STATE OF OREGON

Small Employer Health Insurance Carriers

Geographic Average Rates (GARs) — Part A

2nd QUARTER 2008

CARRIERS	AREAS	BASIC PLAN No Ded, 50/50%, $3750 Individual/ $7500 Family Stop-Loss, Rx $15/50%, $1,000,000 Lifetime Max				INDEMNITY PLAN Ded $500 Indiv/$1500 Family, 80/20%, $2000 Stop-Loss, 50% Rx $1,000,000 Lifetime Max				PPO PLAN Ded $500 Indiv/$1500 Family; 90/70%; $2000 Stop-loss; 50% RX $1,000,000 Lifetime Max				POINT OF SERVICE PLAN Deductible $500/ $15 office visit/ 80% benefit / $1000 out-of-pocket per indiv., no RX			
		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.	1	$855	$1,803	$2,590	$1,588	$796	$1,790	$2,572	$1,577	$836	$1,869	$2,684	$1,646	NA	NA	NA	NA
INDEMNITY	2, 6	$742	$1,565	$2,248	$1,379	$691	$1,554	$2,232	$1,369	$724	$1,622	$2,330	$1,429	NA	NA	NA	NA
	3, 5	$775	$1,633	$2,346	$1,439	$721	$1,621	$2,329	$1,428	$756	$1,692	$2,431	$1,491	NA	NA	NA	NA
	4	$775	$1,633	$2,346	$1,439	$721	$1,621	$2,329	$1,428	NA	NA	NA	NA	NA	NA	NA	NA
	7	$807	$1,701	$2,443	$1,498	$751	$1,689	$2,426	$1,488	$787	$1,763	$2,532	$1,553	NA	NA	NA	NA
CLEAR CHOICE HEALTH PLANS	2, 3, 4, 6	$491	$1,079	$1,398	$908	NA	NA	NA	NA	NA	NA	NA	NA	$425	$935	$1,212	$786
HCSC-HMDI																	
HEALTH NET of OREGON	1	$416	$894	$1,164	$790	NA	NA	NA	NA	$410	$881	$1,148	$779	$423	$909	$1,184	$803
HCSC-HMDI	2	$447	$961	$1,251	$849	NA	NA	NA	NA	$428	$920	$1,198	$813	$454	$977	$1,272	$863
	3, 4	$426	$916	$1,193	$810	NA	NA	NA	NA	$410	$881	$1,148	$779	$433	$932	$1,213	$823
	5	$468	$1,006	$1,310	$889	NA	NA	NA	NA	$446	$959	$1,249	$847	$476	$1,022	$1,332	$904
	6	$488	$1,050	$1,368	$928	NA	NA	NA	NA	$464	$997	$1,299	$881	$497	$1,068	$1,391	$944
	7	$499	$1,073	$1,397	$948	NA	NA	NA	NA	$446	$959	$1,249	$847	$507	$1,091	$1,420	$964
KAISER FOUNDATION HEALTH PLAN OF	1	$361	$722	$1,084	$650	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
THE NORTHWEST HCSC-HMDI	2, 3, 5, 6	$361	$722	$1,445	$2,167	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
LIFEWISE HEALTH PLAN OF OREGON	1	$644	$1,329	$1,732	$1,055	NA	NA	NA	NA	$560	$1,157	$1,507	$918	NA	NA	NA	NA
INDEMNITY	2	$599	$1,236	$1,611	$981	NA	NA	NA	NA	$593	$1,224	$1,596	$972	NA	NA	NA	NA
	3	$591	$1,219	$1,589	$968	NA	NA	NA	NA	$545	$1,124	$1,465	$892	NA	NA	NA	NA
	4	$606	$1,251	$1,630	$993	NA	NA	NA	NA	$628	$1,295	$1,688	$1,028	NA	NA	NA	NA
	5	$671	$1,385	$1,806	$1,099	NA	NA	NA	NA	$719	$1,483	$1,933	$1,177	NA	NA	NA	NA
	6	$636	$1,312	$1,710	$1,041	NA	NA	NA	NA	$638	$1,316	$1,715	$1,044	NA	NA	NA	NA
	7	$696	$1,437	$1,872	$1,140	NA	NA	NA	NA	$741	$1,529	$1,992	$1,213	NA	NA	NA	NA
ODS HEALTH PLAN	1, 6	$669	$1,405	$1,907	$1,104	NA	NA	NA	NA	$502	$1,055	$1,432	$829	NA	NA	NA	NA
HCSC-HMDI	2	$652	$1,369	$1,858	$1,076	NA	NA	NA	NA	$491	$1,031	$1,399	$810	NA	NA	NA	NA
	3, 5	$622	$1,307	$1,774	$1,027	NA	NA	NA	NA	$471	$988	$1,341	$777	NA	NA	NA	NA
	4	$703	$1,476	$2,003	$1,159	NA	NA	NA	NA	$525	$1,103	$1,497	$867	NA	NA	NA	NA
	7	$736	$1,546	$2,098	$1,215	NA	NA	NA	NA	$548	$1,151	$1,562	$904	NA	NA	NA	NA
PACIFICARE LIFE ASSURANCE	1	$705	$1,715	$2,697	$1,687	$830	$2,019	$3,175	$1,986	$412	$1,002	$1,576	$986	NA	NA	NA	NA
INDEMNITY	2	$705	$1,715	$2,697	$1,687	$830	$2,019	$3,175	$1,986	$431	$1,048	$1,648	$1,031	NA	NA	NA	NA
	3	$705	$1,715	$2,697	$1,687	$830	$2,019	$3,175	$1,986	$421	$1,025	$1,612	$1,008	NA	NA	NA	NA
	4	$705	$1,715	$2,697	$1,687	$830	$2,019	$3,175	$1,986	$537	$1,307	$2,056	$1,286	NA	NA	NA	NA
	5	$705	$1,715	$2,697	$1,687	$830	$2,019	$3,175	$1,986	$530	$1,289	$2,027	$1,268	NA	NA	NA	NA
	6	$705	$1,715	$2,697	$1,687	$830	$2,019	$3,175	$1,986	$498	$1,212	$1,905	$1,192	NA	NA	NA	NA
	7	$705	$1,715	$2,697	$1,687	$830	$2,019	$3,175	$1,986	$514	$1,250	$1,965	$1,229	NA	NA	NA	NA
PACIFICARE of OREGON	1	$555	$1,348	$2,180	$1,363	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HCSC-HMDI	2	$560	$1,361	$2,200	$1,376	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	3, 5	$601	$1,461	$2,362	$1,477	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA