

Short Term Medical Plan **Daily** and **Monthly Rates** for **Oregon**

Daily Rates

To calculate your premium rate, find the corresponding premium amount for your family's composition and the plan you've chosen on the chart below. The oldest member of your family determines the age band. The number in the chart is your daily rate. Multiply this rate by the number of days of coverage you need.

Figure Your Premium: $\frac{\text{rate}}{\text{days}} \times \text{days} = \text{premium}$

We must receive payment for the **entire length of coverage** with your \$25 application fee to process your application.

	Age	\$500	\$1,000	\$2,000	\$2,500
Applicant Only	0-19	\$1.35	\$1.10	\$0.85	\$0.75
	20-24	\$1.55	\$1.25	\$0.95	\$0.90
	25-29	\$1.60	\$1.30	\$1.00	\$0.90
	30-34	\$1.85	\$1.50	\$1.15	\$1.05
	35-39	\$2.25	\$1.80	\$1.40	\$1.30
	40-44	\$2.60	\$2.10	\$1.60	\$1.50
	45-49	\$3.25	\$2.65	\$2.05	\$1.90
	50-54	\$4.15	\$3.35	\$2.60	\$2.40
	55-59	\$5.60	\$4.50	\$3.50	\$3.25
60-64	\$7.30	\$5.90	\$4.55	\$4.20	
Applicant and Spouse/ Domestic Partner	0-19	\$2.70	\$2.20	\$1.70	\$1.55
	20-24	\$3.10	\$2.50	\$1.95	\$1.80
	25-29	\$3.20	\$2.60	\$2.00	\$1.85
	30-34	\$3.70	\$3.00	\$2.30	\$2.15
	35-39	\$4.45	\$3.60	\$2.80	\$2.60
	40-44	\$5.20	\$4.20	\$3.25	\$3.00
	45-49	\$6.55	\$5.30	\$4.10	\$3.80
	50-54	\$8.35	\$6.75	\$5.25	\$4.85
	55-59	\$11.20	\$9.05	\$7.05	\$6.50
60-64	\$14.60	\$11.80	\$9.15	\$8.45	
Applicant and Child(ren)	0-19	\$1.95	\$1.60	\$1.25	\$1.15
	20-24	\$2.25	\$1.80	\$1.40	\$1.30
	25-29	\$2.30	\$1.90	\$1.45	\$1.35
	30-34	\$2.70	\$2.15	\$1.70	\$1.55
	35-39	\$3.25	\$2.60	\$2.05	\$1.85
	40-44	\$3.75	\$3.05	\$2.35	\$2.15
	45-49	\$4.75	\$3.85	\$2.95	\$2.75
	50-54	\$6.05	\$4.90	\$3.80	\$3.50
	55-59	\$8.10	\$6.55	\$5.10	\$4.70
60-64	\$10.55	\$8.55	\$6.65	\$6.10	
Family—Applicant, Spouse/Partner and Child(ren)	0-19	\$3.45	\$2.80	\$2.20	\$2.00
	20-24	\$4.00	\$3.20	\$2.50	\$2.30
	25-29	\$4.10	\$3.30	\$2.55	\$2.35
	30-34	\$4.75	\$3.85	\$2.95	\$2.75
	35-39	\$5.70	\$4.60	\$3.60	\$3.30
	40-44	\$6.60	\$5.35	\$4.15	\$3.85
	45-49	\$8.35	\$6.75	\$5.25	\$4.85
	50-54	\$10.65	\$8.60	\$6.70	\$6.15
	55-59	\$14.30	\$11.55	\$9.00	\$8.30
60-64	\$18.60	\$15.05	\$11.70	\$10.75	

Monthly Rates

To calculate your premium rate, find the corresponding premium amount for your family's composition and the plan you've chosen on the chart below. The oldest member of your family determines the age band. The number in the chart is your monthly rate. **You will be charged full monthly premium regardless of your effective date.**

Figure Your Premium: $\frac{\text{rate}}{\text{months}} \times \text{months} = \text{premium}$

The first **two** months' premium plus the \$25 application fee are required to process your application. A voided check must also be enclosed so we can set up automatic withdrawals from your account for subsequent premium payments.

	Age	\$500	\$1,000	\$2,000	\$2,500
Applicant Only	0-19	\$47.00	\$39.00	\$30.00	\$26.00
	20-24	\$54.00	\$44.00	\$33.00	\$32.00
	25-29	\$56.00	\$46.00	\$35.00	\$32.00
	30-34	\$65.00	\$53.00	\$40.00	\$37.00
	35-39	\$79.00	\$63.00	\$49.00	\$46.00
	40-44	\$91.00	\$74.00	\$56.00	\$53.00
	45-49	\$114.00	\$93.00	\$72.00	\$67.00
	50-54	\$145.00	\$117.00	\$91.00	\$84.00
	55-59	\$196.00	\$158.00	\$123.00	\$114.00
60-64	\$256.00	\$207.00	\$159.00	\$147.00	
Applicant and Spouse/ Domestic Partner	0-19	\$95.00	\$77.00	\$60.00	\$54.00
	20-24	\$109.00	\$88.00	\$68.00	\$63.00
	25-29	\$112.00	\$91.00	\$70.00	\$65.00
	30-34	\$130.00	\$105.00	\$81.00	\$75.00
	35-39	\$156.00	\$126.00	\$98.00	\$91.00
	40-44	\$182.00	\$147.00	\$114.00	\$105.00
	45-49	\$229.00	\$186.00	\$144.00	\$133.00
	50-54	\$292.00	\$236.00	\$184.00	\$170.00
	55-59	\$392.00	\$317.00	\$247.00	\$228.00
60-64	\$511.00	\$413.00	\$320.00	\$296.00	
Applicant and Child(ren)	0-19	\$68.00	\$56.00	\$44.00	\$40.00
	20-24	\$79.00	\$63.00	\$49.00	\$46.00
	25-29	\$81.00	\$67.00	\$51.00	\$47.00
	30-34	\$95.00	\$75.00	\$60.00	\$54.00
	35-39	\$114.00	\$91.00	\$72.00	\$65.00
	40-44	\$131.00	\$107.00	\$82.00	\$75.00
	45-49	\$166.00	\$135.00	\$103.00	\$96.00
	50-54	\$212.00	\$172.00	\$133.00	\$123.00
	55-59	\$284.00	\$229.00	\$179.00	\$165.00
60-64	\$369.00	\$299.00	\$233.00	\$214.00	
Family—Applicant, Spouse/Partner and Child(ren)	0-19	\$121.00	\$98.00	\$77.00	\$70.00
	20-24	\$140.00	\$112.00	\$88.00	\$81.00
	25-29	\$144.00	\$116.00	\$89.00	\$82.00
	30-34	\$166.00	\$135.00	\$103.00	\$96.00
	35-39	\$200.00	\$161.00	\$126.00	\$116.00
	40-44	\$231.00	\$187.00	\$145.00	\$135.00
	45-49	\$292.00	\$236.00	\$184.00	\$170.00
	50-54	\$373.00	\$301.00	\$235.00	\$215.00
	55-59	\$501.00	\$404.00	\$315.00	\$291.00
60-64	\$651.00	\$527.00	\$410.00	\$376.00	



Questions?

If you have questions about our Short Term Medical coverage or if you need help with the application, please contact your insurance agent or a PacificSource Individual Service Representative at 866.695.8684 or by e-mail at individual@pacificsource.com.