New York
Consumer Guide to Health Insurers

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New York Consumer Guide to Health Insurers

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New York Consumer Guide to Health Insurers

About This Guide

The purpose of this Guide[1] is to:

- Inform you of the health insurance products offered in New York State and how they work.
- Help you choose a health insurance company based on quality of care and service.

Data Sources

The information in this Guide is provided by two New York agencies:

1. **New York State Department of Financial Services (DFS)** is responsible for protecting the public interest by supervising and regulating financial products and services, including those subject to the provisions of the Insurance Law and the Banking Law in New York State.
   - DFS compiles the complaint and appeal information that appears on pages 4–24; the grievance information that appears on pages 25–29; and the independent dispute resolution information that appears on pages 79–82. DFS data are from calendar year **2025**.
2. **New York State Department of Health (DOH)** works to protect and promote the health of New Yorkers through prevention, research, and by ensuring delivery of quality health care. DOH compiles its portion of the complaint data on page 5, and the information on health insurance company performance that appears on pages 30–70.
   - DOH collects data through the New York State Department of Health's Quality Assurance Reporting Requirements (QARR) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS®[2]). DOH data on quality of care and service for health insurance companies are from calendar year **2024**.

Details About the Data

- The Guide does not include:
  - HMOs with less than $25 million in premiums or fewer than 5,000 members.
  - Commercial and EPO/PPO plans with less than $50 million in premiums.
  - Data for Medicare, Medicaid, Essential Plan, Child Health Plus, or self-insured plans.[3]
- Health insurance companies that were in operation during the entire 2024 calendar year were required to report DOH data.
- Health insurance companies are listed alphabetically in the data tables, except for the Overall Complaint Ranking table on pages 75–78.
- Some health insurance companies are listed using different names for the same company, depending on whether the data are reported by DFS or by DOH.
- Commercial insurers may have very few or no internal appeals, external appeals and/or grievances due to the fact that many of these insurers have closed blocks of policies that are no longer available for sale. They are not subject to the grievance procedure under Insurance Law 4802 and the limited benefits result in few or no internal and external appeals.

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[1] This Guide is published pursuant to §210 of the New York Insurance Law.

[2] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

[3] For information about Medicare coverage, call the Centers for Medicare & Medicaid Services (CMS), the federal agency that oversees this program, at (800) MEDICARE ((800) 633-4227), or visit the website at www.medicare.gov. You can also contact the New York State Office for the Aging Health Insurance Information Counseling & Assistance Program (HIICAP) by calling (800) 701-0501, or by visiting the website at https://aging.ny.gov/programs/medicare-and-health-insurance. For information on New York's Medicaid program, contact your local county Department of Social Services.

New York Consumer Guide to Health Insurers

Health Insurance Company[1] and Plan Definitions

Health Maintenance Organization (HMO) Plan: A type of coverage that provides comprehensive health services to members in return for a monthly premium and copayment when services are received. In an HMO plan, members choose an in-network primary care physician (PCP) to coordinate their care. Members need a referral from their PCP to obtain services from in-network specialists and additional provider services. Although many HMOs require their members to go to doctors and other providers in the HMO provider network, some HMOs offer the option to go out of network (for example, in an HMO Point of Service [POS] plan). Unless a member has an HMO plan that offers an out-of-network option, out-of-network services are usually not covered.

Exclusive Provider Organization (EPO) Plan: A type of coverage in which the insurer contracts with doctors, hospitals, and other types of providers to form a network of providers. Certain services may require preauthorization. In an EPO, members must use the providers who belong to the EPO network, or their expenses will not be covered.

Preferred Provider Organization (PPO) Plan: A type of managed care coverage based on a network of doctors and hospitals that provide care to an enrolled population at a prearranged discounted rate. PPO members do not usually need a referral to see a specialist, but certain services may require preauthorization from the health insurance company. PPO members may use out-of-network providers; however, members usually pay more when they receive care outside the PPO network.

Commercial Insurer: Health insurance can also be written by life insurers, property/casualty insurers, and other types of insurers. Commercial insurers also manage member care, but offer a more traditional approach to coverage than HMOs. Policyholders might pay deductibles and high out-of-pocket costs unless they use a participating provider.

[1] The terms “companies” and “plans” are used to mean the same thing, and include HMOs, EPO/PPOs, and commercial health insurance companies, unless it is clear from the text, such as in the chart, that one or the other is being discussed.

Complaints

Each year, the New York State DFS and DOH receive complaints from consumers and health care providers about health insurance companies. Complaints handled by DFS typically involve issues related to prompt payment, reimbursement, coverage, network adequacy, benefits, rates, and premiums. Complaints handled by DOH involve concerns about the quality of care received by managed care HMO members. After reviewing each complaint, the State determines whether the health insurance company acted appropriately. If the State determines that the health insurance company did not act in accordance with its statutory and contractual obligations, the company must resolve the problem to come into compliance.

For issues concerning payment, reimbursement, coverage, benefits, rates, and premiums, contact DFS at: https://www.dfs.ny.gov/complaint or call (800) 342-3736.

Understanding the Charts

- **Rank:** Each health insurance company's ranking is based on how many complaints were resolved by DFS in favor of the member or provider, relative to the company's premiums. A lower number results in a higher ranking. A higher ranking means that the health insurance company had fewer complaints relative to its size.
- **Total Complaints to DFS:** Total number of complaints closed by DFS in 2025. Large health insurance companies may receive more complaints because they have more members than smaller health insurance companies.
- **Upheld Complaints by DFS:** Number of closed complaints resolved in favor of the member or provider because DFS determined that the health insurance company did not comply with statutory or contractual obligations. Complaints upheld by DFS are used to calculate the complaint ratio and ranking.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2025. Premiums are used to calculate the complaint ratio so that health insurance companies of different sizes can be compared fairly. Premium data exclude Medicare and Medicaid.
- **Complaint Ratio:** Number of complaints upheld (complaints resolved in favor of the member or provider) by DFS, divided by the health insurance company's premiums.
- **Total Complaints to DOH:** Total number of complaints closed by DOH. Complaints to DOH involve concerns about the quality of care received by members of managed care HMO plans.
- **Upheld Complaints by DOH:** Number of complaints closed by DOH that were decided in favor of the member or provider.

Complaints—HMOs 2025

Data Source: DFS and DOH

HMO	Data Compiled by the New York State DFS					Data Compiled by the New York State DOH	
	Rank[1,2] 1 = Best 7 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions $)	Complaint Ratio	Total Complaints to DOH	Upheld Complaints by DOH
Capital District Physicians Health Plan	5	44	7	682.62	0.0103	0	0
Excellus Health Plan	1	1	0	726.57	0.0000	0	0
Highmark Western and Northeastern New York Inc.	2	0	0	274.68	0.0000	0	0
HIP Health Maintenance Organization	7	583	277	3,206.92	0.0864	0	0
Independent Health Association, Inc.	4	5	2	270.76	0.0074	0	0
MVP Health Plan, Inc.	3	15	3	515.57	0.0058	0	0
UnitedHealthcare of New York, Inc.	6	34	18	1,128.37	0.0160	0	0
	Total	**682**	**307**	**6,805.49**	**0.0451**	**0**	**0**

[1]If the ratios are the same among HMOs, the HMO with the higher annual premium amount receives a higher ranking.

[2]HMOs with a lower complaint ratio receive a higher ranking.

Complaints—EPO/PPO Health Plans 2025

Data Source: DFS

EPO/PPO Health Plan	Rank[1] 1 = Best 13 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions $)	Complaint Ratio
Aetna Life Insurance Company[2]	9	501	279	2,497.50	0.1117
Anthem HealthChoice Assurance, Inc.[2]	10	911	523	4,111.67	0.1272
CDPHP Universal Benefits, Inc.	3	15	1	532.34	0.0019
CIGNA Health and Life Insurance Company[2]	11	634	421	2,347.87	0.1793
EmblemHealth Plan, Inc.[2]	13	1,812	801	664.60	1.2052
Excellus Health Plan, Inc.[2]	5	88	31	3,062.33	0.0101
Highmark Western and Northeastern New York Inc.[2]	6	53	20	1,044.92	0.0191
Independent Health Benefits Corporation[2]	2	9	1	663.25	0.0015
MVP Health Services Corporation[2]	1	11	0	794.53	0.0000
Nippon Life Insurance Company of America[2]	4	11	1	104.45	0.0096
Oscar Insurance Corporation	12	74	36	90.12	0.3995
Oxford Health Insurance, Inc.[2]	8	1,190	620	6,573.72	0.0943
UnitedHealthcare Insurance Company of New York[2]	7	301	123	2,402.44	0.0512
	Total	**5,610**	**2,857**	**24,889.74**	**0.1148**

[1]EPO/PPO health plans with a lower complaint ratio receive a higher ranking.

[2]Complaints, complaint ratios, and premiums include data from the health insurance company's EPO, PPO, and commercial business.

Complaints—Commercial Health Insurance Companies 2025

Data Source: DFS

Commercial Health Insurance Company	Rank[1,2] 1 = Best 35 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions $)	Complaint Ratio
American Family Life Assurance Company of New York	21	9	3	326.52	0.0092
Berkshire Life Insurance Company of America	11	0	0	87.09	0.0000
Combined Life Insurance Company of New York	35	27	10	109.07	0.0917
Delta Dental of New York, Inc.[3]	30	23	4	233.20	0.0172
Eastern Vision Service Plan, Inc.[4]	20	1	1	108.99	0.0092
Fidelity Security Life Insurance Company of New York	13	0	0	74.75	0.0000
First Reliance Standard Life Insurance Company	19	2	1	128.23	0.0078
First Symetra National Life Company of New York	10	0	0	88.89	0.0000
First Unum Life Insurance Company	1	14	0	350.30	0.0000
Genworth Life Insurance Company of New York	22	17	2	173.95	0.0115
Globe Life Insurance Company of New York	29	7	1	61.59	0.0162
Guardian Life Insurance Company of America	26	33	7	544.70	0.0129
Hartford Life and Accident Insurance Company	18	11	4	553.92	0.0072
HCC Life Insurance Company	4	0	0	148.32	0.0000
HM Life Insurance Company of New York	8	0	0	97.79	0.0000
John Hancock Life & Health Insurance Company	34	39	6	106.80	0.0562
Lincoln Life and Annuity Company of New York	27	12	3	218.76	0.0137

[1]If the ratios are the same among commercial health insurance companies, the commercial health insurance company with the higher annual premium amount receives a higher ranking.

[2]Commercial health insurance companies with a lower complaint ratio receive a higher ranking.

[3]Plan issues dental coverage only.

[4]Plan issues vision coverage only.

Continued on Next Page

Complaints—Commercial Health Insurance Companies 2025, continued

Data Source: DFS

Commercial Health Insurance Company	Rank[1,2] 1 = Best 35 = Worst	Total Complaints to DFS	Upheld Complaints by DFS	Premiums (Millions $)	Complaint Ratio
Massachusetts Mutual Life Insurance Company	25	4	1	83.77	0.0119
Metropolitan Life Insurance Company	23	49	12	1,042.57	0.0115
Mutual of Omaha Insurance Company	6	5	0	126.65	0.0000
New York Life Group Insurance Company of New York	28	7	3	195.48	0.0153
New York Life Insurance Company	24	4	1	86.29	0.0116
Northwestern Long Term Care Insurance Company	16	0	0	51.72	0.0000
Northwestern Mutual Life Insurance Company	7	2	0	112.04	0.0000
Principal Life Insurance Company	9	0	0	90.89	0.0000
Provident Life and Casualty Insurance Company	12	3	0	77.96	0.0000
Prudential Insurance Company of America	3	11	0	166.71	0.0000
ReliaStar Life Insurance Company of New York	14	0	0	63.04	0.0000
ShelterPoint Life Insurance Company	17	4	2	479.25	0.0042
Standard Life Insurance Company of New York	5	4	0	130.12	0.0000
Standard Security Life Insurance Company of New York	2	0	0	189.48	0.0000
Sun Life and Health Insurance Company	31	9	5	282.50	0.0177
Transamerica Financial Life Insurance Company	32	7	3	101.76	0.0295
Union Labor Life Insurance Company	15	0	0	60.75	0.0000
Wellfleet New York Insurance Company	33	34	4	122.82	0.0326
	Total	**338**	**73**	**6,876.67**	**0.0106**

[1]If the ratios are the same among commercial health insurance companies, the commercial health insurance company with the higher annual premium amount receives a higher ranking.

[2]Commercial health insurance companies with a lower complaint ratio receive a higher ranking.

[3]Plan issues dental coverage only.

[4]Plan issues vision coverage only.

Prompt Pay Complaints

New York State requires all health insurance companies to:

- Pay undisputed electronic claims within 30 days and pay undisputed paper claims within 45 days of receipt of the claim, ***or***
- Request all additional information* from the member or the provider, if necessary, within 30 days of receipt of the claim, ***or***
- Deny the claim within 30 days of receipt of the claim.

* Upon receipt of the requested additional information, where the obligation to pay the claim is clear, health insurance companies are required to make payment within 15 business days of determination, but no later than 30 days from receipt of the additional information for electronic claims, or within 45 days of receipt of the additional information for paper claims.

For issues concerning payment, reimbursement, coverage, benefits, rates, and premiums, contact DFS at: https://www.dfs.ny.gov/complaint or call (800) 342-3736.

Understanding the Charts

- **Rank:** Each health insurance company's ranking is based on the number of prompt pay complaints upheld, relative to the company's premiums. A lower number results in a higher ranking. A higher ranking means that the health insurance company had fewer complaints relative to its size.
- **Total Complaints:** Total number of complaints closed by DFS in 2025. Complaints typically involve issues about prompt payment, reimbursement, coverage, benefits, rates, and premiums.
- **Total Prompt Pay Complaints:** Total number of prompt pay complaints closed by DFS in 2025. Large health insurance companies may receive more complaints because they have more members and pay more claims than smaller health insurance companies.
- **Upheld Prompt Pay Complaints:** Number of closed prompt pay complaints where DFS determined that the health insurance company was not processing claims in a timely manner. Prompt pay complaints upheld by DFS are used to calculate the prompt pay complaint ratio and ranking.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2025. Premiums are used to calculate the prompt pay complaint ratio so that health insurance companies of different sizes can be compared fairly. Premium data exclude Medicare and Medicaid.
- **Prompt Pay Complaint Ratio:** Number of prompt pay complaints upheld divided by the health insurance company's premiums.

Prompt Pay Complaints—HMOs 2025

Data Source: DFS

HMO	Rank[1,2] 1 = Best 7 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions $)	Prompt Pay Complaint Ratio
Capital District Physicians Health Plan	2	44	2	0	682.62	0.0000
Excellus Health Plan	1	1	0	0	726.57	0.0000
Highmark Western and Northeastern New York Inc.	4	0	0	0	274.68	0.0000
HIP Health Maintenance Organization	7	583	109	62	3,206.92	0.0193
Independent Health Association, Inc.	5	5	0	0	270.76	0.0000
MVP Health Plan, Inc.	3	15	1	0	515.57	0.0000
UnitedHealthcare of New York, Inc.	6	34	10	6	1,128.37	0.0053
	Total	**682**	**122**	**68**	**6,805.49**	**0.0100**

[1]If the ratios are the same among HMOs, the HMO with the higher annual premium amount receives a higher ranking.

[2]HMOs with a lower prompt pay complaint ratio receive a higher ranking.

Prompt Pay Complaints—EPO/PPO Health Plans 2025

Data Source: DFS

EPO/PPO Health Plan	Rank[1, 2] 1 = Best 13 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions $)	Prompt Pay Complaint Ratio
Aetna Life Insurance Company[3]	8	501	105	73	2,497.50	0.0292
Anthem HealthChoice Assurance, Inc.[3]	11	911	478	336	4,111.67	0.0817
CDPHP Universal Benefits, Inc.	2	15	5	0	532.34	0.0000
CIGNA Health and Life Insurance Company[3]	10	634	196	140	2,347.87	0.0596
EmblemHealth Plan, Inc.[3]	13	1,812	324	154	664.60	0.2317
Excellus Health Plan, Inc.[3]	5	88	20	9	3,062.33	0.0029
Highmark Western and Northeastern New York Inc.[3]	6	53	14	7	1,044.92	0.0067
Independent Health Benefits Corporation[3]	4	9	2	1	663.25	0.0015
MVP Health Services Corporation[3]	1	11	2	0	794.53	0.0000
Nippon Life Insurance Company of America[3]	3	11	9	0	104.45	0.0000
Oscar Insurance Corporation	12	74	26	12	90.12	0.1332
Oxford Health Insurance, Inc.[3]	9	1,190	437	256	6,573.72	0.0389
UnitedHealthcare Insurance Company of New York[3]	7	301	49	23	2,402.44	0.0096
	Total	**5,610**	**1,667**	**1,011**	**24,889.74**	**0.0406**

[1]If the ratios are the same among EPO/PPOs, the EPO/PPO with the higher annual premium amount receives a higher ranking.

[2]EPO/PPO health plans with a lower prompt pay complaint ratio receive a higher ranking.

[3]Prompt pay complaints, complaint ratios, and premiums include data from the health insurance company's EPO, PPO, and commercial business.

Prompt Pay Complaints—Commercial Health Insurance Companies 2025

Data Source: DFS

Commercial Health Insurance Company	Rank[1,2] 1 = Best 35 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions $)	Prompt Pay Complaint Ratio
American Family Life Assurance Company of New York	30	9	1	1	326.52	0.0031
Berkshire Life Insurance Company of America	20	0	0	0	87.09	0.0000
Combined Life Insurance Company of New York	35	27	7	4	109.07	0.0367
Delta Dental of New York, Inc.[3]	31	23	4	1	233.20	0.0043
Eastern Vision Service Plan, Inc.[4]	14	1	0	0	108.99	0.0000
Fidelity Security Life Insurance Company of New York	24	0	0	0	74.75	0.0000
First Reliance Standard Life Insurance Company	11	2	0	0	128.23	0.0000
First Symetra National Life Company of New York	19	0	0	0	88.89	0.0000
First Unum Life Insurance Company	3	14	0	0	350.30	0.0000
Genworth Life Insurance Company of New York	7	17	0	0	173.95	0.0000
Globe Life Insurance Company of New York	26	7	2	0	61.59	0.0000
Guardian Life Insurance Company of America	32	33	11	3	544.70	0.0055
Hartford Life and Accident Insurance Company	1	11	0	0	553.92	0.0000
HCC Life Insurance Company	9	0	0	0	148.32	0.0000
HM Life Insurance Company of New York	17	0	0	0	97.79	0.0000
John Hancock Life & Health Insurance Company	15	39	0	0	106.80	0.0000
Lincoln Life and Annuity Company of New York	4	12	0	0	218.76	0.0000

[1]If the ratios are the same among commercial health insurance companies, the commercial health insurance company with the higher annual premium amount receives a higher ranking.

[2]Commercial health insurance companies with a lower prompt pay complaint ratio receive a higher ranking.

[3]Plan issues dental coverage only.

[4]Plan issues vision coverage only.

Continued on Next Page

Prompt Pay Complaints—Commercial Health Insurance Companies 2025, continued

Data Source: DFS

Commercial Health Insurance Company	Rank[1,2] 1 = Best 35 = Worst	Total Complaints	Total Prompt Pay Complaints	Upheld Prompt Pay Complaints	Premiums (Millions $)	Prompt Pay Complaint Ratio
Massachusetts Mutual Life Insurance Company	22	4	0	0	83.77	0.0000
Metropolitan Life Insurance Company	29	49	14	2	1,042.57	0.0019
Mutual of Omaha Insurance Company	12	5	0	0	126.65	0.0000
New York Life Group Insurance Company of New York	5	7	0	0	195.48	0.0000
New York Life Insurance Company	21	4	0	0	86.29	0.0000
Northwestern Long Term Care Insurance Company	28	0	0	0	51.72	0.0000
Northwestern Mutual Life Insurance Company	13	2	0	0	112.04	0.0000
Principal Life Insurance Company	18	0	0	0	90.89	0.0000
Provident Life and Casualty Insurance Company	23	3	1	0	77.96	0.0000
Prudential Insurance Company of America	8	11	0	0	166.71	0.0000
ReliaStar Life Insurance Company of New York	25	0	0	0	63.04	0.0000
ShelterPoint Life Insurance Company	2	4	0	0	479.25	0.0000
Standard Life Insurance Company of New York	10	4	0	0	130.12	0.0000
Standard Security Life Insurance Company of New York	6	0	0	0	189.48	0.0000
Sun Life and Health Insurance Company	33	9	5	4	282.50	0.0142
Transamerica Financial Life Insurance Company	16	7	0	0	101.76	0.0000
Union Labor Life Insurance Company	27	0	0	0	60.75	0.0000
Wellfleet New York Insurance Company	34	34	6	2	122.82	0.0163
	Total	**338**	**51**	**17**	**6,876.67**	**0.0025**

[1]If the ratios are the same among commercial health insurance companies, the commercial health insurance company with the higher annual premium amount receives a higher ranking.

[2]Commercial health insurance companies with a lower prompt pay complaint ratio receive a higher ranking.

[3]Plan issues dental coverage only.

[4]Plan issues vision coverage only.

Internal Appeals

An internal appeal or utilization review occurs when a member or provider asks a health insurance company to reconsider its refusal to pay for a medical service that the health insurance company considers experimental, investigational, not medically necessary, a clinical trial, or a treatment for a rare disease. A member may also appeal if a health insurance company denies a request to pay for an out-of-network service[1] if it offers an alternate service in-network or denies an out-of-network referral.[2] The member or provider may also appeal if the health insurance company denies a step therapy protocol[3] override for a prescription drug. The member or provider may also appeal if the health insurance company issues a denial about whether services are emergency services or a surprise bill;[4] whether the correct cost-sharing was applied to the insured's bill for emergency services or surprise bill; and whether a claim for care accurately reflects the treatments received.

Health insurance companies are required to have appeals reviewed by medical professionals. Common internal appeals involve the medical necessity of hospital admissions, length of hospital stays, and use of certain medical procedures.

Understanding the Charts

- **Filed Appeals:** Number of internal appeals submitted to the health insurance company by members or providers in 2025.
- **Closed Appeals:** Number of internal appeals that the health insurance company decided by the end of 2025.
- **Reversals on Appeals:** Number of closed internal appeals where the health insurance company decided in favor of members or providers. If a health insurance company's decision to deny payment or coverage is reversed on an internal appeal, the health insurance company agrees to pay for the service or procedure.
- **Reversal Rate:** Percentage of reversals on appeals divided by closed appeals.

[1] An out-of-network service denial is a preauthorization request that is denied because the service is not available in-network and the health insurance company recommends an alternate in-network service that it believes is not materially different from the requested out-of-network service.

[2] An out-of-network referral denial occurs when the member's out-of-network referral request is denied because the health insurance company has an in-network provider with appropriate training and experience to meet the needs of the member.

[3] Step-therapy protocols require members to try at least one other medication selected by the health insurance company before the health insurance company will grant coverage for the drug originally prescribed by the health care provider. The member or provider may request a step-therapy protocol override.

Keep in Mind

Pay specific attention to a health insurance company that has a very high or very low reversal rate. Please note:

- There is no "ideal" reversal rate.
- A low reversal rate may indicate that the health insurance company's initial decisions are correct, so fewer decisions require reversal, but an unusually low reversal rate may indicate that the health insurance company does not give appropriate reconsideration to initial decisions.
- A high reversal rate may indicate that a health insurance company's internal appeal process is responsive to members and providers, but an unusually high reversal rate may indicate that the health insurance company's process for making initial decisions is flawed.
- The number of internal appeals filed may be higher for health insurance companies that promote the appeal process and encourage members and providers to appeal denied services.

[4] "Surprise bill" means a bill for health care services, other than emergency services, with respect to an insured for services rendered by a non-participating provider at a participating hospital or ambulatory surgical center, where a participating provider is unavailable or a non-participating provider renders services without the insured's knowledge, or unforeseen medical services arise at the time the health care services are rendered; provided, however, that a surprise bill shall not mean a bill received for health care services when a participating provider is available and the insured has elected to obtain services from a non-participating provider.

Internal Appeals—HMOs 2025

Data Source: DFS

HMO	Filed Appeals	Closed Appeals	Reversals on Appeals	Reversal Rate (Percentage)
Capital District Physicians Health Plan	1,822	1,780	420	23.60%
Excellus Health Plan	149	147	33	22.45%
Highmark Western and Northeastern New York Inc.	600	597	242	40.54%
HIP Health Maintenance Organization	3,646	3,525	1,836	52.09%
Independent Health Association, Inc.	1,039	1,033	376	36.40%
MVP Health Plan, Inc.	592	571	151	26.44%
UnitedHealthcare of New York, Inc.	3,570	454	156	34.36%
Total	**11,418**	**8,107**	**3,214**	**39.64%**

Internal Appeals—EPO/PPO Health Plans 2025

Data Source: DFS

EPO/PPO Health Plan	Filed Appeals	Closed Appeals[1]	Reversals on Appeals	Reversal Rate (Percentage)
Aetna Life Insurance Company[2]	2,521	2,473	1,060	42.86%
Anthem HealthChoice Assurance, Inc.[2]	19,945	19,827	4,090	20.63%
CDPHP Universal Benefits, Inc.	907	904	288	31.86%
CIGNA Health and Life Insurance Company[2]	4,301	4,344	2,273	52.33%
EmblemHealth Plan, Inc.[2]	2,793	2,792	1,378	49.36%
Excellus Health Plan, Inc.[2]	7,705	7,778	2,131	27.40%
Highmark Western and Northeastern New York Inc.[2]	2,638	2,638	1,093	41.43%
Independent Health Benefits Corporation[2]	2,534	2,558	985	38.51%
MVP Health Services Corporation[2]	539	530	146	27.55%
Nippon Life Insurance Company of America	347	344	154	44.77%
Oscar Insurance Corporation	468	463	185	39.96%
Oxford Health Insurance, Inc.[2]	13,519	14,259	6,975	48.92%
UnitedHealthcare Insurance Company of New York[2]	2,333	2,340	1,270	54.27%
Total	**60,550**	**61,250**	**22,028**	**35.96%**

[1]Closed internal appeals can exceed filed internal appeals in 2025 because closed internal appeals include internal appeals filed prior to 2025.

[2]Appeals and reversal rates include data from the health insurance company's EPO, PPO, and commercial business.

Internal Appeals—Commercial Health Insurance Companies 2025

Data Source: DFS

Commercial Health Insurance Company[1]	Filed Appeals	Closed Appeals[2]	Reversals on Appeals	Reversal Rate (Percentage)
American Family Life Assurance Company of New York	0	0	0	0.00%
Berkshire Life Insurance Company of America	0	0	0	0.00%
Combined Life Insurance Company of New York	0	0	0	0.00%
Delta Dental of New York, Inc.[3]	356	321	198	61.68%
Eastern Vision Service Plan, Inc.[4]	0	0	0	0.00%
Fidelity Security Life Insurance Company of New York	0	0	0	0.00%
First Reliance Standard Life Insurance Company	35	35	9	25.71%
First Symetra National Life Company of New York	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0.00%
Genworth Life Insurance Company of New York	0	0	0	0.00%
Globe Life Insurance Company of New York	0	0	0	0.00%
Guardian Life Insurance Company of America	7,173	7,339	2,061	28.08%
Hartford Life and Accident Insurance Company	0	0	0	0.00%
HCC Life Insurance Company	0	0	0	0.00%
HM Life Insurance Company of New York	0	0	0	0.00%
John Hancock Life & Health Insurance Company	0	0	0	0.00%
Lincoln Life and Annuity Company of New York	0	0	0	0.00%

[1]Many commercial health insurance companies do not write traditional comprehensive health insurance products and therefore have no internal appeals.

[2]Closed internal appeals can exceed filed internal appeals in 2025 because closed internal appeals include internal appeals filed prior to 2025.

[3]Plan issues dental coverage only.

[4]Plan issues vision coverage only.

Continued on Next Page

Internal Appeals—Commercial Health Insurance Companies 2025, continued

Data Source: DFS

Commercial Health Insurance Company[1]	Filed Appeals	Closed Appeals[2]	Reversals on Appeals	Reversal Rate (Percentage)
Massachusetts Mutual Life Insurance Company	0	0	0	0.00%
Metropolitan Life Insurance Company	7,182	7,182	5,334	74.27%
Mutual of Omaha Insurance Company	0	0	0	0.00%
New York Life Group Insurance Company of New York	0	0	0	0.00%
New York Life Insurance Company	0	0	0	0.00%
Northwestern Long Term Care Insurance Company	0	0	0	0.00%
Northwestern Mutual Life Insurance Company	0	0	0	0.00%
Principal Life Insurance Company	0	0	0	0.00%
Provident Life and Casualty Insurance Company	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0.00%
ReliaStar Life Insurance Company of New York	0	0	0	0.00%
ShelterPoint Life Insurance Company	0	0	0	0.00%
Standard Life Insurance Company of New York	23	23	12	52.17%
Standard Security Life Insurance Company of New York	0	0	0	0.00%
Sun Life and Health Insurance Company	0	0	0	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0.00%
Union Labor Life Insurance Company	0	0	0	0.00%
Wellfleet New York Insurance Company	0	0	0	0.00%
Total	**14,769**	**14,900**	**7,614**	**51.10%**

[1]Many commercial health insurance companies do not write traditional comprehensive health insurance products and therefore have no internal appeals.

[2]Closed internal appeals can exceed filed internal appeals in 2025 because closed internal appeals include internal appeals filed prior to 2025.

[3]Plan issues dental coverage only.

[4]Plan issues vision coverage only.

External Appeals

After an unsuccessful internal appeal, members and providers may request an external appeal when a health insurance company continues to refuse to pay for or provide reimbursement for health care services on the basis that services are experimental, investigational, not medically necessary, a clinical trial, or a treatment for a rare disease. A member may also appeal when a health insurance company denies a request to pay for an out-of-network service[1] if it offers an alternate service in-network, or if the health insurance company denies an out-of-network referral.[2] If the health insurance company denies coverage of a non-formulary drug, the member or provider may be eligible to request a formulary exception for that drug through the external appeal process, depending on the type of policy.[3] (A formulary is a list of prescription drugs that are covered by a member's health insurance company.) A member may also request an external appeal when the health insurance company denies an internal appeal for a step-therapy protocol[4] override for a prescription drug.

The member or provider may also file an external appeal for denial reasons regarding whether the services are emergency services or a surprise bill[5]; whether the correct cost-sharing was applied to the insured's bill for emergency services or surprise bill; and whether a claim for care accurately reflects the treatments received.

Before requesting an external appeal, members must usually complete the health insurance company's first-level internal appeal process, or the member and the health insurance company may agree together to waive the internal appeal. An internal appeal is generally not required for a formulary exception.

Note:

- Providers may file external appeals on their own behalf for continued or extended health care services, for additional services for a patient undergoing a course of continued treatment, or for services already provided.
- A health insurance company may charge a fee of up to $25 for an external appeal, but may not charge more than $75 in a single plan year. The fee is refunded to the member if the appeal is overturned.

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[1] An out-of-network service denial is a preauthorization request that is denied because the service is not available in-network and the health insurance company recommends an alternate in-network service that it believes is not materially different from the requested out-of-network service.

[2] An out-of-network referral denial occurs when the member's out-of-network referral request is denied because the health insurance company has an in-network provider with appropriate training and experience to meet the needs of the member.

[3] Members with the following policy types may be eligible to file an external appeal for a formulary exception: Individual, Essential Plan, Small Group, Student Health Plans, Large Group.

[4] Step-therapy protocols require members to try at least one other medication selected by the health insurance company before the company will grant coverage for the drug originally prescribed by the health care provider. The member or provider may request a step-therapy protocol override.

[5] "Surprise bill" means a bill for health care services, other than emergency services, with respect to an insured for services rendered by a non-participating provider at a participating hospital or ambulatory surgical center, where a participating provider is unavailable or a non-participating provider renders services without the insured's knowledge, or unforeseen medical services arise at the time the health care services are rendered; provided, however, that a surprise bill shall not mean a bill received for health care services when a participating provider is available and the insured has elected to obtain services from a non-participating provider.

External Appeals, continued

Understanding the Charts

- **Total External Appeals:** Total number of cases assigned to an external appeal organization in 2025.
- **Reversals on External Appeals:** Number of cases where an external appeal organization decided in favor of the member or provider.
- **Reversed In Part External Appeals:** Number of cases where an external appeal organization decided partially in favor of the member or provider. For example, an HMO refuses payment of a 5-day hospital stay, claiming it was not medically necessary; however, the external appeal organization decides that three of the five days were medically necessary.
- **Upheld External Appeals:** Number of cases where an external appeal organization agreed with the health insurance company's decision not to cover a service or procedure.
- **Reversal Rate:** Percentage of reversals on external appeals (cases decided in favor of the member or provider) divided by total external appeals. The number of cases when an external appeal organization decided partially in favor of the member or provider is also included in the reversal rate. A high reversal rate may indicate that a health insurance company does not make appropriate coverage decisions.

External Appeals—HMOs 2025

Data Source: DFS

HMO	Total External Appeals	Reversals on External Appeals	Reversed In Part External Appeals	Upheld External Appeals	Reversal Rate[1] (Percentage)
Capital District Physicians Health Plan	36	17	2	17	52.78%
Highmark Western and Northeastern New York Inc.	63	41	0	22	65.08%
Excellus Health Plan	5	4	0	1	80.00%
HIP Health Maintenance Organization	39	14	0	25	35.90%
Independent Health Association, Inc.	77	51	0	26	66.23%
MVP Health Plan, Inc.	28	13	0	15	46.43%
UnitedHealthcare of New York, Inc.	20	11	0	9	55.00%
Total	**268**	**151**	**2**	**115**	**57.09%**

[1]Rate includes “reversed-in-part” decisions.

External Appeals—EPO/PPO Health Plans 2025

Data Source: DFS

EPO/PPO Health Plan	Total External Appeals	Reversals on External Appeals	Reversed In Part External Appeals	Upheld External Appeals	Reversal Rate[1] (Percentage)
Aetna Life Insurance Company[2]	324	157	1	166	48.77%
Anthem HealthChoice Assurance, Inc.[2]	790	349	6	435	44.94%
CDPHP Universal Benefits, Inc.	24	15	0	9	62.50%
CIGNA Health and Life Insurance Company[2]	94	52	1	41	56.38%
EmblemHealth Plan, Inc.[2]	38	7	0	31	18.42%
Excellus Health Plan, Inc.[2]	408	211	3	194	52.45%
Highmark Western and Northeastern New York Inc.[2]	39	20	0	19	51.28%
Independent Health Benefits Corporation[2]	20	14	0	6	70.00%
MVP Health Services Corporation[2]	21	5	0	15	23.81%
Nippon Life Insurance Company of America[2]	12	6	0	6	50.00%
Oscar Insurance Corporation	38	21	0	17	55.26%
Oxford Health Insurance, Inc.[2]	387	190	11	186	51.94%
UnitedHealthcare Insurance Company of New York[2]	70	34	2	34	51.43%
Total	**2,265**	**1,081**	**24**	**1,159**	**48.79%**

[1]Rate includes “reversed-in-part” decisions.

[2]External appeals and reversal rates include data from the health insurance company’s EPO, PPO, and commercial business.

External Appeals—Commercial Health Insurance Companies 2025

Data Source: DFS

Commercial Health Insurance Company[1]	Total External Appeals	Reversals on External Appeals	Reversed In Part External Appeals	Upheld External Appeals	Reversal Rate[2] (Percentage)
American Family Life Assurance Company of New York	0	0	0	0	0.00%
Berkshire Life Insurance Company of America	0	0	0	0	0.00%
Combined Life Insurance Company of New York	0	0	0	0	0.00%
Delta Dental of New York, Inc.[3]	0	0	0	0	0.00%
Eastern Vision Service Plan, Inc.[4]	0	0	0	0	0.00%
Fidelity Security Life Insurance Company of New York	0	0	0	0	0.00%
First Reliance Standard Life Insurance Company	0	0	0	0	0.00%
First Symetra National Life Company of New York	0	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0	0.00%
Genworth Life Insurance Company of New York	0	0	0	0	0.00%
Globe Life Insurance Company of New York	0	0	0	0	0.00%
Guardian Life Insurance Company of America	9	2	2	5	44.44%
Hartford Life and Accident Insurance Company	0	0	0	0	0.00%
HCC Life Insurance Company	0	0	0	0	0.00%
HM Life Insurance Company of New York	0	0	0	0	0.00%
John Hancock Life & Health Insurance Company	0	0	0	0	0.00%
Lincoln Life and Annuity Company of New York	0	0	0	0	0.00%

[1]Many commercial health insurance companies do not write traditional comprehensive health insurance products and therefore have no external appeals.

[2]Rate includes “reversed-in-part” decisions.

[3]Plan issues dental coverage only.

[4]Plan issues vision coverage only.

Continued on Next Page

External Appeals—Commercial Health Insurance Companies 2025, continued

Data Source: DFS

Commercial Health Insurance Company[1]	Total External Appeals	Reversals on External Appeals	Reversed In Part External Appeals	Upheld External Appeals	Reversal Rate[2] (Percentage)
Massachusetts Mutual Life Insurance Company	0	0	0	0	0.00%
Metropolitan Life Insurance Company	3	1	0	2	33.33%
Mutual of Omaha Insurance Company	0	0	0	0	0.00%
New York Life Group Insurance Company of New York	0	0	0	0	0.00%
New York Life Insurance Company	0	0	0	0	0.00%
Northwestern Long Term Care Insurance Company	0	0	0	0	0.00%
Northwestern Mutual Life Insurance Company	0	0	0	0	0.00%
Principal Life Insurance Company	1	0	0	1	0.00%
Provident Life and Casualty Insurance Company	0	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0	0.00%
ReliaStar Life Insurance Company of New York	0	0	0	0	0.00%
ShelterPoint Life Insurance Company	0	0	0	0	0.00%
Standard Life Insurance Company of New York	0	0	0	0	0.00%
Standard Security Life Insurance Company of New York	0	0	0	0	0.00%
Sun Life and Health Insurance Company	1	0	0	1	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0	0.00%
Union Labor Life Insurance Company	0	0	0	0	0.00%
Wellfleet New York Insurance Company	1	0	0	1	0.00%
Total	**15**	**3**	**2**	**10**	**33.33%**

[1]Many commercial health insurance companies do not write traditional comprehensive health insurance products and therefore have no external appeals.

[2]Rate includes “reversed-in-part” decisions.

[3]Plan issues dental coverage only.

[4]Plan issues vision coverage only.

Grievances

A grievance is a complaint by a member or provider to a health insurance company about a denial based on limitations or exclusions in the contract. Medical necessity issues are the subject of internal appeals, not grievances. Common grievances include disagreements over benefit coverage. According to New York State law, health insurance companies offering a comprehensive policy that uses a network of providers must have a system in place for responding to members' concerns. The health insurance company must designate one or more qualified persons to review the grievance and decide whether to reverse or uphold a denial.

Understanding the Charts

- **Filed Grievances:** Number of grievances submitted to the health insurance company in 2025.
- **Closed Grievances:** Number of grievances the health insurance company resolved by the end of 2025.
- **Upheld Grievances:** Number of closed grievances where the health insurance company stood by its original decision and did not decide in favor of the member or provider.
- **Reversed Grievances:** Number of closed grievances where the health insurance company changed its initial decision and decided in favor of the member or provider.
- **Reversal Rate:** Percentage of reversals resulting from grievances (closed grievances decided in favor of the member or provider) divided by closed grievances.

Keep in Mind

Pay attention to a health insurance company that has a very high or very low reversal rate. Please note:

- There is no "ideal" reversal rate.
- A low reversal rate may indicate that the health insurance company's initial decisions are correct, so fewer decisions require reversal, but an unusually low reversal rate may indicate that the health insurance company does not give appropriate reconsideration to initial decisions.
- A high reversal rate may indicate that a health insurance company's grievance process is responsive to members and providers, but an unusually high reversal rate may indicate that the health insurance company's process for making initial decisions is flawed.
- The number of grievances filed may be higher for health insurance companies that actively promote the grievance process to members and providers.

Grievances—HMOs 2025

Data Source: DFS

HMO	Filed Grievances	Closed Grievances[1]	Upheld Grievances	Reversed Grievances	Reversal Rate (Percentage)
Capital District Physicians Health Plan	280	281	168	113	40.21%
Excellus Health Plan	160	156	118	38	24.36%
Highmark Western and Northeastern New York Inc.	54	54	28	26	48.15%
HIP Health Maintenance Organization	1,878	1,949	1,406	543	27.86%
Independent Health Association, Inc.	91	97	55	42	43.30%
MVP Health Plan, Inc.	157	143	136	7	4.90%
UnitedHealthcare of New York, Inc.	439	457	287	170	37.20%
Total	**3,059**	**3,137**	**2,198**	**939**	**29.93%**

[1]Closed grievances can exceed filed grievances in 2025 because closed grievances include grievances filed before 2025.

Grievances—EPO/PPO Health Plans 2025

Data Source: DFS

EPO/PPO Health Plan	Filed Grievances	Closed Grievances[1]	Upheld Grievances	Reversed Grievances	Reversal Rate (Percentage)
Aetna Life Insurance Company[2]	56	56	43	13	23.21%
Anthem HealthChoice Assurance, Inc.[2]	3,019	3,233	2,303	930	28.77%
CDPHP Universal Benefits, Inc.	180	184	81	103	55.98%
CIGNA Health and Life Insurance Company[2]	181	185	132	53	28.65%
EmblemHealth Plan, Inc.[2]	1,658	1,708	1,289	419	24.53%
Excellus Health Plan, Inc.[2]	1,212	1,191	914	277	23.26%
Highmark Western and Northeastern New York Inc.[2]	352	352	196	156	44.32%
Independent Health Benefits Corporation[2]	458	467	273	194	41.54%
MVP Health Services Corporation[2]	82	79	58	21	26.58%
Nippon Life Insurance Company of America[2]	0	0	0	0	0.00%
Oscar Insurance Corporation	247	270	221	49	18.15%
Oxford Health Insurance, Inc.[2]	11,971	9,819	6,910	2,909	29.63%
UnitedHealthcare Insurance Company of New York[2]	1,780	1,757	1,253	504	28.69%
Total	**21,196**	**19,301**	**13,673**	**5,628**	**29.16%**

[1]Closed grievances can exceed filed grievances in 2025 because closed grievances include grievances filed prior to 2025.

[2]Grievances and reversal rates include data from the health insurance company's EPO, PPO, and commercial business.

Grievances—Commercial Health Insurance Companies 2025

Data Source: DFS

Commercial Health Insurance Company[1]	Filed Grievances	Closed Grievances[2]	Upheld Grievances	Reversed Grievances	Reversal Rate (Percentage)
American Family Life Assurance Company of New York	0	0	0	0	0.00%
Berkshire Life Insurance Company of America	0	0	0	0	0.00%
Combined Life Insurance Company of New York	0	0	0	0	0.00%
Delta Dental of New York, Inc.[2]	2,709	2,638	2,128	510	19.33%
Eastern Vision Service Plan, Inc.[3]	0	0	0	0	0.00%
Fidelity Security Life Insurance Company of New York	0	0	0	0	0.00%
First Reliance Standard Life Insurance Company	0	0	0	0	0.00%
First Symetra National Life Company of New York	0	0	0	0	0.00%
First Unum Life Insurance Company	0	0	0	0	0.00%
Genworth Life Insurance Company of New York	0	0	0	0	0.00%
Globe Life Insurance Company of New York	0	0	0	0	0.00%
Guardian Life Insurance Company of America	10	10	3	7	70.00%
Hartford Life and Accident Insurance Company	0	0	0	0	0.00%
HCC Life Insurance Company	0	0	0	0	0.00%
HM Life Insurance Company of New York	0	0	0	0	0.00%
John Hancock Life & Health Insurance Company	0	0	0	0	0.00%
Lincoln Life and Annuity Company of New York	0	0	0	0	0.00%

[1]Many commercial health insurance companies do not write traditional comprehensive health insurance products and therefore have no grievances.

[2]Plan issues dental coverage only.

[3]Plan issues vision coverage only.

Continued on Next Page

Grievances—Commercial Health Insurance Companies 2025, continued

Data Source: DFS

Commercial Health Insurance Company[1]	Filed Grievances	Closed Grievances[2]	Upheld Grievances	Reversed Grievances	Reversal Rate (Percentage)
Massachusetts Mutual Life Insurance Company	0	0	0	0	0.00%
Metropolitan Life Insurance Company	0	0	0	0	0.00%
Mutual of Omaha Insurance Company	0	0	0	0	0.00%
New York Life Group Insurance Company of New York	0	0	0	0	0.00%
New York Life Insurance Company	0	0	0	0	0.00%
Northwestern Long Term Care Insurance Company	0	0	0	0	0.00%
Northwestern Mutual Life Insurance Company	0	0	0	0	0.00%
Principal Life Insurance Company	0	0	0	0	0.00%
Provident Life and Casualty Insurance Company	0	0	0	0	0.00%
Prudential Insurance Company of America	0	0	0	0	0.00%
ReliaStar Life Insurance Company of New York	0	0	0	0	0.00%
ShelterPoint Life Insurance Company	0	0	0	0	0.00%
Standard Life Insurance Company of New York	0	0	0	0	0.00%
Standard Security Life Insurance Company of New York	0	0	0	0	0.00%
Sun Life and Health Insurance Company	0	0	0	0	0.00%
Transamerica Financial Life Insurance Company	0	0	0	0	0.00%
Union Labor Life Insurance Company	0	0	0	0	0.00%
Wellfleet New York Insurance Company	0	0	0	0	0.00%
Total	**2,719**	**2,648**	**2,131**	**517**	**19.52%**

[1]Many commercial health insurance companies do not write traditional comprehensive health insurance products and therefore have no grievances.

[2]Plan issues dental coverage only.

[3]Plan issues vision coverage only.

Quality of Care and Service for Health Insurance Companies

Access and Service

Measure Descriptions

- **Getting Care Needed:** The percentage of members who responded that they “usually” or “always” get:
  - Appointments with specialists as soon as they needed.
  - Care, tests, or treatments they needed.
- **Getting Care Quickly:** The percentage of members who responded that they “usually” or “always” get:
  - Appointments for a check-up or routine care at a doctor’s office or clinic as soon as they needed.
  - Care right away for an illness or injury.
- **Members Seen by a Provider:** The percentage of adults ages 20 years and older who had an outpatient or preventive care visit within the past 3 years, as reported by the health insurance company. A higher score means more people who were enrolled in the health insurance company had a provider visit. The measure is reported separately for ages 20–44 years and for ages 45–64 years.
- R**ating of Health Plan:** The percentage of members who responded 8, 9, or 10 (on a scale of 0–10, where 0 is the worst health plan possible and 10 is the best health plan possible) when asked, “How would you rate your health plan?”
- **Rating of Overall Health Care:** The percentage of members who responded 8, 9, or 10 (on a scale of 0–10, where 0 is the worst health care possible and 10 is the best health care possible) when asked, “How would you rate all your health care?”
- **Care Coordination:** The percentage of members who responded "usually" or "always" when asked, “How often did your personal doctor seemed informed and up-to-date about the care you received from other doctors or health providers?”

Access and Service—HMOs 2024

Data Source: DOH

HMO	Performance Compared to the New York HMO Average							
	Getting Care Needed		Getting Care Quickly		Members Seen by a Provider			
					Ages 20-44		Ages 45-64	
NY HMO Average	86		86		95		97	
Capital District Physicians Health Plan	87		85		96	▲	97	
Excellus Health Plan[1]	84		86		95		97	
Highmark Western and Northeastern New York Inc.[2]	90	▲	89		96	▲	97	
HIP Health Maintenance Organization	82		83		93	▼	95	▼
Independent Health Association, Inc.	89		87		96	▲	97	
MVP Health Plan, Inc.	87		93	▲	94	▼	96	▼

Legend

▲ Significantly better than the NY HMO average. **▼ Significantly worse than the NY HMO average.** **No symbol: Not significantly different than the NY HMO average.**

[1]Includes combined data for Excellus BlueCross BlueShield HMO and PPO membership.

[2]Includes data for Highmark Western and Northeastern New York Inc. PPO membership.

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of all New York HMOs. HMOs with a "▲" performed better than the New York HMO average.

Note: *Symbols show statistically significant differences between each health insurance company's score and the New York average. "Statistically significant" means scores varied by more than could be accounted for by chance.*

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan's rate differs from the New York average.

Access and Service—HMOs 2024, continued

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Rating of Health Plan		Rating of Overall Health Care		Care Coordination	
NY HMO Average	72		78		87	
Capital District Physicians Health Plan	79	▲	80		86	
Excellus Health Plan[1]	65	▼	75		85	
Highmark Western and Northeastern New York Inc.[2]	61	▼	76		90	
HIP Health Maintenance Organization	75		77		84	
Independent Health Association, Inc.	73		79		92	▲
MVP Health Plan, Inc.	88	▲	85	▲	85	

Legend

▲ Significantly better than the NY HMO average. **▼ Significantly worse than the NY HMO average.** **No symbol: Not significantly different than the NY HMO average.**

[1]Includes combined data for Excellus BlueCross BlueShield HMO and PPO membership.

[2]Includes data for Highmark Western and Northeastern New York Inc. PPO membership.

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of all New York HMOs. HMOs with a "▲" performed better than the New York HMO average.

Note: *Symbols show statistically significant differences between each health insurance company's score and the New York average. "Statistically significant" means scores varied by more than could be accounted for by chance.*

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan's rate differs from the New York average.

Access and Service—PPOs 2024

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO[1]	Getting Care Needed		Getting Care Quickly		Members Seen by a Provider			
					Ages 20-44		Ages 45-64	
NY PPO Average	81		79		94		95	
Aetna Life Insurance Company	79		86	▲	95	▲	96	▲
Anthem HealthChoice Assurance, Inc.	84		80		92	▼	92	▼
CDPHP Universal Benefits, Inc.	87	▲	88	▲	96	▲	97	▲
CIGNA Health and Life Insurance Company	86		74		96	▲	96	▲
EmblemHealth Plan, Inc.	83		80		91	▼	94	▼
MVP Health Services Corporation	88	▲	83		95		97	▲
Oscar Insurance Corporation	73	▼	76		92	▼	94	▼
Oxford Health Insurance, Inc.	73	▼	70	▼	96	▲	97	▲
UnitedHealthcare Insurance Company of New York	79		72		96	▲	97	▲

Legend

▲ Significantly better than the NY PPO average. **▼ Significantly worse than the NY PPO average.** **No symbol: Not significantly different than the NY PPO average.**

[1]Data for Excellus Health Plan PPO and Highmark Western and Northeastern New York Inc. are included in the HMO tables.

Understanding the Chart

The symbols in the chart show how each PPO compares to the average of all New York PPOs. PPOs with a "▲" performed better than the New York PPO average.

Note: *Symbols show statistically significant differences between each health insurance company's score and the New York average. "Statistically significant" means scores varied by more than could be accounted for by chance.*

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan's rate differs from the New York average.

Access and Service—PPOs 2024, continued

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO[1]	Rating of Health Plan		Rating of Overall Health Care		Care Coordination	
NY PPO Average	59		74		82	
Aetna Life Insurance Company	67	▲	76		83	
Anthem HealthChoice Assurance, Inc.	54		76		93	▲
CDPHP Universal Benefits, Inc.	76	▲	83	▲	82	
CIGNA Health and Life Insurance Company	60		79		78	
EmblemHealth Plan, Inc.	67	▲	78		80	
MVP Health Services Corporation	72	▲	70		86	
Oscar Insurance Corporation	37	▼	62	▼	80	
Oxford Health Insurance, Inc.	43	▼	66	▼	81	
UnitedHealthcare Insurance Company of New York	52		73		74	

Legend

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Quality of Care and Service for Health Insurance Companies

Child and Adolescent Health

Measure Descriptions

- **Childhood Immunization (Combo 3):** The percentage of children who had the following vaccines by their second birthday: four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chickenpox (VZV), and four pneumococcal conjugate (PCV).
- **Adolescent Immunization (Combo 2):** The percentage of adolescents who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine, and completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
- **Well-Child Visits in the First 30 Months of Life:** The percentage of children who had the recommended number of well-child visits with a PCP during their first 30 months of life.
- **Child and Adolescent Well-Care Visits:** The percentage of children and adolescents ages 3–21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN.
- **Weight Assessment and Counseling for Nutrition and Physical Activity:** The percentage of children and adolescents ages 3–17 years who had an outpatient visit with a PCP or OB/GYN during the measurement year and received the following three components of care during the measurement year:
  - Body Mass Index (BMI) percentile.
  - Counseling for nutrition.
  - Counseling for physical activity.

Child and Adolescent Health—HMOs 2024

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Childhood Immunization (Combo 3)		Adolescent Immunization (Combo 2)		Well-Child Visits in the First 30 Months of Life		Child and Adolescent Well-Care Visits	
NY HMO Average	87		40		92		77	
Capital District Physicians Health Plan	88		39		95		82	▲
Excellus Health Plan[1]	89		41		93		75	▼
Highmark Western and Northeastern New York Inc.[2]	89		41		94		83	▲
HIP Health Maintenance Organization	77	▼	35	▼	85		71	▼
Independent Health Association, Inc.	89		54	▲	96		87	▲
MVP Health Plan, Inc.	83		35	▼	92		71	▼

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Child and Adolescent Health—HMOs 2024, continued

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Weight Assessment and Counseling for Nutrition and Physical Activity					
	BMI Percentile		Counseling for Nutrition		Counseling for Physical Activity	
NY HMO Average	89		87		85	
Capital District Physicians Health Plan	95	▲	95	▲	90	
Excellus Health Plan[1]	87		87		85	
Highmark Western and Northeastern New York Inc.[2]	91		90		88	
HIP Health Maintenance Organization	84	▼	81	▼	79	▼
Independent Health Association, Inc.	99	▲	96	▲	96	▲
MVP Health Plan, Inc.	86		80	▼	78	▼

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Child and Adolescent Health—PPOs 2024

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO[1]	Childhood Immunization (Combo 3)		Adolescent Immunization (Combo 2)		Well-Child Visits in the First 30 Months of Life		Child and Adolescent Well-Care Visits	
NY PPO Average	77		25		85		69	
Aetna Life Insurance Company	76	▼	29		76		59	▼
Anthem HealthChoice Assurance, Inc.	75		25		86		67	▼
CDPHP Universal Benefits, Inc.	88	▲	38	▲	95		82	▲
CIGNA Health and Life Insurance Company	73		24		92		80	▲
EmblemHealth Plan, Inc.	80		25		86		66	▼
MVP Health Services Corporation	81	▲	30	▲	93		76	▲
Oscar Insurance Corporation		TS		TS		TS	65	
Oxford Health Insurance, Inc.	75		17	▼	87		75	▲
UnitedHealthcare Insurance Company of New York	88	▲	24		91		79	▲

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Child and Adolescent Health—PPOs 2024, continued

Data Source: DOH

Performance Compared to the New York PPO Average						
	Weight Assessment and Counseling for Nutrition and Physical Activity					
PPO[1]	BMI Percentile		Counseling for Nutrition		Counseling for Physical Activity	
NY PPO Average	80		74		69	
Aetna Life Insurance Company	76		63	▼	58	▼
Anthem HealthChoice Assurance, Inc.	81		76		70	
CDPHP Universal Benefits, Inc.	96	▲	96	▲	89	▲
CIGNA Health and Life Insurance Company	80		78	▲	71	
EmblemHealth Plan, Inc.	78		76		71	
MVP Health Services Corporation	80		76		73	
Oscar Insurance Corporation	79		78		76	▲
Oxford Health Insurance, Inc.	78		76		73	
UnitedHealthcare Insurance Company of New York	85	▲	78	▲	75	▲

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Quality of Care and Service for Health Insurance Companies

Adult Health

Measure Descriptions

- **Controlling High Blood Pressure:** The percentage of adults ages 18–85 years who had hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).
- **Colon Cancer Screening:** The percentage of adults ages 46–75 years who had appropriate screening for colorectal cancer.
- **Flu Shot for Adults:** The percentage of adults ages 19–65 years who are up to date on the recommended routine flu shot.
- **Advising Smokers to Quit**: The percentage of adults ages 18 years and older who are current smokers or tobacco users and who received cessation advice.
- **Use of Spirometry Testing for Chronic Obstructive Pulmonary Disease (COPD):** The percentage of adults ages 40 years and older with a new diagnosis of COPD or newly active COPD who received spirometry testing to confirm the diagnosis.
- **Pharmacotherapy Management of COPD Exacerbation**: The percentage of COPD exacerbation events for adults ages 40 years and older who had an acute inpatient discharge or emergency department (ED) visit and were dispensed appropriate medications to manage the exacerbation. This measure is presented as two separate rates.
  - *Corticosteroids:* The percentage of events when the adult was prescribed a systemic corticosteroid within 14 days of the event.
  - *Bronchodilators:* The percentage of events when the adult was prescribed a bronchodilator within 30 days of the event.
- **Avoidance of Antibiotics in Adults With Acute Bronchitis**: The percentage of adults ages 18–64 years with acute bronchitis who did not receive a prescription for antibiotics. A higher score indicates more appropriate treatment of people with acute bronchitis.

Adult Health—HMOs 2024

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Controlling High Blood Pressure		Colon Cancer Screening		Flu Shot for Adults		Advising Smokers to Quit	
NY HMO Average	71		67		24		79	
Capital District Physicians Health Plan	80	▲	74	▲	31	▲		TS
Excellus Health Plan[1]	69		67		25	▲	78	
Highmark Western and Northeastern New York Inc.[2]	73		69	▲	18	▼		TS
HIP Health Maintenance Organization	65	▼	64	▼	20	▼		TS
Independent Health Association, Inc.	81	▲	70	▲	31	▲	86	
MVP Health Plan, Inc.	73		65	▼	24			TS

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Adult Health—HMOs 2024, continued

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Pharmacotherapy Management of COPD Exacerbation				Avoidance of Antibiotics in Adults With Acute Bronchitis	
	Corticosteroids		Bronchodilators			
NY HMO Average	81		87		44	
Capital District Physicians Health Plan	90		78		52	▲
Excellus Health Plan[1]	81		88		41	▼
Highmark Western and Northeastern New York Inc.[2]	89	▲	91		47	▲
HIP Health Maintenance Organization		TS		TS	39	
Independent Health Association, Inc.	73		88		46	
MVP Health Plan, Inc.	73		86		44	

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Adult Health—PPOs 2024

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO[1]	Controlling High Blood Pressure		Colon Cancer Screening		Flu Shot for Adults		Advising Smokers to Quit	
NY PPO Average	64		60		25		77	
Aetna Life Insurance Company	60		61	▲	27	▲		TS
Anthem HealthChoice Assurance, Inc.	61		56	▼	23	▼	71	
CDPHP Universal Benefits, Inc.	77	▲	71	▲	34	▲		TS
CIGNA Health and Life Insurance Company	62		57	▼	24	▼		TS
EmblemHealth Plan, Inc.	61		55	▼	20	▼		TS
MVP Health Services Corporation	77	▲	66	▲	26	▲		TS
Oscar Insurance Corporation	64		58		17	▼		TS
Oxford Health Insurance, Inc.	73	▲	62	▲	26	▲		TS
UnitedHealthcare Insurance Company of New York	62		62	▲	27	▲		TS

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Adult Health—PPOs 2024, continued

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO[1]	Pharmacotherapy Management of COPD Exacerbation				Avoidance of Antibiotics in Adults With Acute Bronchitis	
	Corticosteroids		Bronchodilators			
NY PPO Average	72		77		45	
Aetna Life Insurance Company	79		84		44	
Anthem HealthChoice Assurance, Inc.	67		72		50	▲
CDPHP Universal Benefits, Inc.	79		81		50	
CIGNA Health and Life Insurance Company	76		80		45	
EmblemHealth Plan, Inc.		TS		TS	85	▲
MVP Health Services Corporation	76		87		43	
Oscar Insurance Corporation		TS		TS	54	
Oxford Health Insurance, Inc.	76		83		40	▼
UnitedHealthcare Insurance Company of New York		TS		TS	44	

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Quality of Care and Service for Health Insurance Companies

Women's Health

Measure Descriptions

- **Breast Cancer Screening:** The percentage of women ages 50–74 years who had a mammogram any time on or between October 1, 2022, and December 31, 2024.
- **Cervical Cancer Screening:** The percentage of women ages 21–64 years who had cervical cytology performed every 3 years, and women ages 30–64 years who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
- **Chlamydia Screening**: The percentage of sexually active women who had at least one test for chlamydia. The measure is reported separately for ages 16–20 years and for ages 21–24 years.
- **Prenatal Care in The First Trimester:** The percentage of women continuously enrolled for 10 or more months who delivered a live birth and had their first prenatal care visit in the first trimester of pregnancy. This measure is reported using 2023 data.
- **Prenatal Immunization Status (Combo):** The percentage of deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccines.
- **Postpartum Care:** The percentage of women who gave birth in 2024 and had a postpartum care visit between 7 and 84 days after they gave birth.

Women's Health—HMOs 2024

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Breast Cancer Screening		Cervical Cancer Screening		Chlamydia Screening			
					Ages 16–20		Ages 21–24	
NY HMO Average	80		81		56		59	
Capital District Physicians Health Plan	82	▲	86	▲	72	▲	68	▲
Excellus Health Plan[1]	81	▲	82		42	▼	51	▼
Highmark Western and Northeastern New York Inc.[2]	81	▲	78		68	▲	62	▲
HIP Health Maintenance Organization	78	▼	77		72	▲	76	▲
Independent Health Association, Inc.	83	▲	87	▲	74	▲	68	▲
MVP Health Plan, Inc.	76	▼	76	▼	61	▲	67	▲

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Women's Health—HMOs 2024, continued

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Prenatal Care in First Trimester		Prenatal Immunization Status (Combo)		Postpartum Care	
NY HMO Average	87		34		92	
Capital District Physicians Health Plan	87		38		94	
Excellus Health Plan[1]	87		37	▲	95	
Highmark Western and Northeastern New York Inc.[2]	87		30	▼	89	
HIP Health Maintenance Organization	88		27	▼	83	▼
Independent Health Association, Inc.	90		37		100	▲
MVP Health Plan, Inc.	81	▼	33		84	▼

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Women's Health—PPOs 2024

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO[1]	Breast Cancer Screening		Cervical Cancer Screening		Chlamydia Screening			
					Ages 16–20		Ages 21–24	
NY PPO Average	74		79		62		66	
Aetna Life Insurance Company	75	▲	81		62		65	
Anthem HealthChoice Assurance, Inc.	69	▼	74	▼	61		66	
CDPHP Universal Benefits, Inc.	82	▲	83		72	▲	65	
CIGNA Health and Life Insurance Company	77	▲	82		63		67	
EmblemHealth Plan, Inc.	62	▼	73	▼	66		65	
MVP Health Services Corporation	78	▲	75	▼	54	▼	59	▼
Oscar Insurance Corporation	71		80		46		69	
Oxford Health Insurance, Inc.	74		80	▲	57	▼	62	▼
UnitedHealthcare Insurance Company of New York	78	▲	81	▲	64	▲	70	▲

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Women's Health—PPOs 2024, continued

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO[1]	Prenatal Care in First Trimester		Prenatal Immunization Status (Combo)		Postpartum Care	
NY PPO Average	87		39		85	
Aetna Life Insurance Company	88		41	▲	85	
Anthem HealthChoice Assurance, Inc.	87		36	▼	84	
CDPHP Universal Benefits, Inc.	85		44	▲	100	▲
CIGNA Health and Life Insurance Company	87		40		84	
EmblemHealth Plan, Inc.	84		29		80	
MVP Health Services Corporation	86		31	▼	80	▼
Oscar Insurance Corporation		TS	20			TS
Oxford Health Insurance, Inc.	88		35	▼	87	
UnitedHealthcare Insurance Company of New York	86		45	▲	87	

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Quality of Care and Service for Health Insurance Companies

Behavioral Health

Measure Descriptions

- **Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication—Initiation Phase:** The percentage of children ages 6–12 years with a new prescription for ADHD medication and who had one follow-up visit with a practitioner within 30 days after starting the medication.
- **Metabolic Monitoring for Children and Adolescents on Antipsychotics:** The percentage of children and adolescents ages 1–17 years who had two or more antipsychotic prescriptions and had metabolic testing.
- **Antidepressant Medication Management—Effective Continuation Phase Treatment:** The percentage of adults ages 18 years and older who were diagnosed with depression, treated with antidepressant medication, and remained on antidepressant medication for at least 6 months.
- **Follow-Up After Emergency Department (ED) Visit for Substance Use—Within 30 Days:** The percentage of members ages 13 years and older who were seen in an ED with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, and had a follow-up visit for SUD within 30 days.
- **Follow-Up After Emergency Department (ED) Visit for Mental Illness—Within 30 Days:** The percentage of members ages 6 years and older who were seen in ED visits with a principal diagnosis of mental illness and had a follow-up visit for mental illness within 30 days.
- **Follow-Up After Hospitalization for Mental Illness—Within 30 Days:** The percentage of members ages 6 years and older who were hospitalized for treatment of selected mental health disorders and had a follow-up visit or were in intermediate treatment with a mental health provider within 30 days of discharge.
- **Adherence to Antipsychotic Medications for Individuals With Schizophrenia:** The percentage of adults ages 19–64 years with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of the treatment period.

Quality of Care and Service for Health Insurance Companies

Behavioral Health, continued

Measure Descriptions

Initiation and Engagement of Substance Use Disorder (SUD) Treatment

- **Initiation of SUD Treatment:** The percentage of members ages 13 years and older who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days of diagnosis for the following:
  - Alcohol use disorder.
  - Opioid use disorder.
  - Other substance use disorder.
- **Engagement of SUD Treatment:** The percentage of members ages 13 years and older who engaged in treatment within 34 days of initiation for the following:
  - Alcohol use disorder.
  - Opioid use disorder.
  - Other substance use disorder.

Behavioral Health—HMOs 2024

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase		Metabolic Monitoring for Children and Adolescents on Antipsychotics		Antidepressant Medication Management—Effective Continuation Phase		Follow-Up After ED Visit for Substance Use—Within 30 Days	
NY HMO Average	50		39		62		38	
Capital District Physicians Health Plan	60		39		59		41	
Excellus Health Plan[1]	46	▼	34	▼	62		36	
Highmark Western and Northeastern New York Inc.[2]	60	▲	42		65	▲	38	
HIP Health Maintenance Organization	66		47		55		39	
Independent Health Association, Inc.	55		55	▲	65	▲	39	
MVP Health Plan, Inc.	54		44		52	▼	40	

Legend

▲ Significantly better than the NY HMO average. **▼ Significantly worse than the NY HMO average.** **No symbol: Not significantly different than the NY HMO average.**

[1]Includes combined data for Excellus BlueCross BlueShield HMO and PPO membership.

[2]Includes data for Highmark Western and Northeastern New York Inc. PPO membership.

Understanding the Chart

The symbols in the chart show how each HMO compares to the average of all New York HMOs. HMOs with a "▲" performed better than the New York HMO average.

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Behavioral Health—HMOs 2024, continued

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Follow-Up After ED Visit for Mental Illness—Within 30 Days		Follow-Up After Hospitalization for Mental Illness—Within 30 Days		Adherence to Antipsychotic Medications for Individuals With Schizophrenia	
NY HMO Average	74		83		73	
Capital District Physicians Health Plan	72		92	▲	83	
Excellus Health Plan[1]	73		81		72	
Highmark Western and Northeastern New York Inc.[2]	84	▲	86		71	
HIP Health Maintenance Organization	68	▼	79		69	
Independent Health Association, Inc.	76		81		81	
MVP Health Plan, Inc.	64	▼	84		74	

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Behavioral Health—HMOs 2024, continued

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Initiation of Substance Use Disorder Treatment					
	Alcohol Use Disorder		Opioid Use Disorder		Other Substance Use Disorder	
NY HMO Average	33		51		31	
Capital District Physicians Health Plan	29		30		28	
Excellus Health Plan[1]	36	▲	54		33	▲
Highmark Western and Northeastern New York Inc.[2]	29	▼	40		26	▼
HIP Health Maintenance Organization	44	▲	68		43	▲
Independent Health Association, Inc.	28	▼	49		24	▼
MVP Health Plan, Inc.	35		54		40	▲

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Behavioral Health—HMOs 2024, continued

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Engagement of Substance Use Disorder Treatment					
	Alcohol Use Disorder		Opioid Use Disorder		Other Substance Use Disorder	
NY HMO Average	14		31		12	
Capital District Physicians Health Plan	11		15		12	
Excellus Health Plan[1]	16	▲	37	▲	12	
Highmark Western and Northeastern New York Inc.[2]	11	▼	20	▼	10	
HIP Health Maintenance Organization	16		26		22	▲
Independent Health Association, Inc.	12		37		12	
MVP Health Plan, Inc.	14		30		14	

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Behavioral Health—PPOs 2024

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO[1]	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase		Metabolic Monitoring for Children and Adolescents on Antipsychotics		Antidepressant Medication Management—Effective Continuation Phase		Follow-Up After ED Visit for Substance Use—Within 30 Days	
NY PPO Average	49		42		66		33	
Aetna Life Insurance Company	49		41		72	▲	32	
Anthem HealthChoice Assurance, Inc.	49		39		64	▼	36	
CDPHP Universal Benefits, Inc.	59		42		59	▼	39	
CIGNA Health and Life Insurance Company	46		40		63	▼	35	
EmblemHealth Plan, Inc.		TS		TS	48		36	
MVP Health Services Corporation	51		50		60	▼	37	
Oscar Insurance Corporation		TS		TS	73			TS
Oxford Health Insurance, Inc.	48		42		69	▲	26	▼
UnitedHealthcare Insurance Company of New York	50		52		60	▼	35	

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Behavioral Health—PPOs 2024, continued

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO[1]	Follow-Up After ED Visit for Mental Illness—Within 30 Days		Follow-Up After Hospitalization for Mental Illness—Within 30 Days		Adherence to Antipsychotic Medications for Individuals With Schizophrenia	
NY PPO Average	63		77		73	
Aetna Life Insurance Company	60		81	▲	82	▲
Anthem HealthChoice Assurance, Inc.	64		76		66	
CDPHP Universal Benefits, Inc.	67		82		78	
CIGNA Health and Life Insurance Company	64		83	▲	73	
EmblemHealth Plan, Inc.	56			TS		TS
MVP Health Services Corporation	69		88	▲	78	
Oscar Insurance Corporation		TS		TS		TS
Oxford Health Insurance, Inc.	57	▼	63	▼	76	
UnitedHealthcare Insurance Company of New York	74	▲	80		56	▼

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Behavioral Health—PPOs 2024, continued

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO[1]	Initiation of Substance Use Disorder Treatment					
	Alcohol Use Disorder		Opioid Use Disorder		Other Substance Use Disorder	
NY PPO Average	36		48		39	
Aetna Life Insurance Company	37		54		39	
Anthem HealthChoice Assurance, Inc.	40	▲	50		41	
CDPHP Universal Benefits, Inc.	27	▼	22	▼	30	
CIGNA Health and Life Insurance Company	34		55		39	
EmblemHealth Plan, Inc.	31			TS	33	
MVP Health Services Corporation	33		44		30	▼
Oscar Insurance Corporation	29			TS		TS
Oxford Health Insurance, Inc.	36		47		39	
UnitedHealthcare Insurance Company of New York	34		55		36	

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Behavioral Health—PPOs 2024, continued

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO[1]	Engagement of Substance Use Disorder Treatment					
	Alcohol Use Disorder		Opioid Use Disorder		Other Substance Use Disorder	
NY PPO Average	16		28		18	
Aetna Life Insurance Company	17		29		20	
Anthem HealthChoice Assurance, Inc.	17		28		19	
CDPHP Universal Benefits, Inc.	10	▼	11		9	▼
CIGNA Health and Life Insurance Company	15		35		18	
EmblemHealth Plan, Inc.	9			TS	8	
MVP Health Services Corporation	13		22		12	
Oscar Insurance Corporation	5			TS		TS
Oxford Health Insurance, Inc.	17		30		19	
UnitedHealthcare Insurance Company of New York	17		33		17	

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Quality of Care and Service for Health Insurance Companies

Managing Medications

Measure Descriptions

- **Persistence of Beta-Blocker Treatment:** The percentage of adults ages 18 years and older who were hospitalized after a heart attack and received persistent beta-blocker treatment for 6 months after discharge.
- **Asthma Medication Ratio:** The percentage of members ages 5–64 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
- **Statin Therapy for Patients With Cardiovascular Disease:** The percentage of male adults ages 21–75 years and female adults ages 40–75 years who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:
  - *Received Statin Therapy:* Adults who were dispensed at least one high or moderate-intensity statin medication.
  - *Statin Adherence 80%:* Adults who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Managing Medications—HMOs 2024

Data Source: DOH

Performance Compared to the New York HMO Average								
HMO	Persistence of Beta-Blocker Treatment		Asthma Medication Ratio		Statin Therapy for Patients With Cardiovascular Disease			
					Received Statin Therapy		Statin Adherence 80%	
NY HMO Average	79		86		84		80	
Capital District Physicians Health Plan	73		78	▼	86		80	
Excellus Health Plan[1]	80		89	▲	85	▲	82	▲
Highmark Western and Northeastern New York Inc.[2]	87		84		83		79	
HIP Health Maintenance Organization		TS	77	▼	80	▼	74	▼
Independent Health Association, Inc.	78		88		84		86	▲
MVP Health Plan, Inc.	69		68	▼	87		77	▼

Legend

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Managing Medications—PPOs 2024

Data Source: DOH

Performance Compared to the New York PPO Average								
PPO[1]	Persistence of Beta-Blocker Treatment		Asthma Medication Ratio		Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy		Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80%	
NY PPO Average	70		77		79		80	
Aetna Life Insurance Company	80		80	▲	83	▲	86	▲
Anthem HealthChoice Assurance, Inc.	57	▼	77		70	▼	79	
CDPHP Universal Benefits, Inc.		TS	79		86	▲	81	
CIGNA Health and Life Insurance Company	72		83	▲	82	▲	67	▼
EmblemHealth Plan, Inc.		TS	80		34	▼	63	▼
MVP Health Services Corporation		TS	76		84	▲	80	
Oscar Insurance Corporation		TS	77		74		55	▼
Oxford Health Insurance, Inc.	71		75	▼	82	▲	83	▲
UnitedHealthcare Insurance Company of New York	71		75		82	▲	80	

Legend

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Quality of Care and Service for Health Insurance Companies

Diabetes Care

Measure Descriptions

- **Monitoring Diabetes—Dilated Eye Exam:** The percentage of members with diabetes who had a retinal eye screening exam in 2024 or who had a negative retinal exam in 2023.
- **Managing Diabetes Outcomes—HbA1c Control (<8.0%):** The percentage of adults ages 18–75 years with diabetes whose most recent HbA1c level (glycemic status) was less than 8.0%.
- **Managing Diabetes Outcomes—Blood Pressure Controlled (<140/90 mm Hg):** The percentage of adults ages 18–75 years with diabetes whose blood pressure was less than 140/90 mm Hg.
- **Kidney Health Evaluation for Patients With Diabetes**: The percentage of adults ages 18-85 years with diabetes who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), in 2024.
- **Statin Therapy for Patients With Diabetes:** The percentage of adults ages 40–75 years with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD), were dispensed at least one statin medication of any intensity, and met the following criteria.
  - *Received*: Adults who were dispensed at least one statin medication of any intensity.
  - *Adherent*: Adults who remained on a statin medication of any intensity for at least 80% of the treatment period.

Diabetes Care—HMOs 2024

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Monitoring Diabetes		Managing Diabetes Outcomes			
	Dilated Eye Exam		HbA1c Control (<8.0%)		Blood Pressure Controlled (<140/90 mm Hg)	
NY HMO Average	61		69		75	
Capital District Physicians Health Plan	63		81	▲	86	▲
Excellus Health Plan[1]	57		69		75	
Highmark Western and Northeastern New York Inc.[2]	63		69		77	
HIP Health Maintenance Organization	63		62	▼	66	▼
Independent Health Association, Inc.	79	▲	85	▲	86	▲
MVP Health Plan, Inc.	62		67		71	

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Diabetes Care—HMOs 2024, continued

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Kidney Health Evaluation for Patients With Diabetes		Statin Therapy for Patients With Diabetes			
			Received		Adherent	
NY HMO Average	53		68		77	
Capital District Physicians Health Plan	61	▲	68		75	
Excellus Health Plan[1]	51	▼	66	▼	78	▲
Highmark Western and Northeastern New York Inc.[2]	56	▲	70	▲	75	
HIP Health Maintenance Organization	52		69		66	▼
Independent Health Association, Inc.	62	▲	74	▲	84	▲
MVP Health Plan, Inc.	51	▼	68		68	▼

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Diabetes Care—PPOs 2024

Data Source: DOH

Performance Compared to the New York PPO Average						
	Monitoring Diabetes		Managing Diabetes Outcomes			
PPO[1]	Dilated Eye Exam		HbA1c Control (<8.0%)		Blood Pressure Controlled (<140/90 mm Hg)	
NY PPO Average	51		67		67	
Aetna Life Insurance Company	54		63		61	▼
Anthem HealthChoice Assurance, Inc.	50		68		69	
CDPHP Universal Benefits, Inc.	65	▲	82	▲	83	▲
CIGNA Health and Life Insurance Company	47		65		67	
EmblemHealth Plan, Inc.	58	▲	61	▼	67	
MVP Health Services Corporation	59	▲	70		77	▲
Oscar Insurance Corporation	41	▼	63		68	
Oxford Health Insurance, Inc.	48		74	▲	70	
UnitedHealthcare Insurance Company of New York	52		68		66	

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Diabetes Care—PPOs 2024, continued

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO[1]	Kidney Health Evaluation for Patients With Diabetes		Statin Therapy for Patients With Diabetes			
			Received		Adherent	
NY PPO Average	46		62		75	
Aetna Life Insurance Company	44	▼	64	▲	81	▲
Anthem HealthChoice Assurance, Inc.	48	▲	54	▼	75	
CDPHP Universal Benefits, Inc.	58	▲	67	▲	78	▲
CIGNA Health and Life Insurance Company	45	▼	64	▲	63	▼
EmblemHealth Plan, Inc.	36	▼	37	▼	57	▼
MVP Health Services Corporation	53	▲	68	▲	77	
Oscar Insurance Corporation	49		66		59	▼
Oxford Health Insurance, Inc.	43	▼	65	▲	78	▲
UnitedHealthcare Insurance Company of New York	48	▲	66	▲	71	▼

Legend

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Quality of Care and Service for Health Insurance Companies

Quality of Providers

Measure Descriptions

- **Satisfaction With Personal Doctor:** The percentage of members who responded 8, 9, or 10 (on a scale of 0–10, where 0 is the lowest level of satisfaction and 10 is the highest) when asked, “How would you rate your personal doctor?”
- **Satisfaction With Specialist:** The percentage of members who responded 8, 9, or 10 (on a scale of 0–10, where 0 is the lowest level of satisfaction and 10 is the highest) when asked “How would you rate your specialist?”
- **Satisfaction With Provider Communication:** The percentage of members who responded that their doctors or health care providers “usually” or “always”:
  - Listen carefully to them.
  - Explain things in a way they understand.
  - Show respect for what they have to say.
  - Spend enough time with them during visits.

Quality of Providers—HMOs 2024

Data Source: DOH

Performance Compared to the New York HMO Average						
HMO	Satisfaction With Personal Doctor		Satisfaction With Specialist		Satisfaction With Provider Communication	
NY HMO Average	84		86		95	
Capital District Physicians Health Plan	85		88		96	
Excellus Health Plan[1]	85		87		96	
Highmark Western and Northeastern New York Inc.[2]	85		81		98	▲
HIP Health Maintenance Organization	84		82		94	
Independent Health Association, Inc.	86		89		96	
MVP Health Plan, Inc.	80		91		94	

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Quality of Providers—PPOs 2024

Data Source: DOH

Performance Compared to the New York PPO Average						
PPO[1]	Satisfaction With Personal Doctor		Satisfaction With Specialist		Satisfaction With Provider Communication	
NY PPO Average	84		82		96	
Aetna Life Insurance Company	78		82		97	
Anthem HealthChoice Assurance, Inc.	89		87		96	
CDPHP Universal Benefits, Inc.	86		89	▲	96	
CIGNA Health and Life Insurance Company	84		84		94	
EmblemHealth Plan, Inc.	86		83		94	
MVP Health Services Corporation	86		87		95	
Oscar Insurance Corporation	78		70		94	
Oxford Health Insurance, Inc.	88		76		97	
UnitedHealthcare Insurance Company of New York	81		79		96	

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[1]Data for Excellus Health Plan PPO and Highmark Western and Northeastern New York Inc. are included in the HMO tables.

Understanding the Chart

The symbols in the chart show how each PPO compares to the average of all New York PPOs. PPOs with a "▲" performed better than the New York PPO average.

Note: *Symbols show statistically significant differences between each health insurance company's score and the New York average. "Statistically significant" means scores varied by more than could be accounted for by chance.*

When comparing plan rates, note that some plans have the same rate but a different symbol. This is because plan rates are based on the number of members, which can differ among plans, and how much a plan's rate differs from the New York average.

Health Insurance Company Accreditation

Accreditation is a way of assessing health insurance company quality. It assures consumers that an independent organization has checked whether the health insurance company has effective systems in place for offering high-quality care. Health insurance companies may request an accreditation review; however, since accreditation is voluntary, not all companies request the review.

Understanding the Chart

What Is NCQA Accreditation?

The National Committee for Quality Assurance (NCQA) is a private, nonprofit organization dedicated to improving health care by assessing and reporting on the quality of health insurance companies. NCQA's team of doctors and health care experts conduct a comprehensive review of a health insurance company's structure against different standards and processes to maintain and improve quality in core areas.

Health insurance companies must also submit results of clinical performance measures (known as "HEDIS®"[1]) and patient experience of care (known as "CAHPS®"[2]) as part of the accreditation process.

HEDIS is an evaluation of the plan's performance on process and outcomes and makes it possible to compare company performance fairly.

CAHPS is a standardized survey used by health insurance companies.

NCQA Accreditation Status:[3]

- **Accredited** indicates that the health insurance company demonstrates levels of service and clinical quality that meets or exceeds NCQA's rigorous requirements for consumer protection and quality improvement.
- **Not Accredited** indicates that the health insurance company has not requested NCQA review.

For more information on NCQA, visit www.ncqa.org.

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[1]HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2]CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[3]For more information, visit the NCQA Health Plan Report Card: https://reportcards.ncqa.org/health-plans.

NCQA Accreditation Status as of July 2026[1]

HMO	Accreditation Status
Capital District Physicians Health Plan	Accredited
Excellus Health Plan[2]	Accredited
Highmark Western and Northeastern New York Inc.[2]	Accredited
HIP Health Maintenance Organization	Accredited
Independent Health Association, Inc.	Accredited
MVP Health Plan, Inc.	Accredited
UnitedHealthcare of New York, Inc.	Accredited

EPO/PPO Health Plan	Accreditation Status
Aetna Life Insurance Company	Accredited
Anthem HealthChoice Assurance, Inc.	Accredited
CDPHP Universal Benefits, Inc.	Accredited
CIGNA Health and Life Insurance Company[2]	Accredited
EmblemHealth Plan, Inc.	Accredited
Excellus Health Plan, Inc.[2]	Accredited
Highmark Western and Northeastern New York Inc.[2]	Accredited
Independent Health Benefits Corporation	Not Accredited
MVP Health Services Corporation	Not Accredited
Nippon Life Insurance Company of America	Not Accredited
Oscar Insurance Corporation[3]	Accredited
Oxford Health Insurance, Inc.	Accredited
UnitedHealthcare Insurance Company of New York	Accredited

[1]Accreditation status does not include Medicare or Medicaid products.
[2]Accreditation is based on HMO/POS/PPO/EPO combined.
[3]Accreditation is based on EPO product.

NCQA Accreditation Status as of July 2026[1], continued

Commercial Health Insurance Company	Accreditation Status
American Family Life Assurance Company of New York	Not Accredited
Berkshire Life Insurance Company of America	Not Accredited
Combined Life Insurance Company of New York	Not Accredited
Delta Dental of New York, Inc.	Not Accredited
Eastern Vision Service Plan, Inc.	Not Accredited
Fidelity Security Life Insurance Company of New York	Not Accredited
First Reliance Standard Life Insurance Company	Not Accredited
First Symetra National Life Company of New York	Not Accredited
First Unum Life Insurance Company	Not Accredited
Genworth Life Insurance Company of New York	Not Accredited
Globe Life Insurance Company of New York	Not Accredited
Guardian Life Insurance Company of America	Not Accredited
Hartford Life and Accident Insurance Company	Not Accredited
HCC Life Insurance Company	Not Accredited
HM Life Insurance Company of New York	Not Accredited
John Hancock Life & Health Insurance Company	Not Accredited
Lincoln Life and Annuity Company of New York	Not Accredited

[1]Accreditation status does not include Medicare or Medicaid products.

NCQA Accreditation Status as of July 2026[1], continued

Commercial Health Insurance Company	Accreditation Status
Massachusetts Mutual Life Insurance Company	Not Accredited
Metropolitan Life Insurance Company	Not Accredited
Mutual of Omaha Insurance Company	Not Accredited
New York Life Group Insurance Company of New York	Not Accredited
New York Life Insurance Company	Not Accredited
Northwestern Long Term Care Insurance Company	Not Accredited
Northwestern Mutual Life Insurance Company	Not Accredited
Principal Life Insurance Company	Not Accredited
Provident Life and Casualty Insurance Company	Not Accredited
Prudential Insurance Company of America	Not Accredited
ShelterPoint Life Insurance Company	Not Accredited
Standard Life Insurance Company of New York	Not Accredited
Standard Security Life Insurance Company of New York	Not Accredited
Sun Life and Health Insurance Company	Not Accredited
Transamerica Financial Life Insurance Company	Not Accredited
Union Labor Life Insurance Company	Not Accredited
Wellfleet New York Insurance Company	Not Accredited

[1]Accreditation status does not include Medicare or Medicaid products.

Overall Complaint Ranking

Each year, DFS receives complaints about health insurance companies from consumers and health care providers. After reviewing each complaint, DFS determines if the health insurance company acted appropriately. If DFS determines that the health insurance company did not act in accordance with its statutory and contractual obligations, the health insurance company must resolve the problem to come into compliance.

The overall ranking of all New York State insurance companies (HMOs, EPO/PPO health plans, and commercial health insurance companies) is based on complaints closed by DFS. It is not possible to compare different types of health insurance companies on a standardized basis. Consumers should consider a health insurance company's ranking in its category, as well as its overall ranking.

Understanding the Charts

- **Rank:** Each health insurance company's ranking is based on how many complaints were resolved by DFS in favor of the member or provider, relative to the company's premiums. A lower number results in a higher ranking. A higher ranking means that the health insurance company had fewer complaints relative to its size.
- **Total Complaints:** Total number of complaints closed by DFS in 2025. Large health insurance companies may receive more complaints because they have more consumers than smaller health insurance companies.
- **Complaints Upheld:** Number of closed complaints resolved in favor of the member or provider because DFS determined that the health insurance company did not comply with statutory or contractual obligations. Complaints upheld by DFS are used to calculate the complaint ratio and ranking.
- **Premiums:** Dollar amount generated by a health insurance company in New York State during 2025. Premiums are used to calculate the complaint ratio so that health insurance companies of different sizes can be compared fairly. Premium data exclude Medicare and Medicaid.
- **Complaint Ratio:** Number of complaints upheld (complaints resolved by DFS in favor of the member or provider) divided by the health insurance company's premiums.

Overall Complaint Ranking—2025

Data Source: DFS

Health Insurers	Plan Type	Rank[1,2]	Total Complaints	Complaints Upheld	Premiums (Millions $)	Complaint Ratio
MVP Health Services Corporation[3]	EPO/PPO	1	11	0	794.53	0.0000
Excellus Health Plan	HMO	2	1	0	726.57	0.0000
First Unum Life Insurance Company	Commercial	3	14	0	350.30	0.0000
Highmark of Western and Northeastern New York Inc.	HMO	4	0	0	274.68	0.0000
Standard Security Life Insurance Company of New York	Commercial	5	0	0	189.48	0.0000
Prudential Insurance Company of America	Commercial	6	11	0	166.71	0.0000
HCC Life Insurance Company	Commercial	7	0	0	148.32	0.0000
Standard Life Insurance Company of New York	Commercial	8	4	0	130.12	0.0000
Mutual of Omaha Insurance Company	Commercial	9	5	0	126.65	0.0000
Northwestern Mutual Life Insurance Company	Commercial	10	2	0	112.04	0.0000
HM Life Insurance Company of New York	Commercial	11	0	0	97.79	0.0000
Principal Life Insurance Company	Commercial	12	0	0	90.89	0.0000
First Symetra National Life Company of New York	Commercial	13	0	0	88.89	0.0000
Berkshire Life Insurance Company of America	Commercial	14	0	0	87.09	0.0000
Provident Life and Casualty Insurance Company	Commercial	15	3	0	77.96	0.0000
Fidelity Security Life Insurance Company of New York	Commercial	16	0	0	74.75	0.0000
ReliaStar Life Insurance Company of New York	Commercial	17	0	0	63.04	0.0000
Union Labor Life Insurance Company	Commercial	18	0	0	60.75	0.0000
Northwestern Long Term Care Insurance Company	Commercial	19	0	0	51.72	0.0000
Independent Health Benefits Corporation[3]	EPO/PPO	20	9	1	663.25	0.0015

[1]If the ratios are the same among health insurance companies, the health insurance company with the higher annual premium amount receives a higher ranking.

[2]Health insurance companies with a lower complaint ratio receive a higher ranking.

[3]Complaints, complaint ratios, and premiums include data from the health insurance company's EPO, PPO, and commercial business.

[4]Plan issues vision coverage only.

[5]Plan issues dental coverage only.

Overall Complaint Ranking—2025, continued

Data Source: DFS

Health Insurers	Plan Type	Rank[1,2]	Total Complaints	Complaints Upheld	Premiums (Millions $)	Complaint Ratio
CDPHP Universal Benefits, Inc.	EPO/PPO	21	15	1	532.34	0.0019
ShelterPoint Life Insurance Company	Commercial	22	4	2	479.25	0.0042
MVP Health Plan, Inc.	HMO	23	15	3	515.57	0.0058
Hartford Life and Accident Insurance Company	Commercial	24	11	4	553.92	0.0072
Independent Health Association, Inc.	HMO	25	5	2	270.76	0.0074
First Reliance Standard Life Insurance Company	Commercial	26	2	1	128.23	0.0078
Eastern Vision Service Plan, Inc.[4]	Commercial	27	1	1	108.99	0.0092
American Family Life Assurance Company of New York	Commercial	28	9	3	326.52	0.0092
Nippon Life Insurance Company of America[3]	EPO/PPO	29	11	1	104.45	0.0096
Excellus Health Plan, Inc.[3]	EPO/PPO	30	88	31	3,062.33	0.0101
Capital District Physicians Health Plan	HMO	31	44	7	682.62	0.0103
Genworth Life Insurance Company of New York	Commercial	32	17	2	173.95	0.0115
Metropolitan Life Insurance Company	Commercial	33	49	12	1,042.57	0.0115
New York Life Insurance Company	Commercial	34	4	1	86.29	0.0116
Massachusetts Mutual Life Insurance Company	Commercial	35	4	1	83.77	0.0119
Guardian Life Insurance Company of America	Commercial	36	33	7	544.70	0.0129
Lincoln Life and Annuity Company of New York	Commercial	37	12	3	218.76	0.0137
New York Life Group Insurance Company of New York	Commercial	38	7	3	195.48	0.0153
UnitedHealthcare of New York, Inc.	HMO	39	34	18	1,128.37	0.0160
Globe Life Insurance Company of New York	Commercial	40	7	1	61.59	0.0162

[1]If the ratios are the same among health insurance companies, the health insurance company with the higher annual premium amount receives a higher ranking.

[2]Health insurance companies with a lower complaint ratio receive a higher ranking.

[3]Complaints, complaint ratios, and premiums include data from the health insurance company's EPO, PPO, and commercial business.

[4]Plan issues vision coverage only.

[5]Plan issues dental coverage only.

Overall Complaint Ranking—2025, continued

Data Source: DFS

Health Insurers	Plan Type	Rank[1,2]	Total Complaints	Complaints Upheld	Premiums (Millions $)	Complaint Ratio
Delta Dental of New York, Inc.[5]	Commercial	41	23	4	233.20	0.0172
Sun Life and Health Insurance Company	Commercial	42	9	5	282.50	0.0177
Highmark Western and Northeastern New York Inc.[3]	EPO/PPO	43	53	20	1,044.92	0.0191
Transamerica Financial Life Insurance Company	Commercial	44	7	3	101.76	0.0295
Wellfleet New York Insurance Company	Commercial	45	34	4	122.82	0.0326
UnitedHealthcare Insurance Company of New York[3]	EPO/PPO	46	301	123	2,402.44	0.0512
John Hancock Life & Health Insurance Company	Commercial	47	39	6	106.80	0.0562
HIP Health Maintenance Organization	HMO	48	583	277	3,206.92	0.0864
Combined Life Insurance Company of New York	Commercial	49	27	10	109.07	0.0917
Oxford Health Insurance, Inc. [3]	EPO/PPO	50	1,190	620	6,573.72	0.0943
Aetna Life Insurance Company[3]	EPO/PPO	51	501	279	2,497.50	0.1117
Anthem HealthChoice Assurance, Inc.[3]	EPO/PPO	52	911	523	4,111.67	0.1272
CIGNA Health and Life Insurance Company[3]	EPO/PPO	53	634	421	2,347.87	0.1793
Oscar Insurance Corporation	EPO/PPO	54	74	36	90.12	0.3995
EmblemHealth Plan, Inc.[3]	EPO/PPO	55	1,812	801	664.60	1.2052
		Total	**6,630**	**3,237**	**38,571.90**	**0.0839**

[1]If the ratios are the same among health insurance companies, the health insurance company with the higher annual premium amount receives a higher ranking.

[2]Health insurance companies with a lower complaint ratio receive a higher ranking.

[3]Complaints, complaint ratios, and premiums include data from the health insurance company's EPO, PPO, and commercial business.

[4]Plan issues vision coverage only.

[5]Plan issues dental coverage only.

Independent Dispute Resolution

New York State law protects consumers from surprise bills when services are performed by a non-participating (out-of-network) provider at a participating hospital or ambulatory surgical center in a health insurance company's network, or when a participating doctor refers an insured patient to a non-participating provider. The law also protects insured patients from bills for out-of-network emergency services.

Surprise Bills

- When you receive services from a non-participating provider at a participating hospital or ambulatory surgical center, the bill you receive for those services will be a surprise bill covered by your insurer if:
  - A participating provider was not available, ***or***
  - A non-participating provider provided services without your knowledge, ***or***
  - Unforeseen medical circumstances arose at the time the health care services were provided.
- When you are referred by your participating doctor to a non-participating provider, the resulting bill is a surprise bill if you did not sign a written consent that you knew the services would be out-of-network and would result in costs not covered by your health insurance company. The bill will not be a surprise bill if you chose to receive services from a non-participating provider instead of from an available participating provider.
- You will be protected from a surprise bill and you will only be responsible for your in-network copayment, coinsurance, or deductible.
  - If your doctor referred you to a non-participating provider, you MUST sign a surprise bill certification form[1] to permit your health care provider to seek payment for the bill from your health insurance company, ***and***
  - Send the form to your health insurance company and health care provider and include a copy of the bill or bills you do not think you should pay.
- If a non-participating provider treats you at a participating hospital or ambulatory surgical center, you MUST sign a surprise bill certification form[1] to permit your health care provider to seek payment for the bill from your health insurance company, ***and*** send the form to your health insurance company and health care provider and include a copy of the bill or bills you do not think you should pay if you received the health care services before January 1, 2022. This form is not required for services provided on or after January 1, 2022 at a participating hospital or ambulatory surgical center, but it is recommended.

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[1] A surprise bill certification form allows your health care provider to seek payment from your health insurance company for a surprise bill. With your surprise bill certification form, the health care provider cannot seek payment from you for a surprise bill, except for the copayment, coinsurance, or deductible that you would owe if you used a participating provider. For more information or to obtain a surprise bill certification form, visit: https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills

Independent Dispute Resolution, continued

Hold Harmless Protections for Insured Patients for Emergency Services

Health insurance companies must protect consumers from bills for out-of-network emergency services in a hospital if they have coverage through a health insurance company subject to New York State law. Consumers do not have to pay non-participating provider charges for emergency services (typically for services in a hospital emergency room and inpatient services which follow an emergency room visit) that are more than the in-network copayment, coinsurance, or deductible. Let your health insurance company know if you receive a bill from a non-participating provider for emergency services, including a bill for inpatient services that follow an emergency room visit.

In the event of a disagreement, a provider or health insurance company may dispute a payment or a charge for emergency services or a surprise bill through a process called Independent Dispute Resolution (IDR).[1] The dispute will be reviewed by an Independent Dispute Resolution Entity (IDRE). A decision will be made by a reviewer with training and experience in health care billing, reimbursement, and usual and customary costs, in consultation with a licensed provider in active practice in the same or similar specialty as the provider providing the service that is the subject of the dispute. If the claim in dispute involves a consumer covered by health insurance, the IDRE determines whether the amount billed by the non-participating provider or the insurance company's payment is more reasonable. Uninsured patients or patients with self-insured coverage may also be able to file an IDR if they receive a bill from a provider for emergency services provided in New York if they believe the bill is excessive.

The IDRE will make a determination within 30 business days of receipt of the dispute for disputes submitted prior to August 26, 2026. For disputes submitted on or after August 26, 2026, the IDRE will make a determination with 45 business days of receipt of all necessary information.

Independent Dispute Resolution, continued

Understanding the Chart

- **Claims Not Eligible:** Number of IDR applications that were deemed not eligible for the IDR process. Some examples of ineligible applications include services provided by a participating provider or non-emergency services.
- **Health Insurance Company Payment More Reasonable:** Number of IDRs received in 2025 where the IDRE determined the health insurance company's payment for the service was more reasonable than the amount the provider billed.
- **Provider Charges More Reasonable:** Number of IDRs received in 2025 where the IDRE determined the amount charged by the provider was more reasonable than the amount paid by the health insurance company.
- **Split Decision:** Number of IDRs received in 2025 where the IDRE determined that the health insurance company's payment was more reasonable for one or more CPT codes[2] on the claim and the provider's charge was reasonable for the remaining codes.
- **Closed/Settled With Additional Payment:** Number of IDRs received in 2025 that closed as a result of an additional payment issued by the health insurance company after the IDR dispute was submitted prior to completion of the IDRE's review.
- **Settlement Reached:** Number of IDRs received in 2025 that closed as a result of a settlement between the health care provider and the health insurance company. The IDRE may direct a good faith negotiation for settlement if settlement would be likely or the health insurance company's payment and the provider's bill are unreasonably far apart.
- **Total Received:** Number of IDR applications submitted in 2025.

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[1] For more about the IDR process and to obtain an IDR provider application, visit: https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills

[2] CPT codes copyright 2026 American Medical Association. All rights reserved. CPT is a trademark of the AMA. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Independent Dispute Resolution—2025

Data Source: DFS

Category	Emergency Services	Surprise Bills
Claims Not Eligible	3,876	5,630
Still in Process	1,028	730
IDRE Decision Rendered for Eligible Claims:		
Health Insurance Company Payment More Reasonable	998	2,876
Provider Charges More Reasonable	7,627	16,358
Split Decision	1,748	2,946
Closed/Settled With Additional Payment	353	294
Settlement Reached	986	1,241
Total Received	**16,616**	**30,075**

How Health Insurance Companies Pay Health Care Providers

New York State health insurance companies pay health care providers ("providers") in a variety of contractual methods; some of them are described below. A typical health insurance company may use more than one method. No one method is "best" or "right." Ask your doctor if you have questions or concerns about how your health insurance company pays providers.

Payment Methods

- **Fee for Service:** The health insurance company pays providers for each office visit, procedure, and test. Payment is usually based on an allowable fee or "usual and customary reimbursement."
- **Capitation:** The health insurance company pays providers the same amount every month for every member under their primary care, regardless of the services a member receives. Supporters of capitation believe it gives physicians an incentive to keep people healthy through preventive care in order to avoid costly illnesses; others believe it creates an incentive to avoid providing necessary, but expensive, services.
- **Bonus:** The health insurance company pays providers additional amounts if they meet quality, customer-service, or cost-saving goals.
- **Withhold:** The health insurance company withholds a portion of the provider's payment to cover unexpected services such as specialty care, laboratory services, or hospitalization. If patients do not use these services, the health insurance company returns the withheld amount to the physician. Some believe that this method helps reduce unnecessary expenses; others believe it discourages providers from offering necessary services.
- **Balance Billing:** Consumers are billed for the difference between what their insurance company pays and the fee the provider normally charges. Balance billing is prohibited in certain circumstances, such as a surprise bill[1] or emergency services,[2] but may occur if members knowingly use the services of out-of-network providers under a PPO or POS arrangement.

[1] A surprise bill is when you received services from a non-participating provider at a participating hospital or ambulatory surgical center, where a participating provider was not available; or a non-participating provider provided services without your knowledge; or unforeseen medical circumstances arose at the time the services were provided. You did not choose to receive services from a non-participating provider instead of from an available participating provider; or you were referred by a participating physician to a non-participating provider, but you did not sign a written consent that you knew the services would be out-of-network and would result in costs not covered by your insurer. A referral occurs: (1) during a visit with your participating physician, a non-participating provider treats you; or (2) your participating physician takes a specimen from you in the office and sends it to a non-participating laboratory or pathologist; or (3) for any other health care services when referrals are required under your plan.

[2] Your health insurance company must protect you from bills for out-of-network emergency services in a hospital if you have coverage through an HMO or insurer subject to NY law (coverage that is not self-insured). You do not have to pay non-participating provider charges for emergency services (typically for services in a hospital emergency room and inpatient services that follow an emergency visit) that are more than your in-network co-payment, coinsurance or deductible.

Telephone Numbers for Health Insurance Companies

HMO	
Capital District Physicians Health Plan	(800) 777-2273
Excellus Health Plan	(800) 847-1200
Highmark Western and Northeastern New York Inc.	(800) 544-2583
HIP Health Maintenance Organization	(866) 740-2917
Independent Health Association, Inc.	(800) 453-1910
MVP Health Plan, Inc.	(800) 825-5687
UnitedHealthcare of New York, Inc.	(833) 827-5227

EPO/PPO Health Plan	
Aetna Life Insurance Company	(800) 872-3862
Anthem HealthChoice Assurance, Inc.	(844) 285-2036
CDPHP Universal Benefits, Inc.	(877) 269-2134
Cigna Health & Life Insurance Company	(800) 244-6224
EmblemHealth Plan, Inc.	(866) 274-0060
Excellus Health Plan, Inc.	(800) 847-1200
Highmark Western and Northeastern New York Inc.	(800) 888-0757
Independent Health Benefits Corporation	(800) 453-1910
MVP Health Services Corporation	(800) 825-5687
Nippon Life Insurance Company of America	(800) 374-1835
Oscar Insurance Corporation	(855) 672-2788
Oxford Health Insurance, Inc.	(800) 969-7480
UnitedHealthcare Insurance Company of New York	(833) 827-5227

Telephone Numbers for Health Insurance Companies, continued

Commercial Health Insurance Company[1]	
American Family Life Assurance Company of New York	(800) 366-3436
Berkshire Life Insurance Company of America	(800) 819-2468
Combined Life Insurance Company of New York	(800) 490-1322
Delta Dental of New York, Inc.	(888) 282-9501
Eastern Vision Service Plan, Inc.	(800) 877-7195
Fidelity Security Life Insurance Company of New York	(800) 648-8624
First Reliance Standard Life Insurance Company	(800) 353-3986
First Unum Life Insurance Company	(866) 679-3054
First Symetra National Life Company of New York	(800) 796-3872
Genworth Life Insurance Company of New York	(888) 436-9678
Globe Life Insurance Company of New York	(800) 331-2512
Guardian Life Insurance Company of America	(888) 482-7342
Hartford Life and Accident Insurance Company	(800) 523-2233
HCC Life Insurance Company	(800) 605-2282
HM Life Insurance Company of New York	(800) 328-5433
John Hancock Life & Health Insurance Company	(800) 732-5543
Lincoln Life and Annuity Company of New York	(877) 275-5462

[1] Commercial health insurance companies generally do not offer health insurance coverage to individuals.

Commercial Health Insurance Company[1]	
Massachusetts Mutual Life Insurance Company	(800) 272-2216
Metropolitan Life Insurance Company	(800) 334-4298
Mutual of Omaha Insurance Company	(800) 205-8193
New York Life Group Insurance Company of New York	(800) 225-5695
New York Life Insurance Company	(800) 695-9873
Northwestern Long Term Care Insurance Company	(866)-950-4644
Northwestern Mutual Life Insurance Company	(800) 388-8123
Principal Life Insurance Company	(800) 986-3343
Provident Life and Casualty Insurance Company	(866) 679-3054
Prudential Insurance Company of America	(877) 301-1212
ReliaStar Life Insurance Company of New York	(877) 884-5050
ShelterPoint Life Insurance Company	(800) 365-4999
Standard Life Insurance Company of New York	(888) 937-4783
Standard Security Life Insurance Company of New York	(800) 477-0087
Sun Life and Health Insurance Company	(800) 786-5433
Transamerica Financial Life Insurance Company	(888) 763-7474
Union Labor Life Insurance Company	(800) 431-5425
Wellfleet New York Insurance Company	(877) 657-5030

Contacts and Resources

Questions About This Guide?

Contact: New York State Department of Financial Services
One Commerce Plaza
Albany, NY 12257
(800) 342-3736 *(Monday–Friday, 8:30am–4:30pm)*
Email: consumers@dfs.ny.gov

For printed copies of the Guide, visit:
https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_complaint_rankings, or call DFS at the phone number listed above.

Problem With Your Health Insurance Company?

First, contact your health insurance company's Member Services Department to try to resolve the issue. If the problem is not resolved to your satisfaction, call the appropriate state agency for assistance.

For issues concerning payment, reimbursement, coverage, network adequacy, benefits and premiums, contact:

Consumer Assistance Unit
New York State Department of Financial Services
One Commerce Plaza
Albany, NY 12257
(800) 342-3736
https://www.dfs.ny.gov/complaint

If you were denied coverage of health care services because your health insurance company considers them experimental, investigational, not medically necessary, a clinical trial, a rare disease treatment, an out-of-network service or, an out-of-network referral, contact:

New York State Department of Financial Services
New York State External Appeal Division
99 Washington Avenue
Box 177
Albany, NY 12210
(800) 400-8882
Email: externalappealquestions@dfs.ny.gov

For general information:
https://www.dfs.ny.gov/complaints/file_external_appeal

For an external appeal application:
https://www.dfs.ny.gov/system/files/documents/2023/06/ext_appl_20230417_form_fill.pdf

For issues concerning HMO quality of care, contact:

New York State Department of Health
Managed Care Complaint Unit
OHIP DHPCO 1CP-1609
Albany, NY 12237
(800) 206-8125
https://www.health.ny.gov/health_care/managed_care/complaints/index.htm

Under federal law, if you receive health coverage through a self-insured plan covered by ERISA, New York consumer protections and insurance laws do not apply. If you have a complaint regarding a self-insured plan, contact:

United States Department of Labor
Employee Benefits Security Administration
200 Constitution Avenue, NW
Washington, DC 20210
(202) 693-8700
(866) 444-EBSA
https://www.dol.gov/agencies/ebsa

For issues concerning insurance fraud, contact:

New York State Department of Financial Services
Insurance Frauds Bureau
One State Street
New York, NY 10004
(888) FRAUDNY | (888) 372-8369
https://www.dfs.ny.gov/complaints/report_fraud

Contacts and Resources, continued

Information About NY State of Health

Under the Affordable Care Act, New York State operates a health benefit exchange called the New York State of Health (NYSOH). An exchange is an organized marketplace designed to help people shop for and enroll in health insurance coverage.

The NYSOH is an open and transparent marketplace where individuals and small businesses can compare plans based on cost, benefits, and other important features, apply for and receive financial help with premiums and cost-sharing based on income, and select and enroll in health insurance coverage. The NYSOH also helps eligible consumers enroll in other programs, including Medicaid, Child Health Plus, and the Essential Plan. Federal tax credits may be available to help qualified consumers and small businesses pay for the coverage.

Essential Health Benefits

The Affordable Care Act and New York law ensure that health plans offered in the NYSOH for individuals and small businesses include a comprehensive package of items and services, known as essential health benefits. Health plans offered outside the NYSOH to individuals and small businesses must also include coverage of essential health benefits.

Essential health benefits must include items and services within at least the following categories:

- Ambulatory patient services.
- Emergency services.
- Hospitalization.
- Maternity and newborn care.
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy).
- Prescription drugs.
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills).
- Laboratory services.
- Preventive and wellness services and chronic disease management.
- Pediatric services, including oral and vision care.

Health plans offered inside and outside the NYSOH to individuals and small businesses must provide certain levels of benefits. The Affordable Care Act defines the levels in four metal tiers:

- Bronze.
- Silver.
- Gold.
- Platinum.

The lower metal tiers (Bronze and Silver) will have lower premiums, but consumers will be required to cover more of the cost of each service they receive. This may be achieved through higher deductibles, co-payments, and/or co-insurance. The higher metal tiers (Gold and Platinum) have higher premiums, but a lower cost share amount for each service.

This concept allows greater flexibility for consumers when choosing a health plan.

You should assess your health care needs and choose the health insurance company that best suits your requirements.

More details about the metal tiers and health plans available through NYSOH may be obtained by visiting: www.nystateofhealth.ny.gov.

Contacts and Resources, continued

Small Businesses

What is considered a small business with regard to NY State of Health?
In general, businesses with 100 full-time equivalent (FTE) employees or less over the prior calendar year, are considered a small business and may get employee insurance through the Small Business Marketplace.

What is the Small Business Marketplace?
The Small Business Marketplace helps businesses find high quality, affordable health insurance coverage for employees and their families. The Small Business Marketplace gives businesses choice and control over health costs.

- Research comparable health plans online that will help you make a decision that's right for your business.
- You may qualify for a small business health care tax credit worth up to 50% of your premium costs. You can still deduct from your taxes the rest of your premium costs not covered by the tax credit.

Applying for Health Insurance Offered on NY State of Health

Open enrollment is November 1, 2026, through January 31, 2027. You must enroll by December 15, 2026, for coverage to start January 1, 2027. A Special Enrollment Period may also be available if you have had a qualifying life event.

For more information on how to apply for coverage through NYSOH or to see if you qualify for a Special Enrollment Period, contact (855) 355-5777, or visit: www.nystateofhealth.ny.gov

Questions About the Affordable Care Act and the NY State of Health?

For more information about NYSOH, contact (855) 355-5777, or visit: www.nystateofhealth.ny.gov

For more information about the Affordable Care Act, visit: www.healthcare.gov

Questions About Medicare, Medicaid, Child Health Plus and the Essential Plan?

For information about Medicare, Medicare Advantage or Medicare Part D coverage, contact:
Centers for Medicare & Medicaid Services
800-MEDICARE ((800) 633-4227), or visit: www.medicare.gov
New York State Office for the Aging Health Insurance Information Counseling & Assistance Program (HIICAP), contact (800) 701-0501, or visit:
https://aging.ny.gov/programs/medicare-and-health-insurance

For information about New York's Medicaid program, contact your local county Department of Social Services. For a listing of local Departments of Social Services, visit:
https://www.health.ny.gov/health_care/medicaid/ldss.htm

Children's Medicaid and Child Health Plus
Health insurance program for children under 19 years of age.
Your child may benefit from services through Children's Medicaid or Child Health Plus. Services include well-child care, immunizations, x-ray and lab tests, surgery, emergency care, prescription and nonprescription drugs, dental care, vision care, speech and hearing, emergency ambulance transportation to a hospital and more.

For information about eligibility requirements for Children's Medicaid or Child Health Plus, visit:
https://www.health.ny.gov/health_care/child_health_plus/eligibility_and_cost.htm

For more information about Child Health Plus, contact (800) 698-4KIDS ((800)-698-4543), or visit:
https://www.health.ny.gov/health_care/child_health_plus/index.htm

To apply for Child Health Plus, contact the NYSOH at (855) 355-5777, or visit:
https://www.health.ny.gov/health_care/child_health_plus/how_do_i_apply.htm

Contacts and Resources, continued

Questions About Medicare, Medicaid, Child Health Plus and the Essential Plan?, continued

Essential Plan

Health insurance program for lower-income individuals who don't qualify for Medicaid or Child Health Plus.

For more information about the Essential Plan, contact (855) 355-5777, or visit: https://info.nystateofhealth.ny.gov/essentialplan

To apply for the Essential Plan, contact the NYSOH at (855) 355-5777, or visit: https://nystateofhealth.ny.gov/

Questions About Group Health Insurance Through COBRA and Young Adult Coverage?

COBRA and Continuation of Benefits

Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), if you work for a company that has 20 employees or more, you and your family may have the right to purchase group health insurance for a limited period if you lose coverage due to certain qualifying events (such as job loss, job transition, death, and divorce). The New York State continuation coverage law resembles the federal COBRA. It applies to employers with less than 20 employees, and gives their employees and their employees' families the right to continue to purchase group health insurance for limited periods of time when they would otherwise lose coverage due to certain qualifying events.

For more information about COBRA and Continuation of Benefits, visit: https://www.dfs.ny.gov/consumers/health_insurance/cobra_and_premium_assistance

For frequently asked questions about COBRA and Continuation of Benefits, visit: https://www.dfs.ny.gov/consumers/health_insurance/cobra_faqs

Coverage through Age 29 or Young Adult Coverage

Under New York Law, young adults may be able to stay on their parents' health insurance through age 29.

For more information about Young Adult Coverage, visit: https://www.dfs.ny.gov/consumers/health_insurance/cobra_and_premium_assistance

Questions About Healthy NY?

The Healthy NY program offers reduced cost health insurance to eligible small businesses and their employees.

For more information about the Healthy NY program, contact (866) HEALTHYNY | (866) 432-5849), or visit: https://www.dfs.ny.gov/consumers/healthyny

Related Resources

NYS DOH Managed Care Plan Performance Reports

For health plan performance on primary and preventive health care, access to health care, behavioral health, and enrollee satisfaction, visit: https://www.health.ny.gov/health_care/managed_care/reports/

Health Plan Quality Comparison Worksheet

This worksheet can help you organize and compare quality information about the health plans available to you. Enter information in the Guide and in other materials you may have gotten from your employer and the health insurers. Start by entering the names of health plans you are considering, then enter quality information for the categories important to you.

Quality Information	**Health Plan Name** *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	**Health Plan Name** *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	**Health Plan Name** *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	**Health Plan Name** *Enter the health plan you are interested in that offers benefits and/or doctors you want.*
Complaints *Enter ranking information.* *See page 4.*				
Prompt Pay Complaints *Enter ranking information.* *See page 9.*				
Internal Appeals *Enter reversal rate information.* ***Note:** A lower rate is better.* *See page 14.*				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*
External Appeals *Enter reversal rate information.* ***Note:** A lower rate is better.* *See page 19.*				
Grievances *Enter reversal rate information.* ***Note:** A lower rate is better.* *See page 25.*				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*
Access and Services *Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).* *See page 30.*				
Child and Adolescent Health *Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).* *See page 35.*				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*
Adult Health *Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).* *See page 40.*				
Women's Health *Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).* *See page 45.*				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*
Behavioral Health *Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).* *See page 50.*				
Managing Medications *Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).* *See page 60.*				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*
Diabetes Care *Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).* *See page 63.*				
Quality of Providers *Review and select measure(s) important to you, then enter performance information from the health plan for those measure(s).* *See page 68.*				

Health Plan Quality Comparison Worksheet

Quality Information	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*	Health Plan Name *Enter the health plan you are interested in that offers benefits and/or doctors you want.*
Accreditation Status *Enter the health plan's accreditation status.* *See page 71.*				
Cost *Review cost information from your employer or health insurers.* *Enter information about monthly premium, deductible, co-pays, and co-insurance.*				