

# HealthPartners Individual<sup>SM</sup> Plan

## Rate Sheet

*Rate tables for this plan appear on the back page.*

The premium for this plan is determined by the age and health history of each individual seeking coverage. For each age category there is a range of rates. This rate sheet lists the preferred rates for the plan. Acceptance for coverage and actual premium will be based on the results of health underwriting and health risk factors of each individual to be covered. Your final rate may be up to 66.7 percent higher than our preferred rate, based on your health status and history.

You can estimate your monthly premium using the worksheet below. To calculate your estimated premium, multiply the appropriate rate (based on age and plan selection) from the rate table by the number of family members in each age category. Adding the totals of all categories will give you the estimated total monthly premium.

## Covering your dependents?

Dependent children must be under age 19, or if a full-time student, under age 25. Premiums are charged for a maximum of three children on a family contract. A family contract covers at least one adult policyholder and one or more dependent children.

To estimate your premium when covering your dependent children only, use the Age 0-29 rates for one child. Additional children will be charged the dependent children rates. Premiums are charged for a maximum of three additional children.

## Worksheet for Estimating Premiums

Choose a Deductible Option	_____
Applicant Rate	\$ _____
Spouse Rate	\$ _____
Dependent Children Rate	Number of Children _____ x _____
	\$ _____
	Estimated Monthly Premium
	\$ _____

### Deductible Options without Chemical Dependency Coverage

Age	\$150	\$300	\$500	\$750	\$1,000	\$1,500	\$3,000	\$5,000
0-29	\$185.10	\$143.78	\$116.03	\$ 94.50	\$ 76.73	\$ 70.88	\$ 61.73	\$ 51.08
30-39	\$207.60	\$161.25	\$130.13	\$105.98	\$ 86.10	\$ 79.50	\$ 69.23	\$ 57.30
40-44	\$231.60	\$179.85	\$145.13	\$118.20	\$ 96.00	\$ 88.65	\$ 77.18	\$ 63.90
45-49	\$289.58	\$224.93	\$181.50	\$147.83	\$120.08	\$110.85	\$ 96.53	\$ 79.88
50-54	\$390.45	\$303.30	\$244.73	\$199.28	\$161.93	\$149.48	\$130.13	\$107.70
55-59	\$526.58	\$408.98	\$330.00	\$268.73	\$218.33	\$201.53	\$175.50	\$145.28
60-64	\$555.30	\$431.33	\$348.08	\$283.43	\$230.25	\$212.55	\$185.10	\$153.23

### Dependent Children Rates

1 child	\$162.00	\$125.85	\$101.55	\$ 82.65	\$ 67.20	\$ 62.03	\$ 54.00	\$ 44.70
2 children	\$324.00	\$251.70	\$203.10	\$165.30	\$134.40	\$124.06	\$108.00	\$ 89.40
3 or more children	\$486.00	\$377.55	\$304.65	\$247.95	\$201.60	\$186.09	\$162.00	\$134.10

### Deductible Options with Chemical Dependency Coverage

Age	\$150	\$300	\$500	\$750	\$1,000	\$1,500	\$3,000	\$5,000
0-29	\$190.65	\$148.13	\$119.48	\$ 97.35	\$ 79.05	\$ 72.98	\$ 63.60	\$ 52.58
30-39	\$213.83	\$166.13	\$134.03	\$109.13	\$ 88.65	\$ 81.90	\$ 71.33	\$ 59.03
40-44	\$238.58	\$185.25	\$149.48	\$121.73	\$ 98.85	\$ 91.28	\$ 79.50	\$ 65.85
45-49	\$298.28	\$231.68	\$186.98	\$152.25	\$123.68	\$114.15	\$ 99.45	\$ 82.28
50-54	\$402.15	\$312.38	\$252.08	\$205.28	\$166.80	\$153.98	\$134.03	\$110.93
55-59	\$542.40	\$421.28	\$339.90	\$276.75	\$224.85	\$207.60	\$180.75	\$149.63
60-64	\$571.95	\$444.30	\$358.50	\$291.90	\$237.15	\$218.93	\$190.65	\$157.80

### Dependent Children Rates

1 child	\$166.88	\$129.60	\$104.63	\$ 85.13	\$ 69.23	\$ 63.90	\$ 55.65	\$ 46.05
2 children	\$333.76	\$259.20	\$209.26	\$170.26	\$138.46	\$127.80	\$111.30	\$ 92.10
3 or more children	\$500.64	\$388.80	\$313.89	\$255.39	\$207.69	\$191.70	\$166.95	\$138.15

Please keep this rate sheet for future reference. When a member has a birthday that places him or her in a new age category, that member's rate will be adjusted accordingly. You will not receive additional notification.

Rates are subject to change.