

**STATE OF OREGON
PORTABILITY
GEOGRAPHIC AVERAGE RATES PART A
3rd QUARTER 2006**

**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 | \$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 | \$267 | \$534 | \$801 | N/A | \$300 | \$600 | \$900 | N/A |
| HCSC-HMDI | | | | | | | | | |
| 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**

| 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 | \$ 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 |
| | 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

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|--------------------------------------|----------|--------|--------|--------|--------|--------|--------|--------|--------|
| GREAT-WEST LIFE & ANNUITY | 1 thru 7 | \$ 185 | \$ 370 | \$ 300 | \$ 486 | \$ 259 | \$ 519 | \$ 421 | \$ 680 |
|--------------------------------------|----------|--------|--------|--------|--------|--------|--------|--------|--------|

Indemnity

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|---|---------|--------|--------|--------|--------|--------|----------|----------|--------|
| HEALTH NET HEALTH PLAN OF OREGON | 1, 3, 4 | \$ 299 | \$ 642 | \$ 672 | \$ 454 | \$ 407 | \$ 874 | \$ 914 | \$ 618 |
| | 2, 5 | \$ 329 | \$ 707 | \$ 739 | \$ 500 | \$ 447 | \$ 961 | \$ 1,005 | \$ 680 |
| | 6, 7 | \$ 344 | \$ 739 | \$ 772 | \$ 523 | \$ 468 | \$ 1,005 | \$ 1,051 | \$ 711 |

HCSC-HMDI

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

Indemnity

| | | | | | | | | | |
|---|-----------|-------|-------|-------|-----|-------|-------|-------|-----|
| KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST | 1,2,3,5,6 | \$192 | \$384 | \$576 | N/A | \$240 | \$480 | \$720 | N/A |
|---|-----------|-------|-------|-------|-----|-------|-------|-------|-----|

Indemnity

| | | | | | | | | | |
|------------------------------------|---|--------|--------|--------|--------|--------|----------|----------|--------|
| LIFEWISE HEALTH PLAN OF OR. | 1 | \$ 315 | \$ 678 | \$ 837 | \$ 477 | \$ 442 | \$ 951 | \$ 1,173 | \$ 669 |
| | 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 |

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

| | | | | | | | | | |
|----------------------------------|------|--------|--------|--------|--------|--------|--------|----------|----------|
| PACIFICARE LIFE ASSURANCE | 1 | \$ 263 | \$ 543 | \$ 666 | \$ 666 | \$ 388 | \$ 800 | \$ 982 | \$ 982 |
| | 2 | \$ 274 | \$ 564 | \$ 693 | \$ 693 | \$ 404 | \$ 832 | \$ 1,022 | \$ 1,022 |
| | 3 | \$ 262 | \$ 540 | \$ 664 | \$ 664 | \$ 387 | \$ 797 | \$ 978 | \$ 978 |
| | 4, 5 | \$ 318 | \$ 655 | \$ 805 | \$ 805 | \$ 469 | \$ 966 | \$ 1,187 | \$ 1,187 |
| | 6 | \$ 295 | \$ 609 | \$ 747 | \$ 747 | \$ 436 | \$ 897 | \$ 1,102 | \$ 1,102 |
| | 7 | \$ 306 | \$ 631 | \$ 775 | \$ 775 | \$ 452 | \$ 931 | \$ 1,143 | \$ 1,143 |

Indemnity

| | | | | | | | | | |
|----------------------------------|------|--------|--------|--------|--------|--------|--------|----------|--------|
| PACIFCSOURCE HEALTH PLANS | 1, 4 | \$ 308 | \$ 617 | \$ 895 | \$ 555 | \$ 339 | \$ 678 | \$ 983 | \$ 610 |
| | 2, 7 | \$ 296 | \$ 593 | \$ 859 | \$ 533 | \$ 326 | \$ 652 | \$ 945 | \$ 586 |
| | 3 | \$ 302 | \$ 605 | \$ 877 | \$ 544 | \$ 332 | \$ 665 | \$ 964 | \$ 598 |
| | 5, 6 | \$ 318 | \$ 635 | \$ 921 | \$ 572 | \$ 349 | \$ 698 | \$ 1,012 | \$ 628 |

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. | | | |
| PHP HEALTH PLANS | 4 | \$ 271 | \$ 553 | \$ 811 | \$ 526 | \$ 346 | \$ 706 | \$ 1,036 | \$ 672 |
| 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 | \$ 388 | \$ 767 | \$ 1,098 | N/A | \$ 483 | \$ 954 | \$ 1,367 | N/A |
| Indemnity | 2 thru 7 | \$ 320 | \$ 632 | \$ 905 | N/A | \$ 402 | \$ 794 | \$ 1,137 | N/A |
| UNION LABOR LIFE | 1 thru 7 | \$ 270 | \$ 539 | \$ 899 | \$ 630 | \$ 392 | \$ 783 | \$ 1,305 | \$ 914 |
| Indemnity | | | | | | | | | |
| UNITED OF OMAHA | 1 thru 7 | \$ 431 | \$ 926 | \$ 511 | \$ 1,006 | \$ 598 | \$ 1,296 | \$ 724 | \$ 1,422 |
| 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 Vance, Administrative Specialist - Rates & Forms Unit
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