

**STATE OF OREGON**  
**PORTABILITY**  
**GEOGRAPHIC AVERAGE RATES PART A**  
**2nd QUARTER 2008**

**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>	2, 3, 4, & 6	\$ 325	\$ 715	\$ 926	\$ 601	\$ 422	\$ 929	\$ 1,204	\$ 781
HCSC-HMDI									
<b>HEALTH NET HEALTH PLAN OF OREGON</b>	1	\$467	\$1,003	\$1,049	\$710	\$506	\$1,088	\$1,137	\$770
	2	\$502	\$1,079	\$1,127	\$763	\$544	\$1,169	\$1,222	\$827
HCSC-HMDI									
	3, 4	\$478	\$1,028	\$1,075	\$728	\$519	\$1,115	\$1,166	\$789
	5	\$525	\$1,129	\$1,180	\$798	\$569	\$1,224	\$1,279	\$866
	6	\$548	\$1,179	\$1,232	\$834	\$595	\$1,278	\$1,336	\$904
	7	\$560	\$1,204	\$1,258	\$852	\$607	\$1,305	\$1,365	\$924
<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	\$341	\$681	\$1,022	N/A	\$369	\$738	\$1,107	N/A
HCSC-HMDI									
<b>ODS HEALTH PLAN</b>	1, 5	\$405	\$871	\$1,174	\$668	\$476	\$1,023	\$1,380	\$785
HCSC-HMDI									
	2, 4	\$393	\$845	\$1,139	\$648	\$463	\$995	\$1,342	\$764
	3	\$381	\$818	\$1,104	\$628	\$446	\$958	\$1,292	\$735
	6	\$404	\$868	\$1,171	\$666	\$464	\$997	\$1,345	\$766
	7	\$410	\$881	\$1,188	\$676	\$470	\$1,010	\$1,363	\$775
<b>PACIFICARE OF OREGON</b>	1	\$405	\$868	\$1,045	\$596	\$453	\$971	\$1,170	\$667
HCSC-HMDI									
	2	\$396	\$849	\$1,022	\$583	\$443	\$951	\$1,145	\$653
	3, 5	\$488	\$1,047	\$1,260	\$719	\$542	\$1,163	\$1,401	\$799
<b>PROVIDENCE HEALTH PLAN</b>	1, 5, 7	\$451	\$1,071	\$1,518	\$883	\$498	\$1,183	\$1,678	\$975
HCSC-HMDI - Small Group									
	2	\$493	\$1,171	\$1,659	\$965	\$545	\$1,294	\$1,834	\$1,066
	3	\$476	\$1,130	\$1,602	\$932	\$526	\$1,249	\$1,771	\$1,029
	4, 6	\$504	\$1,196	\$1,695	\$986	\$556	\$1,321	\$1,873	\$1,089
<b>PROVIDENCE HEALTH PLAN</b>	1, 5, 7	\$342	\$657	\$1,008	N/A	\$378	\$726	\$1,114	N/A
HCSC-HMDI - Large Group									
	2	\$377	\$725	\$1,111	N/A	\$416	\$801	\$1,228	N/A
	3	\$363	\$697	\$1,069	N/A	\$401	\$770	\$1,181	N/A
	4, 6	\$385	\$741	\$1,136	N/A	\$426	\$819	\$1,256	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>	2, 3, 4, & 6	\$ 325	\$ 715	\$ 926	\$ 601	\$ 422	\$ 929	\$ 1,204	\$ 781

HCSC-HMDI

<b>HEALTH NET HEALTH PLAN OF OREGON</b>	1, 3, 4	\$289	\$621	\$649	\$440	\$357	\$768	\$802	\$543
	2	\$303	\$652	\$682	\$462	\$375	\$806	\$842	\$570
HCSC-HMDI	5, 7	\$318	\$683	\$714	\$484	\$393	\$844	\$883	\$597
	6	\$332	\$715	\$747	\$506	\$411	\$883	\$923	\$624

<b>HEALTH NET LIFE INSURANCE CO.</b> INDEMNITY	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

<b>LIFEWISE HEALTH PLAN OF OR.</b> INDEMNITY	1	\$ 303	\$ 651	\$ 803	\$ 458	\$ 423	\$ 909	\$ 1,121	\$ 640
	2	\$ 321	\$ 689	\$ 850	\$ 485	\$ 448	\$ 962	\$ 1,187	\$ 677
	3	\$ 294	\$ 633	\$ 781	\$ 445	\$ 411	\$ 884	\$ 1,090	\$ 622
	4	\$ 339	\$ 729	\$ 899	\$ 513	\$ 474	\$ 1,018	\$ 1,256	\$ 716
	5	\$ 388	\$ 835	\$ 1,029	\$ 587	\$ 542	\$ 1,166	\$ 1,438	\$ 820
	6	\$ 345	\$ 740	\$ 914	\$ 521	\$ 481	\$ 1,034	\$ 1,276	\$ 728
	7	\$ 400	\$ 860	\$ 1,061	\$ 605	\$ 559	\$ 1,202	\$ 1,482	\$ 845

<b>PREFERRED HEALTH PLANS</b>	4 & 6	\$ 301	\$ 616	\$ 904	\$ 586	\$ 385	\$ 787	\$ 1,155	\$ 748
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HCSC-HMDI

<b>UNICARE LIFE &amp; HEALTH INS. CO.</b>	1 thru 7	\$ 332	\$ 656	\$ 939	N/A	\$ 407	\$ 804	\$ 1,152	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	\$ 325	\$ 715	\$ 926	\$ 601	\$ 422	\$ 929	\$ 1,204	\$ 781
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HCSC-HMDI

<b>CONNECTICUT GENERAL LIFE</b> Indemnity	1	\$ 386	\$ 772	\$ 1,043	\$ 657	\$ 603	\$ 1,206	\$ 1,694	\$ 1,091
	2, 3	\$ 360	\$ 720	\$ 974	\$ 613	\$ 563	\$ 1,126	\$ 1,581	\$ 1,018
	4, 5	\$ 367	\$ 735	\$ 993	\$ 626	\$ 574	\$ 1,149	\$ 1,614	\$ 1,039
	6	\$ 371	\$ 742	\$ 1,003	\$ 632	\$ 580	\$ 1,160	\$ 1,630	\$ 1,049
	7	\$ 356	\$ 713	\$ 964	\$ 607	\$ 557	\$ 1,114	\$ 1,565	\$ 1,008

<b>GREAT-WEST LIFE &amp; ANNUITY</b>	1 thru 7	\$ 250	\$ 500	\$ 405	\$ 655	\$ 350	\$ 700	\$ 568	\$ 918
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Indemnity

**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.			
<b>KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST</b>	1,2,3,5,6	\$243	\$486	\$729	N/A	\$311	\$621	\$932	N/A
Indemnity									
<b>MEGA LIFE &amp; HEALTH INS CO</b>	1 thru 5, 7	\$ 441	\$ 881	\$ 1,156	\$ 716	\$ 672	\$ 1,343	\$ 1,763	\$ 1,092
Indemnity	6	\$ 385	\$ 770	\$ 1,011	\$ 626	\$ 588	\$ 1,175	\$ 1,543	\$ 956
<b>PACIFICARE LIFE ASSURANCE</b>	1	\$ 297	\$ 611	\$ 751	\$ 751	\$ 422	\$ 870	\$ 1,069	\$ 1,069
Indemnity	2	\$ 310	\$ 639	\$ 785	\$ 785	\$ 442	\$ 910	\$ 1,117	\$ 1,117
	3	\$ 305	\$ 628	\$ 772	\$ 772	\$ 434	\$ 894	\$ 1,098	\$ 1,098
	4	\$ 362	\$ 747	\$ 917	\$ 917	\$ 516	\$ 1,063	\$ 1,305	\$ 1,305
	5	\$ 364	\$ 749	\$ 920	\$ 920	\$ 518	\$ 1,067	\$ 1,310	\$ 1,310
	6	\$ 351	\$ 722	\$ 887	\$ 887	\$ 499	\$ 1,028	\$ 1,262	\$ 1,262
	7	\$ 355	\$ 731	\$ 897	\$ 897	\$ 505	\$ 1,040	\$ 1,277	\$ 1,277
<b>PACIFICSOURCE HEALTH PLANS</b>	1, 4	\$ 378	\$ 756	\$ 1,096	\$ 680	\$ 493	\$ 986	\$ 1,430	\$ 887
HCSC-HMDI	2	\$ 374	\$ 748	\$ 1,084	\$ 673	\$ 488	\$ 976	\$ 1,415	\$ 878
	3	\$ 385	\$ 771	\$ 1,118	\$ 694	\$ 503	\$ 1,006	\$ 1,459	\$ 906
	5, 6	\$ 405	\$ 809	\$ 1,174	\$ 729	\$ 528	\$ 1,056	\$ 1,532	\$ 951
	7	\$ 393	\$ 786	\$ 1,140	\$ 708	\$ 513	\$ 1,026	\$ 1,488	\$ 924
<b>PROVIDENCE HEALTH PLAN</b>	1, 5, 7	\$ 364	\$ 864	\$ 1,225	\$ 712	\$ 480	\$ 1,140	\$ 1,616	\$ 940
Small Group	2	\$ 398	\$ 944	\$ 1,338	\$ 778	\$ 525	\$ 1,246	\$ 1,767	\$ 1,027
	3	\$ 384	\$ 912	\$ 1,292	\$ 751	\$ 507	\$ 1,203	\$ 1,706	\$ 992
	4, 6	\$ 406	\$ 965	\$ 1,367	\$ 795	\$ 536	\$ 1,273	\$ 1,805	\$ 1,049
<b>PROVIDENCE HEALTH PLAN</b>	1, 5, 7	\$ 276	\$ 530	\$ 813	N/A	\$ 364	\$ 700	\$ 1,073	N/A
Large Group	2	\$ 304	\$ 584	\$ 896	N/A	\$ 401	\$ 771	\$ 1,183	N/A
	3	\$ 292	\$ 562	\$ 862	N/A	\$ 386	\$ 742	\$ 1,138	N/A
	4, 6	\$ 311	\$ 598	\$ 917	N/A	\$ 410	\$ 789	\$ 1,210	N/A
<b>REGENCE BLUE CROSS BLUE SHIELD OF OREGON</b>	1 thru 7	\$ 227	\$ 453	\$ 559	\$ 350	\$ 305	\$ 609	\$ 751	\$ 470
HCSC-HMDI									
<b>REGENCE LIFE &amp; HEALTH</b>	1 thru 7	\$ 218	\$ 435	\$ 537	\$ 335	\$ 294	\$ 588	\$ 726	\$ 453
Indemnity									
<b>UNION LABOR LIFE</b>	1 thru 7	\$ 270	\$ 539	\$ 899	\$ 630	\$ 392	\$ 783	\$ 1,305	\$ 914
Indemnity									
<b>UNITED HEALTHCARE INS.CO.</b>	1	\$ 272	\$ 560	\$ 687	\$ 687	\$ 383	\$ 790	\$ 970	\$ 970
Indemnity	2	\$ 287	\$ 591	\$ 726	\$ 726	\$ 405	\$ 834	\$ 1,024	\$ 1,024
	3	\$ 283	\$ 582	\$ 715	\$ 715	\$ 399	\$ 822	\$ 1,009	\$ 1,009
	4	\$ 377	\$ 777	\$ 954	\$ 954	\$ 532	\$ 1,096	\$ 1,346	\$ 1,346
	5	\$ 291	\$ 600	\$ 737	\$ 737	\$ 411	\$ 847	\$ 1,040	\$ 1,040
	6	\$ 344	\$ 709	\$ 871	\$ 871	\$ 486	\$ 1,001	\$ 1,229	\$ 1,229
	7	\$ 350	\$ 720	\$ 884	\$ 884	\$ 493	\$ 1,016	\$ 1,248	\$ 1,248

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](#)