



OSS Health currently participates with the following insurance plans for the services indicated below. Participation in the plan is not a guarantee of payment by the plan. An “X” under the service heading indicates OSS Health’s participation with the insurance plan for the identified service.

| Commercial Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Hospital | Clinic | DME | Physical Therapy | Medicare Supplement/Medigap Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   | Hospital | Clinic | DME | Physical Therapy |
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| <ul style="list-style-type: none"><li>Aetna</li><li>Aetna Meritain Health</li><li>Aetna PEBTF PPO</li><li>Aetna Signature Administrators PPO</li><li>Aetna Strategic Resource Company (SRC)</li><li>Allied Benefits</li><li>Ambetter Health</li><li>American Plan Administrators (Multiplan)</li><li>Anthem Blue Cross/Blue Shield</li><li>Blue Cross/Blue Shield Federal Employee Program (FEP)</li><li>Blue Cross/Blue Shield Horizon of New Jersey</li><li>Blue Cross/Blue Shield Out of State (non-PA)</li><li>Blue Cross/Blue Shield Personal Choice</li><li>Capital Blue Cross HMO, PPO, &amp; Traditional</li><li>Capital Blue Cross Keystone Health Plan Central</li><li>Capital Blue Cross WellSpan HMO &amp; PPO</li><li>Carefirst PPO</li><li>Cigna HMO &amp; PPO</li><li>Cigna Open Access Plus</li><li>Continental Benefits (Marpai Health)</li><li>Detego Health</li><li>Excellus Blue Cross/Blue Shield</li><li>GEHA (UnitedHealthcare Shared Services)</li><li>Geisinger Health Plan</li><li>Highmark Blue Shield Classic Blue</li><li>Highmark Blue Shield Direct Blue</li><li>Highmark Blue Shield HMO &amp; PPO</li><li>Imagine360</li><li>International Benefit Administrators (IBA TPA)</li><li>Johns Hopkins Employer Health Program</li><li>Keystone Health Plan Central (Capital Blue Cross)</li><li>Luminare Health (Trustmark Health Benefits)</li><li>Marpai Health (Continental Benefits)</li><li>Medi-Share</li><li>Meritain Health (Aetna)</li><li>Multiplan (American Plan Administrators)</li><li>Mutual of Omaha (NCAA)</li><li>Oxford Health Plans</li><li>PA Teamsters</li><li>Strategic Resource Company (Aetna SRC)</li><li>Surest Health Plan</li><li>Trustmark Health Benefits (Luminare Health)</li><li>UnitedHealthcare (UHC) Choice</li><li>UnitedHealthOne (UHC) Golden Rule</li><li>UnitedHealthcare (UHC) HMO, PPO, &amp; Select</li><li>UnitedHealthcare (UHC) MDIPA Preferred</li><li>UnitedHealthcare (UHC) NexusACO</li><li>UnitedHealthcare (UHC) Optimum</li><li>United Healthcare (UHC) Student Resources</li><li>UPMC Health Plan HMO &amp; PPO</li><li>USAA</li><li>USHEALTH Group</li></ul> |  | X        | X      | X   | X                | <ul style="list-style-type: none"><li>AARP</li><li>Aetna Continental Life</li><li>Aetna Health &amp; Life</li><li>Allstate Health Solutions</li><li>Bankers Life</li><li>Capital Blue Cross BlueReliance</li><li>Cigna</li><li>Health Options Program (HOP) Administration Unit/PSERS</li><li>Highmark Signature 65</li><li>Humana</li><li>ManhattanLife</li><li>Philadelphia American</li><li>State Farm</li><li>Thrivent Financial</li><li>Transamerica</li><li>Tricare for Life East</li><li>UnitedHealthcare (UHC)</li><li>United American</li><li>USAA</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                   | X | X        | X      | X   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | X        | X      | X   | X                | Government (Veterans) Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   | Hospital | Clinic | DME | Physical Therapy |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | X        | X      | X   | X                | <ul style="list-style-type: none"><li>CHAMPVA</li><li>Tricare for Life East Medicare Supplement</li><li>Tricare Select</li><li>VA Community Care Network (VACCN)</li><li>Veterans Community Care Program</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X | X        | X      | X   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | X        | X      | X   | X                | Medicare Advantage/Replacement Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   | Hospital | Clinic | DME | Physical Therapy |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | X        | X      | X   | X                | <ul style="list-style-type: none"><li>AARP Medicare Complete Choice HMO D-SNP</li><li>Aetna Medicare PinnacleHealth Prime PPO</li><li>Aetna PEBTF Basic PPO &amp; Choice PPO</li><li>Allwell (Wellcare)</li><li>Amerihealth Caritas VIP Care HMO &amp; SNP</li><li>Amerihealth Medicare Advantage</li><li>Blue Cross/Blue Shield BlueCard</li><li>Capital Blue Cross BlueJourney</li><li>Capital Blue Cross WellSpan Health Advantage HMO &amp; PPO</li><li>Geisinger Gold HMO &amp; PPO</li><li>Highmark Choice HMO &amp; PPO</li><li>Highmark Community Blue HMO</li><li>Highmark Freedom Blue PPO</li><li>Highmark Senior Health</li><li>Highmark Wholecare Medicare Assured</li><li>HumanaChoice PPO</li><li>Senior LIFE</li><li>UnitedHealthcare Medicare Advantage HMO, PFFS, &amp; PPO</li><li>UnitedHealthcare Medicare Advantage SNP</li><li>UPMC for Life Complete Care/Dual (D-SNP)</li><li>UPMC for Life HMO &amp; PPO</li><li>Wellcare (Allwell)</li></ul> | X | X        | X      | X   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | X        | X      | X   | X                | Medicaid Replacement Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   | Hospital | Clinic | DME | Physical Therapy |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | X        | X      | X   | X                | <ul style="list-style-type: none"><li>AmeriHealth Caritas</li><li>AmeriHealth Caritas Community HealthChoices</li><li>Geisinger (GHP) Family</li><li>Highmark Healthy Kids (CHIP)</li><li>Highmark Wholecare (Gateway Health Plan)</li><li>PA Health &amp; Wellness</li><li>PA Health &amp; Wellness Community HealthChoices</li><li>UnitedHealthcare Community Plan for Kids (CHIP)</li><li>UPMC Community HealthChoices</li><li>UPMC for Kids (CHIP)</li><li>UPMC for You</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X | X        | X      |     |                  |
| Medicare & Medicaid State (PA) Programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Hospital | Clinic | DME | Physical Therapy |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |          |        |     |                  |
| <ul style="list-style-type: none"><li>Medicare PA</li><li>Medicaid/Medical Assistance PA</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | X        | X      | X   | X                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |          |        |     |                  |
| Specialty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Hospital | Clinic | DME | Physical Therapy |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |          |        |     |                  |
| <ul style="list-style-type: none"><li>Automobile</li><li>Bretheren Home Cross Keys Village</li><li>Encompass Health Rehab York</li><li>Lantern (Employer Direct, SurgeryPlus)</li><li>Loysville Youth Development Center (LYDC)</li><li>Workers’ Compensation</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | X        | X      | X   | X                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |          |        |     |                  |
| Updated 10.22.25 LAW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |          |        |     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |          |        |     |                  |