

MEDICA®

NORTH DAKOTA

Rate Guide

January 2011 – December 2011

MEDICA SOLOSM

Coverage for one person.

Available in North Dakota counties excluding:

- Benson, Burke, Divide, McKenzie, Mountrail, Wells

Determine your standard premium

IMPORTANT:

- Applicants must be ages 19 or older.
- Note that 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 your 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 to help calculate your estimated premium. See example calculation below.

- Determine which rate chart—found on pages 2 through 5—to use based on your decisions regarding the optional mental health/substance abuse and prescription drug benefits.
- Find your age and deductible level. This is your estimated monthly standard premium.

Note that if you have a birthday during the first month of coverage, you should use the new age to determine your estimated premium.

EXAMPLE CALCULATION:

In Section C of my application, I chose to:

- Remove mental health/substance abuse coverage
- Keep generic-only prescription drug coverage.

I am 35 years old and have selected a \$6,000 deductible.

Based on these conditions, I would use the chart on page 2 to find my estimated monthly standard premium:

\$72.08

REMEMBER:

- Sign your application.
- Include a check or money order for your estimated first month's premium with your application.
- Be certain that you selected the appropriate optional benefits on your application.

Questions on how to calculate your premium? Contact your Medica broker or call Medica's Sales Department at 952-992-2080 or 1-800-670-5935.

Standard monthly premiums

With these coverage decisions:

- No mental health/substance abuse coverage
- Generic-only prescription drug coverage

SINGLE COVERAGE				
Age	Deductible			
	\$3,000	\$6,000	\$9,000	\$12,000
19–29	\$81.46	\$65.90	\$57.57	\$53.04
30–31	\$85.69	\$69.32	\$60.56	\$55.80
32–33	\$87.82	\$71.05	\$62.07	\$57.19
34–35	\$89.09	\$72.08	\$62.97	\$58.01
36–37	\$90.26	\$73.01	\$63.79	\$58.77
38–39	\$93.54	\$75.68	\$66.11	\$60.91
40	\$99.06	\$80.14	\$70.02	\$64.51
41	\$102.56	\$82.97	\$72.48	\$66.78
42	\$106.06	\$85.80	\$74.96	\$69.06
43	\$108.39	\$87.69	\$76.61	\$70.58
44	\$113.48	\$91.81	\$80.21	\$73.89
45	\$118.68	\$96.01	\$83.88	\$77.27
46	\$124.30	\$100.55	\$87.85	\$80.93
47	\$129.92	\$105.10	\$91.82	\$84.59
48	\$137.24	\$111.03	\$97.00	\$89.36
49	\$144.45	\$116.86	\$102.09	\$94.06
50	\$153.47	\$124.16	\$108.47	\$99.93
51	\$162.37	\$131.36	\$114.76	\$105.73
52	\$171.60	\$138.82	\$121.28	\$111.73
53	\$180.84	\$146.29	\$127.81	\$117.75
54	\$189.95	\$153.67	\$134.25	\$123.68
55	\$199.18	\$161.13	\$140.77	\$129.69
56	\$209.36	\$169.37	\$147.97	\$136.32
57	\$219.44	\$177.52	\$155.10	\$142.89
58	\$225.38	\$182.33	\$159.29	\$146.75
59	\$231.32	\$187.13	\$163.49	\$150.62
60+	\$236.94	\$191.68	\$167.46	\$154.28

Standard monthly premiums

With these coverage decisions:

- No mental health/substance abuse coverage
- Include brand-name prescription drug coverage

SINGLE COVERAGE				
Age	Deductible			
	\$3,000	\$6,000	\$9,000	\$12,000
19–29	\$91.73	\$76.17	\$67.84	\$63.31
30–31	\$96.50	\$80.13	\$71.37	\$66.61
32–33	\$98.89	\$82.12	\$73.14	\$68.26
34–35	\$100.32	\$83.31	\$74.20	\$69.24
36–37	\$101.64	\$84.39	\$75.17	\$70.15
38–39	\$105.33	\$87.47	\$77.90	\$72.70
40	\$111.54	\$92.62	\$82.50	\$76.99
41	\$115.49	\$95.90	\$85.41	\$79.71
42	\$119.43	\$99.17	\$88.33	\$82.43
43	\$122.06	\$101.36	\$90.28	\$84.25
44	\$127.79	\$106.12	\$94.52	\$88.20
45	\$133.64	\$110.97	\$98.84	\$92.23
46	\$139.97	\$116.22	\$103.52	\$96.60
47	\$146.30	\$121.48	\$108.20	\$100.97
48	\$154.54	\$128.33	\$114.30	\$106.66
49	\$162.66	\$135.07	\$120.30	\$112.27
50	\$172.81	\$143.50	\$127.81	\$119.27
51	\$182.84	\$151.83	\$135.23	\$126.20
52	\$193.24	\$160.46	\$142.92	\$133.37
53	\$203.63	\$169.08	\$150.60	\$140.54
54	\$213.90	\$177.62	\$158.20	\$147.63
55	\$224.29	\$186.24	\$165.88	\$154.80
56	\$235.75	\$195.76	\$174.36	\$162.71
57	\$247.10	\$205.18	\$182.76	\$170.55
58	\$253.79	\$210.74	\$187.70	\$175.16
59	\$260.48	\$216.29	\$192.65	\$179.78
60+	\$266.81	\$221.55	\$197.33	\$184.15

Standard monthly premiums

With these coverage decisions:

- Mental health/substance abuse coverage
- Generic-only prescription drug coverage

SINGLE COVERAGE				
Age	Deductible			
	\$3,000	\$6,000	\$9,000	\$12,000
19–29	\$93.20	\$75.31	\$65.73	\$60.52
30–31	\$98.04	\$79.22	\$69.14	\$63.67
32–33	\$100.48	\$81.19	\$70.86	\$65.25
34–35	\$101.93	\$82.37	\$71.89	\$66.19
36–37	\$103.27	\$83.43	\$72.83	\$67.06
38–39	\$107.02	\$86.48	\$75.48	\$69.50
40	\$113.34	\$91.58	\$79.94	\$73.60
41	\$117.34	\$94.81	\$82.75	\$76.20
42	\$121.35	\$98.05	\$85.58	\$78.80
43	\$124.01	\$100.21	\$87.47	\$80.53
44	\$129.84	\$104.92	\$91.58	\$84.31
45	\$135.79	\$109.72	\$95.77	\$88.16
46	\$142.22	\$114.90	\$100.30	\$92.34
47	\$148.65	\$120.10	\$104.83	\$96.52
48	\$157.02	\$126.88	\$110.74	\$101.96
49	\$165.27	\$133.54	\$116.56	\$107.32
50	\$175.59	\$141.88	\$123.84	\$114.02
51	\$185.77	\$150.11	\$131.02	\$120.64
52	\$196.33	\$158.64	\$138.47	\$127.48
53	\$206.90	\$167.17	\$145.92	\$134.35
54	\$217.33	\$175.61	\$153.27	\$141.12
55	\$227.89	\$184.13	\$160.72	\$147.98
56	\$239.54	\$193.55	\$168.94	\$155.54
57	\$251.07	\$202.86	\$177.08	\$163.04
58	\$257.86	\$208.36	\$181.86	\$167.44
59	\$264.66	\$213.84	\$186.66	\$171.86
60+	\$271.09	\$219.04	\$191.19	\$176.03

Standard monthly premiums

With these coverage decisions:

- Mental health/substance abuse coverage
- Include brand-name prescription drug coverage

SINGLE COVERAGE				
Age	Deductible			
	\$3,000	\$6,000	\$9,000	\$12,000
19–29	\$103.47	\$85.58	\$76.00	\$70.79
30–31	\$108.85	\$90.03	\$79.95	\$74.48
32–33	\$111.55	\$92.26	\$81.93	\$76.32
34–35	\$113.16	\$93.60	\$83.12	\$77.42
36–37	\$114.65	\$94.81	\$84.21	\$78.44
38–39	\$118.81	\$98.27	\$87.27	\$81.29
40	\$125.82	\$104.06	\$92.42	\$86.08
41	\$130.27	\$107.74	\$95.68	\$89.13
42	\$134.72	\$111.42	\$98.95	\$92.17
43	\$137.68	\$113.88	\$101.14	\$94.20
44	\$144.15	\$119.23	\$105.89	\$98.62
45	\$150.75	\$124.68	\$110.73	\$103.12
46	\$157.89	\$130.57	\$115.97	\$108.01
47	\$165.03	\$136.48	\$121.21	\$112.90
48	\$174.32	\$144.18	\$128.04	\$119.26
49	\$183.48	\$151.75	\$134.77	\$125.53
50	\$194.93	\$161.22	\$143.18	\$133.36
51	\$206.24	\$170.58	\$151.49	\$141.11
52	\$217.97	\$180.28	\$160.11	\$149.12
53	\$229.69	\$189.96	\$168.71	\$157.14
54	\$241.28	\$199.56	\$177.22	\$165.07
55	\$253.00	\$209.24	\$185.83	\$173.09
56	\$265.93	\$219.94	\$195.33	\$181.93
57	\$278.73	\$230.52	\$204.74	\$190.70
58	\$286.27	\$236.77	\$210.27	\$195.85
59	\$293.82	\$243.00	\$215.82	\$201.02
60+	\$300.96	\$248.91	\$221.06	\$205.90

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