



PERMANENT ADMINISTRATIVE ORDER

ID 13-2025

CHAPTER 836

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES INSURANCE REGULATION

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ARCHIVES DIVISION
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& LEGISLATIVE COUNSEL

FILING CAPTION: Adopt requirement for consumer-friendly summary document in rate filings

EFFECTIVE DATE: 01/01/2026

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ADOPT: 836-053-0480

NOTICE FILED DATE: 10/28/2025

RULE SUMMARY: Adopt required consumer friendly summary document for rate filings.

CHANGES TO RULE:

836-053-0480

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) Filing company's website;¶

(c) Filing company's customer service phone number;¶

(d) Rate Filing SERFF tracking number;¶

(e) Requested average annual rate change expressed as a percentage;¶

(f) Range of requested annual rate change, from minimum to maximum, expressed as a percentage;¶

(g) Requested rate change effective date;¶

(h) Plans impacted including number of plans discontinued, number of plans modified by the rate request, and 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 the 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 and may include, but not be limited to:¶

(A) Changes in network type, such as 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, Or/Laws/2025,/ ch/541

Statutes/Other Implemented: Or/Laws/2025,/ ch/541