STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
DIVISION OF FINANCIAL REGULATION

In the Matter of: BridgeSpan Health Company, Licensee.	Case No. INS-RR 26-06-001 FINAL ORDER (RATE DECISION) AND NOTICE OF RIGHT TO RECONSIDERATION BY THE DIRECTOR

The Department of Consumer and Business Services for the State of Oregon ("***Department***"), acting in accordance with the Oregon Revised Statutes ("**ORS**") chapters 731, 732, 733, 734, 735, 737, 742, 743, 743A, 743B, 744, 746, 748 and 750 ("***Insurance Code***") and specifically ORS 743.018 and ORS 743.019, commenced this administrative proceeding to review and approve or disapprove premium rates for individual health benefit plans filed by BridgeSpan Health Company ("***Licensee***") pursuant to ORS 743.018.

On July 31, 2026, the Department issued a PROPOSED RATE DECISION ORDER, AND NOTICE OF RIGHT TO MEET WITH THE DEPARTMENT ("***Proposed Order***") in this proceeding pursuant to ORS 743.019(3), proposing to approve as modified the premium rates filed by Licensee. On July 31, 2026, the Proposed Order was sent to Licensee by certified United States Mail, postage prepaid and return receipt requested, to the following address: 2890 E. Cottonwood Pkwy, Salt Lake City, UT 84130.

The Director hereby issues this FINAL ORDER (RATE DECISION) AND NOTICE OF RIGHT TO RECONSIDERATION ("***Final Order***") and makes the following Findings of Fact, Conclusion of Law, Final Rate Decision, Notice of Right to Reconsideration by the Director and Notice of Right to Judicial Review.

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Labor and Industries Building
350 Winter Street NE, Suite 410
Salem, OR 97301-3881
Telephone: (503) 378-4387

FINDINGS OF FACT

The Director FINDS that:

1. Licensee has been licensed in Oregon as health care service contractor since January 7, 2013. Licensee's NAIC[1] number is 95303. Licensee's last recorded business mailing address is 2890 E. Cottonwood Pkwy, Salt Lake City, UT 84130.

2. On June 3, 2026, the Licensee, using SERFF,[2] filed with the Department premium rates for an average annual rate change for individual health benefit plans for the 2027 plan year. The filing was assigned the following Department and SERFF tracking number: RGOR-134948668.

3. On June 9, 2026, the Department determined that the filing was complete and posted all documents online at *www.oregonhealthrates.org*.[3]

4. On June 9, 2026, the Department opened a comment period for more than 30 days that ended on July 13, 2026, to provide the public with the opportunity to comment on the premium rate filing pursuant to ORS 743.019(1). The Department received six comments.[4]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[5] including submitting written objections to the Licensee and requiring responses.

6. On July 31, 2026, the Department issued the Proposed Order proposing to approve as modified the premium rates filed by Licensee.[6]

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[1] NAIC refers to the National Association of Insurance Commissioners.
[2] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[3] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[4] *See* ORS 743.018(5)(h).
[5] *See* ORS 743.018(4).
[6] *See* ORS 743.018(4) and ORS 743.0199(24).

7. After the Proposed Order was issued, the Department's received additional information from the Licensee indicating increased morbidity and additional impacts for fees and reinsurance, resulting in a 19.3 percent average annual increase. The Department determined that the increase was actuarily justified.

8. Licensee's filing, the Department's actuarial review, the Department's objections to and correspondence with Licensee, and all other correspondence, comments, documents and other materials posted to SERFF or to *www.oregonhealthrates.org*, are hereby incorporated by reference into this Final Order.

CONCLUSIONS OF LAW

The Director CONCLUDES that:

9. Under ORS 750.055, Licensee, as health care service contractor offering individual health benefit plans, is subject to the filing requirements set forth in ORS 743.018.

10. Licensee filed schedules and tables of premium rates for individual health benefit plans for approval, disapproval, or modification by the Department, as required under ORS 743.018.

11. In accordance with ORS 743.018(4) and (5), the Department conducted an actuarial review of the premium rate filing by Licensee to determine that the proposed premium rates were: (a) actuarially sound; (b) reasonable and not excessive, inadequate or unfairly discriminatory; and (c) based upon reasonable administrative expenses.

12. Pursuant to ORS 743.018(5), the Director, in determining whether Licensee's proposed premium rates are reasonable and not excessive, inadequate or unfairly discriminatory, may consider, among other things: (a) Licensee's financial position; (b) historical and projected administrative costs and medical and hospital

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expenses; (c) historical and projected loss ratio between the amounts spent on medical services and earned premiums; (d) the anticipated change in the number of enrollees if the premium rate is approved; (e) changes to covered benefits or health benefit plan design; (f) changes in Licensee's health care cost containment and quality improvement efforts since the insurer's last rate filing for the same category of health benefit plan; and (g) whether the proposed change in the premium rate is necessary to maintain Licensee's solvency or to maintain rate stability and prevent excessive rate increases in the future.

13. Based on the foregoing, pursuant to ORS 743.018 (4) and (5) and ORS 743.019, the Department concludes Licensee's proposed premium rates, as filed, do not meet all applicable legal requirements of the Insurance Code and are therefore not approved; and premium rates that are modified 7.6 percent higher than Licensee's requested premium rates would meet all applicable legal requirements of the Insurance Code and are therefore approved.

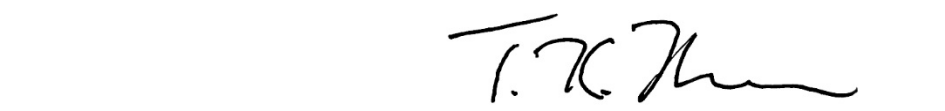
FINAL RATE DECISION

Now therefore, based on the foregoing, the Director hereby Orders:

14. In accordance with ORS 743.018 and ORS 743.019, the Director approves as modified Licensee's filed premium rates.

15. This Order is a "Final Order" under ORS 183.310(6)(b).

SO ORDERED this 17th day of August, 2026.



TK Keen
Insurance Commissioner
Administrator, Division of Financial Regulation
Department of Consumer and Business Services

Division of Financial Regulation
Labor and Industries Building
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NOTICE OF RIGHT TO RECONSIDERATION BY THE DIRECTOR

Under ORS 743.019(4) and (5), a party may petition the Director to reconsider the final order. A party must file a written petition request within 10 days from the date the order was issued. The requester may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing, but may provide a brief, memorandum or analysis based on the evidence contained in the filing or received and considered by the Department during the public comment period.

A written petition request should be sent to:

Department of Consumer and Business Services
Division of Financial Regulation
350 Winter Street NE, Room 410
Salem, OR 97301-3881
Attn: Tashia Sizemore

NOTICE OF RIGHT TO JUDICIAL REVIEW

You are entitled to a judicial review of this order in accordance with ORS 183.484. You may request judicial review by filing a petition with the Circuit Court for Marion County within 60 days from the date this order is issued.

AGENCY CONTACT INFORMATION

Questions concerning the issues raised in the order may be directed to Tashia Sizemore, Oregon Department of Consumer and Business Services, Division of Financial Regulation, telephone (503) 378-4387.

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STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
DIVISION OF FINANCIAL REGULATION

In the Matter of: Moda Health Plan, Inc., Licensee.	Case No. INS-RR 26-06-003 FINAL ORDER (RATE DECISION) AND NOTICE OF RIGHT TO RECONSIDERATION BY THE DIRECTOR

The Department of Consumer and Business Services for the State of Oregon ("***Department***"), acting in accordance with the Oregon Revised Statutes ("**ORS**") chapters 731, 732, 733, 734, 735, 737, 742, 743, 743A, 743B, 744, 746, 748 and 750 ("***Insurance Code***") and specifically ORS 743.018 and ORS 743.019, commenced this administrative proceeding to review and approve or disapprove premium rates for individual health benefit plans filed by Moda Health Plan, Inc. ("***Licensee***") pursuant to ORS 743.018.

On July 31, 2026, the Department issued a PROPOSED RATE DECISION ORDER, AND NOTICE OF RIGHT TO MEET WITH THE DEPARTMENT ("***Proposed Order***") in this proceeding pursuant to ORS 743.019(3), proposing to approve as modified the premium rates filed by Licensee. On July 31, 2026, the Proposed Order was sent to Licensee by certified United States Mail, postage prepaid and return receipt requested, to the following address: 601 SW Second Ave, Portland, OR 97204.

The Director hereby issues this FINAL ORDER (RATE DECISION) AND NOTICE OF RIGHT TO RECONSIDERATION ("***Final Order***") and makes the following Findings of Fact, Conclusion of Law, Final Rate Decision, Notice of Right to Reconsideration by the Director and Notice of Right to Judicial Review.

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FINDINGS OF FACT

The Director FINDS that:

1. Licensee has been licensed in Oregon as health care service contractor since October 8, 1999. Licensee's NAIC[7] number is 47098. Licensee's last recorded business mailing address is 601 SW Second Ave., Portland, OR 97204.

2. On June 3, 2026, the Licensee, using SERFF,[8] filed with the Department premium rates for an average annual rate change for individual health benefit plans for the 2027 plan year. The filing was assigned the following Department and SERFF tracking number: ODSV-134971950.

3. On June 9, 2026, the Department determined that the filing was complete and posted all documents online at *www.oregonhealthrates.org*.[9]

4. On June 9, 2026, the Department opened a comment period for more than 30 days that ended on July 13, 2026, to provide the public with the opportunity to comment on the premium rate filing pursuant to ORS 743.019(1). The Department received six comments.[10]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[11] including submitting written objections to the Licensee and requiring responses.

6. On July 31, 2026, the Department issued the Proposed Order proposing to approve as modified the premium rates filed by Licensee.[12]

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[7] NAIC refers to the National Association of Insurance Commissioners.
[8] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[9] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[10] *See* ORS 743.018(5)(h).
[11] *See* ORS 743.018(4).
[12] *See* ORS 743.018(4) and ORS 743.0199(24).

7. After the Proposed Order was issued, the Department received additional information from the Licensee indicating updates to risk adjustment transfers and network factors and recalibration of area factors due to revising its geographic footprint, resulting in a 27 percent average annual increase. The Department determined that the increase was actuarially justified.

8. Licensee's filing, the Department's actuarial review, the Department's objections to and correspondence with Licensee, and all other correspondence, comments, documents and other materials posted to SERFF or to *www.oregonhealthrates.org*, are hereby incorporated by reference into this Final Order.

CONCLUSIONS OF LAW

The Director CONCLUDES that:

9. Under ORS 750.055, Licensee, as health care service contractor offering individual health benefit plans, is subject to the filing requirements set forth in ORS 743.018.

10. Licensee filed schedules and tables of premium rates for individual health benefit plans for approval, disapproval, or modification by the Department, as required under ORS 743.018.

11. In accordance with ORS 743.018(4) and (5), the Department conducted an actuarial review of the premium rate filing by Licensee to determine that the proposed premium rates were: (a) actuarially sound; (b) reasonable and not excessive, inadequate or unfairly discriminatory; and (c) based upon reasonable administrative expenses.

12. Pursuant to ORS 743.018(5), the Director, in determining whether Licensee's proposed premium rates are reasonable and not excessive, inadequate or unfairly discriminatory, may consider, among other things: (a) Licensee's financial

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position; (b) historical and projected administrative costs and medical and hospital expenses; (c) historical and projected loss ratio between the amounts spent on medical services and earned premiums; (d) the anticipated change in the number of enrollees if the premium rate is approved; (e) changes to covered benefits or health benefit plan design; (f) changes in Licensee's health care cost containment and quality improvement efforts since the insurer's last rate filing for the same category of health benefit plan; and (g) whether the proposed change in the premium rate is necessary to maintain Licensee's solvency or to maintain rate stability and prevent excessive rate increases in the future.

13. Based on the foregoing, pursuant to ORS 743.018 (4) and (5) and ORS 743.019, the Department concludes Licensee's proposed premium rates, as filed, do not meet all applicable legal requirements of the Insurance Code and are therefore not approved; and premium rates that are modified 2 percent higher than Licensee's requested premium rates would meet all applicable legal requirements of the Insurance Code and are therefore approved.

FINAL RATE DECISION

Now therefore, based on the foregoing, the Director hereby Orders:

14. In accordance with ORS 743.018 and ORS 743.019, the Director approves as modified Licensee's filed premium rates.

15. This Order is a "Final Order" under ORS 183.310(6)(b).

SO ORDERED this 17th day of August, 2026.

TK Keen
Insurance Commissioner

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Administrator, Division of Financial Regulation
Department of Consumer and Business Services

NOTICE OF RIGHT TO RECONSIDERATION BY THE DIRECTOR

Under ORS 743.019(4) and (5), a party may petition the Director to reconsider the final order. A party must file a written petition request within 10 days from the date the order was issued. The requester may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing, but may provide a brief, memorandum or analysis based on the evidence contained in the filing or received and considered by the Department during the public comment period.

A written petition request should be sent to:

Department of Consumer and Business Services
Division of Financial Regulation
350 Winter Street NE, Room 410
Salem, OR 97301-3881
Attn: Tashia Sizemore

NOTICE OF RIGHT TO JUDICIAL REVIEW

You are entitled to a judicial review of this order in accordance with ORS 183.484. You may request judicial review by filing a petition with the Circuit Court for Marion County within 60 days from the date this order is issued.

AGENCY CONTACT INFORMATION

Questions concerning the issues raised in the order may be directed to Tashia Sizemore, Oregon Department of Consumer and Business Services, Division of Financial Regulation, telephone (503) 378-4387.

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STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
DIVISION OF FINANCIAL REGULATION

In the Matter of: Kaiser Foundation Health Plan of the Northwest, Licensee.	Case No. INS-RR 26-06-002 FINAL ORDER (RATE DECISION) AND NOTICE OF RIGHT TO RECONSIDERATION BY THE DIRECTOR

The Department of Consumer and Business Services for the State of Oregon ("***Department***"), acting in accordance with the Oregon Revised Statutes ("**ORS**") chapters 731, 732, 733, 734, 735, 737, 742, 743, 743A, 743B, 744, 746, 748 and 750 ("***Insurance Code***") and specifically ORS 743.018 and ORS 743.019, commenced this administrative proceeding to review and approve or disapprove premium rates for individual health benefit plans filed by Kaiser Foundation Health Plan of the Northwest ("***Licensee***") pursuant to ORS 743.018.

On July 31, 2026, the Department issued a PROPOSED RATE DECISION ORDER, AND NOTICE OF RIGHT TO MEET WITH THE DEPARTMENT ("***Proposed Order***") in this proceeding pursuant to ORS 743.019(3), proposing to approve as modified the premium rates filed by Licensee. On July 31, 2026, the Proposed Order was sent to Licensee by certified United States Mail, postage prepaid and return receipt requested, to the following address: 500 NE Multnomah St., Ste 100 Portland, OR 97232-2099.

The Director hereby issues this FINAL ORDER (RATE DECISION) AND NOTICE OF RIGHT TO RECONSIDERATION ("***Final Order***") and makes the following Findings of Fact, Conclusion of Law, Final Rate Decision, Notice of Right to

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Telephone: (503) 378-4387

Reconsideration by the Director and Notice of Right to Judicial Review.

FINDINGS OF FACT

The Director FINDS that:

1. Licensee has been licensed in Oregon as health care service contractor since June 20, 1940. Licensee's NAIC[13] number is 54976. Licensee's last recorded business mailing address is P.O. Box 7068, Eugene, OR 97401-0068.

2. On June 3, 2026, the Licensee, using SERFF,[14] filed with the Department premium rates for an average annual rate change for individual health benefit plans for the 2027 plan year. The filing was assigned the following Department and SERFF tracking number: KFNW-134906770.

3. On June 9, 2026, the Department determined that the filing was complete and posted all documents online at *www.oregonhealthrates.org*.[15]

4. On June 9, 2026, the Department opened a comment period for more than 30 days that ended on July 13, 2026, to provide the public with the opportunity to comment on the premium rate filing pursuant to ORS 743.019(1). The Department received six comments.[16]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[17] including submitting written objections to the Licensee and requiring responses.

6. On July 31, 2026, the Department issued the Proposed Order proposing to approve as modified the premium rates filed by Licensee.[18]

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[13] NAIC refers to the National Association of Insurance Commissioners.
[14] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[15] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[16] *See* ORS 743.018(5)(h).
[17] *See* ORS 743.018(4).
[18] *See* ORS 743.018(4) and ORS 743.0199(24).

7. After the Proposed Order was issued, the Department received additional information from the Licensee indicating increased morbidity and additional impacts for fees and reinsurance, resulting in a 15.8 percent average annual increase. The Department determined that the increase was actuarially justified.

8. Licensee's filing, the Department's actuarial review, the Department's objections to and correspondence with Licensee, and all other correspondence, comments, documents and other materials posted to SERFF or to *www.oregonhealthrates.org*, are hereby incorporated by reference into this Final Order.

CONCLUSIONS OF LAW

The Director CONCLUDES that:

9. Under ORS 750.055, Licensee, as health care service contractor offering individual health benefit plans, is subject to the filing requirements set forth in ORS 743.018.

10. Licensee filed schedules and tables of premium rates for individual health benefit plans for approval, disapproval, or modification by the Department, as required under ORS 743.018.

11. In accordance with ORS 743.018(4) and (5), the Department conducted an actuarial review of the premium rate filing by Licensee to determine that the proposed premium rates were: (a) actuarially sound; (b) reasonable and not excessive, inadequate or unfairly discriminatory; and (c) based upon reasonable administrative expenses.

12. Pursuant to ORS 743.018(5), the Director, in determining whether Licensee's proposed premium rates are reasonable and not excessive, inadequate or unfairly discriminatory, may consider, among other things: (a) Licensee's financial position; (b) historical and projected administrative costs and medical and hospital

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expenses; (c) historical and projected loss ratio between the amounts spent on medical services and earned premiums; (d) the anticipated change in the number of enrollees if the premium rate is approved; (e) changes to covered benefits or health benefit plan design; (f) changes in Licensee's health care cost containment and quality improvement efforts since the insurer's last rate filing for the same category of health benefit plan; and (g) whether the proposed change in the premium rate is necessary to maintain Licensee's solvency or to maintain rate stability and prevent excessive rate increases in the future.

13. Based on the foregoing, pursuant to ORS 743.018 (4) and (5) and ORS 743.019, the Department concludes Licensee's proposed premium rates, as filed, do not meet all applicable legal requirements of the Insurance Code and are therefore not approved; and premium rates that are modified 3.6 percent higher than Licensee's requested premium rates would meet all applicable legal requirements of the Insurance Code and are therefore approved.

FINAL RATE DECISION

Now therefore, based on the foregoing, the Director hereby Orders:

14. In accordance with ORS 743.018 and ORS 743.019, the Director approves as modified Licensee's filed premium rates.

15. This Order is a "Final Order" under ORS 183.310(6)(b).

SO ORDERED this 17th day of August, 2026.

TK Keen
Insurance Commissioner
Administrator, Division of Financial Regulation
Department of Consumer and Business Services

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NOTICE OF RIGHT TO RECONSIDERATION BY THE DIRECTOR

Under ORS 743.019(4) and (5), a party may petition the Director to reconsider the final order. A party must file a written petition request within 10 days from the date the order was issued. The requester may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing, but may provide a brief, memorandum or analysis based on the evidence contained in the filing or received and considered by the Department during the public comment period.

A written petition request should be sent to:

Department of Consumer and Business Services
Division of Financial Regulation
350 Winter Street NE, Room 410
Salem, OR 97301-3881
Attn: Tashia Sizemore

NOTICE OF RIGHT TO JUDICIAL REVIEW

You are entitled to a judicial review of this order in accordance with ORS 183.484. You may request judicial review by filing a petition with the Circuit Court for Marion County within 60 days from the date this order is issued.

AGENCY CONTACT INFORMATION

Questions concerning the issues raised in the order may be directed to Tashia Sizemore, Oregon Department of Consumer and Business Services, Division of Financial Regulation, telephone (503) 378-4387.

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STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
DIVISION OF FINANCIAL REGULATION

In the Matter of: Regence BlueCross BlueShield of Oregon, Licensee.	Case No. INS-RR 26-06-004 FINAL ORDER (RATE DECISION) AND NOTICE OF RIGHT TO RECONSIDERATION BY THE DIRECTOR

The Department of Consumer and Business Services for the State of Oregon ("***Department***"), acting in accordance with the Oregon Revised Statutes ("**ORS**") chapters 731, 732, 733, 734, 735, 737, 742, 743, 743A, 743B, 744, 746, 748 and 750 ("***Insurance Code***") and specifically ORS 743.018 and ORS 743.019, commenced this administrative proceeding to review and approve or disapprove premium rates for individual health benefit plans filed by Regence BlueCross BlueShield of Oregon ("***Licensee***") pursuant to ORS 743.018.

On July 31, 2026, the Department issued a PROPOSED RATE DECISION ORDER, AND NOTICE OF RIGHT TO MEET WITH THE DEPARTMENT ("***Proposed Order***") in this proceeding pursuant to ORS 743.019(3), proposing to approve as modified the premium rates filed by Licensee. On July 31, 2026, the Proposed Order was sent to Licensee by certified United States Mail, postage prepaid and return receipt requested, to the following address: P.O. Box 1271, Portland, OR 97207.

The Director hereby issues this FINAL ORDER (RATE DECISION) AND NOTICE OF RIGHT TO RECONSIDERATION ("***Final Order***") and makes the following Findings of Fact, Conclusion of Law, Final Rate Decision, Notice of Right to

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Telephone: (503) 378-4387

Reconsideration by the Director and Notice of Right to Judicial Review.

FINDINGS OF FACT

The Director FINDS that:

1. Licensee has been licensed in Oregon as health care service contractor since May 5, 1942. Licensee's NAIC[19] number is 54933. Licensee's last recorded business mailing address is P.O. Box 1271, Portland, OR 97207-1271.

2. On June 3, 2026, the Licensee, using SERFF,[20] filed with the Department premium rates for an average annual rate change for individual health benefit plans for the 2027 plan year. The filing was assigned the following Department and SERFF tracking number: RGOR-134948633.

3. On June 9, 2026, the Department determined that the filing was complete and posted all documents online at *www.oregonhealthrates.org*.[21]

4. On June 9, 2026, the Department opened a comment period for more than 30 days that ended on July 13, 2026, to provide the public with the opportunity to comment on the premium rate filing pursuant to ORS 743.019(1). The Department received six comments.[22]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[23] including submitting written objections to the Licensee and requiring responses.

6. On July 31, 2026, the Department issued the Proposed Order proposing to approve as modified the premium rates filed by Licensee.[24]

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[19] NAIC refers to the National Association of Insurance Commissioners.
[20] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[21] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[22] *See* ORS 743.018(5)(h).
[23] *See* ORS 743.018(4).
[24] *See* ORS 743.018(4) and ORS 743.0199(24).

7. After the Proposed Order was issued, the Department received additional information from the Licensee indicating increased morbidity and additional impacts for fees and reinsurance, resulting in a 20.3 percent average annual increase. The Department determined that the increase was actuarially justified.

8. Licensee's filing, the Department's actuarial review, the Department's objections to and correspondence with Licensee, and all other correspondence, comments, documents and other materials posted to SERFF or to *www.oregonhealthrates.org*, are hereby incorporated by reference into this Final Order.

CONCLUSIONS OF LAW

The Director CONCLUDES that:

9. Under ORS 750.055, Licensee, as health care service contractor offering individual health benefit plans, is subject to the filing requirements set forth in ORS 743.018.

10. Licensee filed schedules and tables of premium rates for individual health benefit plans for approval, disapproval, or modification by the Department, as required under ORS 743.018.

11. In accordance with ORS 743.018(4) and (5), the Department conducted an actuarial review of the premium rate filing by Licensee to determine that the proposed premium rates were: (a) actuarially sound; (b) reasonable and not excessive, inadequate or unfairly discriminatory; and (c) based upon reasonable administrative expenses.

12. Pursuant to ORS 743.018(5), the Director, in determining whether Licensee's proposed premium rates are reasonable and not excessive, inadequate or unfairly discriminatory, may consider, among other things: (a) Licensee's financial position; (b) historical and projected administrative costs and medical and hospital

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expenses; (c) historical and projected loss ratio between the amounts spent on medical services and earned premiums; (d) the anticipated change in the number of enrollees if the premium rate is approved; (e) changes to covered benefits or health benefit plan design; (f) changes in Licensee's health care cost containment and quality improvement efforts since the insurer's last rate filing for the same category of health benefit plan; and (g) whether the proposed change in the premium rate is necessary to maintain Licensee's solvency or to maintain rate stability and prevent excessive rate increases in the future.

13. Based on the foregoing, pursuant to ORS 743.018 (4) and (5) and ORS 743.019, the Department concludes Licensee's proposed premium rates, as filed, do not meet all applicable legal requirements of the Insurance Code and are therefore not approved; and premium rates that are modified 8.1 percent higher than Licensee's requested premium rates would meet all applicable legal requirements of the Insurance Code and are therefore approved.

FINAL RATE DECISION

Now therefore, based on the foregoing, the Director hereby Orders:

14. In accordance with ORS 743.018 and ORS 743.019, the Director approves as modified Licensee's filed premium rates.

15. This Order is a "Final Order" under ORS 183.310(6)(b).

SO ORDERED this 17th day of August, 2026.

TK Keen
Insurance Commissioner
Administrator, Division of Financial Regulation
Department of Consumer and Business Services

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Salem, OR 97301-3881
Telephone: (503) 378-4387

NOTICE OF RIGHT TO RECONSIDERATION BY THE DIRECTOR

Under ORS 743.019(4) and (5), a party may petition the Director to reconsider the final order. A party must file a written petition request within 10 days from the date the order was issued. The requester may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing, but may provide a brief, memorandum or analysis based on the evidence contained in the filing or received and considered by the Department during the public comment period.

A written petition request should be sent to:

Department of Consumer and Business Services
Division of Financial Regulation
350 Winter Street NE, Room 410
Salem, OR 97301-3881
Attn: Tashia Sizemore

NOTICE OF RIGHT TO JUDICIAL REVIEW

You are entitled to a judicial review of this order in accordance with ORS 183.484. You may request judicial review by filing a petition with the Circuit Court for Marion County within 60 days from the date this order is issued.

AGENCY CONTACT INFORMATION

Questions concerning the issues raised in the order may be directed to Tashia Sizemore, Oregon Department of Consumer and Business Services, Division of Financial Regulation, telephone (503) 378-4387.

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Division of Financial Regulation
Labor and Industries Building
350 Winter Street NE, Suite 410
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