

**STATE OF OREGON**  
**Small Employer Health Insurance Carriers**  
**Geographic Average Rates (GARs) — Part A**  
**1st QUARTER 2006**

CARRIERS	AREAS	BASIC PLAN				INDEMNITY PLAN				PPO PLAN				POINT OF SERVICE PLAN			
		EE	EE/SP	EE/FAM	EE/CH	EE	EE/SP	EE/FAM	EE/CH	EE	EE/SP	EE/FAM	EE/CH	EE	EE/SP	EE/FAM	EE/CH
AETNA LIFE INSURANCE CO. Indemnity	1	\$733	\$1,545	\$2,219	\$1,361	\$682	\$1,534	\$2,203	\$1,351	\$716	\$1,609	\$2,311	\$1,417	N/A	N/A	N/A	N/A
	2, 6	\$636	\$1,341	\$1,926	\$1,181	\$592	\$1,331	\$1,912	\$1,173	\$621	\$1,396	\$2,006	\$1,230	N/A	N/A	N/A	N/A
	3, 5	\$664	\$1,399	\$2,010	\$1,233	\$618	\$1,389	\$1,996	\$1,224	\$648	\$1,457	\$2,093	\$1,284	N/A	N/A	N/A	N/A
	4	\$664	\$1,399	\$2,010	\$1,233	\$618	\$1,389	\$1,996	\$1,224	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	7	\$691	\$1,457	\$2,093	\$1,284	\$643	\$1,447	\$2,079	\$1,275	\$675	\$1,518	\$2,180	\$1,337	N/A	N/A	N/A	N/A
CENTRAL OREGON INDEPENDENT HEALTH SERVICES, INC. dba CLEAR CHOICE HEALTH PLANS HCSC-HMDI	4, 6	\$408	\$897	\$1,162	\$754	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$374	\$824	\$1,067	\$693
HEALTH NET of OREGON HCSC-HMDI	1	\$402	\$864	\$1,125	\$763	N/A	N/A	N/A	N/A	\$416	\$895	\$1,165	\$791	\$425	\$914	\$1,190	\$808
	2	\$432	\$929	\$1,209	\$821	N/A	N/A	N/A	N/A	\$434	\$933	\$1,215	\$824	\$457	\$982	\$1,279	\$868
	3, 4	\$412	\$885	\$1,153	\$782	N/A	N/A	N/A	N/A	\$416	\$895	\$1,165	\$791	\$436	\$937	\$1,220	\$828
	5	\$452	\$972	\$1,265	\$859	N/A	N/A	N/A	N/A	\$451	\$970	\$1,264	\$858	\$478	\$1,028	\$1,339	\$909
	6	\$472	\$1,015	\$1,322	\$897	N/A	N/A	N/A	N/A	\$469	\$1,008	\$1,313	\$891	\$499	\$1,074	\$1,399	\$949
	7	\$482	\$1,036	\$1,350	\$916	N/A	N/A	N/A	N/A	\$469	\$1,008	\$1,313	\$891	\$510	\$1,097	\$1,428	\$969
JOHN ALDEN INSURANCE CO. Indemnity	1 thru 7	\$563	\$1,418	\$1,917	\$1,063	\$648	\$1,630	\$2,204	\$1,222	\$706	\$1,493	\$2,018	\$1,119	N/A	N/A	N/A	N/A
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST HCSC-HMDI	1,2,3,5,6	\$299	\$599	\$898	\$539	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LIFEWISE HEALTH PLAN OF OREGON Indemnity	1	\$426	\$961	\$1,329	\$764	N/A	N/A	N/A	N/A	\$386	\$871	\$1,204	\$692	N/A	N/A	N/A	N/A
	2	\$396	\$893	\$1,236	\$711	N/A	N/A	N/A	N/A	\$387	\$874	\$1,208	\$695	N/A	N/A	N/A	N/A
	3	\$391	\$881	\$1,219	\$701	N/A	N/A	N/A	N/A	\$363	\$819	\$1,132	\$651	N/A	N/A	N/A	N/A
	4	\$401	\$904	\$1,250	\$719	N/A	N/A	N/A	N/A	\$416	\$938	\$1,298	\$746	N/A	N/A	N/A	N/A
	5	\$444	\$1,001	\$1,385	\$796	N/A	N/A	N/A	N/A	\$436	\$983	\$1,360	\$782	N/A	N/A	N/A	N/A
	6	\$420	\$948	\$1,311	\$754	N/A	N/A	N/A	N/A	\$428	\$965	\$1,335	\$768	N/A	N/A	N/A	N/A
	7	\$460	\$1,038	\$1,436	\$826	N/A	N/A	N/A	N/A	\$447	\$1,009	\$1,395	\$802	N/A	N/A	N/A	N/A
ODS HEALTH PLAN HCSC-HMDI	1	\$452	\$971	\$1,309	\$745	N/A	N/A	N/A	N/A	\$387	\$832	\$1,122	\$638	N/A	N/A	N/A	N/A
	2	\$440	\$946	\$1,276	\$726	N/A	N/A	N/A	N/A	\$377	\$811	\$1,093	\$622	N/A	N/A	N/A	N/A
	3	\$405	\$871	\$1,175	\$669	N/A	N/A	N/A	N/A	\$347	\$747	\$1,007	\$573	N/A	N/A	N/A	N/A
	4, 5, 6	\$440	\$946	\$1,276	\$726	N/A	N/A	N/A	N/A	\$377	\$811	\$1,093	\$622	N/A	N/A	N/A	N/A
	7	\$463	\$996	\$1,343	\$764	N/A	N/A	N/A	N/A	\$397	\$853	\$1,151	\$655	N/A	N/A	N/A	N/A
PACIFICARE LIFE ASSURANCE Indemnity	1	\$532	\$1,293	\$2,021	\$1,498	\$583	\$1,418	\$2,217	\$1,643	\$271	\$659	\$1,029	\$763	N/A	N/A	N/A	N/A
	2	\$532	\$1,293	\$2,021	\$1,498	\$583	\$1,418	\$2,217	\$1,643	\$283	\$687	\$1,074	\$796	N/A	N/A	N/A	N/A
	3	\$532	\$1,293	\$2,021	\$1,498	\$583	\$1,418	\$2,217	\$1,643	\$269	\$654	\$1,022	\$757	N/A	N/A	N/A	N/A
	4	\$532	\$1,293	\$2,021	\$1,498	\$583	\$1,418	\$2,217	\$1,643	\$366	\$891	\$1,393	\$1,032	N/A	N/A	N/A	N/A
	5	\$532	\$1,293	\$2,021	\$1,498	\$583	\$1,418	\$2,217	\$1,643	\$370	\$899	\$1,405	\$1,041	N/A	N/A	N/A	N/A
	6	\$532	\$1,293	\$2,021	\$1,498	\$583	\$1,418	\$2,217	\$1,643	\$339	\$825	\$1,290	\$956	N/A	N/A	N/A	N/A
	7	\$532	\$1,293	\$2,021	\$1,498	\$583	\$1,418	\$2,217	\$1,643	\$340	\$828	\$1,294	\$959	N/A	N/A	N/A	N/A

CARRIERS	AREAS	BASIC PLAN				INDEMNITY PLAN				PPO PLAN				POINT OF SERVICE PLAN			
		EE	EE/SP	EE/FAM	EE/CH	EE	EE/SP	EE/FAM	EE/CH	EE	EE/SP	EE/FAM	EE/CH	EE	EE/SP	EE/FAM	EE/CH
		No Ded, 50/50%, \$3750 Individual/ \$7500 Family Stop-Loss, Rx \$15/50%, \$1,000,000 Lifetime Max				Ded \$500 Indiv/\$1500 Family, 80/20%, \$2000 Stop-Loss, 50% Rx \$1,000,000 Lifetime Max				Ded \$500 Indiv/\$1500 Family; 90/70%; \$2000 Stop-loss; 50% RX \$1,000,000 Lifetime Max				Deductible \$500/ \$15 office visit/ 80% benefit / \$1000 out-of-pocket per indiv., no RX			
PACIFICARE of OREGON HCSC-HMDI	1	\$431	\$1,047	\$1,637	\$1,213	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	2	\$435	\$1,057	\$1,653	\$1,225	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	3, 5	\$467	\$1,135	\$1,774	\$1,315	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PACIFCSOURCE HEALTH PLANS HCSC-HMDI	1, 2, 3, 7	\$317	\$729	\$903	\$586	\$378	\$870	\$1,078	\$700	N/A	N/A	N/A	N/A	\$398	\$915	\$1,134	\$736
	4, 5, 6	\$332	\$765	\$948	\$616	\$394	\$907	\$1,124	\$729	N/A	N/A	N/A	N/A	\$415	\$954	\$1,183	\$768
PHP HEALTH PLAN HCSC-HMDI	4	\$449	\$897	\$1,256	\$807	N/A	N/A	N/A	N/A	\$346	\$692	\$969	\$623	N/A	N/A	N/A	N/A
PROVIDENCE HEALTH PLAN HCSC-HMDI	1, 5	\$315	\$747	\$1,059	\$616	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$290	\$689	\$977	\$568
	2	\$342	\$813	\$1,153	\$670	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$320	\$759	\$1,076	\$626
	3	\$331	\$787	\$1,115	\$648	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$308	\$731	\$1,036	\$602
	4, 6	\$349	\$830	\$1,176	\$684	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$327	\$777	\$1,101	\$640
REGENCE BLUE CROSS BLUE SHIELD OF OREGON HCSC-HMDI	1 thru 7	\$393	\$826	\$1,180	\$645	N/A	N/A	N/A	N/A	\$350	\$735	\$1,050	\$574	N/A	N/A	N/A	N/A

**Note:** Rates shown are rounded off to the nearest dollar. Monthly or quarterly trend factors may apply to a carrier's GAR listed beyond this date. **The GARs listed are a Carrier's closest equivalent to plans described above.**

**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.

Geographic Areas:

- (1) Clackamas, Multnomah, Washington, and Yamhill
- (2) Benton, Lane, and Linn
- (3) Marion and Polk
- (4) Deschutes, Klamath, and Lake
- (5) Clatsop, Columbia, Coos, Curry, Lincoln, and Tillamook
- (6) Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler
- (7) Douglas, Jackson, and Josephine

HMO = Health Maintenance Organization

HCSC = \*Health Care Service Contractor

Indemnity = traditional fee-for-service indemnity insurance carrier.

HMDI = Hospital, Medical, Dental & Indemnity

EE = Employee; EE/SP = Employee and Spouse; EE/FAM = Employee and Family; EE/CH = Employee and Children

\*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>

\*\*NOTE: There are no longer any HMO Federally Qualified plans in Oregon.

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