

 ONE  INDIVIDUAL  IN MINNESOTA

MEDICA SOLOSM


RATE GUIDE


For the one-man bands.


VALID JANUARY 2012 - DECEMBER 2012

What's your STANDARD PREMIUM?

 Primary applicants must be between ages **19 and 64**.

 Medica Solo is a **one-person plan**.

 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%

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

Instructions

Use this worksheet to help you **calculate your standard premium**.

- 1:** Determine which rate chart (pages 4-11) to use based on your coverage level and which optional benefits you'd like to include or remove.
- 2:** Find your age and deductible/copay level. This is your estimated monthly standard premium.

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.

Example

"I'm a 35-year-old looking for 80% coverage. I'd like to remove mental health/substance abuse coverage and keep Tier-1 only drug coverage. I turn to page 4 to determine my monthly premium.

ONE-PERSON 80% 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 \$6,100 deductible with the \$40 copayment, then I follow the chart and find my estimated standard premium is **\$88.20**."

\$

Your 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 3 Coverage

	\$3,050 Deductible/ \$30 Copayment	\$6,100 Deductible/ \$40 Copayment	\$9,150 Deductible/ \$50 Copayment	\$12,200 Deductible/ \$60 Copayment
19-29	\$97.55	\$80.64	\$71.32	\$66.40
30-31	\$102.63	\$84.84	\$75.03	\$69.85
32-33	\$105.17	\$86.94	\$76.89	\$71.59
34-35	\$106.70	\$88.20	\$78.01	\$72.63
36-37	\$108.09	\$89.35	\$79.03	\$73.57
38-39	\$112.04	\$92.61	\$81.92	\$76.26
40	\$118.64	\$98.07	\$86.74	\$80.76
41	\$122.83	\$101.54	\$89.81	\$83.61
42	\$127.02	\$105.00	\$92.87	\$86.46
43	\$129.82	\$107.31	\$94.92	\$88.36
44	\$135.91	\$112.35	\$99.37	\$92.51
45	\$142.14	\$117.50	\$103.92	\$96.75
46	\$148.87	\$123.06	\$108.85	\$101.33
47	\$155.60	\$128.63	\$113.77	\$105.92
48	\$164.36	\$135.87	\$120.17	\$111.88
49	\$173.00	\$143.01	\$126.49	\$117.76
50	\$183.80	\$151.94	\$134.39	\$125.11
51	\$194.47	\$160.76	\$142.19	\$132.37
52	\$205.52	\$169.89	\$150.26	\$139.89
53	\$216.57	\$179.02	\$158.34	\$147.41
54	\$227.49	\$188.05	\$166.33	\$154.85
55	\$238.55	\$197.19	\$174.41	\$162.38
56	\$250.73	\$207.27	\$183.32	\$170.67
57	\$262.81	\$217.25	\$192.15	\$178.89
58	\$269.92	\$223.13	\$197.35	\$183.73
59	\$277.03	\$229.00	\$202.55	\$188.57
60+	\$283.76	\$234.57	\$207.47	\$193.15

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 3 Coverage

	\$3,050 Deductible/ \$30 Copayment	\$6,100 Deductible/ \$40 Copayment	\$9,150 Deductible/ \$50 Copayment	\$12,200 Deductible/ \$60 Copayment
19-29	\$109.58	\$92.67	\$83.35	\$78.43
30-31	\$115.30	\$97.51	\$87.70	\$82.52
32-33	\$118.15	\$99.92	\$89.87	\$84.57
34-35	\$119.86	\$101.36	\$91.17	\$85.79
36-37	\$121.43	\$102.69	\$92.37	\$86.91
38-39	\$125.86	\$106.43	\$95.74	\$90.08
40	\$133.27	\$112.70	\$101.37	\$95.39
41	\$137.98	\$116.69	\$104.96	\$98.76
42	\$142.69	\$120.67	\$108.54	\$102.13
43	\$145.83	\$123.32	\$110.93	\$104.37
44	\$152.68	\$129.12	\$116.14	\$109.28
45	\$159.67	\$135.03	\$121.45	\$114.28
46	\$167.23	\$141.42	\$127.21	\$119.69
47	\$174.79	\$147.82	\$132.96	\$125.11
48	\$184.64	\$156.15	\$140.45	\$132.16
49	\$194.35	\$164.36	\$147.84	\$139.11
50	\$206.47	\$174.61	\$157.06	\$147.78
51	\$218.46	\$184.75	\$166.18	\$156.36
52	\$230.87	\$195.24	\$175.61	\$165.24
53	\$243.29	\$205.74	\$185.06	\$174.13
54	\$255.56	\$216.12	\$194.40	\$182.92
55	\$267.97	\$226.61	\$203.83	\$191.80
56	\$281.67	\$238.21	\$214.26	\$201.61
57	\$295.23	\$249.67	\$224.57	\$211.31
58	\$303.22	\$256.43	\$230.65	\$217.03
59	\$311.21	\$263.18	\$236.73	\$222.75
60+	\$318.77	\$269.58	\$242.48	\$228.16

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 3 Coverage

	\$3,050 Deductible/ \$30 Copayment	\$6,100 Deductible/ \$40 Copayment	\$9,150 Deductible/ \$50 Copayment	\$12,200 Deductible/ \$60 Copayment
19-29	\$111.62	\$92.18	\$81.46	\$75.80
30-31	\$117.44	\$96.98	\$85.70	\$79.74
32-33	\$120.34	\$99.38	\$87.82	\$81.72
34-35	\$122.09	\$100.82	\$89.10	\$82.91
36-37	\$123.68	\$102.13	\$90.26	\$83.98
38-39	\$128.20	\$105.86	\$93.56	\$87.05
40	\$135.75	\$112.10	\$99.07	\$92.19
41	\$140.55	\$116.06	\$102.58	\$95.45
42	\$145.34	\$120.02	\$106.07	\$98.70
43	\$148.55	\$122.66	\$108.41	\$100.87
44	\$155.52	\$128.42	\$113.49	\$105.61
45	\$162.64	\$134.31	\$118.69	\$110.45
46	\$170.34	\$140.66	\$124.32	\$115.67
47	\$178.04	\$147.03	\$129.94	\$120.91
48	\$188.07	\$155.31	\$137.25	\$127.72
49	\$197.96	\$163.47	\$144.47	\$134.43
50	\$210.31	\$173.67	\$153.49	\$142.82
51	\$222.52	\$183.76	\$162.40	\$151.11
52	\$235.17	\$194.19	\$171.62	\$159.69
53	\$247.81	\$204.63	\$180.85	\$168.28
54	\$260.31	\$214.95	\$189.97	\$176.77
55	\$272.96	\$225.40	\$199.20	\$185.36
56	\$286.90	\$236.92	\$209.38	\$194.83
57	\$300.72	\$248.33	\$219.46	\$204.21
58	\$308.86	\$255.05	\$225.40	\$209.74
59	\$316.99	\$261.76	\$231.34	\$215.26
60+	\$324.69	\$268.12	\$236.96	\$220.49

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 3 Coverage

	\$3,050 Deductible/ \$30 Copayment	\$6,100 Deductible/ \$40 Copayment	\$9,150 Deductible/ \$50 Copayment	\$12,200 Deductible/ \$60 Copayment
19-29	\$123.65	\$104.21	\$93.49	\$87.83
30-31	\$130.11	\$109.65	\$98.37	\$92.41
32-33	\$133.32	\$112.36	\$100.80	\$94.70
34-35	\$135.25	\$113.98	\$102.26	\$96.07
36-37	\$137.02	\$115.47	\$103.60	\$97.32
38-39	\$142.02	\$119.68	\$107.38	\$100.87
40	\$150.38	\$126.73	\$113.70	\$106.82
41	\$155.70	\$131.21	\$117.73	\$110.60
42	\$161.01	\$135.69	\$121.74	\$114.37
43	\$164.56	\$138.67	\$124.42	\$116.88
44	\$172.29	\$145.19	\$130.26	\$122.38
45	\$180.17	\$151.84	\$136.22	\$127.98
46	\$188.70	\$159.02	\$142.68	\$134.03
47	\$197.23	\$166.22	\$149.13	\$140.10
48	\$208.35	\$175.59	\$157.53	\$148.00
49	\$219.31	\$184.82	\$165.82	\$155.78
50	\$232.98	\$196.34	\$176.16	\$165.49
51	\$246.51	\$207.75	\$186.39	\$175.10
52	\$260.52	\$219.54	\$196.97	\$185.04
53	\$274.53	\$231.35	\$207.57	\$195.00
54	\$288.38	\$243.02	\$218.04	\$204.84
55	\$302.38	\$254.82	\$228.62	\$214.78
56	\$317.84	\$267.86	\$240.32	\$225.77
57	\$333.14	\$280.75	\$251.88	\$236.63
58	\$342.16	\$288.35	\$258.70	\$243.04
59	\$351.17	\$295.94	\$265.52	\$249.44
60+	\$359.70	\$303.13	\$271.97	\$255.50

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 3 Coverage

	\$3,050 Deductible/ \$30 Copayment	\$6,100 Deductible/ \$40 Copayment	\$9,150 Deductible/ \$50 Copayment	\$12,200 Deductible/ \$60 Copayment
19-29	\$104.62	\$84.87	\$74.50	\$69.17
30-31	\$110.06	\$89.29	\$78.38	\$72.77
32-33	\$112.79	\$91.50	\$80.32	\$74.58
34-35	\$114.42	\$92.83	\$81.49	\$75.66
36-37	\$115.92	\$94.04	\$82.55	\$76.65
38-39	\$120.15	\$97.47	\$85.57	\$79.45
40	\$127.23	\$103.22	\$90.61	\$84.13
41	\$131.73	\$106.86	\$93.81	\$87.10
42	\$136.22	\$110.51	\$97.01	\$90.07
43	\$139.22	\$112.94	\$99.15	\$92.05
44	\$145.75	\$118.24	\$103.80	\$96.37
45	\$152.43	\$123.66	\$108.55	\$100.79
46	\$159.65	\$129.52	\$113.70	\$105.56
47	\$166.87	\$135.38	\$118.84	\$110.34
48	\$176.27	\$143.00	\$125.53	\$116.55
49	\$185.53	\$150.51	\$132.12	\$122.67
50	\$197.11	\$159.91	\$140.38	\$130.33
51	\$208.56	\$169.19	\$148.53	\$137.90
52	\$220.40	\$178.81	\$156.96	\$145.73
53	\$232.25	\$188.42	\$165.40	\$153.57
54	\$243.97	\$197.92	\$173.74	\$161.31
55	\$255.83	\$207.54	\$182.19	\$169.16
56	\$268.89	\$218.14	\$191.49	\$177.79
57	\$281.84	\$228.65	\$200.72	\$186.36
58	\$289.47	\$234.84	\$206.15	\$191.40
59	\$297.09	\$241.02	\$211.58	\$196.44
60+	\$304.32	\$246.88	\$216.72	\$201.22

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 3 Coverage

	\$3,050 Deductible/ \$30 Copayment	\$6,100 Deductible/ \$40 Copayment	\$9,150 Deductible/ \$50 Copayment	\$12,200 Deductible/ \$60 Copayment
19-29	\$116.65	\$96.90	\$86.53	\$81.20
30-31	\$122.73	\$101.96	\$91.05	\$85.44
32-33	\$125.77	\$104.48	\$93.30	\$87.56
34-35	\$127.58	\$105.99	\$94.65	\$88.82
36-37	\$129.26	\$107.38	\$95.89	\$89.99
38-39	\$133.97	\$111.29	\$99.39	\$93.27
40	\$141.86	\$117.85	\$105.24	\$98.76
41	\$146.88	\$122.01	\$108.96	\$102.25
42	\$151.89	\$126.18	\$112.68	\$105.74
43	\$155.23	\$128.95	\$115.16	\$108.06
44	\$162.52	\$135.01	\$120.57	\$113.14
45	\$169.96	\$141.19	\$126.08	\$118.32
46	\$178.01	\$147.88	\$132.06	\$123.92
47	\$186.06	\$154.57	\$138.03	\$129.53
48	\$196.55	\$163.28	\$145.81	\$136.83
49	\$206.88	\$171.86	\$153.47	\$144.02
50	\$219.78	\$182.58	\$163.05	\$153.00
51	\$232.55	\$193.18	\$172.52	\$161.89
52	\$245.75	\$204.16	\$182.31	\$171.08
53	\$258.97	\$215.14	\$192.12	\$180.29
54	\$272.04	\$225.99	\$201.81	\$189.38
55	\$285.25	\$236.96	\$211.61	\$198.58
56	\$299.83	\$249.08	\$222.43	\$208.73
57	\$314.26	\$261.07	\$233.14	\$218.78
58	\$322.77	\$268.14	\$239.45	\$224.70
59	\$331.27	\$275.20	\$245.76	\$230.62
60+	\$339.33	\$281.89	\$251.73	\$236.23

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 3 Coverage

	\$3,050 Deductible/ \$30 Copayment	\$6,100 Deductible/ \$40 Copayment	\$9,150 Deductible/ \$50 Copayment	\$12,200 Deductible/ \$60 Copayment
19-29	\$119.75	\$97.04	\$85.11	\$78.98
30-31	\$125.98	\$102.09	\$89.55	\$83.10
32-33	\$129.10	\$104.62	\$91.76	\$85.16
34-35	\$130.97	\$106.14	\$93.10	\$86.40
36-37	\$132.69	\$107.53	\$94.31	\$87.53
38-39	\$137.53	\$111.45	\$97.76	\$90.72
40	\$145.63	\$118.02	\$103.52	\$96.07
41	\$150.78	\$122.18	\$107.18	\$99.46
42	\$155.92	\$126.36	\$110.83	\$102.85
43	\$159.36	\$129.13	\$113.28	\$105.11
44	\$166.83	\$135.19	\$118.59	\$110.04
45	\$174.48	\$141.39	\$124.02	\$115.09
46	\$182.74	\$148.09	\$129.90	\$120.54
47	\$191.01	\$154.79	\$135.77	\$126.00
48	\$201.77	\$163.51	\$143.41	\$133.09
49	\$212.37	\$172.09	\$150.94	\$140.08
50	\$225.62	\$182.84	\$160.38	\$148.82
51	\$238.73	\$193.45	\$169.69	\$157.47
52	\$252.28	\$204.45	\$179.32	\$166.41
53	\$265.84	\$215.44	\$188.97	\$175.36
54	\$279.26	\$226.30	\$198.49	\$184.20
55	\$292.83	\$237.30	\$208.15	\$193.16
56	\$307.78	\$249.42	\$218.77	\$203.02
57	\$322.60	\$261.44	\$229.32	\$212.80
58	\$331.34	\$268.51	\$235.52	\$218.56
59	\$340.06	\$275.58	\$241.72	\$224.31
60+	\$348.34	\$282.28	\$247.60	\$229.77

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 3 Coverage

	\$3,050 Deductible/ \$30 Copayment	\$6,100 Deductible/ \$40 Copayment	\$9,150 Deductible/ \$50 Copayment	\$12,200 Deductible/ \$60 Copayment
19-29	\$131.78	\$109.07	\$97.14	\$91.01
30-31	\$138.65	\$114.76	\$102.22	\$95.77
32-33	\$142.08	\$117.60	\$104.74	\$98.14
34-35	\$144.13	\$119.30	\$106.26	\$99.56
36-37	\$146.03	\$120.87	\$107.65	\$100.87
38-39	\$151.35	\$125.27	\$111.58	\$104.54
40	\$160.26	\$132.65	\$118.15	\$110.70
41	\$165.93	\$137.33	\$122.33	\$114.61
42	\$171.59	\$142.03	\$126.50	\$118.52
43	\$175.37	\$145.14	\$129.29	\$121.12
44	\$183.60	\$151.96	\$135.36	\$126.81
45	\$192.01	\$158.92	\$141.55	\$132.62
46	\$201.10	\$166.45	\$148.26	\$138.90
47	\$210.20	\$173.98	\$154.96	\$145.19
48	\$222.05	\$183.79	\$163.69	\$153.37
49	\$233.72	\$193.44	\$172.29	\$161.43
50	\$248.29	\$205.51	\$183.05	\$171.49
51	\$262.72	\$217.44	\$193.68	\$181.46
52	\$277.63	\$229.80	\$204.67	\$191.76
53	\$292.56	\$242.16	\$215.69	\$202.08
54	\$307.33	\$254.37	\$226.56	\$212.27
55	\$322.25	\$266.72	\$237.57	\$222.58
56	\$338.72	\$280.36	\$249.71	\$233.96
57	\$355.02	\$293.86	\$261.74	\$245.22
58	\$364.64	\$301.81	\$268.82	\$251.86
59	\$374.24	\$309.76	\$275.90	\$258.49
60+	\$383.35	\$317.29	\$282.61	\$264.78



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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Connect with us



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