

STATE OF OREGON
PORTABILITY
GEOGRAPHIC AVERAGE RATES PART A
4th QUARTER 2006

**MANAGED CARE
CARRIERS**

		LOW-COST PLAN				PREVAILING PLAN			
		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.			
	AREAS	INDIV	IND/SP	IND/FAM	IND/CH	INDIV	IND/SP	IND/FAM	IND/CH
HEALTH NET HEALTH PLAN OF OREGON HCSC-HMDI	1	\$423	\$909	\$951	\$643	\$462	\$994	\$1,039	\$703
	2	\$455	\$978	\$1,022	\$692	\$497	\$1,068	\$1,116	\$756
	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
	HEALTH NET LIFE INSURANCE CO. INDEMNITY	1	\$213	\$528	\$649	\$391	\$282	\$700	\$860
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 HCSC-HMDI	1,2,3,5,6	\$267	\$534	\$801	N/A	\$300	\$600	\$900	N/A
ODS HEALTH PLAN HCSC-HMDI	1, 2	\$362	\$778	\$1,049	\$597	\$400	\$861	\$1,161	\$661
	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 HCSC-HMDI	1	\$381	\$816	\$983	\$561	\$425	\$911	\$1,098	\$626
	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 HCSC-HMDI - Small Group	1, 5, 7	\$394	\$936	\$1,326	\$771	\$435	\$1,034	\$1,466	\$852
	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 HCSC-HMDI - Large Group	1, 5, 7	\$324	\$623	\$956	N/A	\$358	\$689	\$1,057	N/A
	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
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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

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

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

PACIFICSOURCE 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

PHP HEALTH PLANS	4	\$ 232	\$ 464	\$ 649	\$ 418	\$ 296	\$ 593	\$ 830	\$ 533
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HCSC-HMDI

PROVIDENCE HEALTH PLAN	1, 5, 7	\$ 318	\$ 755	\$ 1,070	\$ 622	\$ 419	\$ 996	\$ 1,412	\$ 821
	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

Small Group

PROVIDENCE HEALTH PLAN	1, 5, 7	\$ 262	\$ 503	\$ 771	N/A	\$ 345	\$ 664	\$ 1,018	N/A
	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

Large Group

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.			
REGENCE BLUE CROSS BLUE SHIELD OF OREGON	1 thru 7	\$ 179	\$ 357	\$ 440	\$ 275	\$ 243	\$ 486	\$ 600	\$ 374
HCSC-HMDI									
REGENCE LIFE & HEALTH	1 thru 7	\$ 245	\$ 489	\$ 603	\$ 377	\$ 332	\$ 663	\$ 818	\$ 510
Indemnity									
UNICARE LIFE & HEALTH INS. CO.	1	\$ 405	\$ 799	\$ 1,145	N/A	\$ 503	\$ 994	\$ 1,423	N/A
	2 thru 7	\$ 334	\$ 659	\$ 944	N/A	\$ 419	\$ 827	\$ 1,184	N/A
Indemnity									
UNION LABOR LIFE	1 thru 7	\$ 270	\$ 539	\$ 899	\$ 630	\$ 392	\$ 783	\$ 1,305	\$ 914
Indemnity									
UNITED HEALTHCARE INS.CO.	1	\$ 272	\$ 560	\$ 687	\$ 687	\$ 383	\$ 790	\$ 970	\$ 970
	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
Indemnity									
UNITED OF OMAHA	1	\$ 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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[Click Here for Part B](#)