

HEALTH NET NEWS

2026 Initial Small Group Rates

SMALL GROUP MARKET						
Company	Average requested rate increase	Requested Portland silver 40-year-old rate	Preliminary rate decision	Preliminary Portland silver 40-year-old monthly premium	Final Rate Decision	Final Portland silver 40-year-old rate
Health Net Health Plan of Oregon, Inc.	9.3%	\$479	9.3%	\$479	9.3%	\$479
Kaiser Foundation Health Plan of the Northwest	6.6%	\$450	6.6%	\$450	6.6%	\$450
Moda Health Plan, Inc.	11.7%	\$491	11.7%	\$491	11.7%	\$491
PacificSource Health Plans	5.1%	\$502	5.1%	\$502	5.2%	\$502
Providence Health Plan	21.5%	\$598	21.5%	\$598	21.5%	\$598
Regence BlueCross BlueShield of Oregon	7.3%	\$495	7.3%	\$495	7.3%	\$495
UnitedHealthcare Insurance Company	16.8%	\$613	16.8%	\$613	16.8%	\$613
UnitedHealthcare of Oregon, Inc.	19.8%	\$613	19.8%	\$613	19.8%	\$613
Average	11.5%		11.5%		11.5%	

With some of the best PPO rates in state and great state-wide network access, our benefits and great local service are sure to make an impression on your group clients who are shopping the market for benefits value.

Notable Benefits:

- Most GLPIs approved for \$100 30-day co-pay cap (Diabetes Only, No Weight Loss DX). Generic Tier 1 GLPI is available on our formulary.
- Unmatched Medical stand-alone Dental and Vision Benefits are enabled in 2026 for Oregon small groups.
- \$0 Co-pay Teladoc Access for Medical and Behavioral Health.
- Alt Care with the highest Visit limits in state; Chiro, Acupuncture, Naturopathy and Massage.
- Sharecare mobile wellness program with Rewards and Monetary Incentives.
- 24-hour nurse advise line and BH crisis line.

INDUSTRY NEWS

How Will Changes in Oregon Individual Market Subsidies Impact the Individual and Oregon Employer Group Market?

Consumers will see the costs of premiums rise next year due to the scheduled expiration of federal Affordable Care Act tax subsidies that helped offset costs for many Oregonians. Those expanded subsidies, known as Enhanced Premium Tax Credits, will expire on Dec. 31, 2025, unless Congress acts to reauthorize them.



Without reauthorization of the subsidies, people who buy their own health coverage through the federal marketplace will receive smaller tax credits to lower their monthly premiums. For some households, especially those in middle-income brackets or in rural parts of the state, this may translate into substantial increases in premiums and out-of-pocket costs.

Although this federal change is beyond the state’s control, Oregon anticipates that most who buy plans from the marketplace (about 126,000 as of the end of the second quarter this year) will see increases, some as much as 300 percent to 400 percent.

Oregon currently has about 220,000–230,000 people enrolled in marketplace (on-exchange) CMS 2025 Open Enrollment data.

National modeling shows about 13% of individual market enrollees would move to employer-sponsored (group) plans if the enhanced subsidies expire.

13% of ~225,000 Oregonians = 29,000 to 30,000 people who are expected to leave the individual ACA market and shift to group coverage.

Based on Urban Institute and KFF modeling, Oregon would likely see something like:

Outcome	Estimated Impact (Oregon)
Move from ACA to employer group plans	≈ 30,000 people
Become uninsured	≈ 15,000–20,000
Remain on ACA but pay more	≈ 150,000+
Shift to off-exchange individual plans	Small (under 10k)

If the enhanced ACA subsidies expire in 2026, roughly 30,000 Oregonians could be expected to exit the individual market and shift into Employer group coverage.

MORE INDUSTRY NEWS

EOC Amendments for Groups with Non-Calendar Year Renewal Dates

Effective January 1, 2026 for **HNCA IFP, Small and Large Group Plans**, to comply with updated federal Mental Health Parity and Addiction Equity Act (MHPAEA) regulations, individual and group EOCs will include language that expands on the types of services covered under the Mental Health and Substance Use Disorder (MH/SUD) benefit.



These changes are intended to ensure MH/SUD services are treated equitably with medical/surgical services in accordance with the MHPAEA final rule.

These benefit updates will be put in place for Ambetter/IFP and group plans on January 1, 2026, regardless of the group’s renewal effective date.

It is necessary to send an amendment to all Employer Groups and subscribers enrolled in groups with non-calendar year renewal dates, as the Plan will apply the MH/SUD cost share when a service is billed with a behavioral health diagnosis code, which may be different than the member cost share, if that service was billed with a medical diagnosis code.

- New language reflecting the updated MHPAEA final rule **will be included in all 2026 EOCs for Ambetter/IFP and new and renewing groups effective January 1, 2026.**
- Amendments will be sent to all Large and Small Employer Groups and Subscribers with non-calendar year renewal dates (February through December). Mailing began on the following dates:
 - **Employer groups:** October 6, 2025
 - **Subscribers:** October 10, 2025

In addition, the amendment will be included as part of the EOC for groups effective October through December.

IN THE COMMUNITY

Trillium Health Plan Named by OHA as Successor to Pacific Source Medicaid Business in Lane County



The Oregon Health Authority says insurer Trillium Health Plan owned by Centene will take over 90,000 low-income patients served by PacificSource in Lane County.

Springfield-based PacificSource announced last month it would not renew Lane County’s Medicaid contract, citing financial losses and low rates.

In Oregon, private companies contract with OHA to provide Medicaid to low-income people. Companies that provide that service are called Coordinated Care Organizations, or CCOs.

OHA Policy and Programs Director Dave Baden said the agency is negotiating with PacificSource to extend its contract to February, when it hopes Trillium will take over.

“The most important thing is, we’re trying to build in as much time for as smooth a transition as possible,” Baden said. Baden said Trillium, which serves around 30,000 Lane County residents now, has assured the agency it will expand its provider network to care for additional patients.

“We obviously want to see as robust a network as possible and really encourage all providers to try to be in the Oregon Health Plan and serve Medicaid members,” Baden said. “Ultimately, those decisions are business decisions between Trillium and the contracted providers.”

According to PacificSource’s transition plan, which KLCC obtained through a public records request, the insurer will prioritize support and coordination for people with high-risk conditions, like cancer or pregnancy. PacificSource also said it will provide care plan information to its successor, as well as a list of primary care providers.

In that plan, which is still under review by OHA and was written before Trillium was chosen, PacificSource said it would also lay off workers in anticipation of losing Lane County Medicaid revenue.

Before the announcement, KLCC reached out to PacificSource to ask about the layoffs and other details about its transition plans. It sent the following statement in response: “PacificSource remains in conversation with OHA to determine the best path forward for the Oregonians we serve.” KLCC also reached out to Trillium to ask about their efforts to expand their provider network, but has not yet received a response.

Baden said in the meantime, Lane County PacificSource members should continue any treatments, or appointments, and the two insurers will transition them through changes in the new year.

klcc.org/health-medicine/2025-10-16

WELLNESS

November: Men’s Health Starts with a Checkup

Each November, millions of men around the world grow mustaches as part of Movember, a global movement to raise awareness of men’s health issues. What began as a simple campaign in Australia has become a call to action for men everywhere to take charge of their health—both physical and mental.



At Health Net, we join this movement by encouraging men to take proactive steps toward better health. Many serious conditions—like prostate cancer, testicular cancer, and mental health challenges—can be successfully treated when caught early.

Yet far too often, men put off regular checkups or ignore early warning signs.

Members can begin their wellness journey from the comfort of their own homes with Health Net and [Sharecare](#).

Articles:

- 4 embarrassing men’s health questions, answered
- 3 ways can protect their long-term health
- Melanoma diagnosis more deadly for men than women

Slideshows:

- The 10 deadliest men’s health conditions
- Essential health tests for men at any age
- 8 health mistakes men often make and what to do about them

Topics/Content:

- Men’s Health
- Prostate Cancer
- Sexual Health and Relationships

Videos:

- What you need to know about men’s health
- 4 Subtle health symptoms men shouldn’t ignore
- 1 hour yoga for men’s health

This month, take time to remind the men in your life—fathers, brothers, partners, friends, and colleagues—to schedule their annual wellness visit. A simple checkup or screening could make all the difference.

By working together to raise awareness and promote preventive care, we can help more men live longer, healthier lives.

For more information about Movember and associated events and fundraising activities, visit the [Movember Foundation website](#).

Because behind every mustache is a powerful message: **early action saves lives.**

JUST FOR FUN

The Great Stuffing Debate - Inside or Outside the Bird?



We don’t know when it was first brought to the attention of the public that cooking stuffing inside the turkey was a bad idea, but this debate has been dividing Thanksgiving tables for years.

According to The Fact Site, [Why Isn't Stuffing Put Inside the Thanksgiving Turkey? - The Fact Site:](#)

As much as we love Thanksgiving stuffing, health experts warn that we shouldn’t put the stuffing inside the turkey because sometimes, raw turkey can contain potentially harmful germs like salmonella.

Contaminated animal juices containing these germs may seep into the stuffing, where they might survive the cooking process. Poorly cooked poultry and stuffing could make you sick.

However, the arguments for cooking the stuffing inside the bird are simple.

Stuffing involves a flavor exchange which improves the flavor of the food. For example, in stuffed poultry, the meat juices seep into the stuffing, while the herbs, veggies, and spices infuse the meat with a richer flavor.

Stuffing meat also helps prevent it from drying out. It acts like a barrier that stops moisture from evaporating too quickly, which can be a real help when you’re cooking something large like the Thanksgiving turkey.

So, how can you **safely cook Thanksgiving stuffing inside the turkey**? The United States Department of Agriculture has shared some tips to minimize contamination.

1. Precook ingredients that will be going into the stuffing. Then, prepare your stuffing as usual and store it in your refrigerator if you’re not ready to use it immediately.
2. While stuffing your turkey, don’t overfill its cavity. Instead, you want to leave room for heat to circulate better.
3. Use a meat thermometer. Remember the magic number 165 °F (73.9 °C). That’s how hot you want the turkey’s internal temperature to be.
4. Once your Thanksgiving turkey is cooked, let it rest a bit before carving. If you want to be extra careful, you can take out the stuffing and allow it to sit in the oven a bit longer.

So ultimately, the choice is yours. You can either cook the stuffing separately or monitor the internal temperature of the turkey.

But whichever you decide, we wish you all a: **Happy, Healthy and Delicious Thanksgiving!**