

Decision-Making Criteria

1. The extent to which a benchmark option covers each of the 10 statutory categories of EHB.
2. The extent to which a benchmark option requires supplementation to ensure that the plan provides coverage for all ten categories of EHB.
3. The extent to which a benchmark option includes coverage of Oregon mandates and the cost to the state of selecting an option that fails to cover one or more Oregon mandates.
4. The extent to which a benchmark option contains an appropriate balance of benefits among the 10 EHB categories to ensure that benefits are not unduly weighted toward any category and that the plan design does not discriminate against a protected class.
5. The capacity of both individual and small group health benefit plan issuers to provide the coverage required by a benchmark option and a standard plan design.
6. The prevalence in the Oregon individual and small group markets of a standard plan design and coverage under a benchmark option.
7. The affordability of a benchmark option and a standard plan design.
8. The extent to which a benchmark option or standard plan design will require modification by the Department to comply with the Affordable Care Act (mental health parity, dollar limits, age limits, etc.).
9. The extent to which a benchmark option or standard plan design aligns with the Oregon Health Plan.
10. The extent to which a benchmark option or standard plan design aligns with the current benchmark and standard plan.
11. The extent to which a benchmark option or standard plan design will impact an employer's ability to recruit talent and/or afford to provide health insurance coverage.