

MEDICA®

SOUTH DAKOTA

Rate Guide

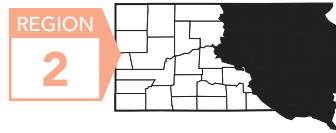
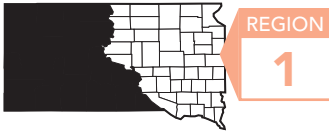
June 2012 – May 2013

MEDICA SYMPHONY® FOR HSA

Coverage for one or more people.

Residence regions

Find your region from the list of counties below.



Aurora	Douglas	McCook
Beadle	Edmunds	McPherson
Bon Homme	Faulk	Miner
Brookings	Grant	Minnehaha
Brown	Hamlin	Moody
Brule	Hand	Roberts
Buffalo	Hanson	Sanborn
Campbell	Hughes	Spink
Charles Mix	Hutchinson	Sully
Clark	Hyde	Turner
Clay	Jerauld	Union
Codington	Kingsbury	Walworth
Davison	Lake	Yankton
Day	Lincoln	
Deuel	Marshall	

Bennett	Harding	Perkins
Butte	Jackson	Shannon
Corson	Jones	Stanley
Custer	Lawrence	Todd
Dewey	Lyman	Tripp
Fall River	Meade	Ziebach
Gregory	Mellette	
Haakon	Pennington	

IMPORTANT:

- Primary applicants must be between ages 19 and 64.
- 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 rates. The actual rate offered to you may be higher due to specific health factors. Tobacco users will receive a minimum rate increase of:
 - Ages 35 and younger: 10%
 - Ages 36 through 49: 20%
 - Ages 50 and older: 35%
- Additional applicants must be at least 60 days old.

REMEMBER:

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

Determine your standard premium

INSTRUCTIONS:

Use these instructions to help calculate your standard premium on the worksheet below. Determine which rate chart—found on pages 2 through 9—to use based on your region and family status.

■ Standard Base Rate

Find your coverage level, gender, deductible and age. 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.

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 male needing family coverage. My spouse is 35 years old and we have two children. We reside in Region 1. I have selected 100% coverage and the \$5,800 deductible.*

Based on these conditions, I would use:

The chart on page 5 for my rate. \$140.80

The chart on page 5 for my spouse's rate \$251.76

The chart on page 5 for our children's rate \$198.96

Added together, my family's estimated total monthly standard premium: \$591.52

You		
your standard monthly rate	\$	<input type="text"/>
		+
Spouse (if applicable)		
spouse's standard monthly rate	\$	<input type="text"/>
		+
Dependent(s) (if applicable)		
dependent's standard monthly rate	\$	<input type="text"/>
		=
Total Family Standard Monthly Premium		
Add your standard monthly rate to your spouse's and dependent's standard monthly rates	\$	<input type="text"/>

Region 1 standard monthly premiums



Age	80% SINGLE COVERAGE			
	Male		Female	
	\$1,500 Deductible	\$1,900 Deductible	\$1,500 Deductible	\$1,900 Deductible
19–24	\$124.53	\$116.78	\$244.58	\$229.36
25–29	\$141.22	\$132.43	\$298.62	\$280.04
30–31	\$157.65	\$147.84	\$318.80	\$298.96
32–33	\$168.86	\$158.35	\$327.02	\$306.66
34–35	\$183.31	\$171.90	\$327.76	\$307.36
36–37	\$197.50	\$185.21	\$328.51	\$308.07
38–39	\$215.44	\$202.03	\$334.74	\$313.90
40	\$229.88	\$215.58	\$340.96	\$319.74
41	\$239.60	\$224.68	\$345.20	\$323.71
42	\$249.06	\$233.56	\$349.18	\$327.45
43	\$264.00	\$247.57	\$359.39	\$337.03
44	\$278.70	\$261.35	\$369.85	\$346.84
45	\$293.64	\$275.37	\$380.07	\$356.41
46	\$308.34	\$289.15	\$390.28	\$365.99
47	\$323.28	\$303.16	\$400.74	\$375.80
48	\$344.45	\$323.01	\$417.18	\$391.21
49	\$365.62	\$342.87	\$433.86	\$406.86
50	\$386.79	\$362.72	\$450.55	\$422.51
51	\$408.21	\$382.80	\$466.99	\$437.93
52	\$429.38	\$402.66	\$483.67	\$453.57
53	\$457.52	\$429.05	\$501.36	\$470.16
54	\$485.42	\$455.21	\$519.04	\$486.74
55	\$513.56	\$481.60	\$536.72	\$503.32
56	\$541.71	\$507.99	\$554.41	\$519.90
57	\$569.85	\$534.39	\$572.09	\$536.49
58	\$602.97	\$565.45	\$595.00	\$557.97
59	\$620.16	\$581.56	\$617.92	\$579.46
60+	\$620.16	\$581.56	\$696.87	\$653.50



Region 1 standard monthly premiums

Age	100% SINGLE COVERAGE			
	Male		Female	
	\$2,300 Deductible	\$3,050 Deductible	\$2,300 Deductible	\$3,050 Deductible
19–24	\$121.35	\$109.61	\$238.32	\$215.27
25–29	\$137.61	\$124.30	\$290.99	\$262.84
30–31	\$153.62	\$138.77	\$310.64	\$280.60
32–33	\$164.54	\$148.63	\$318.65	\$287.84
34–35	\$178.62	\$161.35	\$319.38	\$288.49
36–37	\$192.45	\$173.84	\$320.11	\$289.15
38–39	\$209.93	\$189.63	\$326.18	\$294.63
40	\$224.00	\$202.34	\$332.24	\$300.11
41	\$233.47	\$210.89	\$336.37	\$303.84
42	\$242.69	\$219.22	\$340.25	\$307.35
43	\$257.25	\$232.37	\$350.20	\$316.33
44	\$271.57	\$245.31	\$360.39	\$325.54
45	\$286.13	\$258.46	\$370.34	\$334.53
46	\$300.45	\$271.39	\$380.30	\$343.52
47	\$315.01	\$284.55	\$390.49	\$352.72
48	\$335.64	\$303.18	\$406.51	\$367.19
49	\$356.27	\$321.81	\$422.77	\$381.88
50	\$376.90	\$340.45	\$439.03	\$396.57
51	\$397.77	\$359.30	\$455.04	\$411.04
52	\$418.40	\$377.94	\$471.30	\$425.73
53	\$445.82	\$402.71	\$488.53	\$441.29
54	\$473.00	\$427.26	\$505.77	\$456.85
55	\$500.43	\$452.03	\$523.00	\$472.42
56	\$527.85	\$476.80	\$540.23	\$487.98
57	\$555.27	\$501.58	\$557.46	\$503.55
58	\$587.55	\$530.73	\$579.79	\$523.72
59	\$604.30	\$545.86	\$602.11	\$543.88
60+	\$604.30	\$545.86	\$679.05	\$613.38

Region 1 standard monthly premiums



Age	80% FAMILY COVERAGE			
	Male		Female	
	\$3,050 Deductible	\$3,900 Deductible	\$3,050 Deductible	\$3,900 Deductible
19-24	\$114.31	\$105.59	\$224.50	\$207.38
25-29	\$129.62	\$119.74	\$274.10	\$253.20
30-31	\$144.71	\$133.68	\$292.62	\$270.31
32-33	\$155.00	\$143.18	\$300.16	\$277.28
34-35	\$168.26	\$155.43	\$300.85	\$277.91
36-37	\$181.29	\$167.47	\$301.54	\$278.55
38-39	\$197.75	\$182.67	\$307.25	\$283.83
40	\$211.01	\$194.92	\$312.97	\$289.11
41	\$219.92	\$203.16	\$316.85	\$292.70
42	\$228.61	\$211.18	\$320.51	\$296.07
43	\$242.33	\$223.85	\$329.88	\$304.73
44	\$255.81	\$236.31	\$339.49	\$313.60
45	\$269.53	\$248.98	\$348.86	\$322.26
46	\$283.02	\$261.44	\$358.23	\$330.92
47	\$296.74	\$274.11	\$367.83	\$339.79
48	\$316.17	\$292.06	\$382.92	\$353.73
49	\$335.60	\$310.01	\$398.24	\$367.88
50	\$355.03	\$327.96	\$413.56	\$382.02
51	\$374.69	\$346.12	\$428.64	\$395.96
52	\$394.12	\$364.07	\$443.96	\$410.11
53	\$419.96	\$387.94	\$460.19	\$425.11
54	\$445.56	\$411.59	\$476.42	\$440.10
55	\$471.39	\$435.45	\$492.65	\$455.09
56	\$497.23	\$459.32	\$508.89	\$470.09
57	\$523.06	\$483.18	\$525.12	\$485.08
58	\$553.46	\$511.27	\$546.15	\$504.51
59	\$569.24	\$525.84	\$567.18	\$523.94
60+	\$569.24	\$525.84	\$639.65	\$590.88
1 Child	\$118.88	\$109.81	\$118.88	\$109.81
2 Children	\$237.76	\$219.62	\$237.76	\$219.62
3+ Children	\$356.64	\$329.43	\$356.64	\$329.43



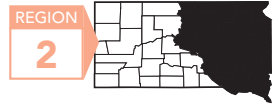
Region 1 standard monthly premiums

Age	100% FAMILY COVERAGE			
	Male		Female	
	\$4,500 Deductible	\$5,800 Deductible	\$4,500 Deductible	\$5,800 Deductible
19–24	\$107.28	\$95.66	\$210.69	\$187.87
25–29	\$121.65	\$108.47	\$257.25	\$229.38
30–31	\$135.81	\$121.10	\$274.62	\$244.88
32–33	\$145.46	\$129.71	\$281.70	\$251.19
34–35	\$157.91	\$140.80	\$282.35	\$251.76
36–37	\$170.14	\$151.71	\$282.99	\$252.34
38–39	\$185.59	\$165.48	\$288.36	\$257.12
40	\$198.03	\$176.58	\$293.72	\$261.90
41	\$206.40	\$184.04	\$297.37	\$265.16
42	\$214.55	\$191.31	\$300.80	\$268.22
43	\$227.42	\$202.79	\$309.60	\$276.06
44	\$240.08	\$214.08	\$318.61	\$284.10
45	\$252.95	\$225.55	\$327.40	\$291.94
46	\$265.61	\$236.84	\$336.20	\$299.78
47	\$278.49	\$248.32	\$345.21	\$307.82
48	\$296.72	\$264.58	\$359.37	\$320.44
49	\$314.96	\$280.84	\$373.75	\$333.26
50	\$333.20	\$297.10	\$388.12	\$346.08
51	\$351.65	\$313.56	\$402.28	\$358.71
52	\$369.88	\$329.82	\$416.66	\$371.52
53	\$394.13	\$351.44	\$431.89	\$385.11
54	\$418.16	\$372.86	\$447.12	\$398.69
55	\$442.40	\$394.48	\$462.36	\$412.27
56	\$466.65	\$416.10	\$477.59	\$425.86
57	\$490.89	\$437.72	\$492.82	\$439.44
58	\$519.43	\$463.16	\$512.56	\$457.04
59	\$534.23	\$476.36	\$532.30	\$474.64
60+	\$534.23	\$476.36	\$600.31	\$535.29
1 Child	\$111.57	\$99.48	\$111.57	\$99.48
2 Children	\$223.14	\$198.96	\$223.14	\$198.96
3+ Children	\$334.71	\$298.44	\$334.71	\$298.44



Region 2 standard monthly premiums

Age	80% SINGLE COVERAGE			
	Male		Female	
	\$1,500 Deductible	\$1,900 Deductible	\$1,500 Deductible	\$1,900 Deductible
19-24	\$136.98	\$128.46	\$269.03	\$252.29
25-29	\$155.34	\$145.67	\$328.48	\$308.04
30-31	\$173.42	\$162.62	\$350.67	\$328.84
32-33	\$185.74	\$174.18	\$359.71	\$337.32
34-35	\$201.63	\$189.09	\$360.53	\$338.09
36-37	\$217.25	\$203.73	\$361.35	\$338.86
38-39	\$236.98	\$222.23	\$368.20	\$345.29
40	\$252.87	\$237.13	\$375.05	\$351.71
41	\$263.55	\$247.15	\$379.71	\$356.08
42	\$273.96	\$256.91	\$384.09	\$360.19
43	\$290.40	\$272.32	\$395.32	\$370.72
44	\$306.56	\$287.48	\$406.83	\$381.51
45	\$323.00	\$302.90	\$418.06	\$392.04
46	\$339.16	\$318.05	\$429.30	\$402.58
47	\$355.60	\$333.47	\$440.80	\$413.37
48	\$378.89	\$355.31	\$458.88	\$430.32
49	\$402.17	\$377.14	\$477.24	\$447.54
50	\$425.46	\$398.98	\$495.59	\$464.75
51	\$449.02	\$421.08	\$513.68	\$481.71
52	\$472.31	\$442.91	\$532.03	\$498.92
53	\$503.26	\$471.94	\$551.48	\$517.16
54	\$533.95	\$500.72	\$570.93	\$535.40
55	\$564.91	\$529.75	\$590.38	\$553.64
56	\$595.86	\$558.78	\$609.83	\$571.88
57	\$626.82	\$587.81	\$629.29	\$590.12
58	\$663.26	\$621.98	\$654.49	\$613.76
59	\$682.16	\$639.71	\$679.69	\$637.39
60+	\$682.16	\$639.71	\$766.54	\$718.83



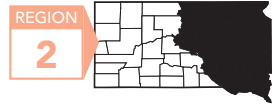
Region 2 standard monthly premiums

Age	100% SINGLE COVERAGE			
	Male		Female	
	\$2,300 Deductible	\$3,050 Deductible	\$2,300 Deductible	\$3,050 Deductible
19–24	\$133.48	\$120.58	\$262.15	\$236.81
25–29	\$151.37	\$136.73	\$320.09	\$289.14
30–31	\$168.99	\$152.65	\$341.71	\$308.67
32–33	\$181.00	\$163.50	\$350.52	\$316.63
34–35	\$196.48	\$177.49	\$351.32	\$317.35
36–37	\$211.70	\$191.23	\$352.12	\$318.08
38–39	\$230.92	\$208.59	\$358.79	\$324.11
40	\$246.40	\$222.58	\$365.47	\$330.13
41	\$256.82	\$231.99	\$370.01	\$334.23
42	\$266.96	\$241.15	\$374.28	\$338.09
43	\$282.98	\$255.62	\$385.22	\$347.98
44	\$298.73	\$269.85	\$396.44	\$358.11
45	\$314.75	\$284.32	\$407.38	\$367.99
46	\$330.50	\$298.54	\$418.33	\$377.88
47	\$346.51	\$313.01	\$429.54	\$388.01
48	\$369.21	\$333.51	\$447.16	\$403.93
49	\$391.90	\$354.01	\$465.04	\$420.08
50	\$414.59	\$374.51	\$482.93	\$436.24
51	\$437.55	\$395.24	\$500.55	\$452.16
52	\$460.24	\$415.74	\$518.44	\$468.31
53	\$490.41	\$442.99	\$537.39	\$485.43
54	\$520.31	\$470.00	\$556.34	\$502.56
55	\$550.47	\$497.25	\$575.30	\$519.68
56	\$580.64	\$524.50	\$594.25	\$536.80
57	\$610.80	\$551.75	\$613.21	\$553.92
58	\$646.31	\$583.82	\$637.77	\$576.11
59	\$664.73	\$600.46	\$662.33	\$598.29
60+	\$664.73	\$600.46	\$746.95	\$674.74



Region 2 standard monthly premiums

Age	80% FAMILY COVERAGE			
	Male		Female	
	\$3,050 Deductible	\$3,900 Deductible	\$3,050 Deductible	\$3,900 Deductible
19-24	\$125.74	\$116.15	\$246.94	\$228.11
25-29	\$142.58	\$131.71	\$301.51	\$278.52
30-31	\$159.18	\$147.04	\$321.88	\$297.33
32-33	\$170.50	\$157.49	\$330.18	\$305.00
34-35	\$185.08	\$170.97	\$330.93	\$305.69
36-37	\$199.42	\$184.21	\$331.69	\$306.39
38-39	\$217.52	\$200.93	\$337.98	\$312.20
40	\$232.11	\$214.40	\$344.26	\$318.01
41	\$241.91	\$223.46	\$348.54	\$321.95
42	\$251.47	\$232.29	\$352.56	\$325.67
43	\$266.56	\$246.23	\$362.87	\$335.19
44	\$281.39	\$259.93	\$373.43	\$344.95
45	\$296.48	\$273.87	\$383.74	\$354.47
46	\$311.32	\$287.58	\$394.05	\$364.00
47	\$326.41	\$301.51	\$404.62	\$373.75
48	\$347.78	\$321.26	\$421.21	\$389.09
49	\$369.16	\$341.00	\$438.06	\$404.65
50	\$390.53	\$360.75	\$454.91	\$420.21
51	\$412.16	\$380.72	\$471.51	\$435.54
52	\$433.53	\$400.47	\$488.35	\$451.11
53	\$461.95	\$426.72	\$506.21	\$467.60
54	\$490.12	\$452.73	\$524.06	\$484.09
55	\$518.53	\$478.98	\$541.92	\$500.58
56	\$546.95	\$505.23	\$559.77	\$517.08
57	\$575.36	\$531.48	\$577.63	\$533.57
58	\$608.81	\$562.37	\$600.76	\$554.94
59	\$626.16	\$578.40	\$623.90	\$576.31
60+	\$626.16	\$578.40	\$703.61	\$649.95
1 Child	\$130.76	\$120.79	\$130.76	\$120.79
2 Children	\$261.52	\$241.58	\$261.52	\$241.58
3+ Children	\$392.28	\$362.37	\$392.28	\$362.37



Region 2 standard monthly premiums

Age	100% FAMILY COVERAGE			
	Male		Female	
	\$4,500 Deductible	\$5,800 Deductible	\$4,500 Deductible	\$5,800 Deductible
19–24	\$118.01	\$105.22	\$231.76	\$206.65
25–29	\$133.82	\$119.32	\$282.98	\$252.32
30–31	\$149.39	\$133.21	\$302.09	\$269.36
32–33	\$160.01	\$142.68	\$309.88	\$276.31
34–35	\$173.70	\$154.88	\$310.59	\$276.94
36–37	\$187.16	\$166.88	\$311.30	\$277.57
38–39	\$204.15	\$182.03	\$317.20	\$282.83
40	\$217.84	\$194.24	\$323.10	\$288.09
41	\$227.04	\$202.44	\$327.11	\$291.67
42	\$236.01	\$210.44	\$330.89	\$295.04
43	\$250.17	\$223.07	\$340.56	\$303.66
44	\$264.10	\$235.48	\$350.47	\$312.50
45	\$278.26	\$248.11	\$360.15	\$321.13
46	\$292.18	\$260.52	\$369.83	\$329.76
47	\$306.34	\$273.15	\$379.74	\$338.60
48	\$326.40	\$291.04	\$395.32	\$352.49
49	\$346.46	\$308.93	\$411.13	\$366.59
50	\$366.52	\$326.81	\$426.94	\$380.69
51	\$386.82	\$344.91	\$442.52	\$394.58
52	\$406.88	\$362.80	\$458.33	\$408.67
53	\$433.55	\$386.58	\$475.09	\$423.62
54	\$459.98	\$410.15	\$491.84	\$438.56
55	\$486.65	\$433.93	\$508.60	\$453.50
56	\$513.32	\$457.71	\$525.36	\$468.44
57	\$539.99	\$481.49	\$542.11	\$483.38
58	\$571.38	\$509.48	\$563.83	\$502.74
59	\$587.66	\$524.00	\$585.54	\$522.10
60+	\$587.66	\$524.00	\$660.36	\$588.81
1 Child	\$122.73	\$109.43	\$122.73	\$109.43
2 Children	\$245.46	\$218.86	\$245.46	\$218.86
3+ Children	\$368.19	\$328.29	\$368.19	\$328.29

MEDICA®

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