

2018 Low-Income Subsidy Monthly Premiums

Oregon and Washington

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

Counties: Crook, Deschutes, Grant, Hood River, Jefferson, Klamath (97731, 97733, 97737, 97739), Lake (97638, 97641, 97735, 97739), Sherman, Wasco, Wheeler

Your Level of Extra Help	Essentials Rx 27 (HMO)	Essentials Rx 6 (HMO)	Essentials Choice Rx 14 (HMO-POS)
100%	\$62.40	\$182.40	\$90.40
75%	\$71.10	\$190.10	\$99.10
50%	\$79.70	\$199.70	\$107.70
25%	\$88.40	\$208.40	\$116.40

Lane County, Oregon

Your Level of Extra Help	Essentials Rx 26 (HMO)	Explorer Rx 4 (PPO)
100%	\$32.40	\$124.40
75%	\$41.10	\$133.10
50%	\$49.70	\$141.70
25%	\$58.40	\$150.40

Coos and Curry Counties, Oregon

Your Level of Extra Help	Essentials Rx 26 (HMO)	Explorer Rx 7 (PPO)
100%	\$51.40	\$84.40
75%	\$60.10	\$93.10
50%	\$68.70	\$101.70
25%	\$77.40	\$110.40

Portland, Oregon

Counties: Clackamas, Multnomah, Washington

Your Level of Extra Help	MyCare Rx 31 (HMO)	MyCare Rx 28 (HMO)
100%	\$0.50	\$41.40
75%	\$6.10	\$50.10
50%	\$11.70	\$58.70
25%	\$17.40	\$67.40

Clark County, Washington

Your Level of Extra Help	MyCare Rx 31 (HMO)	MyCare Rx 28 (HMO)
100%	\$0.60	\$2.40
75%	\$2.20	\$11.10
50%	\$3.80	\$19.70
25%	\$5.40	\$28.40

Category Code LICs	Deductible	Co-pay
1	\$0	\$3.35 co-pay for Generics, \$8.35 co-pay for Brands
2	\$0	\$1.25 co-pay for Generics, \$3.70 co-pay for Brands
3	\$0	\$0
4	\$83	15% co-insurance

Idaho and Montana

Southwest 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%	\$33.80
75%	\$43.80
50%	\$53.90
25%	\$63.90

Southwest Idaho

Counties: Ada, Canyon

Your Level of Extra Help	MyCare Rx 32 (HMO)
100%	\$0.50
75%	\$3.60
50%	\$6.70
25%	\$9.90

Northern Idaho

Counties: Bonner, Boundary, Kootenai

Your Level of Extra Help	Explorer Rx 11 (PPO)
100%	\$35.80
75%	\$45.80
50%	\$55.90
25%	\$65.90

Eastern Idaho

Counties: Bannock, Bingham, Bonneville, Jefferson, Madison

Your Level of Extra Help	Essentials Rx 21 (HMO)	Explorer Rx 9 (PPO)
100%	\$58.80	\$78.80
75%	\$68.80	\$88.80
50%	\$78.90	\$98.90
25%	\$88.90	\$108.90

Montana

County: Yellowstone

Your Level of Extra Help	MyCare Rx 29 (HMO)
100%	\$9.00
75%	\$17.50
50%	\$26.00
25%	\$34.50

Category Code LICs	Deductible	Co-pay
1	\$0	\$3.35 co-pay for Generics, \$8.35 co-pay for Brands
2	\$0	\$1.25 co-pay for Generics, \$3.70 co-pay for Brands
3	\$0	\$0
4	\$83	15% co-insurance

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.