

Medica Direct
Short-TermSM
for Individuals

Rate Guide
through December 2008

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

Beadle	Codington	Harding	Minnehaha
Bennett	Davison	Hutchinson	Moody
Bon Homme	Day	Jackson	Perkins
Brookings	Deuel	Jones	Roberts
Brown	Douglas	Lake	Spink
Brule	Edmunds	Lincoln	Tripp
Buffalo	Grant	Lyman	Turner
Campbell	Gregory	Marshall	Union
Charles Mix	Hamlin	McCook	Yankton
Clark	Hand	McPherson	Ziebach
Clay	Hanson	Miner	

PREMIUMS – Effective through December 31, 2008

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 and add a \$20 non-refundable application fee. 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	\$44.70	\$89.40	\$134.10	\$31.60	\$63.20	\$94.80	\$20.50	\$41.00	\$61.50
25-29	\$53.10	\$106.20	\$159.30	\$37.50	\$75.00	\$112.50	\$24.40	\$48.80	\$73.20
30-34	\$63.60	\$127.20	\$190.80	\$45.00	\$90.00	\$135.00	\$29.20	\$58.40	\$87.60
35-39	\$76.20	\$152.40	\$228.60	\$53.90	\$107.80	\$161.70	\$35.00	\$70.00	\$105.00
40-44	\$94.10	\$188.20	\$282.30	\$66.50	\$133.00	\$199.50	\$43.20	\$86.40	\$129.60
45-49	\$116.70	\$233.40	\$350.10	\$82.50	\$165.00	\$247.50	\$53.60	\$107.20	\$160.80
50-54	\$149.70	\$299.40	\$449.10	\$105.80	\$211.60	\$317.40	\$68.70	\$137.40	\$206.10
55-59	\$189.30	\$378.60	\$567.90	\$133.80	\$267.60	\$401.40	\$86.90	\$173.80	\$260.70
60-64	\$232.80	\$465.60	\$698.40	\$164.60	\$329.20	\$493.80	\$106.90	\$213.80	\$320.70
Child-1	\$55.30	\$110.60	\$165.90	\$44.70	\$89.40	\$134.10	\$36.00	\$72.00	\$108.00
Child-2	\$110.60	\$221.20	\$331.80	\$89.40	\$178.80	\$268.20	\$72.00	\$144.00	\$216.00
Child-3+	\$165.90	\$331.80	\$497.70	\$134.10	\$268.20	\$402.30	\$108.00	\$216.00	\$324.00

Determining Your Premium:

First, find your deductible level and contract length of time.

Then, add \$20 non-refundable application fee.

The premium amount plus the application fee is the amount you must send with your application.

Example:

A person age 28 who wants coverage for 90 days with \$500 deductible level would pay:	\$112.50
Non-Refundable Application Fee:	+ \$20.00
Total Amount to Submit:	<u>\$132.50</u>

Example:

A family with age 30 applicant, age 28 spouse, and 2 children for 60 days with the \$1,000 deductible level:	Applicant	\$58.40	
	Spouse	+ \$48.80	
	2 children	+ \$144.00 =	\$251.20
Non-Refundable Application Fee:			+ \$20.00
Total Amount to Submit:			<u>\$271.20</u>

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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