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 26-06-006 PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT

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, disapprove, or modify premium rates for small group health benefit plans filed by Kaiser Foundation Health Plan of the Northwest ("***Licensee***") pursuant to ORS 743.018.

The Department hereby issues this PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT ("***Proposed Order***") and makes the following Findings of Fact, Conclusions of Law, Proposed Rate Decision, Designation of Record, and Notice of Right to Meet with Department.

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

FINDINGS OF FACT

The Department FINDS that:

1. Licensee has been licensed in Oregon as a domestic insurer since December 30, 1981. Licensee's NAIC[1] number is 95540. Licensee's last recorded business mailing address is 500 NE Multnomah St., Suite 100, Portland, OR 97232.

[1] NAIC refers to the National Association of Insurance Commissioners.

2. On June 3, 2026, the Licensee, using SERFF,[2] filed with the Department premium rates for an average annual rate change for small group health benefit plans for the 2027 plan year. The filing was assigned the following Department and SERFF tracking number: KFNW-134906004.

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. 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 Proposed Order.

CONCLUSIONS OF LAW

The Department CONCLUDES that:

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

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[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).

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

9. 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.

10. Pursuant to ORS 743.018(5), the Department, 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 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.

11. 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 meet all applicable legal requirements of the Insurance Code and are therefore approved.

PROPOSED RATE DECISION

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

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

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DESIGNATION OF RECORD

13. The Director hereby designates the relevant portions of the Department's file on this matter and all material submitted by Licensee, as the record for the purpose of making a *prima facie* case in the event that this order becomes final upon default.

SO ORDERED this 31 of July, 2026.

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

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350 Winter Street NE, Suite 410
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NOTICE OF MEETING

As provided by ORS 743.019(3), the Department shall provide an insurer or any person adversely affected or aggrieved by this Proposed Order an opportunity to meet with the Department to discuss and respond to the Proposed Order. An insurer or any person may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing. The meeting shall include a Department employee who reviewed the rate filing, and comply with ORS 192.610 to 192.705.

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 26-06-007 PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT

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, disapprove, or modify premium rates for small group health benefit plans filed by Moda Health Plan, Inc. ("***Licensee***") pursuant to ORS 743.018.

The Department hereby issues this PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT ("***Proposed Order***") and makes the following Findings of Fact, Conclusions of Law, Proposed Rate Decision, Designation of Record, and Notice of Right to Meet with Department.

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

FINDINGS OF FACT

The Department FINDS that:

1. Licensee has been licensed in Oregon as a domestic insurer since October 8, 1999. Licensee's NAIC[6] number is 47098. Licensee's last recorded business mailing address is 601 SW Second Ave., Portland, OR 97204.

[6] NAIC refers to the National Association of Insurance Commissioners.

2. On June 3, 2026, the Licensee, using SERFF,[7] filed with the Department premium rates for an average annual rate change for small group health benefit plans for the 2027 plan year. The filing was assigned the following Department and SERFF tracking number: ODSV-134970688.

3. On June 9, 2026, the Department determined that the filing was complete and posted all documents online at *www.oregonhealthrates.org*.[8]

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.[9]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[10] including submitting written objections to the Licensee and requiring responses.

6. 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 Proposed Order.

CONCLUSIONS OF LAW

The Department CONCLUDES that:

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

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

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

9. 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.

10. Pursuant to ORS 743.018(5), the Department, 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 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.

11. Department adjustments: Licensee proposed 11.7 percent trend and the Department determined 10.2 percent was reasonable.

12. 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 modified, do meet all applicable legal requirements of the Insurance Code and are therefore approved as modified.

PROPOSED RATE DECISION

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

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

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

DESIGNATION OF RECORD

14. The Director hereby designates the relevant portions of the Department's file on this matter and all material submitted by Licensee, as the record for the purpose of making a *prima facie* case in the event that this order becomes final upon default.

SO ORDERED this 31 of July, 2026.

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

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NOTICE OF MEETING

As provided by ORS 743.019(3), the Department shall provide an insurer or any person adversely affected or aggrieved by this Proposed Order an opportunity to meet with the Department to discuss and respond to the Proposed Order. An insurer or any person may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing. The meeting shall include a Department employee who reviewed the rate filing, and comply with ORS 192.610 to 192.705.

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: PacificSource Health Plans Licensee.	Case No. INS-RR 26-06-008 PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT

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, disapprove, or modify premium rates for small group health benefit plans filed by PacificSource Health Plans ("***Licensee***") pursuant to ORS 743.018.

The Department hereby issues this PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT ("***Proposed Order***") and makes the following Findings of Fact, Conclusions of Law, Proposed Rate Decision, Designation of Record, and Notice of Right to Meet with Department.

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FINDINGS OF FACT

The Department FINDS that:

1. Licensee has been licensed in Oregon as a domestic insurer since June 20, 1940. Licensee's NAIC[11] number is 54976. Licensee's last recorded business mailing address is P.O. Box 7068, Eugene, OR 97401-0068.

[11] NAIC refers to the National Association of Insurance Commissioners.

2. On June 3, 2026, the Licensee, using SERFF,[12] filed with the Department premium rates for an average annual rate change for small group health benefit plans for the 2027 plan year. The filing was assigned the following Department and SERFF tracking number: PCSR-134847144.

3. On June 9, 2026, the Department determined that the filing was complete and posted all documents online at *www.oregonhealthrates.org*.[13]

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.[14]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[15] including submitting written objections to the Licensee and requiring responses.

6. 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 Proposed Order.

CONCLUSIONS OF LAW

The Department CONCLUDES that:

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

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[12] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[13] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[14] *See* ORS 743.018(5)(h).
[15] *See* ORS 743.018(4).

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

9. 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.

10. Pursuant to ORS 743.018(5), the Department, 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 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.

11. 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 meet all applicable legal requirements of the Insurance Code and are therefore approved.

PROPOSED RATE DECISION

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

12. In accordance with ORS 743.018 and ORS 743.019, the Department approves Licensee's filed premium rates.

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DESIGNATION OF RECORD

13. The Director hereby designates the relevant portions of the Department's file on this matter and all material submitted by Licensee, as the record for the purpose of making a *prima facie* case in the event that this order becomes final upon default.

SO ORDERED this 31 of July, 2026.

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

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NOTICE OF MEETING

As provided by ORS 743.019(3), the Department shall provide an insurer or any person adversely affected or aggrieved by this Proposed Order an opportunity to meet with the Department to discuss and respond to the Proposed Order. An insurer or any person may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing. The meeting shall include a Department employee who reviewed the rate filing, and comply with ORS 192.610 to 192.705.

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 Licensee.	Case No. INS-RR 26-06-009 PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT

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, disapprove, or modify premium rates for small group health benefit plans filed by Regence BlueCross BlueShield ("***Licensee***") pursuant to ORS 743.018.

The Department hereby issues this PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT ("***Proposed Order***") and makes the following Findings of Fact, Conclusions of Law, Proposed Rate Decision, Designation of Record, and Notice of Right to Meet with Department.

Division of Financial Regulation
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350 Winter Street NE, Suite 410
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Telephone: (503) 378-4387

FINDINGS OF FACT

The Department FINDS that:

1. Licensee has been licensed in Oregon as a domestic insurer since May 5, 1942. Licensee's NAIC[16] number is 54933. Licensee's last recorded business mailing address is P.O. Box 1271, Portland, OR 97207.

[16] NAIC refers to the National Association of Insurance Commissioners.

2. On June 3, 2026, the Licensee, using SERFF,[17] filed with the Department premium rates for an average annual rate change for small group health benefit plans for the 2027 plan year. The filing was assigned the following Department and SERFF tracking number: RGOR-134948666.

3. On June 9, 2026, the Department determined that the filing was complete and posted all documents online at *www.oregonhealthrates.org*.[18]

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.[19]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[20] including submitting written objections to the Licensee and requiring responses.

6. 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 Proposed Order.

CONCLUSIONS OF LAW

The Department CONCLUDES that:

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

[17] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[18] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[19] *See* ORS 743.018(5)(h).
[20] *See* ORS 743.018(4).

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

9. 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.

10. Pursuant to ORS 743.018(5), the Department, 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 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.

11. Department adjustments: Licensee initially proposed no adjustment for market instability but later proposed a one percent increase. The Department determined the original "no adjustment was reasonable. Licensee proposed 9.6 percent trend and the Department determined 9.5 percent was reasonable.

12. 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 modified, do

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meet all applicable legal requirements of the Insurance Code and are therefore approved as modified.

PROPOSED RATE DECISION

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

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

DESIGNATION OF RECORD

14. The Director hereby designates the relevant portions of the Department's file on this matter and all material submitted by Licensee, as the record for the purpose of making a *prima facie* case in the event that this order becomes final upon default.

SO ORDERED this 31 of July, 2026.

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

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NOTICE OF MEETING

As provided by ORS 743.019(3), the Department shall provide an insurer or any person adversely affected or aggrieved by this Proposed Order an opportunity to meet with the Department to discuss and respond to the Proposed Order. An insurer or any person may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing. The meeting shall include a Department employee who reviewed the rate filing, and comply with ORS 192.610 to 192.705.

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: Health Net Health Plan of Oregon, Inc Licensee.	Case No. INS-RR 26-06-005 PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT

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, disapprove, or modify premium rates for small group health benefit plans filed by Health Net Health Plan of Oregon, Inc ("***Licensee***") pursuant to ORS 743.018.

The Department hereby issues this PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT ("***Proposed Order***") and makes the following Findings of Fact, Conclusions of Law, Proposed Rate Decision, Designation of Record, and Notice of Right to Meet with Department.

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Telephone: (503) 378-4387

FINDINGS OF FACT

The Department FINDS that:

1. Licensee has been licensed in Oregon as a domestic insurer since June 22, 1989. Licensee's NAIC[21] number is 95800. Licensee's last recorded business mailing address is 13221 SW 68th Parkway, Suite 200, Tigard, OR 97223.

[21] NAIC refers to the National Association of Insurance Commissioners.

2. On June 3, 2026, the Licensee, using SERFF,[22] filed with the Department premium rates for an average annual rate change for small group health benefit plans for the 2027 plan year. The filing was assigned the following Department and SERFF tracking number: HNOR-134967214.

3. On June 9, 2026, the Department determined that the filing was complete and posted all documents online at *www.oregonhealthrates.org*.[23]

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.[24]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[25] including submitting written objections to the Licensee and requiring responses.

6. 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 Proposed Order.

CONCLUSIONS OF LAW

The Department CONCLUDES that:

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

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[22] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[23] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[24] *See* ORS 743.018(5)(h).
[25] *See* ORS 743.018(4).

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

9. 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.

10. Pursuant to ORS 743.018(5), the Department, 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 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.

11. Department adjustments: Licensee initially proposed no adjustment for market instability, but later proposed a 1.5 percent increase. The Department determined the original "no adjustment" was reasonable.

12. 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 meet all applicable legal requirements of the Insurance Code and are therefore approved.

PROPOSED RATE DECISION

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

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

13. In accordance with ORS 743.018 and ORS 743.019, the Department appproves Licensee's filed premium rates.

DESIGNATION OF RECORD

14. The Director hereby designates the relevant portions of the Department's file on this matter and all material submitted by Licensee, as the record for the purpose of making a *prima facie* case in the event that this order becomes final upon default.

SO ORDERED this 31 of July, 2026.

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

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NOTICE OF MEETING

As provided by ORS 743.019(3), the Department shall provide an insurer or any person adversely affected or aggrieved by this Proposed Order an opportunity to meet with the Department to discuss and respond to the Proposed Order. An insurer or any person may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing. The meeting shall include a Department employee who reviewed the rate filing, and comply with ORS 192.610 to 192.705.

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: UnitedHealthcare Insurance Company Licensee.	Case No. INS-RR 26-06-010 PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT

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, disapprove, or modify premium rates for small group health benefit plans filed by UnitedHealthcare Insurance Company ("***Licensee***") pursuant to ORS 743.018.

The Department hereby issues this PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT ("***Proposed Order***") and makes the following Findings of Fact, Conclusions of Law, Proposed Rate Decision, Designation of Record, and Notice of Right to Meet with Department.

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FINDINGS OF FACT

The Department FINDS that:

1. Licensee has been licensed in Oregon as a foreign insurer since November 1, 1972. Licensee's NAIC[26] number is 79413. Licensee's last recorded business mailing address is 185 Asylum Street, Hartford, CT 06103.

[26] NAIC refers to the National Association of Insurance Commissioners.

2. On June 3, 2026, the Licensee, using SERFF,[27] filed with the Department premium rates for an average annual rate change for small group health benefit plans for the 2027 plan year. The filing was assigned the following Department and SERFF tracking number: UHLC-134841237.

3. On June 9, 2026, the Department determined that the filing was complete and posted all documents online at *www.oregonhealthrates.org*.[28]

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.[29]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[30] including submitting written objections to the Licensee and requiring responses.

6. 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 Proposed Order.

CONCLUSIONS OF LAW

The Department CONCLUDES that:

7. Licensee, as an insurer offering small group health benefit plans, is subject to the filing requirements set forth in ORS 743.018.

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[27] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[28] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[29] *See* ORS 743.018(5)(h).
[30] *See* ORS 743.018(4).

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

9. 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.

10. Pursuant to ORS 743.018(5), the Department, 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 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.

11. Department adjustments: Licensee proposed a utilization trend of 5.8 percent, and the Department determined 2.3 percent was reasonable. This includes the additional trend factor for 2nd, 3rd, and 4th, quarter rates.

12. 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 modified, do meet all applicable legal requirements of the Insurance Code and are therefore approved as modified.

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PROPOSED RATE DECISION

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

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

DESIGNATION OF RECORD

14. The Director hereby designates the relevant portions of the Department's file on this matter and all material submitted by Licensee, as the record for the purpose of making a *prima facie* case in the event that this order becomes final upon default.

SO ORDERED this 31 of July, 2026.

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

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NOTICE OF MEETING

As provided by ORS 743.019(3), the Department shall provide an insurer or any person adversely affected or aggrieved by this Proposed Order an opportunity to meet with the Department to discuss and respond to the Proposed Order. An insurer or any person may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing. The meeting shall include a Department employee who reviewed the rate filing, and comply with ORS 192.610 to 192.705.

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: BridgeSpan Health Company Licensee.	Case No. INS-RR 26-06-001 PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT

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, disapprove, or modify premium rates for individual health benefit plans filed by BridgeSpan Health Company ("***Licensee***") pursuant to ORS 743.018.

The Department hereby issues this PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT ("***Proposed Order***") and makes the following Findings of Fact, Conclusions of Law, Proposed Rate Decision, Designation of Record, and Notice of Right to Meet with Department.

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FINDINGS OF FACT

The Department FINDS that:

1. Licensee has been licensed in Oregon as a domestic insurer since January 7, 2013. Licensee's NAIC[31] number is 95303. Licensee's last recorded business mailing address is 2890 E. Cottonwood Pkwy, Salt Lake City, UT 84130.

[31] NAIC refers to the National Association of Insurance Commissioners.

2. On June 3, 2026, the Licensee, using SERFF,[32] 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*.[33]

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.[34]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[35] including submitting written objections to the Licensee and requiring responses.

6. 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 Proposed Order.

CONCLUSIONS OF LAW

The Department CONCLUDES that:

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

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[32] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[33] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[34] *See* ORS 743.018(5)(h).
[35] *See* ORS 743.018(4).

8. 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.

9. 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.

10. Pursuant to ORS 743.018(5), the Department, 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 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.

11. Department adjustments: Licensee proposed 5 percent morbidity adjustment and the Department determined 3 percent was reasonable. Licensee initially proposed a $5.50 per member, per month and 1.5% of premium exchange fee, but later suggested it would be an unspecified amount higher. The Department decided to hold the adjustment at the original $5.50 per member, per month and 1.5% of premium exchange fee. Licensee initially proposed a 10 percent claims adjustment for the reinsurance impact,

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but later proposed to change it to a 9 percent impact. The Department decided to hold the adjustment at 10 percent.

12. 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 modified, do meet all applicable legal requirements of the Insurance Code and are therefore approved as modified.

PROPOSED RATE DECISION

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

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

DESIGNATION OF RECORD

14. The Director hereby designates the relevant portions of the Department's file on this matter and all material submitted by Licensee, as the record for the purpose of making a *prima facie* case in the event that this order becomes final upon default.

SO ORDERED this 31 of July, 2026.

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

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NOTICE OF MEETING

As provided by ORS 743.019(3), the Department shall provide an insurer or any person adversely affected or aggrieved by this Proposed Order an opportunity to meet with the Department to discuss and respond to the Proposed Order. An insurer or any person may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing. The meeting shall include a Department employee who reviewed the rate filing, and comply with ORS 192.610 to 192.705.

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 PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT

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, disapprove, or modify premium rates for individual health benefit plans filed by Kaiser Foundation Health Plan of the Northwest ("***Licensee***") pursuant to ORS 743.018.

The Department hereby issues this PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT ("***Proposed Order***") and makes the following Findings of Fact, Conclusions of Law, Proposed Rate Decision, Designation of Record, and Notice of Right to Meet with Department.

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FINDINGS OF FACT

The Department FINDS that:

1. Licensee has been licensed in Oregon as a domestic insurer since December 30, 1981. Licensee's NAIC[36] number is 95540. Licensee's last recorded business mailing address is 500 NE Multnomah St. Suite 100, Portland, OR 97232.

[36] NAIC refers to the National Association of Insurance Commissioners.

2. On June 3, 2026, the Licensee, using SERFF,[37] 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*.[38]

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.[39]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[40] including submitting written objections to the Licensee and requiring responses.

6. 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 Proposed Order.

CONCLUSIONS OF LAW

The Department CONCLUDES that:

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

[37] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[38] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[39] *See* ORS 743.018(5)(h).
[40] *See* ORS 743.018(4).

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8. 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.

9. 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.

10. Pursuant to ORS 743.018(5), the Department, 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 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.

11. Department adjustments: Licensee proposed 5 percent morbidity adjustment and the Department determined 3 percent was reasonable. Licensee initially proposed $6.85 per member, per month and 1.5% of premium exchange fee, but later suggested it would be an unspecified amount higher. The Department decided to hold the adjustment at the original $6.85 per member, per month and 1.5% of premium exchange fee. Licensee initially proposed a $40.88 net claims adjustment for the reinsurance impact,

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but later suggested rates would be an unspecified amount higher. The Department decided to hold the adjustment at $40.88.

12. 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 modified, do meet all applicable legal requirements of the Insurance Code and are therefore approved as modified.

PROPOSED RATE DECISION

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

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

DESIGNATION OF RECORD

14. The Director hereby designates the relevant portions of the Department's file on this matter and all material submitted by Licensee, as the record for the purpose of making a *prima facie* case in the event that this order becomes final upon default.

SO ORDERED this 31 of July, 2026.

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

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NOTICE OF MEETING

As provided by ORS 743.019(3), the Department shall provide an insurer or any person adversely affected or aggrieved by this Proposed Order an opportunity to meet with the Department to discuss and respond to the Proposed Order. An insurer or any person may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing. The meeting shall include a Department employee who reviewed the rate filing, and comply with ORS 192.610 to 192.705.

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 PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT

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, disapprove, or modify premium rates for individual health benefit plans filed by Moda Health Plan, Inc. ("***Licensee***") pursuant to ORS 743.018.

The Department hereby issues this PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT ("***Proposed Order***") and makes the following Findings of Fact, Conclusions of Law, Proposed Rate Decision, Designation of Record, and Notice of Right to Meet with Department.

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FINDINGS OF FACT

The Department FINDS that:

1. Licensee has been licensed in Oregon as a domestic insurer since October 8, 1999. Licensee's NAIC[41] number is 47098. Licensee's last recorded business mailing address is 601 SW Second Ave, Portland, OR 97204.

[41] NAIC refers to the National Association of Insurance Commissioners.

2. On June 3, 2026, the Licensee, using SERFF,[42] 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*.[43]

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.[44]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[45] including submitting written objections to the Licensee and requiring responses.

6. 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 Proposed Order.

CONCLUSIONS OF LAW

The Department CONCLUDES that:

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

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[42] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[43] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[44] *See* ORS 743.018(5)(h).
[45] *See* ORS 743.018(4).

8. 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.

9. 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.

10. Pursuant to ORS 743.018(5), the Department, 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 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.

11. Department adjustments: Licensee proposed 4 percent morbidity adjustment and the Department determined 3 percent was reasonable. Licensee initially proposed a 9 percent claims adjustment for the reinsurance impact, but later proposed to change it to a 8 percent impact. The Department decided to hold the adjustment at 9 percent.

12. 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 modified, do

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meet all applicable legal requirements of the Insurance Code and are therefore approved as modified.

PROPOSED RATE DECISION

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

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

DESIGNATION OF RECORD

14. The Director hereby designates the relevant portions of the Department's file on this matter and all material submitted by Licensee, as the record for the purpose of making a *prima facie* case in the event that this order becomes final upon default.

SO ORDERED this 31 of July, 2026.

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

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NOTICE OF MEETING

As provided by ORS 743.019(3), the Department shall provide an insurer or any person adversely affected or aggrieved by this Proposed Order an opportunity to meet with the Department to discuss and respond to the Proposed Order. An insurer or any person may not substitute new facts or data for the facts and data that were submitted by the insurer in the filing. The meeting shall include a Department employee who reviewed the rate filing, and comply with ORS 192.610 to 192.705.

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 Licensee.	Case No. INS-RR 26-06-004 PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT

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, disapprove, or modify premium rates for individual health benefit plans filed by Regence BlueCross BlueShield ("***Licensee***") pursuant to ORS 743.018.

The Department hereby issues this PROPOSED ORDER (RATE DECISION) AND NOTICE OF RIGHT TO MEET WITH DEPARTMENT ("***Proposed Order***") and makes the following Findings of Fact, Conclusions of Law, Proposed Rate Decision, Designation of Record, and Notice of Right to Meet with Department.

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FINDINGS OF FACT

The Department FINDS that:

1. Licensee has been licensed in Oregon as a domestic insurer since May 5, 1942. Licensee's NAIC[46] number is 54933. Licensee's last recorded business mailing address is P.O. Box 1271, Portland, OR 97207.

[46] NAIC refers to the National Association of Insurance Commissioners.

2. On June 3, 2026, the Licensee, using SERFF,[47] 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*.[48]

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.[49]

5. From June 9, 2026, to July 24, 2026, the Department conducted an actuarial review of the filing,[50] including submitting written objections to the Licensee and requiring responses.

6. 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 Proposed Order.

CONCLUSIONS OF LAW

The Department CONCLUDES that:

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

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[47] SERFF refers to the *System for Electronic Rate & Forms Filing* maintained by the NAIC.
[48] *See* OAR 836-010-0011 and OAR 836-053-0473(3).
[49] *See* ORS 743.018(5)(h).
[50] *See* ORS 743.018(4).

8. 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.

9. 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.

10. Pursuant to ORS 743.018(5), the Department, 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 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.

11. Department adjustments: Licensee proposed five percent morbidity adjustment and the Department determined three percent was reasonable. Licensee initially proposed a $5.50 per member, per month and 1.5% of premium exchange fee, but later suggested it would be an unspecified amount higher. The Department decided to hold the adjustment at the original $5.50 per member, per month and 1.5% of premium exchange fee. Licensee initially proposed a 10 percent claims adjustment for the reinsurance impact,

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but later proposed to change it to a 9 percent impact. The Department decided to hold the adjustment at 10 percent.

12. 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 modified, do meet all applicable legal requirements of the Insurance Code and are therefore approved as modified.

PROPOSED RATE DECISION

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

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

DESIGNATION OF RECORD

14. The Director hereby designates the relevant portions of the Department's file on this matter and all material submitted by Licensee, as the record for the purpose of making a *prima facie* case in the event that this order becomes final upon default.

SO ORDERED this 31 of July, 2026.

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

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