

PreferredOne High Deductible Plans for Individuals and Families
Monthly Rates (Rates effective 1.1.2011)



Rate Area 1 without Chemical Dependency Coverage					Rate Area 1 with Chemical Dependency Coverage						
Rate Area 1 includes all Minnesota counties except Big Stone, Blue Earth, Brown, Chippewa, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Houston, Kandiyohi, Lac Qui Parle, Lyon, Mower, Olmsted, Otter Tail, Pipestone, Pope, Redwood, Renville, Steele, Stevens, Swift, Traverse, Wabasha, Waseca, Winona.											
		HSA Qualified Plan		Non HSA Plans				HSA Qualified Plan		Non HSA Plans	
Plans	PIC-5450	PIC-5510	PIC-5700	PIC-5515	Plans	PIC-5450	PIC-5510	PIC-5700	PIC-5515		
Coinsurance	100%				Coinsurance	100%					
Individual Deductible	\$4,500	\$5,500	\$7,000	\$15,000	Individual Deductible	\$4,500	\$5,500	\$7,000	\$15,000		
Family Deductible	\$9,000	\$11,000	\$14,000	\$25,000	Family Deductible	\$9,000	\$11,000	\$14,000	\$25,000		
Age Band					Age Band						
19-24	110.83	102.06	91.82	61.88	19-24	114.15	105.12	94.57	63.74		
25-29	110.83	102.06	91.82	61.88	25-29	114.15	105.12	94.57	63.74		
30-34	110.83	102.06	91.82	61.88	30-34	114.15	105.12	94.57	63.74		
35-39	123.15	113.41	102.03	68.77	35-39	126.85	116.81	105.09	70.83		
40-44	141.61	130.40	117.32	79.07	40-44	145.85	134.32	120.84	81.44		
45-49	178.55	164.42	147.92	99.70	45-49	183.91	169.36	152.36	102.69		
50-54	233.98	215.48	193.85	130.65	50-54	241.00	221.94	199.66	134.57		
55-59	301.70	277.85	249.95	168.47	55-59	310.75	286.18	257.45	173.52		
60-64	332.47	306.18	275.45	185.65	60-64	342.44	315.37	283.72	191.22		
1 Child	93.05	85.69	77.10	51.95	1 Child	95.84	88.26	79.41	53.51		
2 Children	186.11	171.38	154.20	103.91	2 Children	191.69	176.52	158.82	107.03		
3+ Children	279.16	257.06	231.30	155.86	3+ Children	287.53	264.78	238.23	160.54		
Rate Area 2 without Chemical Dependency Coverage					Rate Area 2 with Chemical Dependency Coverage						
Rate Area 2 includes the Minnesota counties of Big Stone, Brown, Chippewa, Douglas, Kandiyohi, Lac Qui Parle, Lyon, Otter Tail, Pipestone, Pope, Redwood, Renville, Stevens, Swift, Traverse.											
		HSA Qualified Plan		Non HSA Plans				HSA Qualified Plan		Non HSA Plans	
Plans	PIC-5450	PIC-5510	PIC-5700	PIC-5515	Plans	PIC-5450	PIC-5510	PIC-5700	PIC-5515		
Coinsurance	100%				Coinsurance	100%					
Individual Deductible	\$4,500	\$5,500	\$7,000	\$15,000	Individual Deductible	\$4,500	\$5,500	\$7,000	\$15,000		
Family Deductible	\$9,000	\$11,000	\$14,000	\$25,000	Family Deductible	\$9,000	\$11,000	\$14,000	\$25,000		
Age Band					Age Band						
19-24	105.29	96.96	87.23	58.79	19-24	108.44	99.86	89.84	60.56		
25-29	105.29	96.96	87.23	58.79	25-29	108.44	99.86	89.84	60.56		
30-34	105.29	96.96	87.23	58.79	30-34	108.44	99.86	89.84	60.56		
35-39	116.99	107.74	96.93	65.33	35-39	120.50	110.97	99.83	67.29		
40-44	134.53	123.89	111.46	75.12	40-44	138.56	127.61	114.80	77.37		
45-49	169.63	156.20	140.52	94.71	45-49	174.71	160.89	144.74	97.55		
50-54	222.28	204.71	184.16	124.12	50-54	228.95	210.84	189.68	127.85		
55-59	286.61	263.96	237.46	160.04	55-59	295.21	271.87	244.58	164.84		
60-64	315.85	290.87	261.68	176.36	60-64	325.32	299.60	269.54	181.66		
1 Child	88.40	81.41	73.25	49.36	1 Child	91.05	83.85	75.44	50.84		
2 Children	176.81	162.81	146.49	98.72	2 Children	182.10	167.70	150.89	101.67		
3+ Children	265.21	244.22	219.74	148.07	3+ Children	273.15	251.55	226.33	152.51		

PreferredOne High Deductible Plans for Individuals and Families

Monthly Rates

Rate Area 3 without Chemical Dependency Coverage					Rate Area 3 with Chemical Dependency Coverage				
Rate Area 3 includes the Minnesota counties of Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Steele, Wabasha, Waseca, Winona.									
HSA Qualified Plan		Non HSA Plans			HSA Qualified Plan		Non HSA Plans		
Plans	PIC-5450	PIC-5510	PIC-5700	PIC-5515	Plans	PIC-5450	PIC-5510	PIC-5700	PIC-5515
Coinsurance	100%				Coinsurance	100%			
Individual Deductible	\$4,500	\$5,500	\$7,000	\$15,000	Individual Deductible	\$4,500	\$5,500	\$7,000	\$15,000
Family Deductible	\$9,000	\$11,000	\$14,000	\$25,000	Family Deductible	\$9,000	\$11,000	\$14,000	\$25,000
Age Band					Age Band				
19-24	119.69	110.23	99.16	66.83	19-24	123.29	113.53	102.14	68.84
25-29	119.69	110.23	99.16	66.83	25-29	123.29	113.53	102.14	68.84
30-34	119.69	110.23	99.16	66.83	30-34	123.29	113.53	102.14	68.84
35-39	133.01	122.48	110.19	74.27	35-39	137.00	126.16	113.50	76.50
40-44	152.93	140.84	126.71	85.40	40-44	157.52	145.07	130.51	87.96
45-49	192.84	177.58	159.75	107.67	45-49	198.62	182.90	164.54	110.90
50-54	252.70	232.71	209.36	141.11	50-54	260.28	239.69	215.63	145.34
55-59	325.83	300.08	269.95	181.94	55-59	335.61	309.08	278.05	187.40
60-64	359.06	330.68	297.49	200.50	60-64	369.84	340.60	306.41	206.52
1 Child	100.50	92.54	83.27	56.11	1 Child	103.51	95.32	85.76	57.80
2 Children	201.00	185.09	166.53	112.22	2 Children	207.02	190.64	171.53	115.59
3+ Children	301.50	277.63	249.80	168.32	3+ Children	310.52	285.95	257.29	173.39

Monthly Rates

The premium rates for PreferredOne Insurance Company (PIC) Individual Plans are determined by the age and health history of the individuals applying for coverage. Based on the applicant's health history, final rates may be up to 66.7% higher than the listed preferred rates.

Family Coverage

Family coverage consists of an eligible adult subscriber and spouse or an adult subscriber and one or more dependent children. To qualify for family coverage, dependent children must be 6 months of age through age 25. Premiums will be charged for a maximum of three children on a family contract. Child only contracts are not available for children under age 19.

Rate Changes

Please note that rates will change when your age places you in a new age band (rates are listed in 5-year increments).

Note: Rates are subject to change.

Premium Estimate Worksheet

1. Select the plan/deductible option.
2. Determine the age of each applicant.
3. Fill in the premiums for each applicant below.
4. Add the premiums for the total.

Calculate your Premium:	
Applicant Rate	\$ _____
Spouse Rate	\$ _____
1 Child	\$ _____
2 Children	\$ _____
3+ Children	\$ _____
Total Monthly Premium Estimate	\$ _____

Payment Options

- **Monthly Automatic Payment** – A worry free way to make your monthly payment and save on stamps and check. Debits occur on or near the 8th of each month.
- **Quarterly Billing** – A quarterly bill is mailed to you directly for payment by check. This option is only available with the first of the month effective date.