



The following monthly rates are effective October 1, 2010 thru December 31, 2011 (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.

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 call your agent/broker or Member Service at (608) 282-8900 or (800) 545-5015.

New Business - Individual Medical Plan Rate Table (Monthly) October 1, 2010–December 31, 2011

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	HealthShare \$2,000 Deductible	HealthShare \$5,000 Deductible	HealthShare Complete \$500 DED 20% CoINS \$35 OV	HealthShare Complete \$1,000 DED 20% CoINS \$35 OV	*HDHP \$1,250 (Single) \$2,500 (Family) 20% CoIns	*HDHP \$5,000 (Single) \$10,000 (Family)
Male										
0–17	\$144.77	\$140.71	\$148.73	\$125.98	\$103.40	\$68.55	\$132.91	\$124.03	\$116.17	\$57.81
18–24	\$103.77	\$100.86	\$106.61	\$90.30	\$74.12	\$49.14	\$95.27	\$88.90	\$83.27	\$41.44
25–29	\$119.77	\$116.42	\$123.05	\$104.23	\$85.55	\$56.71	\$109.96	\$102.61	\$96.11	\$47.83
30–34	\$148.06	\$143.91	\$152.11	\$128.84	\$105.75	\$70.11	\$135.92	\$126.84	\$118.80	\$59.12
35–39	\$171.95	\$167.13	\$176.65	\$149.63	\$122.81	\$81.42	\$157.85	\$147.31	\$137.97	\$68.66
40–44	\$206.02	\$200.25	\$211.66	\$179.29	\$147.15	\$97.55	\$189.14	\$176.51	\$165.32	\$82.26
45–49	\$273.53	\$265.87	\$281.02	\$238.04	\$195.36	\$129.52	\$251.11	\$234.35	\$219.49	\$109.22
50–54	\$361.70	\$351.56	\$371.59	\$314.76	\$258.33	\$171.27	\$332.05	\$309.88	\$290.24	\$144.43
55–59	\$523.90	\$509.22	\$538.24	\$455.92	\$374.18	\$248.07	\$480.96	\$448.85	\$420.40	\$209.19
60-99	\$733.72	\$713.16	\$753.80	\$638.51	\$524.04	\$347.43	\$673.58	\$628.61	\$588.76	\$292.97
Female										
0–17	\$144.77	\$140.71	\$148.73	\$125.98	\$103.40	\$68.55	\$132.91	\$124.03	\$116.17	\$57.81
18–24	\$138.45	\$134.57	\$142.24	\$120.49	\$98.89	\$65.56	\$127.11	\$118.62	\$111.10	\$55.28
25–29	\$175.63	\$170.71	\$180.43	\$152.84	\$125.44	\$83.16	\$161.23	\$150.47	\$140.93	\$70.13
30–34	\$196.87	\$191.35	\$202.26	\$171.32	\$140.61	\$93.22	\$180.73	\$168.67	\$157.97	\$78.61
35–39	\$273.38	\$265.72	\$280.86	\$237.90	\$195.26	\$129.45	\$250.97	\$234.21	\$219.37	\$109.16
40–44	\$318.19	\$309.27	\$326.90	\$276.90	\$227.26	\$150.67	\$292.11	\$272.61	\$255.33	\$127.05
45–49	\$394.71	\$383.65	\$405.51	\$343.49	\$281.91	\$186.90	\$362.36	\$338.17	\$316.73	\$157.61
50–54	\$433.65	\$421.49	\$445.51	\$377.37	\$309.72	\$205.34	\$398.10	\$371.52	\$347.97	\$173.15
55–59	\$527.98	\$513.18	\$542.42	\$459.46	\$377.09	\$250.00	\$484.70	\$452.34	\$423.67	\$210.82
60-99	\$650.30	\$632.07	\$668.09	\$565.91	\$464.46	\$307.93	\$597.00	\$557.14	\$521.82	\$259.67
Per dependent age 0-17 max 3	\$144.77	\$140.71	\$148.73	\$125.98	\$103.40	\$68.55	\$132.91	\$124.03	\$116.17	\$57.81

NOTE: All individual products offered prior to October 1, 2010 are no longer available for new business or new customers. Members on these previously sold plans can remain on those plans or purchase a new plan. Guarantee issue will depend on the plan you choose. If you would like to increase benefits you will be medically underwritten and can be denied coverage. If you are decreasing benefits no medical underwriting will apply.

**Prescription Drug RIDER (Monthly)
(Excluding *HDHP Plans)**

Age Brackets	\$10 Generic Rx	\$10:30%:50% Rx	\$10 Generic Reverse \$50 Rx
Male			
0-17	\$5.25	\$19.51	\$10.04
18-24	\$3.76	\$13.98	\$7.20
25-29	\$4.34	\$16.14	\$8.31
30-34	\$5.36	\$19.95	\$10.27
35-39	\$6.23	\$23.17	\$11.92
40-44	\$7.46	\$27.76	\$14.29
45-49	\$9.91	\$36.86	\$18.97
50-54	\$13.10	\$48.74	\$25.08
55-59	\$18.98	\$70.60	\$36.33
60-99	\$26.58	\$98.88	\$50.88
Female			
0-17	\$5.25	\$19.51	\$10.04
18-24	\$8.94	\$33.26	\$17.12
25-29	\$11.34	\$42.20	\$21.71
30-34	\$12.72	\$47.30	\$24.34
35-39	\$12.69	\$47.21	\$24.29
40-44	\$12.95	\$48.17	\$24.78
45-49	\$14.30	\$53.19	\$27.37
50-54	\$15.71	\$58.44	\$30.07
55-59	\$19.13	\$71.15	\$36.61
60-99	\$23.56	\$87.64	\$45.06
Per dependent age 0-17 max 3	\$5.25	\$19.51	\$10.04

PRICING NOTE: All RIDER rates must be added to the MONTHLY MEDICAL BASE rate to determine your monthly premium.

Prescription Drug RIDER for *HDHP Plans (Monthly)

Age Brackets	*HDHP \$1,250 (Single) \$2,500 (Family) 20% COINS	*HDHP \$5,000 (Single) \$10,000 (Family)
Male		
0-17	\$16.76	\$8.34
18-24	\$12.01	\$5.98
25-29	\$13.87	\$6.90
30-34	\$17.14	\$8.53
35-39	\$19.91	\$9.91
40-44	\$23.85	\$11.87
45-49	\$31.67	\$15.77
50-54	\$41.88	\$20.85
55-59	\$60.66	\$30.20
60-99	\$84.95	\$42.29
Female		
0-17	\$16.76	\$8.34
18-24	\$28.58	\$14.23
25-29	\$36.25	\$18.05
30-34	\$40.63	\$20.23
35-39	\$40.55	\$20.19
40-44	\$41.38	\$20.60
45-49	\$45.70	\$22.75
50-54	\$50.21	\$24.99
55-59	\$61.13	\$30.43
60-99	\$75.29	\$37.48
Per dependent age 0-17 max 3	\$16.76	\$8.34

NOTE: With a Physicians Plus *HDHP, prescription drugs filled and covered by your drug plan are subject to your *HDHP deductible(s) and coinsurance until your Rx and Medical out of pocket maximums have been satisfied. See your Summary of Benefits for details.

***High Deductible Health Plan (HDHP):** If you purchase a *HDHP with or without prescription drug or maternity coverage, please consult your accountant or financial institution to verify that your plan meets Federal Tax Guideline for Health Savings Accounts if you plan to use this HDHP in conjunction with a Health Savings Account (HSA).

PRICING NOTE: All RIDER rates must be added to the MONTHLY MEDICAL BASE rate to determine your monthly premium.

Mental Health/AODA RIDER Pricing (Monthly)

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	Health Share \$2,000 Deductible	Health Share \$5,000 Deductible	Health Share Complete \$500 DED 20% CoINS \$35 OV	Health Share Complete \$1,000 DED 20% CoINS \$35 OV	*HDHP \$1,250 (Single) \$2,500 (Family) 20% CoINS	*HDHP \$5,000 (Single) \$10,000 (Family)
Male										
0-17	\$2.04	\$1.50	\$2.42	\$2.92	\$2.48	\$1.84	\$2.35	\$2.29	\$2.87	\$1.85
18-24	\$1.47	\$1.07	\$1.74	\$2.10	\$1.78	\$1.32	\$1.69	\$1.64	\$2.06	\$1.33
25-29	\$1.69	\$1.24	\$2.01	\$2.42	\$2.06	\$1.52	\$1.95	\$1.90	\$2.37	\$1.53
30-34	\$2.09	\$1.53	\$2.48	\$2.99	\$2.54	\$1.88	\$2.40	\$2.34	\$2.93	\$1.89
35-39	\$2.43	\$1.78	\$2.88	\$3.47	\$2.95	\$2.18	\$2.79	\$2.72	\$3.41	\$2.20
40-44	\$2.91	\$2.13	\$3.45	\$4.16	\$3.53	\$2.62	\$3.35	\$3.26	\$4.08	\$2.63
45-49	\$3.86	\$2.83	\$4.58	\$5.52	\$4.69	\$3.47	\$4.44	\$4.33	\$5.42	\$3.50
50-54	\$5.11	\$3.74	\$6.06	\$7.31	\$6.21	\$4.59	\$5.87	\$5.72	\$7.17	\$4.62
55-59	\$7.40	\$5.41	\$8.77	\$10.58	\$8.99	\$6.65	\$8.51	\$8.29	\$10.39	\$6.70
60-99	\$10.36	\$7.58	\$12.28	\$14.82	\$12.59	\$9.32	\$11.92	\$11.61	\$14.54	\$9.38
Female										
0-17	\$2.04	\$1.50	\$2.42	\$2.92	\$2.48	\$1.84	\$2.35	\$2.29	\$2.87	\$1.85
18-24	\$3.48	\$2.55	\$4.13	\$4.99	\$4.24	\$3.14	\$4.01	\$3.91	\$4.89	\$3.16
25-29	\$4.42	\$3.23	\$5.24	\$6.32	\$5.37	\$3.98	\$5.09	\$4.96	\$6.21	\$4.00
30-34	\$4.96	\$3.62	\$5.88	\$7.09	\$6.02	\$4.46	\$5.70	\$5.55	\$6.96	\$4.49
35-39	\$4.95	\$3.62	\$5.86	\$7.08	\$6.01	\$4.45	\$5.69	\$5.54	\$6.94	\$4.48
40-44	\$5.05	\$3.69	\$5.98	\$7.22	\$6.13	\$4.54	\$5.81	\$5.66	\$7.09	\$4.57
45-49	\$5.57	\$4.08	\$6.61	\$7.97	\$6.77	\$5.01	\$6.41	\$6.25	\$7.82	\$5.05
50-54	\$6.12	\$4.48	\$7.26	\$8.76	\$7.44	\$5.51	\$7.04	\$6.86	\$8.60	\$5.54
55-59	\$7.45	\$5.45	\$8.84	\$10.66	\$9.06	\$6.71	\$8.58	\$8.36	\$10.47	\$6.75
60-99	\$9.18	\$6.72	\$10.89	\$13.13	\$11.16	\$8.26	\$10.56	\$10.29	\$12.89	\$8.31
Per dependent age 0-17 max 3	\$2.04	\$1.50	\$2.42	\$2.92	\$2.48	\$1.84	\$2.35	\$2.29	\$2.87	\$1.85

Maternity Rider Pricing (Monthly)

The cost of Maternity Rider is **\$285.00** per policy per month. All maternity charges are subject to a \$1,000 calendar year deductible, and are then subject to 20% coinsurance (no maximum). A ten (10) month waiting period will apply before any member is eligible for benefits or coverage under this rider.

PRICING NOTE: All RIDER rates must be added to the MONTHLY MEDICAL BASE rate to determine your monthly premium.