



LifeMap Assurance Company®  
 100 SW Market Street  
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 (800) 756-4105

## Oregon Short Term Medical Daily Rates

Minimum of 30 Days up to a Maximum of 90 Days

Policy Maximum \$1,000,000

Effective: 10/1/17 - 12/31/17

### 80% / 20% Coinsurance

<b>\$500 Deductible per Member</b>		
Issue Age	Male	Female
0-19	2.80	2.89
20-24	2.32	3.66
25-29	2.64	4.66
30-34	3.23	5.52
35-39	3.97	6.22
40-44	5.07	7.16
45-49	6.57	8.36
50-54	8.81	9.99
55-59	11.65	11.61
60-64	15.05	13.85

<b>\$5,000 Deductible per Member</b>		
Issue Age	Male	Female
0-19	1.50	1.56
20-24	1.19	1.89
25-29	1.35	2.55
30-34	1.72	3.08
35-39	2.19	3.59
40-44	2.93	4.27
45-49	4.01	5.10
50-54	5.65	6.29
55-59	7.76	7.53
60-64	10.35	9.24

<b>\$1,000 Deductible per Member</b>		
Issue Age	Male	Female
0-19	2.55	2.61
20-24	2.10	3.31
25-29	2.36	4.24
30-34	2.92	5.04
35-39	3.62	5.72
40-44	4.66	6.64
45-49	6.10	7.76
50-54	8.24	9.31
55-59	10.98	10.88
60-64	14.26	13.06

<b>\$7,500 Deductible per Member</b>		
Issue Age	Male	Female
0-19	1.35	1.40
20-24	1.03	1.70
25-29	1.21	2.24
30-34	1.50	2.75
35-39	1.95	3.22
40-44	2.64	3.84
45-49	3.65	4.63
50-54	5.17	5.75
55-59	7.19	6.88
60-64	9.65	8.52

<b>\$2,500 Deductible per Member</b>		
Issue Age	Male	Female
0-19	1.99	2.07
20-24	1.62	2.59
25-29	1.83	3.36
30-34	2.29	4.06
35-39	2.89	4.66
40-44	3.78	5.45
45-49	5.07	6.46
50-54	6.97	7.84
55-59	9.44	9.27
60-64	12.41	11.24



## Oregon Short Term Medical Daily Rates

Minimum of 30 Days up to a Maximum of 90 Days

Policy Maximum \$1,000,000

Effective: 10/1/17 - 12/31/17

### 50% / 50% Coinsurance

<b>\$500 Deductible per Member</b>		
Issue Age	Male	Female
0-19	2.29	2.36
20-24	1.86	2.93
25-29	2.12	3.75
30-34	2.61	4.49
35-39	3.23	5.10
40-44	4.20	5.93
45-49	5.52	6.97
50-54	7.53	8.39
55-59	10.08	9.86
60-64	13.18	11.91

<b>\$5,000 Deductible per Member</b>		
Issue Age	Male	Female
0-19	1.37	1.41
20-24	1.05	1.70
25-29	1.23	2.26
30-34	1.54	2.75
35-39	1.97	3.22
40-44	2.65	3.84
45-49	3.65	4.61
50-54	5.17	5.68
55-59	7.15	6.82
60-64	9.60	8.42

<b>\$1,000 Deductible per Member</b>		
Issue Age	Male	Female
0-19	2.10	2.16
20-24	1.70	2.67
25-29	1.90	3.47
30-34	2.38	4.15
35-39	2.99	4.74
40-44	3.90	5.53
45-49	5.17	6.54
50-54	7.08	7.90
55-59	9.54	9.30
60-64	12.55	11.30

<b>\$7,500 Deductible per Member</b>		
Issue Age	Male	Female
0-19	1.26	1.30
20-24	0.94	1.52
25-29	1.10	2.04
30-34	1.38	2.50
35-39	1.78	2.93
40-44	2.42	3.48
45-49	3.36	4.21
50-54	4.80	5.22
55-59	6.67	6.31
60-64	9.00	7.84

<b>\$2,500 Deductible per Member</b>		
Issue Age	Male	Female
0-19	1.73	1.78
20-24	1.37	2.19
25-29	1.56	2.86
30-34	1.95	3.47
35-39	2.49	4.01
40-44	3.29	4.71
45-49	4.43	5.62
50-54	6.19	6.85
55-59	8.42	8.14
60-64	11.19	9.98