

Medica Direct  
Short-Term<sup>SM</sup>

*Rate Guide* .....

*February 2010 through January 2011*

**Note:** To purchase this plan, you must reside in one of the following South Dakota counties:

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Aurora	Clark	Haakon	Lawrence	Perkins
Beadle	Clay	Hamlin	Lincoln	Roberts
Bennett	Codington	Hand	Lyman	Sanborn
Bon	Custer	Hanson	Marshall	Shannon
Homme	Davison	Harding	McCook	Spink
Brookings	Day	Hughes	McPherson	Stanley
Brown	Deuel	Hutchinson	Meade	Todd
Brule	Douglas	Jackson	Mellette	Tripp
Buffalo	Edmunds	Jerauld	Miner	Turner
Butte	Fall River	Jones	Minnehaha	Union
Campbell	Grant	Kingsbury	Moody	Yankton
Charles Mix	Gregory	Lake	Pennington	Ziebach

## Premiums – Effective through January 31, 2011

Your premium depends upon age, length of contract, and the individual/family deductible amount that you choose. To calculate your premium, use the rate chart below. Full payment is required with your application.

AGE	DEDUCTIBLE LEVELS								
	\$300			\$500			\$1,000		
	30 Day	60 Day	90 Day	30 Day	60 Day	90 Day	30 Day	60 Day	90 Day
18–24	\$71.75	\$143.50	\$215.25	\$54.28	\$108.56	\$162.84	\$38.35	\$76.70	\$115.05
25–29	\$83.43	\$166.86	\$250.29	\$63.12	\$126.24	\$189.36	\$44.60	\$89.20	\$133.80
30–34	\$100.00	\$200.00	\$300.00	\$75.65	\$151.30	\$226.95	\$53.45	\$106.90	\$160.35
35–39	\$119.82	\$239.64	\$359.46	\$90.65	\$181.30	\$271.95	\$64.05	\$128.10	\$192.15
40–44	\$147.93	\$295.86	\$443.79	\$111.91	\$223.82	\$335.73	\$79.07	\$158.14	\$237.21
45–49	\$183.43	\$366.86	\$550.29	\$138.77	\$277.54	\$416.31	\$98.05	\$196.10	\$294.15
50–54	\$235.36	\$470.72	\$706.08	\$178.05	\$356.10	\$534.15	\$125.80	\$251.60	\$377.40
55–59	\$297.64	\$595.28	\$892.92	\$225.16	\$450.32	\$675.48	\$159.09	\$318.18	\$477.27
60–64	\$358.29	\$716.58	\$1,074.87	\$271.05	\$542.10	\$813.15	\$191.51	\$383.02	\$574.53
1 child	\$89.79	\$179.58	\$269.37	\$67.93	\$135.86	\$203.79	\$48.00	\$96.00	\$144.00
2 children	\$179.58	\$359.16	\$538.74	\$135.86	\$271.72	\$407.58	\$96.00	\$192.00	\$288.00
3+ children	\$269.37	\$538.74	\$808.11	\$203.79	\$407.58	\$611.37	\$144.00	\$288.00	\$432.00

Newborns under 90 days old are not eligible for coverage.

### Determining Your Premium:

Find your desired deductible level and contract length of time.  
 Determine the total rate for yourself, spouse and/or dependent(s).  
 The premium amount must be sent with your application.

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

#### Example:

A person age 28 who wants coverage for 90 days with \$500 deductible level would pay: \$189.36

#### Example:

A family with age 30 applicant, age 28 spouse,	Applicant	\$106.90	
and 2 children for 60 days with the \$1,000 deductible level:	Spouse	+ \$89.20	
	2 children	+ \$192.00 =	\$388.10

#### Refunds:

Once you have been accepted into the Medica Direct Short-Term plan, your premium will not be refunded for any reason.

# MEDICA®

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