

Medica Direct
ValueSM
for Individuals

Non-Metro Rate Guide.....

January 2007 – June 2007

Non-Metro counties excluding:

Anoka, Carver, Cook, Dakota, Dodge, Fillmore, Freeborn,
Hennepin, Houston, Mower, Olmsted, Ramsey, Scott,
St. Louis, Steele, Wabasha, Washington, Winona

DETERMINE YOUR STANDARD MONTHLY PREMIUM

IMPORTANT:

- For the \$150 and \$500 plan, mental health benefits are already included in the plan.
- When calculating your family premium, optional benefits apply to the entire family.
- You pay for a maximum of three dependents (not including spouse).
- Note that your application cannot be signed more than 60 days before the requested effective date.
- Rates in this guide are standard non-tobacco user rates. The actual rates offered may be up to 40% higher based on tobacco use and other health factors.

INSTRUCTIONS:

Use these instructions to help calculate your premium on the worksheet on page 1.

- Determine which chart on pages 2 through 5 to use based on the optional benefits (if any) you are applying for and the date you need coverage to begin. Find your age and deductible level. This will be **your standard monthly rate** – enter it on the worksheet.
- If applicable, find your **spouse's standard monthly rate** in the same manner that you used to calculate your rate.
- If applicable, multiply the dependent rate by the total number of dependents, up to a maximum of 3, for the total **dependent's standard monthly rate**.
- Add your standard monthly rate to, if applicable, your spouse's and dependent's standard monthly rates to calculate the **total family standard monthly premium**.

Note that the actual premium offered may be up to 40% higher based on tobacco use and other health factors.

REMEMBER:

- Sign your application.
- Include a check or money order for your 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?

Call Medica Sales Department at 952-992-2080 or 1-800-670-5935.

Example

*I want coverage effective February 1, 2007.
I am 35 and have selected the \$1,500 deductible plan.
I do not want mental health or chemical dependency coverage (I want no optional benefits).*

*Here is how I would calculate my standard monthly rate:
I would use the top chart on page 2.*

Based on my age, optional benefits and the deductible amount selected, my **standard monthly rate** would be:

\$121.77

You

your standard monthly rate

\$

Spouse

spouse's standard monthly rate

\$

Dependent(s)

dependent's standard monthly rate

\$

Multiply the dependent's standard monthly rate by the number of dependents (enter 3 for three or more)

multiply X

= \$

Total Family Standard Monthly Premium

Add your standard monthly rate to your spouse's and dependent's standard monthly rates

\$

Note that the actual rate offered may be up to 40% higher based on tobacco use and other health factors.

NON-METRO STANDARD MONTHLY RATES

with no optional benefits

January 1, 2007 – March 31, 2007

AGE	DEDUCTIBLE LEVELS					
	\$150*	\$500*	\$1,000	\$1,500	\$2,500	\$5,000
Dependent	N/A	N/A	\$114.69	\$93.65	\$87.88	\$67.47
Age <30	N/A	N/A	\$136.35	\$111.34	\$104.48	\$80.21
30-31	N/A	N/A	\$143.45	\$117.14	\$109.92	\$84.39
32-33	N/A	N/A	\$147.00	\$120.03	\$112.65	\$86.48
34-35	N/A	N/A	\$149.13	\$121.77	\$114.28	\$87.73
36-37	N/A	N/A	\$151.08	\$123.37	\$115.77	\$88.88
38-39	N/A	N/A	\$156.58	\$127.86	\$119.99	\$92.12
40-41	N/A	N/A	\$167.95	\$137.14	\$128.70	\$98.81
42-43	N/A	N/A	\$177.53	\$144.97	\$136.04	\$104.45
44-45	N/A	N/A	\$194.40	\$158.74	\$148.97	\$114.37
46-47	N/A	N/A	\$212.86	\$173.82	\$163.12	\$125.23
48-49	N/A	N/A	\$236.65	\$193.24	\$181.35	\$139.23
50-51	N/A	N/A	\$265.95	\$217.16	\$203.80	\$156.46
52-53	N/A	N/A	\$296.13	\$241.81	\$226.92	\$174.22
54-55	N/A	N/A	\$326.31	\$266.45	\$250.05	\$191.97
56-57	N/A	N/A	\$359.51	\$293.56	\$275.49	\$211.50
58-59	N/A	N/A	\$378.86	\$309.37	\$290.32	\$222.89
60+	N/A	N/A	\$396.61	\$323.86	\$303.92	\$233.33

Notes: • Newborns under 90 days old are not eligible for coverage

- The actual rate offered may be up to 40% higher based on tobacco use and other health factors

NON-METRO STANDARD MONTHLY RATES

with mental health coverage

January 1, 2007 – March 31, 2007

AGE	DEDUCTIBLE LEVELS					
	\$150*	\$500*	\$1,000	\$1,500	\$2,500	\$5,000
Dependent	\$201.73	\$171.39	\$126.14	\$103.00	\$96.66	\$74.21
Age <30	\$239.82	\$203.76	\$149.97	\$122.46	\$114.92	\$88.23
30-31	\$252.31	\$214.37	\$157.78	\$128.84	\$120.90	\$92.82
32-33	\$258.56	\$219.68	\$161.68	\$132.02	\$123.90	\$95.12
34-35	\$262.31	\$222.86	\$164.02	\$133.94	\$125.69	\$96.50
36-37	\$265.74	\$225.78	\$166.17	\$135.69	\$127.34	\$97.76
38-39	\$275.42	\$234.00	\$172.23	\$140.64	\$131.98	\$101.32
40-41	\$295.41	\$250.98	\$184.72	\$150.84	\$141.55	\$108.68
42-43	\$312.27	\$265.31	\$195.27	\$159.45	\$149.63	\$114.88
44-45	\$341.93	\$290.51	\$213.82	\$174.60	\$163.85	\$125.79
46-47	\$374.41	\$318.10	\$234.13	\$191.18	\$179.41	\$137.74
48-49	\$416.25	\$353.66	\$260.29	\$212.55	\$199.46	\$153.13
50-51	\$467.78	\$397.43	\$292.51	\$238.86	\$224.15	\$172.09
52-53	\$520.86	\$442.53	\$325.71	\$265.96	\$249.59	\$191.62
54-55	\$573.95	\$487.64	\$358.90	\$293.07	\$275.03	\$211.15
56-57	\$632.34	\$537.25	\$395.42	\$322.89	\$303.01	\$232.63
58-59	\$666.38	\$566.17	\$416.70	\$340.27	\$319.32	\$245.15
60+	\$697.61	\$592.70	\$436.23	\$356.21	\$334.28	\$256.64

Notes: • Newborns under 90 days old are not eligible for coverage

- The actual rate offered may be up to 40% higher based on tobacco use and other health factors

NON-METRO STANDARD MONTHLY RATES

with chemical dependency coverage

January 1, 2007 – March 31, 2007

AGE	DEDUCTIBLE LEVELS					
	\$150*	\$500*	\$1,000	\$1,500	\$2,500	\$5,000
Dependent	N/A	N/A	\$117.00	\$95.54	\$89.66	\$68.84
Age <30	N/A	N/A	\$139.10	\$113.59	\$106.59	\$81.83
30-31	N/A	N/A	\$146.35	\$119.50	\$112.14	\$86.10
32-33	N/A	N/A	\$149.97	\$122.46	\$114.92	\$88.23
34-35	N/A	N/A	\$152.14	\$124.23	\$116.59	\$89.51
36-37	N/A	N/A	\$154.13	\$125.86	\$118.11	\$90.68
38-39	N/A	N/A	\$159.75	\$130.45	\$122.42	\$93.98
40-41	N/A	N/A	\$171.34	\$139.91	\$131.30	\$100.80
42-43	N/A	N/A	\$181.12	\$147.90	\$138.79	\$106.56
44-45	N/A	N/A	\$198.33	\$161.95	\$151.98	\$116.68
46-47	N/A	N/A	\$217.16	\$177.33	\$166.41	\$127.76
48-49	N/A	N/A	\$241.43	\$197.15	\$185.01	\$142.04
50-51	N/A	N/A	\$271.32	\$221.55	\$207.91	\$159.62
52-53	N/A	N/A	\$302.11	\$246.69	\$231.51	\$177.74
54-55	N/A	N/A	\$332.90	\$271.84	\$255.10	\$195.85
56-57	N/A	N/A	\$366.77	\$299.49	\$281.06	\$215.78
58-59	N/A	N/A	\$386.51	\$315.62	\$296.18	\$227.39
60+	N/A	N/A	\$404.62	\$330.41	\$310.06	\$238.05

Notes: • Newborns under 90 days old are not eligible for coverage

- The actual rate offered may be up to 40% higher based on tobacco use and other health factors

NON-METRO STANDARD MONTHLY RATES

with mental health and chemical dependency coverage

January 1, 2007 – March 31, 2007

AGE	DEDUCTIBLE LEVELS					
	\$150*	\$500*	\$1,000	\$1,500	\$2,500	\$5,000
Dependent	\$205.84	\$174.89	\$128.72	\$105.11	\$98.64	\$75.73
Age <30	\$244.72	\$207.92	\$153.03	\$124.96	\$117.26	\$90.03
30-31	\$257.46	\$218.74	\$161.00	\$131.47	\$123.37	\$94.72
32-33	\$263.83	\$224.16	\$164.98	\$134.72	\$126.43	\$97.06
34-35	\$267.66	\$227.41	\$167.37	\$136.67	\$128.26	\$98.47
36-37	\$271.16	\$230.39	\$169.56	\$138.46	\$129.94	\$99.76
38-39	\$281.04	\$238.78	\$175.74	\$143.51	\$134.67	\$103.39
40-41	\$301.43	\$256.10	\$188.49	\$153.92	\$144.44	\$110.89
42-43	\$318.64	\$270.72	\$199.25	\$162.70	\$152.69	\$117.22
44-45	\$348.91	\$296.44	\$218.18	\$178.16	\$167.19	\$128.36
46-47	\$382.05	\$324.60	\$238.90	\$195.08	\$183.07	\$140.55
48-49	\$424.75	\$360.87	\$265.60	\$216.89	\$203.53	\$156.26
50-51	\$477.32	\$405.54	\$298.48	\$243.73	\$228.73	\$175.60
52-53	\$531.49	\$451.57	\$332.35	\$271.39	\$254.68	\$195.53
54-55	\$585.66	\$497.59	\$366.23	\$299.05	\$280.64	\$215.46
56-57	\$645.25	\$548.21	\$403.49	\$329.48	\$309.19	\$237.38
58-59	\$679.98	\$577.72	\$425.20	\$347.21	\$325.84	\$250.15
60+	\$711.84	\$604.80	\$445.13	\$363.48	\$341.10	\$261.88

Notes: • Newborns under 90 days old are not eligible for coverage

- The actual rate offered may be up to 40% higher based on tobacco use and other health factors

NON-METRO STANDARD MONTHLY RATES

with no optional benefits

April 1, 2007 – June 30, 2007

AGE	DEDUCTIBLE LEVELS					
	\$150*	\$500*	\$1,000	\$1,500	\$2,500	\$5,000
Dependent	N/A	N/A	\$118.13	\$96.46	\$90.52	\$69.50
Age <30	N/A	N/A	\$140.44	\$114.68	\$107.62	\$82.62
30-31	N/A	N/A	\$147.75	\$120.65	\$113.22	\$86.92
32-33	N/A	N/A	\$151.41	\$123.64	\$116.02	\$89.08
34-35	N/A	N/A	\$153.60	\$125.43	\$117.71	\$90.37
36-37	N/A	N/A	\$155.61	\$127.07	\$119.25	\$91.55
38-39	N/A	N/A	\$161.28	\$131.70	\$123.59	\$94.88
40-41	N/A	N/A	\$172.99	\$141.26	\$132.56	\$101.77
42-43	N/A	N/A	\$182.86	\$149.32	\$140.13	\$107.58
44-45	N/A	N/A	\$200.23	\$163.50	\$153.44	\$117.80
46-47	N/A	N/A	\$219.25	\$179.03	\$168.01	\$128.99
48-49	N/A	N/A	\$243.75	\$199.04	\$186.79	\$143.40
50-51	N/A	N/A	\$273.92	\$223.68	\$209.91	\$161.15
52-53	N/A	N/A	\$305.01	\$249.06	\$233.73	\$179.44
54-55	N/A	N/A	\$336.10	\$274.45	\$257.55	\$197.73
56-57	N/A	N/A	\$370.29	\$302.37	\$283.76	\$217.85
58-59	N/A	N/A	\$390.22	\$318.65	\$299.03	\$229.57
60+	N/A	N/A	\$408.51	\$333.58	\$313.04	\$240.33

Notes: • Newborns under 90 days old are not eligible for coverage

- The actual rate offered may be up to 40% higher based on tobacco use and other health factors

NON-METRO STANDARD MONTHLY RATES

with mental health coverage

April 1, 2007 – June 30, 2007

AGE	DEDUCTIBLE LEVELS					
	\$150*	\$500*	\$1,000	\$1,500	\$2,500	\$5,000
Dependent	\$207.78	\$176.53	\$129.93	\$106.10	\$99.56	\$76.44
Age <30	\$247.02	\$209.87	\$154.46	\$126.13	\$118.37	\$90.87
30-31	\$259.88	\$220.80	\$162.51	\$132.70	\$124.53	\$95.61
32-33	\$266.31	\$226.27	\$166.53	\$135.99	\$127.61	\$97.97
34-35	\$270.17	\$229.54	\$168.95	\$137.96	\$129.46	\$99.39
36-37	\$273.71	\$232.55	\$171.16	\$139.76	\$131.16	\$100.69
38-39	\$283.68	\$241.02	\$177.39	\$144.85	\$135.94	\$104.36
40-41	\$304.27	\$258.51	\$190.26	\$155.37	\$145.80	\$111.94
42-43	\$321.64	\$273.27	\$201.13	\$164.23	\$154.12	\$118.32
44-45	\$352.19	\$299.23	\$220.23	\$179.84	\$168.76	\$129.57
46-47	\$385.64	\$327.65	\$241.15	\$196.92	\$184.79	\$141.87
48-49	\$428.74	\$364.27	\$268.10	\$218.92	\$205.45	\$157.73
50-51	\$481.81	\$409.36	\$301.29	\$246.02	\$230.88	\$177.25
52-53	\$536.49	\$455.81	\$335.48	\$273.94	\$257.08	\$197.37
54-55	\$591.17	\$502.27	\$369.67	\$301.86	\$283.28	\$217.48
56-57	\$651.31	\$553.37	\$407.28	\$332.57	\$312.10	\$239.61
58-59	\$686.37	\$583.15	\$429.20	\$350.48	\$328.90	\$252.51
60+	\$718.54	\$610.48	\$449.31	\$366.90	\$344.31	\$264.34

Notes: • Newborns under 90 days old are not eligible for coverage

- The actual rate offered may be up to 40% higher based on tobacco use and other health factors

NON-METRO STANDARD MONTHLY RATES

with chemical dependency coverage

April 1, 2007 – June 30, 2007

AGE	DEDUCTIBLE LEVELS					
	\$150*	\$500*	\$1,000	\$1,500	\$2,500	\$5,000
Dependent	N/A	N/A	\$120.51	\$98.41	\$92.35	\$70.90
Age <30	N/A	N/A	\$143.27	\$116.99	\$109.79	\$84.29
30-31	N/A	N/A	\$150.74	\$123.09	\$115.51	\$88.68
32-33	N/A	N/A	\$154.47	\$126.13	\$118.37	\$90.88
34-35	N/A	N/A	\$156.71	\$127.96	\$120.08	\$92.19
36-37	N/A	N/A	\$158.76	\$129.64	\$121.66	\$93.40
38-39	N/A	N/A	\$164.54	\$134.36	\$126.09	\$96.80
40-41	N/A	N/A	\$176.48	\$144.11	\$135.24	\$103.83
42-43	N/A	N/A	\$186.55	\$152.34	\$142.96	\$109.75
44-45	N/A	N/A	\$204.28	\$166.81	\$156.54	\$120.18
46-47	N/A	N/A	\$223.68	\$182.65	\$171.41	\$131.59
48-49	N/A	N/A	\$248.68	\$203.06	\$190.56	\$146.30
50-51	N/A	N/A	\$279.46	\$228.20	\$214.15	\$164.41
52-53	N/A	N/A	\$311.17	\$254.10	\$238.45	\$183.07
54-55	N/A	N/A	\$342.89	\$279.99	\$262.75	\$201.72
56-57	N/A	N/A	\$377.77	\$308.48	\$289.49	\$222.25
58-59	N/A	N/A	\$398.11	\$325.08	\$305.07	\$234.21
60+	N/A	N/A	\$416.76	\$340.32	\$319.37	\$245.19

Notes: • Newborns under 90 days old are not eligible for coverage

- The actual rate offered may be up to 40% higher based on tobacco use and other health factors

NON-METRO STANDARD MONTHLY RATES

with mental health and chemical dependency coverage

April 1, 2007 – June 30, 2007

AGE	DEDUCTIBLE LEVELS					
	\$150*	\$500*	\$1,000	\$1,500	\$2,500	\$5,000
Dependent	\$212.02	\$180.13	\$132.58	\$108.26	\$101.60	\$78.00
Age <30	\$252.06	\$214.15	\$157.62	\$128.71	\$120.78	\$92.73
30-31	\$265.19	\$225.31	\$165.83	\$135.41	\$127.07	\$97.56
32-33	\$271.75	\$230.88	\$169.93	\$138.76	\$130.22	\$99.97
34-35	\$275.69	\$234.23	\$172.39	\$140.77	\$132.11	\$101.42
36-37	\$279.30	\$237.30	\$174.65	\$142.62	\$133.84	\$102.75
38-39	\$289.47	\$245.94	\$181.01	\$147.81	\$138.71	\$106.49
40-41	\$310.48	\$263.79	\$194.15	\$158.54	\$148.78	\$114.22
42-43	\$328.20	\$278.84	\$205.23	\$167.59	\$157.27	\$120.74
44-45	\$359.38	\$305.33	\$224.73	\$183.51	\$172.21	\$132.21
46-47	\$393.51	\$334.33	\$246.07	\$200.94	\$188.56	\$144.77
48-49	\$437.49	\$371.70	\$273.57	\$223.39	\$209.64	\$160.95
50-51	\$491.64	\$417.71	\$307.43	\$251.04	\$235.59	\$180.87
52-53	\$547.44	\$465.11	\$342.32	\$279.53	\$262.32	\$201.39
54-55	\$603.23	\$512.52	\$377.21	\$308.02	\$289.06	\$221.92
56-57	\$664.61	\$564.66	\$415.59	\$339.36	\$318.47	\$244.50
58-59	\$700.38	\$595.05	\$437.96	\$357.63	\$335.61	\$257.66
60+	\$733.20	\$622.94	\$458.48	\$374.39	\$351.34	\$269.73

Notes: • Newborns under 90 days old are not eligible for coverage

- The actual rate offered may be up to 40% higher based on tobacco use and other health factors

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 policyholders 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

Customer Service Telephone: 952-992-2080 or 1-800-670-5935

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