

STATE OF OREGON
PORTABILITY
GEOGRAPHIC AVERAGE RATES PART A
4th QUARTER 2007

**MANAGED CARE
CARRIERS**

	AREAS	LOW-COST PLAN				PREVAILING PLAN			
		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	\$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
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	\$313	\$626	\$939	N/A	\$352	\$704	\$1,056	N/A
HCSC-HMDI									
ODS HEALTH PLAN	1	\$367	\$789	\$1,065	\$606	\$421	\$906	\$1,222	\$695
HCSC-HMDI	2, 4, 5, 6	\$358	\$769	\$1,038	\$590	\$410	\$883	\$1,190	\$677
	3	\$344	\$739	\$997	\$567	\$394	\$848	\$1,143	\$651
	7	\$362	\$779	\$1,051	\$598	\$416	\$894	\$1,206	\$686
PACIFICARE OF OREGON	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
PROVIDENCE HEALTH PLAN	1, 5, 7	\$410	\$974	\$1,380	\$802	\$453	\$1,076	\$1,525	\$887
HCSC-HMDI - Small Group	2	\$448	\$1,064	\$1,509	\$877	\$495	\$1,176	\$1,667	\$969
	3	\$433	\$1,028	\$1,457	\$847	\$478	\$1,136	\$1,610	\$936
	4, 6	\$458	\$1,087	\$1,541	\$896	\$506	\$1,201	\$1,703	\$990
PROVIDENCE HEALTH PLAN	1, 5, 7	\$321	\$617	\$946	N/A	\$354	\$681	\$1,045	N/A
HCSC-HMDI - Large Group	2	\$376	\$723	\$1,109	N/A	\$391	\$751	\$1,152	N/A
	3	\$362	\$696	\$1,068	N/A	\$376	\$723	\$1,109	N/A
	4, 6	\$362	\$695	\$1,067	N/A	\$400	\$768	\$1,179	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.			
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	\$289	\$621	\$649	\$440	\$357	\$768	\$802	\$543
	2	\$303	\$652	\$682	\$462	\$375	\$806	\$842	\$570
HCSC-HMDI	5	\$318	\$683	\$714	\$484	\$393	\$844	\$883	\$597
	6, 7	\$332	\$715	\$747	\$506	\$411	\$883	\$923	\$624

HEALTH NET LIFE INSURANCE CO.	1	\$198	\$491	\$603	\$363	\$279	\$694	\$851	\$513
INDEMNITY	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

LIFEWISE HEALTH PLAN OF OR.	1	\$ 202	\$ 434	\$ 585	\$ 333	\$ 282	\$ 606	\$ 817	\$ 465
INDEMNITY	2	\$ 214	\$ 459	\$ 619	\$ 352	\$ 298	\$ 641	\$ 865	\$ 492
	3	\$ 196	\$ 422	\$ 569	\$ 324	\$ 274	\$ 589	\$ 795	\$ 452
	4	\$ 226	\$ 486	\$ 655	\$ 373	\$ 316	\$ 679	\$ 915	\$ 521
	5	\$ 259	\$ 556	\$ 750	\$ 427	\$ 361	\$ 777	\$ 1,048	\$ 596
	6	\$ 230	\$ 493	\$ 666	\$ 379	\$ 321	\$ 689	\$ 930	\$ 529
	7	\$ 267	\$ 573	\$ 773	\$ 440	\$ 373	\$ 801	\$ 1,080	\$ 615

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

UNICARE LIFE & HEALTH INS. CO.	1 thru 7	\$ 330	\$ 652	\$ 934	N/A	\$ 418	\$ 825	\$ 1,182	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.			
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
Indemnity	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

GREAT-WEST LIFE & ANNUITY	1 thru 7	\$ 185	\$ 370	\$ 300	\$ 486	\$ 259	\$ 519	\$ 421	\$ 680
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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](#)