

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	\$370	\$851	\$1,055	\$685	\$427	\$983	\$1,218	\$790	NA	NA	NA	NA	\$401	\$921	\$1,142	\$741
	2	\$366	\$842	\$1,044	\$678	\$423	\$974	\$1,206	\$783	NA	NA	NA	NA	\$396	\$912	\$1,130	\$733
	3	\$378	\$868	\$1,076	\$699	\$435	\$1,001	\$1,240	\$805	NA	NA	NA	NA	\$409	\$940	\$1,165	\$756
	4	\$378	\$868	\$1,076	\$699	\$435	\$1,001	\$1,240	\$805	NA	NA	NA	NA	\$409	\$940	\$1,165	\$756
	5, 6	\$396	\$912	\$1,130	\$734	\$455	\$1,045	\$1,295	\$841	NA	NA	NA	NA	\$429	\$987	\$1,223	\$794
	7	\$385	\$886	\$1,098	\$713	\$443	\$1,019	\$1,262	\$819	NA	NA	NA	NA	\$417	\$959	\$1,188	\$771
			\$456	\$913	\$1,278	\$822	NA	NA	NA	NA	\$352	\$704	\$985	\$633	NA	NA	NA
PREFERRED HEALTH PLAN HCSC-HMDI	6	\$502	\$1,004	\$1,406	\$904	NA	NA	NA	NA	\$387	\$774	\$1,083	\$696	NA	NA	NA	NA
PROVIDENCE HEALTH PLAN HCSC-HMDI	1, 5	\$342	\$812	\$1,151	\$669	NA	NA	NA	NA	NA	NA	NA	NA	\$316	\$750	\$1,062	\$618
	2	\$373	\$885	\$1,255	\$729	NA	NA	NA	NA	NA	NA	NA	NA	\$348	\$826	\$1,171	\$681
	3	\$360	\$856	\$1,213	\$705	NA	NA	NA	NA	NA	NA	NA	NA	\$335	\$795	\$1,127	\$655
	4, 6	\$380	\$903	\$1,281	\$745	NA	NA	NA	NA	NA	NA	NA	NA	\$356	\$845	\$1,198	\$697
REGENE BLUE CROSS BLUE SHIELD OF OREGON HCSC-HMDI	1, 5	\$431	\$906	\$1,295	\$708	NA	NA	NA	NA	\$393	\$826	\$1,180	\$645	NA	NA	NA	NA
	2, 4	\$406	\$853	\$1,219	\$666	NA	NA	NA	NA	\$370	\$778	\$1,111	\$608	NA	NA	NA	NA
	3	\$398	\$835	\$1,194	\$653	NA	NA	NA	NA	\$363	\$762	\$1,088	\$595	NA	NA	NA	NA
	6	\$435	\$915	\$1,307	\$715	NA	NA	NA	NA	\$397	\$834	\$1,191	\$651	NA	NA	NA	NA
	7	\$415	\$871	\$1,244	\$680	NA	NA	NA	NA	\$378	\$794	\$1,134	\$620	NA	NA	NA	NA
UNITED HEALTHCARE INSURANCE COMPANY INDEMNITY	1 thru 7	\$670	\$1,629	\$2,562	\$1,603	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](#)

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