

**STATE OF OREGON
PORTABILITY
GEOGRAPHIC AVERAGE RATES PART A
2nd QUARTER 2005**

**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.			
HEALTH NET HEALTH PLAN OF OREGON	1	\$280	\$589	\$785	\$532	\$368	\$773	\$1,031	\$699
	2, 7	\$336	\$706	\$942	\$639	\$442	\$928	\$1,237	\$839
HCSC-HMDI	3, 4	\$294	\$618	\$824	\$559	\$387	\$812	\$1,082	\$734
	5	\$308	\$647	\$863	\$586	\$405	\$850	\$1,134	\$769
	6	\$322	\$677	\$902	\$612	\$423	\$889	\$1,185	\$804
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	\$307	\$615	\$922	N/A	\$349	\$699	\$1,048	N/A
HCSC-HMDI									
ODS HEALTH PLAN	1	\$330	\$710	\$957	\$545	\$375	\$806	\$1,087	\$618
HCSC-HMDI	2	\$343	\$738	\$996	\$567	\$390	\$838	\$1,130	\$643
	3	\$324	\$696	\$938	\$534	\$367	\$790	\$1,065	\$606
	4, 6	\$317	\$681	\$919	\$523	\$360	\$774	\$1,043	\$594
	5	\$347	\$745	\$1,005	\$572	\$394	\$846	\$1,141	\$649
	7	\$390	\$838	\$1,130	\$643	\$442	\$951	\$1,283	\$730
PACIFICARE OF OREGON	1, 5	\$370	\$795	\$957	\$546	\$439	\$942	\$1,134	\$647
HCSC-HMDI	2	\$387	\$829	\$999	\$570	\$458	\$983	\$1,184	\$676
	3	\$410	\$879	\$1,058	\$604	\$486	\$1,042	\$1,254	\$716
PROVIDENCE HEALTH PLAN	1, 5	\$283	\$672	\$952	\$554	\$347	\$823	\$1,167	\$678
HCSC-HMDI - Small Group	2	\$307	\$729	\$1,034	\$601	\$376	\$894	\$1,267	\$737
	3	\$297	\$706	\$1,001	\$582	\$364	\$865	\$1,227	\$713
	4, 6	\$313	\$744	\$1,055	\$613	\$384	\$912	\$1,293	\$752
PROVIDENCE HEALTH PLAN	1, 5	\$265	\$529	\$794	N/A	\$324	\$649	\$973	N/A
HCSC-HMDI - Large Group	2	\$292	\$583	\$875	N/A	\$357	\$715	\$1,072	N/A
	3	\$281	\$561	\$842	N/A	\$344	\$688	\$1,032	N/A
	4, 6	\$298	\$597	\$895	N/A	\$366	\$732	\$1,097	N/A

**INDEMNITY
CARRIERS**

		LOW-COST PLAN				PREVAILING PLAN			
		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.			

	AREAS	INDIV	IND/SP	IND/FAM	IND/CH	INDIV	IND/SP	IND/FAM	IND/CH
AETNA LIFE INSURANCE CO	1 thru 7	\$ 313	\$ 627	\$ 1,194	\$ 880	\$ 384	\$ 768	\$ 1,335	\$ 951

Indemnity

CLEAR CHOICE HEALTH PLANS	3, 4, & 6	\$ 258	\$ 567	\$ 734	\$ 477	\$ 345	\$ 759	\$ 983	\$ 638
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HCSC-HMDI

CONNECTICUT GENERAL LIFE	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

GREAT-WEST LIFE & ANNUITY	1 thru 7	\$ 235	\$ 470	\$ 617	\$ 382	\$ 322	\$ 644	\$ 844	\$ 522
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Indemnity

HEALTH NET HEALTH PLAN OF OREGON	1, 3, 4	\$ 282	\$ 592	\$ 789	\$ 536	\$ 384	\$ 806	\$ 1,075	\$ 729
	2, 5	\$ 310	\$ 651	\$ 868	\$ 589	\$ 422	\$ 887	\$ 1,182	\$ 802
	6, 7	\$ 324	\$ 681	\$ 908	\$ 616	\$ 441	\$ 927	\$ 1,236	\$ 839

HCSC-HMDI

HEALTH NET LIFE INSURANCE CO.	1	\$ 215	\$ 534	\$ 655	\$ 395	\$ 304	\$ 754	\$ 925	\$ 558
	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

Indemnity

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

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	1,2,3,5,6	\$248	\$495	\$743	N/A	\$279	\$557	\$836	N/A
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Indemnity

LIFEWISE HEALTH PLAN OF OR.	1	\$ 301	\$ 647	\$ 798	\$ 455	\$ 404	\$ 869	\$ 1,071	\$ 611
	2	\$ 280	\$ 602	\$ 742	\$ 424	\$ 376	\$ 808	\$ 996	\$ 568
	3	\$ 276	\$ 594	\$ 733	\$ 418	\$ 371	\$ 797	\$ 983	\$ 561
	4	\$ 275	\$ 590	\$ 728	\$ 415	\$ 368	\$ 792	\$ 977	\$ 557
	5	\$ 299	\$ 642	\$ 792	\$ 452	\$ 401	\$ 862	\$ 1,063	\$ 607
	6	\$ 297	\$ 639	\$ 788	\$ 450	\$ 399	\$ 857	\$ 1,058	\$ 603
	7	\$ 322	\$ 693	\$ 855	\$ 487	\$ 432	\$ 929	\$ 1,147	\$ 654

Indemnity

MEGA LIFE & HEALTH INS CO	1 thru 5, 7	\$ 415	\$ 830	\$ 1,089	\$ 674	\$ 645	\$ 1,290	\$ 1,695	\$ 1,049
	6	\$ 363	\$ 726	\$ 953	\$ 590	\$ 565	\$ 1,130	\$ 1,483	\$ 918

Indemnity

ODS HEALTH PLAN	1	\$ 312	\$ 671	\$ 905	\$ 515	\$ 387	\$ 832	\$ 1,122	\$ 638
	2	\$ 324	\$ 697	\$ 941	\$ 535	\$ 402	\$ 865	\$ 1,167	\$ 664
	3	\$ 306	\$ 657	\$ 887	\$ 504	\$ 379	\$ 815	\$ 1,099	\$ 625
	4, 6	\$ 299	\$ 644	\$ 868	\$ 494	\$ 371	\$ 798	\$ 1,077	\$ 613
	5	\$ 328	\$ 704	\$ 950	\$ 540	\$ 406	\$ 873	\$ 1,178	\$ 670
	7	\$ 368	\$ 791	\$ 1,067	\$ 607	\$ 456	\$ 981	\$ 1,324	\$ 753

HCSC-HMDI

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.			
PACIFICARE LIFE ASSURANCE	1 thru 7	\$594	\$1,225	\$1,504	N/A	\$ 711	\$ 1,464	\$ 1,798	N/A
Indemnity									
PACIFCSOURCE 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
PHP HEALTH PLANS	4	\$ 227	\$ 453	\$ 633	\$ 405	\$ 313	\$ 624	\$ 873	\$ 558
HCSC-HMDI									
PROVIDENCE HEALTH PLAN	1 thru 7	\$194	\$460	\$652	\$379	\$281	\$667	\$945	\$550
Small Group									
PROVIDENCE HEALTH PLAN	1 thru 7	\$181	\$362	\$544	N/A	\$263	\$526	\$788	N/A
Large Group									
REGENCE BLUE CROSS BLUE SHIELD OF OREGON	1 thru 7	\$ 309	\$ 618	\$ 763	\$ 476	\$ 390	\$ 780	\$ 962	\$ 600
HCSC-HMDI									
REGENCE LIFE & HEALTH	1 thru 7	\$ 287	\$ 573	\$ 707	N/A	\$ 359	\$ 717	\$ 884	N/A
Indemnity									
UNICARE LIFE & HEALTH INS. CO.	1	\$ 238	\$ 470	\$ 674	N/A	\$ 305	\$ 602	\$ 861	N/A
Indemnity									
	2 thru 7	\$ 193	\$ 381	\$ 545	N/A	\$ 247	\$ 487	\$ 698	N/A
UNION LABOR LIFE	1 thru 7	\$ 292	\$ 584	\$ 990	\$ 698	\$ 384	\$ 767	\$ 1,301	\$ 918
Indemnity									
UNITED OF OMAHA	1 thru 7	\$ 385	\$ 761	\$ 971	\$ 599	\$ 597	\$ 1,178	\$ 1,419	\$ 843
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
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[Click Here for Part B](#)