All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.

All plan IDs submitted via Plans & Benefits Template(s) must be included in this template.

Centers for Medicare & Medicaid Services (CMS) Qualified Health Plan (QHP) Transparency in Coverage Reporting Plan Year 2026

| Plan Level Data | | | | | | | | | | | | | | | | | |
|-----------------|---|-------------------------|---------------------|-----------------------|-----------------------|-----------------------|-------------------------|--------------------|--------------------------|-------------------------|--------------------------|---|-------------------------|-------------------------|---------------------|------------------------|--|
| | | | | | | | | | | | | | | | | | |
| | Number of Plan Level In- | | | | | | Claims with DOS in 2024 | | Number of Plan Level | Claims with DOS in 2024 | | Number of Plan Level | Claims with DOS in 2024 | | | | |
| | Network Claims with Date(s) of Service (DOS) in 2024 That Were Also | Network Claims with | Network Claims with | Out-of-Network Claims | Out-of-Network Claims | Out-of-Network Claims | Due to Prior | Due to an Out-Of- | That Were Also Denied | Due to Lack of Medical | Due to Lack of Medical | Claims with DOS in 2024 That Were Also Denied Due to Enrollee Benefit | Due to Member Not | Due To Investigational, | | | |
| Plan ID* | Received in Calendar | Also Denied in Calendar | | Were Also Received in | Were Also Denied in | Were Also Resubmitted | Referral Required in | Provider/Claims in | Service in Calendar Year | | Health only, in Calendar | | Part of Date of Service | Cosmetic Procedure in | Reasons in Calendar | for "Other" Reasons in | Notes: (Please enter any comments/notes here.) |
| | | | | | | | | | | | | | | | | | This is a capitated plan with minimal claims paid |
| 97389CA0010002 | 1,410 | 2 | 6 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | N/A | 0 | 0 | 0 | 0 | 0 | FFS to providers. |
| | | | | | | | | | | | | | | | | | |
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