

Avera MyPlan

South Dakota Monthly Preliminary Medical/Pharmacy Non-Tobacco – and – Tobacco Rates Through June 2012

Non-Tobacco Rates

Age	Avera MyPlan \$5000		Avera MyPlan \$5000 with Co-Pay	
	Male	Female	Male	Female
0-18	\$ 75.72	\$ 75.67	\$ 81.02	\$ 80.97
19	\$ 74.54	\$113.91	\$ 79.76	\$121.88
20	\$ 75.23	\$115.08	\$ 80.50	\$123.13
21	\$ 75.90	\$116.25	\$ 81.21	\$124.39
22	\$ 76.58	\$117.43	\$ 81.94	\$125.66
23	\$ 77.95	\$128.70	\$ 83.41	\$137.71
24	\$ 78.65	\$130.01	\$ 84.15	\$139.11
25	\$ 82.21	\$138.39	\$ 87.96	\$148.08
26	\$ 83.67	\$140.63	\$ 89.53	\$150.47
27	\$ 85.12	\$142.87	\$ 91.08	\$152.88
28	\$ 85.91	\$144.00	\$ 91.92	\$154.08
29	\$ 88.10	\$146.56	\$ 94.27	\$156.82
30	\$ 92.85	\$151.44	\$ 99.35	\$162.04
31	\$ 95.13	\$152.84	\$101.79	\$163.53
32	\$ 97.38	\$154.76	\$104.20	\$165.60
33	\$ 99.72	\$156.56	\$106.71	\$167.52
34	\$102.73	\$157.72	\$109.93	\$168.76
35	\$107.66	\$163.93	\$115.20	\$175.41
36	\$109.43	\$165.13	\$117.09	\$176.69
37	\$112.57	\$166.36	\$120.44	\$178.00
38	\$113.93	\$167.87	\$121.91	\$179.62
39	\$115.99	\$169.70	\$124.10	\$181.58
40	\$130.11	\$176.08	\$139.22	\$188.41
41	\$134.49	\$179.14	\$143.91	\$191.68
42	\$139.94	\$188.53	\$149.73	\$201.72
43	\$145.20	\$192.89	\$155.36	\$206.39
44	\$151.54	\$199.26	\$162.15	\$213.21
45	\$156.94	\$203.88	\$167.93	\$218.15
46	\$162.04	\$207.31	\$173.38	\$221.83
47	\$167.30	\$210.81	\$179.01	\$225.56
48	\$172.97	\$214.75	\$185.07	\$229.78
49	\$178.82	\$218.77	\$191.35	\$234.09
50	\$184.88	\$222.87	\$197.82	\$238.47
51	\$191.14	\$227.05	\$204.52	\$242.94
52	\$197.62	\$231.32	\$211.46	\$247.51
53	\$206.08	\$236.67	\$220.50	\$253.25
54	\$214.91	\$242.18	\$229.96	\$259.14
55	\$224.13	\$247.79	\$239.82	\$265.14
56	\$233.73	\$253.55	\$250.09	\$271.30
57	\$243.76	\$259.45	\$260.82	\$277.62
58	\$257.36	\$265.68	\$275.38	\$284.28
59	\$271.71	\$272.07	\$290.73	\$291.11
60	\$286.87	\$278.61	\$306.95	\$298.11
61	\$302.87	\$285.30	\$324.07	\$305.27
62	\$319.77	\$292.16	\$342.15	\$312.61
63	\$336.76	\$299.19	\$360.33	\$320.14
64	\$336.76	\$306.38	\$360.33	\$327.83

Tobacco Rates

Age	Avera MyPlan \$5000		Avera MyPlan \$5000 with Co-Pay	
	Male	Female	Male	Female
0-18	\$ 87.08	\$ 87.02	\$ 93.17	\$ 93.11
19	\$ 85.73	\$130.99	\$ 91.73	\$140.17
20	\$ 86.51	\$132.34	\$ 92.57	\$141.60
21	\$ 87.28	\$133.68	\$ 93.39	\$143.04
22	\$ 88.07	\$135.05	\$ 94.23	\$144.50
23	\$ 89.64	\$148.00	\$ 95.92	\$158.36
24	\$ 90.44	\$149.51	\$ 96.78	\$159.97
25	\$ 94.54	\$159.15	\$101.16	\$170.29
26	\$ 96.22	\$161.73	\$102.96	\$173.04
27	\$ 97.88	\$164.30	\$104.74	\$175.81
28	\$ 98.80	\$165.60	\$105.71	\$177.19
29	\$101.32	\$168.55	\$108.41	\$180.34
30	\$106.78	\$174.15	\$114.26	\$186.34
31	\$109.39	\$175.76	\$117.05	\$188.06
32	\$111.99	\$177.98	\$119.83	\$190.44
33	\$114.68	\$180.05	\$122.71	\$192.65
34	\$118.14	\$181.38	\$126.41	\$194.08
35	\$123.81	\$188.52	\$132.48	\$201.72
36	\$125.85	\$189.90	\$134.66	\$203.20
37	\$129.45	\$191.31	\$138.51	\$204.70
38	\$131.02	\$193.05	\$140.19	\$206.56
39	\$133.38	\$195.16	\$142.72	\$208.82
40	\$149.63	\$202.50	\$160.11	\$216.67
41	\$154.66	\$206.01	\$165.49	\$220.44
42	\$160.93	\$216.81	\$172.19	\$231.98
43	\$166.98	\$221.82	\$178.67	\$237.35
44	\$174.28	\$229.15	\$186.48	\$245.19
45	\$180.48	\$234.46	\$193.12	\$250.87
46	\$186.34	\$238.41	\$199.39	\$255.10
47	\$192.39	\$242.43	\$205.86	\$259.40
48	\$198.91	\$246.97	\$212.83	\$264.25
49	\$205.65	\$251.59	\$220.05	\$269.20
50	\$212.61	\$256.30	\$227.49	\$274.24
51	\$219.81	\$261.11	\$235.20	\$279.38
52	\$227.26	\$266.01	\$243.18	\$284.64
53	\$237.00	\$272.18	\$253.58	\$291.23
54	\$247.15	\$278.51	\$264.45	\$298.01
55	\$257.75	\$284.96	\$275.80	\$304.91
56	\$268.78	\$291.59	\$287.60	\$312.00
57	\$280.32	\$298.37	\$299.95	\$319.26
58	\$295.96	\$305.53	\$316.68	\$326.92
59	\$312.47	\$312.88	\$334.34	\$334.78
60	\$329.90	\$320.40	\$353.00	\$342.83
61	\$348.30	\$328.10	\$372.68	\$351.07
62	\$367.73	\$335.99	\$393.47	\$359.50
63	\$387.27	\$344.07	\$414.38	\$368.16
64	\$387.27	\$352.34	\$414.38	\$377.00



Options:

Maternity	\$44.00
Per policy per month*	
Dental	\$14.00
Vision	\$ 3.30
Per member per month*	

How to Calculate Rates:

Use plan selected with appropriate age(s) and gender(s)

- Single
- Policyholder plus One
- Policyholder plus Children (add the policyholder and total premium of the four oldest children)
- Children Only (total premium of the oldest four children)
- Family (add policyholder, spouse and premium of the oldest four children)

* Preliminary Medical/Pharmacy rates may increase due to medical underwriting.

* Option rates will not increase due to medical underwriting.

* Maternity option is subject to underwriting approval.