

Health (2024)

	Response (Yes/No)	Comments
01 In-Exchange - Does the company have Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic, or student data to report?		
02 In-Exchange - Does the company have Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies data to report?		
03 In-Exchange - Does the company have Catastrophic data to report?		
04 In-Exchange - Does the company have Multi-State (Individual) data to report?		
05 In-Exchange - Does the company have Multi-State (Small Group) data to report?		
06 In-Exchange - Number of small groups in-force at the end of the reporting period.		
07 In-Exchange - Does the company have an additional voluntary level of review for grievances?		
08 In-Exchange Comments.		
09 Out-of-Exchange - Does the company have Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic, or student data to report?		
10 Out-of-Exchange - Does the company have Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies data to report?		
11 Out-of-Exchange - Does the company have Grandfathered or Transitional plan data to report?		
12 Out-of-Exchange - Does the company have Catastrophic data to report?		
13 Out-of-Exchange - Does the company have Large Group comprehensive major medical and managed care (Minimum Essential Coverage policies) data to report?		
14 Out-of-Exchange - Does the company have Student Coverage data to report?		
15 Out-of-Exchange - Number of small groups in-force at the end of the reporting period.		
16 Out-of-Exchange - Number of large groups in-force at the end of the reporting period.		
17 Out-of-Exchange - Does the company have an additional voluntary level of review for grievances?		
18 Out-of-Exchange Comments.		

IN-EXCHANGE

Policy Administratio	п
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INTERROGATORIES

Policy Administration																
	Individual Health insurance	Small	Group	Healt	h insurai	nce										
	coverage other than transitional,	coverag	ge othe	er than	transition	onal,										
	grandfathered, multi-state,	grand	lfather	ed, or	multi-sta	ate										
	catastrophic or student		р	olicies	6	C	Catastrophic	1	Multi-State(Individua)		Multi-Stat	te (Small Gr	oup)	
	Bronze Silver Gold Platinum Tota	I Bronze S						Bronze	Silver		atinum Total	Bronze	Silver	Gold	Platinum	Total
19 Earned premiums for Reporting Year.																
20 Number of new policies issued during the period.																
21 Number of policies renewed during the period.																
22 Member months for policies issued during the period.																
23 Member months for policies renewed during the period.																
24 Number of policy terminations and cancellations initiated by the policyholder.																
25 Number of policy terminations and cancellations due to non-payment of premium.																
26 Number of insured lives impacted on terminations and cancellations initiated by the																
policyholder																
Number of insured lives impacted on policies terminated and cancelled due to non-																
payment.																
28 Number of rescissions.																
29 Number of insured lives impacted by rescissions.																

Prior Authorizations (Prospective Utilization Review Requests) Excluding Pharmacy

	In	dividua	al Health	n insurar	nce	Sma	II Grou	ıp Healt	th insura	nce										
	cove	age of	ther tha	n transit	ional,	cover	age otl	her thai	n transiti	onal,										
	gr	andfat	hered, r	nulti-sta	te,	grar	ndfathe	ered, or	r multi-st	ate										
		catastr	ophic o	r studen	t			policies	S	Catastrophic		Multi-State(Individu	al)			Multi-State	e (Small G	oup)	
	Bronze	Silve	r Gold I	Platinum	Total	Bronze	Silver	Gold I	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total
30 Number of prior authorizations requested.																				
31 Number of prior authorizations approved.																				
32 Number of prior authorizations denied.																				
Number of prior authorizations requested for mental health benefits, behavioral health																				
benefits, and substance use disorders.																				
Number of prior authorizations for mental health benefits, behavioral health benefits,																				
and substance use disorders denied.																				
Number of prior authorizations for mental health benefits, behavioral health benefits,																				
and substance use disorders approved.																				

	Health (2024)	
Prior Authorizations (Prospective Utilization Review Requests) Pharmacy Only	(,	
	Individual Health insurance Small Group Health insurance coverage other than transitional, grandfathered, multi-state, grandfathered, or multi-state catastrophic or student policies Catastrophic Multi-State(Individual) Multi-State (Small Bronze Silver Gold Platinum Total Bronze	Group) Platinum Total
36 Number of prior authorizations requested. 37 Number of prior authorizations approved.		
38 Number of prior authorizations denied.		
so Hamber of prior dudionizations defined		
Claims Administration (Excluding Pharmacy)		
20 North of the control	Individual Health insurance Small Group Health insurance coverage other than transitional, coverage other than transitional, grandfathered, multi-state, grandfathered, or multi-state catastrophic or student policies Catastrophic Multi-State(Individual) Multi-State (Small Information of Platinum Total Bronze Silver Gold	
39 Number of claims received.		
40 Number of claims submitted by network providers. 41 Number of claims submitted by out-of-network providers.		
42 Number of claim denials for in-network claims.		
43 In-network claims denied within 0-30 days.		
44 In-network Claims denied within 31-60 days.		
45 In-network Claims denied within 61-90 days.		
46 In-network Claims denied beyond 90 days.		
47 Number of in-network denied, rejected or returned - Claims Submission Coding 48 Number of in-network denied, rejected or returned - Prior Authorization Needed.		
Number of in network desired unicated as set used. New Covered Describes Describ		
49 Limitation		
Number of in-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits).		
51 Number of in-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only).		
52 Number of claim denials for out-of-network claims. 53 Out-of-network claims denied within 0-30 days.		
54 Out-of-network Claims denied within 31-60 days.		
55 Out-of-network Claims denied within 61-90 days.		
56 Out-of-network Claims denied beyond 90 days.		
57 Number of out-of-network denied, rejected or returned - Claims Submission Coding Error(s).		
58 Number of out-of-network denied, rejected or returned - Prior Authorization Needed.		
Number of out-of-network denied, rejected or returned - Non-Covered Benefit or		
Benefit Limitation. 60 Number of out-of-network denied, rejected or returned - Not Medically Necessary		
(Excluding Behavioral Health Benefits).		
61 Number of out-of-network denied, rejected or returned - Not Medically Necessary		
(Behavioral Health Benefits Only).		
62 Number of paid claims for in-network services.		
63 In-network claims paid within 0-30 days. 64 In-network claims paid within 31-60 days.		
65 In-network claims paid within 61-90 days.		
66 In-network claims paid beyond 90 days.		
67 Number of paid claims for out-of-network services.		
68 Out-of-network claims paid within 0-30 days.		
69 Out-of-network claims paid within 31-60 days.		
70 Out-of-network claims paid within 61-90 days. 71 Out-of-network claims paid beyond 90 days.		
71 Out-or-network claims paid beyond 90 days. 72 Claims Paid.		
73 Insured/beneficiary co-payment responsibility.		
74 Insured coinsurance responsibility.		
75 Insured deductible responsibility.		

		Health (2024)						
laims Administration (Pharmacy Only)								
	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student	grandfathered, or multi-state policies Catas		Multi-State(Individua			e (Small Group)	_
76 Number of claims received.	Bronze Silver Gold Platinum Tota	Il Bronze Silver Gold Platinum Total	Bronze	Silver Gold P	atinum Total Bror	ze Silver	Gold Platinum	n To
7 Number of claim denials for in-network claims.								
78 Number of claim denials for out-of-network claims.								
79 Number of paid claims for in-network services.								
Number of paid claims for out-of-network services.								
1 Claims Paid.								
32 Insured/beneficiary co-payment responsibility.								
33 Insured coinsurance responsibility.								
84 Insured deductible responsibility.								
onsumer Requested Internal Reviews(Grievances - Including Pharmacy)								
Sistement Requested Internal Reviews (Girevances - Including Final Index)	Individual Health insurance	Small Group Health insurance						
	coverage other than transitional,	coverage other than transitional,						
	grandfathered, multi-state,	grandfathered, or multi-state						
	catastrophic or student		strophic	Multi-State(Individua			e (Small Group)	
	Bronze Silver Gold Platinum Tota	l Bronze Silver Gold Platinum Total	Bronze	Silver Gold P	latinum Total Bror	ze Silver	Gold Platinum	n To
Number of customer requests for internal reviews of grievances involving adverse								
determinations (Do not include additional voluntary levels of reviews)								
Number of adverse determinations upheld upon request for internal review (Do not								
include additional voluntary levels of reviews).								
Number of adverse determinations overturned upon request for internal review (Do no include additional voluntary levels of reviews.).	t							
Number of customer requests for internal reviews of grievances not involving adverse determinations.								
	Individual Health insurance coverage other than transitional,							
	coverage other than transitional, grandfathered, multi-state, catastrophic or student	coverage other than transitional, grandfathered, or multi-state policies Catas		Multi-State(Individua			e (Small Group)	
ionsumer Requested External Reviews (Including Pharmacy)	coverage other than transitional, grandfathered, multi-state, catastrophic or student	coverage other than transitional, grandfathered, or multi-state	strophic Bronze) atinum Total Bror		e (Small Group) Gold Platinum	n To
Consumer Requested External Reviews (Including Pharmacy)	coverage other than transitional, grandfathered, multi-state, catastrophic or student	coverage other than transitional, grandfathered, or multi-state policies Catas						n To
Number of customer requested appeals on final adverse determinations to an external review organization.	coverage other than transitional, grandfathered, multi-state, catastrophic or student	coverage other than transitional, grandfathered, or multi-state policies Catas						n To
Consumer Requested External Reviews (Including Pharmacy) 89 Number of customer requested appeals on final adverse determinations to an external review organization. 90 Number of final adverse determinations upheld upon request for external review.	coverage other than transitional, grandfathered, multi-state, catastrophic or student	coverage other than transitional, grandfathered, or multi-state policies Catas				ze Silver 		n To
200 Number of customer requested appeals on final adverse determinations to an external review organization. 201 Number of final adverse determinations upheld upon request for external review. 202 Number of final adverse determinations overturned upon request for external review.	coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Tota	coverage other than transitional, grandfathered, or multi-state policies Catas Il Bronze Silver Gold Platinum Total		Silver Gold P	atinum Total Bror	ze Silver 	Gold Platinum	n To
Consumer Requested External Reviews (Including Pharmacy) 80 Number of customer requested appeals on final adverse determinations to an external	coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Tota	coverage other than transitional, grandfathered, or multi-state policies Catas Il Bronze Silver Gold Platinum Total		Silver Gold P	atinum Total Bror 	ze Silver 	Gold Platinum	n To
200 Number of customer requested appeals on final adverse determinations to an external review organization. 201 Number of final adverse determinations upheld upon request for external review. 202 Number of final adverse determinations overturned upon request for external review.	coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Tota Individual Health insurance	coverage other than transitional, grandfathered, or multi-state policies Catas Il Bronze Silver Gold Platinum Total Small Group Health insurance		Silver Gold P	atinum Total Bror	ze Silver arge Group compro	Gold Platinum ehensive	n To
Sonsumer Requested External Reviews (Including Pharmacy) 89 Number of customer requested appeals on final adverse determinations to an external review organization. 90 Number of final adverse determinations upheld upon request for external review. 91 Number of final adverse determinations overturned upon request for external review.	coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Tota	coverage other than transitional, grandfathered, or multi-state policies Catas Il Bronze Silver Gold Platinum Total Small Group Health insurance		Silver Gold P	atinum Total Bror All I	ze Silver 	Gold Platinum ehensive aged care	
Number of customer requested appeals on final adverse determinations to an external review organization. Number of final adverse determinations upheld upon request for external review. Number of final adverse determinations overturned upon request for external review.	coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Tota	coverage other than transitional, grandfathered, or multi-state policies Catas Il Bronze Silver Gold Platinum Total		Silver Gold P	atinum Total Bror All I	ze Silver arge Group compr	Gold Platinum ehensive aged care overage) For St	ituder
Reposumer Requested External Reviews (Including Pharmacy) 89 Number of customer requested appeals on final adverse determinations to an external review organization. 90 Number of final adverse determinations upheld upon request for external review. 91 Number of final adverse determinations overturned upon request for external review. 80 DUT-OF-EXCHANGE Policy Administration	coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Tota Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student	coverage other than transitional, grandfathered, or multi-state policies Catas Il Bronze Silver Gold Platinum Total	Bronze Grandfathered/Tran:	Silver Gold P Sitional Plans	atinum Total Bror	ze Silver arge Group compr r medical and man	Gold Platinum ehensive aged care overage) For St	ituder
Number of customer requested appeals on final adverse determinations to an external review organization. Number of final adverse determinations upheld upon request for external review. Number of final adverse determinations overturned upon request for external review. NUT-OF-EXCHANGE Policy Administration	coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Tota Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student	coverage other than transitional, grandfathered, or multi-state policies Il Bronze Silver Gold Platinum Total Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies	Bronze Grandfathered/Tran:	Silver Gold P Sitional Plans	atinum Total Bror	ze Silver arge Group compr r medical and man	Gold Platinum ehensive aged care overage) For St	ituden
Number of customer requested appeals on final adverse determinations to an external review organization. Number of final adverse determinations upheld upon request for external review. Number of final adverse determinations overturned upon request for external review. Number of final adverse determinations overturned upon request for external review. NUT-OF-EXCHANGE olicy Administration	coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Tota Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student	coverage other than transitional, grandfathered, or multi-state policies Il Bronze Silver Gold Platinum Total Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies	Bronze Grandfathered/Tran:	Silver Gold P Sitional Plans	atinum Total Bror	ze Silver arge Group compr r medical and man	Gold Platinum ehensive aged care overage) For St	ituden
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Number of customer requested appeals on final adverse determinations to an external review organization. Number of final adverse determinations upheld upon request for external review. Number of final adverse determinations overturned upon request for external review. Number of final adverse determinations overturned upon request for external review. Nutr-of-EXCHANGE Policy Administration Example 10 of 10	coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Tota Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student	coverage other than transitional, grandfathered, or multi-state policies Il Bronze Silver Gold Platinum Total Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies Il Bronze Silver Gold Platinum Total Large	Bronze Grandfathered/Transe Group Small Group	Silver Gold P sitional Plans Individual Total	atinum Total Bror	ze Silver arge Group compr r medical and man	Gold Platinum ehensive aged care overage) For St	ituden
Number of customer requested appeals on final adverse determinations to an external review organization. Number of final adverse determinations upheld upon request for external review. Number of final adverse determinations overturned upon request for external review. Number of final adverse determinations overturned upon request for external review. Nutr-OF-EXCHANGE Learned premiums for Reporting Year. Number of new policies issued during the period. Number of policies renewed during the period. Member months for policies issued during the period. Member months for policies renewed during the period. Number of policy terminations and cancellations initiated by the policyholder. Number of insured lives impacted on parlicies termination and cancellations initiated by the policyholder.	coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Tota Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student	coverage other than transitional, grandfathered, or multi-state policies Il Bronze Silver Gold Platinum Total Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies Il Bronze Silver Gold Platinum Total Large	Bronze Grandfathered/Transe Group Small Group	Silver Gold P sitional Plans Individual Total	atinum Total Bror	ze Silver arge Group compr r medical and man	Gold Platinum ehensive aged care overage) For St	tuden
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		Health (2024)				
rior Authorizations (Prospective UtilizationReview Requests) Excluding Pharmac						
	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Total	Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies Bronze Silver Gold Platinum Total Lan	Grandfathered/Transitional Plans ge Group Small Group Individual Total	Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
Number of prior authorizations requested.						
14 Number of prior authorizations approved.						
Number of prior authorizations denied.						
Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders. Number of prior authorizations for mental health benefits, behavioral health benefits,						
and substance use disorders denied						
Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders approved.						
rior Authorizations (Prospective Utilization Review Requests) Pharmacy Only						
	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Total	Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies Bronze Silver Gold Platinum Total Lan	Grandfathered/Transitional Plans ge Group Small Group Individual Total	Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
9 Number of prior authorizations requested.						
0 Number of prior authorizations approved.						
1 Number of prior authorizations denied.						
laims Administration (Excluding Pharmacy)	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Total	Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies Bronze Silver Gold Platinum Total Lan	Grandfathered/Transitional Plans ge Group Small Group Individual Total	Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
2 Number of claims received.						
3 Number of claims submitted by network providers.						
4 Number of claims submitted for by out-of-network providers. 5 Number of claim denials for in-network claims.						
6 In-network claims denied within 0-30 days.						
7 In-network Claims defined within 31-60 days.						
8 In-network Claims denied within 61-90 days.						
9 In-network Claims denied beyond 90 days.						
Number of in-network denied, rejected or returned - Claims Submission Coding						
Number of in-network denied, rejected or returned - Prior Authorization Needed. Number of in-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation.						
Number of in-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits).						
A Number of in-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only). S Number of claim denials for out-of-network claims.						
26 Out-of-network claims denied within 0-30 days. 27 Out-of-network Claims denied within 31-60 days.						
28 Out-of-network Claims denied within 61-90 days. 19 Out-of-network Claims denied beyond 90 days.						
Number of out-of-network denied, rejected or returned - Claims Submission Coding Error(s). 11 Number of out-of-network denied, rejected or returned - Prior Authorization Needed.						
Number of out-of-network defined, rejected of returned - Prior Addition Record. Number of out-of-network denied, rejected or returned - Non-Covered Benefit or						

		Health (2024)				
Claims Administration (Excluding Pharmacy) Continued						
	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student Bronze Silver Gold Platinum Total	Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies Bronze Silver Gold Platinum Tota	Grandfathered/Transitional Plans Large Group Small Group Individual Total	Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
133 Number of out-of-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits).						
134 Number of out-of-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only).						
135 Number of paid claims for in-network services. 136 In-network claims paid within 0-30 days.						
137 In-network claims paid within 31-60 days. 138 In-network claims paid within 61-90 days.						
139 In-network claims paid beyond 90 days.						
140 Number of paid claims for out-of-network services.141 Out-of-network claims paid within 0-30 days.						
142 Out-of-network claims paid within 31-60 days.143 Out-of-network claims paid within 61-90 days.						
144 Out-of-network claims paid beyond 90 days.						
145 Claims Paid.146 Insured/beneficiary co-payment responsibility.						
146 Insured beneficiary co-payment responsibility.						
148 Insured deductible responsibility.						
Claims Administration (Pharmacy Only)	Individual Health insurance	Small Group Health insurance			All Large Group comprehensive	
	coverage other than transitional,	coverage other than transitional,			major medical and managed care	
	grandfathered, multi-state,	grandfathered, or multi-state			(Minimum Essential Coverage)	For Student
	catastrophic or student Bronze Silver Gold Platinum Total	policies Bronze Silver Gold Platinum Tota	Grandfathered/Transitional Plans I Large Group Small Group Individual Total	Catastrophic	policies	Coverage
149 Number of claims received.						
150 Number of claim denials for in-network claims. 151 Number of claim denials for out-of-network claims.						
152 Number of paid claims for in-network services.						
153 Number of paid claims for out-of-network services. 154 Claims Paid.						
155 Insured/beneficiary co-payment responsibility.						
156 Insured coinsurance responsibility. 157 Insured deductible responsibility.						
137 Insured deductible responsibility.		Health (2024)				
Consumer Requested Internal Reviews (Grievances - Including Pharmacy)						
	Individual Health insurance coverage other than transitional, grandfathered, multi-state,	Small Group Health insurance coverage other than transitional, grandfathered, or multi-state	Confello of Tone Visual New	Calantanakia	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage)	For Student
	catastrophic or student Bronze Silver Gold Platinum Total	policies Bronze Silver Gold Platinum Tota	Grandfathered/Transitional Plans I Large Group Small Group Individual Total	Catastrophic	policies	Coverage
158 Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.). 150 Number of adverse determinations upheld upon request for internal review (Do not						
include additional voluntary levels of reviews.).	•					
include additional voluntary levels of reviews.).						
determinations.						
Consumer Requested External Reviews (Including Pharmacy)						
	Individual Health insurance coverage other than transitional, grandfathered, multi-state,	Small Group Health insurance coverage other than transitional, grandfathered, or multi-state			All Large Group comprehensive major medical and managed care (Minimum Essential Coverage)	For Student
	catastrophic or student	policies	Grandfathered/Transitional Plans Large Group Small Group Individual Total	Catastrophic	policies	Coverage
162 Number of customer requested appeals on final adverse determinations to an external review organization.						
163 Number of final adverse determinations upheld upon request for external review.						
164 Number of final adverse determinations overturned upon request for external review.						
Health Attestation		-	irst Name Middle Name Las	t Name	Suffix Title	Comments
165 First Attestor Information		r	ii se ivanie iviidale ivanie Las	LINGILIE	Juna Title	Comments
166 Second Attestor Information 167 Overall Comments for the Filing Period						
107 Overall Confinents for the Filling Period						