

MEDICA®

MINNESOTA

## Rate Guide

July 2011 – December 2011

### MEDICA SYMPHONY®

Coverage for one or more people.

**Available in Minnesota counties excluding:**

- Cook

## Determine your standard premium

### IMPORTANT:

- Primary applicants must be between ages 19 and 64.
- 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 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.

### INSTRUCTIONS:

**Use these instructions to help calculate your standard premium on the worksheet on page 1.** Determine which rate chart—found on pages 2 through 9—to use based on your family status and your decisions regarding the optional mental health/substance abuse and prescription drug benefits.

#### ■ Standard Base Rate

Find your age, deductible level, and office visit copayment. 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 family coverage. My spouse is 33 years old and we have two children. I have selected the \$14,000 deductible and the \$30 office visit copayment. In Section C of my application, I chose to:*

- ☒ *Remove mental health/substance abuse coverage*
- ☒ *Keep generic-only prescription drug coverage*

Based on these conditions, I would use the chart on page 6 to find my estimated monthly standard premium:

\$350.15

<b>You</b>	
your standard monthly rate	<div>\$</div>
	+
<b>Spouse</b>	
spouse's standard monthly rate	<div>\$</div>
	+
<b>Dependent(s)</b>	
dependent's standard monthly rate	<div>\$</div>
	=
<b>Total Family Standard Monthly Premium</b>	
Add your standard monthly rate to your spouse's and dependent's standard monthly rates	<div>\$</div>

## Standard monthly premiums

### With these coverage decisions:

- ☒ No mental health/substance abuse coverage
- ☒ Generic-only prescription drug coverage

SINGLE COVERAGE										
Age	\$2,000 Deductible		\$3,500 Deductible		\$5,000 Deductible		\$7,000 Deductible		\$10,000 Deductible	
	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay
19–29	\$132.31	\$127.73	\$114.78	\$110.02	\$102.28	\$97.46	\$95.79	\$91.00	\$87.33	\$82.51
30–31	\$139.20	\$134.38	\$120.76	\$115.75	\$107.61	\$102.54	\$100.78	\$95.74	\$91.88	\$86.81
32–33	\$142.65	\$137.70	\$123.74	\$118.61	\$110.27	\$105.07	\$103.27	\$98.11	\$94.15	\$88.95
34–35	\$144.72	\$139.70	\$125.54	\$120.33	\$111.87	\$106.60	\$104.78	\$99.53	\$95.52	\$90.24
36–37	\$146.61	\$141.53	\$127.18	\$121.91	\$113.34	\$107.99	\$106.15	\$100.84	\$96.77	\$91.42
38–39	\$151.96	\$146.69	\$131.82	\$126.35	\$117.47	\$111.93	\$110.02	\$104.51	\$100.30	\$94.76
40	\$160.91	\$155.33	\$139.59	\$133.80	\$124.39	\$118.52	\$116.50	\$110.67	\$106.21	\$100.34
41	\$166.59	\$160.82	\$144.51	\$138.52	\$128.78	\$122.71	\$120.61	\$114.57	\$109.95	\$103.88
42	\$172.28	\$166.31	\$149.45	\$143.25	\$133.18	\$126.90	\$124.73	\$118.49	\$113.71	\$107.43
43	\$176.07	\$169.97	\$152.73	\$146.40	\$136.11	\$129.69	\$127.47	\$121.09	\$116.21	\$109.79
44	\$184.34	\$177.95	\$159.91	\$153.28	\$142.50	\$135.78	\$133.46	\$126.79	\$121.67	\$114.95
45	\$192.78	\$186.10	\$167.24	\$160.30	\$149.03	\$142.00	\$139.57	\$132.59	\$127.24	\$120.21
46	\$201.91	\$194.92	\$175.16	\$167.89	\$156.09	\$148.73	\$146.19	\$138.87	\$133.27	\$125.91
47	\$211.05	\$203.73	\$183.08	\$175.48	\$163.15	\$155.46	\$152.80	\$145.15	\$139.30	\$131.60
48	\$222.93	\$215.20	\$193.39	\$185.36	\$172.33	\$164.21	\$161.40	\$153.32	\$147.14	\$139.01
49	\$234.64	\$226.51	\$203.55	\$195.11	\$181.39	\$172.84	\$169.88	\$161.38	\$154.87	\$146.32
50	\$249.29	\$240.65	\$216.25	\$207.28	\$192.71	\$183.62	\$180.48	\$171.45	\$164.54	\$155.45
51	\$263.76	\$254.62	\$228.81	\$219.32	\$203.90	\$194.29	\$190.97	\$181.41	\$174.09	\$164.48
52	\$278.74	\$269.08	\$241.81	\$231.77	\$215.48	\$205.32	\$201.81	\$191.71	\$183.98	\$173.82
53	\$293.73	\$283.56	\$254.81	\$244.24	\$227.07	\$216.36	\$212.66	\$202.02	\$193.87	\$183.16
54	\$308.56	\$297.86	\$267.67	\$256.56	\$238.53	\$227.28	\$223.39	\$212.22	\$203.66	\$192.41
55	\$323.55	\$312.33	\$280.67	\$269.03	\$250.12	\$238.32	\$234.25	\$222.53	\$213.55	\$201.76
56	\$340.08	\$328.30	\$295.02	\$282.78	\$262.90	\$250.50	\$246.22	\$233.90	\$224.47	\$212.07
57	\$356.44	\$344.09	\$309.21	\$296.38	\$275.55	\$262.55	\$258.06	\$245.15	\$235.26	\$222.27
58	\$366.10	\$353.41	\$317.58	\$304.41	\$283.01	\$269.67	\$265.05	\$251.79	\$241.64	\$228.29
59	\$375.74	\$362.72	\$325.95	\$312.43	\$290.46	\$276.77	\$272.04	\$258.43	\$248.00	\$234.30
60+	\$384.87	\$371.54	\$333.87	\$320.02	\$297.52	\$283.49	\$278.65	\$264.71	\$254.03	\$240.00

## Standard monthly premiums

### With these coverage decisions:

- ☒ No mental health/substance abuse coverage
- ☒ Include brand-name prescription drug coverage

SINGLE COVERAGE										
Age	\$2,000 Deductible		\$3,500 Deductible		\$5,000 Deductible		\$7,000 Deductible		\$10,000 Deductible	
	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay
19–29	\$143.94	\$139.36	\$126.41	\$121.65	\$113.91	\$109.09	\$107.42	\$102.63	\$98.96	\$94.14
30–31	\$151.43	\$146.61	\$132.99	\$127.98	\$119.84	\$114.77	\$113.01	\$107.97	\$104.11	\$99.04
32–33	\$155.19	\$150.24	\$136.28	\$131.15	\$122.81	\$117.61	\$115.81	\$110.65	\$106.69	\$101.49
34–35	\$157.44	\$152.42	\$138.26	\$133.05	\$124.59	\$119.32	\$117.50	\$112.25	\$108.24	\$102.96
36–37	\$159.49	\$154.41	\$140.06	\$134.79	\$126.22	\$120.87	\$119.03	\$113.72	\$109.65	\$104.30
38–39	\$165.31	\$160.04	\$145.17	\$139.70	\$130.82	\$125.28	\$123.37	\$117.86	\$113.65	\$108.11
40	\$175.05	\$169.47	\$153.73	\$147.94	\$138.53	\$132.66	\$130.64	\$124.81	\$120.35	\$114.48
41	\$181.24	\$175.47	\$159.16	\$153.17	\$143.43	\$137.36	\$135.26	\$129.22	\$124.60	\$118.53
42	\$187.42	\$181.45	\$164.59	\$158.39	\$148.32	\$142.04	\$139.87	\$133.63	\$128.85	\$122.57
43	\$191.55	\$185.45	\$168.21	\$161.88	\$151.59	\$145.17	\$142.95	\$136.57	\$131.69	\$125.27
44	\$200.54	\$194.15	\$176.11	\$169.48	\$158.70	\$151.98	\$149.66	\$142.99	\$137.87	\$131.15
45	\$209.72	\$203.04	\$184.18	\$177.24	\$165.97	\$158.94	\$156.51	\$149.53	\$144.18	\$137.15
46	\$219.65	\$212.66	\$192.90	\$185.63	\$173.83	\$166.47	\$163.93	\$156.61	\$151.01	\$143.65
47	\$229.59	\$222.27	\$201.62	\$194.02	\$181.69	\$174.00	\$171.34	\$163.69	\$157.84	\$150.14
48	\$242.52	\$234.79	\$212.98	\$204.95	\$191.92	\$183.80	\$180.99	\$172.91	\$166.73	\$158.60
49	\$255.26	\$247.13	\$224.17	\$215.73	\$202.01	\$193.46	\$190.50	\$182.00	\$175.49	\$166.94
50	\$271.20	\$262.56	\$238.16	\$229.19	\$214.62	\$205.53	\$202.39	\$193.36	\$186.45	\$177.36
51	\$286.94	\$277.80	\$251.99	\$242.50	\$227.08	\$217.47	\$214.15	\$204.59	\$197.27	\$187.66
52	\$303.24	\$293.58	\$266.31	\$256.27	\$239.98	\$229.82	\$226.31	\$216.21	\$208.48	\$198.32
53	\$319.55	\$309.38	\$280.63	\$270.06	\$252.89	\$242.18	\$238.48	\$227.84	\$219.69	\$208.98
54	\$335.67	\$324.97	\$294.78	\$283.67	\$265.64	\$254.39	\$250.50	\$239.33	\$230.77	\$219.52
55	\$351.98	\$340.76	\$309.10	\$297.46	\$278.55	\$266.75	\$262.68	\$250.96	\$241.98	\$230.19
56	\$369.96	\$358.18	\$324.90	\$312.66	\$292.78	\$280.38	\$276.10	\$263.78	\$254.35	\$241.95
57	\$387.77	\$375.42	\$340.54	\$327.71	\$306.88	\$293.88	\$289.39	\$276.48	\$266.59	\$253.60
58	\$398.27	\$385.58	\$349.75	\$336.58	\$315.18	\$301.84	\$297.22	\$283.96	\$273.81	\$260.46
59	\$408.76	\$395.74	\$358.97	\$345.45	\$323.48	\$309.79	\$305.06	\$291.45	\$281.02	\$267.32
60+	\$418.69	\$405.36	\$367.69	\$353.84	\$331.34	\$317.31	\$312.47	\$298.53	\$287.85	\$273.82

## Standard monthly premiums

### With these coverage decisions:

- ☒ Mental health/substance abuse coverage
- ☒ Generic-only prescription drug coverage

SINGLE COVERAGE										
Age	\$2,000 Deductible		\$3,500 Deductible		\$5,000 Deductible		\$7,000 Deductible		\$10,000 Deductible	
	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay
19–29	\$151.62	\$146.35	\$131.46	\$125.98	\$117.08	\$111.54	\$109.62	\$104.11	\$99.89	\$94.35
30–31	\$159.51	\$153.97	\$138.30	\$132.54	\$123.18	\$117.35	\$115.33	\$109.53	\$105.09	\$99.26
32–33	\$163.46	\$157.77	\$141.72	\$135.82	\$126.23	\$120.25	\$118.18	\$112.24	\$107.69	\$101.71
34–35	\$165.84	\$160.06	\$143.78	\$137.79	\$128.06	\$122.00	\$119.90	\$113.87	\$109.26	\$103.18
36–37	\$168.00	\$162.16	\$145.66	\$139.60	\$129.74	\$123.59	\$121.47	\$115.37	\$110.69	\$104.53
38–39	\$174.13	\$168.07	\$150.97	\$144.68	\$134.47	\$128.10	\$125.90	\$119.56	\$114.72	\$108.35
40	\$184.39	\$177.97	\$159.87	\$153.21	\$142.39	\$135.64	\$133.32	\$126.61	\$121.48	\$114.73
41	\$190.90	\$184.26	\$165.51	\$158.62	\$147.42	\$140.44	\$138.02	\$131.07	\$125.76	\$118.78
42	\$197.42	\$190.55	\$171.16	\$164.03	\$152.45	\$145.23	\$142.73	\$135.56	\$130.06	\$122.84
43	\$201.76	\$194.75	\$174.92	\$167.64	\$155.81	\$148.42	\$145.87	\$138.53	\$132.92	\$125.54
44	\$211.24	\$203.89	\$183.14	\$175.52	\$163.12	\$155.39	\$152.72	\$145.05	\$139.17	\$131.44
45	\$220.91	\$213.23	\$191.54	\$183.56	\$170.60	\$162.51	\$159.72	\$151.69	\$145.54	\$137.45
46	\$231.37	\$223.33	\$200.61	\$192.25	\$178.68	\$170.21	\$167.29	\$158.87	\$152.43	\$143.97
47	\$241.84	\$233.43	\$209.68	\$200.94	\$186.76	\$177.92	\$174.86	\$166.06	\$159.33	\$150.48
48	\$255.46	\$246.57	\$221.49	\$212.25	\$197.27	\$187.93	\$184.70	\$175.41	\$168.30	\$158.95
49	\$268.88	\$259.53	\$233.12	\$223.42	\$207.64	\$197.81	\$194.40	\$184.63	\$177.14	\$167.31
50	\$285.66	\$275.73	\$247.67	\$237.35	\$220.60	\$210.14	\$206.53	\$196.15	\$188.20	\$177.75
51	\$302.24	\$291.73	\$262.05	\$251.14	\$233.41	\$222.35	\$218.54	\$207.54	\$199.12	\$188.07
52	\$319.41	\$308.30	\$276.94	\$265.40	\$246.66	\$234.98	\$230.94	\$219.33	\$210.44	\$198.75
53	\$336.59	\$324.89	\$291.83	\$279.67	\$259.93	\$247.61	\$243.36	\$231.12	\$221.75	\$209.43
54	\$353.58	\$341.28	\$306.56	\$293.78	\$273.05	\$260.11	\$255.64	\$242.79	\$232.95	\$220.01
55	\$370.76	\$357.86	\$321.45	\$308.06	\$286.31	\$272.74	\$268.06	\$254.59	\$244.26	\$230.70
56	\$389.70	\$376.15	\$337.88	\$323.81	\$300.94	\$286.68	\$281.76	\$267.59	\$256.75	\$242.49
57	\$408.45	\$394.25	\$354.13	\$339.38	\$315.42	\$300.47	\$295.31	\$280.46	\$269.09	\$254.15
58	\$419.52	\$404.92	\$363.72	\$348.57	\$323.96	\$308.62	\$303.31	\$288.06	\$276.39	\$261.04
59	\$430.56	\$415.59	\$373.31	\$357.76	\$332.49	\$316.75	\$311.31	\$295.66	\$283.66	\$267.91
60+	\$441.03	\$425.70	\$382.38	\$366.45	\$340.57	\$324.44	\$318.87	\$302.84	\$290.56	\$274.43

## Standard monthly premiums

### With these coverage decisions:

- ☒ Mental health/substance abuse coverage
- ☒ Include brand-name prescription drug coverage

SINGLE COVERAGE										
Age	\$2,000 Deductible		\$3,500 Deductible		\$5,000 Deductible		\$7,000 Deductible		\$10,000 Deductible	
	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay
19–29	\$163.25	\$157.98	\$143.09	\$137.61	\$128.71	\$123.17	\$121.25	\$115.74	\$111.52	\$105.98
30–31	\$171.74	\$166.20	\$150.53	\$144.77	\$135.41	\$129.58	\$127.56	\$121.76	\$117.32	\$111.49
32–33	\$176.00	\$170.31	\$154.26	\$148.36	\$138.77	\$132.79	\$130.72	\$124.78	\$120.23	\$114.25
34–35	\$178.56	\$172.78	\$156.50	\$150.51	\$140.78	\$134.72	\$132.62	\$126.59	\$121.98	\$115.90
36–37	\$180.88	\$175.04	\$158.54	\$152.48	\$142.62	\$136.47	\$134.35	\$128.25	\$123.57	\$117.41
38–39	\$187.48	\$181.42	\$164.32	\$158.03	\$147.82	\$141.45	\$139.25	\$132.91	\$128.07	\$121.70
40	\$198.53	\$192.11	\$174.01	\$167.35	\$156.53	\$149.78	\$147.46	\$140.75	\$135.62	\$128.87
41	\$205.55	\$198.91	\$180.16	\$173.27	\$162.07	\$155.09	\$152.67	\$145.72	\$140.41	\$133.43
42	\$212.56	\$205.69	\$186.30	\$179.17	\$167.59	\$160.37	\$157.87	\$150.70	\$145.20	\$137.98
43	\$217.24	\$210.23	\$190.40	\$183.12	\$171.29	\$163.90	\$161.35	\$154.01	\$148.40	\$141.02
44	\$227.44	\$220.09	\$199.34	\$191.72	\$179.32	\$171.59	\$168.92	\$161.25	\$155.37	\$147.64
45	\$237.85	\$230.17	\$208.48	\$200.50	\$187.54	\$179.45	\$176.66	\$168.63	\$162.48	\$154.39
46	\$249.11	\$241.07	\$218.35	\$209.99	\$196.42	\$187.95	\$185.03	\$176.61	\$170.17	\$161.71
47	\$260.38	\$251.97	\$228.22	\$219.48	\$205.30	\$196.46	\$193.40	\$184.60	\$177.87	\$169.02
48	\$275.05	\$266.16	\$241.08	\$231.84	\$216.86	\$207.52	\$204.29	\$195.00	\$187.89	\$178.54
49	\$289.50	\$280.15	\$253.74	\$244.04	\$228.26	\$218.43	\$215.02	\$205.25	\$197.76	\$187.93
50	\$307.57	\$297.64	\$269.58	\$259.26	\$242.51	\$232.05	\$228.44	\$218.06	\$210.11	\$199.66
51	\$325.42	\$314.91	\$285.23	\$274.32	\$256.59	\$245.53	\$241.72	\$230.72	\$222.30	\$211.25
52	\$343.91	\$332.80	\$301.44	\$289.90	\$271.16	\$259.48	\$255.44	\$243.83	\$234.94	\$223.25
53	\$362.41	\$350.71	\$317.65	\$305.49	\$285.75	\$273.43	\$269.18	\$256.94	\$247.57	\$235.25
54	\$380.69	\$368.39	\$333.67	\$320.89	\$300.16	\$287.22	\$282.75	\$269.90	\$260.06	\$247.12
55	\$399.19	\$386.29	\$349.88	\$336.49	\$314.74	\$301.17	\$296.49	\$283.02	\$272.69	\$259.13
56	\$419.58	\$406.03	\$367.76	\$353.69	\$330.82	\$316.56	\$311.64	\$297.47	\$286.63	\$272.37
57	\$439.78	\$425.58	\$385.46	\$370.71	\$346.75	\$331.80	\$326.64	\$311.79	\$300.42	\$285.48
58	\$451.69	\$437.09	\$395.89	\$380.74	\$356.13	\$340.79	\$335.48	\$320.23	\$308.56	\$293.21
59	\$463.58	\$448.61	\$406.33	\$390.78	\$365.51	\$349.77	\$344.33	\$328.68	\$316.68	\$300.93
60+	\$474.85	\$459.52	\$416.20	\$400.27	\$374.39	\$358.26	\$352.69	\$336.66	\$324.38	\$308.25

## Standard monthly premiums

### With these coverage decisions:

- ☒ No mental health/substance abuse coverage
- ☒ Generic-only prescription drug coverage

FAMILY COVERAGE										
Age	\$4,000 Deductible		\$7,000 Deductible		\$10,000 Deductible		\$14,000 Deductible		\$20,000 Deductible	
	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay
19-29	\$138.83	\$134.19	\$117.54	\$112.63	\$101.71	\$96.76	\$90.85	\$85.75	\$80.53	\$75.26
30-31	\$146.06	\$141.18	\$123.66	\$118.50	\$107.01	\$101.80	\$95.58	\$90.22	\$84.73	\$79.18
32-33	\$149.68	\$144.67	\$126.72	\$121.42	\$109.65	\$104.32	\$97.94	\$92.44	\$86.82	\$81.13
34-35	\$151.85	\$146.78	\$128.56	\$123.19	\$111.24	\$105.83	\$99.37	\$93.79	\$88.08	\$82.31
36-37	\$153.84	\$148.70	\$130.24	\$124.80	\$112.70	\$107.22	\$100.67	\$95.01	\$89.24	\$83.39
38-39	\$159.44	\$154.12	\$134.99	\$129.35	\$116.81	\$111.13	\$104.34	\$98.48	\$92.49	\$86.43
40	\$168.84	\$163.20	\$142.94	\$136.97	\$123.69	\$117.67	\$110.48	\$104.28	\$97.94	\$91.52
41	\$174.80	\$168.96	\$147.98	\$141.81	\$128.05	\$121.83	\$114.38	\$107.96	\$101.39	\$94.75
42	\$180.77	\$174.73	\$153.04	\$146.65	\$132.43	\$125.99	\$118.29	\$111.65	\$104.86	\$97.99
43	\$184.74	\$178.57	\$156.40	\$149.87	\$135.34	\$128.76	\$120.89	\$114.10	\$107.16	\$100.14
44	\$193.42	\$186.96	\$163.75	\$156.92	\$141.70	\$134.81	\$126.57	\$119.47	\$112.20	\$104.85
45	\$202.28	\$195.52	\$171.25	\$164.10	\$148.19	\$140.98	\$132.37	\$124.94	\$117.34	\$109.65
46	\$211.86	\$204.79	\$179.36	\$171.88	\$155.21	\$147.66	\$138.64	\$130.86	\$122.90	\$114.85
47	\$221.45	\$214.05	\$187.48	\$179.65	\$162.23	\$154.34	\$144.91	\$136.77	\$128.46	\$120.04
48	\$233.91	\$226.10	\$198.03	\$189.76	\$171.36	\$163.03	\$153.07	\$144.47	\$135.69	\$126.80
49	\$246.21	\$237.98	\$208.44	\$199.74	\$180.37	\$171.60	\$161.11	\$152.07	\$142.82	\$133.46
50	\$261.57	\$252.83	\$221.45	\$212.20	\$191.63	\$182.31	\$171.16	\$161.56	\$151.73	\$141.79
51	\$276.76	\$267.52	\$234.31	\$224.53	\$202.75	\$192.89	\$181.11	\$170.94	\$160.54	\$150.03
52	\$292.48	\$282.71	\$247.61	\$237.28	\$214.27	\$203.85	\$191.39	\$180.65	\$169.66	\$158.54
53	\$308.21	\$297.91	\$260.93	\$250.03	\$225.79	\$214.81	\$201.68	\$190.36	\$178.78	\$167.07
54	\$323.76	\$312.94	\$274.10	\$262.65	\$237.18	\$225.65	\$211.86	\$199.97	\$187.81	\$175.50
55	\$339.49	\$328.15	\$287.41	\$275.41	\$248.71	\$236.61	\$222.15	\$209.68	\$196.93	\$184.03
56	\$356.84	\$344.92	\$302.10	\$289.49	\$261.42	\$248.71	\$233.51	\$220.40	\$207.00	\$193.43
57	\$374.01	\$361.51	\$316.64	\$303.41	\$273.99	\$260.67	\$244.74	\$231.00	\$216.95	\$202.74
58	\$384.14	\$371.30	\$325.21	\$311.63	\$281.42	\$267.73	\$251.37	\$237.26	\$222.83	\$208.23
59	\$394.26	\$381.09	\$333.78	\$319.84	\$288.83	\$274.78	\$257.99	\$243.51	\$228.70	\$213.72
60+	\$403.84	\$390.35	\$341.89	\$327.62	\$295.85	\$281.46	\$264.26	\$249.43	\$234.26	\$218.91
1 child	\$116.78	\$112.88	\$98.87	\$94.74	\$85.55	\$81.39	\$76.42	\$72.13	\$67.74	\$63.31
2 children	\$233.56	\$225.76	\$197.74	\$189.48	\$171.10	\$162.78	\$152.84	\$144.26	\$135.48	\$126.62
3+ children	\$350.34	\$338.64	\$296.61	\$284.22	\$256.65	\$244.17	\$229.26	\$216.39	\$203.22	\$189.93



## Standard monthly premiums

### With these coverage decisions:

- ☒ No mental health/substance abuse coverage
- ☒ Include brand-name prescription drug coverage

FAMILY COVERAGE										
Age	\$4,000 Deductible		\$7,000 Deductible		\$10,000 Deductible		\$14,000 Deductible		\$20,000 Deductible	
	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay
19-29	\$150.46	\$145.82	\$129.17	\$124.26	\$113.34	\$108.39	\$102.48	\$97.38	\$92.16	\$86.89
30-31	\$158.29	\$153.41	\$135.89	\$130.73	\$119.24	\$114.03	\$107.81	\$102.45	\$96.96	\$91.41
32-33	\$162.22	\$157.21	\$139.26	\$133.96	\$122.19	\$116.86	\$110.48	\$104.98	\$99.36	\$93.67
34-35	\$164.57	\$159.50	\$141.28	\$135.91	\$123.96	\$118.55	\$112.09	\$106.51	\$100.80	\$95.03
36-37	\$166.72	\$161.58	\$143.12	\$137.68	\$125.58	\$120.10	\$113.55	\$107.89	\$102.12	\$96.27
38-39	\$172.79	\$167.47	\$148.34	\$142.70	\$130.16	\$124.48	\$117.69	\$111.83	\$105.84	\$99.78
40	\$182.98	\$177.34	\$157.08	\$151.11	\$137.83	\$131.81	\$124.62	\$118.42	\$112.08	\$105.66
41	\$189.45	\$183.61	\$162.63	\$156.46	\$142.70	\$136.48	\$129.03	\$122.61	\$116.04	\$109.40
42	\$195.91	\$189.87	\$168.18	\$161.79	\$147.57	\$141.13	\$133.43	\$126.79	\$120.00	\$113.13
43	\$200.22	\$194.05	\$171.88	\$165.35	\$150.82	\$144.24	\$136.37	\$129.58	\$122.64	\$115.62
44	\$209.62	\$203.16	\$179.95	\$173.12	\$157.90	\$151.01	\$142.77	\$135.67	\$128.40	\$121.05
45	\$219.22	\$212.46	\$188.19	\$181.04	\$165.13	\$157.92	\$149.31	\$141.88	\$134.28	\$126.59
46	\$229.60	\$222.53	\$197.10	\$189.62	\$172.95	\$165.40	\$156.38	\$148.60	\$140.64	\$132.59
47	\$239.99	\$232.59	\$206.02	\$198.19	\$180.77	\$172.88	\$163.45	\$155.31	\$147.00	\$138.58
48	\$253.50	\$245.69	\$217.62	\$209.35	\$190.95	\$182.62	\$172.66	\$164.06	\$155.28	\$146.39
49	\$266.83	\$258.60	\$229.06	\$220.36	\$200.99	\$192.22	\$181.73	\$172.69	\$163.44	\$154.08
50	\$283.48	\$274.74	\$243.36	\$234.11	\$213.54	\$204.22	\$193.07	\$183.47	\$173.64	\$163.70
51	\$299.94	\$290.70	\$257.49	\$247.71	\$225.93	\$216.07	\$204.29	\$194.12	\$183.72	\$173.21
52	\$316.98	\$307.21	\$272.11	\$261.78	\$238.77	\$228.35	\$215.89	\$205.15	\$194.16	\$183.04
53	\$334.03	\$323.73	\$286.75	\$275.85	\$251.61	\$240.63	\$227.50	\$216.18	\$204.60	\$192.89
54	\$350.87	\$340.05	\$301.21	\$289.76	\$264.29	\$252.76	\$238.97	\$227.08	\$214.92	\$202.61
55	\$367.92	\$356.58	\$315.84	\$303.84	\$277.14	\$265.04	\$250.58	\$238.11	\$225.36	\$212.46
56	\$386.72	\$374.80	\$331.98	\$319.37	\$291.30	\$278.59	\$263.39	\$250.28	\$236.88	\$223.31
57	\$405.34	\$392.84	\$347.97	\$334.74	\$305.32	\$292.00	\$276.07	\$262.33	\$248.28	\$234.07
58	\$416.31	\$403.47	\$357.38	\$343.80	\$313.59	\$299.90	\$283.54	\$269.43	\$255.00	\$240.40
59	\$427.28	\$414.11	\$366.80	\$352.86	\$321.85	\$307.80	\$291.01	\$276.53	\$261.72	\$246.74
60+	\$437.66	\$424.17	\$375.71	\$361.44	\$329.67	\$315.28	\$298.08	\$283.25	\$268.08	\$252.73
1 child	\$126.56	\$122.66	\$108.65	\$104.52	\$95.33	\$91.17	\$86.20	\$81.91	\$77.52	\$73.09
2 children	\$253.12	\$245.32	\$217.30	\$209.04	\$190.66	\$182.34	\$172.40	\$163.82	\$155.04	\$146.18
3+ children	\$379.68	\$367.98	\$325.95	\$313.56	\$285.99	\$273.51	\$258.60	\$245.73	\$232.56	\$219.27

## Standard monthly premiums

### With these coverage decisions:

- ☒ Mental health/substance abuse coverage
- ☒ Generic-only prescription drug coverage

FAMILY COVERAGE										
Age	\$4,000 Deductible		\$7,000 Deductible		\$10,000 Deductible		\$14,000 Deductible		\$20,000 Deductible	
	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay
19-29	\$159.11	\$153.78	\$134.63	\$128.98	\$116.43	\$110.73	\$103.94	\$98.07	\$92.07	\$86.01
30-31	\$167.40	\$161.79	\$141.64	\$135.71	\$122.49	\$116.50	\$109.35	\$103.18	\$96.87	\$90.49
32-33	\$171.55	\$165.79	\$145.14	\$139.05	\$125.51	\$119.38	\$112.05	\$105.72	\$99.26	\$92.72
34-35	\$174.04	\$168.20	\$147.25	\$141.08	\$127.33	\$121.11	\$113.68	\$107.27	\$100.70	\$94.06
36-37	\$176.32	\$170.41	\$149.18	\$142.92	\$129.01	\$122.70	\$115.17	\$108.66	\$102.03	\$95.30
38-39	\$182.73	\$176.62	\$154.62	\$148.13	\$133.71	\$127.18	\$119.37	\$112.63	\$105.74	\$98.77
40	\$193.51	\$187.02	\$163.72	\$156.86	\$141.59	\$134.66	\$126.39	\$119.26	\$111.97	\$104.59
41	\$200.34	\$193.62	\$169.50	\$162.40	\$146.58	\$139.42	\$130.86	\$123.47	\$115.92	\$108.28
42	\$207.18	\$200.23	\$175.29	\$167.94	\$151.59	\$144.18	\$135.33	\$127.69	\$119.88	\$111.98
43	\$211.73	\$204.64	\$179.14	\$171.63	\$154.92	\$147.35	\$138.30	\$130.50	\$122.51	\$114.44
44	\$221.68	\$214.25	\$187.56	\$179.70	\$162.20	\$154.28	\$144.80	\$136.64	\$128.28	\$119.82
45	\$231.83	\$224.06	\$196.15	\$187.93	\$169.63	\$161.34	\$151.44	\$142.89	\$134.15	\$125.31
46	\$242.81	\$234.68	\$205.44	\$196.84	\$177.67	\$168.98	\$158.61	\$149.66	\$140.51	\$131.25
47	\$253.80	\$245.29	\$214.74	\$205.73	\$185.70	\$176.63	\$165.78	\$156.42	\$146.87	\$137.18
48	\$268.08	\$259.10	\$226.82	\$217.31	\$196.15	\$186.57	\$175.12	\$165.23	\$155.13	\$144.91
49	\$282.18	\$272.72	\$238.75	\$228.74	\$206.47	\$196.38	\$184.32	\$173.92	\$163.28	\$152.52
50	\$299.79	\$289.73	\$253.65	\$243.01	\$219.35	\$208.64	\$195.81	\$184.77	\$173.47	\$162.04
51	\$317.19	\$306.57	\$268.38	\$257.13	\$232.08	\$220.74	\$207.20	\$195.50	\$183.54	\$171.45
52	\$335.21	\$323.98	\$283.61	\$271.73	\$245.27	\$233.29	\$218.96	\$206.61	\$193.97	\$181.18
53	\$353.24	\$341.40	\$298.87	\$286.33	\$258.46	\$245.83	\$230.73	\$217.71	\$204.40	\$190.93
54	\$371.06	\$358.62	\$313.95	\$300.78	\$271.49	\$258.23	\$242.38	\$228.70	\$214.72	\$200.56
55	\$389.09	\$376.05	\$329.20	\$315.40	\$284.69	\$270.78	\$254.15	\$239.81	\$225.15	\$210.31
56	\$408.97	\$395.27	\$346.02	\$331.52	\$299.24	\$284.62	\$267.14	\$252.07	\$236.66	\$221.05
57	\$428.65	\$414.28	\$362.68	\$347.46	\$313.63	\$298.31	\$279.99	\$264.19	\$248.03	\$231.69
58	\$440.26	\$425.50	\$372.49	\$356.88	\$322.13	\$306.39	\$287.58	\$271.35	\$254.76	\$237.97
59	\$451.86	\$436.72	\$382.31	\$366.28	\$330.62	\$314.46	\$295.15	\$278.50	\$261.47	\$244.24
60+	\$462.84	\$447.33	\$391.60	\$375.19	\$338.65	\$322.10	\$302.32	\$285.27	\$267.82	\$250.17
1 child	\$133.84	\$129.36	\$113.24	\$108.50	\$97.93	\$93.14	\$87.43	\$82.49	\$77.45	\$72.35
2 children	\$267.68	\$258.72	\$226.48	\$217.00	\$195.86	\$186.28	\$174.86	\$164.98	\$154.90	\$144.70
3+ children	\$401.52	\$388.08	\$339.72	\$325.50	\$293.79	\$279.42	\$262.29	\$247.47	\$232.35	\$217.05

## Standard monthly premiums

### With these coverage decisions:

- ☒ Mental health/substance abuse coverage
- ☒ Include brand-name prescription drug coverage

FAMILY COVERAGE										
Age	\$4,000 Deductible		\$7,000 Deductible		\$10,000 Deductible		\$14,000 Deductible		\$20,000 Deductible	
	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay	\$30 Copay	\$60 Copay
19-29	\$170.74	\$165.41	\$146.26	\$140.61	\$128.06	\$122.36	\$115.57	\$109.70	\$103.70	\$97.64
30-31	\$179.63	\$174.02	\$153.87	\$147.94	\$134.72	\$128.73	\$121.58	\$115.41	\$109.10	\$102.72
32-33	\$184.09	\$178.33	\$157.68	\$151.59	\$138.05	\$131.92	\$124.59	\$118.26	\$111.80	\$105.26
34-35	\$186.76	\$180.92	\$159.97	\$153.80	\$140.05	\$133.83	\$126.40	\$119.99	\$113.42	\$106.78
36-37	\$189.20	\$183.29	\$162.06	\$155.80	\$141.89	\$135.58	\$128.05	\$121.54	\$114.91	\$108.18
38-39	\$196.08	\$189.97	\$167.97	\$161.48	\$147.06	\$140.53	\$132.72	\$125.98	\$119.09	\$112.12
40	\$207.65	\$201.16	\$177.86	\$171.00	\$155.73	\$148.80	\$140.53	\$133.40	\$126.11	\$118.73
41	\$214.99	\$208.27	\$184.15	\$177.05	\$161.23	\$154.07	\$145.51	\$138.12	\$130.57	\$122.93
42	\$222.32	\$215.37	\$190.43	\$183.08	\$166.73	\$159.32	\$150.47	\$142.83	\$135.02	\$127.12
43	\$227.21	\$220.12	\$194.62	\$187.11	\$170.40	\$162.83	\$153.78	\$145.98	\$137.99	\$129.92
44	\$237.88	\$230.45	\$203.76	\$195.90	\$178.40	\$170.48	\$161.00	\$152.84	\$144.48	\$136.02
45	\$248.77	\$241.00	\$213.09	\$204.87	\$186.57	\$178.28	\$168.38	\$159.83	\$151.09	\$142.25
46	\$260.55	\$252.42	\$223.18	\$214.58	\$195.41	\$186.72	\$176.35	\$167.40	\$158.25	\$148.99
47	\$272.34	\$263.83	\$233.28	\$224.27	\$204.24	\$195.17	\$184.32	\$174.96	\$165.41	\$155.72
48	\$287.67	\$278.69	\$246.41	\$236.90	\$215.74	\$206.16	\$194.71	\$184.82	\$174.72	\$164.50
49	\$302.80	\$293.34	\$259.37	\$249.36	\$227.09	\$217.00	\$204.94	\$194.54	\$183.90	\$173.14
50	\$321.70	\$311.64	\$275.56	\$264.92	\$241.26	\$230.55	\$217.72	\$206.68	\$195.38	\$183.95
51	\$340.37	\$329.75	\$291.56	\$280.31	\$255.26	\$243.92	\$230.38	\$218.68	\$206.72	\$194.63
52	\$359.71	\$348.48	\$308.11	\$296.23	\$269.77	\$257.79	\$243.46	\$231.11	\$218.47	\$205.68
53	\$379.06	\$367.22	\$324.69	\$312.15	\$284.28	\$271.65	\$256.55	\$243.53	\$230.22	\$216.75
54	\$398.17	\$385.73	\$341.06	\$327.89	\$298.60	\$285.34	\$269.49	\$255.81	\$241.83	\$227.67
55	\$417.52	\$404.48	\$357.63	\$343.83	\$313.12	\$299.21	\$282.58	\$268.24	\$253.58	\$238.74
56	\$438.85	\$425.15	\$375.90	\$361.40	\$329.12	\$314.50	\$297.02	\$281.95	\$266.54	\$250.93
57	\$459.98	\$445.61	\$394.01	\$378.79	\$344.96	\$329.64	\$311.32	\$295.52	\$279.36	\$263.02
58	\$472.43	\$457.67	\$404.66	\$389.05	\$354.30	\$338.56	\$319.75	\$303.52	\$286.93	\$270.14
59	\$484.88	\$469.74	\$415.33	\$399.30	\$363.64	\$347.48	\$328.17	\$311.52	\$294.49	\$277.26
60+	\$496.66	\$481.15	\$425.42	\$409.01	\$372.47	\$355.92	\$336.14	\$319.09	\$301.64	\$283.99
1 child	\$143.62	\$139.14	\$123.02	\$118.28	\$107.71	\$102.92	\$97.21	\$92.27	\$87.23	\$82.13
2 children	\$287.24	\$278.28	\$246.04	\$236.56	\$215.42	\$205.84	\$194.42	\$184.54	\$174.46	\$164.26
3+ children	\$430.86	\$417.42	\$369.06	\$354.84	\$323.13	\$308.76	\$291.63	\$276.81	\$261.69	\$246.39

## 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 \$500,000. Subject to this \$500,000 limit**, the guaranty association will pay up to \$500,000 in life insurance death benefits, \$130,000 in net cash surrender and net cash withdrawal values for life insurance, \$500,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, \$250,000 in the present value of annuity benefits including net cash surrender and net cash withdrawal values, \$410,000 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 \$500,000 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 \$250,000 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 \$10,000,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$10,000,000, the \$10,000,000 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.*

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## MEDICA®

PO Box 9310, Minneapolis, MN 55440-9310

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