

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	\$350	\$804	\$997	\$647	\$406	\$934	\$1,158	\$752	NA	NA	NA	NA	\$379	\$871	\$1,079	\$700
	2	\$346	\$796	\$987	\$640	\$403	\$926	\$1,147	\$745	NA	NA	NA	NA	\$375	\$862	\$1,068	\$693
	3	\$357	\$821	\$1,017	\$660	\$414	\$951	\$1,179	\$765	NA	NA	NA	NA	\$386	\$889	\$1,101	\$715
	4	\$353	\$813	\$1,007	\$654	\$410	\$943	\$1,168	\$758	NA	NA	NA	NA	\$382	\$880	\$1,090	\$708
	5, 6	\$375	\$862	\$1,068	\$693	\$432	\$994	\$1,231	\$799	NA	NA	NA	NA	\$406	\$933	\$1,156	\$750
	7	\$364	\$837	\$1,038	\$673	\$421	\$968	\$1,200	\$779	NA	NA	NA	NA	\$394	\$906	\$1,123	\$729
PREFERRED HEALTH PLAN HCSC-HMDI	4	\$487	\$973	\$1,362	\$876	NA	NA	NA	NA	\$375	\$750	\$1,050	\$675	NA	NA	NA	NA
	6	\$535	\$1,070	\$1,499	\$963	NA	NA	NA	NA	\$412	\$825	\$1,155	\$742	NA	NA	NA	NA
PROVIDENCE HEALTH PLAN HCSC-HMDI	1, 5	\$334	\$793	\$1,124	\$653	NA	NA	NA	NA	NA	NA	NA	NA	\$308	\$732	\$1,038	\$604
	2	\$364	\$864	\$1,225	\$712	NA	NA	NA	NA	NA	NA	NA	NA	\$340	\$807	\$1,144	\$665
	3	\$352	\$835	\$1,184	\$688	NA	NA	NA	NA	NA	NA	NA	NA	\$327	\$777	\$1,101	\$640
	4, 6	\$371	\$882	\$1,250	\$727	NA	NA	NA	NA	NA	NA	NA	NA	\$348	\$826	\$1,171	\$681
REGENE BLUE CROSS BLUE SHIELD OF OREGON HCSC-HMDI	1, 5	\$418	\$877	\$1,253	\$685	NA	NA	NA	NA	\$382	\$802	\$1,145	\$626	NA	NA	NA	NA
	2, 4	\$393	\$826	\$1,180	\$645	NA	NA	NA	NA	\$360	\$755	\$1,079	\$590	NA	NA	NA	NA
	3	\$385	\$809	\$1,156	\$632	NA	NA	NA	NA	\$352	\$739	\$1,056	\$577	NA	NA	NA	NA
	6	\$422	\$885	\$1,265	\$692	NA	NA	NA	NA	\$385	\$809	\$1,156	\$632	NA	NA	NA	NA
	7	\$401	\$843	\$1,205	\$659	NA	NA	NA	NA	\$367	\$771	\$1,101	\$602	NA	NA	NA	NA
UNITED HEALTHCARE INSURANCE COMPANY INDEMNITY	1 thru 7	\$654	\$1,592	\$2,503	\$1,566	NA	NA	NA	NA	NA	NA	NA	NA	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

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](#)

Contact Person:

Tammy Vance, Administrative Specialist - Rates & Forms

Phone: 503-947-7236

E-mail: Healthun.web@state.or.us