



ONE OR TWO



NON-TRADITIONALS



IN MINNESOTA

MEDICA ENCORESM

RATE GUIDE

Form a duet with anyone.

VALID JANUARY 2012 - DECEMBER 2012

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 two-person premium, optional benefits **apply to both people**.



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 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 second person's standard monthly rate in the same manner that you used to calculate your rate.
- 4:** Add your standard monthly rate and the second person'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 two-person coverage. My partner is 37 years old. I'd like to remove the mental health/substance abuse coverage and would like to keep Tier 1-only drug coverage. I turn to page 8 to determine my monthly premium.

TWO-PERSON COVERAGE

Mental health/substance abuse: Keep Coverage Remove Coverage

Prescription drug coverage: Keep Tier 1-only coverage Increase to Tier 2 and 3 Coverage

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I decide to select the \$7,600 deductible and the \$40 copayment. I follow the chart and find my standard rate is \$117.29 and my partner's standard rate is \$118.82. I add these together and find our standard premium is **\$236.11.**"

\$

Your standard monthly rate

+

\$

Second person's standard monthly rate

\$

Total standard monthly premium

Standard Monthly Premiums

ONE-PERSON 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 3 Coverage

AGE	\$4,050 Deductible		\$6,600 Deductible		\$9,150 Deductible	
	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay
19-29	\$113.62	\$109.32	\$102.04	\$97.55	\$93.93	\$89.48
30-31	\$119.53	\$115.01	\$107.35	\$102.63	\$98.82	\$94.14
32-33	\$122.49	\$117.86	\$110.01	\$105.17	\$101.27	\$96.47
34-35	\$124.27	\$119.56	\$111.60	\$106.70	\$102.74	\$97.87
36-37	\$125.89	\$121.13	\$113.06	\$108.09	\$104.08	\$99.15
38-39	\$130.49	\$125.55	\$117.19	\$112.04	\$107.88	\$102.77
40	\$138.18	\$132.95	\$124.09	\$118.64	\$114.24	\$108.82
41	\$143.06	\$137.64	\$128.48	\$122.83	\$118.27	\$112.67
42	\$147.94	\$142.34	\$132.86	\$127.02	\$122.31	\$116.51
43	\$151.20	\$145.47	\$135.79	\$129.82	\$125.00	\$119.08
44	\$158.29	\$152.30	\$142.16	\$135.91	\$130.87	\$124.66
45	\$165.55	\$159.28	\$148.67	\$142.14	\$136.87	\$130.38
46	\$173.39	\$166.82	\$155.71	\$148.87	\$143.35	\$136.55
47	\$181.23	\$174.37	\$162.76	\$155.60	\$149.83	\$142.73
48	\$191.43	\$184.19	\$171.92	\$164.36	\$158.27	\$150.76
49	\$201.49	\$193.86	\$180.95	\$173.00	\$166.58	\$158.68
50	\$214.07	\$205.97	\$192.25	\$183.80	\$176.99	\$168.59
51	\$226.50	\$217.93	\$203.41	\$194.47	\$187.26	\$178.38
52	\$239.37	\$230.31	\$214.97	\$205.52	\$197.90	\$188.51
53	\$252.23	\$242.69	\$226.52	\$216.57	\$208.54	\$198.65
54	\$264.96	\$254.93	\$237.95	\$227.49	\$219.06	\$208.67
55	\$277.84	\$267.32	\$249.52	\$238.55	\$229.70	\$218.81
56	\$292.03	\$280.98	\$262.26	\$250.73	\$241.44	\$229.99
57	\$306.09	\$294.51	\$274.89	\$262.81	\$253.06	\$241.06
58	\$314.37	\$302.47	\$282.33	\$269.92	\$259.91	\$247.59
59	\$322.66	\$310.44	\$289.77	\$277.03	\$266.76	\$254.11
60+	\$330.50	\$317.99	\$296.81	\$283.76	\$273.24	\$260.28

Standard Monthly Premiums

ONE-PERSON 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 3 Coverage

AGE	\$4,050 Deductible		\$6,600 Deductible		\$9,150 Deductible	
	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay
19-29	\$125.65	\$121.35	\$114.07	\$109.58	\$105.96	\$101.51
30-31	\$132.20	\$127.68	\$120.02	\$115.30	\$111.49	\$106.81
32-33	\$135.47	\$130.84	\$122.99	\$118.15	\$114.25	\$109.45
34-35	\$137.43	\$132.72	\$124.76	\$119.86	\$115.90	\$111.03
36-37	\$139.23	\$134.47	\$126.40	\$121.43	\$117.42	\$112.49
38-39	\$144.31	\$139.37	\$131.01	\$125.86	\$121.70	\$116.59
40	\$152.81	\$147.58	\$138.72	\$133.27	\$128.87	\$123.45
41	\$158.21	\$152.79	\$143.63	\$137.98	\$133.42	\$127.82
42	\$163.61	\$158.01	\$148.53	\$142.69	\$137.98	\$132.18
43	\$167.21	\$161.48	\$151.80	\$145.83	\$141.01	\$135.09
44	\$175.06	\$169.07	\$158.93	\$152.68	\$147.64	\$141.43
45	\$183.08	\$176.81	\$166.20	\$159.67	\$154.40	\$147.91
46	\$191.75	\$185.18	\$174.07	\$167.23	\$161.71	\$154.91
47	\$200.42	\$193.56	\$181.95	\$174.79	\$169.02	\$161.92
48	\$211.71	\$204.47	\$192.20	\$184.64	\$178.55	\$171.04
49	\$222.84	\$215.21	\$202.30	\$194.35	\$187.93	\$180.03
50	\$236.74	\$228.64	\$214.92	\$206.47	\$199.66	\$191.26
51	\$250.49	\$241.92	\$227.40	\$218.46	\$211.25	\$202.37
52	\$264.72	\$255.66	\$240.32	\$230.87	\$223.25	\$213.86
53	\$278.95	\$269.41	\$253.24	\$243.29	\$235.26	\$225.37
54	\$293.03	\$283.00	\$266.02	\$255.56	\$247.13	\$236.74
55	\$307.26	\$296.74	\$278.94	\$267.97	\$259.12	\$248.23
56	\$322.97	\$311.92	\$293.20	\$281.67	\$272.38	\$260.93
57	\$338.51	\$326.93	\$307.31	\$295.23	\$285.48	\$273.48
58	\$347.67	\$335.77	\$315.63	\$303.22	\$293.21	\$280.89
59	\$356.84	\$344.62	\$323.95	\$311.21	\$300.94	\$288.29
60+	\$365.51	\$353.00	\$331.82	\$318.77	\$308.25	\$295.29

Standard Monthly Premiums

ONE-PERSON 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 3 Coverage

AGE	\$4,050 Deductible		\$6,600 Deductible		\$9,150 Deductible	
	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay
19-29	\$130.10	\$125.16	\$116.79	\$111.62	\$107.46	\$102.34
30-31	\$136.87	\$131.67	\$122.86	\$117.44	\$113.05	\$107.67
32-33	\$140.26	\$134.93	\$125.91	\$120.34	\$115.86	\$110.34
34-35	\$142.30	\$136.88	\$127.73	\$122.09	\$117.54	\$111.94
36-37	\$144.15	\$138.68	\$129.40	\$123.68	\$119.07	\$113.40
38-39	\$149.42	\$143.74	\$134.12	\$128.20	\$123.42	\$117.54
40	\$158.22	\$152.21	\$142.02	\$135.75	\$130.69	\$124.46
41	\$163.81	\$157.58	\$147.05	\$140.55	\$135.30	\$128.86
42	\$169.40	\$162.96	\$152.06	\$145.34	\$139.93	\$133.26
43	\$173.13	\$166.54	\$155.41	\$148.55	\$143.00	\$136.20
44	\$181.25	\$174.36	\$162.70	\$155.52	\$149.72	\$142.58
45	\$189.57	\$182.35	\$170.15	\$162.64	\$156.58	\$149.12
46	\$198.54	\$190.99	\$178.21	\$170.34	\$164.00	\$156.18
47	\$207.52	\$199.63	\$186.28	\$178.04	\$171.41	\$163.24
48	\$219.20	\$210.87	\$196.76	\$188.07	\$181.07	\$172.43
49	\$230.72	\$221.94	\$207.10	\$197.96	\$190.57	\$181.49
50	\$245.12	\$235.81	\$220.03	\$210.31	\$202.48	\$192.82
51	\$259.36	\$249.50	\$232.80	\$222.52	\$214.23	\$204.02
52	\$274.09	\$263.67	\$246.03	\$235.17	\$226.40	\$215.60
53	\$288.82	\$277.85	\$259.25	\$247.81	\$238.58	\$227.20
54	\$303.40	\$291.86	\$272.33	\$260.31	\$250.61	\$238.66
55	\$318.14	\$306.05	\$285.58	\$272.96	\$262.78	\$250.26
56	\$334.39	\$321.69	\$300.16	\$286.90	\$276.21	\$263.05
57	\$350.49	\$337.17	\$314.61	\$300.72	\$289.51	\$275.71
58	\$359.97	\$346.29	\$323.13	\$308.86	\$297.34	\$283.18
59	\$369.47	\$355.41	\$331.64	\$316.99	\$305.18	\$290.63
60+	\$378.44	\$364.06	\$339.70	\$324.69	\$312.59	\$297.69

Standard Monthly Premiums

ONE-PERSON 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 3 Coverage

AGE	\$4,050 Deductible		\$6,600 Deductible		\$9,150 Deductible	
	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay
19-29	\$142.13	\$137.19	\$128.82	\$123.65	\$119.49	\$114.37
30-31	\$149.54	\$144.34	\$135.53	\$130.11	\$125.72	\$120.34
32-33	\$153.24	\$147.91	\$138.89	\$133.32	\$128.84	\$123.32
34-35	\$155.46	\$150.04	\$140.89	\$135.25	\$130.70	\$125.10
36-37	\$157.49	\$152.02	\$142.74	\$137.02	\$132.41	\$126.74
38-39	\$163.24	\$157.56	\$147.94	\$142.02	\$137.24	\$131.36
40	\$172.85	\$166.84	\$156.65	\$150.38	\$145.32	\$139.09
41	\$178.96	\$172.73	\$162.20	\$155.70	\$150.45	\$144.01
42	\$185.07	\$178.63	\$167.73	\$161.01	\$155.60	\$148.93
43	\$189.14	\$182.55	\$171.42	\$164.56	\$159.01	\$152.21
44	\$198.02	\$191.13	\$179.47	\$172.29	\$166.49	\$159.35
45	\$207.10	\$199.88	\$187.68	\$180.17	\$174.11	\$166.65
46	\$216.90	\$209.35	\$196.57	\$188.70	\$182.36	\$174.54
47	\$226.71	\$218.82	\$205.47	\$197.23	\$190.60	\$182.43
48	\$239.48	\$231.15	\$217.04	\$208.35	\$201.35	\$192.71
49	\$252.07	\$243.29	\$228.45	\$219.31	\$211.92	\$202.84
50	\$267.79	\$258.48	\$242.70	\$232.98	\$225.15	\$215.49
51	\$283.35	\$273.49	\$256.79	\$246.51	\$238.22	\$228.01
52	\$299.44	\$289.02	\$271.38	\$260.52	\$251.75	\$240.95
53	\$315.54	\$304.57	\$285.97	\$274.53	\$265.30	\$253.92
54	\$331.47	\$319.93	\$300.40	\$288.38	\$278.68	\$266.73
55	\$347.56	\$335.47	\$315.00	\$302.38	\$292.20	\$279.68
56	\$365.33	\$352.63	\$331.10	\$317.84	\$307.15	\$293.99
57	\$382.91	\$369.59	\$347.03	\$333.14	\$321.93	\$308.13
58	\$393.27	\$379.59	\$356.43	\$342.16	\$330.64	\$316.48
59	\$403.65	\$389.59	\$365.82	\$351.17	\$339.36	\$324.81
60+	\$413.45	\$399.07	\$374.71	\$359.70	\$347.60	\$332.70

Standard Monthly Premiums

TWO-PERSON 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 3 Coverage

AGE	\$6,100 Deductible		\$7,600 Deductible		\$9,150 Deductible	
	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay
60 days-18	\$105.01	\$101.12	\$99.57	\$95.65	\$93.04	\$89.01
19-29	\$117.73	\$113.37	\$111.63	\$107.24	\$104.31	\$99.79
30-31	\$123.85	\$119.27	\$117.44	\$112.82	\$109.74	\$104.99
32-33	\$126.92	\$122.23	\$120.35	\$115.61	\$112.46	\$107.59
34-35	\$128.76	\$124.00	\$122.09	\$117.29	\$114.09	\$109.15
36-37	\$130.45	\$125.62	\$123.69	\$118.82	\$115.58	\$110.57
38-39	\$135.21	\$130.21	\$128.20	\$123.16	\$119.80	\$114.61
40	\$143.17	\$137.88	\$135.76	\$130.42	\$126.86	\$121.37
41	\$148.23	\$142.75	\$140.55	\$135.02	\$131.34	\$125.65
42	\$153.29	\$147.62	\$145.35	\$139.63	\$135.82	\$129.94
43	\$156.67	\$150.87	\$148.55	\$142.70	\$138.81	\$132.80
44	\$164.02	\$157.95	\$155.52	\$149.40	\$145.33	\$139.03
45	\$171.53	\$165.19	\$162.65	\$156.25	\$151.98	\$145.40
46	\$179.66	\$173.01	\$170.35	\$163.65	\$159.18	\$152.29
47	\$187.78	\$180.84	\$178.06	\$171.05	\$166.38	\$159.18
48	\$198.36	\$191.02	\$188.08	\$180.68	\$175.75	\$168.14
49	\$208.78	\$201.06	\$197.96	\$190.17	\$184.98	\$176.98
50	\$221.81	\$213.61	\$210.32	\$202.05	\$196.53	\$188.03
51	\$234.69	\$226.01	\$222.53	\$213.78	\$207.94	\$198.94
52	\$248.02	\$238.85	\$235.18	\$225.92	\$219.76	\$210.24
53	\$261.36	\$251.69	\$247.82	\$238.07	\$231.57	\$221.54
54	\$274.54	\$264.39	\$260.32	\$250.08	\$243.25	\$232.72
55	\$287.88	\$277.23	\$272.97	\$262.23	\$255.07	\$244.03
56	\$302.59	\$291.40	\$286.92	\$275.63	\$268.11	\$256.50
57	\$317.16	\$305.43	\$300.73	\$288.90	\$281.02	\$268.85
58	\$325.74	\$313.69	\$308.87	\$296.72	\$288.62	\$276.12
59	\$334.32	\$321.96	\$317.01	\$304.53	\$296.22	\$283.40
60+	\$342.45	\$329.78	\$324.71	\$311.93	\$303.42	\$290.29

Standard Monthly Premiums

TWO-PERSON 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 3 Coverage

AGE	\$6,100 Deductible		\$7,600 Deductible		\$9,150 Deductible	
	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay
60 days–18	\$115.74	\$111.85	\$110.30	\$106.38	\$103.77	\$99.74
19-29	\$129.76	\$125.40	\$123.66	\$119.27	\$116.34	\$111.82
30-31	\$136.52	\$131.94	\$130.11	\$125.49	\$122.41	\$117.66
32-33	\$139.90	\$135.21	\$133.33	\$128.59	\$125.44	\$120.57
34-35	\$141.92	\$137.16	\$135.25	\$130.45	\$127.25	\$122.31
36-37	\$143.79	\$138.96	\$137.03	\$132.16	\$128.92	\$123.91
38-39	\$149.03	\$144.03	\$142.02	\$136.98	\$133.62	\$128.43
40	\$157.80	\$152.51	\$150.39	\$145.05	\$141.49	\$136.00
41	\$163.38	\$157.90	\$155.70	\$150.17	\$146.49	\$140.80
42	\$168.96	\$163.29	\$161.02	\$155.30	\$151.49	\$145.61
43	\$172.68	\$166.88	\$164.56	\$158.71	\$154.82	\$148.81
44	\$180.79	\$174.72	\$172.29	\$166.17	\$162.10	\$155.80
45	\$189.06	\$182.72	\$180.18	\$173.78	\$169.51	\$162.93
46	\$198.02	\$191.37	\$188.71	\$182.01	\$177.54	\$170.65
47	\$206.97	\$200.03	\$197.25	\$190.24	\$185.57	\$178.37
48	\$218.64	\$211.30	\$208.36	\$200.96	\$196.03	\$188.42
49	\$230.13	\$222.41	\$219.31	\$211.52	\$206.33	\$198.33
50	\$244.48	\$236.28	\$232.99	\$224.72	\$219.20	\$210.70
51	\$258.68	\$250.00	\$246.52	\$237.77	\$231.93	\$222.93
52	\$273.37	\$264.20	\$260.53	\$251.27	\$245.11	\$235.59
53	\$288.08	\$278.41	\$274.54	\$264.79	\$258.29	\$248.26
54	\$302.61	\$292.46	\$288.39	\$278.15	\$271.32	\$260.79
55	\$317.30	\$306.65	\$302.39	\$291.65	\$284.49	\$273.45
56	\$333.53	\$322.34	\$317.86	\$306.57	\$299.05	\$287.44
57	\$349.58	\$337.85	\$333.15	\$321.32	\$313.44	\$301.27
58	\$359.04	\$346.99	\$342.17	\$330.02	\$321.92	\$309.42
59	\$368.50	\$356.14	\$351.19	\$338.71	\$330.40	\$317.58
60+	\$377.46	\$364.79	\$359.72	\$346.94	\$338.43	\$325.30

Standard Monthly Premiums

TWO-PERSON 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 3 Coverage

AGE	\$6,100 Deductible		\$7,600 Deductible		\$9,150 Deductible	
	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay
60 days-18	\$120.26	\$115.79	\$114.00	\$109.50	\$106.50	\$101.86
19-29	\$134.83	\$129.81	\$127.81	\$122.77	\$119.40	\$114.20
30-31	\$141.84	\$136.57	\$134.47	\$129.15	\$125.61	\$120.15
32-33	\$145.35	\$139.96	\$137.80	\$132.35	\$128.72	\$123.12
34-35	\$147.46	\$141.99	\$139.79	\$134.27	\$130.59	\$124.91
36-37	\$149.40	\$143.84	\$141.62	\$136.02	\$132.30	\$126.53
38-39	\$154.85	\$149.10	\$146.79	\$140.99	\$137.13	\$131.16
40	\$163.96	\$157.88	\$155.44	\$149.30	\$145.21	\$138.89
41	\$169.76	\$163.46	\$160.93	\$154.57	\$150.33	\$143.79
42	\$175.55	\$169.03	\$166.42	\$159.84	\$155.46	\$148.70
43	\$179.42	\$172.75	\$170.09	\$163.36	\$158.88	\$151.97
44	\$187.84	\$180.86	\$178.07	\$171.03	\$166.35	\$159.10
45	\$196.44	\$189.15	\$186.23	\$178.87	\$173.96	\$166.39
46	\$205.75	\$198.11	\$195.05	\$187.34	\$182.20	\$174.28
47	\$215.05	\$207.07	\$203.87	\$195.81	\$190.44	\$182.16
48	\$227.17	\$218.73	\$215.35	\$206.84	\$201.17	\$192.42
49	\$239.10	\$230.22	\$226.66	\$217.70	\$211.73	\$202.53
50	\$254.02	\$244.59	\$240.81	\$231.30	\$224.95	\$215.18
51	\$268.77	\$258.79	\$254.79	\$244.73	\$238.01	\$227.66
52	\$284.04	\$273.50	\$269.28	\$258.63	\$251.54	\$240.59
53	\$299.32	\$288.20	\$283.75	\$272.54	\$265.06	\$253.53
54	\$314.41	\$302.74	\$298.06	\$286.28	\$278.43	\$266.32
55	\$329.69	\$317.44	\$312.54	\$300.19	\$291.96	\$279.26
56	\$346.54	\$333.67	\$328.52	\$315.53	\$306.89	\$293.53
57	\$363.22	\$349.73	\$344.33	\$330.72	\$321.66	\$307.67
58	\$373.05	\$359.19	\$353.65	\$339.68	\$330.36	\$315.99
59	\$382.88	\$368.66	\$362.97	\$348.62	\$339.06	\$324.32
60+	\$392.19	\$377.62	\$371.78	\$357.09	\$347.30	\$332.20

Standard Monthly Premiums

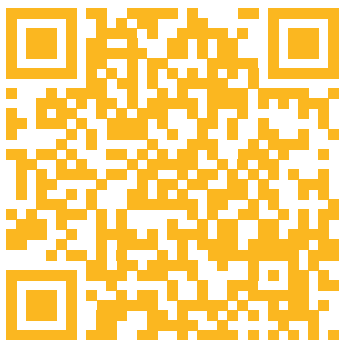
TWO-PERSON COVERAGE

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 3 Coverage

AGE	\$6,100 Deductible		\$7,600 Deductible		\$9,150 Deductible	
	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay	\$20 Copay	\$40 Copay
60 days–18	\$130.99	\$126.52	\$124.73	\$120.23	\$117.23	\$112.59
19-29	\$146.86	\$141.84	\$139.84	\$134.80	\$131.43	\$126.23
30-31	\$154.51	\$149.24	\$147.14	\$141.82	\$138.28	\$132.82
32-33	\$158.33	\$152.94	\$150.78	\$145.33	\$141.70	\$136.10
34-35	\$160.62	\$155.15	\$152.95	\$147.43	\$143.75	\$138.07
36-37	\$162.74	\$157.18	\$154.96	\$149.36	\$145.64	\$139.87
38-39	\$168.67	\$162.92	\$160.61	\$154.81	\$150.95	\$144.98
40	\$178.59	\$172.51	\$170.07	\$163.93	\$159.84	\$153.52
41	\$184.91	\$178.61	\$176.08	\$169.72	\$165.48	\$158.94
42	\$191.22	\$184.70	\$182.09	\$175.51	\$171.13	\$164.37
43	\$195.43	\$188.76	\$186.10	\$179.37	\$174.89	\$167.98
44	\$204.61	\$197.63	\$194.84	\$187.80	\$183.12	\$175.87
45	\$213.97	\$206.68	\$203.76	\$196.40	\$191.49	\$183.92
46	\$224.11	\$216.47	\$213.41	\$205.70	\$200.56	\$192.64
47	\$234.24	\$226.26	\$223.06	\$215.00	\$209.63	\$201.35
48	\$247.45	\$239.01	\$235.63	\$227.12	\$221.45	\$212.70
49	\$260.45	\$251.57	\$248.01	\$239.05	\$233.08	\$223.88
50	\$276.69	\$267.26	\$263.48	\$253.97	\$247.62	\$237.85
51	\$292.76	\$282.78	\$278.78	\$268.72	\$262.00	\$251.65
52	\$309.39	\$298.85	\$294.63	\$283.98	\$276.89	\$265.94
53	\$326.04	\$314.92	\$310.47	\$299.26	\$291.78	\$280.25
54	\$342.48	\$330.81	\$326.13	\$314.35	\$306.50	\$294.39
55	\$359.11	\$346.86	\$341.96	\$329.61	\$321.38	\$308.68
56	\$377.48	\$364.61	\$359.46	\$346.47	\$337.83	\$324.47
57	\$395.64	\$382.15	\$376.75	\$363.14	\$354.08	\$340.09
58	\$406.35	\$392.49	\$386.95	\$372.98	\$363.66	\$349.29
59	\$417.06	\$402.84	\$397.15	\$382.80	\$373.24	\$358.50
60+	\$427.20	\$412.63	\$406.79	\$392.10	\$382.31	\$367.21



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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