



CARRIERS	AREAS	BASIC PLAN				INDEMNITY PLAN				PPO PLAN				POINT OF SERVICE PLAN			
		EE	EE/SP	EE/FAM	EE/CH	EE	EE/SP	EE/FAM	EE/CH	EE	EE/SP	EE/FAM	EE/CH	EE	EE/SP	EE/FAM	EE/CH
		No Ded, 50/50%, \$3750 Individual/ \$7500 Family Stop-Loss, Rx \$15/50%, \$1,000,000 Lifetime Max				Ded \$500 Indiv/\$1500 Family, 80/20%, \$2000 Stop-Loss, 50% Rx \$1,000,000 Lifetime Max				Ded \$500 Indiv/\$1500 Family; 90/70%; \$2000 Stop-loss; 50% RX \$1,000,000 Lifetime Max				Deductible \$500/ \$15 office visit/ 80% benefit / \$1000 out-of-pocket per indiv., no RX			
PACIFICSOURCE HEALTH PLANS HCSC-HMDI	1	\$395	\$908	\$1,125	\$730	\$461	\$1,060	\$1,313	\$852	NA	NA	NA	NA	\$427	\$983	\$1,218	\$791
	2	\$391	\$899	\$1,114	\$723	\$457	\$1,050	\$1,301	\$845	NA	NA	NA	NA	\$423	\$973	\$1,206	\$783
	3	\$403	\$927	\$1,148	\$745	\$469	\$1,079	\$1,337	\$868	NA	NA	NA	NA	\$436	\$1,003	\$1,243	\$807
	4	\$403	\$927	\$1,148	\$745	\$469	\$1,079	\$1,337	\$868	NA	NA	NA	NA	\$436	\$1,003	\$1,243	\$807
	5, 6	\$423	\$973	\$1,206	\$783	\$490	\$1,127	\$1,396	\$906	NA	NA	NA	NA	\$458	\$1,053	\$1,305	\$847
	7	\$411	\$945	\$1,171	\$760	\$477	\$1,098	\$1,361	\$883	NA	NA	NA	NA	\$445	\$1,023	\$1,268	\$823
PREFERRED HEALTH PLAN HCSC-HMDI	4	\$479	\$958	\$1,341	\$862	NA	NA	NA	NA	\$369	\$738	\$1,033	\$664	NA	NA	NA	NA
	6	\$527	\$1,053	\$1,475	\$948	NA	NA	NA	NA	\$406	\$812	\$1,137	\$731	NA	NA	NA	NA
PROVIDENCE HEALTH PLAN HCSC-HMDI	1, 5	\$366	\$870	\$1,233	\$717	NA	NA	NA	NA	NA	NA	NA	NA	\$342	\$812	\$1,151	\$669
	2	\$399	\$949	\$1,345	\$782	NA	NA	NA	NA	NA	NA	NA	NA	\$377	\$895	\$1,269	\$738
	3	\$386	\$917	\$1,300	\$756	NA	NA	NA	NA	NA	NA	NA	NA	\$363	\$862	\$1,221	\$710
	4, 6	\$408	\$969	\$1,373	\$798	NA	NA	NA	NA	NA	NA	NA	NA	\$386	\$916	\$1,299	\$755
REGENE BLUE CROSS BLUE SHIELD OF OREGON HCSC-HMDI	1, 5	\$467	\$982	\$1,403	\$767	NA	NA	NA	NA	\$423	\$889	\$1,270	\$694	NA	NA	NA	NA
	2, 4	\$440	\$925	\$1,321	\$722	NA	NA	NA	NA	\$399	\$837	\$1,196	\$654	NA	NA	NA	NA
	3	\$431	\$905	\$1,294	\$707	NA	NA	NA	NA	\$390	\$820	\$1,171	\$640	NA	NA	NA	NA
	6	\$472	\$991	\$1,417	\$774	NA	NA	NA	NA	\$427	\$897	\$1,282	\$701	NA	NA	NA	NA
	7	\$449	\$944	\$1,349	\$737	NA	NA	NA	NA	\$407	\$854	\$1,220	\$667	NA	NA	NA	NA
UNITED HEALTHCARE INSURANCE COMPANY INDEMNITY	1, 4, 6, 7	\$702	\$1,706	\$2,683	\$1,679	\$714	\$1,737	\$2,731	\$1,708	\$422	\$1,027	\$1,615	\$1,010	NA	NA	NA	NA
	2	\$702	\$1,706	\$2,683	\$1,679	\$714	\$1,737	\$2,731	\$1,708	\$448	\$1,090	\$1,715	\$1,073	NA	NA	NA	NA
	3	\$702	\$1,706	\$2,683	\$1,679	\$714	\$1,737	\$2,731	\$1,708	\$441	\$1,073	\$1,688	\$1,056	NA	NA	NA	NA
	5	\$702	\$1,706	\$2,683	\$1,679	\$714	\$1,737	\$2,731	\$1,708	\$427	\$1,039	\$1,633	\$1,022	NA	NA	NA	NA

**Note:** Rates shown are rounded off to the nearest dollar. Monthly or quarterly trend factors may apply to a carrier's GAR listed beyond this date. **The GARs listed are a Carrier's closest equivalent to plans described above.**

**Trend Factor Definition:** A measure of changes over time in claim costs, claim frequencies, exposures, and other components of insurance costs. The time period of

Geographic Areas:

- (1) Clackamas, Multnomah, Washington, and Yamhill
- (2) Benton, Lane, and Linn
- (3) Marion and Polk
- (4) Deschutes, Klamath, and Lake
- (5) Clatsop, Columbia, Coos, Curry, Lincoln, and Tillamook
- (6) Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler
- (7) Douglas, Jackson, and Josephine

HMO = Health Maintenance Organization

HCSC = \*Health Care Service Contractor

Indemnity = traditional fee-for-service indemnity insurance carrier.

HMDI = Hospital, Medical, Dental & Indemnity

EE = Employee; EE/SP = Employee and Spouse; EE/FAM = Employee and Family; EE/CH = Employee and Children

\*NOTE: Areas listed may not include service by the carrier in all Counties within the area. Please see our web page for more info at:

<http://www.cbs.state.or.us/ins/docs/healthun/areas.pdf>

\*\*NOTE: There are no longer any HMO Federally Qualified plans in Oregon.

[Click Here for Part B](#)

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