

## 2012 MONTHLY HEALTHY KIDSCONNECT PREMIUM RATES

	201%-250% FPL Member Portion Approximate 90% Subsidy**			251%-300% FPL Member Portion Approximate 85% Subsidy**			Over 300% FPL No Subsidy Rates are per child***	
Carrier	1-Child	2-4 Children	5 or more Children	1-Child	2-4 Children	5 or more Children	00-24 Months	Ages 2 through 18
<b>PacificSource</b>	\$33.00	\$57.00	\$82.00	\$49.00	\$85.00	\$122.00	\$446.67	\$253.51
<b>Trillium</b>	\$31.00	\$54.00	\$77.00	\$47.00	\$82.00	\$117.00	\$523.00	\$290.00
<b>Kaiser</b>	\$26.00	\$45.00	\$65.00	\$40.00	\$70.00	\$100.00	\$325.86	\$210.86
<b>Samaritan</b>	\$24.00	\$42.00	\$60.00	\$37.00	\$64.00	\$92.00	\$440.00	\$176.00

*PacificSource = Statewide*

*Trillium = Lane County*

*Kaiser = Clackamas, Columbia, Marion, Washington, Yamhill Counties and parts of Benton, Hood River And Linn Counties.*

*Samaritan= Benton, Lincoln, Linn and Tillamook Counties*

The counties listed above give a general idea of which counties are covered by each insurance carrier, but there may be exceptions for certain zip codes. For more information, go to [http://www.oregon.gov/OPHP/kidsconnect/coverage\\_areas.shtml](http://www.oregon.gov/OPHP/kidsconnect/coverage_areas.shtml) or contact Healthy KidsConnect at 1-888-260-4555.

\*\* Subsidy percentages are approximate and may vary slightly. HKC members with family income over 301% Federal Poverty Level have a different plan design and are not eligible for subsidy.

\*\*\*The medical deductible is \$1,000 per child per calendar year. The medical out-of-pocket expense is \$6,000 per child per calendar year. These amounts will re-set every January 1st.