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-						Number of Plan Level Claims with DOS in 2024		Number of Plan Level	Number of Plan Level Claims with DOS in 2024			Number of Plan Level Claims with DOS in 2024		Number of Plan Level		
			Number of Plan Level In- Network Claims with												Claims with DOS in 2024 That Were Denied Due		
		DOS in 2024 That Were Also Denied in Calendar	DOS in 2024 That Were Also Resubmitted in	with DOS in 2024 That Were Also Received in		with DOS in 2024 That Were Also Resubmitted		Network Provider/Claims in	Due to Exclusion of a Service in Calendar Year	Necessity, <u>excluding</u> Behavioral Health in				Experimental, or Cosmetic Procedure in		That Were Also Denied for "Other" Reasons in	Notes: (Please enter any
Plan ID*	Year 2024*	Year 2024*	Calendar Year 2024*	Calendar Year 2024*	Calendar Year 2024*	in Calendar Year 2024*	Calendar Year 2024*	Calendar Year 2024*	2024*	Calendar Year 2024*	Year 2024*	Calendar Year 2024*	in Calendar Year 2024*	Calendar Year 2024*	Year 2024*	Calendar Year 2024*	comments/notes here.)
	438,629	49,878	35,780	43,771	11,302	1,850	2,485	7,947	77,794	2,761	3	0	4,709	0	26,604	8,600	Medical Claims
	76	2	0	13	13	0	0	13	0	N/A	N/A	0	0	0	0	0	Pediatric Vision Claims
	1,566	141	0	70	70	0	36	70	25	1	N/A	0	18	0	51	10	Pediatric Dental Claims
	259,519	64,438	84,024	17,154	17,126	3,538	6,516	21,364	36,403	N/A	N/A	N/A	4,250	N/A	1,114	48,024	Pharmacy Claims
	699,790	114,459	119,804	61,008	28,511	5,388	9,037	29,394	114,222	2,762	3	0	8,977	0	27,769	56,634	Total Claims