

**PPO
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
CLEAR CHOICE HEALTH PLANS	2, 3, 4, & 6	\$ 279	\$ 614	\$ 796	\$ 517	\$ 363	\$ 799	\$ 1,035	\$ 672

HCSC-HMDI

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

HEALTH NET LIFE INSURANCE CO.	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

LIFEWISE HEALTH PLAN OF OR.	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

PREFERRED HEALTH PLANS	4	\$ 232	\$ 464	\$ 649	\$ 418	\$ 296	\$ 593	\$ 830	\$ 533
	6	\$ 255	\$ 510	\$ 714	\$ 460	\$ 326	\$ 652	\$ 913	\$ 586

HCSC-HMDI

UNICARE LIFE & HEALTH INS. CO.	1 thru 7	\$ 311	\$ 613	\$ 878	N/A	\$ 393	\$ 776	\$ 1,112	N/A
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Indemnity

**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	\$ 816	\$ 502	\$ 384	\$ 767	\$ 1,004	\$ 620

Indemnity

CLEAR CHOICE HEALTH PLANS	3, 4, & 6	\$ 279	\$ 614	\$ 796	\$ 517	\$ 363	\$ 799	\$ 1,035	\$ 672
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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	\$ 185	\$ 370	\$ 300	\$ 486	\$ 259	\$ 519	\$ 421	\$ 680
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Indemnity

JOHN ALDEN LIFE INS. CO.	1 thru 7	\$ 228	\$ 523	\$ 685	\$ 391	\$ 409	\$ 936	\$ 1,226	\$ 699
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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
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[Click here for Part B](#)