

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	\$381	\$877	\$1,086	\$705	\$439	\$1,009	\$1,250	\$812	NA	NA	NA	NA	\$413	\$949	\$1,176	\$763
	2	\$377	\$868	\$1,075	\$698	\$435	\$1,000	\$1,239	\$804	NA	NA	NA	NA	\$408	\$939	\$1,164	\$755
	3	\$389	\$895	\$1,108	\$720	\$447	\$1,027	\$1,273	\$826	NA	NA	NA	NA	\$421	\$968	\$1,200	\$779
	4	\$389	\$895	\$1,108	\$720	\$447	\$1,027	\$1,273	\$826	NA	NA	NA	NA	\$421	\$968	\$1,200	\$779
	5, 6	\$408	\$939	\$1,164	\$756	\$467	\$1,074	\$1,330	\$864	NA	NA	NA	NA	\$442	\$1,017	\$1,260	\$818
	7	\$397	\$912	\$1,131	\$734	\$455	\$1,046	\$1,296	\$841	NA	NA	NA	NA	\$429	\$988	\$1,224	\$794
PREFERRED HEALTH PLAN HCSC-HMDI	4	\$467	\$935	\$1,309	\$841	NA	NA	NA	NA	\$360	\$720	\$1,009	\$648	NA	NA	NA	NA
	6	\$514	\$1,028	\$1,440	\$926	NA	NA	NA	NA	\$396	\$792	\$1,109	\$713	NA	NA	NA	NA
PROVIDENCE HEALTH PLAN HCSC-HMDI	1, 5	\$357	\$848	\$1,203	\$699	NA	NA	NA	NA	NA	NA	NA	NA	\$334	\$793	\$1,124	\$654
	2	\$390	\$926	\$1,312	\$763	NA	NA	NA	NA	NA	NA	NA	NA	\$368	\$874	\$1,239	\$720
	3	\$377	\$894	\$1,268	\$737	NA	NA	NA	NA	NA	NA	NA	NA	\$354	\$841	\$1,192	\$693
	4, 6	\$398	\$945	\$1,340	\$779	NA	NA	NA	NA	NA	NA	NA	NA	\$377	\$894	\$1,268	\$737
REGENCE BLUE CROSS BLUE SHIELD OF OREGON HCSC-HMDI	1, 5	\$449	\$942	\$1,347	\$736	NA	NA	NA	NA	\$407	\$854	\$1,220	\$667	NA	NA	NA	NA
	2, 4	\$423	\$887	\$1,268	\$693	NA	NA	NA	NA	\$383	\$804	\$1,149	\$628	NA	NA	NA	NA
	3	\$414	\$869	\$1,242	\$679	NA	NA	NA	NA	\$375	\$788	\$1,126	\$615	NA	NA	NA	NA
	6	\$453	\$951	\$1,360	\$743	NA	NA	NA	NA	\$411	\$863	\$1,232	\$674	NA	NA	NA	NA
	7	\$431	\$906	\$1,294	\$708	NA	NA	NA	NA	\$391	\$821	\$1,173	\$641	NA	NA	NA	NA
UNITED HEALTHCARE INSURANCE COMPANY INDEMNITY	1 thru 7	\$685	\$1,667	\$2,622	\$1,640	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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