

STATE OF OREGON
PORTABILITY
GEOGRAPHIC AVERAGE RATES PART A
1st QUARTER 2006

MANAGED CARE CARRIERS

		LOW-COST PLAN				PREVAILING PLAN			
		No deductible, \$25 office visit, \$3,000/9,000 out of pocket max per year, RX \$1,000 deductible 25% copay				No deductible, \$15 office visit, \$1,500/\$4,500 out of pocket max per year, RX - \$10, \$20, \$30 or 90%, 80%, 70% - \$ and % must be actuarially equivalent.			
	AREAS	INDIV	IND/SP	IND/FAM	IND/CH	INDIV	IND/SP	IND/FAM	IND/CH
HEALTH NET HEALTH PLAN OF OREGON	1	\$361	\$776	\$811	\$549	\$444	\$954	\$997	\$675
	2	\$433	\$931	\$973	\$659	\$532	\$1,145	\$1,196	\$810
HCSC-HMDI	3, 4	\$379	\$815	\$852	\$577	\$466	\$1,002	\$1,047	\$709
	5	\$397	\$854	\$892	\$604	\$488	\$1,049	\$1,097	\$742
	6	\$415	\$893	\$933	\$631	\$510	\$1,097	\$1,147	\$776
	7	\$433	\$931	\$973	\$659	\$532	\$1,145	\$1,196	\$810
HEALTH NET LIFE INSURANCE CO.	1	\$213	\$528	\$649	\$391	\$282	\$700	\$860	\$518
INDEMNITY	2	\$267	\$663	\$814	\$491	\$354	\$879	\$1,079	\$650
	3	\$234	\$580	\$712	\$429	\$310	\$769	\$944	\$569
	4	\$245	\$608	\$746	\$450	\$325	\$806	\$989	\$596
	5	\$250	\$621	\$762	\$459	\$331	\$823	\$1,010	\$609
	6	\$256	\$636	\$780	\$470	\$339	\$843	\$1,034	\$623
	7	\$252	\$626	\$769	\$463	\$334	\$830	\$1,019	\$614
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	1,2,3,5,6	\$257	\$514	\$771	N/A	\$290	\$580	\$870	N/A
HCSC-HMDI	Changed from community rates to age based rates.								
ODS HEALTH PLAN	1, 2	\$362	\$778	\$1,049	\$597	\$400	\$861	\$1,161	\$661
HCSC-HMDI	3	\$337	\$724	\$976	\$555	\$372	\$801	\$1,080	\$614
	4, 6	\$351	\$755	\$1,018	\$579	\$388	\$835	\$1,126	\$641
	5	\$366	\$786	\$1,060	\$603	\$404	\$870	\$1,173	\$667
	7	\$387	\$833	\$1,123	\$639	\$428	\$921	\$1,243	\$707
PACIFICARE OF OREGON	1	\$381	\$816	\$983	\$561	\$425	\$911	\$1,098	\$626
HCSC-HMDI	2	\$398	\$853	\$1,028	\$586	\$443	\$951	\$1,145	\$653
	3, 5	\$458	\$982	\$1,183	\$675	\$508	\$1,089	\$1,312	\$748
PROVIDENCE HEALTH PLAN	1, 5, 7	\$394	\$936	\$1,326	\$771	\$435	\$1,034	\$1,466	\$852
HCSC-HMDI - Small Group	2	\$430	\$1,021	\$1,448	\$842	\$475	\$1,129	\$1,600	\$930
	3	\$415	\$987	\$1,399	\$813	\$459	\$1,090	\$1,546	\$899
	4, 6	\$439	\$1,043	\$1,479	\$860	\$485	\$1,153	\$1,634	\$950
PROVIDENCE HEALTH PLAN	1, 5, 7	\$324	\$623	\$956	N/A	\$358	\$689	\$1,057	N/A
HCSC-HMDI - Large Group	2	\$357	\$687	\$1,054	N/A	\$395	\$759	\$1,164	N/A
	3	\$344	\$661	\$1,014	N/A	\$380	\$731	\$1,121	N/A
	4, 6	\$366	\$703	\$1,079	N/A	\$404	\$777	\$1,192	N/A

**INDEMNITY
CARRIERS**

	AREAS	LOW-COST PLAN				PREVAILING PLAN			
		INDIV	IND/SP	IND/FAM	IND/CH	INDIV	IND/SP	IND/FAM	IND/CH
		Deductible \$1000/\$3000, 70/30% coinsurance, \$15,000 stop loss or equivalent out of pocket, \$1,000,000 lifetime max, RX \$1000 deductible then 70/30%				Deductible \$500/1500, 80/20% coinsurance, \$10,000 stop loss or equivalent out of pocket, \$1,000,000 lifetime max, RX - \$10, \$20, \$30 or 90%, 80%, 70% - \$ and % must be actuarially equivalent.			
AETNA LIFE INSURANCE CO	1 thru 7	\$ 313	\$ 627	\$ 816	\$ 502	\$ 384	\$ 767	\$ 1,004	\$ 620
Indemnity									
CLEAR CHOICE HEALTH PLANS	3, 4, & 6	\$ 251	\$ 551	\$ 714	\$ 464	\$ 346	\$ 760	\$ 985	\$ 639
HCSC-HMDI									
CONNECTICUT GENERAL LIFE	1	\$ 365	\$ 730	\$ 987	\$ 622	\$ 571	\$ 1,141	\$ 1,605	\$ 1,034
Indemnity	2, 3	\$ 341	\$ 681	\$ 921	\$ 580	\$ 533	\$ 1,065	\$ 1,498	\$ 965
	4, 5	\$ 348	\$ 695	\$ 940	\$ 592	\$ 543	\$ 1,087	\$ 1,528	\$ 985
	6	\$ 351	\$ 702	\$ 949	\$ 598	\$ 549	\$ 1,098	\$ 1,544	\$ 995
	7	\$ 337	\$ 674	\$ 912	\$ 574	\$ 527	\$ 1,054	\$ 1,482	\$ 955
GREAT-WEST LIFE & ANNUITY	1 thru 7	\$ 235	\$ 470	\$ 617	\$ 382	\$ 322	\$ 644	\$ 844	\$ 522
Indemnity									
HEALTH NET HEALTH PLAN OF OREGON	1, 3, 4	\$ 299	\$ 642	\$ 672	\$ 454	\$ 407	\$ 874	\$ 914	\$ 618
HCSC-HMDI	2, 5	\$ 329	\$ 707	\$ 739	\$ 500	\$ 447	\$ 961	\$ 1,005	\$ 680
	6, 7	\$ 344	\$ 739	\$ 772	\$ 523	\$ 468	\$ 1,005	\$ 1,051	\$ 711
HEALTH NET LIFE INSURANCE CO.	1	\$ 215	\$ 534	\$ 655	\$ 395	\$ 304	\$ 754	\$ 925	\$ 558
Indemnity	2	\$ 270	\$ 670	\$ 823	\$ 496	\$ 381	\$ 946	\$ 1,162	\$ 700
	3	\$ 236	\$ 586	\$ 720	\$ 434	\$ 334	\$ 828	\$ 1,016	\$ 612
	4	\$ 247	\$ 614	\$ 754	\$ 454	\$ 349	\$ 867	\$ 1,065	\$ 642
	5	\$ 253	\$ 627	\$ 770	\$ 464	\$ 357	\$ 886	\$ 1,087	\$ 655
	6	\$ 259	\$ 642	\$ 788	\$ 475	\$ 365	\$ 907	\$ 1,113	\$ 671
	7	\$ 255	\$ 633	\$ 777	\$ 468	\$ 360	\$ 893	\$ 1,097	\$ 661
	JOHN ALDEN LIFE INS. CO.	1 thru 7	\$ 228	\$ 523	\$ 685	\$ 391	\$ 409	\$ 936	\$ 1,226
Indemnity									
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	1,2,3,5,6	\$204	\$408	\$612	N/A	\$231	\$462	\$693	N/A
Changed from community rates to age based rates.									
Indemnity									
LIFEWISE HEALTH PLAN OF OR.	1	\$ 315	\$ 678	\$ 837	\$ 477	\$ 442	\$ 951	\$ 1,173	\$ 669
Indemnity	2	\$ 294	\$ 631	\$ 778	\$ 444	\$ 411	\$ 884	\$ 1,091	\$ 622
	3	\$ 290	\$ 622	\$ 767	\$ 438	\$ 406	\$ 872	\$ 1,076	\$ 614
	4	\$ 297	\$ 638	\$ 788	\$ 449	\$ 416	\$ 895	\$ 1,104	\$ 630
	5	\$ 329	\$ 707	\$ 872	\$ 498	\$ 461	\$ 991	\$ 1,223	\$ 697
	6	\$ 311	\$ 669	\$ 826	\$ 471	\$ 437	\$ 938	\$ 1,158	\$ 660
	7	\$ 341	\$ 733	\$ 904	\$ 516	\$ 478	\$ 1,028	\$ 1,268	\$ 723
	MEGA LIFE & HEALTH INS CO	1 thru 5, 7	\$ 415	\$ 830	\$ 1,089	\$ 674	\$ 645	\$ 1,290	\$ 1,695
Indemnity	6	\$ 363	\$ 726	\$ 953	\$ 590	\$ 565	\$ 1,130	\$ 1,483	\$ 918
PACIFICARE LIFE ASSURANCE	1 thru 7	\$ 617	\$ 1,271	\$ 1,561	\$ 1,561	\$ 749	\$ 1,542	\$ 1,894	\$ 1,894
Indemnity									
PACIFICSOURCE HEALTH PLANS	1, 4, 5, 6	\$ 279	\$ 558	N/A	\$ 558	\$ 343	\$ 686	N/A	\$ 686
HCSC-HMDI	2, 7	\$ 266	\$ 531	N/A	\$ 531	\$ 327	\$ 654	N/A	\$ 654
	3	\$ 292	\$ 585	N/A	\$ 585	\$ 360	\$ 719	N/A	\$ 719

INDEMNITY

CARRIERS

(continued)

	AREAS	LOW-COST PLAN				PREVAILING PLAN			
		INDIV	IND/SP	IND/FAM	IND/CH	INDIV	IND/SP	IND/FAM	IND/CH
		Deductible \$1000/\$3000, 70/30% coinsurance, \$15,000 stop loss or equivalent out of pocket, \$1,000,000 lifetime max, RX \$1000 deductible then 70/30%				Deductible \$500/1500, 80/20% coinsurance, \$10,000 stop loss or equivalent out of pocket, \$1,000,000 lifetime max, RX - \$10, \$20, \$30 or 90%, 80%, 70% - \$ and % must be actuarially equivalent.			
PHP HEALTH PLANS	4	\$ 221	\$ 443	\$ 620	\$ 398	\$ 283	\$ 565	\$ 792	\$ 509
HCSC-HMDI									
PROVIDENCE HEALTH PLAN	1, 5, 7	\$ 318	\$ 755	\$ 1,070	\$ 622	\$ 419	\$ 996	\$ 1,412	\$ 821
Small Group	2	\$ 347	\$ 824	\$ 1,168	\$ 679	\$ 458	\$ 1,087	\$ 1,541	\$ 896
	3	\$ 335	\$ 796	\$ 1,128	\$ 656	\$ 442	\$ 1,050	\$ 1,489	\$ 866
	4, 6	\$ 354	\$ 828	\$ 1,193	\$ 693	\$ 468	\$ 1,110	\$ 1,574	\$ 915
PROVIDENCE HEALTH PLAN	1, 5, 7	\$ 262	\$ 503	\$ 771	N/A	\$ 345	\$ 664	\$ 1,018	N/A
Large Group	2	\$ 288	\$ 554	\$ 850	N/A	\$ 380	\$ 731	\$ 1,122	N/A
	3	\$ 278	\$ 533	\$ 818	N/A	\$ 366	\$ 704	\$ 1,080	N/A
	4, 6	\$ 295	\$ 567	\$ 870	N/A	\$ 389	\$ 749	\$ 1,148	N/A
REGENCE BLUE CROSS BLUE SHIELD OF OREGON	1 thru 7	\$ 203	\$ 405	\$ 500	\$ 312	\$ 275	\$ 549	\$ 677	\$ 423
HCSC-HMDI									
REGENCE LIFE & HEALTH	1 thru 7	\$ 215	\$ 429	\$ 529	\$ 330	\$ 291	\$ 582	\$ 718	\$ 449
Indemnity									
UNICARE LIFE & HEALTH INS. CO.	1	\$ 358	\$ 706	\$ 1,011	N/A	\$ 446	\$ 881	\$ 1,262	N/A
Indemnity	2 thru 7	\$ 295	\$ 581	\$ 833	N/A	\$ 371	\$ 733	\$ 1,049	N/A
UNION LABOR LIFE	1 thru 7	\$ 270	\$ 539	\$ 899	\$ 630	\$ 392	\$ 783	\$ 1,305	\$ 914
Indemnity									
UNITED OF OMAHA	1 thru 7	\$ 361	\$ 732	\$ 522	\$ 893	\$ 454	\$ 934	\$ 667	\$ 1,147
Indemnity									

Rates are rounded to the nearest dollars.

HMO = Health Maintenance Organization.

HCSC = Health Care Service Contractor.

HMDI = Hospital, Medical, Dental & Indemnity.

Indemnity = Traditional fee-for-service indemnity insurance carrier.

IND/FAM Rate = Individual, Spouse and 2 Children.

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.

Area 1: Clackamas, Multnomah, Washington, and Yamhill;

Area 2: Benton, Lane, and Linn;

Area 3: Marion and Polk;

Area 4: Deschutes, Klamath, and Lake;

Area 5: Clatsop, Columbia, Coos, Curry, Lincoln, and Tillamook;

Area 6: Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler;

Area 7: Douglas, Jackson, and Josephine.

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>

Contact Person: Tammy Prevett, Administrative Assistant - Rates & Forms Unit

1-503-947-7236 or healthun.web@state.or.us

[Click Here for Part B](#)