

**STATE OF OREGON  
PORTABILITY  
GEOGRAPHIC AVERAGE RATES PART A  
1st QUARTER 2007**

**MANAGED CARE  
CARRIERS**

	AREAS	LOW-COST PLAN				PREVAILING PLAN			
		INDIV	IND/SP	IND/FAM	IND/CH	INDIV	IND/SP	IND/FAM	IND/CH
		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.			
<b>CLEAR CHOICE HEALTH PLANS</b>	3, 4, & 6	\$ 279	\$ 614	\$ 796	\$ 517	\$ 363	\$ 799	\$ 1,035	\$ 672
HCSC-HMDI									
<b>HEALTH NET HEALTH PLAN OF OREGON</b>	1	\$423	\$909	\$951	\$643	\$462	\$994	\$1,039	\$703
	2	\$455	\$978	\$1,022	\$692	\$497	\$1,068	\$1,116	\$756
HCSC-HMDI									
	3, 4	\$434	\$932	\$974	\$659	\$474	\$1,018	\$1,065	\$720
	5	\$476	\$1,023	\$1,069	\$724	\$520	\$1,118	\$1,168	\$791
	6	\$497	\$1,069	\$1,117	\$756	\$543	\$1,167	\$1,220	\$826
	7	\$508	\$1,091	\$1,141	\$772	\$555	\$1,192	\$1,246	\$843
<b>HEALTH NET LIFE INSURANCE CO.</b>	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
<b>KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST</b>	1,2,3,5,6	\$313	\$626	\$939	N/A	\$352	\$704	\$1,056	N/A
HCSC-HMDI									
<b>ODS HEALTH PLAN</b>	1	\$367	\$789	\$1,065	\$606	\$421	\$906	\$1,222	\$695
HCSC-HMDI									
	2, 4, 5, 6	\$358	\$769	\$1,038	\$590	\$410	\$883	\$1,190	\$677
	3	\$344	\$739	\$997	\$567	\$394	\$848	\$1,143	\$651
	7	\$362	\$779	\$1,051	\$598	\$416	\$894	\$1,206	\$686
<b>PACIFICARE OF OREGON</b>	1	\$437	\$938	\$1,129	\$644	\$486	\$1,042	\$1,255	\$716
HCSC-HMDI									
	2	\$427	\$917	\$1,104	\$630	\$475	\$1,019	\$1,228	\$700
	3, 5	\$529	\$1,134	\$1,365	\$779	\$584	\$1,252	\$1,508	\$860
<b>PROVIDENCE HEALTH PLAN</b>	1, 5, 7	\$410	\$974	\$1,380	\$802	\$453	\$1,076	\$1,525	\$887
HCSC-HMDI - Small Group									
	2	\$448	\$1,064	\$1,509	\$877	\$495	\$1,176	\$1,667	\$969
	3	\$433	\$1,028	\$1,457	\$847	\$478	\$1,136	\$1,610	\$936
	4, 6	\$458	\$1,087	\$1,541	\$896	\$506	\$1,201	\$1,703	\$990
<b>PROVIDENCE HEALTH PLAN</b>	1, 5, 7	\$321	\$617	\$946	N/A	\$354	\$681	\$1,045	N/A
HCSC-HMDI - Large Group									
	2	\$376	\$723	\$1,109	N/A	\$391	\$751	\$1,152	N/A
	3	\$362	\$696	\$1,068	N/A	\$376	\$723	\$1,109	N/A
	4, 6	\$362	\$695	\$1,067	N/A	\$400	\$768	\$1,179	N/A

**PPO  
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.			
<b>CLEAR CHOICE HEALTH PLANS</b>	3, 4, & 6	\$ 279	\$ 614	\$ 796	\$ 517	\$ 363	\$ 799	\$ 1,035	\$ 672

HCSC-HMDI

<b>HEALTH NET HEALTH PLAN OF OREGON</b>	1, 3, 4	\$263	\$566	\$591	\$400	\$325	\$699	\$731	\$495
	2	\$276	\$594	\$621	\$420	\$341	\$734	\$767	\$519
	5	\$290	\$622	\$651	\$440	\$358	\$769	\$804	\$544
	6, 7	\$303	\$651	\$680	\$460	\$374	\$804	\$840	\$569

HCSC-HMDI

<b>HEALTH NET LIFE INSURANCE CO.</b>	1	\$198	\$491	\$603	\$363	\$279	\$694	\$851	\$513
	2	\$248	\$617	\$757	\$456	\$351	\$871	\$1,069	\$644
	3	\$217	\$539	\$662	\$399	\$307	\$762	\$935	\$563
	4	\$228	\$565	\$694	\$418	\$321	\$798	\$980	\$590
	5	\$232	\$577	\$708	\$427	\$328	\$815	\$1,000	\$603
	6	\$238	\$591	\$725	\$437	\$336	\$834	\$1,024	\$617
	7	\$234	\$582	\$715	\$431	\$331	\$822	\$1,009	\$608

INDEMNITY

<b>LIFEWISE HEALTH PLAN OF OR.</b>	1	\$ 192	\$ 413	\$ 556	\$ 317	\$ 268	\$ 577	\$ 778	\$ 443
	2	\$ 193	\$ 414	\$ 558	\$ 318	\$ 269	\$ 579	\$ 781	\$ 444
	3	\$ 180	\$ 388	\$ 523	\$ 298	\$ 252	\$ 543	\$ 732	\$ 416
	4	\$ 207	\$ 445	\$ 600	\$ 341	\$ 289	\$ 622	\$ 839	\$ 477
	5	\$ 217	\$ 466	\$ 629	\$ 358	\$ 303	\$ 652	\$ 879	\$ 500
	6	\$ 213	\$ 457	\$ 617	\$ 351	\$ 297	\$ 639	\$ 863	\$ 491
	7	\$ 222	\$ 478	\$ 645	\$ 367	\$ 311	\$ 668	\$ 902	\$ 513

INDEMNITY

<b>PHP HEALTH PLANS</b>	4	\$ 232	\$ 464	\$ 649	\$ 418	\$ 296	\$ 593	\$ 830	\$ 533
	6	\$ 255	\$ 510	\$ 714	\$ 460	\$ 326	\$ 652	\$ 913	\$ 586

HCSC-HMDI

<b>UNICARE LIFE &amp; HEALTH INS. CO.</b>	1 thru 7	\$ 301	\$ 595	\$ 852	N/A	\$ 381	\$ 752	\$ 1,077	N/A
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Indemnity

**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.			
<b>AETNA LIFE INSURANCE CO</b>	1 thru 7	\$ 313	\$ 627	\$ 816	\$ 502	\$ 384	\$ 767	\$ 1,004	\$ 620

Indemnity

<b>CLEAR CHOICE HEALTH PLANS</b>	3, 4, & 6	\$ 279	\$ 614	\$ 796	\$ 517	\$ 363	\$ 799	\$ 1,035	\$ 672
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HCSC-HMDI

<b>CONNECTICUT GENERAL LIFE</b>	1	\$ 365	\$ 730	\$ 987	\$ 622	\$ 571	\$ 1,141	\$ 1,605	\$ 1,034
	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

Indemnity

<b>GREAT-WEST LIFE &amp; ANNUITY</b>	1 thru 7	\$ 185	\$ 370	\$ 300	\$ 486	\$ 259	\$ 519	\$ 421	\$ 680
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Indemnity

<b>JOHN ALDEN LIFE INS. CO.</b>	1 thru 7	\$ 228	\$ 523	\$ 685	\$ 391	\$ 409	\$ 936	\$ 1,226	\$ 699
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Indemnity

<b>KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST</b>	1,2,3,5,6	\$225	\$450	\$675	N/A	\$282	\$563	\$845	N/A
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Indemnity



Rates are rounded to the nearest dollars.  
HMO = Health Maintenance Organization.  
PPO = Preferred Provider 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

- 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 Vance, Administrative Specialist - Rates & Forms Unit  
1-503-947-7236 or [healthun.web@state.or.us](mailto:healthun.web@state.or.us)

[Click Here for Part B](#)