



ONE OR MORE



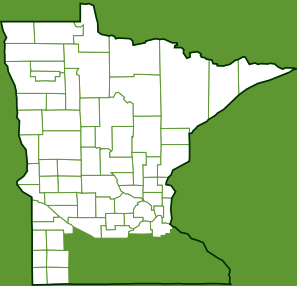
SAVERS



IN MINNESOTA

MEDICA SYMPHONY® FOR HSA RATE GUIDE

Coverage that plays well with your budget.



This rate guide is for the following Minnesota regions:

- Twin Cities Metro
- Central Minnesota
- Northern Minnesota
- Southwestern Minnesota

VALID JANUARY 2013 – DECEMBER 2013

What's your STANDARD PREMIUM?



Primary applicants must be between ages **19 and 64**. Additional applicants must be at least 60 days old.



When calculating your family premium, optional benefits apply to the entire family. You pay a maximum of three dependents (not including spouse).



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%

Instructions

Use these instructions and the worksheet to the right to help you **calculate your standard premium**.

- 1:** Determine which rate chart (pages 4-11) to use based on your coverage level and family status.
- 2:** Find your age and deductible level. Write down the standard monthly rate from the chart on your worksheet.
- 3:** If applicable, find your spouse's standard monthly rate in the same manner that you used to calculate your rate.
- 4:** If applicable, add the dependent rate based on the total number of dependents (maximum of three), for the total dependent's standard monthly rate.
- 5:** Add your standard monthly rate, your spouses 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 second person 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.**

Questions?

If you have questions on how to calculate your monthly premium contact your Medica broker or call Medica's sales department at one of the numbers below.

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

WORKSHEET

Example

"I'm a 35-year-old looking for 80% family coverage. My spouse is 33 years old and we have two children. I'd like to remove mental health/substance abuse coverage. I turn to page 8 to determine my family's monthly premium.

FAMILY 80% COVERAGE

Mental health/substance abuse: Keep Coverage Remove Coverage

8

I decide to select the \$5,700 deductible. I follow the chart and find my standard rate is \$143.46, my spouse's standard rate is \$141.41 and the standard rate for my two children is \$233.96. I add these all together to get my standard monthly premium of **\$518.83.**"

\$

Your standard monthly rate

+

\$

Spouse's standard monthly rate

+

\$

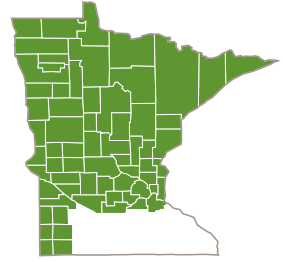
Dependent(s) standard monthly rate

\$

Total standard monthly premium

Standard Monthly Premiums

ONE-PERSON 80% COVERAGE



BASED ON THIS DECISION:

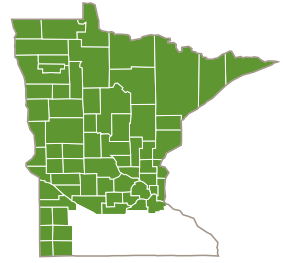
Mental health/substance abuse: Keep Coverage

Remove Coverage

AGE	\$1,550 Deductible	\$3,150 Deductible	\$5,200 Deductible
19-29	\$190.83	\$134.65	\$115.53
30-31	\$200.77	\$141.67	\$121.55
32-33	\$205.74	\$145.17	\$124.56
34-35	\$208.72	\$147.28	\$126.36
36-37	\$211.46	\$149.21	\$128.02
38-39	\$219.16	\$154.64	\$132.68
40	\$232.08	\$163.76	\$140.50
41	\$240.28	\$169.54	\$145.47
42	\$248.48	\$175.33	\$150.43
43	\$253.95	\$179.19	\$153.74
44	\$265.87	\$187.60	\$160.96
45	\$278.05	\$196.19	\$168.33
46	\$291.22	\$205.49	\$176.30
47	\$304.39	\$214.78	\$184.28
48	\$321.53	\$226.88	\$194.66
49	\$338.43	\$238.80	\$204.89
50	\$359.55	\$253.70	\$217.67
51	\$380.42	\$268.43	\$230.31
52	\$402.04	\$283.68	\$243.40
53	\$423.66	\$298.94	\$256.48
54	\$445.03	\$314.02	\$269.42
55	\$466.65	\$329.27	\$282.51
56	\$490.50	\$346.10	\$296.95
57	\$514.11	\$362.76	\$311.24
58	\$528.02	\$372.58	\$319.66
59	\$541.93	\$382.39	\$328.09
60+	\$555.10	\$391.69	\$336.06

Standard Monthly Premiums

ONE-PERSON 80% COVERAGE



BASED ON THIS DECISION:

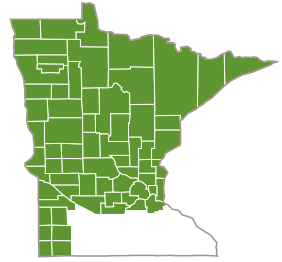
Mental health/substance abuse: Keep Coverage

Remove Coverage

AGE	\$1,550 Deductible	\$3,150 Deductible	\$5,200 Deductible
19-29	\$219.45	\$154.85	\$132.86
30-31	\$230.89	\$162.92	\$139.78
32-33	\$236.60	\$166.95	\$143.24
34-35	\$240.03	\$169.37	\$145.31
36-37	\$243.18	\$171.59	\$147.22
38-39	\$252.03	\$177.84	\$152.58
40	\$266.89	\$188.32	\$161.58
41	\$276.32	\$194.97	\$167.29
42	\$285.75	\$201.63	\$172.99
43	\$292.04	\$206.07	\$176.80
44	\$305.75	\$215.74	\$185.10
45	\$319.76	\$225.62	\$193.58
46	\$334.90	\$236.31	\$202.75
47	\$350.05	\$247.00	\$211.92
48	\$369.76	\$260.91	\$223.86
49	\$389.19	\$274.62	\$235.62
50	\$413.48	\$291.76	\$250.32
51	\$437.48	\$308.69	\$264.86
52	\$462.35	\$326.23	\$279.91
53	\$487.21	\$343.78	\$294.95
54	\$511.78	\$361.12	\$309.83
55	\$536.65	\$378.66	\$324.89
56	\$564.08	\$398.02	\$341.49
57	\$591.23	\$417.17	\$357.93
58	\$607.22	\$428.47	\$367.61
59	\$623.22	\$439.75	\$377.30
60+	\$638.37	\$450.44	\$386.47

Standard Monthly Premiums

ONE-PERSON 100% COVERAGE



BASED ON THIS DECISION:

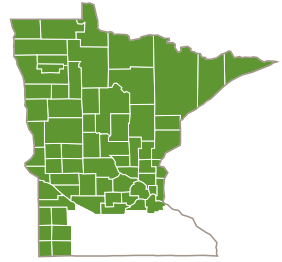
Mental health/substance abuse: Keep Coverage

Remove Coverage

AGE	\$2,050 Deductible	\$3,450 Deductible	\$4,800 Deductible	\$6,200 Deductible
19-29	\$171.36	\$144.99	\$127.96	\$116.28
30-31	\$180.28	\$152.54	\$134.63	\$122.34
32-33	\$184.74	\$156.32	\$137.96	\$125.37
34-35	\$187.42	\$158.58	\$139.96	\$127.18
36-37	\$189.88	\$160.66	\$141.79	\$128.85
38-39	\$196.79	\$166.51	\$146.96	\$133.54
40	\$208.39	\$176.33	\$155.62	\$141.42
41	\$215.76	\$182.56	\$161.12	\$146.41
42	\$223.12	\$188.79	\$166.62	\$151.41
43	\$228.03	\$192.94	\$170.29	\$154.74
44	\$238.74	\$202.01	\$178.28	\$162.01
45	\$249.67	\$211.26	\$186.45	\$169.43
46	\$261.50	\$221.26	\$195.28	\$177.45
47	\$273.32	\$231.27	\$204.11	\$185.48
48	\$288.72	\$244.29	\$215.61	\$195.92
49	\$303.89	\$257.13	\$226.94	\$206.22
50	\$322.85	\$273.18	\$241.10	\$219.09
51	\$341.60	\$289.04	\$255.10	\$231.81
52	\$361.01	\$305.46	\$269.59	\$244.98
53	\$380.42	\$321.89	\$284.09	\$258.15
54	\$399.61	\$338.12	\$298.42	\$271.18
55	\$419.02	\$354.55	\$312.91	\$284.35
56	\$440.44	\$372.67	\$328.91	\$298.88
57	\$461.64	\$390.61	\$344.74	\$313.27
58	\$474.13	\$401.18	\$354.07	\$321.75
59	\$486.62	\$411.75	\$363.40	\$330.23
60+	\$498.45	\$421.76	\$372.23	\$338.25

Standard Monthly Premiums

ONE-PERSON 100% COVERAGE



BASED ON THIS DECISION:

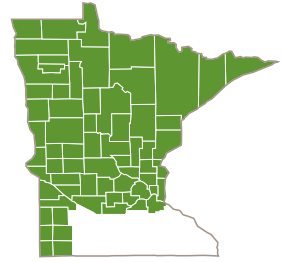
Mental health/substance abuse: Keep Coverage

Remove Coverage

AGE	\$2,050 Deductible	\$3,450 Deductible	\$4,800 Deductible	\$6,200 Deductible
19-29	\$197.06	\$166.74	\$147.15	\$133.72
30-31	\$207.32	\$175.42	\$154.82	\$140.69
32-33	\$212.45	\$179.77	\$158.65	\$144.18
34-35	\$215.53	\$182.37	\$160.95	\$146.26
36-37	\$218.36	\$184.76	\$163.06	\$148.18
38-39	\$226.31	\$191.49	\$169.00	\$153.57
40	\$239.65	\$202.78	\$178.96	\$162.63
41	\$248.12	\$209.94	\$185.29	\$168.37
42	\$256.59	\$217.11	\$191.61	\$174.12
43	\$262.23	\$221.88	\$195.83	\$177.95
44	\$274.55	\$232.31	\$205.02	\$186.31
45	\$287.12	\$242.95	\$214.42	\$194.84
46	\$300.73	\$254.45	\$224.57	\$204.07
47	\$314.32	\$265.96	\$234.73	\$213.30
48	\$332.03	\$280.93	\$247.95	\$225.31
49	\$349.47	\$295.70	\$260.98	\$237.15
50	\$371.28	\$314.16	\$277.27	\$251.95
51	\$392.84	\$332.40	\$293.37	\$266.58
52	\$415.16	\$351.28	\$310.03	\$281.73
53	\$437.48	\$370.17	\$326.70	\$296.87
54	\$459.55	\$388.84	\$343.18	\$311.86
55	\$481.87	\$407.73	\$359.85	\$327.00
56	\$506.51	\$428.57	\$378.25	\$343.71
57	\$530.89	\$449.20	\$396.45	\$360.26
58	\$545.25	\$461.36	\$407.18	\$370.01
59	\$559.61	\$473.51	\$417.91	\$379.76
60+	\$573.22	\$485.02	\$428.06	\$388.99

Standard Monthly Premiums

FAMILY 80% COVERAGE



BASED ON THIS DECISION:

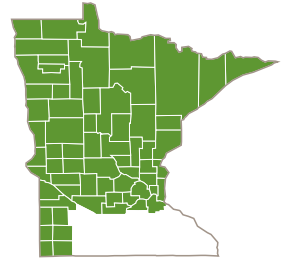
Mental health/substance abuse: Keep Coverage

Remove Coverage

AGE	\$3,150 Deductible	\$5,700 Deductible	\$8,350 Deductible
19-29	\$178.41	\$131.16	\$109.01
30-31	\$187.70	\$137.99	\$114.69
32-33	\$192.34	\$141.41	\$117.53
34-35	\$195.13	\$143.46	\$119.23
36-37	\$197.69	\$145.33	\$120.79
38-39	\$204.89	\$150.63	\$125.19
40	\$216.97	\$159.51	\$132.57
41	\$224.63	\$165.14	\$137.26
42	\$232.30	\$170.78	\$141.94
43	\$237.41	\$174.54	\$145.06
44	\$248.56	\$182.73	\$151.88
45	\$259.94	\$191.10	\$158.83
46	\$272.26	\$200.15	\$166.35
47	\$284.57	\$209.21	\$173.88
48	\$300.60	\$220.99	\$183.67
49	\$316.39	\$232.60	\$193.32
50	\$336.14	\$247.12	\$205.39
51	\$355.65	\$261.46	\$217.31
52	\$375.86	\$276.32	\$229.66
53	\$396.07	\$291.18	\$242.01
54	\$416.05	\$305.87	\$254.21
55	\$436.26	\$320.72	\$266.56
56	\$458.56	\$337.12	\$280.19
57	\$480.63	\$353.34	\$293.67
58	\$493.64	\$362.91	\$301.62
59	\$506.65	\$372.47	\$309.57
60+	\$518.96	\$381.52	\$317.09
1 Child	\$159.13	\$116.98	\$97.23
2 Children	\$318.26	\$233.96	\$194.46
3+ Children	\$477.39	\$350.94	\$291.69

Standard Monthly Premiums

FAMILY 80% COVERAGE



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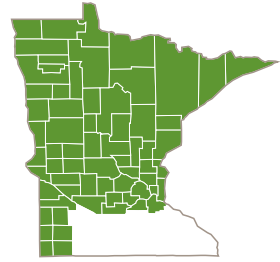
Mental health/substance abuse: Keep Coverage

Remove Coverage

AGE	\$3,150 Deductible	\$5,700 Deductible	\$8,350 Deductible
19-29	\$205.17	\$150.83	\$125.36
30-31	\$215.86	\$158.69	\$131.89
32-33	\$221.19	\$162.62	\$135.16
34-35	\$224.40	\$164.98	\$137.11
36-37	\$227.34	\$167.13	\$138.91
38-39	\$235.62	\$173.22	\$143.97
40	\$249.52	\$183.44	\$152.46
41	\$258.32	\$189.91	\$157.85
42	\$267.15	\$196.40	\$163.23
43	\$273.02	\$200.72	\$166.82
44	\$285.84	\$210.14	\$174.66
45	\$298.93	\$219.77	\$182.65
46	\$313.10	\$230.17	\$191.30
47	\$327.26	\$240.59	\$199.96
48	\$345.69	\$254.14	\$211.22
49	\$363.85	\$267.49	\$222.32
50	\$386.56	\$284.19	\$236.20
51	\$409.00	\$300.68	\$249.91
52	\$432.24	\$317.77	\$264.11
53	\$455.48	\$334.86	\$278.31
54	\$478.46	\$351.75	\$292.34
55	\$501.70	\$368.83	\$306.54
56	\$527.34	\$387.69	\$322.22
57	\$552.72	\$406.34	\$337.72
58	\$567.69	\$417.35	\$346.86
59	\$582.65	\$428.34	\$356.01
60+	\$596.80	\$438.75	\$364.65
1 Child	\$183.00	\$134.53	\$111.81
2 Children	\$366.00	\$269.06	\$223.62
3+ Children	\$549.00	\$403.59	\$335.43

Standard Monthly Premiums

FAMILY 100% COVERAGE



BASED ON THIS DECISION:

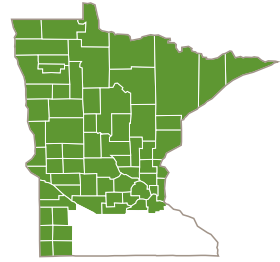
Mental health/substance abuse: Keep Coverage

Remove Coverage

AGE	\$4,150 Deductible	\$7,300 Deductible	\$9,950 Deductible	\$12,500 Deductible
19-29	\$166.43	\$129.07	\$108.68	\$97.03
30-31	\$175.10	\$135.79	\$114.34	\$102.08
32-33	\$179.44	\$139.15	\$117.17	\$104.61
34-35	\$182.04	\$141.17	\$118.87	\$106.13
36-37	\$184.42	\$143.02	\$120.43	\$107.52
38-39	\$191.14	\$148.23	\$124.81	\$111.43
40	\$202.41	\$156.97	\$132.17	\$118.00
41	\$209.56	\$162.51	\$136.84	\$122.17
42	\$216.71	\$168.06	\$141.51	\$126.34
43	\$221.48	\$171.76	\$144.62	\$129.12
44	\$231.88	\$179.82	\$151.42	\$135.18
45	\$242.50	\$188.06	\$158.35	\$141.37
46	\$253.98	\$196.97	\$165.85	\$148.07
47	\$265.47	\$205.87	\$173.35	\$154.77
48	\$280.42	\$217.47	\$183.11	\$163.48
49	\$295.16	\$228.90	\$192.74	\$172.08
50	\$313.58	\$243.18	\$204.76	\$182.81
51	\$331.78	\$257.30	\$216.65	\$193.43
52	\$350.64	\$271.92	\$228.96	\$204.42
53	\$369.49	\$286.54	\$241.27	\$215.41
54	\$388.13	\$301.00	\$253.44	\$226.27
55	\$406.98	\$315.62	\$265.76	\$237.27
56	\$427.79	\$331.75	\$279.34	\$249.40
57	\$448.37	\$347.72	\$292.78	\$261.40
58	\$460.51	\$357.13	\$300.71	\$268.47
59	\$472.64	\$366.54	\$308.63	\$275.55
60+	\$484.13	\$375.45	\$316.13	\$282.24
1 Child	\$148.45	\$115.12	\$96.93	\$86.54
2 Children	\$296.90	\$230.24	\$193.86	\$173.08
3+ Children	\$445.35	\$345.36	\$290.79	\$259.62

Standard Monthly Premiums

FAMILY 100% COVERAGE



BASED ON THIS DECISION:

Mental health/substance abuse: Keep Coverage

Remove Coverage

AGE	\$4,150 Deductible	\$7,300 Deductible	\$9,950 Deductible	\$12,500 Deductible
19-29	\$191.39	\$148.43	\$124.98	\$111.58
30-31	\$201.37	\$156.16	\$131.49	\$117.39
32-33	\$206.36	\$160.02	\$134.75	\$120.30
34-35	\$209.35	\$162.35	\$136.70	\$122.05
36-37	\$212.08	\$164.47	\$138.49	\$123.65
38-39	\$219.81	\$170.46	\$143.53	\$128.14
40	\$232.77	\$180.52	\$152.00	\$135.70
41	\$240.99	\$186.89	\$157.37	\$140.50
42	\$249.22	\$193.27	\$162.74	\$145.29
43	\$254.70	\$197.52	\$166.31	\$148.49
44	\$266.66	\$206.79	\$174.13	\$155.46
45	\$278.88	\$216.27	\$182.10	\$162.58
46	\$292.08	\$226.52	\$190.73	\$170.28
47	\$305.29	\$236.75	\$199.35	\$177.99
48	\$322.48	\$250.09	\$210.58	\$188.00
49	\$339.43	\$263.24	\$221.65	\$197.89
50	\$360.62	\$279.66	\$235.47	\$210.23
51	\$381.55	\$295.90	\$249.15	\$222.44
52	\$403.24	\$312.71	\$263.30	\$235.08
53	\$424.91	\$329.52	\$277.46	\$247.72
54	\$446.35	\$346.15	\$291.46	\$260.21
55	\$468.03	\$362.96	\$305.62	\$272.86
56	\$491.96	\$381.51	\$321.24	\$286.81
57	\$515.63	\$399.88	\$336.70	\$300.61
58	\$529.59	\$410.70	\$345.82	\$308.74
59	\$543.54	\$421.52	\$354.92	\$316.88
60+	\$556.75	\$431.77	\$363.55	\$324.58
1 Child	\$170.72	\$132.39	\$111.47	\$99.52
2 Children	\$341.44	\$264.78	\$222.94	\$199.04
3+ Children	\$512.16	\$397.17	\$334.41	\$298.56



Scan this code to see if this plan hits the right notes.

Contact us

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

Monday – Thursday 8 a.m. to 5 p.m. and Fridays 9 a.m. to 5 p.m.

1-800-855-2880 (National Relay Center)

If you're hearing impaired, please call the National Relay Center and ask for one of the numbers listed above.

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IFB6804-11012