



LifeMap Assurance Company®
 100 SW Market Street
 P.O. Box 1271, MS E-8L
 Portland, OR 97207-1271
 (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: 1/1/2021 - 03/31/2021

80% / 20% Coinsurance

\$500 Deductible per Member		
Issue Age	Male	Female
0-19	3.82	3.93
20-24	3.17	4.98
25-29	3.61	6.36
30-34	4.40	7.52
35-39	5.42	8.48
40-44	6.92	9.77
45-49	8.96	11.40
50-54	12.01	13.62
55-59	15.88	15.83
60-64	20.51	18.88

\$5,000 Deductible per Member		
Issue Age	Male	Female
0-19	2.06	2.13
20-24	1.62	2.59
25-29	1.82	3.47
30-34	2.33	4.20
35-39	2.99	4.90
40-44	3.99	5.82
45-49	5.47	6.95
50-54	7.71	8.58
55-59	10.58	10.27
60-64	14.12	12.59

\$1,000 Deductible per Member		
Issue Age	Male	Female
0-19	3.47	3.56
20-24	2.85	4.51
25-29	3.22	5.78
30-34	3.98	6.87
35-39	4.93	7.80
40-44	6.36	9.05
45-49	8.32	10.58
50-54	11.23	12.69
55-59	14.96	14.84
60-64	19.43	17.81

\$7,500 Deductible per Member		
Issue Age	Male	Female
0-19	1.82	1.91
20-24	1.41	2.31
25-29	1.65	3.06
30-34	2.06	3.76
35-39	2.66	4.39
40-44	3.61	5.23
45-49	4.97	6.31
50-54	7.04	7.85
55-59	9.80	9.38
60-64	13.15	11.63

\$2,500 Deductible per Member		
Issue Age	Male	Female
0-19	2.71	2.81
20-24	2.21	3.53
25-29	2.50	4.57
30-34	3.14	5.54
35-39	3.93	6.36
40-44	5.16	7.42
45-49	6.92	8.81
50-54	9.51	10.68
55-59	12.86	12.63
60-64	16.92	15.32



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Policy Maximum \$1,000,000

Effective: 1/1/2021 - 3/31/2021

50% / 50% Coinsurance

\$500 Deductible per Member		
Issue Age	Male	Female
0-19	3.14	3.22
20-24	2.54	3.99
25-29	2.88	5.11
30-34	3.56	6.12
35-39	4.40	6.95
40-44	5.73	8.08
45-49	7.52	9.51
50-54	10.27	11.44
55-59	13.74	13.45
60-64	17.97	16.24

\$5,000 Deductible per Member		
Issue Age	Male	Female
0-19	1.86	1.92
20-24	1.45	2.31
25-29	1.67	3.09
30-34	2.11	3.76
35-39	2.69	4.39
40-44	3.62	5.23
45-49	4.97	6.28
50-54	7.04	7.75
55-59	9.75	9.30
60-64	13.09	11.48

\$1,000 Deductible per Member		
Issue Age	Male	Female
0-19	2.85	2.94
20-24	2.31	3.64
25-29	2.60	4.73
30-34	3.25	5.65
35-39	4.08	6.46
40-44	5.32	7.54
45-49	7.04	8.92
50-54	9.64	10.77
55-59	13.01	12.68
60-64	17.12	15.41

\$7,500 Deductible per Member		
Issue Age	Male	Female
0-19	1.71	1.76
20-24	1.26	2.08
25-29	1.51	2.78
30-34	1.87	3.40
35-39	2.42	3.99
40-44	3.30	4.75
45-49	4.57	5.74
50-54	6.54	7.13
55-59	9.08	8.60
60-64	12.27	10.68

\$2,500 Deductible per Member		
Issue Age	Male	Female
0-19	2.34	2.42
20-24	1.86	2.99
25-29	2.13	3.89
30-34	2.66	4.73
35-39	3.38	5.47
40-44	4.49	6.42
45-49	6.04	7.67
50-54	8.44	9.34
55-59	11.48	11.10
60-64	15.26	13.61