

TRANSPARENCY IN COVERAGE REPORT

2nd Edition

(PY2025 Review)



Bureau of Life, Accident, and Health Insurance:
Rate and Policy Form Review

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BACKGROUND: TRANSPARENCY REQUIREMENTS FOR ACA-COMPLIANT PLANS

History

Section 1311(e)(3) of the Affordable Care Act, 42 U.S.C. § 18031(e)(3), as implemented by regulations at 45 CFR § 156.220, requires health insurance issuers seeking certification of a health plan as a Qualified Health Plan (QHP) to make accurate and timely disclosures of certain information to Pennie®, the HHS Secretary, and the Insurance Commissioner, and to make it available to the public. This requirement, except for reporting to Pennie®, also applies to issuers of off-exchange group or individual coverage. See ACA § 2715A (42 U.S.C. § 300gg-15a). Section 156.220(c) also requires insurers to make this information available in plain language as defined under 45 CFR § 155.20.

The law and regulation require that the insurer make available to the public the following information (quoting from 42 U.S.C. § 18031(e)(3)(A)):

- “Claims payment policies and practices;
- Periodic financial disclosures;
- Data on enrollment;
- Data on disenrollment;
- Data on the number of claims that are denied;
- Data on rating practices;
- Information on cost-sharing and payments with respect to any out-of-network coverage; and
- Information on enrollee and participant rights under [title I of the ACA].”

The Centers for Medicare & Medicaid Services (CMS) also makes some of this information publicly available at the following websites:

- <https://www.healthcare.gov>
- <https://data.healthcare.gov/datasets>
- <https://www.healthcare.gov/health-care-law-protections/rights-and-protections/>

Additionally, Individual Market On-exchange QHPs are required to submit a federally developed *Transparency in Coverage Template* which discloses data on claims and claim denials and appeal information including upheld and overturn decision totals. The plan specific claim denial data reported in this template has limitations because it only requires reporting data for plans offered on the healthcare exchange, so it does not include individual plans that are offered off-exchange, or small group plans. It also does not include specific information on membership totals for the plans.

Insurers offering QHPs were required to begin submitting the *Transparency in Coverage Template* to the Pennsylvania Insurance Department (PID) starting in 2021 for QHPs intended to be offered for Plan Year (PY) 2022, and starting in 2023, the PID requested all insurers in the individual and small group markets submitting ACA-compliant plans to provide certain information that should be publicly available under the ACA. **This report represents the second Transparency in Coverage Report PID has issued.**

Previous Edition of the PA TiC Report:

<https://www.insurance.pa.gov/Coverage/Documents/ACA-Plan-Transparency-Reports/TransparencyCoverageReport-ACAHealthPlans2023.pdf>

EXECUTIVE SUMMARY

Transparency In Coverage Template

Health insurers began reporting claim denial and appeal information to the PID in the QHP binders via the *Transparency in Coverage Template* starting in 2021 for plans intended to be offered in PY 2022. The base reporting year is 2020 (i.e., claims reported and denied in PY 2020). In 2020, based on issuer level data submitted, individual market QHPs in Pennsylvania received approximately 10.25 million claims and of that denied 1.29 million claims. In 2022, the PA individual market QHPs received approximately 14.9 million claims, and of that denied 2.02 million claims. In 2023, the PA individual market QHPs received approximately 15.5 million claims, and of that denied 2.1 million claims. Based on the latest information reported by insurers for 2023, individual market QHPs in Pennsylvania had an aggregated denial rate of 13.8%. PA’s individual market claim denial rate in 2023 is lower than the national individual market claim denial rate in 2022 (the latest data available at the time this report was drafted). Additionally, while total claims received and total claims denied have increased over the last four years in PA, the aggregated denial rate has been relatively stable, between 12.6 and 14.5 percent of all claims received.

	2023 PA Individual Market	2022 PA Individual Market	2022 National Healthcare.gov ⁺
Claims Received	15,501,016	14,902,685	381,991,591
Claims Denied	2,135,041	2,020,402	69,315,868
Claim Denial Rate	13.8%	13.6%	18.1%
Internal Appeals Filed	3,156	2,165	113,326
Consumer Internal Appeal Rate	0.15%	0.11%	0.16%
Internal Appeals Overturned	1,528	1,149	48,381
Internal Appeal Overturn Rate	48.4%	53.1%	42.7%
External Appeals Filed	54	70	2,386
External Appeals Overturned	4	25	1,041
External Appeal Overturn Rate	7.4%	35.7%	43.6%

⁺ [Health Insurance Exchange Public Use Files \(Exchange PUFs\) | CMS](#)

Summary of PA Data in 2023 and 2022 vs National Data in 2022

- PA has a lower claim denial rate compared to the 2022 national rate (in both 2022 and 2023)
- PA has a lower consumer internal appeal rate compared to the national rate (in both 2022 and 2023), but both PA and National rates are below 1%
- PA has a higher internal appeal overturn rate compared to the national rate (noting that 2023 is even lower than PA’s 2022 rate)
- PA has a lower external appeal overturn rate compared to the national rate (in both 2022 and 2023, noting 2023 is significantly lower)

Note, the data in this report is being presented on an aggregated basis that may not reflect differences between group size or plan design.

Table 1. Summary of Claims Data, Year-Over-Year Change in PA

Insurer	2020 Claims Received	2020 Claims Denied	2021 Claims Received	2021 Claims Denied	2022 Claims Received	2022 Claims Denied	2023 Claims Received	2023 Claims Denied
Capital Advantage Assurance Co.	1,568,685	135,229	1,265,956	208,994	1,903,447	196,617	1,441,667	182,699
Geisinger Health Plan	426,026	58,683	290,763	48,366	564,172	83,328	741,712	117,346
Geisinger Quality Options	89,148	14,875	65,123	12,135	104,804	17,621	170,926	29,250
Highmark	667,284	80,989	1,030,350	125,799	1,510,365	188,209	1,943,261	255,119
Highmark Benefits Group	418,262	52,899	557,538	77,400	570,283	77,434	661,807	85,768
Highmark Coverage Advantage Inc.	156,311	22,005	303,584	43,992	446,783	72,630	595,902	98,574
Keystone Health Plan East (IBC)	3,227,270	629,352	3,998,558	793,557	4,317,490	923,416	4,533,100	931,740
Oscar Health Plan of PA, Inc.	N/A	N/A	44,467	1,445	115,233	20,757	42,200	7,233
PA Health & Wellness (Centene)	101,593	15,566	178,524	24,663	292,393	59,493	541,350	89,017
QCC Ins. Co. (IBC)	972,846	162,892	1,253,882	225,327	1,262,036	225,235	1,272,346	224,862
UPMC Health Options, Inc.	N/A	N/A	66,415	5,451	105,502	2,924	85,471	2,195
UPMC Health Coverage, Inc.	2,622,862	119,745	2,554,380	118,505	3,629,557	133,459	3,471,274	111,238
Jefferson Health Plans, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Jefferson Health Plans, (dba) Partners Insurance Company	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PA Market Total	10,250,288	1,292,236	11,609,540	1,685,634	14,902,685	2,020,402	15,501,016	2,135,041

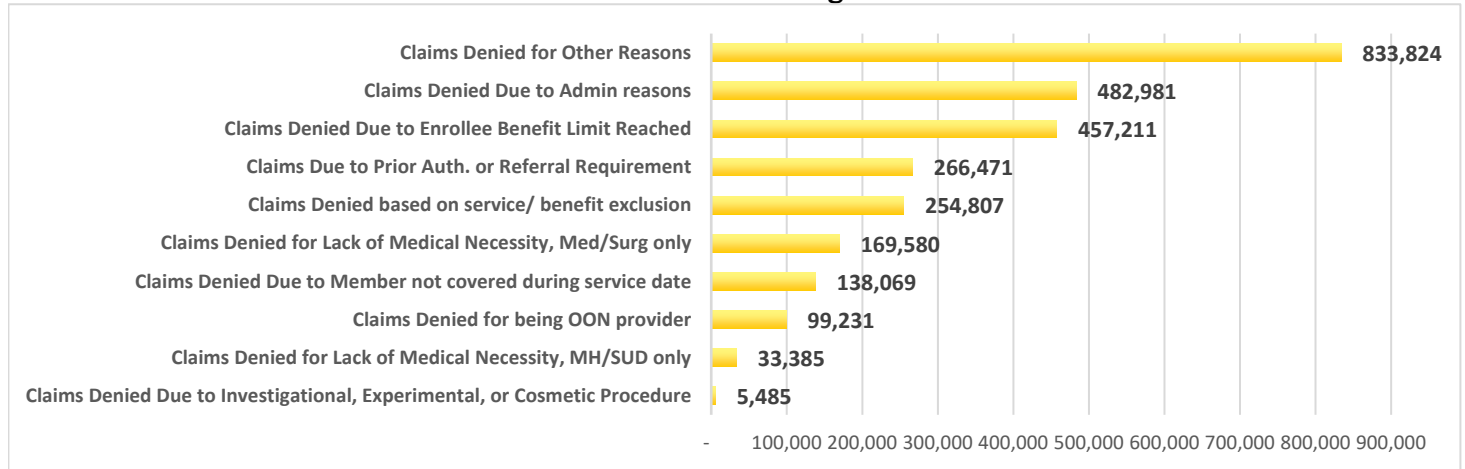
There is more to consider beyond the issuer-level aggregated claim denial rate. The following breakout shows the top five reasons for denying a claim in 2023, based on submitted plan-level data, were:

1. “other” reasons¹,
2. administrative reasons²,
3. the benefit limit was reached³,
4. due to prior authorization or referral requirement⁴, and
5. based on service/benefit exclusions⁵.

The number of denials due to administrative reasons in 2023 decreased from the number reported in 2022, while denials for other reasons, the benefit limit being reached, prior authorization or a referral requirement, and denials based on service/benefit exclusions all increased. However, the number of overall claims received in 2023 was also higher than in 2022, so that may account for the higher denial count.

The results also demonstrated fewer denials based on lack of medical necessity for mental health and substance use disorder services compared to physical health conditions and services (i.e., medical/surgical). This may be due to limitations in the data, as the templates did not provide the total number of claims received broken out by mental health and substance use disorder and medical/surgical. [See Table 2.]

Table 2. 2023 Claim Denial Reasons for PA Individual On-Exchange Plans



For 2023, the PID also followed up with insurers to gather data on the specific denial reasons included within “other” denials, given that the “other” denial reason is the highest denial reason reported in PA’s individual on-exchange market. The results came back with over 800 different “other” denial reasons across all insurers and demonstrates that insurers are using different definitions of what “other” denials means, with some insurers categorizing many denial reasons as “other”, while some insurers are seldomly categorizing denial reasons as “other” [the denials classified by insurers as “other” ranged between 0 to 494 different reasons per insurer]. Some of the common reasons included in the “other” denial category were drug utilization review rejections, no allowance being made due to the provider agreement (with no responsibility on the member to pay for that service), and additional information needed to process the claim.

¹Other: “Issuers would report claims denied for other reasons not captured in the previous categories.” ([CMS-10572 Transparency in Coverage Supporting Statement-508 - OMB 0938-1310](#))
²Administrative: “Issuers would report claims denied for health care services for administrative reasons including missing or insufficient information; untimely claim filing; billing provider not approved; coordination of benefits or benefit should be paid by other insurance (e.g., workers’ compensation or auto); inconsistent procedure code/diagnosis; unable to identify patient; or duplicate claim.” ([CMS-10572 Transparency in Coverage Supporting Statement-508 - OMB 0938-1310](#))
³Benefit limit reached: “Issuers would report denials of claims that are submitted for services which enrollees have reached their benefit limit in the current benefit year.” [CMS-10572 Transparency in Coverage Supporting Statement-508 - OMB 0938-1310](#)
⁴Referral or prior authorization required: “Issuers would report denials of nonemergency-related claims that may require prior authorization, or a referral.” [CMS-10572 Transparency in Coverage Supporting Statement-508 - OMB 0938-1310](#)
⁵Services excluded or not covered: “Issuers would report denial of claims for services exclusion or non-covered services that are not covered benefits.” ([CMS-10572 Transparency in Coverage Supporting Statement-508 - OMB 0938-1310](#))

Appeals

In certain circumstances, for example, when a plan denies a service due to lack of medical necessity (e.g., not meeting the medical and clinical criteria established by the plan), or based on the service being considered investigational, experimental, or cosmetic (e.g., not supported by current medical or clinical literature to treat a condition or illness), a member may have options to appeal the plan’s decision to deny the claim.

The first option is through the internal appeal process, meaning the insurer who denied the claim internally reconsiders the claim and denial decision.

A member may also appeal through the external review process, meaning the case is sent to an external review organization or entity to independently review the claim and determine if the claim should be paid based on the policy coverage terms.

Under the ACA and PA laws, members may utilize both options, and are not limited to just one. It is possible that through the internal or external appeal processes the insurer’s original decision to deny the claim may be overturned. An overturn

means the claim has been reconsidered and the service deemed medically necessary or appropriate for that individual member. As a result, the claim must be paid.

While consumers have the option to appeal claim denials, not all consumers do so. This is so even though a significant number of internal and external appeals result in overturned decisions for those that do file an appeal. From 2020 to 2022, for Pennsylvania individual market insurers, less than 1% of denied claims were appealed by members annually. [See [TransparencyCoverageReport-ACAHealthPlans2023.pdf](#)] This trend continued in 2023; Pennsylvanians rarely appeal claims that are denied by the health insurer.

Internal Appeals

- In 2023, individual market QHPs in Pennsylvania denied 2.1 million claims, but only 3,156 internal appeals were filed. Of the 3,156 appeals filed, 1,528 were overturned.

External Appeals

- In 2023, individual market QHPs in Pennsylvania denied 2.1 million claims, but only 54 external appeals were filed. Of the 54 appeals filed, 4 were overturned. The number of filed external appeals is lower than the number of filed internal appeals, which could be because internal appeals that are overturned will not be submitted as external appeals. Additionally, it appears that sometimes individuals do not submit a secondary external appeal once an internal appeal upholds the original decision of the claim denial. However, an external appeal option is available to Pennsylvanians when an internal appeal is not overturned.

Table 3. Denied Claims with Dates of Service in 2023 That Were Appealed by Members in Calendar Year 2023

Company	Number of Issuer Level In-Network Claims That Were Also Denied in Calendar Year 2023	Number of Issuer Level Out-of-Network Claims That Were Also Denied in Calendar Year 2023	Number of Issuer Level Claims That Were Also Denied in Calendar Year 2023	Number of Issuer Level Internal Appeals Filed
Capital Advantage Assurance Co.	175,085	7,614	182,699	736
Geisinger Health Plan	92,545	24,801	117,346	88
Geisinger Quality Options	23,515	5,735	29,250	15
Highmark	240,952	14,167	255,119	438
Highmark Benefits Group	84,139	1,629	85,768	206
Highmark Coverage Advantage	87,616	10,958	98,574	114
Keystone Health Plan East (IBC)	899,767	31,973	931,740	218
Oscar Health Plan of PA, Inc.	3,326	3,907	7,233	1,076
PA Health & Wellness (Centene)	70,413	18,604	89,017	140
QCC Ins. Co. (IBC)	210,671	14,191	224,862	81
UPMC Health Options, Inc.	1,454	741	2,195	1
UPMC Health Coverage, Inc.	69,768	41,470	111,238	43
Jefferson Health, (dba) Partners Insurance Company	N/A	N/A	N/A	N/A
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A
PA Market Total	1,959,251	175,790	2,135,041	3,156

Transparency In Coverage Publicly Available Disclosures

Insurers in Pennsylvania are at various stages of the implementation process to fully comply with transparency in coverage disclosure requirements under the ACA. For the transparency in coverage items pertaining to claims payment policies and practices and cost-sharing information, most insurers report information is available on their websites, and/or within the member portals, which allow consumers to directly access important information relative to their health care coverage, exception process, and cost of services. However, most insurers have also reported the need for additional federal and state guidance relative to the remaining transparency in coverage disclosures.

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TRANSPARENCY IN COVERAGE TEMPLATE AGGREGATED RESULTS

Summary of 2023

Claims with Dates of Service (DOS) in Calendar Year 2023

Company	Number of Issuer Level In-Network Claims That Were Also Received in Calendar Year 2023	Number of Issuer Level In-Network Claims That Were Also Denied in Calendar Year 2023	Number of Issuer Level In-Network Claims That Were Also Resubmitted in Calendar Year 2023	Number of Issuer Level Out-of-Network Claims That Were Also Received in Calendar Year 2023	Number of Issuer Level Out-of-Network Claims That Were Also Denied in Calendar Year 2023	Number of Issuer Level Out-of-Network Claims That Were Also Resubmitted in Calendar Year 2023
Capital Advantage Assurance Co.	1,422,399	175,085	45,227	19,268	7,614	3,700
Geisinger Health Plan	708,168	92,545	41,929	33,544	24,801	2,736
Geisinger Quality Options	162,635	23,515	10,266	8,291	5,735	720
Highmark	1,887,727	240,952	5,540	55,534	14,167	311
Highmark Benefits Group	644,295	84,139	1,853	17,512	1,629	157
Highmark Coverage Advantage	575,325	87,616	1,574	20,577	10,958	203
Keystone Health Plan East (IBC)	4,483,464	899,767	101,660	49,636	31,973	224
Oscar Health Plan of PA, Inc.	35,360	3,326	1,243	6,840	3,907	304
PA Health & Wellness (Centene)	467,598	70,413	36,578	73,752	18,604	462
QCC Ins. Co. (IBC)	1,241,568	210,671	30,964	30,778	14,191	39
UPMC Health Options, Inc.	84,118	1,454	1,872	1,353	741	28
UPMC Health Coverage, Inc.	3,370,424	69,768	67,838	100,850	41,470	3,335
Jefferson Health, (dba) Partners Insurance Company	N/A	N/A	N/A	N/A	N/A	N/A
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
PA Market Total	15,083,081	1,959,251	346,544	417,935	175,790	12,219

Appeals Filed in Calendar Year 2023

Company	Number of Issuer Level Internal Appeals	Number of Issuer Level Internal Appeals Overturned	Number of Issuer Level External Appeals	Number of Issuer Level External Appeals Overturned
Capital Advantage Assurance Co.	736	510	11	2
Geisinger Health Plan	88	40	1	0
Geisinger Quality Options	15	9	1	0
Highmark	438	157	15	0
Highmark Benefits Group	206	102	5	1
Highmark Coverage Advantage	114	50	2	0
Keystone Health Plan East (IBC)	218	169	1	0
Oscar Health Plan of PA, Inc.	1,076	380	10	0
PA Health & Wellness (Centene)	140	44	0	0
QCC Ins. Co. (IBC)	81	62	0	0
UPMC Health Options, Inc.	1	0	0	0
UPMC Health Coverage, Inc.	43	5	8	1
Jefferson Health, (dba) Partners Insurance Company	N/A	N/A	N/A	N/A
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A
PA Market Total	3,156	1,528	54	4

Aggregated Plan Level Claims Data For 2023

Company	In-Network Claims Received	In-Network Claims Denied	In-Network Claims That Were Also Resubmitted	Out-of-Network (OON) Claims Received	OON Claims Denied	OON Claims That Were Also Resubmitted
Capital Advantage Assurance Co.	1,422,399	175,085	45,227	19,268	7,614	3,700
Geisinger Health Plan	708,168	92,545	41,929	33,544	24,801	2,736
Geisinger Quality Options	162,635	23,515	10,266	8,291	5,735	720
Highmark	1,887,727	240,952	5,540	55,534	14,167	311
Highmark Benefits Group	644,295	84,139	1,853	17,512	1,629	157
Highmark Coverage Advantage	575,325	87,616	1,574	20,577	10,958	203
Keystone Health Plan East (IBC)	4,483,464	899,767	101,660	49,636	31,973	224
Oscar Health Plan of PA, Inc.	35,360	3,326	1,243	6,840	3,907	304
PA Health & Wellness (Centene)	467,598	70,413	36,578	73,752	18,604	462
QCC Ins. Co. (IBC)	1,241,568	210,671	30,964	30,778	14,191	39
UPMC Health Options, Inc.	3,360,763	69,560	67,638	100,203	41,181	3,259
UPMC Health Coverage, Inc.	72,798	1,233	1,618	1,186	662	25
Jefferson Health, (dba) Partners Insurance Company	N/A	N/A	N/A	N/A	N/A	N/A
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
PA Market Total	15,062,100	1,958,822	346,090	417,121	175,422	12,140

Aggregated Plan Level Claims Denial Data for 2023

Company	Claims Due to Prior Auth. or Referral Requirement	Claims Denied for being OON provider	Claims Denied based on service/benefit exclusion	Claims Denied for Lack of Medical Necessity, Med/Surg only	Claims Denied for Lack of Medical Necessity, MH/SUD only	Claims Denied Due to Enrollee Benefit Limit Reached	Claims Denied Due to Member not covered during service date	Claims Denied Due to Investigational, Experimental, or Cosmetic Procedure	Claims Denied Due to Admin reasons	Claims Denied for Other Reasons
Capital Advantage Assurance Co.	11,196	3,414	59,271	18	23	30,773	496	44	29,031	49,244
Geisinger Health Plan	21,629	8,522	16,323	1,548	5	319	17,378	40	35,991	36,189
Geisinger Quality Options	4,809	1,431	4,410	390	16	71	4,340	4	10,882	8,533
Highmark	13,447	12,131	20,740	14,791	263	568	15,147	0	3	178,029
Highmark Benefits Group	4,033	175	8,301	4,726	102	165	4,449	0	0	63,817
Highmark Coverage Advantage	5,398	11,180	5,877	4,507	88	96	4,094	0	1	67,333
Keystone Health Plan East (IBC)	153,247	31,557	80,744	92,411	23,488	317,263	67,742	2,737	228,083	323,626
Oscar Health Plan of PA, Inc.	42	3,189	364	147	10	207	10	28	2,926	310
PA Health & Wellness (Centene)	21,854	13,128	37,345	18,159	473	18,846	7,991	0	30,803	17,464
QCC Ins. Co. (IBC)	11,207	13,517	20,078	26,693	8,813	83,627	16,422	1,676	56,850	84,234
UPMC Health Options, Inc.	19,260	980	1,330	6,086	104	5,242	0	944	86,279	5,045
UPMC Health Coverage, Inc.	349	7	24	104	0	34	0	12	2,132	0
Jefferson Health, (dba) Partners Insurance Company	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PA Market Total	266,471	99,231	254,807	169,580	33,385	457,211	138,069	5,485	482,981	833,824

TRANSPARENCY DISCLOSURES AVAILABLE TO THE PUBLIC

The PID requested additional information from insurers on the public disclosures required under the transparency rule. Under 42 U.S.C. § 18031(e)(3)(A), certain information, as noted below, must be made publicly available. To best solicit the information from insurers, an Internet website link was requested from all insurers for each item mentioned under the law. The results below include Internet websites links and, in some cases, additional instructions on where the public can locate the specific information or data. As noted earlier in this report, certain information is made available to the public by CMS on federally maintained Internet websites. Lastly, a few insurers provide information to the public upon request only. If a link is not available below, members may contact their health insurance plans for the information. Where the link provided for PY2025 information is less specific than what was provided for PY2024 information, the PY2024 information is also included if available.

PA INSURERS	RESPONSES
Claims payment policies and practices information:	
Capital	https://www.capbluecross.com/wps/portal/cap/home/shop/individual/transparency-data
Jefferson Health Plans	https://www.jeffersonhealthplans.com/individuals-families/for-members/member-benefits-and-tools/transparency-in-coverage/
Highmark	https://www.highmark.com/ PY2024 Information: Western & Northeastern Regions: CS204330_NCQAPreSale_BRO_BCBS_R2.pdf (highmark.com) https://www.highmark.com/content/dam/digital-marketing/en/highmark/highmarkdotcom/pdfs/quality-assurance/CS204330_NCQAPreSale_BRO_BCBS_R2.pdf Central Region: CS204330_NCQAPreSale_BRO_BS_R2.pdf (highmark.com) https://www.highmark.com/content/dam/digital-marketing/en/highmark/highmarkdotcom/pdfs/quality-assurance/CS204330_NCQAPreSale_BRO_BS_R2.pdf
Geisinger	https://www.geisinger.org/health-plan/plans/geisinger-marketplace
IBC	https://www.ibx.com/resources/for-members/transparency-in-coverage
Oscar	https://hioscar.com/pa tic 2025
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2025.html
UnitedHealthcare	https://www.uhc.com/legal/required-state-notice/pennsylvania/claims-payment-policy-information
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/

Periodic financial disclosures:	
Capital	N/A - information provided upon request
Jefferson Health Plans	https://www.jeffersonhealthplans.com/individuals-families/for-members/member-benefits-and-tools/transparency-in-coverage/
Highmark	https://www.highmark.com/ PY2024 Information: Website: Highmark Health 2022 Annual Report Financials: Overview https://www.highmarkhealth.org/annualreport2022/financials/overview.shtml
Geisinger	https://content.naic.org/sites/default/files/publication-sta-hb-health.pdf https://content.naic.org/cis_refined_results.htm?TABLEAU=CIS_FINANCIAL&COCODE=95923&:refresh
IBC	QCC: https://content.naic.org/cis_refined_results.htm?TABLEAU=CIS_FINANCIAL&COCODE=93688&:refresh KHPE: https://content.naic.org/cis_refined_results.htm?TABLEAU=CIS_FINANCIAL&COCODE=95056&:refresh IAC: https://content.naic.org/cis_refined_results.htm?TABLEAU=CIS_FINANCIAL&COCODE=16053&:refresh
Oscar	https://ir.hioscar.com/financials/sec-filings/default.aspx
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2025.html
UnitedHealthcare	https://www.uhceservices.com/en/prelogin/resources/faqs
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/

Enrollment and disenrollment information:

Capital	N/A - information provided upon request
Jefferson Health Plans	https://www.jeffersonhealthplans.com/individuals-families/for-members/member-benefits-and-tools/transparency-in-coverage/
Highmark	<p>https://www.highmark.com/</p> <p>PY2024 Information: Website: Highmark Health 2022 Annual Report Highmark Health Plans https://www.highmarkhealth.org/annualreport2022/highlights/healthplans/index.shtml</p>
Geisinger	https://www.geisinger.org/health-plan/plans/geisinger-marketplace
IBC	https://www.cms.gov/files/document/health-insurance-exchanges-2024-open-enrollment-report-final.pdf
Oscar	https://www.hioscar.com/forms/2024/pa
PA H&W	(See "Enrollment Forms")
UnitedHealthcare	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2025.html
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/

Claim denial and appeal information:

- <https://www.insurance.pa.gov/Coverage/Pages/Transparency-Coverage-Report.aspx>
- <https://www.insurance.pa.gov/Coverage/Documents/ACA-Plan-Transparency-Reports/TransparencyCoverageReport-ACAHealthPlans2023.pdf>

Capital	https://www.insurance.pa.gov/Coverage/Documents/ACA-Plan-Transparency-Reports/TransparencyCoverageReport-ACAHealthPlans2023.pdf
Health Partners Plans	https://www.jeffersonhealthplans.com/individuals-families/for-members/member-benefits-and-tools/transparency-in-coverage/
Highmark	<p>https://www.highmark.com/</p> <p>PY2024 Information: Shop Individual and Family Plans (www.highmark.com) -- Please note a zip code will need to be entered to view each region's (Western, Central and Northeastern) rate justification documents > Individual Rate Filing. https://www.highmark.com/western-pennsylvania/individual-families/shop-individuals-families</p>
Geisinger	<p>https://www.geisinger.org/health-plan/plans/geisinger-marketplace</p> <p>https://go.geisinger.org/thingstoknow</p>
IBC	https://www.insurance.pa.gov/Coverage/Pages/Transparency-Coverage-Report.aspx
Oscar	https://www.hioscar.com/forms/2024/pa
PA H&W	(See "Medical Management Forms", "Pennsylvania Grievance and Appeal Form" and "Individual Evidence of Coverage")
UnitedHealthcare	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2025.html
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/

Data on rating practices:	
Capital	https://www.insurance.pa.gov/Companies/IndustryActivity/Pages/Approval-Rate-and-Form-Filing-Search.aspx https://ratereview.healthcare.gov/
Jefferson Health Plans	https://www.jeffersonhealthplans.com/individuals-families/for-members/member-benefits-and-tools/transparency-in-coverage/
Highmark	https://www.highmark.com/ PY2024 Information: Website: Shop Individual and Family Plans (www.highmark.com) Please note a zip code will need to be entered to view each region's (Western, Central and Northeastern) rate justification document. https://www.highmark.com/western-pennsylvania/individual-families/shop-individuals-families
Geisinger	https://www.geisinger.org/health-plan/plans/geisinger-marketplace/shop https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx
IBC	https://ratereview.healthcare.gov/
Oscar	https://www.hioscar.com/forms/2024/pa (See "Other Documents", "Pennsylvania Rate Justification Increase")
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2025.html
UnitedHealthcare	The PA Insurance Department makes all small group and individual ACA rate filings public. In our rate filings we do have a rating example of how premium is calculated and it is listed on the site as followed: https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/

Out-of-pocket cost information, and the underlying negotiated rates, for all covered health care items and services, available to the public:	
Capital	Capital participants, beneficiaries and enrollees can access out-of-pocket cost information through MyCare Finder on www.capbluecross.com . The information is personalized and not open to the public due to the member benefits that relate to the specific user. Therefore, the user is required to sign-in to their account to see the out-of-pocket cost information. https://capitalbluecross.healthsparq.com/healthsparq/public/#/one/insurerCode=CAPBC_I&brandCode=CAPBC&productCode=MRF/machine-readable-transparency-in-coverage
Jefferson Health Plans	https://www.jeffersonhealthplans.com/individuals-families/for-members/member-benefits-and-tools/transparency-in-coverage/
Highmark	https://www.highmark.com/ PY2024 Information: Per the Transparency in Coverage Final Requirements, the cost information must be personalized therefore members can navigate to the cost tool via the member portal and/or contact Highmark's customer service. http://www.highmark.com/
Geisinger	https://www.geisinger.org/health-plan/nosurprisesact
IBC	Members can find personalized out-of-pocket cost information by logging in to the member site at www.ibx.com .
Oscar	https://www.hioscar.com/transparency-in-coverage-files/oscar
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2025.html
UnitedHealthcare	https://transparency-in-coverage.uhc.com/
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/

Negotiated rates for all covered items and services between the plan or issuer and in-network providers:

Capital	https://capitalbluecross.healthsparq.com/healthsparq/public/#/one/insurerCode=CAPBC_I&brandCode=CAPBC&productCode=MRF/machine-readable-transparency-in-coverage
Jefferson Health Plans	https://www.jeffersonhealthplans.com/individuals-families/for-members/member-benefits-and-tools/transparency-in-coverage/
Highmark	PY2024 Information: https://mrfdata.hmhs.com/
Geisinger	https://www.geisinger.org/health-plan/nosurprisesact
IBC	https://www.ibx.com/developer-resources
Oscar	https://www.hioscar.com/transparency-in-coverage-files/oscar
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2025.html
UnitedHealthcare	https://transparency-in-coverage.uhc.com/
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/

Historical payments to, and billed charges from, out-of-network providers (note that historical payments must have a minimum of twenty entries in order to protect consumer privacy):

Capital	https://capitalbluecross.healthsparq.com/healthsparq/public/#/one/insurerCode=CAPBC_I&brandCode=CAPBC&productCode=MRF/machine-readable-transparency-in-coverage
Jefferson Health Plans	https://www.jeffersonhealthplans.com/individuals-families/for-members/member-benefits-and-tools/transparency-in-coverage/
Highmark	PY2024 Information: https://mrfdata.hmhs.com/
Geisinger	https://www.geisinger.org/health-plan/nosurprisesact
IBC	https://www.ibx.com/developer-resources
Oscar	https://www.hioscar.com/transparency-in-coverage-files/oscar
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2025.html
UnitedHealthcare	https://transparency-in-coverage.uhc.com/
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/

In-network negotiated rates and historical net prices for all covered prescription drugs by plan or issuer at the pharmacy location level:

Capital	https://capitalbluecross.healthsparq.com/healthsparq/public/#/one/insurerCode=CAPBC_I&brandCode=CAPBC&productCode=MRF/machine-readable-transparency-in-coverage
Jefferson Health Plans	https://www.jeffersonhealthplans.com/individuals-families/for-members/member-benefits-and-tools/transparency-in-coverage/
Highmark	https://www.highmark.com/
Geisinger	https://www.geisinger.org/health-plan/nosurprisesact
IBC	N/A
Oscar	N/A
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2025.html
UnitedHealthcare	https://www.uhc.com/legal/health-insurance-marketplace/transparency-in-coverage
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/

Information on enrollee rights under title I of the ACA:

Capital	https://www.capbluecross.com/wps/portal/cap/home/explore/resource/my-rights PY2024 Information: Your rights and protections against surprise medical bills: https://www.capbluecross.com/wps/portal/cap/home/explore/resource/my-rights/no-surprises-act
Jefferson Health Plans	https://www.jeffersonhealthplans.com/individuals-families/for-members/member-benefits-and-tools/transparency-in-coverage/
Highmark	https://www.highmark.com/non-discrimination PY2024 Information: https://www.highmark.com/resources/answers/faq/aca-plans
Geisinger	https://www.geisinger.org/health-plan/plans/geisinger-marketplace PY2024 Information: Link to HealthCare.gov is at bottom of page: To learn about your rights under the Affordable Care Act: https://www.healthcare.gov/health-care-law-protections/
IBC	https://www.healthcare.gov/health-care-law-protections/rights-and-protections/
Oscar	https://www.hioscar.com/forms/2024/pa (See "Other Documents", "Member Rights and Responsibilities")
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2025.html
UnitedHealthcare	https://www.uhc.com/legal/health-insurance-marketplace/transparency-in-coverage
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/