

MEDICA®

SOUTH DAKOTA

Rate Guide

May 2011 – April 2012

MEDICA SOLOSM

Coverage for one person.

Residence regions

Find your region from the list of counties below.



Aurora	Douglas	McCook
Beadle	Edmunds	McPherson
Bon Homme	Faulk	Miner
Brookings	Grant	Minnehaha
Brown	Hamlin	Moody
Brule	Hand	Roberts
Buffalo	Hanson	Sanborn
Campbell	Hughes	Spink
Charles Mix	Hutchinson	Sully
Clark	Hyde	Turner
Clay	Jerauld	Union
Codington	Kingsbury	Walworth
Davison	Lake	Yankton
Day	Lincoln	
Deuel	Marshall	



Bennett	Harding	Perkins
Butte	Jackson	Shannon
Corson	Jones	Stanley
Custer	Lawrence	Todd
Dewey	Lyman	Tripp
Fall River	Meade	Ziebach
Gregory	Mellette	
Haakon	Pennington	

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 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 estimated first month's premium with your application.
- Be certain that you selected the appropriate optional benefits on your application.

Determine your standard premium

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 region and decision regarding the optional prescription drug benefit.
- Find your gender, 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.

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.

EXAMPLE CALCULATION:

In Section C of my application, I chose to:

- Keep generic-only prescription drug coverage.*

I am 35 years old male living in Region 1.

I 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:

\$92.82

Worksheet

You
your standard monthly rate

\$

Standard monthly premiums

Generic-only prescription drug coverage



Age	SINGLE COVERAGE – MALE				SINGLE COVERAGE – FEMALE			
	Deductible				Deductible			
	\$3,000	\$6,000	\$9,000	\$12,000	\$3,000	\$6,000	\$9,000	\$12,000
19–24	\$77.86	\$63.07	\$54.98	\$50.67	\$152.91	\$123.85	\$107.97	\$99.51
25–29	\$88.29	\$71.51	\$62.35	\$57.46	\$186.70	\$151.22	\$131.83	\$121.50
30–31	\$98.57	\$79.84	\$69.60	\$64.14	\$199.31	\$161.44	\$140.74	\$129.71
32–33	\$105.57	\$85.51	\$74.55	\$68.70	\$204.44	\$165.59	\$144.36	\$133.04
34–35	\$114.60	\$92.82	\$80.92	\$74.57	\$204.91	\$165.97	\$144.69	\$133.35
36–37	\$123.48	\$100.01	\$87.19	\$80.35	\$205.38	\$166.35	\$145.02	\$133.65
38–39	\$134.69	\$109.09	\$95.10	\$87.65	\$209.28	\$169.51	\$147.78	\$136.19
40	\$143.72	\$116.41	\$101.49	\$93.53	\$213.16	\$172.65	\$150.52	\$138.72
41	\$149.79	\$121.33	\$105.77	\$97.48	\$215.81	\$174.80	\$152.39	\$140.44
42	\$155.71	\$126.12	\$109.95	\$101.33	\$218.30	\$176.82	\$154.15	\$142.06
43	\$165.06	\$133.69	\$116.55	\$107.41	\$224.69	\$181.99	\$158.66	\$146.22
44	\$174.24	\$141.13	\$123.04	\$113.39	\$231.23	\$187.29	\$163.27	\$150.47
45	\$183.58	\$148.69	\$129.63	\$119.47	\$237.62	\$192.46	\$167.79	\$154.63
46	\$192.77	\$156.13	\$136.12	\$125.44	\$244.00	\$197.63	\$172.30	\$158.79
47	\$202.11	\$163.71	\$142.72	\$131.53	\$250.54	\$202.93	\$176.91	\$163.04
48	\$215.35	\$174.42	\$152.06	\$140.14	\$260.81	\$211.25	\$184.16	\$169.73
49	\$228.58	\$185.14	\$161.40	\$148.75	\$271.24	\$219.70	\$191.53	\$176.51
50	\$241.82	\$195.87	\$170.76	\$157.37	\$281.68	\$228.15	\$198.90	\$183.30
51	\$255.21	\$206.71	\$180.21	\$166.08	\$291.96	\$236.48	\$206.16	\$190.00
52	\$268.44	\$217.43	\$189.55	\$174.69	\$302.39	\$244.93	\$213.53	\$196.79
53	\$286.04	\$231.68	\$201.98	\$186.15	\$313.44	\$253.88	\$221.33	\$203.98
54	\$303.48	\$245.81	\$214.29	\$197.49	\$324.50	\$262.84	\$229.14	\$211.18
55	\$321.08	\$260.06	\$226.72	\$208.94	\$335.55	\$271.79	\$236.94	\$218.36
56	\$338.67	\$274.31	\$239.14	\$220.40	\$346.61	\$280.75	\$244.75	\$225.56
57	\$356.27	\$288.57	\$251.57	\$231.85	\$357.66	\$289.70	\$252.55	\$232.75
58	\$376.97	\$305.34	\$266.19	\$245.32	\$371.99	\$301.30	\$262.67	\$242.08
59	\$387.72	\$314.04	\$273.77	\$252.31	\$386.32	\$312.91	\$272.79	\$251.40
60+	\$387.72	\$314.04	\$273.77	\$252.31	\$435.67	\$352.88	\$307.64	\$283.52

Standard monthly premiums

Include brand-name prescription drug coverage



Age	SINGLE COVERAGE – MALE				SINGLE COVERAGE – FEMALE			
	Deductible				Deductible			
	\$3,000	\$6,000	\$9,000	\$12,000	\$3,000	\$6,000	\$9,000	\$12,000
19–24	\$89.04	\$74.25	\$66.16	\$61.85	\$174.87	\$145.81	\$129.93	\$121.47
25–29	\$100.97	\$84.19	\$75.03	\$70.14	\$213.52	\$178.04	\$158.65	\$148.32
30–31	\$112.73	\$94.00	\$83.76	\$78.30	\$227.94	\$190.07	\$169.37	\$158.34
32–33	\$120.74	\$100.68	\$89.72	\$83.87	\$233.81	\$194.96	\$173.73	\$162.41
34–35	\$131.07	\$109.29	\$97.39	\$91.04	\$234.35	\$195.41	\$174.13	\$162.79
36–37	\$141.22	\$117.75	\$104.93	\$98.09	\$234.89	\$195.86	\$174.53	\$163.16
38–39	\$154.04	\$128.44	\$114.45	\$107.00	\$239.34	\$199.57	\$177.84	\$166.25
40	\$164.36	\$137.05	\$122.13	\$114.17	\$243.79	\$203.28	\$181.15	\$169.35
41	\$171.31	\$142.85	\$127.29	\$119.00	\$246.82	\$205.81	\$183.40	\$171.45
42	\$178.08	\$148.49	\$132.32	\$123.70	\$249.66	\$208.18	\$185.51	\$173.42
43	\$188.77	\$157.40	\$140.26	\$131.12	\$256.97	\$214.27	\$190.94	\$178.50
44	\$199.27	\$166.16	\$148.07	\$138.42	\$264.45	\$220.51	\$196.49	\$183.69
45	\$209.96	\$175.07	\$156.01	\$145.85	\$271.75	\$226.59	\$201.92	\$188.76
46	\$220.47	\$183.83	\$163.82	\$153.14	\$279.05	\$232.68	\$207.35	\$193.84
47	\$231.14	\$192.74	\$171.75	\$160.56	\$286.53	\$238.92	\$212.90	\$199.03
48	\$246.29	\$205.36	\$183.00	\$171.08	\$298.28	\$248.72	\$221.63	\$207.20
49	\$261.42	\$217.98	\$194.24	\$181.59	\$310.21	\$258.67	\$230.50	\$215.48
50	\$276.56	\$230.61	\$205.50	\$192.11	\$322.15	\$268.62	\$239.37	\$223.77
51	\$291.87	\$243.37	\$216.87	\$202.74	\$333.90	\$278.42	\$248.10	\$231.94
52	\$307.01	\$256.00	\$228.12	\$213.26	\$345.83	\$288.37	\$256.97	\$240.23
53	\$327.13	\$272.77	\$243.07	\$227.24	\$358.47	\$298.91	\$266.36	\$249.01
54	\$347.08	\$289.41	\$257.89	\$241.09	\$371.12	\$309.46	\$275.76	\$257.80
55	\$367.21	\$306.19	\$272.85	\$255.07	\$383.76	\$320.00	\$285.15	\$266.57
56	\$387.32	\$322.96	\$287.79	\$269.05	\$396.40	\$330.54	\$294.54	\$275.35
57	\$407.45	\$339.75	\$302.75	\$283.03	\$409.05	\$341.09	\$303.94	\$284.14
58	\$431.13	\$359.50	\$320.35	\$299.48	\$425.43	\$354.74	\$316.11	\$295.52
59	\$443.42	\$369.74	\$329.47	\$308.01	\$441.82	\$368.41	\$328.29	\$306.90
60+	\$443.42	\$369.74	\$329.47	\$308.01	\$498.26	\$415.47	\$370.23	\$346.11

Standard monthly premiums

Generic-only prescription drug coverage



Age	SINGLE COVERAGE – MALE				SINGLE COVERAGE – FEMALE			
	Deductible				Deductible			
	\$3,000	\$6,000	\$9,000	\$12,000	\$3,000	\$6,000	\$9,000	\$12,000
19–24	\$85.64	\$69.37	\$60.48	\$55.73	\$168.20	\$136.24	\$118.78	\$109.46
25–29	\$97.11	\$78.66	\$68.58	\$63.20	\$205.36	\$166.33	\$145.02	\$133.64
30–31	\$108.42	\$87.82	\$76.56	\$70.56	\$219.24	\$177.57	\$154.81	\$142.67
32–33	\$116.13	\$94.06	\$82.01	\$75.57	\$224.89	\$182.15	\$158.81	\$146.35
34–35	\$126.06	\$102.11	\$89.02	\$82.04	\$225.40	\$182.57	\$159.17	\$146.68
36–37	\$135.82	\$110.01	\$95.91	\$88.39	\$225.92	\$182.98	\$159.53	\$147.01
38–39	\$148.16	\$120.00	\$104.62	\$96.41	\$230.20	\$186.45	\$162.55	\$149.80
40	\$158.09	\$128.05	\$111.64	\$102.88	\$234.49	\$189.93	\$165.58	\$152.59
41	\$164.77	\$133.46	\$116.36	\$107.23	\$237.39	\$192.28	\$167.63	\$154.48
42	\$171.28	\$138.73	\$120.95	\$111.46	\$240.13	\$194.50	\$169.57	\$156.26
43	\$181.55	\$147.05	\$128.20	\$118.14	\$247.16	\$200.19	\$174.53	\$160.84
44	\$191.66	\$155.24	\$135.34	\$124.72	\$254.35	\$206.02	\$179.61	\$165.52
45	\$201.94	\$163.57	\$142.60	\$131.42	\$261.37	\$211.70	\$184.57	\$170.09
46	\$212.04	\$171.75	\$149.73	\$137.99	\$268.39	\$217.39	\$189.53	\$174.66
47	\$222.33	\$180.08	\$157.00	\$144.68	\$275.59	\$223.21	\$194.61	\$179.34
48	\$236.88	\$191.86	\$167.27	\$154.15	\$286.90	\$232.38	\$202.59	\$186.70
49	\$251.44	\$203.66	\$177.56	\$163.62	\$298.37	\$241.67	\$210.70	\$194.16
50	\$266.00	\$215.45	\$187.84	\$173.10	\$309.84	\$250.96	\$218.80	\$201.63
51	\$280.73	\$227.38	\$198.24	\$182.68	\$321.15	\$260.12	\$226.78	\$208.99
52	\$295.29	\$239.17	\$208.52	\$192.16	\$332.63	\$269.41	\$234.89	\$216.46
53	\$314.65	\$254.85	\$222.19	\$204.76	\$344.79	\$279.26	\$243.47	\$224.37
54	\$333.83	\$270.39	\$235.73	\$217.24	\$356.95	\$289.11	\$252.06	\$232.28
55	\$353.18	\$286.06	\$249.40	\$229.83	\$369.11	\$298.96	\$260.65	\$240.20
56	\$372.54	\$301.74	\$263.07	\$242.43	\$381.27	\$308.81	\$269.24	\$248.11
57	\$391.89	\$317.42	\$276.74	\$255.02	\$393.43	\$318.66	\$277.82	\$256.02
58	\$414.66	\$335.86	\$292.82	\$269.84	\$409.18	\$331.42	\$288.95	\$266.27
59	\$426.49	\$345.44	\$301.16	\$277.53	\$424.95	\$344.19	\$300.08	\$276.53
60+	\$426.49	\$345.44	\$301.16	\$277.53	\$479.25	\$388.17	\$338.42	\$311.87

Standard monthly premiums

Include brand-name prescription drug coverage



Age	SINGLE COVERAGE – MALE				SINGLE COVERAGE – FEMALE			
	Deductible				Deductible			
	\$3,000	\$6,000	\$9,000	\$12,000	\$3,000	\$6,000	\$9,000	\$12,000
19–24	\$97.94	\$81.67	\$72.78	\$68.03	\$192.35	\$160.39	\$142.93	\$133.61
25–29	\$111.06	\$92.61	\$82.53	\$77.15	\$234.86	\$195.83	\$174.52	\$163.14
30–31	\$123.99	\$103.39	\$92.13	\$86.13	\$250.73	\$209.06	\$186.30	\$174.16
32–33	\$132.81	\$110.74	\$98.69	\$92.25	\$257.19	\$214.45	\$191.11	\$178.65
34–35	\$144.16	\$120.21	\$107.12	\$100.14	\$257.77	\$214.94	\$191.54	\$179.05
36–37	\$155.33	\$129.52	\$115.42	\$107.90	\$258.37	\$215.43	\$191.98	\$179.46
38–39	\$169.44	\$141.28	\$125.90	\$117.69	\$263.27	\$219.52	\$195.62	\$182.87
40	\$180.79	\$150.75	\$134.34	\$125.58	\$268.16	\$223.60	\$199.25	\$186.26
41	\$188.43	\$157.12	\$140.02	\$130.89	\$271.49	\$226.38	\$201.73	\$188.58
42	\$195.88	\$163.33	\$145.55	\$136.06	\$274.62	\$228.99	\$204.06	\$190.75
43	\$207.63	\$173.13	\$154.28	\$144.22	\$282.65	\$235.68	\$210.02	\$196.33
44	\$219.19	\$182.77	\$162.87	\$152.25	\$290.88	\$242.55	\$216.14	\$202.05
45	\$230.94	\$192.57	\$171.60	\$160.42	\$298.91	\$249.24	\$222.11	\$207.63
46	\$242.50	\$202.21	\$180.19	\$168.45	\$306.94	\$255.94	\$228.08	\$213.21
47	\$254.26	\$212.01	\$188.93	\$176.61	\$315.17	\$262.79	\$234.19	\$218.92
48	\$270.90	\$225.88	\$201.29	\$188.17	\$328.10	\$273.58	\$243.79	\$227.90
49	\$287.55	\$239.77	\$213.67	\$199.73	\$341.22	\$284.52	\$253.55	\$237.01
50	\$304.20	\$253.65	\$226.04	\$211.30	\$354.34	\$295.46	\$263.30	\$246.13
51	\$321.05	\$267.70	\$238.56	\$223.00	\$367.27	\$306.24	\$272.90	\$255.11
52	\$337.70	\$281.58	\$250.93	\$234.57	\$380.40	\$317.18	\$282.66	\$264.23
53	\$359.84	\$300.04	\$267.38	\$249.95	\$394.31	\$328.78	\$292.99	\$273.89
54	\$381.77	\$318.33	\$283.67	\$265.18	\$408.22	\$340.38	\$303.33	\$283.55
55	\$403.90	\$336.78	\$300.12	\$280.55	\$422.12	\$351.97	\$313.66	\$293.21
56	\$426.04	\$355.24	\$316.57	\$295.93	\$436.03	\$363.57	\$324.00	\$302.87
57	\$448.17	\$373.70	\$333.02	\$311.30	\$449.94	\$375.17	\$334.33	\$312.53
58	\$474.22	\$395.42	\$352.38	\$329.40	\$467.95	\$390.19	\$347.72	\$325.04
59	\$487.75	\$406.70	\$362.42	\$338.79	\$485.98	\$405.22	\$361.11	\$337.56
60+	\$487.75	\$406.70	\$362.42	\$338.79	\$548.08	\$457.00	\$407.25	\$380.70

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