



The following monthly rates are effective **October 1, 2009 through December 31, 2010** (15 months). If you or your dependents change age bands within the calendar year, your premium will increase to the appropriate age band rate on the first of the month following your birthday. Physicians Plus Insurance Corporation **will not** notify you of age band changes. To determine the total monthly premium, the appropriate rider rates on page 2-4 must be added to the base rate on page 1.

If you purchase Prescription Drug (Rx) or maternity coverage along with a High Deductible Health Plan (HDHP), please consult your accountant or financial institution to verify that your plan meets Federal Tax Guidelines for Health Savings Accounts.

All individual policies renew on January 1 of each year (renewal period). We reserve the right to change renewal premium rates and benefits. The same rating schedule will apply to all policies and to all members in the same rate and benefit classification. We will notify you of a **renewal rate change** at least 30 days before any **renewal period**. If the renewal premium rate change is greater than 25%, we will notify you at least 60 days before any renewal period.

The rate table below indicates *monthly rates*; you have the *option* (in most cases) to pay monthly or quarterly. If you have questions, please contact your agent/broker or our Member Service department at (608) 282-8900 or (800) 545-5015.

**New Business Individual Rate Table (Monthly)
 October 1, 2009 – December 31, 2010**

Age Brackets	Meriter Choice Tiered \$25/\$50 w/ \$0/\$500 Deductible	Meriter Choice Tiered \$35/\$70 w/ \$0/\$500 Deductible	Copay 35 w/\$500 IP/OP Deductible	HealthShare \$1,000 Deductible 20% COINS	HealthShare \$2,000 Deductible 20% COINS	HealthShare \$5,000 Deductible 20% COINS	HealthShare Complete \$500 Deductible 20% COINS \$35 OV	HealthShare Complete \$1,000 Deductible 20% COINS \$35 OV	*HDHP \$1,250 (Single) Deductible \$2,500 (Family) Deductible 20% COINS	*HDHP \$5,000 (Single) Deductible \$10,000 (Family) Deductible
Male										
0-17	\$115.26	\$112.03	\$118.41	\$100.30	\$82.32	\$54.58	\$105.81	\$98.75	\$92.49	\$46.02
18-24	\$101.21	\$98.37	\$103.98	\$88.08	\$72.29	\$47.92	\$92.92	\$86.71	\$81.21	\$40.41
25-29	\$116.82	\$113.54	\$120.01	\$101.66	\$83.43	\$55.32	\$107.24	\$100.08	\$93.74	\$46.65
30-34	\$127.38	\$123.81	\$130.87	\$110.85	\$90.98	\$60.32	\$116.94	\$109.13	\$102.22	\$50.86
35-39	\$147.94	\$143.79	\$151.99	\$128.74	\$105.66	\$70.05	\$135.81	\$126.74	\$118.71	\$59.07
40-44	\$177.26	\$172.29	\$182.11	\$154.25	\$126.60	\$83.93	\$162.73	\$151.86	\$142.24	\$70.78
45-49	\$235.34	\$228.75	\$241.78	\$204.80	\$168.09	\$111.44	\$216.05	\$201.63	\$188.85	\$93.97
50-54	\$311.20	\$302.47	\$319.71	\$270.81	\$222.26	\$147.36	\$285.69	\$266.61	\$249.71	\$124.26
55-59	\$450.75	\$438.12	\$463.09	\$392.26	\$321.94	\$213.44	\$413.81	\$386.18	\$361.70	\$179.99
60-99	\$631.28	\$613.58	\$648.55	\$549.36	\$450.87	\$298.92	\$579.54	\$540.84	\$506.56	\$252.07
Female										
0-17	\$115.26	\$112.03	\$118.41	\$100.30	\$82.32	\$54.58	\$105.81	\$98.75	\$92.49	\$46.02
18-24	\$135.04	\$131.25	\$138.73	\$117.51	\$96.45	\$63.94	\$123.97	\$115.59	\$108.36	\$53.92
25-29	\$171.29	\$166.49	\$175.98	\$149.07	\$112.34	\$81.11	\$157.25	\$146.75	\$137.45	\$68.40
30-34	\$169.38	\$164.63	\$174.02	\$147.40	\$120.98	\$80.20	\$155.50	\$145.12	\$135.92	\$67.63
35-39	\$235.21	\$228.62	\$241.65	\$204.69	\$167.99	\$111.37	\$215.93	\$201.51	\$188.74	\$93.92
40-44	\$273.76	\$266.09	\$281.26	\$238.24	\$195.53	\$129.63	\$251.33	\$234.54	\$219.68	\$109.31
45-49	\$339.60	\$330.08	\$348.89	\$295.53	\$242.55	\$160.81	\$311.77	\$290.95	\$272.51	\$135.60
50-54	\$373.10	\$362.64	\$383.31	\$324.68	\$266.48	\$176.67	\$342.52	\$319.65	\$299.39	\$148.98
55-59	\$454.26	\$441.53	\$466.69	\$395.31	\$324.44	\$215.10	\$417.03	\$389.18	\$364.51	\$181.39
60-99	\$559.50	\$543.82	\$574.81	\$486.90	\$399.61	\$264.93	\$513.65	\$479.35	\$448.96	\$223.41
Per Dependent 0-17 Max 3	\$115.26	\$112.03	\$118.41	\$100.30	\$82.32	\$54.58	\$105.81	\$98.75	\$92.49	\$46.02



**Prescription Drug (Rx) Rider (Monthly)
 October 1, 2009 - December 31, 2010**

Age Brackets	\$10 Generic Rx	\$10:30%:50% Rx	\$10 Generic Reverse \$50 Rx
NOTE: These Rx plans are NOT available with the HDHP options.			
Male			
0-17	\$4.18	\$15.53	\$7.99
18-24	\$3.67	\$13.64	\$7.02
25-29	\$4.23	\$15.74	\$8.10
30-34	\$4.62	\$17.17	\$8.83
35-39	\$5.36	\$19.94	\$10.26
40-44	\$6.42	\$23.89	\$12.29
45-49	\$8.53	\$31.72	\$16.32
50-54	\$11.28	\$41.94	\$21.58
55-59	\$16.33	\$60.75	\$31.26
60-99	\$22.87	\$85.07	\$43.77
Female			
0-17	\$4.18	\$15.53	\$7.99
18-24	\$8.72	\$32.44	\$16.69
25-29	\$11.06	\$41.16	\$21.18
30-34	\$10.94	\$40.70	\$20.94
35-39	\$10.92	\$40.62	\$20.90
40-44	\$11.14	\$41.44	\$21.32
45-49	\$12.30	\$45.77	\$23.55
50-54	\$13.52	\$50.28	\$25.87
55-59	\$16.46	\$61.22	\$31.50
60-99	\$20.27	\$75.40	\$38.80
Per Dependent 0-17 Max 3	\$4.18	\$15.53	\$7.99

Rx Rider for HDHP Plans (Monthly)
October 1, 2009 – December 31, 2010

Age Brackets	*HDHP \$1,250 (Single) \$2,500 (Family) 20% COINS	*HDHP \$5,000 (Single) \$10,000 (Family)
<p>NOTE: When you choose a HDHP with Rx the applicable formulary prescription drug must be filled by a participating network pharmacy and is subject to the plan's COMBINED deductible, coinsurance and maximums. Rx and Medical services are not paid until the appropriate out of pocket has been satisfied.</p>		
Male		
0-17	\$13.34	\$6.64
18-24	\$11.72	\$5.83
25-29	\$13.52	\$6.73
30-34	\$14.75	\$7.34
35-39	\$17.13	\$8.53
40-44	\$20.52	\$10.22
45-49	\$27.25	\$13.56
50-54	\$36.03	\$17.94
55-59	\$52.19	\$25.98
60-99	\$73.09	\$36.39
Female		
0-17	\$13.34	\$6.64
18-24	\$27.87	\$13.88
25-29	\$35.36	\$17.60
30-34	\$34.96	\$17.41
35-39	\$34.89	\$17.37
40-44	\$35.60	\$17.72
45-49	\$39.32	\$19.57
50-54	\$43.20	\$21.50
55-59	\$52.59	\$26.18
60-99	\$64.78	\$32.25
Per Dependent 0-17 Max 3	\$13.34	\$6.64

Behavioral Health / Alcohol and Drug Abuse (BH/AODA) Rider (Monthly)
October 1, 2009 – December 31, 2010

Age Brackets	Meriter Choice Tiered \$25/\$50 w/ \$0/\$500 Deductible	Meriter Choice Tiered \$35/\$70 w/ \$0/\$500 Deductible	Copay \$35 w/\$500 IP/OP Deductible	Health Share \$1,000 Deductible 20% COINS	Health Share \$2,000 Deductible 20% COINS	Health Share \$5,000 Deductible 20% COINS	Health Share Complete \$500 Deductible 20% COINS \$35 OV	Health Share Complete \$1,000 Deductible 20% COINS \$35 OV	*HDHP \$1,250 (Single) Deductible \$2,500 (Family) Deductible 20% COINS	*HDHP \$5,000 (Single) Deductible \$10,000 (Family) Deductible
Male										
0-17	\$1.63	\$1.19	\$1.93	\$2.33	\$1.98	\$1.46	\$1.87	\$1.82	\$2.28	\$1.47
18-24	\$1.43	\$1.05	\$1.69	\$2.04	\$1.74	\$1.29	\$1.64	\$1.60	\$2.01	\$1.29
25-29	\$1.65	\$1.21	\$1.96	\$2.36	\$2.00	\$1.48	\$1.90	\$1.85	\$2.32	\$1.49
30-34	\$1.80	\$1.32	\$2.13	\$2.57	\$2.19	\$1.62	\$2.07	\$2.02	\$2.53	\$1.63
35-39	\$2.09	\$1.53	\$2.48	\$2.99	\$2.54	\$1.88	\$2.40	\$2.34	\$2.93	\$1.89
40-44	\$2.50	\$1.83	\$2.97	\$3.58	\$3.04	\$2.25	\$2.88	\$2.81	\$3.51	\$2.27
45-49	\$3.32	\$2.43	\$3.94	\$4.75	\$4.04	\$2.99	\$3.82	\$3.72	\$4.67	\$3.01
50-54	\$4.39	\$3.21	\$5.21	\$6.29	\$5.34	\$3.95	\$5.05	\$4.92	\$6.17	\$3.98
55-59	\$6.36	\$4.66	\$7.55	\$9.10	\$7.73	\$5.73	\$7.32	\$7.13	\$8.94	\$5.76
60-99	\$8.91	\$6.52	\$10.57	\$12.75	\$10.83	\$8.02	\$10.25	\$9.99	\$12.51	\$8.07
Female										
0-17	\$1.63	\$1.19	\$1.93	\$2.33	\$1.98	\$1.46	\$1.87	\$1.82	\$2.28	\$1.47
18-24	\$3.40	\$2.49	\$4.03	\$4.86	\$4.13	\$3.06	\$3.91	\$3.81	\$4.77	\$3.08
25-29	\$4.31	\$3.15	\$5.11	\$6.17	\$5.24	\$3.88	\$4.96	\$4.83	\$6.05	\$3.90
30-34	\$4.26	\$3.12	\$5.06	\$6.10	\$5.18	\$3.84	\$4.90	\$4.78	\$5.99	\$3.86
35-39	\$4.25	\$3.11	\$5.05	\$6.09	\$5.17	\$3.83	\$4.89	\$4.77	\$5.97	\$3.85
40-44	\$4.34	\$3.18	\$5.15	\$6.21	\$5.28	\$3.91	\$4.99	\$4.87	\$6.10	\$3.93
45-49	\$4.79	\$3.51	\$5.69	\$6.86	\$5.83	\$4.31	\$5.52	\$5.37	\$6.73	\$4.34
50-54	\$5.27	\$3.85	\$6.25	\$7.54	\$6.40	\$4.74	\$6.06	\$5.90	\$7.40	\$4.77
55-59	\$6.41	\$4.69	\$7.61	\$9.18	\$7.79	\$5.77	\$7.38	\$7.19	\$9.00	\$5.81
60-99	\$7.90	\$5.78	\$9.37	\$11.30	\$9.60	\$7.11	\$9.09	\$8.85	\$11.09	\$7.15
Per Dependent 0-17 Max 3	\$1.63	\$1.19	\$1.93	\$2.33	\$1.98	1.46	\$1.87	\$1.82	\$2.28	\$1.47

Maternity Rider (Monthly)
October 1, 2009 – December 31, 2010

The cost of the Maternity Rider for a female in any age band is **\$285.00** per month. A ten (10) month waiting period applies before any benefits are paid under the plan (premiums are collected). All maternity charges are subject to a \$1,000 calendar year deductible, and are then subject to 20% coinsurance (no maximum out of pocket applies)*.

***High Deductible Health Plan (HDHP):** If you purchase prescription drug or maternity coverage along with a HDHP, please consult your accountant or financial institution to verify that your plan meets Federal Tax Guidelines for Health Savings Accounts.