

RATE GUIDE

Your premium depends upon age, length of contract, and the individual/family deductible amount that you choose. To calculate your premium, **use the rate chart below and add a \$20 non-refundable application fee.** Your application will be returned if full payment is not submitted.

AGE	DEDUCTIBLE LEVELS								
	\$300			\$500			\$1,000		
	30 Day	60 Day	90 Day	30 Day	60 Day	90 Day	30 Day	60 Day	90 Day
18-24	\$66.90	\$133.80	\$200.70	\$50.50	\$101.00	\$151.50	\$38.40	\$76.80	\$115.20
25-29	\$66.90	\$133.80	\$200.70	\$50.50	\$101.00	\$151.50	\$38.40	\$76.80	\$115.20
30-34	\$72.20	\$144.40	\$216.60	\$54.40	\$108.80	\$163.20	\$41.40	\$82.80	\$124.20
35-39	\$79.10	\$158.20	\$237.30	\$59.70	\$119.40	\$179.10	\$45.40	\$90.80	\$136.20
40-44	\$93.10	\$186.20	\$279.30	\$70.20	\$140.40	\$210.60	\$53.40	\$106.80	\$160.20
45-49	\$119.10	\$238.20	\$357.30	\$89.80	\$179.60	\$269.40	\$68.30	\$136.60	\$204.90
50-54	\$170.80	\$341.60	\$512.40	\$128.80	\$257.60	\$386.40	\$98.00	\$196.00	\$294.00
55-59	\$189.50	\$379.00	\$568.50	\$142.90	\$285.80	\$428.70	\$108.70	\$217.40	\$326.10
60-64	\$198.00	\$396.00	\$594.00	\$149.30	\$298.60	\$447.90	\$113.60	\$227.20	\$340.80
Dependent 1	\$59.30	\$118.50	\$177.80	\$44.70	\$89.40	\$134.00	\$34.00	\$67.90	\$101.90
Dependent 2	\$118.60	\$237.00	\$355.60	\$89.40	\$178.80	\$268.00	\$68.00	\$135.80	\$203.80
Dependent 3+	\$177.90	\$355.50	\$533.40	\$134.10	\$268.20	\$402.00	\$102.00	\$203.70	\$305.70

**Determining Your Premium:**

First, find your deductible level and contract length of time.

Then, add \$20 non-refundable application fee.

The premium amount plus the application fee is the amount you must send with your application.

**Example:**

A person age 28 who wants coverage for 90 days with \$500 deductible level would pay:	\$151.50
Non-Refundable Application Fee:	+ \$20.00
Total Amount to Submit:	<u>\$171.50</u>

**Example:**

A family with age 30 applicant, age 28 spouse, and 2 children for 60 days with the \$1,000 deductible level:	Applicant	\$82.80	
	Spouse	+ \$76.80	
	2 children	+ \$135.80 =	\$295.40
Non-Refundable Application Fee:			+ \$20.00
Total Amount to Submit:			<u>\$315.40</u>

**Refunds:**

**Once you have been accepted into the Medica Direct Short-Term plan, your premium will not be refunded for any reason.**

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## NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW

If the insurer that issued your life, annuity, or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, **subject to limits and exclusions**, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

### **Minnesota Life and Health Insurance Guaranty Association**

4760 White Bear Parkway  
Suite 101  
White Bear Lake, MN 55110  
Telephone: 651-407-3149  
Fax: 651-407-3150

The **maximum amount** the guaranty association will pay for all policies issued on one life by the same insurer **is limited to \$300,000. Subject to this \$300,000 limit**, the guaranty association will pay up to \$300,000 in life insurance death benefits, \$100,000 in net cash surrender and net cash withdrawal values for life insurance, \$300,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, \$100,000 in annuity net cash surrender and net cash withdrawal values, \$300,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or

if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$300,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$100,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than \$7,500,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$7,500,000, the \$7,500,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

*The coverage provided by the Guaranty Association is not a substitute for using care in selecting insurance companies that are well managed and financially stable. In selecting an insurance company or policy, you should not rely on coverage by the Guaranty Association.*

*This notice is required by Minnesota state law to advise policy holders of life, annuity, or health insurance policies of their rights in the event their insurance carrier becomes financially insolvent. This notice no way implies that the company currently has any type of financial problems. All life, annuity, and health insurance policies are required to provide this notice.*

## MEDICA®

**PO Box 9310, Minneapolis, MN 55440-9310**

Medica Sales Department Telephone: **952-992-2080** or **1-800-670-5935**

TTY: **952-992-3650** or **1-800-234-8819**

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