

Short Term Medical Coverage



Daily Plan Premium Rates Effective July 1, 2007, in Oregon

To calculate your premium rate:

Find the corresponding premium amount for your family's composition and the deductible option you've chosen on the chart. 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. Note: *You must apply for a minimum of 30 days.*

Figure Your Premium:

$$\frac{\text{rate}}{\text{(rate)}} \times \frac{\text{days}}{\text{(days)}} = \frac{\text{premium}}{\text{(premium)}}$$

Please add the \$20 application fee to your total payment.

Note: We must receive payment for the entire length of coverage, along with your application fee, to process your application.

To apply for Short Term coverage:

1. Calculate your premium amount using the rate chart to the right.
2. Complete and sign the Short Term Medical application.

Note: If you answered "yes" to any of the questions asked in Section 2 of the application, this policy cannot be issued.

3. Send your completed application and payment check to:

PacificSource Health Plans
PO Box 7068
Eugene, OR 97401-0068

		Deductible Options			
	Age	\$500	\$1,000	\$2,000	\$2,500
	Applicant Only	0-19	\$1.35	\$1.05	\$0.85
20-24		\$1.55	\$1.25	\$0.95	\$0.90
25-29		\$1.60	\$1.25	\$1.00	\$0.90
30-34		\$1.80	\$1.45	\$1.15	\$1.05
35-39		\$2.20	\$1.75	\$1.35	\$1.25
40-44		\$2.55	\$2.05	\$1.60	\$1.45
45-49		\$3.20	\$2.60	\$2.00	\$1.85
50-54		\$4.10	\$3.30	\$2.60	\$2.35
55-59		\$5.55	\$4.45	\$3.45	\$3.20
60-64		\$7.20	\$5.80	\$4.50	\$4.15
Applicant and Spouse	0-19	\$2.70	\$2.15	\$1.70	\$1.55
	20-24	\$3.10	\$2.50	\$1.95	\$1.80
	25-29	\$3.20	\$2.55	\$2.00	\$1.85
	30-34	\$3.65	\$2.95	\$2.30	\$2.10
	35-39	\$4.40	\$3.55	\$2.75	\$2.55
	40-44	\$5.15	\$4.15	\$3.20	\$2.95
	45-49	\$6.45	\$5.25	\$4.05	\$3.75
	50-54	\$8.25	\$6.65	\$5.20	\$4.75
	55-59	\$11.10	\$8.95	\$6.95	\$6.40
	60-64	\$14.45	\$11.65	\$9.05	\$8.35
Family—Applicant, Spouse, and Child(ren)	0-19	\$3.45	\$2.75	\$2.15	\$2.00
	20-24	\$3.95	\$3.20	\$2.45	\$2.30
	25-29	\$4.05	\$3.30	\$2.55	\$2.35
	30-34	\$4.70	\$3.80	\$2.95	\$2.70
	35-39	\$5.65	\$4.55	\$3.55	\$3.25
	40-44	\$6.55	\$5.30	\$4.10	\$3.80
	45-49	\$8.25	\$6.65	\$5.20	\$4.80
	50-54	\$10.50	\$8.50	\$6.60	\$6.10
	55-59	\$14.15	\$11.45	\$8.90	\$8.20
	60-64	\$18.40	\$14.90	\$11.55	\$10.65
Applicant and Child(ren)	0-19	\$1.95	\$1.55	\$1.20	\$1.10
	20-24	\$2.25	\$1.80	\$1.40	\$1.30
	25-29	\$2.30	\$1.85	\$1.45	\$1.30
	30-34	\$2.65	\$2.15	\$1.65	\$1.55
	35-39	\$3.20	\$2.60	\$2.00	\$1.85
	40-44	\$3.70	\$3.00	\$2.35	\$2.15
	45-49	\$4.70	\$3.80	\$2.95	\$2.70
	50-54	\$5.95	\$4.85	\$3.75	\$3.45
	55-59	\$8.05	\$6.50	\$5.05	\$4.65
	60-64	\$10.45	\$8.45	\$6.55	\$6.05

Short Term Medical Coverage



Monthly Plan Premium Rates Effective July 1, 2007, in Oregon

To calculate your premium rate:

Find the corresponding premium amount for your family's composition and the deductible option you've chosen on the chart. The oldest member of your family determines the age band. The number in the chart is your monthly rate.

Figure Your Premium:

$$\frac{\text{rate}}{\text{(rate)}} \times \frac{\text{premium}}{\text{(months)}} = \text{premium}$$

Please add the \$20 application fee to your total payment.

Note: The first month's premium and the application fee are required to process your application. You must also enclose a voided check so we can set up automatic withdrawals from your account for subsequent premium payments.

To apply for Short Term Coverage:

1. Calculate your premium amount using the rate chart to the right.
2. Complete and sign the Short Term Medical application.

Note: If you answered "yes" to any of the questions asked in Section 2 of the application, this policy cannot be issued.

3. Mail application and payment. For automatic bank withdrawal, you must submit your first month's premium and the \$20 fee by check with your application.
4. Please send your completed application and payment check to:

PacificSource Health Plans
PO Box 7068
Eugene, OR 97401-0068

		Deductible Options			
		\$500	\$1,000	\$2,000	\$2,500
Applicant Only	Age				
	0-19	\$47.00	\$37.00	\$30.00	\$26.00
	20-24	\$54.00	\$44.00	\$33.00	\$32.00
	25-29	\$56.00	\$44.00	\$35.00	\$32.00
	30-34	\$63.00	\$51.00	\$40.00	\$37.00
	35-39	\$77.00	\$61.00	\$47.00	\$44.00
	40-44	\$89.00	\$72.00	\$56.00	\$51.00
	45-49	\$112.00	\$91.00	\$70.00	\$65.00
	50-54	\$144.00	\$116.00	\$91.00	\$82.00
	55-59	\$194.00	\$156.00	\$121.00	\$112.00
60-64	\$252.00	\$203.00	\$158.00	\$145.00	
Applicant and Spouse	0-19	\$95.00	\$75.00	\$60.00	\$54.00
	20-24	\$109.00	\$88.00	\$68.00	\$63.00
	25-29	\$112.00	\$89.00	\$70.00	\$65.00
	30-34	\$128.00	\$103.00	\$81.00	\$74.00
	35-39	\$154.00	\$124.00	\$96.00	\$89.00
	40-44	\$180.00	\$145.00	\$112.00	\$103.00
	45-49	\$226.00	\$184.00	\$142.00	\$131.00
	50-54	\$289.00	\$233.00	\$182.00	\$166.00
	55-59	\$389.00	\$313.00	\$243.00	\$224.00
	60-64	\$506.00	\$408.00	\$317.00	\$292.00
Family—Applicant, Spouse, and Child(ren)	0-19	\$121.00	\$96.00	\$75.00	\$70.00
	20-24	\$138.00	\$112.00	\$86.00	\$81.00
	25-29	\$142.00	\$116.00	\$89.00	\$82.00
	30-34	\$165.00	\$133.00	\$103.00	\$95.00
	35-39	\$198.00	\$159.00	\$124.00	\$114.00
	40-44	\$229.00	\$186.00	\$144.00	\$133.00
	45-49	\$289.00	\$233.00	\$182.00	\$168.00
	50-54	\$368.00	\$298.00	\$231.00	\$214.00
	55-59	\$495.00	\$401.00	\$312.00	\$287.00
	60-64	\$644.00	\$522.00	\$404.00	\$373.00
Applicant and Child(ren)	0-19	\$68.00	\$54.00	\$42.00	\$39.00
	20-24	\$79.00	\$63.00	\$49.00	\$46.00
	25-29	\$81.00	\$65.00	\$51.00	\$46.00
	30-34	\$93.00	\$75.00	\$58.00	\$54.00
	35-39	\$112.00	\$91.00	\$70.00	\$65.00
	40-44	\$130.00	\$105.00	\$82.00	\$75.00
	45-49	\$165.00	\$133.00	\$103.00	\$95.00
	50-54	\$208.00	\$170.00	\$131.00	\$121.00
	55-59	\$282.00	\$228.00	\$177.00	\$163.00
	60-64	\$366.00	\$296.00	\$229.00	\$212.00