

PreferredOne High Deductible Plans for Individuals and Families
Monthly Rates (Rates effective 3.10.2011)



| 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-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. 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.