

STATE OF OREGON
Small Employer Health Insurance Carriers
Geographic Average Rates (GARs) — Part A
4th 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
		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			
AETNA LIFE INSURANCE CO.	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
INDEMNITY	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	\$388	\$853	\$1,104	\$717
HEALTH NET of OREGON HCSC-HMDI	1	\$418	\$899	\$1,171	\$795	N/A	N/A	N/A	N/A	\$407	\$875	\$1,139	\$773	\$418	\$899	\$1,171	\$794
	2	\$450	\$967	\$1,259	\$854	N/A	N/A	N/A	N/A	\$424	\$913	\$1,189	\$807	\$449	\$966	\$1,258	\$854
	3, 4	\$429	\$922	\$1,201	\$815	N/A	N/A	N/A	N/A	\$407	\$875	\$1,139	\$773	\$428	\$921	\$1,200	\$814
	5	\$471	\$1,012	\$1,318	\$894	N/A	N/A	N/A	N/A	\$442	\$951	\$1,238	\$840	\$470	\$1,077	\$1,317	\$894
	6	\$492	\$1,057	\$1,376	\$934	N/A	N/A	N/A	N/A	\$460	\$988	\$1,287	\$873	\$491	\$1,056	\$1,375	\$933
	7	\$502	\$1,079	\$1,406	\$954	N/A	N/A	N/A	N/A	\$442	\$951	\$1,238	\$840	\$502	\$1,079	\$1,405	\$953
JOHN ALDEN INSURANCE CO. INDEMNITY	1 thru 7	\$636	\$1,199	\$1,600	\$2,164	\$731	\$1,379	\$1,840	\$2,488	\$796	\$1,263	\$1,685	\$2,278	N/A	N/A	N/A	N/A
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST HCSC-HMDI	1,2,3,5,6	\$319	\$639	\$958	\$575	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	\$472	\$1,064	\$1,471	\$846	N/A	N/A	N/A	N/A	\$427	\$964	\$1,333	\$767	N/A	N/A	N/A	N/A
	2	\$439	\$989	\$1,368	\$787	N/A	N/A	N/A	N/A	\$429	\$967	\$1,338	\$769	N/A	N/A	N/A	N/A
	3	\$433	\$976	\$1,350	\$776	N/A	N/A	N/A	N/A	\$402	\$907	\$1,254	\$721	N/A	N/A	N/A	N/A
	4	\$444	\$1,001	\$1,385	\$796	N/A	N/A	N/A	N/A	\$461	\$1,039	\$1,437	\$826	N/A	N/A	N/A	N/A
	5	\$492	\$1,109	\$1,534	\$882	N/A	N/A	N/A	N/A	\$483	\$1,089	\$1,506	\$866	N/A	N/A	N/A	N/A
	6	\$466	\$1,050	\$1,452	\$835	N/A	N/A	N/A	N/A	\$474	\$1,069	\$1,478	\$850	N/A	N/A	N/A	N/A
	7	\$510	\$1,150	\$1,590	\$915	N/A	N/A	N/A	N/A	\$495	\$1,117	\$1,545	\$888	N/A	N/A	N/A	N/A
ODS HEALTH PLAN HCSC-HMDI	1	\$488	\$1,049	\$1,415	\$805	N/A	N/A	N/A	N/A	\$417	\$897	\$1,210	\$689	N/A	N/A	N/A	N/A
	2	\$475	\$1,022	\$1,379	\$785	N/A	N/A	N/A	N/A	\$408	\$877	\$1,183	\$673	N/A	N/A	N/A	N/A
	3	\$454	\$976	\$1,316	\$749	N/A	N/A	N/A	N/A	\$391	\$841	\$1,135	\$646	N/A	N/A	N/A	N/A
	4, 5, 6	\$475	\$1,022	\$1,379	\$785	N/A	N/A	N/A	N/A	\$408	\$877	\$1,183	\$673	N/A	N/A	N/A	N/A
	7	\$501	\$1,076	\$1,452	\$826	N/A	N/A	N/A	N/A	\$382	\$821	\$1,107	\$630	N/A	N/A	N/A	N/A
PACIFICARE LIFE ASSURANCE INDEMNITY	1	\$601	\$1,462	\$2,101	\$1,825	\$660	\$1,606	\$2,308	\$2,005	\$303	\$738	\$1,060	\$921	N/A	N/A	N/A	N/A
	2	\$601	\$1,462	\$2,101	\$1,825	\$660	\$1,606	\$2,308	\$2,005	\$317	\$771	\$1,108	\$963	N/A	N/A	N/A	N/A
	3	\$601	\$1,462	\$2,101	\$1,825	\$660	\$1,606	\$2,308	\$2,005	\$310	\$754	\$1,084	\$942	N/A	N/A	N/A	N/A
	4	\$601	\$1,462	\$2,101	\$1,825	\$660	\$1,606	\$2,308	\$2,005	\$396	\$962	\$1,383	\$1,201	N/A	N/A	N/A	N/A
	5	\$601	\$1,462	\$2,101	\$1,825	\$660	\$1,606	\$2,308	\$2,005	\$390	\$949	\$1,364	\$1,185	N/A	N/A	N/A	N/A
	6	\$601	\$1,462	\$2,101	\$1,825	\$660	\$1,606	\$2,308	\$2,005	\$367	\$892	\$1,282	\$1,114	N/A	N/A	N/A	N/A
	7	\$601	\$1,462	\$2,101	\$1,825	\$660	\$1,606	\$2,308	\$2,005	\$378	\$920	\$1,322	\$1,149	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
PACIFICARE of OREGON HCSC-HMDI	1	\$465	\$1,130	\$1,767	\$1,309	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	\$469	\$1,141	\$1,784	\$1,322	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	\$504	\$1,225	\$1,915	\$1,419	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	\$343	\$790	\$978	\$635	\$406	\$933	\$1,156	\$751	N/A	N/A	N/A	N/A	\$376	\$864	\$1,070	\$695
	2	\$330	\$759	\$940	\$610	\$392	\$901	\$1,116	\$725	N/A	N/A	N/A	N/A	\$361	\$830	\$1,028	\$667
	3, 4, 7	\$337	\$774	\$959	\$623	\$399	\$917	\$1,136	\$738	N/A	N/A	N/A	N/A	\$368	\$847	\$1,049	\$681
	5, 6	\$353	\$813	\$1,007	\$654	\$416	\$958	\$1,187	\$770	N/A	N/A	N/A	N/A	\$387	\$889	\$1,102	\$715
PHP HEALTH PLAN HCSC-HMDI	4	\$464	\$928	\$1,299	\$835	N/A	N/A	N/A	N/A	\$357	\$715	\$1,001	\$643	N/A	N/A	N/A	N/A
	6	\$510	\$1,021	\$1,429	\$919	N/A	N/A	N/A	N/A	\$393	\$786	\$1,101	\$708	N/A	N/A	N/A	N/A
PROVIDENCE HEALTH PLAN HCSC-HMDI	1, 5	\$318	\$755	\$1,071	\$622	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$295	\$700	\$992	\$577
	2	\$347	\$823	\$1,167	\$679	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$325	\$771	\$1,093	\$635
	3	\$335	\$796	\$1,128	\$656	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$312	\$742	\$1,052	\$612
	4, 6	\$354	\$840	\$1,191	\$693	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$332	\$789	\$1,118	\$650
REGENE BLUE CROSS BLUE SHIELD OF OREGON HCSC-HMDI	1 thru 7	\$388	\$814	\$1,163	\$636	N/A	N/A	N/A	N/A	\$353	\$741	\$1,058	\$579	N/A	N/A	N/A	N/A
UNITED HEALTHCARE INSURANCE COMPANY INDEMNITY	1 thru 7	\$612	\$1,489	\$2,139	\$1,858	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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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