



ONE OR MORE



INDIVIDUALISTS

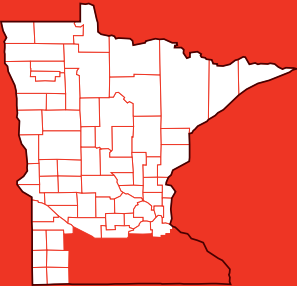


IN MINNESOTA

MEDICA SOLOSM

RATE GUIDE

From one-man to family bands.



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 4–19) to use based on your family status and which optional benefits you'd like to include or remove.
- 2:** Find your age, deductible level, and office visit copayment. 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 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 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.**
- ✓ **Be certain that you selected the appropriate optional benefits on 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 family coverage. My spouse is 33 years old and we have three children. I'd like to remove mental health/substance abuse coverage and keep Tier-1 only drug coverage. I turn to page 12 to determine my family's monthly premium.

FAMILY 80% COVERAGE	
Mental health/substance abuse:	<input type="checkbox"/> Keep Coverage <input checked="" type="checkbox"/> Remove Coverage
Prescription drug coverage:	<input checked="" type="checkbox"/> Keep Tier 1-only coverage <input type="checkbox"/> Increase to Tier 2 and 3 Coverage

12

I decided to select the \$12,600 deductible and the 80% with Basic Rx Option. I follow the chart and find my standard rate is \$104.70, my spouse's standard rate is \$103.20, and the standard rate for my three children is \$256.14. I add these together to get my standard monthly premium of **\$464.04**.

Your standard monthly premium

\$

Spouse's standard monthly premium

\$

Dependent(s) standard monthly premium

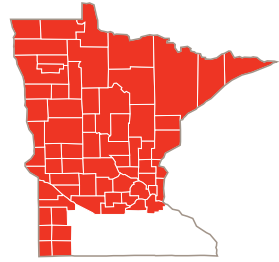
\$

Total standard monthly premium

\$

Standard Monthly Premiums

ONE-PERSON 80% COVERAGE



BASED ON THESE DECISIONS:

Mental health/substance abuse:

Keep Coverage

Remove Coverage

Prescription drug coverage:

Keep Tier 1-only coverage

Increase to Tier 2 and Tier 3 coverage

	\$3,150 Deductible/ \$30 Copayment	\$6,300 Deductible/ \$40 Copayment	\$9,450 Deductible/ \$50 Copayment	\$12,600 Deductible/ \$60 Copayment
19-29	\$102.02	\$84.24	\$74.48	\$69.39
30-31	\$107.33	\$88.62	\$78.36	\$73.00
32-33	\$109.99	\$90.81	\$80.29	\$74.81
34-35	\$111.59	\$92.14	\$81.47	\$75.90
36-37	\$113.05	\$93.34	\$82.53	\$76.89
38-39	\$117.17	\$96.74	\$85.54	\$79.69
40	\$124.07	\$102.44	\$90.58	\$84.38
41	\$128.45	\$106.06	\$93.78	\$87.37
42	\$132.84	\$109.68	\$96.98	\$90.35
43	\$135.76	\$112.09	\$99.11	\$92.34
44	\$142.14	\$117.36	\$103.77	\$96.68
45	\$148.65	\$122.74	\$108.52	\$101.11
46	\$155.69	\$128.55	\$113.67	\$105.89
47	\$162.73	\$134.36	\$118.81	\$110.68
48	\$171.90	\$141.93	\$125.50	\$116.92
49	\$180.93	\$149.38	\$132.08	\$123.05
50	\$192.22	\$158.71	\$140.33	\$130.74
51	\$203.38	\$167.92	\$148.47	\$138.32
52	\$214.94	\$177.47	\$156.92	\$146.19
53	\$226.49	\$187.01	\$165.35	\$154.05
54	\$237.92	\$196.44	\$173.69	\$161.82
55	\$249.47	\$205.98	\$182.13	\$169.68
56	\$262.23	\$216.51	\$191.44	\$178.35
57	\$274.84	\$226.93	\$200.65	\$186.93
58	\$282.29	\$233.07	\$206.09	\$192.00
59	\$289.72	\$239.21	\$211.51	\$197.05
60+	\$296.76	\$245.02	\$216.65	\$201.84

Standard Monthly Premiums

ONE-PERSON 80% COVERAGE

BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

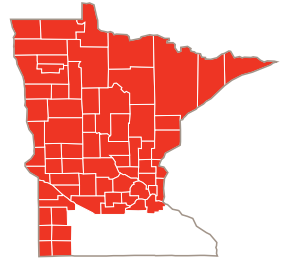
Prescription drug coverage:



Keep Tier 1-only coverage



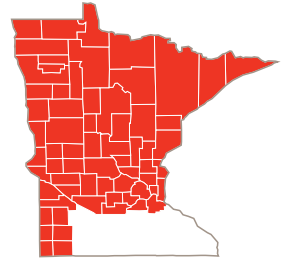
Increase to Tier 2 and Tier 3 coverage



	\$3,150 Deductible/ \$30 Copayment	\$6,300 Deductible/ \$40 Copayment	\$9,450 Deductible/ \$50 Copayment	\$12,600 Deductible/ \$60 Copayment
19-29	\$114.58	\$96.80	\$87.04	\$81.95
30-31	\$120.55	\$101.84	\$91.58	\$86.22
32-33	\$123.54	\$104.36	\$93.84	\$88.36
34-35	\$125.33	\$105.88	\$95.21	\$89.64
36-37	\$126.97	\$107.26	\$96.45	\$90.81
38-39	\$131.60	\$111.17	\$99.97	\$94.12
40	\$139.35	\$117.72	\$105.86	\$99.66
41	\$144.27	\$121.88	\$109.60	\$103.19
42	\$149.20	\$126.04	\$113.34	\$106.71
43	\$152.48	\$128.81	\$115.83	\$109.06
44	\$159.64	\$134.86	\$121.27	\$114.18
45	\$166.95	\$141.04	\$126.82	\$119.41
46	\$174.86	\$147.72	\$132.84	\$125.06
47	\$182.77	\$154.40	\$138.85	\$130.72
48	\$193.07	\$163.10	\$146.67	\$138.09
49	\$203.21	\$171.66	\$154.36	\$145.33
50	\$215.89	\$182.38	\$164.00	\$154.41
51	\$228.43	\$192.97	\$173.52	\$163.37
52	\$241.41	\$203.94	\$183.39	\$172.66
53	\$254.38	\$214.90	\$193.24	\$181.94
54	\$267.22	\$225.74	\$202.99	\$191.12
55	\$280.19	\$236.70	\$212.85	\$200.40
56	\$294.52	\$248.80	\$223.73	\$210.64
57	\$308.69	\$260.78	\$234.50	\$220.78
58	\$317.05	\$267.83	\$240.85	\$226.76
59	\$325.40	\$274.89	\$247.19	\$232.73
60+	\$333.31	\$281.57	\$253.20	\$238.39

Standard Monthly Premiums

ONE-PERSON 80% COVERAGE



BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

Prescription drug coverage:



Keep Tier 1-only coverage

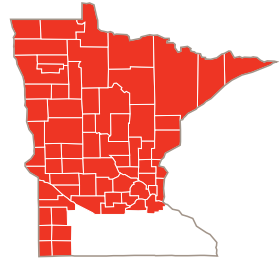


Increase to Tier 2 and Tier 3 coverage

	\$3,150 Deductible/ \$30 Copayment	\$6,300 Deductible/ \$40 Copayment	\$9,450 Deductible/ \$50 Copayment	\$12,600 Deductible/ \$60 Copayment
19-29	\$116.74	\$96.29	\$85.07	\$79.21
30-31	\$122.81	\$101.30	\$89.50	\$83.33
32-33	\$125.86	\$103.80	\$91.70	\$85.40
34-35	\$127.69	\$105.32	\$93.05	\$86.64
36-37	\$129.36	\$106.69	\$94.26	\$87.77
38-39	\$134.07	\$110.58	\$97.70	\$90.97
40	\$141.97	\$117.09	\$103.45	\$96.32
41	\$146.98	\$121.23	\$107.11	\$99.74
42	\$152.00	\$125.37	\$110.76	\$103.14
43	\$155.34	\$128.12	\$113.20	\$105.41
44	\$162.64	\$134.15	\$118.52	\$110.36
45	\$170.09	\$140.30	\$123.94	\$115.42
46	\$178.15	\$146.94	\$129.83	\$120.88
47	\$186.20	\$153.58	\$135.70	\$126.35
48	\$196.70	\$162.23	\$143.34	\$133.47
49	\$207.03	\$170.75	\$150.85	\$140.47
50	\$219.95	\$181.41	\$160.27	\$149.25
51	\$232.72	\$191.94	\$169.57	\$157.90
52	\$245.95	\$202.85	\$179.22	\$166.88
53	\$259.16	\$213.76	\$188.85	\$175.86
54	\$272.24	\$224.54	\$198.38	\$184.73
55	\$285.46	\$235.44	\$208.02	\$193.70
56	\$300.06	\$247.48	\$218.65	\$203.60
57	\$314.49	\$259.39	\$229.17	\$213.39
58	\$323.01	\$266.41	\$235.38	\$219.18
59	\$331.51	\$273.43	\$241.57	\$224.94
60+	\$339.57	\$280.07	\$247.44	\$230.41

Standard Monthly Premiums

ONE-PERSON 80% COVERAGE



BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

Prescription drug coverage:



Keep Tier 1-only coverage

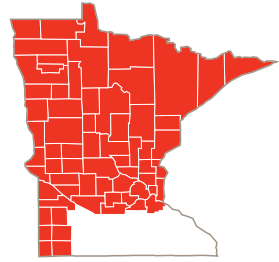


Increase to Tier 2 and Tier 3 coverage

	\$3,150 Deductible/ \$30 Copayment	\$6,300 Deductible/ \$40 Copayment	\$9,450 Deductible/ \$50 Copayment	\$12,600 Deductible/ \$60 Copayment
19-29	\$129.30	\$108.85	\$97.63	\$91.77
30-31	\$136.03	\$114.52	\$102.72	\$96.55
32-33	\$139.41	\$117.35	\$105.25	\$98.95
34-35	\$141.43	\$119.06	\$106.79	\$100.38
36-37	\$143.28	\$120.61	\$108.18	\$101.69
38-39	\$148.50	\$125.01	\$112.13	\$105.40
40	\$157.25	\$132.37	\$118.73	\$111.60
41	\$162.80	\$137.05	\$122.93	\$115.56
42	\$168.36	\$141.73	\$127.12	\$119.50
43	\$172.06	\$144.84	\$129.92	\$122.13
44	\$180.14	\$151.65	\$136.02	\$127.86
45	\$188.39	\$158.60	\$142.24	\$133.72
46	\$197.32	\$166.11	\$149.00	\$140.05
47	\$206.24	\$173.62	\$155.74	\$146.39
48	\$217.87	\$183.40	\$164.51	\$154.64
49	\$229.31	\$193.03	\$173.13	\$162.75
50	\$243.62	\$205.08	\$183.94	\$172.92
51	\$257.77	\$216.99	\$194.62	\$182.95
52	\$272.42	\$229.32	\$205.69	\$193.35
53	\$287.05	\$241.65	\$216.74	\$203.75
54	\$301.54	\$253.84	\$227.68	\$214.03
55	\$316.18	\$266.16	\$238.74	\$224.42
56	\$332.35	\$279.77	\$250.94	\$235.89
57	\$348.34	\$293.24	\$263.02	\$247.24
58	\$357.77	\$301.17	\$270.14	\$253.94
59	\$367.19	\$309.11	\$277.25	\$260.62
60+	\$376.12	\$316.62	\$283.99	\$266.96

Standard Monthly Premiums

ONE-PERSON 100% COVERAGE



BASED ON THESE DECISIONS:

Mental health/substance abuse:

Keep Coverage

Remove Coverage

Prescription drug coverage:

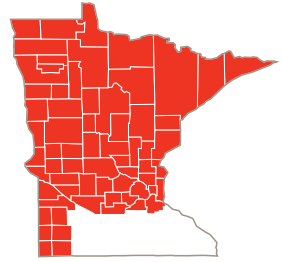
Keep Tier 1-only coverage

Increase to Tier 2 and Tier 3 coverage

	\$3,150 Deductible/ \$30 Copayment	\$6,300 Deductible/ \$40 Copayment	\$9,450 Deductible/ \$50 Copayment	\$12,600 Deductible/ \$60 Copayment
19-29	\$109.16	\$88.54	\$77.75	\$72.29
30-31	\$114.85	\$93.15	\$81.79	\$76.05
32-33	\$117.69	\$95.46	\$83.81	\$77.94
34-35	\$119.40	\$96.85	\$85.04	\$79.07
36-37	\$120.96	\$98.11	\$86.15	\$80.10
38-39	\$125.37	\$101.69	\$89.29	\$83.02
40	\$132.75	\$107.68	\$94.54	\$87.91
41	\$137.45	\$111.48	\$97.89	\$91.02
42	\$142.14	\$115.29	\$101.23	\$94.13
43	\$145.27	\$117.82	\$103.46	\$96.20
44	\$152.09	\$123.36	\$108.32	\$100.72
45	\$159.06	\$129.01	\$113.28	\$105.34
46	\$166.59	\$135.12	\$118.65	\$110.32
47	\$174.13	\$141.24	\$124.01	\$115.31
48	\$183.93	\$149.19	\$131.00	\$121.81
49	\$193.59	\$157.02	\$137.87	\$128.20
50	\$205.68	\$166.83	\$146.48	\$136.21
51	\$217.61	\$176.51	\$154.98	\$144.11
52	\$229.99	\$186.54	\$163.79	\$152.31
53	\$242.35	\$196.57	\$172.60	\$160.49
54	\$254.58	\$206.49	\$181.31	\$168.59
55	\$266.94	\$216.52	\$190.11	\$176.78
56	\$280.59	\$227.58	\$199.83	\$185.81
57	\$294.09	\$238.53	\$209.44	\$194.75
58	\$302.05	\$245.00	\$215.12	\$200.03
59	\$310.01	\$251.45	\$220.78	\$205.30
60+	\$317.54	\$257.56	\$226.15	\$210.29

Standard Monthly Premiums

ONE-PERSON 100% COVERAGE



BASED ON THESE DECISIONS:

Mental health/substance abuse:

Keep Coverage

Remove Coverage

Prescription drug coverage:

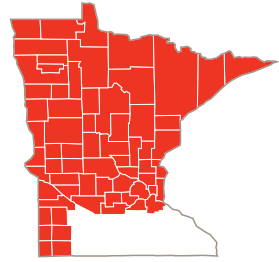
Keep Tier 1-only coverage

Increase to Tier 2 and Tier 3 coverage

	\$3,150 Deductible/ \$30 Copayment	\$6,300 Deductible/ \$40 Copayment	\$9,450 Deductible/ \$50 Copayment	\$12,600 Deductible/ \$60 Copayment
19-29	\$121.72	\$101.10	\$90.31	\$84.85
30-31	\$128.07	\$106.37	\$95.01	\$89.27
32-33	\$131.24	\$109.01	\$97.36	\$91.49
34-35	\$133.14	\$110.59	\$98.78	\$92.81
36-37	\$134.88	\$112.03	\$100.07	\$94.02
38-39	\$139.80	\$116.12	\$103.72	\$97.45
40	\$148.03	\$122.96	\$109.82	\$103.19
41	\$153.27	\$127.30	\$113.71	\$106.84
42	\$158.50	\$131.65	\$117.59	\$110.49
43	\$161.99	\$134.54	\$120.18	\$112.92
44	\$169.59	\$140.86	\$125.82	\$118.22
45	\$177.36	\$147.31	\$131.58	\$123.64
46	\$185.76	\$154.29	\$137.82	\$129.49
47	\$194.17	\$161.28	\$144.05	\$135.35
48	\$205.10	\$170.36	\$152.17	\$142.98
49	\$215.87	\$179.30	\$160.15	\$150.48
50	\$229.35	\$190.50	\$170.15	\$159.88
51	\$242.66	\$201.56	\$180.03	\$169.16
52	\$256.46	\$213.01	\$190.26	\$178.78
53	\$270.24	\$224.46	\$200.49	\$188.38
54	\$283.88	\$235.79	\$210.61	\$197.89
55	\$297.66	\$247.24	\$220.83	\$207.50
56	\$312.88	\$259.87	\$232.12	\$218.10
57	\$327.94	\$272.38	\$243.29	\$228.60
58	\$336.81	\$279.76	\$249.88	\$234.79
59	\$345.69	\$287.13	\$256.46	\$240.98
60+	\$354.09	\$294.11	\$262.70	\$246.84

Standard Monthly Premiums

ONE-PERSON 100% COVERAGE



BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

Prescription drug coverage:



Keep Tier 1-only coverage

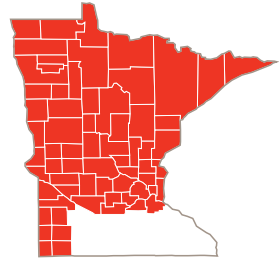


Increase to Tier 2 and Tier 3 coverage

	\$3,150 Deductible/ \$30 Copayment	\$6,300 Deductible/ \$40 Copayment	\$9,450 Deductible/ \$50 Copayment	\$12,600 Deductible/ \$60 Copayment
19-29	\$124.95	\$101.23	\$88.83	\$82.55
30-31	\$131.46	\$106.51	\$93.44	\$86.84
32-33	\$134.71	\$109.15	\$95.75	\$89.00
34-35	\$136.67	\$110.74	\$97.15	\$90.29
36-37	\$138.45	\$112.18	\$98.42	\$91.47
38-39	\$143.50	\$116.27	\$102.01	\$94.80
40	\$151.95	\$123.12	\$108.01	\$100.38
41	\$157.33	\$127.46	\$111.84	\$103.94
42	\$162.70	\$131.82	\$115.65	\$107.49
43	\$166.28	\$134.71	\$118.20	\$109.85
44	\$174.09	\$141.05	\$123.75	\$115.01
45	\$182.06	\$147.51	\$129.42	\$120.29
46	\$190.68	\$154.49	\$135.55	\$125.97
47	\$199.31	\$161.49	\$141.68	\$131.67
48	\$210.53	\$170.58	\$149.66	\$139.09
49	\$221.59	\$179.53	\$157.51	\$146.39
50	\$235.43	\$190.75	\$167.35	\$155.54
51	\$249.08	\$201.82	\$177.06	\$164.56
52	\$263.25	\$213.29	\$187.12	\$173.92
53	\$277.40	\$224.75	\$197.19	\$183.26
54	\$291.40	\$236.10	\$207.14	\$192.51
55	\$305.55	\$247.56	\$217.19	\$201.86
56	\$321.17	\$260.21	\$228.30	\$212.17
57	\$336.62	\$272.73	\$239.28	\$222.38
58	\$345.73	\$280.13	\$245.77	\$228.41
59	\$354.85	\$287.50	\$252.23	\$234.43
60+	\$363.47	\$294.49	\$258.37	\$240.13

Standard Monthly Premiums

ONE-PERSON 100% COVERAGE



BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

Prescription drug coverage:



Keep Tier 1-only coverage



Increase to Tier 2 and Tier 3 coverage

	\$3,150 Deductible/ \$30 Copayment	\$6,300 Deductible/ \$40 Copayment	\$9,450 Deductible/ \$50 Copayment	\$12,600 Deductible/ \$60 Copayment
19-29	\$137.51	\$113.79	\$101.39	\$95.11
30-31	\$144.68	\$119.73	\$106.66	\$100.06
32-33	\$148.26	\$122.70	\$109.30	\$102.55
34-35	\$150.41	\$124.48	\$110.89	\$104.03
36-37	\$152.37	\$126.10	\$112.34	\$105.39
38-39	\$157.93	\$130.70	\$116.44	\$109.23
40	\$167.23	\$138.40	\$123.29	\$115.66
41	\$173.15	\$143.28	\$127.66	\$119.76
42	\$179.06	\$148.18	\$132.01	\$123.85
43	\$183.00	\$151.43	\$134.92	\$126.57
44	\$191.59	\$158.55	\$141.25	\$132.51
45	\$200.36	\$165.81	\$147.72	\$138.59
46	\$209.85	\$173.66	\$154.72	\$145.14
47	\$219.35	\$181.53	\$161.72	\$151.71
48	\$231.70	\$191.75	\$170.83	\$160.26
49	\$243.87	\$201.81	\$179.79	\$168.67
50	\$259.10	\$214.42	\$191.02	\$179.21
51	\$274.13	\$226.87	\$202.11	\$189.61
52	\$289.72	\$239.76	\$213.59	\$200.39
53	\$305.29	\$252.64	\$225.08	\$211.15
54	\$320.70	\$265.40	\$236.44	\$221.81
55	\$336.27	\$278.28	\$247.91	\$232.58
56	\$353.46	\$292.50	\$260.59	\$244.46
57	\$370.47	\$306.58	\$273.13	\$256.23
58	\$380.49	\$314.89	\$280.53	\$263.17
59	\$390.53	\$323.18	\$287.91	\$270.11
60+	\$400.02	\$331.04	\$294.92	\$276.68

Standard Monthly Premiums

FAMILY 80% COVERAGE

BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

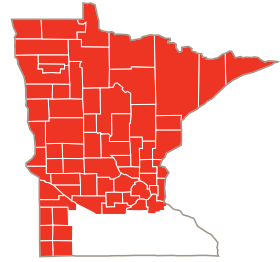
Prescription drug coverage:



Keep Tier 1-only coverage



Increase to Tier 2 and Tier 3 coverage



	\$6,300 Deductible/ \$30 Copayment	\$12,600 Deductible/ \$40 Copayment	\$18,900 Deductible/ \$50 Copayment	\$25,200 Deductible/ \$60 Copayment
19-29	\$120.85	\$95.72	\$84.50	\$77.25
30-31	\$127.14	\$100.71	\$88.89	\$81.27
32-33	\$130.28	\$103.20	\$91.09	\$83.28
34-35	\$132.18	\$104.70	\$92.42	\$84.50
36-37	\$133.90	\$106.07	\$93.63	\$85.60
38-39	\$138.78	\$109.93	\$97.04	\$88.72
40	\$146.96	\$116.41	\$102.75	\$93.95
41	\$152.16	\$120.52	\$106.39	\$97.27
42	\$157.35	\$124.64	\$110.02	\$100.59
43	\$160.81	\$127.38	\$112.44	\$102.80
44	\$168.37	\$133.37	\$117.73	\$107.64
45	\$176.08	\$139.48	\$123.12	\$112.56
46	\$184.42	\$146.08	\$128.95	\$117.90
47	\$192.76	\$152.69	\$134.78	\$123.23
48	\$203.61	\$161.29	\$142.37	\$130.17
49	\$214.31	\$169.76	\$149.84	\$137.00
50	\$227.69	\$180.36	\$159.20	\$145.56
51	\$240.90	\$190.82	\$168.44	\$154.00
52	\$254.60	\$201.67	\$178.02	\$162.76
53	\$268.28	\$212.51	\$187.59	\$171.51
54	\$281.82	\$223.23	\$197.05	\$180.16
55	\$295.50	\$234.07	\$206.62	\$188.91
56	\$310.61	\$246.04	\$217.18	\$198.57
57	\$325.56	\$257.88	\$227.63	\$208.12
58	\$334.37	\$264.86	\$233.80	\$213.76
59	\$343.18	\$271.84	\$239.95	\$219.39
60+	\$351.52	\$278.44	\$245.78	\$224.72
1 Child	\$107.79	\$85.38	\$75.37	\$68.91
2 Children	\$215.58	\$170.76	\$150.74	\$137.82
3+ Children	\$323.37	\$256.14	\$226.11	\$206.73

Standard Monthly Premiums

FAMILY 80% COVERAGE

BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

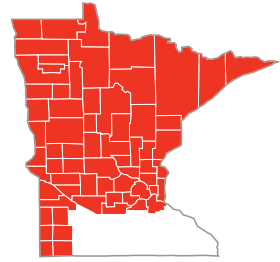
Prescription drug coverage:



Keep Tier 1-only coverage



Increase to Tier 2 and Tier 3 coverage



	\$6,300 Deductible/ \$30 Copayment	\$12,600 Deductible/ \$40 Copayment	\$18,900 Deductible/ \$50 Copayment	\$25,200 Deductible/ \$60 Copayment
19-29	\$133.41	\$108.28	\$97.06	\$89.81
30-31	\$140.36	\$113.93	\$102.11	\$94.49
32-33	\$143.83	\$116.75	\$104.64	\$96.83
34-35	\$145.92	\$118.44	\$106.16	\$98.24
36-37	\$147.82	\$119.99	\$107.55	\$99.52
38-39	\$153.21	\$124.36	\$111.47	\$103.15
40	\$162.24	\$131.69	\$118.03	\$109.23
41	\$167.98	\$136.34	\$122.21	\$113.09
42	\$173.71	\$141.00	\$126.38	\$116.95
43	\$177.53	\$144.10	\$129.16	\$119.52
44	\$185.87	\$150.87	\$135.23	\$125.14
45	\$194.38	\$157.78	\$141.42	\$130.86
46	\$203.59	\$165.25	\$148.12	\$137.07
47	\$212.80	\$172.73	\$154.82	\$143.27
48	\$224.78	\$182.46	\$163.54	\$151.34
49	\$236.59	\$192.04	\$172.12	\$159.28
50	\$251.36	\$204.03	\$182.87	\$169.23
51	\$265.95	\$215.87	\$193.49	\$179.05
52	\$281.07	\$228.14	\$204.49	\$189.23
53	\$296.17	\$240.40	\$215.48	\$199.40
54	\$311.12	\$252.53	\$226.35	\$209.46
55	\$326.22	\$264.79	\$237.34	\$219.63
56	\$342.90	\$278.33	\$249.47	\$230.86
57	\$359.41	\$291.73	\$261.48	\$241.97
58	\$369.13	\$299.62	\$268.56	\$248.52
59	\$378.86	\$307.52	\$275.63	\$255.07
60+	\$388.07	\$314.99	\$282.33	\$261.27
1 Child	\$118.99	\$96.58	\$86.57	\$80.11
2 Children	\$237.98	\$193.16	\$173.14	\$160.22
3+ Children	\$356.97	\$289.74	\$259.71	\$240.33

Standard Monthly Premiums

FAMILY 80% COVERAGE

BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

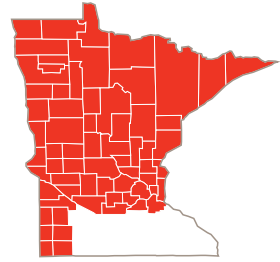
Prescription drug coverage:



Keep Tier 1-only coverage



Increase to Tier 2 and Tier 3 coverage



	\$6,300 Deductible/ \$30 Copayment	\$12,600 Deductible/ \$40 Copayment	\$18,900 Deductible/ \$50 Copayment	\$25,200 Deductible/ \$60 Copayment
19-29	\$138.39	\$109.49	\$96.59	\$88.25
30-31	\$145.59	\$115.20	\$101.61	\$92.84
32-33	\$149.19	\$118.05	\$104.12	\$95.14
34-35	\$151.37	\$119.76	\$105.64	\$96.53
36-37	\$153.34	\$121.33	\$107.03	\$97.79
38-39	\$158.92	\$125.75	\$110.92	\$101.35
40	\$168.29	\$133.16	\$117.45	\$107.33
41	\$174.25	\$137.86	\$121.61	\$111.12
42	\$180.19	\$142.57	\$125.76	\$114.92
43	\$184.15	\$145.71	\$128.53	\$117.44
44	\$192.81	\$152.56	\$134.57	\$122.97
45	\$201.64	\$159.55	\$140.73	\$128.59
46	\$211.19	\$167.10	\$147.40	\$134.69
47	\$220.74	\$174.66	\$154.06	\$140.78
48	\$233.16	\$184.50	\$162.74	\$148.71
49	\$245.42	\$194.18	\$171.28	\$156.51
50	\$260.74	\$206.31	\$181.97	\$166.29
51	\$275.87	\$218.27	\$192.54	\$175.93
52	\$291.55	\$230.68	\$203.49	\$185.94
53	\$307.22	\$243.08	\$214.43	\$195.93
54	\$322.73	\$255.35	\$225.24	\$205.82
55	\$338.39	\$267.75	\$236.18	\$215.81
56	\$355.69	\$281.44	\$248.25	\$226.85
57	\$372.81	\$294.98	\$260.20	\$237.76
58	\$382.90	\$302.97	\$267.25	\$244.20
59	\$392.99	\$310.95	\$274.28	\$250.63
60+	\$402.54	\$318.50	\$280.94	\$256.72
1 Child	\$123.44	\$97.66	\$86.15	\$78.72
2 Children	\$246.88	\$195.32	\$172.30	\$157.44
3+ Children	\$370.32	\$292.98	\$258.45	\$236.16

Standard Monthly Premiums

FAMILY 80% COVERAGE

BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

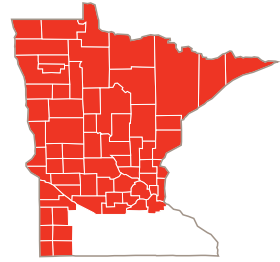
Prescription drug coverage:



Keep Tier 1-only coverage



Increase to Tier 2 and Tier 3 coverage



	\$6,300 Deductible/ \$30 Copayment	\$12,600 Deductible/ \$40 Copayment	\$18,900 Deductible/ \$50 Copayment	\$25,200 Deductible/ \$60 Copayment
19-29	\$150.95	\$122.05	\$109.15	\$100.81
30-31	\$158.81	\$128.42	\$114.83	\$106.06
32-33	\$162.74	\$131.60	\$117.67	\$108.69
34-35	\$165.11	\$133.50	\$119.38	\$110.27
36-37	\$167.26	\$135.25	\$120.95	\$111.71
38-39	\$173.35	\$140.18	\$125.35	\$115.78
40	\$183.57	\$148.44	\$132.73	\$122.61
41	\$190.07	\$153.68	\$137.43	\$126.94
42	\$196.55	\$158.93	\$142.12	\$131.28
43	\$200.87	\$162.43	\$145.25	\$134.16
44	\$210.31	\$170.06	\$152.07	\$140.47
45	\$219.94	\$177.85	\$159.03	\$146.89
46	\$230.36	\$186.27	\$166.57	\$153.86
47	\$240.78	\$194.70	\$174.10	\$160.82
48	\$254.33	\$205.67	\$183.91	\$169.88
49	\$267.70	\$216.46	\$193.56	\$178.79
50	\$284.41	\$229.98	\$205.64	\$189.96
51	\$300.92	\$243.32	\$217.59	\$200.98
52	\$318.02	\$257.15	\$229.96	\$212.41
53	\$335.11	\$270.97	\$242.32	\$223.82
54	\$352.03	\$284.65	\$254.54	\$235.12
55	\$369.11	\$298.47	\$266.90	\$246.53
56	\$387.98	\$313.73	\$280.54	\$259.14
57	\$406.66	\$328.83	\$294.05	\$271.61
58	\$417.66	\$337.73	\$302.01	\$278.96
59	\$428.67	\$346.63	\$309.96	\$286.31
60+	\$439.09	\$355.05	\$317.49	\$293.27
1 Child	\$134.64	\$108.86	\$97.35	\$89.92
2 Children	\$269.28	\$217.72	\$194.70	\$179.84
3+ Children	\$403.92	\$326.58	\$292.05	\$269.76

Standard Monthly Premiums

FAMILY 100% COVERAGE

BASED ON THESE DECISIONS:

Mental health/substance abuse:

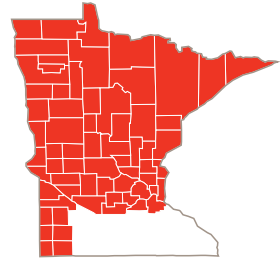
Keep Coverage

Remove Coverage

Prescription drug coverage:

Keep Tier 1-only coverage

Increase to Tier 2 and Tier 3 coverage



	\$6,300 Deductible/ \$30 Copayment	\$12,600 Deductible/ \$40 Copayment	\$18,900 Deductible/ \$50 Copayment	\$25,200 Deductible/ \$60 Copayment
19-29	\$129.55	\$99.80	\$86.62	\$78.76
30-31	\$136.30	\$105.00	\$91.12	\$82.86
32-33	\$139.67	\$107.59	\$93.38	\$84.91
34-35	\$141.70	\$109.16	\$94.74	\$86.15
36-37	\$143.55	\$110.59	\$95.97	\$87.27
38-39	\$148.79	\$114.62	\$99.47	\$90.45
40	\$157.55	\$121.37	\$105.33	\$95.78
41	\$163.12	\$125.66	\$109.06	\$99.16
42	\$168.69	\$129.95	\$112.78	\$102.55
43	\$172.40	\$132.81	\$115.26	\$104.80
44	\$180.50	\$139.05	\$120.68	\$109.73
45	\$188.77	\$145.42	\$126.21	\$114.76
46	\$197.71	\$152.31	\$132.18	\$120.19
47	\$206.65	\$159.19	\$138.16	\$125.63
48	\$218.29	\$168.16	\$145.94	\$132.70
49	\$229.75	\$176.99	\$153.60	\$139.67
50	\$244.10	\$188.04	\$163.20	\$148.39
51	\$258.26	\$198.95	\$172.66	\$157.00
52	\$272.94	\$210.26	\$182.48	\$165.93
53	\$287.62	\$221.57	\$192.29	\$174.85
54	\$302.13	\$232.74	\$201.99	\$183.67
55	\$316.80	\$244.05	\$211.80	\$192.59
56	\$333.00	\$256.52	\$222.63	\$202.44
57	\$349.02	\$268.87	\$233.34	\$212.17
58	\$358.47	\$276.15	\$239.66	\$217.92
59	\$367.91	\$283.42	\$245.97	\$223.66
60+	\$376.85	\$290.31	\$251.95	\$229.10
1 Child	\$115.56	\$89.02	\$77.26	\$70.25
2 Children	\$231.12	\$178.04	\$154.52	\$140.50
3+ Children	\$346.68	\$267.06	\$231.78	\$210.75

Standard Monthly Premiums

FAMILY 100% COVERAGE

BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

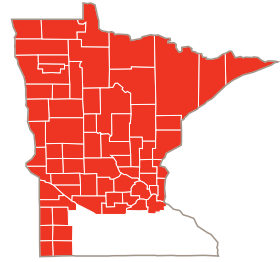
Prescription drug coverage:



Keep Tier 1-only coverage



Increase to Tier 2 and Tier 3 coverage



	\$6,300 Deductible/ \$30 Copayment	\$12,600 Deductible/ \$40 Copayment	\$18,900 Deductible/ \$50 Copayment	\$25,200 Deductible/ \$60 Copayment
19-29	\$142.11	\$112.36	\$99.18	\$91.32
30-31	\$149.52	\$118.22	\$104.34	\$96.08
32-33	\$153.22	\$121.14	\$106.93	\$98.46
34-35	\$155.44	\$122.90	\$108.48	\$99.89
36-37	\$157.47	\$124.51	\$109.89	\$101.19
38-39	\$163.22	\$129.05	\$113.90	\$104.88
40	\$172.83	\$136.65	\$120.61	\$111.06
41	\$178.94	\$141.48	\$124.88	\$114.98
42	\$185.05	\$146.31	\$129.14	\$118.91
43	\$189.12	\$149.53	\$131.98	\$121.52
44	\$198.00	\$156.55	\$138.18	\$127.23
45	\$207.07	\$163.72	\$144.51	\$133.06
46	\$216.88	\$171.48	\$151.35	\$139.36
47	\$226.69	\$179.23	\$158.20	\$145.67
48	\$239.46	\$189.33	\$167.11	\$153.87
49	\$252.03	\$199.27	\$175.88	\$161.95
50	\$267.77	\$211.71	\$186.87	\$172.06
51	\$283.31	\$224.00	\$197.71	\$182.05
52	\$299.41	\$236.73	\$208.95	\$192.40
53	\$315.51	\$249.46	\$220.18	\$202.74
54	\$331.43	\$262.04	\$231.29	\$212.97
55	\$347.52	\$274.77	\$242.52	\$223.31
56	\$365.29	\$288.81	\$254.92	\$234.73
57	\$382.87	\$302.72	\$267.19	\$246.02
58	\$393.23	\$310.91	\$274.42	\$252.68
59	\$403.59	\$319.10	\$281.65	\$259.34
60+	\$413.40	\$326.86	\$288.50	\$265.65
1 Child	\$126.76	\$100.22	\$88.46	\$81.45
2 Children	\$253.52	\$200.44	\$176.92	\$162.90
3+ Children	\$380.28	\$300.66	\$265.38	\$244.35

Standard Monthly Premiums

FAMILY 100% COVERAGE

BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

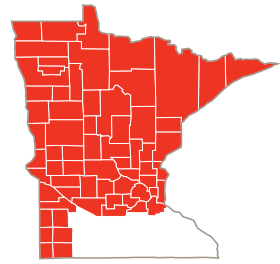
Prescription drug coverage:



Keep Tier 1-only coverage



Increase to Tier 2 and Tier 3 coverage



	\$6,300 Deductible/ \$30 Copayment	\$12,600 Deductible/ \$40 Copayment	\$18,900 Deductible/ \$50 Copayment	\$25,200 Deductible/ \$60 Copayment
19-29	\$148.40	\$114.18	\$99.03	\$89.99
30-31	\$156.13	\$120.13	\$104.17	\$94.67
32-33	\$159.99	\$123.10	\$106.76	\$97.02
34-35	\$162.31	\$124.89	\$108.31	\$98.43
36-37	\$164.43	\$126.53	\$109.72	\$99.71
38-39	\$170.44	\$131.14	\$113.72	\$103.34
40	\$180.47	\$138.86	\$120.42	\$109.43
41	\$186.85	\$143.77	\$124.68	\$113.30
42	\$193.23	\$148.68	\$128.93	\$117.17
43	\$197.48	\$151.95	\$131.77	\$119.74
44	\$206.76	\$159.09	\$137.96	\$125.37
45	\$216.23	\$166.38	\$144.29	\$131.12
46	\$226.47	\$174.26	\$151.11	\$137.32
47	\$236.71	\$182.13	\$157.95	\$143.54
48	\$250.05	\$192.40	\$166.84	\$151.62
49	\$263.17	\$202.50	\$175.60	\$159.58
50	\$279.61	\$215.14	\$186.57	\$169.54
51	\$295.83	\$227.62	\$197.39	\$179.38
52	\$312.65	\$240.56	\$208.62	\$189.58
53	\$329.46	\$253.50	\$219.83	\$199.78
54	\$346.08	\$266.28	\$230.92	\$209.85
55	\$362.89	\$279.22	\$242.14	\$220.04
56	\$381.44	\$293.49	\$254.52	\$231.30
57	\$399.79	\$307.62	\$266.76	\$242.42
58	\$410.62	\$315.95	\$273.99	\$248.99
59	\$421.43	\$324.27	\$281.20	\$255.54
60+	\$431.67	\$332.15	\$288.04	\$261.76
1 Child	\$132.37	\$101.85	\$88.33	\$80.26
2 Children	\$264.74	\$203.70	\$176.66	\$160.52
3+ Children	\$397.11	\$305.55	\$264.99	\$240.78

Standard Monthly Premiums

FAMILY 100% COVERAGE

BASED ON THESE DECISIONS:

Mental health/substance abuse:



Keep Coverage



Remove Coverage

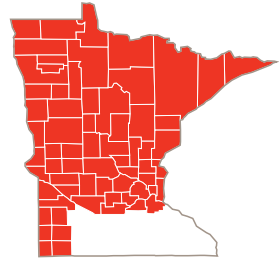
Prescription drug coverage:



Keep Tier 1-only coverage



Increase to Tier 2 and Tier 3 coverage



	\$6,300 Deductible/ \$30 Copayment	\$12,600 Deductible/ \$40 Copayment	\$18,900 Deductible/ \$50 Copayment	\$25,200 Deductible/ \$60 Copayment
19-29	\$160.96	\$126.74	\$111.59	\$102.55
30-31	\$169.35	\$133.35	\$117.39	\$107.89
32-33	\$173.54	\$136.65	\$120.31	\$110.57
34-35	\$176.05	\$138.63	\$122.05	\$112.17
36-37	\$178.35	\$140.45	\$123.64	\$113.63
38-39	\$184.87	\$145.57	\$128.15	\$117.77
40	\$195.75	\$154.14	\$135.70	\$124.71
41	\$202.67	\$159.59	\$140.50	\$129.12
42	\$209.59	\$165.04	\$145.29	\$133.53
43	\$214.20	\$168.67	\$148.49	\$136.46
44	\$224.26	\$176.59	\$155.46	\$142.87
45	\$234.53	\$184.68	\$162.59	\$149.42
46	\$245.64	\$193.43	\$170.28	\$156.49
47	\$256.75	\$202.17	\$177.99	\$163.58
48	\$271.22	\$213.57	\$188.01	\$172.79
49	\$285.45	\$224.78	\$197.88	\$181.86
50	\$303.28	\$238.81	\$210.24	\$193.21
51	\$320.88	\$252.67	\$222.44	\$204.43
52	\$339.12	\$267.03	\$235.09	\$216.05
53	\$357.35	\$281.39	\$247.72	\$227.67
54	\$375.38	\$295.58	\$260.22	\$239.15
55	\$393.61	\$309.94	\$272.86	\$250.76
56	\$413.73	\$325.78	\$286.81	\$263.59
57	\$433.64	\$341.47	\$300.61	\$276.27
58	\$445.38	\$350.71	\$308.75	\$283.75
59	\$457.11	\$359.95	\$316.88	\$291.22
60+	\$468.22	\$368.70	\$324.59	\$298.31
1 Child	\$143.57	\$113.05	\$99.53	\$91.46
2 Children	\$287.14	\$226.10	\$199.06	\$182.92
3+ Children	\$430.71	\$339.15	\$298.59	\$274.38



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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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