DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
INSURANCE DIVISION

DIVISION 053
Health Benefit Plans

836-053-0480(Adopt)
Consumer Friendly Summary Document for Rate Filings

(1) This rule applies to plan years beginning on and after January 1, 2026.
(2) Every insurer that offers a health benefit plan for small employers or an individual health benefit plan must file with each rate filing a consumer-friendly summary document that includes the following:
  (a) Filing company's legal name;
  (b) Rate Filing SERFF tracking number;
  (c) Requested average annual rate change expressed as a percentage;
  (d) Range of requested annual rate change, from minimum to maximum, expressed as a percentage;
  (e) Requested rate change effective date;
  (f) Number of plans discontinued by the rate request;
  (g) Number of plans continued, but modified by the rate request;
  (h) Number of new plans created by the rate request;
  (i) Covered lives impacted by the rate request;
  (j) Visual representation of changes in service areas in this state;
  (k) A breakdown of rate request attributed to the following:
    a. Dollar and percentage for medical trend;
    b. Dollar and percentage for pharmacy trend;
    c. Dollar and percentage from recent legislation;
    d. Dollar and percentage for market-wide uncertainty;
    e. Dollar and percentage for other significant drivers of the rate request;
  (l) A breakdown of retained premium and Medical Loss Ratio for the past three, full calendar years and;
  (m) A narrative description of any significant changes in networks that may include, but not be limited to:
    a. Switching from a preferred provider organization (PPO) to an exclusive provider organization (EPO);
    b. Changes in out of area coverages;
    c. Changes to major health care provider network contracting including, but not limited to, adding or removing large regional hospital systems.

STATUTORY/OTHER AUTHORITY: ORS 731.244, Oregon Laws Chapter 121 (2025), HB 2564
STATUTES/OTHER IMPLEMENTED: ORS 743B.130

Commented [RA1]: How does a reader know which plans (Gold, Silver Bronze) are impacted? While I don't understand why this can't be plan specific, I think even saying that 2 Gold plans were discontinued, 3 silver plans were continued and 5 new Silver and Gold plans were created is better information.

Commented [RA2R1]: How will this work for ACA vs. Small Group plans vs. large group plans? I would want to know for small group plans.

Commented [RA3]: I still don't think this goes far enough. Again. I want to know how much my network is changing and how my small business plan network compares to a large business network plan. Why is this so hard for the State to require this to be provided and for the Insurance companies to provide this in an easy to understand format?