

**STATE OF OREGON**  
**Small Employer Health Insurance Carriers**  
**Geographic Average Rates (GARs) — Part A**  
**2nd QUARTER 2006**

		<b>BASIC PLAN</b>				<b>INDEMNITY PLAN</b>				<b>PPO PLAN</b>				<b>POINT OF SERVICE PLAN</b>			
		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			
<b>CARRIERS</b>	<b>AREAS</b>	<b>EE</b>	<b>EE/SP</b>	<b>EE/FAM</b>	<b>EE/CH</b>	<b>EE</b>	<b>EE/SP</b>	<b>EE/FAM</b>	<b>EE/CH</b>	<b>EE</b>	<b>EE/SP</b>	<b>EE/FAM</b>	<b>EE/CH</b>	<b>EE</b>	<b>EE/SP</b>	<b>EE/FAM</b>	<b>EE/CH</b>

<b>AETNA LIFE INSURANCE CO.</b> Indemnity	1	\$755	\$1,592	\$2,287	\$1,403	\$703	\$1,581	\$2,271	\$1,393	\$738	\$1,658	\$2,382	\$1,461	N/A	N/A	N/A	N/A
	2, 6	\$655	\$1,382	\$1,985	\$1,217	\$610	\$1,372	\$1,971	\$1,209	\$640	\$1,439	\$2,067	\$1,268	N/A	N/A	N/A	N/A
	3, 5	\$684	\$1,442	\$2,071	\$1,270	\$636	\$1,432	\$2,057	\$1,261	\$668	\$1,502	\$2,157	\$1,323	N/A	N/A	N/A	N/A
	4	\$684	\$1,442	\$2,071	\$1,270	\$636	\$1,432	\$2,057	\$1,261	NA	NA	NA	NA	N/A	N/A	N/A	N/A
	7	\$712	\$1,502	\$2,158	\$1,323	\$663	\$1,491	\$2,142	\$1,314	\$695	\$1,564	\$2,247	\$1,378	N/A	N/A	N/A	N/A

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<b>CENTRAL OREGON INDEPENDENT HEALTH SERVICES, INC. dba CLEAR CHOICE HEALTH PLANS HCSC-HMDI</b>	4, 6	\$422	\$928	\$1,203	\$781	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$374	\$824	\$1,067	\$693
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<b>HEALTH NET of OREGON HCSC-HMDI</b>	1	\$414	\$981	\$1,160	\$787	N/A	N/A	N/A	N/A	\$429	\$923	\$1,202	\$815	\$438	\$942	\$1,227	\$833
	2	\$445	\$957	\$1,247	\$846	N/A	N/A	N/A	N/A	\$447	\$962	\$1,252	\$850	\$471	\$1,013	\$1,319	\$895
	3, 4	\$425	\$913	\$1,189	\$807	N/A	N/A	N/A	N/A	\$429	\$923	\$1,202	\$815	\$449	\$966	\$1,258	\$854
	5	\$466	\$1,002	\$1,305	\$885	N/A	N/A	N/A	N/A	\$465	\$1,001	\$1,303	\$884	\$493	\$1,060	\$1,381	\$937
	6	\$487	\$1,046	\$1,363	\$925	N/A	N/A	N/A	N/A	\$484	\$1,040	\$1,354	\$919	\$515	\$1,107	\$1,442	\$978
	7	\$497	\$1,069	\$1,392	\$944	N/A	N/A	N/A	N/A	\$484	\$1,040	\$1,354	\$919	\$526	\$1,131	\$1,473	\$999

ok

<b>JOHN ALDEN INSURANCE CO.</b> Indemnity	1 thru 7	\$587	\$1,107	\$1,476	\$1,996	\$675	\$1,273	\$1,698	\$2,296	\$735	\$1,165	\$1,554	\$2,102	N/A	N/A	N/A	N/A
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<b>KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST HCSC-HMDI</b>	1,2,3,5,6	\$305	\$610	\$915	\$549	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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<b>LIFEWISE HEALTH PLAN OF OREGON</b> Indemnity	1	\$441	\$994	\$1,375	\$791	N/A	N/A	N/A	N/A	\$399	\$901	\$1,246	\$716	N/A	N/A	N/A	N/A
	2	\$410	\$924	\$1,278	\$735	N/A	N/A	N/A	N/A	\$401	\$904	\$1,250	\$719	N/A	N/A	N/A	N/A
	3	\$404	\$912	\$1,261	\$725	N/A	N/A	N/A	N/A	\$376	\$847	\$1,171	\$674	N/A	N/A	N/A	N/A
	4	\$415	\$935	\$1,294	\$744	N/A	N/A	N/A	N/A	\$430	\$971	\$1,342	\$772	N/A	N/A	N/A	N/A
	5	\$459	\$1,036	\$1,433	\$824	N/A	N/A	N/A	N/A	\$451	\$1,017	\$1,407	\$809	N/A	N/A	N/A	N/A
	6	\$435	\$981	\$1,357	\$780	N/A	N/A	N/A	N/A	\$443	\$998	\$1,381	\$794	N/A	N/A	N/A	N/A
	7	\$476	\$1,074	\$1,486	\$855	N/A	N/A	N/A	N/A	\$463	\$1,043	\$1,443	\$830	N/A	N/A	N/A	N/A

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<b>ODS HEALTH PLAN HCSC-HMDI</b>	1	\$463	\$995	\$1,342	\$764	N/A	N/A	N/A	N/A	\$397	\$853	\$1,150	\$654	N/A	N/A	N/A	N/A
	2	\$451	\$970	\$1,308	\$744	N/A	N/A	N/A	N/A	\$386	\$831	\$1,121	\$638	N/A	N/A	N/A	N/A
	3	\$415	\$893	\$1,204	\$685	N/A	N/A	N/A	N/A	\$356	\$765	\$1,032	\$587	N/A	N/A	N/A	N/A
	4, 5, 6	\$451	\$970	\$1,308	\$744	N/A	N/A	N/A	N/A	\$386	\$831	\$1,121	\$638	N/A	N/A	N/A	N/A
	7	\$475	\$1,021	\$1,377	\$783	N/A	N/A	N/A	N/A	\$407	\$874	\$1,179	\$671	N/A	N/A	N/A	N/A

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<b>PACIFICARE LIFE ASSURANCE</b> 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

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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			
<b>PACIFICARE of OREGON</b> HCSC-HMDI	1	\$442	\$1,074	\$1,679	\$1,245	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	\$446	\$1,085	\$1,695	\$1,256	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	\$479	\$1,164	\$1,820	\$1,349	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>PACIFCSOURCE HEALTH PLANS</b> HCSC-HMDI	1, 2, 3, 7	\$324	\$744	\$922	\$599	\$382	\$878	\$1,088	\$707	N/A	N/A	N/A	N/A	\$354	\$814	\$1,009	\$655
	4, 5, 6	\$317	\$730	\$904	\$587	\$375	\$863	\$1,069	\$694	N/A	N/A	N/A	N/A	\$347	\$798	\$989	\$642
<b>PHP HEALTH PLAN</b> HCSC-HMDI	4	\$462	\$923	\$1,293	\$831	N/A	N/A	N/A	N/A	\$356	\$712	\$997	\$641	N/A	N/A	N/A	N/A
<b>PROVIDENCE HEALTH PLAN</b> HCSC-HMDI	1, 5	\$322	\$764	\$1,052	\$629	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$296	\$703	\$997	\$580
	2	\$350	\$831	\$1,147	\$685	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$326	\$775	\$1,099	\$639
	3	\$338	\$804	\$1,108	\$662	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$314	\$746	\$1,058	\$615
	4, 6	\$357	\$848	\$1,171	\$699	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$334	\$793	\$1,125	\$654
<b>REGENCE BLUE CROSS BLUE SHIELD OF OREGON</b> HCSC-HMDI	1 thru 7	\$379	\$797	\$1,139	\$623	N/A	N/A	N/A	N/A	\$337	\$707	\$1,010	\$552	N/A	N/A	N/A	N/A

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**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.

**Contact Person:**

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