

| 2016 Monthly Rates | Section 1 | | Section 2 | | | | | Section 3 | | | |
|---|------------------------|-------------------------|-----------------------|--|---|------------------------|---|--|------------------------------------|--|---|
| | Retiree under 65 | Retiree 65 & over | Spouse under 65 | Spouse under 65 and 1 or more children | One or more eligible child/ no spouse | Spouse 65 & over | Spouse 65 or over and 1 or more children | Surviving Spouse or one dependent under 65 | Surviving Spouse 65 and over | Two or more surviving dependents under 65 | Surviving Spouse 65 & over and one or more dependent |
| Minnesota Advantage Health Plan - BlueCross BlueShield Coordinated Plan | 564.22 — | — 295.00 | 1094.98 — | 1094.98 — | 1094.98 — | — 295.00 | 1094.98 — | 564.22 — | — 295.00 | 1659.20 — | — 1389.98 |
| Minnesota Advantage Health Plan - HealthPartners HealthPartners Freedom Plan | 564.22 — | — 272.10 | 1094.98 — | 1094.98 — | 1094.98 — | — 272.10 | 1094.98 — | 564.22 — | — 272.10 | 1659.20 — | — 1367.08 |
| Minnesota Advantage Health Plan - PreferredOne UCare for Seniors | 564.22 — | — 284.00 | 1094.98 — | 1094.98 — | 1094.98 — | — 284.00 | 1094.98 — | 564.22 — | — 284.00 | 1659.20 — | — 1378.98 |

Note: For retirees who wish to cover their families, the amount you pay is the total of the rate for yourself, under the "Section 1" heading, plus the appropriate rate under the "Section 2" heading. For survivors of retirees, choose the appropriate rate under the "Section 3" heading. Rates are subject to change on January 1, 2016.