

1 836-052-1005 (NEW)

2 Cost Sharing and Treatment Limitations for Mandated Benefits

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4 **(1) Unless otherwise specifically provided by law, a health insurance policy or health**
5 **benefit plan subject to ORS chapter 743A may not subject a required coverage to cost**
6 **sharing, treatment limitations, limits on total payments for treatment, limits on duration of**
7 **treatment, or other limitations or restrictions, including but not limited to deductibles,**
8 **copayments, coinsurance, and visit limits, less favorable than the predominant provisions**
9 **and limitations that apply to the majority of benefits within the applicable benefit category**
10 **under the policy or plan.**

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12 **(2) No health insurance policy or health benefit plan may designate coverage required**
13 **under ORS chapter 743A as a stand-alone benefit category unless the category provides**
14 **coverage at least as favorable as the coverage provided by the majority of benefit categories**
15 **under the policy or plan.**

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17 **(3) Nothing in this rule requires an insurer offering a health insurance policy or a health**
18 **benefit plan to reimburse a provider for services:**

19 **(a) Without regard for the usual, customary, and reasonable charge of the provider;**

20 **(b) Without regard for the negotiated rate of the provider; or**

21 **(c) In a manner inconsistent with applicable required reimbursement provisions under**
22 **ORS chapter 743A.**

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24 **(4) This rule does not apply to any health benefit package approved by the Oregon Health**
25 **Policy Board pursuant to ORS 413.011 and 413.064 whether marketed through the**
26 **exchange or outside the exchange.**

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28 Stat. Auth.: ORS 731.244.

29 Stats. Implemented: ORS chapter 743A

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