

Health (2026)

INTERROGATORIES

	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? (Y/N)		
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 Administration

	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Catastrophic	Multi-State(Individual)					Multi-State (Small Group)				
	Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	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.																					
27 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

	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Catastrophic	Multi-State(Individual)					Multi-State (Small Group)				
	Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	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.																					
33 Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders.																					
34 Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders denied.																					
35 Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders approved.																					

Health (2026)																						
Prior Authorizations (Prospective Utilization Review Requests) Pharmacy Only																						
		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Catastrophic	Multi-State(Individual)					Multi-State (Small Group)				
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total
36	Number of prior authorizations requested.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
37	Number of prior authorizations approved.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
38	Number of prior authorizations denied.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Claims Administration (Excluding Pharmacy)																						
		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Catastrophic	Multi-State(Individual)					Multi-State (Small Group)				
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total
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 Error(s).																					
48	Number of in-network denied, rejected or returned - Prior Authorization Needed.																					
49	Number of in-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation.																					
50	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.																					
59	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.																					
72	Claims Paid.																					
73	Insured/beneficiary co-payment responsibility.																					
74	Insured coinsurance responsibility.																					
75	Insured deductible responsibility.																					

Health (2026)																				
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Claims Administration (Pharmacy Only)																						
		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Catastrophic	Multi-State(Individual)					Multi-State (Small Group)				
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total
76	Number of claims received.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	
77	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.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	
80	Number of paid claims for out-of-network services.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	
81	Claims Paid.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	
82	Insured/beneficiary co-payment responsibility.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	
83	Insured coinsurance responsibility.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	
84	Insured deductible responsibility.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	

Consumer Requested Internal Reviews(Grievances - Including Pharmacy)																						
		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Catastrophic	Multi-State(Individual)					Multi-State (Small Group)				
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total
85	Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)																					
86	Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)																					
87	Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)																					
88	Number of customer requests for internal reviews of grievances not involving adverse determinations.																					

Consumer Requested External Reviews (Including Pharmacy)																						
		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Catastrophic	Multi-State(Individual)					Multi-State (Small Group)				
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total
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.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

OUT-OF-EXCHANGE

Policy Administration															All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage	
	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Grandfathered/Transitional Plans						Catastrophic
	Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Large Group	Small Group	Individual	Total			
92	Earned premiums for Reporting Year.																
93	Number of new policies issued during the period.															_____	_____
94	Number of policies renewed during the period.															_____	_____
95	Member months for policies issued during the period.																
96	Member months for policies renewed during the period.																
97	Number of policy terminations and cancellations initiated by the policyholder.															_____	_____
98	Number of policy terminations and cancellations due to															_____	_____
99	Number of insured lives impacted on terminations and																
100	Number of insured lives impacted on policies terminated																
101	Number of rescissions.															_____	_____
102	Number of insured lives impacted by rescissions.																

Health (2026)

Prior Authorizations (Prospective Utilization Review Requests) Excluding Pharmacy

	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Grandfathered/Transitional Plans			Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
	Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Large Group	Small Group	Individual	Total		
103 Number of prior authorizations requested.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
104 Number of prior authorizations approved.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
105 Number of prior authorizations denied.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
106 Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
107 Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders denied.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
108 Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders approved.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						

Prior Authorizations (Prospective Utilization Review Requests) Pharmacy Only

	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Grandfathered/Transitional Plans			Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
	Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Large Group	Small Group	Individual	Total		
109 Number of prior authorizations requested.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
110 Number of prior authorizations approved.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
111 Number of prior authorizations denied.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						

Claims Administration (Excluding Pharmacy)

	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Grandfathered/Transitional Plans			Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
	Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Large Group	Small Group	Individual	Total		
112 Number of claims received.																
113 Number of claims submitted by network providers.																
114 Number of claims submitted for by out-of-network providers.																
115 Number of claim denials for in-network claims.																
116 In-network claims denied within 0-30 days.																
117 In-network Claims denied within 31-60 days.																
118 In-network Claims denied within 61-90 days.																
119 In-network Claims denied beyond 90 days.																
120 Number of in-network denied, rejected or returned - Claims Submission Coding Error(s).																
121 Number of in-network denied, rejected or returned - Prior Authorization Needed.																
122 Number of in-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation.																
123 Number of in-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits).																
124 Number of in-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only).																
125 Number of claim denials for out-of-network claims.																
126 Out-of-network claims denied within 0-30 days.																
127 Out-of-network Claims denied within 31-60 days.																
128 Out-of-network Claims denied within 61-90 days.																
129 Out-of-network Claims denied beyond 90 days.																
130 Number of out-of-network denied, rejected or returned - Claims Submission Coding Error(s).																
131 Number of out-of-network denied, rejected or returned - Prior Authorization Needed.																
132 Number of out-of-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation.																
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.																

Health (2026)

Claims Administration (Excluding Pharmacy) Continued	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Grandfathered/Transitional Plans				Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
	Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Large Group	Small Group	Individual	Total			
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.																	
147 Insured coinsurance responsibility.																	
148 Insured deductible responsibility.																	

Claims Administration (Pharmacy Only)	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Grandfathered/Transitional Plans				Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
	Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Large Group	Small Group	Individual	Total			
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.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____							

Consumer Requested Internal Reviews (Grievances - Including Pharmacy)																	
158 Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)																	
159 Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)																	
160 Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)																	
161 Number of customer requests for internal reviews of grievances not involving adverse determinations.																	

Consumer Requested External Reviews (Including Pharmacy)	Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Grandfathered/Transitional Plans				Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
	Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Large Group	Small Group	Individual	Total			
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						
	First Name	Middle Name	Last Name	Suffix	Title	Comments
165 First Attestor Information						_____
166 Second Attestor Information						_____
167 Overall Comments for the Filing Period	_____	_____	_____	_____	_____	