

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			
PACIFICARE of OREGON HCSC-HMDI	1, 5	\$374	\$910	\$1,422	\$1,054	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	2	\$370	\$901	\$1,408	\$1,043	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	3	\$383	\$932	\$1,456	\$1,079	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PACIFICSOURCE HEALTH PLANS HCSC-HMDI	1, 2, 7	\$257	\$591	\$733	\$476	\$296	\$680	\$843	\$547	N/A	N/A	N/A	N/A	\$274	\$630	\$780	\$507
	3	\$283	\$650	\$806	\$523	\$321	\$738	\$914	\$594	N/A	N/A	N/A	N/A	\$301	\$693	\$859	\$557
	4, 5, 6	\$270	\$621	\$769	\$499	\$308	\$709	\$879	\$570	N/A	N/A	N/A	N/A	\$288	\$661	\$819	\$532
PHP HEALTH PLAN HCSC-HMDI	4	\$424	\$848	\$1,187	\$763	N/A	N/A	N/A	N/A	\$327	\$654	\$916	\$589	N/A	N/A	N/A	N/A
PROVIDENCE HEALTH PLAN HCSC-HMDI	1, 5	\$302	\$717	\$1,017	\$591	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$277	\$657	\$932	\$542
	2	\$329	\$780	\$1,106	\$643	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$305	\$724	\$1,027	\$597
	3	\$318	\$755	\$1,070	\$622	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$294	\$697	\$988	\$575
	4, 6	\$335	\$796	\$1,129	\$656	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$312	\$741	\$1,051	\$611
REGENCE BLUE CROSS BLUE SHIELD OF OREGON HCSC-HMDI	1 thru 7	\$382	\$803	\$1,147	\$627	N/A	N/A	N/A	N/A	\$345	\$724	\$1,035	\$566	N/A	N/A	N/A	N/A

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 the measurement is normally between 1 to 2 years.

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.

Contact Person:

Tammy Prevett, Administrative Specialist - Rates & Forms

Phone: 503-947-7236

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

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