PreferredOne High Deductible Plans for Individuals and Families

Monthly Rates (Effective 10-1-2009)

PreferredOne® Insurance Company

Rate Area 1 without Chemical Dependency Coverage

Rate Area 1 includes all Minnesota counties **except** Big Stone, Blue Earth, Brown, Chippewa, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Houston, Kandiyohi, Lac Qui Parle, Lyon, Mower, Olmsted, Otter Tail, Pipestone, Pope, Redwood, Renville, Steele, Stevens, Swift, Traverse, Wabasha, Waseca, Winona.

	HSA Qualified Plans				Non HSA Plans	
	5200 Plan	5250 Plan	5450 Plan	5510 Plan	5700 Plan	5515 Plan
Coinsurance	100%					
Individual Deductible	$2,000	$2,850	$4,500	$5,500	$7,000	$15,000
Family Deductible	$4,000	$5,650	$9,000	$11,000	$14,000	$25,000
Age Band						
0-24	141.08	118.62	99.86	91.78	82.33	54.80
25-29	141.08	118.62	99.86	91.78	82.33	54.80
30-34	141.08	118.62	99.86	91.78	82.33	54.80
35-39	156.71	131.79	110.96	101.99	91.49	60.89
40-44	180.26	151.58	127.60	117.28	105.20	70.01
45-49	227.29	191.11	160.88	147.87	132.63	88.28
50-54	297.83	250.42	210.83	193.77	173.81	115.68
55-59	384.04	322.91	271.85	249.86	224.12	149.16
60-64	423.22	355.85	299.57	275.34	246.98	164.38
1 Child	93.26	78.59	66.17	60.82	54.56	36.31
2 Children	186.52	157.18	132.34	121.64	109.12	72.62
3+ Children	279.78	235.77	198.51	182.46	163.68	108.93

Rate Area 1 with Chemical Dependency Coverage

	HSA Qualified Plans				Non HSA Plans	
	5200 Plan	5250 Plan	5450 Plan	5510 Plan	5700 Plan	5515 Plan
Coinsurance	100%					
Individual Deductible	$2,000	$2,850	$4,500	$5,500	$7,000	$15,000
Family Deductible	$4,000	$5,650	$9,000	$11,000	$14,000	$25,000
Age Band						
0-24	145.31	122.18	102.86	94.53	84.80	56.44
25-29	145.31	122.18	102.86	94.53	84.80	56.44
30-34	145.31	122.18	102.86	94.53	84.80	56.44
35-39	161.42	135.74	114.29	105.05	94.23	62.72
40-44	185.67	156.12	131.42	120.80	108.35	72.11
45-49	234.11	196.84	165.71	152.30	136.61	90.92
50-54	306.76	257.93	217.15	199.58	179.03	119.15
55-59	395.56	332.60	280.00	257.35	230.84	153.64
60-64	435.92	366.53	308.56	283.60	254.39	169.31
1 Child	96.05	80.95	68.15	62.64	56.19	37.40
2 Children	192.10	161.90	136.30	125.28	112.38	74.80
3+ Children	288.15	242.85	204.45	187.92	168.57	112.20

Rate Area 2 without Chemical Dependency Coverage

Rate Area 2 includes the Minnesota counties of Big Stone, Brown, Chippewa, Douglas, Kandiyohi, Lac Qui Parle, Lyon, Otter Tail, Pipestone, Pope, Redwood, Renville, Stevens, Swift, Traverse.

	HSA Qualified Plans				Non HSA Plans	
	5200 Plan	5250 Plan	5450 Plan	5510 Plan	5700 Plan	5515 Plan
Coinsurance	100%					
Individual Deductible	$2,000	$2,850	$4,500	$5,500	$7,000	$15,000
Family Deductible	$4,000	$5,650	$9,000	$11,000	$14,000	$25,000
Age Band						
0-24	134.03	112.69	94.87	87.19	78.21	52.06
25-29	134.03	112.69	94.87	87.19	78.21	52.06
30-34	134.03	112.69	94.87	87.19	78.21	52.06
35-39	148.88	125.20	105.41	96.89	86.91	57.84
40-44	171.25	144.00	121.22	111.41	99.94	66.51
45-49	215.92	181.55	152.83	140.48	126.00	83.86
50-54	282.93	237.90	200.28	184.08	165.12	109.90
55-59	364.84	306.76	258.25	237.36	212.92	141.70
60-64	402.06	338.06	284.59	261.57	234.63	156.16
1 Child	88.59	74.66	62.86	57.78	51.83	34.49
2 Children	177.18	149.32	125.72	115.56	103.66	68.98
3+ Children	265.77	223.98	188.58	173.34	155.49	103.47

Rate Area 2 with Chemical Dependency Coverage

	HSA Qualified Plans				Non HSA Plans	
	5200 Plan	5250 Plan	5450 Plan	5510 Plan	5700 Plan	5515 Plan
Coinsurance	100%					
Individual Deductible	$2,000	$2,850	$4,500	$5,500	$7,000	$15,000
Family Deductible	$4,000	$5,650	$9,000	$11,000	$14,000	$25,000
Age Band						
0-24	138.05	116.07	97.71	89.80	80.56	53.62
25-29	138.05	116.07	97.71	89.80	80.56	53.62
30-34	138.05	116.07	97.71	89.80	80.56	53.62
35-39	153.34	128.96	108.58	99.80	89.52	59.58
40-44	176.39	148.31	124.85	114.76	102.93	68.51
45-49	222.40	187.00	157.42	144.69	129.78	86.38
50-54	291.42	245.04	206.29	189.60	170.07	113.19
55-59	375.78	315.97	266.00	244.48	219.30	145.96
60-64	414.12	348.20	293.13	269.42	241.67	160.85
1 Child	91.25	76.90	64.74	59.51	53.38	35.53
2 Children	182.50	153.80	129.48	119.02	106.76	71.06
3+ Children	273.75	230.70	194.22	178.53	160.14	106.59

For additional rate information, see reverse side.

PreferredOne High Deductible Plans for Individuals and Families

Monthly Rates (Effective 10-1-2009)

Rate Area 3 without Chemical Dependency Coverage							Rate Area 3 with Chemical Dependency Coverage						
Rate Area 3 includes the Minnesota counties of Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Steele, Wabasha, Waseca, Winona.													
	HSA Qualified Plans				Non HSA Plans			HSA Qualified Plans				Non HSA Plans	
	5200 Plan	5250 Plan	5450 Plan	5510 Plan	5700 Plan	5515 Plan		5200 Plan	5250 Plan	5450 Plan	5510 Plan	5700 Plan	5515 Plan
Coinsurance	100%						Coinsurance	100%					
Individual Deductible	$2,000	$2,850	$4,500	$5,500	$7,000	$15,000	Individual Deductible	$2,000	$2,850	$4,500	$5,500	$7,000	$15,000
Family Deductible	$4,000	$5,650	$9,000	$11,000	$14,000	$25,000	Family Deductible	$4,000	$5,650	$9,000	$11,000	$14,000	$25,000
Age Band							**Age Band**						
0-24	152.37	128.11	107.85	99.12	88.91	59.18	0-24	156.94	131.95	111.08	102.09	91.58	60.95
25-29	152.37	128.11	107.85	99.12	88.91	59.18	25-29	156.94	131.95	111.08	102.09	91.58	60.95
30-34	152.37	128.11	107.85	99.12	88.91	59.18	30-34	156.94	131.95	111.08	102.09	91.58	60.95
35-39	169.25	142.33	119.84	110.15	98.80	65.76	35-39	174.33	146.60	123.44	113.46	101.77	67.73
40-44	194.68	163.70	137.81	126.66	113.61	75.61	40-44	200.52	168.61	141.94	130.46	117.02	77.88
45-49	245.47	206.40	173.75	159.70	143.24	95.34	45-49	252.83	212.58	178.96	164.49	147.54	98.20
50-54	321.65	270.45	227.69	209.27	187.72	124.93	50-54	331.30	278.57	234.52	215.55	193.35	128.68
55-59	414.76	348.74	293.59	269.84	242.05	161.09	55-59	427.20	359.20	302.40	277.94	249.31	165.93
60-64	457.07	384.32	323.54	297.37	266.74	177.53	60-64	470.79	395.85	333.24	306.29	274.74	182.86
1 Child	100.72	84.88	71.46	65.68	58.92	39.21	1 Child	103.74	87.42	73.60	67.65	60.69	40.39
2 Children	201.44	169.76	142.92	131.36	117.84	78.42	2 Children	207.48	174.84	147.20	135.30	121.38	80.78
3+ Children	302.16	254.64	214.38	197.04	176.76	117.63	3+ Children	311.22	262.26	220.80	202.95	182.07	121.17

Monthly Rates

The premium rates for PreferredOne Insurance Company (PIC) Individual Plans are determined by the age and health history of the individuals applying for coverage. Based on the applicant's health history, final rates may be up to 66.7% higher than the listed preferred rates.

Family Coverage

Family coverage consists of an eligible adult subscriber and spouse or an adult subscriber and one or more dependent children. To qualify for family coverage, dependent children must be 6 months of age through age 24. Premiums will be charged for a maximum of three children on a family contract.

Dependent Children Coverage Only

For dependent children only coverage dependent children must be 6 months of age through 18. To estimate the premium when covering dependent children only, use the 0-24 Age Band rate for the first child. Any additional children will be charged the dependent children rates. Premiums will be charged for a maximum of three additional children.

Rate Changes

Please note that rates will change when your age places you in a new age band (rates are listed in 5-year increments). However, if the annual payment option is elected, payment rates are guaranteed for 12 months, regardless of an age band change.

Premium Estimate Worksheet

1. Select the plan/deductible option.
2. Determine the age of each applicant.
3. Fill in the premiums for each applicant below.
4. Add the premiums for the total.

Calculate your Premium:

Applicant Rate $ _____
(Adult subscriber for family coverage or first child for dependent children coverage)

Spouse Rate $ _____

1 Child $ _____

2 Children $ _____

3+ Children $ _____

Total Monthly Premium Estimate $ _____

Payment Options Available

- **Monthly Automatic Payment** – A worry free way to make your monthly payment and save on stamps and check. Debits occur on or near the 8th of each month.
- **Annual Payment** – A one-time payment by automatic payment or check, this option includes a 4% discount off the annual premium. Pay once a year and save.