

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	\$425	\$977	\$1,211	\$744	\$494	\$1,135	\$1,407	\$864	NA	NA	NA	NA	\$460	\$1,058	\$1,311	\$805
	2	\$421	\$967	\$1,199	\$736	\$489	\$1,125	\$1,394	\$856	NA	NA	NA	NA	\$455	\$1,047	\$1,298	\$797
	3, 4	\$434	\$997	\$1,236	\$759	\$503	\$1,156	\$1,432	\$880	NA	NA	NA	NA	\$469	\$1,080	\$1,338	\$821
	5, 6	\$455	\$1,047	\$1,298	\$797	\$525	\$1,208	\$1,496	\$919	NA	NA	NA	NA	\$493	\$1,134	\$1,405	\$863
	7	\$442	\$1,017	\$1,261	\$774	\$512	\$1,177	\$1,458	\$895	NA	NA	NA	NA	\$479	\$1,101	\$1,365	\$838
PREFERRED HEALTH PLAN HCSC-HMDI	4	\$502	\$1,004	\$1,406	\$904	NA	NA	NA	NA	\$387	\$774	\$1,083	\$696	NA	NA	NA	NA
	6	\$552	\$1,105	\$1,547	\$994	NA	NA	NA	NA	\$426	\$851	\$1,192	\$766	NA	NA	NA	NA
PROVIDENCE HEALTH PLAN HCSC-HMDI	1, 5	\$480	\$960	\$1,343	\$863	NA	NA	NA	NA	NA	NA	NA	NA	\$455	\$911	\$1,275	\$819
	2	\$524	\$1,048	\$1,467	\$943	NA	NA	NA	NA	NA	NA	NA	NA	\$502	\$1,004	\$1,405	\$903
	3	\$506	\$1,012	\$1,417	\$911	NA	NA	NA	NA	NA	NA	NA	NA	\$483	\$966	\$1,352	\$869
	4, 6	\$535	\$1,070	\$1,498	\$963	NA	NA	NA	NA	NA	NA	NA	NA	\$513	\$1,027	\$1,438	\$924
REGENCE BLUE CROSS BLUE SHIELD OF OREGON HCSC-HMDI	1, 5	\$435	\$913	\$1,278	\$800	NA	NA	NA	NA	\$396	\$832	\$1,164	\$729	NA	NA	NA	NA
	2, 4	\$409	\$859	\$1,203	\$753	NA	NA	NA	NA	\$373	\$783	\$1,097	\$686	NA	NA	NA	NA
	3	\$401	\$842	\$1,178	\$737	NA	NA	NA	NA	\$365	\$767	\$1,074	\$672	NA	NA	NA	NA
	6	\$439	\$921	\$1,290	\$807	NA	NA	NA	NA	\$400	\$840	\$1,176	\$736	NA	NA	NA	NA
	7	\$418	\$877	\$1,228	\$768	NA	NA	NA	NA	\$381	\$799	\$1,119	\$700	NA	NA	NA	NA
UNITED HEALTHCARE INSURANCE COMPANY INDEMNITY	1	\$706	\$1,517	\$2,117	\$1,341	\$718	\$1,544	\$2,155	\$1,365	\$407	\$876	\$1,222	\$774	NA	NA	NA	NA
	2	\$706	\$1,517	\$2,117	\$1,341	\$718	\$1,544	\$2,155	\$1,365	\$433	\$930	\$1,298	\$822	NA	NA	NA	NA
	3	\$706	\$1,517	\$2,117	\$1,341	\$718	\$1,544	\$2,155	\$1,365	\$426	\$915	\$1,277	\$809	NA	NA	NA	NA
	4	\$706	\$1,517	\$2,117	\$1,341	\$718	\$1,544	\$2,155	\$1,365	NA	NA	NA	NA	NA	NA	NA	NA
	5	\$706	\$1,517	\$2,117	\$1,341	\$718	\$1,544	\$2,155	\$1,365	\$412	\$886	\$1,236	\$783	NA	NA	NA	NA
	6	\$706	\$1,517	\$2,117	\$1,341	\$718	\$1,544	\$2,155	\$1,365	NA	NA	NA	NA	NA	NA	NA	NA
	7	\$706	\$1,517	\$2,117	\$1,341	\$718	\$1,544	\$2,155	\$1,365	NA	NA	NA	NA	NA	NA	NA	NA

Note: Rates shown are rounded off to the nearest dollar. Monthly or

Trend Factor Definition: A measure

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,
- (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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