*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

Plan ID*	Number of Plan Level In-Network Claims with Date(s) of Service (DOS) in 2024 That Were Also Received in Calendar Year 2024*	Number of Plan Level In-Network Claims with DOS in 2024 That Were Also Denied in Calendar Year 2024*	Number of Plan Level In-Network Claims with DOS in 2024 That Were Also Resubmitted in Calendar Year 2024*	Number of Plan Level Out-of-Network Claims with DOS in 2024 That Were Also Received in Calendar Year 2024*	Number of Plan Level Out-of-Network Claims with DOS in 2024 That Were Also Denied in Calendar Year 2024*	Number of Plan Level Out-of-Network Claims with DOS in 2024 That Were Also Resubmitted in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to an Out-Of-Network Provider/Claims in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Lack of Medical Necessity, ***excluding*** Behavioral Health in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health ***only*** , in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Enrollee Benefit Limit Reached in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Member Not Covered During All or Part of Date of Service in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due To Investigational, Experimental, or Cosmetic Procedure in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Administrative Reasons in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied for "Other" Reasons in Calendar Year 2024*	Notes: (Please enter any comments/notes here.)
92815CA0010004	202,091	45,123	59,588	10,202	6,560	486	10,018	2,544	21,403	18	0	0	1,411	0	1,547	32,102	
92815CA0010005	548	124	131	42	26	3	18	23	56	0	0	0	22	0	14	50	
92815CA0010006	189,572	49,345	57,454	5,960	4,275	436	14,498	1,855	19,855	7	0	0	836	0	1,855	37,661	
92815CA0010007	330,398	78,901	97,047	11,143	7,545	547	20,732	2,931	33,494	27	0	0	1,727	0	2,467	57,186	
92815CA0010008	1,550,907	392,863	473,170	37,370	27,088	2,423	89,446	12,856	192,874	73	0	0	6,312	0	14,552	260,651	