

2019 Low-Income Subsidy Monthly Premiums

Oregon and Washington

Central Oregon, Eastern Oregon, Mid-Columbia (Oregon) Gorge

Counties: Crook, Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, Wheeler

Your Level of Extra Help	Essentials Rx 27 (HMO)	Essentials Choice Rx 14 (HMO-POS)	Essentials Rx 6 (HMO)
100%	\$33.20	\$82.20	\$183.20
75%	\$41.60	\$90.60	\$191.60
50%	\$50.10	\$99.10	\$200.10
25%	\$58.50	\$107.50	\$208.50

Pierce County, Washington

MyCare Rx 34 (HMO)
\$0.10
\$6.30
\$12.50
\$18.80

Spokane County, Washington

MyCare Rx 33 (HMO)
\$0.10
\$6.30
\$12.50
\$18.80

Lane County, Oregon

Your Level of Extra Help	Essentials Rx 36 (HMO)	Essentials Rx 26 (HMO)	Explorer Rx 4 (PPO)
100%	\$5.20	\$35.20	\$75.20
75%	\$13.60	\$43.60	\$83.60
50%	\$22.10	\$52.10	\$92.10
25%	\$30.50	\$60.50	\$100.50

Coos and Curry Counties, Oregon

Your Level of Extra Help	Essentials Rx 26 (HMO)	Explorer Rx 7 (PPO)
100%	\$29.20	\$95.20
75%	\$37.60	\$103.60
50%	\$46.10	\$112.10
25%	\$54.50	\$120.50

Portland Metro Area, Oregon

Counties: Clackamas, Multnomah, Washington

Your Level of Extra Help	MyCare Rx 40 (HMO)	MyCare Rx 39 (HMO)
100%	\$0.00	\$34.20
75%	\$0.00	\$42.60
50%	\$0.00	\$51.10
25%	\$0.00	\$59.50

Clark County, Washington

Your Level of Extra Help	MyCare Rx 37 (HMO)	MyCare Rx 38 (HMO)
100%	\$0.00	\$2.20
75%	\$0.00	\$10.60
50%	\$0.00	\$19.10
25%	\$0.00	\$27.50

Category Code LICs	Deductible	Co-pay
1	\$0	\$3.40 copay for Generics, \$8.50 copay for Brands
2	\$0	\$1.25 copay for Generics, \$3.80 copay for Brands
3	\$0	\$0
4	\$85	15% coinsurance

Idaho and Montana

Southwest & Southern Idaho

Counties: Ada, Blaine, Boise, Camas, Canyon, Elmore, Gem, Gooding, Jerome, Lincoln, Owyhee, Payette, Twin Falls, Valley

Your Level of Extra Help	MyCare Choice Rx 24 (HMO-POS)
100%	\$0.30
75%	\$10.00
50%	\$19.70
25%	\$29.30

Southwest Idaho

Counties: Ada, Canyon

Your Level of Extra Help	MyCare Rx 32 (HMO)
100%	\$0.00
75%	\$3.20
50%	\$6.50
25%	\$9.70

North Idaho

Counties: Bonner, Boundary, Kootenai

Your Level of Extra Help	Explorer Rx 11 (PPO)
100%	\$16.30
75%	\$26.00
50%	\$35.70
25%	\$45.30

Eastern Idaho

Counties: Bannock, Bingham, Bonneville, Jefferson, Madison

Your Level of Extra Help	Essentials Rx 21 (HMO)	Explorer Rx 9 (PPO)
100%	\$36.30	\$60.30
75%	\$46.00	\$70.00
50%	\$55.70	\$79.70
25%	\$65.30	\$89.30

Montana

County: Yellowstone

Your Level of Extra Help	MyCare Rx 29 (HMO)
100%	\$0.10
75%	\$5.60
50%	\$11.00
25%	\$16.50

Category Code LICs	Deductible	Co-pay
1	\$0	\$3.40 copay for Generics, \$8.50 copay for Brands
2	\$0	\$1.25 copay for Generics, \$3.80 copay for Brands
3	\$0	\$0
4	\$85	15% coinsurance

Premiums do not include Medicare Part B.

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract.

Benefits, formulary, pharmacy network, provider network, premium, co-pays, and/or co-insurance may change on January 1 of each year. Members must continue to pay their Medicare Part B premium.