

STATE OF OREGON
Small Employer Health Insurance Carriers
Geographic Average Rates (GARs) — Part A
3rd 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	\$767	\$1,616	\$2,321	\$1,424	\$713	\$1,605	\$2,305	\$1,414	\$749	\$1,683	\$2,418	\$1,483	N/A	N/A	N/A	N/A
	2, 6	\$665	\$1,403	\$2,015	\$1,236	\$619	\$1,393	\$2,001	\$1,227	\$649	\$1,461	\$2,099	\$1,287	N/A	N/A	N/A	N/A
	3, 5	\$694	\$1,464	\$2,102	\$1,289	\$646	\$1,453	\$2,088	\$1,280	\$678	\$1,524	\$2,190	\$1,343	N/A	N/A	N/A	N/A
	4	\$694	\$1,464	\$2,102	\$1,289	\$646	\$1,453	\$2,088	\$1,280	NA	NA	NA	NA	N/A	N/A	N/A	N/A
	7	\$723	\$1,525	\$2,190	\$1,343	\$673	\$1,514	\$2,175	\$1,334	\$706	\$1,588	\$2,281	\$1,399	N/A	N/A	N/A	N/A
CENTRAL OREGON INDEPENDENT HEALTH SERVICES, INC. dba CLEAR CHOICE HEALTH PLANS HCSC-HMDI	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
HEALTH NET of OREGON HCSC-HMDI	1	\$409	\$878	\$1,144	\$776	N/A	N/A	N/A	N/A	\$402	\$865	\$1,126	\$764	\$408	\$878	\$1,143	\$776
	2	\$439	\$944	\$1,230	\$834	N/A	N/A	N/A	N/A	\$419	\$902	\$1,174	\$797	\$439	\$943	\$1,229	\$834
	3, 4	\$419	\$900	\$1,172	\$796	N/A	N/A	N/A	N/A	\$402	\$865	\$1,126	\$764	\$418	\$900	\$1,172	\$795
	5	\$460	\$988	\$1,287	\$873	N/A	N/A	N/A	N/A	\$437	\$939	\$1,222	\$829	\$459	\$987	\$1,286	\$873
	6	\$480	\$1,032	\$1,344	\$912	N/A	N/A	N/A	N/A	\$454	\$976	\$1,271	\$862	\$480	\$1,031	\$1,343	\$911
	7	\$490	\$1,054	\$1,373	\$931	N/A	N/A	N/A	N/A	\$454	\$976	\$1,271	\$862	\$490	\$1,053	\$1,372	\$931
JOHN ALDEN INSURANCE CO. Indemnity	1 thru 7	\$611	\$1,152	\$1,537	\$2,079	\$703	\$1,325	\$1,768	\$2,391	\$765	\$1,213	\$1,619	\$2,189	N/A	N/A	N/A	N/A
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST HCSC-HMDI	1,2,3,5,6	\$314	\$628	\$941	\$565	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	\$456	\$1,028	\$1,422	\$818	N/A	N/A	N/A	N/A	\$413	\$932	\$1,289	\$741	N/A	N/A	N/A	N/A
	2	\$424	\$956	\$1,323	\$761	N/A	N/A	N/A	N/A	\$415	\$935	\$1,293	\$744	N/A	N/A	N/A	N/A
	3	\$418	\$943	\$1,305	\$750	N/A	N/A	N/A	N/A	\$389	\$876	\$1,212	\$697	N/A	N/A	N/A	N/A
	4	\$429	\$968	\$1,338	\$770	N/A	N/A	N/A	N/A	\$445	\$1,004	\$1,389	\$799	N/A	N/A	N/A	N/A
	5	\$475	\$1,072	\$1,482	\$853	N/A	N/A	N/A	N/A	\$467	\$1,053	\$1,456	\$837	N/A	N/A	N/A	N/A
	6	\$450	\$1,015	\$1,404	\$807	N/A	N/A	N/A	N/A	\$458	\$1,033	\$1,428	\$822	N/A	N/A	N/A	N/A
	7	\$493	\$1,112	\$1,537	\$884	N/A	N/A	N/A	N/A	\$479	\$1,080	\$1,493	\$859	N/A	N/A	N/A	N/A
ODS HEALTH PLAN HCSC-HMDI	1	\$476	\$1,022	\$1,379	\$785	N/A	N/A	N/A	N/A	\$406	\$874	\$1,178	\$670	N/A	N/A	N/A	N/A
	2	\$463	\$996	\$1,344	\$764	N/A	N/A	N/A	N/A	\$397	\$854	\$1,151	\$655	N/A	N/A	N/A	N/A
	3	\$442	\$951	\$1,283	\$730	N/A	N/A	N/A	N/A	\$381	\$819	\$1,105	\$629	N/A	N/A	N/A	N/A
	4, 5, 6	\$463	\$996	\$1,344	\$764	N/A	N/A	N/A	N/A	\$397	\$854	\$1,151	\$655	N/A	N/A	N/A	N/A
	7	\$488	\$1,049	\$1,414	\$805	N/A	N/A	N/A	N/A	\$416	\$894	\$1,205	\$686	N/A	N/A	N/A	N/A
PACIFICARE LIFE ASSURANCE Indemnity	1	\$574	\$1,396	\$2,182	\$1,617	\$630	\$1,533	\$2,396	\$1,776	\$279	\$678	\$1,060	\$786	N/A	N/A	N/A	N/A
	2	\$574	\$1,396	\$2,182	\$1,617	\$630	\$1,533	\$2,396	\$1,776	\$286	\$696	\$1,088	\$807	N/A	N/A	N/A	N/A
	3	\$574	\$1,396	\$2,182	\$1,617	\$630	\$1,533	\$2,396	\$1,776	\$279	\$679	\$1,061	\$787	N/A	N/A	N/A	N/A
	4	\$574	\$1,396	\$2,182	\$1,617	\$630	\$1,533	\$2,396	\$1,776	\$378	\$918	\$1,435	\$1,064	N/A	N/A	N/A	N/A
	5	\$574	\$1,396	\$2,182	\$1,617	\$630	\$1,533	\$2,396	\$1,776	\$381	\$926	\$1,448	\$1,073	N/A	N/A	N/A	N/A
	6	\$574	\$1,396	\$2,182	\$1,617	\$630	\$1,533	\$2,396	\$1,776	\$350	\$850	\$1,329	\$985	N/A	N/A	N/A	N/A
	7	\$574	\$1,396	\$2,182	\$1,617	\$630	\$1,533	\$2,396	\$1,776	\$351	\$853	\$1,333	\$988	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	\$453	\$1,102	\$1,722	\$1,277	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	\$458	\$1,113	\$1,739	\$1,289	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	\$491	\$1,194	\$1,867	\$1,383	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PACIFICSOURCE HEALTH PLANS HCSC-HMDI	1	\$333	\$767	\$950	\$617	\$405	\$930	\$1,153	\$748	N/A	N/A	N/A	N/A	\$365	\$839	\$1,039	\$674
	2	\$320	\$737	\$913	\$592	\$389	\$894	\$1,108	\$719	N/A	N/A	N/A	N/A	\$350	\$806	\$998	\$648
	3, 4, 7	\$327	\$752	\$931	\$605	\$397	\$912	\$1,130	\$734	N/A	N/A	N/A	N/A	\$357	\$822	\$1,019	\$661
	5, 6	\$343	\$789	\$978	\$635	\$416	\$958	\$1,187	\$770	N/A	N/A	N/A	N/A	\$375	\$863	\$1,070	\$694
PHP HEALTH PLAN HCSC-HMDI	4	\$445	\$891	\$1,247	\$802	N/A	N/A	N/A	N/A	\$353	\$706	\$989	\$635	N/A	N/A	N/A	N/A
PROVIDENCE HEALTH PLAN HCSC-HMDI	1, 5	\$328	\$780	\$1,074	\$643	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$302	\$718	\$1,018	\$592
	2	\$357	\$848	\$1,171	\$699	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$333	\$791	\$1,122	\$652
	3	\$346	\$821	\$1,132	\$676	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$321	\$762	\$1,080	\$628
	4, 6	\$365	\$866	\$1,196	\$714	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$341	\$810	\$1,148	\$667
REGENE BLUE CROSS BLUE SHIELD OF OREGON HCSC-HMDI	1 thru 7	\$367	\$771	\$1,103	\$603	N/A	N/A	N/A	N/A	\$336	\$706	\$1,008	\$551	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.

Contact Person:

Tammy Vance, Administrative Specialist - Rates & Forms

Phone: 503-947-7236

E-mail: Healthun.web@state.or.us

[Click Here for Part B](#)