57	\$418.13	\$337.22	\$378.38	\$342.39	\$325.08	\$302.80
58-59	\$440.63	\$355.37	\$398.75	\$360.82	\$342.58	\$319.09
60+	\$461.28	\$372.03	\$417.44	\$377.73	\$358.63	\$334.04
1 Dependent	\$133.38	\$107.58	\$120.71	\$109.22	\$103.71	\$96.60
2 Dependents	\$266.76	\$215.16	\$241.42	\$218.44	\$207.42	\$193.20
3+ Dependents	\$400.14	\$322.74	\$362.13	\$327.66	\$311.13	\$289.80

Plan:	FAMILY					
Coinsurance*:	80%		100%			
Deductible:	\$2,800	\$3,650	\$3,650	\$4,500	\$5,500	\$7,000
Age <30	\$130.82	\$107.56	\$121.88	\$112.17	\$102.31	\$90.97
30-31	\$137.64	\$113.16	\$128.22	\$118.01	\$107.64	\$95.70
32-33	\$141.04	\$115.96	\$131.40	\$120.94	\$110.30	\$98.07
34-35	\$143.09	\$117.65	\$133.30	\$122.69	\$111.90	\$99.49
36-37	\$144.96	\$119.18	\$135.05	\$124.29	\$113.37	\$100.79
38-39	\$150.24	\$123.53	\$139.97	\$128.83	\$117.50	\$104.47
40-41	\$161.15	\$132.49	\$150.12	\$138.17	\$126.03	\$112.04
42-43	\$170.35	\$140.05	\$158.69	\$146.06	\$133.22	\$118.44
44-45	\$186.53	\$153.35	\$173.77	\$159.94	\$145.87	\$129.69
46-47	\$204.25	\$167.92	\$190.27	\$175.12	\$159.73	\$142.01
48-49	\$227.07	\$186.69	\$211.54	\$194.69	\$177.58	\$157.88
50-51	\$255.18	\$209.79	\$237.73	\$218.80	\$199.56	\$177.42
52-53	\$284.14	\$233.61	\$264.70	\$243.63	\$222.21	\$197.56
54-55	\$313.09	\$257.41	\$291.68	\$268.46	\$244.85	\$217.69
56-57	\$344.95	\$283.60	\$321.36	\$295.77	\$269.77	\$239.84
58-59	\$363.51	\$298.87	\$338.65	\$311.69	\$284.28	\$252.75
60+	\$380.55	\$312.87	\$354.53	\$326.30	\$297.61	\$264.59
1 Dependent	\$110.04	\$90.48	\$102.51	\$94.35	\$86.06	\$76.51
2 Dependents	\$220.08	\$180.96	\$205.02	\$188.70	\$172.12	\$153.02
3+ Dependents	\$330.12	\$271.44	\$307.53	\$283.05	\$258.18	\$229.53

* Coinsurance is the amount paid by the health plan (after deductible) for eligible services.

Standard monthly rates with mental health coverage

Effective July 1, 2008 through June 30, 2009

Plan:	SINGLE					
Coinsurance*:	80%		100%			
Deductible:	\$1,400	\$1,800	\$1,800	\$2,400	\$2,850	\$3,500
Age <30	\$169.96	\$137.08	\$153.81	\$139.17	\$132.14	\$123.08
30-31	\$178.81	\$144.21	\$161.82	\$146.42	\$139.01	\$129.49
32-33	\$183.23	\$147.78	\$165.82	\$150.05	\$142.46	\$132.70
34-35	\$185.90	\$149.92	\$168.22	\$152.22	\$144.52	\$134.62
36-37	\$188.33	\$151.89	\$170.43	\$154.21	\$146.42	\$136.38
38-39	\$195.18	\$157.43	\$176.64	\$159.84	\$151.75	\$141.36
40-41	\$209.35	\$168.84	\$189.45	\$171.43	\$162.76	\$151.60
42-43	\$221.30	\$178.48	\$200.27	\$181.22	\$172.05	\$160.26
44-45	\$242.32	\$195.44	\$219.30	\$198.43	\$188.40	\$175.48
46-47	\$265.34	\$214.00	\$240.12	\$217.28	\$206.29	\$192.15
48-49	\$295.00	\$237.92	\$266.95	\$241.56	\$229.35	\$213.63
50-51	\$331.51	\$267.37	\$300.00	\$271.47	\$257.73	\$240.07
52-53	\$369.13	\$297.71	\$334.05	\$302.27	\$286.99	\$267.31
54-55	\$406.75	\$328.05	\$368.09	\$333.08	\$316.23	\$294.56
56-57	\$448.13	\$361.42	\$405.54	\$366.97	\$348.41	\$324.53
58-59	\$472.26	\$380.88	\$427.37	\$386.71	\$367.17	\$341.99
60+	\$494.39	\$398.73	\$447.40	\$404.84	\$384.37	\$358.02
1 Dependent	\$142.96	\$115.30	\$129.37	\$117.06	\$111.15	\$103.53
2 Dependents	\$285.92	\$230.60	\$258.74	\$234.12	\$222.30	\$207.06
3+ Dependents	\$428.88	\$345.90	\$388.11	\$351.18	\$333.45	\$310.59

Plan:	FAMILY					
Coinsurance*:	80%		100%			
Deductible:	\$2,800	\$3,650	\$3,650	\$4,500	\$5,500	\$7,000
Age <30	\$140.21	\$115.28	\$130.63	\$120.22	\$109.65	\$97.50
30-31	\$147.52	\$121.28	\$137.42	\$126.48	\$115.36	\$102.57
32-33	\$151.17	\$124.29	\$140.83	\$129.62	\$118.22	\$105.11
34-35	\$153.36	\$126.09	\$142.87	\$131.50	\$119.93	\$106.64
36-37	\$155.37	\$127.74	\$144.74	\$133.21	\$121.51	\$108.02
38-39	\$161.02	\$132.40	\$150.01	\$138.07	\$125.93	\$111.97
40-41	\$172.72	\$141.99	\$160.90	\$148.09	\$135.07	\$120.09
42-43	\$182.57	\$150.10	\$170.08	\$156.54	\$142.78	\$126.94
44-45	\$199.92	\$164.36	\$186.24	\$171.42	\$156.34	\$139.00
46-47	\$218.90	\$179.97	\$203.93	\$187.69	\$171.19	\$152.20
48-49	\$243.36	\$200.09	\$226.72	\$208.67	\$190.32	\$169.21
50-51	\$273.49	\$224.85	\$254.79	\$234.51	\$213.89	\$190.15
52-53	\$304.53	\$250.38	\$283.70	\$261.12	\$238.16	\$211.74
54-55	\$335.56	\$275.89	\$312.61	\$287.73	\$262.43	\$233.32
56-57	\$369.71	\$303.96	\$344.42	\$316.99	\$289.13	\$257.05
58-59	\$389.60	\$320.32	\$362.96	\$334.06	\$304.68	\$270.89
60+	\$407.86	\$335.33	\$379.97	\$349.72	\$318.96	\$283.58
1 Dependent	\$117.94	\$96.97	\$109.87	\$101.12	\$92.23	\$82.01
2 Dependents	\$235.88	\$193.94	\$219.74	\$202.24	\$184.46	\$164.02
3+ Dependents	\$353.82	\$290.91	\$329.61	\$303.36	\$276.69	\$246.03

Standard monthly rates with first dollar preventive and mental health coverage

Effective July 1, 2008 through June 30, 2009

Plan:	SINGLE					
Coinurance*:	80%		100%			
Deductible:	\$1,400	\$1,800	\$1,800	\$2,400	\$2,850	\$3,500
Age <30	\$173.75	\$140.14	\$157.24	\$142.28	\$135.09	\$125.82
30-31	\$182.80	\$147.43	\$165.43	\$149.69	\$142.12	\$132.38
32-33	\$187.32	\$151.08	\$169.52	\$153.40	\$145.64	\$135.66
34-35	\$190.05	\$153.27	\$171.98	\$155.62	\$147.75	\$137.63
36-37	\$192.53	\$155.28	\$174.23	\$157.66	\$149.69	\$139.43
38-39	\$199.54	\$160.94	\$180.58	\$163.40	\$155.14	\$144.51
40-41	\$214.02	\$172.61	\$193.68	\$175.25	\$166.39	\$154.99
42-43	\$226.24	\$182.47	\$204.74	\$185.26	\$175.89	\$163.84
44-45	\$247.73	\$199.80	\$224.19	\$202.86	\$192.60	\$179.40
46-47	\$271.26	\$218.78	\$245.48	\$222.13	\$210.90	\$196.44
48-49	\$301.58	\$243.23	\$272.91	\$246.95	\$234.47	\$218.40
50-51	\$338.91	\$273.33	\$306.70	\$277.53	\$263.49	\$245.43
52-53	\$377.37	\$304.35	\$341.51	\$309.01	\$293.39	\$273.28
54-55	\$415.83	\$335.37	\$376.30	\$340.51	\$323.29	\$301.14
56-57	\$458.14	\$369.49	\$414.59	\$375.16	\$356.19	\$331.78
58-59	\$482.80	\$389.38	\$436.91	\$395.35	\$375.37	\$349.63
60+	\$505.43	\$407.63	\$457.38	\$413.87	\$392.95	\$366.01
1 Dependent	\$146.15	\$117.88	\$132.26	\$119.68	\$113.63	\$105.84
2 Dependents	\$292.30	\$235.76	\$264.52	\$239.36	\$227.26	\$211.68
3+ Dependents	\$438.45	\$353.64	\$396.78	\$359.04	\$340.89	\$317.52

Plan:	FAMILY					
Coinurance*:	80%		100%			
Deductible:	\$2,800	\$3,650	\$3,650	\$4,500	\$5,500	\$7,000
Age <30	\$143.34	\$117.85	\$133.54	\$122.90	\$112.10	\$99.67
30-31	\$150.81	\$123.99	\$140.49	\$129.30	\$117.94	\$104.86
32-33	\$154.54	\$127.06	\$143.97	\$132.51	\$120.85	\$107.46
34-35	\$156.78	\$128.90	\$146.06	\$134.43	\$122.61	\$109.02
36-37	\$158.83	\$130.59	\$147.97	\$136.19	\$124.22	\$110.44
38-39	\$164.62	\$135.35	\$153.36	\$141.16	\$128.74	\$114.47
40-41	\$176.57	\$145.16	\$164.49	\$151.39	\$138.09	\$122.77
42-43	\$186.65	\$153.45	\$173.88	\$160.04	\$145.96	\$129.77
44-45	\$204.38	\$168.03	\$190.40	\$175.24	\$159.83	\$142.11
46-47	\$223.79	\$183.99	\$208.48	\$191.88	\$175.01	\$155.59
48-49	\$248.80	\$204.55	\$231.78	\$213.32	\$194.57	\$172.99
50-51	\$279.60	\$229.87	\$260.48	\$239.74	\$218.66	\$194.40
52-53	\$311.33	\$255.96	\$290.03	\$266.95	\$243.47	\$216.46
54-55	\$343.05	\$282.05	\$319.59	\$294.15	\$268.28	\$238.53
56-57	\$377.96	\$310.74	\$352.11	\$324.07	\$295.58	\$262.79
58-59	\$398.30	\$327.47	\$371.06	\$341.52	\$311.49	\$276.94
60+	\$416.96	\$342.81	\$388.45	\$357.53	\$326.08	\$289.91
1 Dependent	\$120.57	\$99.13	\$112.32	\$103.38	\$94.29	\$83.84
2 Dependents	\$241.14	\$198.26	\$224.64	\$206.76	\$188.58	\$167.68
3+ Dependents	\$361.71	\$297.39	\$336.96	\$310.14	\$282.87	\$251.52

* Coinurance is the amount paid by the health plan (after deductible) for eligible services.

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW

If the insurer that issued your life, annuity, or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, **subject to limits and exclusions**, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

Minnesota Life and Health Insurance Guaranty Association

4760 White Bear Parkway
Suite 101
White Bear Lake, MN 55110
Telephone: 651-407-3149
Fax: 651-407-3150

The **maximum amount** the guaranty association will pay for all policies issued on one life by the same insurer **is limited to \$300,000. Subject to this \$300,000 limit**, the guaranty association will pay up to \$300,000 in life insurance death benefits, \$100,000 in net cash surrender and net cash withdrawal values for life insurance, \$300,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, \$100,000 in annuity net cash surrender and net cash withdrawal values, \$300,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of

impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$300,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$100,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than \$7,500,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$7,500,000, the \$7,500,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

The coverage provided by the Guaranty Association is not a substitute for using care in selecting insurance companies that are well managed and financially stable. In selecting an insurance company or policy, you should not rely on coverage by the Guaranty Association.

This notice is required by Minnesota state law to advise policyholders of life, annuity, or health insurance policies of their rights in the event their insurance carrier becomes financially insolvent. This notice no way implies that the company currently has any type of financial problems. All life, annuity, and health insurance policies are required to provide this notice.

MEDICA®

PO Box 9310, Minneapolis, MN 55440-9310

© 2008 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, and Medica Health Management, LLC.

Medica Direct HSASM for Individuals is a service mark of Medica.