

HealthPartners Short Term Health Plan

Underwritten by HealthPartners Insurance Company



Premium Worksheet

Use this worksheet to calculate your premium rates and submit your payment for coverage by the HealthPartners Short Term Health Plan. Rate tables for this plan appear on the back of this page.

The premium for this plan is determined by the age of each individual seeking coverage, your plan selection, where you live and the number of days you wish to be covered.

If you are a single adult applicant, simply locate the appropriate rate for your age, location and plan selection from the rate table and add the \$20 application fee.

Covering a spouse or dependents?

To calculate a family premium, find the appropriate rates for your self and adult spouse. Add in amount(s) for any child dependent(s) ages 90 days to 25 years old, plus the \$20 application fee. Premiums are charged for a maximum of three children per family, and only one plan and coverage term is allowed per family. If you are buying the plan on behalf of a child, ages 90 days to 18 years only, use the 90 days to 18 age rate for the oldest child. Any additional children will be charged the dependent child rate.

Important

If you or your spouse have a birthday during the policy term, and it moves you into a different age bracket, you will need to adjust your premium amount accordingly. For help, call HealthPartners Individual Sales at 952-883-5600 or 800-247-7015 between 8 a.m. and 6 p.m. Monday-Friday.

HealthPartners requires payment in full at time of enrollment, including the \$20 application fee. If you do not include full payment, your application will be returned to you. If you are ineligible for coverage, your entire payment will be returned to you.

Calculate your premium

| | | | |
|-----------------------------------|---------|----|---------|
| Applicant Rate | | \$ | _____ |
| Spouse Rate | | \$ | _____ |
| Dependent Child Rate | Child 1 | \$ | _____ |
| | Child 2 | \$ | _____ |
| | Child 3 | \$ | _____ |
| Application Fee | | \$ | \$20.00 |
| Total Premium and Application Fee | | \$ | _____ |

Choose your method of payment

_____ I have enclosed a check for the Total Premium and Application Fee.

_____ Charge my credit card for the Total Premium and Application Fee.

_____ Visa _____ MasterCard _____ American Express _____ Discover

Card Number _____

Exp. Date _____ / _____

Signature _____

Return this premium worksheet with your Short Term Health Plan enrollment form.

The HealthPartners family of health plans are underwritten and administered by HealthPartners, Inc., Group Health, Inc. or HealthPartners Administrators, Inc.

| Age | 30 Days | | | |
|--------------|-------------|-------------|---------------|----------------|
| | \$300 - 80% | \$500 - 80% | \$1,000 - 80% | \$2,000 - 100% |
| 90 Days - 18 | \$71.15 | \$53.75 | \$43.15 | \$36.45 |
| 19 - 24 | \$65.85 | \$49.75 | \$39.95 | \$33.75 |
| 25 - 29 | \$65.85 | \$49.75 | \$39.95 | \$33.75 |
| 30 - 34 | \$73.70 | \$55.80 | \$44.90 | \$37.95 |
| 35 - 39 | \$77.10 | \$58.30 | \$47.00 | \$39.70 |
| 40 - 44 | \$86.90 | \$66.15 | \$53.50 | \$45.20 |
| 45 - 49 | \$110.40 | \$84.20 | \$68.40 | \$57.80 |
| 50 - 54 | \$148.60 | \$113.75 | \$92.80 | \$78.40 |
| 55 - 59 | \$189.70 | \$145.75 | \$119.25 | \$100.75 |
| 60 - 64 | \$197.55 | \$149.25 | \$119.85 | \$101.25 |
| 1 Child | \$53.85 | \$41.80 | \$34.55 | \$29.20 |
| 2 Children | \$107.70 | \$83.60 | \$69.10 | \$58.40 |
| 3+ Children | \$161.55 | \$125.40 | \$103.65 | \$87.60 |

| Age | 60 Days | | | |
|--------------|-------------|-------------|---------------|----------------|
| | \$300 - 80% | \$500 - 80% | \$1,000 - 80% | \$2,000 - 100% |
| 90 Days - 18 | \$142.30 | \$107.50 | \$86.30 | \$72.90 |
| 19 - 24 | \$131.70 | \$99.50 | \$79.90 | \$67.50 |
| 25 - 29 | \$131.70 | \$99.50 | \$79.90 | \$67.50 |
| 30 - 34 | \$147.40 | \$111.60 | \$89.80 | \$75.90 |
| 35 - 39 | \$154.20 | \$116.60 | \$94.00 | \$79.40 |
| 40 - 44 | \$173.80 | \$132.30 | \$107.00 | \$90.40 |
| 45 - 49 | \$220.80 | \$168.40 | \$136.80 | \$115.60 |
| 50 - 54 | \$297.20 | \$227.50 | \$185.60 | \$156.80 |
| 55 - 59 | \$379.40 | \$291.50 | \$238.50 | \$201.50 |
| 60 - 64 | \$395.10 | \$298.50 | \$239.70 | \$202.50 |
| 1 Child | \$107.70 | \$83.60 | \$69.10 | \$58.40 |
| 2 Children | \$215.40 | \$167.20 | \$138.20 | \$116.80 |
| 3+ Children | \$323.10 | \$250.80 | \$207.30 | \$175.20 |

| Age | 90 Days | | | |
|--------------|-------------|-------------|---------------|----------------|
| | \$300 - 80% | \$500 - 80% | \$1,000 - 80% | \$2,000 - 100% |
| 90 Days - 18 | \$213.45 | \$161.25 | \$129.45 | \$109.35 |
| 19 - 24 | \$197.55 | \$149.25 | \$119.85 | \$101.25 |
| 25 - 29 | \$197.55 | \$149.25 | \$119.85 | \$101.25 |
| 30 - 34 | \$221.10 | \$167.40 | \$134.70 | \$113.85 |
| 35 - 39 | \$231.30 | \$174.90 | \$141.00 | \$119.10 |
| 40 - 44 | \$260.70 | \$198.45 | \$160.50 | \$135.60 |
| 45 - 49 | \$331.20 | \$252.60 | \$205.20 | \$173.40 |
| 50 - 54 | \$445.80 | \$341.25 | \$278.40 | \$235.20 |
| 55 - 59 | \$569.10 | \$437.25 | \$357.75 | \$302.25 |
| 60 - 64 | \$592.65 | \$447.75 | \$359.55 | \$303.75 |
| 1 Child | \$161.55 | \$125.40 | \$103.65 | \$87.60 |
| 2 Children | \$323.10 | \$250.80 | \$207.30 | \$175.20 |
| 3+ Children | \$484.65 | \$376.20 | \$310.95 | \$262.80 |

Plans include chemical dependency coverage.

Rates are subject to change.

10/07 Area 1