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**Preparation for 2018 Rate Review Process:
 Individual Health Benefit Plan Average Claims Cost for Plan Year 2016**

Carriers are required to file their individual health benefit plan rates to reflect the market average risk. They must consider not only the members covered by their plans, but all potential individual market enrollees in the state. The average claims cost– the average monthly cost to cover medical claims for a member in the individual market – is not an exact measurement of risk, but it serves as an indicator of risk.

The data presented below are the 2016 average claims costs for Oregon individual health benefit plans. Based on this data, the approximate market average claims cost for 2016 was \$384 per member per month. The claims are reported as of December 31, 2016 and include estimates of incurred-but-not-reported (IBNR) claims for 2016.

2016 Supplemental Healthcare Exhibit for Individual Products			
Carrier	Member Months	Individual Plan Claims	Individual Claims PMPM
Health Net	9,966	\$ 10,765,004	\$ 1,080.17
Providence	1,223,163	\$ 401,555,431	\$ 328.29
Moda	676,057	\$ 339,187,337	\$ 501.71
PacificSource	46,575	\$ 27,242,267	\$ 584.91
Regence	175,655	\$ 58,992,362	\$ 335.84
Kaiser	332,025	\$ 116,074,060	\$ 349.59
Lifewise	202,446	\$ 71,126,091	\$ 351.33
Atrio	25,839	\$ 13,227,801	\$ 511.93
Bridgespan	15,167	\$ 5,833,247	\$ 384.60
Health Republic	-	\$ (435,592)	\$ -
Oregon's Health COOP	-	\$ -	\$ -
Samaritan	-	\$ -	\$ -
United Health Care Insurance Company	1,044	\$ 89,745	\$ 85.96
United Health Care of Oregon	-	\$ (69)	\$ -
Time	-	\$ -	\$ -
Trillium	-	\$ -	\$ -
Zoom	18,468	\$ 3,971,835	\$ 215.07
Totals	2,726,405	\$ 1,047,629,519	\$ 384.25

*Claims costs in the table do not include Oregon's Health CO-OP, which closed and went into receivership in July 2016.

The table reflects publicly available financial year-end data, submitted by carriers on the Supplemental Health Care Exhibit (SHCE).

The Division of Financial Regulation expects carriers to consider this information in their filings and file rates that are adequate to cover the projected 2018 market average risk. Filing actuaries must be able to quantify and provide justification for claims adjustments that deviate from the market average. Since this information has been provided prior to the filing deadline, the division will expect any adjustments and justifications to be included with the initial filing.