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 Black and	Number of Black and		Number of Plan Level	Number of Plantauri		Number of Plan Level	Number of Black Lavel			
	Number of Plan Level Ir	-					Number of Plan Level Claims with DOS in 2024					Number of Plan Level			Number of Plan Level		
		Number of Plan Level In- Network Claims with														Number of Plan Level Claims with DOS in 2024	
	in 2024 That Were Also	DOS in 2024 That Were	DOS in 2024 That Were	with DOS in 2024 That	with DOS in 2024 That	with DOS in 2024 That	Authorization or	Network	Due to Exclusion of a	Necessity, excluding	Necessity, Behavioral	Due to Enrollee Benefit	Covered During All or	Experimental, or	to Administrative	That Were Also Denied	
		Also Denied in Calendar		Were Also Received in		Were Also Resubmitted					Health only, in Calendar			Cosmetic Procedure in		for "Other" Reasons in	
Plan ID*						in Calendar Year 2024*		Calendar Year 2024*	2024*	Calendar Year 2024*			in Calendar Year 2024*	Calendar Year 2024*	Year 2024*		comments/notes here.)
62683CA00100	14 427,269	82,912	10,161	35,069	8,446	1,765	130	0	39,139	0	N/A	16,581	9,364	2	4,328	21,814	
62683CA00300	04 54,622	23,516	498	1,759	1,455	12	3,051	8,574	7,434	0	N/A	428	1,954	0	681	2,849	