

PreferredOne High Deductible Plans for Individuals and Families
Monthly Rates (Rates effective 1.1.2012)



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-5300	PIC-5450	PIC-5510	PIC-5700	PIC-5515	Plans	PIC-5300	PIC-5450	PIC-5510	PIC-5700	PIC-5515		
Coinsurance	100%					Coinsurance	100%						
Individual Deductible	\$3,000	\$4,500	\$5,500	\$7,000	\$15,000	Individual Deductible	\$3,000	\$4,500	\$5,500	\$7,000	\$15,000		
Family Deductible	\$6,000	\$9,000	\$11,000	\$14,000	\$25,000	Family Deductible	\$6,000	\$9,000	\$11,000	\$14,000	\$25,000		
Age Band						Age Band							
19-24	129.56	110.83	102.06	91.82	61.88	19-24	133.44	114.15	105.12	94.57	63.74		
25-29	129.56	110.83	102.06	91.82	61.88	25-29	133.44	114.15	105.12	94.57	63.74		
30-34	129.56	110.83	102.06	91.82	61.88	30-34	133.44	114.15	105.12	94.57	63.74		
35-39	143.94	123.15	113.41	102.03	68.77	35-39	148.26	126.85	116.81	105.09	70.83		
40-44	165.55	141.61	130.40	117.32	79.07	40-44	170.51	145.85	134.32	120.84	81.44		
45-49	208.72	178.55	164.42	147.92	99.70	45-49	214.98	183.91	169.36	152.36	102.69		
50-54	273.50	233.98	215.48	193.85	130.65	50-54	281.71	241.00	221.94	199.66	134.57		
55-59	352.67	301.70	277.85	249.95	168.47	55-59	363.26	310.75	286.18	257.45	173.52		
60-64	388.65	332.47	306.18	275.45	185.65	60-64	400.31	342.44	315.37	283.72	191.22		
1 Child	108.77	93.05	85.69	77.10	51.95	1 Child	112.03	95.84	88.26	79.41	53.51		
2 Children	217.53	186.11	171.38	154.20	103.91	2 Children	224.06	191.69	176.52	158.82	107.03		
3+ Children	326.30	279.16	257.06	231.30	155.86	3+ Children	336.08	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-5300	PIC-5450	PIC-5510	PIC-5700	PIC-5515	Plans	PIC-5300	PIC-5450	PIC-5510	PIC-5700	PIC-5515		
Coinsurance	100%					Coinsurance	100%						
Individual Deductible	\$3,000	\$4,500	\$5,500	\$7,000	\$15,000	Individual Deductible	\$3,000	\$4,500	\$5,500	\$7,000	\$15,000		
Family Deductible	\$6,000	\$9,000	\$11,000	\$14,000	\$25,000	Family Deductible	\$6,000	\$9,000	\$11,000	\$14,000	\$25,000		
Age Band						Age Band							
19-24	123.08	105.29	96.96	87.23	58.79	19-24	126.77	108.44	99.86	89.84	60.56		
25-29	123.08	105.29	96.96	87.23	58.79	25-29	126.77	108.44	99.86	89.84	60.56		
30-34	123.08	105.29	96.96	87.23	58.79	30-34	126.77	108.44	99.86	89.84	60.56		
35-39	136.74	116.99	107.74	96.93	65.33	35-39	140.85	120.50	110.97	99.83	67.29		
40-44	157.27	134.53	123.89	111.46	75.12	40-44	161.99	138.56	127.61	114.80	77.37		
45-49	198.29	169.63	156.20	140.52	94.71	45-49	204.23	174.71	160.89	144.74	97.55		
50-54	259.83	222.28	204.71	184.16	124.12	50-54	267.62	228.95	210.84	189.68	127.85		
55-59	335.04	286.61	263.96	237.46	160.04	55-59	345.09	295.21	271.87	244.58	164.84		
60-64	369.22	315.85	290.87	261.68	176.36	60-64	380.30	325.32	299.60	269.54	181.66		
1 Child	103.33	88.40	81.41	73.25	49.36	1 Child	106.43	91.05	83.85	75.44	50.84		
2 Children	206.66	176.81	162.81	146.49	98.72	2 Children	212.85	182.10	167.70	150.89	101.67		
3+ Children	309.98	265.21	244.22	219.74	148.07	3+ Children	319.28	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-5300	PIC-5450	PIC-5510	PIC-5700	PIC-5515	Plans	PIC-5300	PIC-5450	PIC-5510	PIC-5700	PIC-5515
Coinsurance	100%					Coinsurance	100%				
Individual Deductible	\$3,000	\$4,500	\$5,500	\$7,000	\$15,000	Individual Deductible	\$3,000	\$4,500	\$5,500	\$7,000	\$15,000
Family Deductible	\$6,000	\$9,000	\$11,000	\$14,000	\$25,000	Family Deductible	\$6,000	\$9,000	\$11,000	\$14,000	\$25,000
Age Band						Age Band					
19-24	139.92	119.69	110.23	99.16	66.83	19-24	144.11	123.29	113.53	102.14	68.84
25-29	139.92	119.69	110.23	99.16	66.83	25-29	144.11	123.29	113.53	102.14	68.84
30-34	139.92	119.69	110.23	99.16	66.83	30-34	144.11	123.29	113.53	102.14	68.84
35-39	155.45	133.01	122.48	110.19	74.27	35-39	160.12	137.00	126.16	113.50	76.50
40-44	178.79	152.93	140.84	126.71	85.40	40-44	184.16	157.52	145.07	130.51	87.96
45-49	225.41	192.84	177.58	159.75	107.67	45-49	232.18	198.62	182.90	164.54	110.90
50-54	295.38	252.70	232.71	209.36	141.11	50-54	304.25	260.28	239.69	215.63	145.34
55-59	380.89	325.83	300.08	269.95	181.94	55-59	392.32	335.61	309.08	278.05	187.40
60-64	419.75	359.06	330.68	297.49	200.50	60-64	432.34	369.84	340.60	306.41	206.52
1 Child	117.47	100.50	92.54	83.27	56.11	1 Child	120.99	103.51	95.32	85.76	57.80
2 Children	234.93	201.00	185.09	166.53	112.22	2 Children	241.98	207.02	190.64	171.53	115.59
3+ Children	352.40	301.50	277.63	249.80	168.32	3+ Children	362.97	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. If one or more dependent child is max rated based on health history, max rates will be applied to all dependent children. Child only contracts are not available.

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.