

Contact us.

Contact your local Medica broker, give us a call, or drop us a line.

952-992-2080
1-800-670-5935

Hearing Impaired: Please call the National Relay Center at 1-800-855-2880 and ask for one of the numbers listed above.

Hours

8 a.m. to 5 p.m. Monday – Thursday;
9 a.m. to 5 p.m. Friday.

You may also visit us at
medica.com or e-mail us at
medicaindividualproducts@medica.com.

MEDICA®

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Medica PreludeSM is a service mark of Medica Health Plans.
IFB6722-10911

A health plan for
times of transition.

Medica PreludeSM

Short-term coverage for one or
more people.

South Dakota Benefit Summary

Valid October 2011
through September 2012

This limited health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits policy and is not intended to cover all medical expenses. This plan is not designed to cover the cost of serious or chronic illness.



Medica Prelude Coverage at a Glance*

Determine Your Premium

- Find your age range.
For minor-only plans, please quote the first applicant using the rate for someone age 60 days to 17 years. Additional applicants under age 18 should be quoted as children.
- Choose a deductible level.
- Choose 30, 60 or 90 days of coverage.
- Add the rates for yourself and (if applicable) spouse and dependent children.
- Include the full policy payment with the application. Your application will not be accepted until your payment is received in full.

Deductible Levels and Monthly Rates

Age	\$1,000			\$1,500			\$2,000			\$2,500		
	30 Day	60 Day	90 Day	30 Day	60 Day	90 Day	30 Day	60 Day	90 Day	30 Day	60 Day	90 Day
60 days -17 yrs.	\$55.64	\$111.28	\$166.92	\$48.11	\$96.22	\$144.33	\$41.53	\$83.06	\$124.59	\$36.53	\$73.06	\$109.59
18-24	\$42.36	\$84.72	\$127.08	\$36.63	\$73.26	\$109.89	\$31.62	\$63.24	\$94.86	\$27.81	\$55.62	\$83.43
25-29	\$49.27	\$98.54	\$147.81	\$42.59	\$85.18	\$127.77	\$36.77	\$73.54	\$110.31	\$32.34	\$64.68	\$97.02
30-34	\$59.05	\$118.10	\$177.15	\$51.05	\$102.10	\$153.15	\$44.08	\$88.16	\$132.24	\$38.76	\$77.52	\$116.28
35-39	\$70.75	\$141.50	\$212.25	\$61.17	\$122.34	\$183.51	\$52.81	\$105.62	\$158.43	\$46.45	\$92.90	\$139.35
40-44	\$87.35	\$174.70	\$262.05	\$75.52	\$151.04	\$226.56	\$65.20	\$130.40	\$195.60	\$57.34	\$114.68	\$172.02
45-49	\$108.31	\$216.62	\$324.93	\$93.64	\$187.28	\$280.92	\$80.85	\$161.70	\$242.55	\$71.10	\$142.20	\$213.30
50-54	\$138.97	\$277.94	\$416.91	\$120.15	\$240.30	\$360.45	\$103.73	\$207.46	\$311.19	\$91.23	\$182.46	\$273.69
55-59	\$175.75	\$351.50	\$527.25	\$151.95	\$303.90	\$455.85	\$131.18	\$262.36	\$393.54	\$115.37	\$230.74	\$346.11
60-64	\$211.56	\$423.12	\$634.68	\$182.91	\$365.82	\$548.73	\$157.91	\$315.82	\$473.73	\$138.88	\$277.76	\$416.64
1 child	\$55.64	\$111.28	\$166.92	\$48.11	\$96.22	\$144.33	\$41.53	\$83.06	\$124.59	\$36.53	\$73.06	\$109.59
2 children	\$111.28	\$222.56	\$333.84	\$96.22	\$192.44	\$288.66	\$83.06	\$166.12	\$249.18	\$73.06	\$146.12	\$219.18
3+ children	\$166.92	\$333.84	\$500.76	\$144.33	\$288.66	\$432.99	\$124.59	\$249.18	\$373.77	\$109.59	\$219.18	\$328.77

Newborns under 60 days are not eligible for coverage. If you have a birthday during the first month of coverage, you should use your new age to determine the correct rate. Rates are valid through September 2012. Once you have been accepted into the Medica Prelude plan, your premium will not be refunded.

If you choose to apply for another short-term policy after one ends, conditions that develop under the first short-term policy will be considered pre-existing conditions and will not be covered under the second short-term policy.

Plan Highlights

Benefit*	In-Network Coverage**			
One-person deductible Family maximum of 3 times	\$1,000	\$1,500	\$2,000	\$2,500
One-person out-of-pocket maximum Family maximum of 3 times	\$2,000	\$2,500	\$3,000	\$3,500
Prescription drugs List of Preferred Drugs (Formulary) applies	Tier 1 and Tier 2: 80% after deductible Tier 3: No coverage			
Office and urgent care visits Non-preventive office visits (e.g., physician, chiropractor)	80% after deductible			
Inpatient and outpatient hospital services				
Emergency care and ambulance services				
Preventive care Office visits for screenings and physicals	No coverage, except for cancer screenings			
Maternity labor, delivery, and postpartum care				
Lifetime maximum per person	\$1 million			

* This is a brief review of the general benefits of this plan. Services not covered include mental health; pregnancy and childbirth; contraceptives; smoking cessation drugs; private-duty nursing; custodial care or rest care; eye wear; most dental services; cosmetic services; refractive eye surgery; infertility services; services that are investigational, not medically necessary or received on military duty, care outside the United States; physical examinations and pre-existing conditions. Pre-existing conditions are physical or mental conditions for which you had the medical treatment, symptoms or any manifestations before your enrollment date. Please see a South Dakota Medica Prelude policy document at medica.com for a detailed explanation of your coverage.

** If you choose to receive services or supplies from an out-of-network provider, you are responsible for the deductible, any coinsurance and the difference between Medica's out-of-network reimbursement amount (generally based on a fee schedule) and the charges billed by the out-of-network provider.