

**NEW YORK STATE  
DEPARTMENT OF  
FINANCIAL SERVICES**

**SUPPLEMENT TO  
ARTICLE 43  
CORPORATIONS  
ANNUAL STATEMENT**

**To be filed with the  
Annual Statement – December 31, 2014  
of the**

---

Name of Insurer

2014 Edition

**ARTICLE 43 CORPORATIONS**

Special attention is called to the INSTRUCTIONS at the rear of this supplement

**2014**

**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES  
ANNUAL STATEMENT SUPPLEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2014

of the Condition of the \_\_\_\_\_

Affix Bar Code Above

NAIC Group Code Current Period \_\_\_\_\_ NAIC Group Code Prior Period \_\_\_\_\_  
 NAIC Company Code \_\_\_\_\_ Employer's ID Number \_\_\_\_\_  
 Annual Statement Contact Person and Phone Number \_\_\_\_\_  
 Annual Statement Contact Person's E-Mail Address \_\_\_\_\_  
 Electronic Filing Contact Person and Phone Number \_\_\_\_\_  
 Electronic Filing Contact Person's E-Mail Address \_\_\_\_\_  
 Counties in which Currently Writing \_\_\_\_\_

**OFFICERS<sup>(a)</sup>**

President \_\_\_\_\_  
 Secretary \_\_\_\_\_  
 Treasurer \_\_\_\_\_

Vice-Presidents { \_\_\_\_\_  
 \_\_\_\_\_

**DIRECTORS OR TRUSTEES<sup>(a)</sup>**

Provider:	Public:	Subscriber:	Officer-Employee:
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**JURAT**

State of ..... )  
 County of ..... )

**Certification of the New York Annual Statement Supplement** - The UNDERSIGNED, being duly sworn, do hereby certify that they are the below described officers of the said insurer, and that on the thirty-first day of December last, this Supplement together with the accompanying Annual Health Statement and related exhibits, schedules and explanations therein and herein contained, annexed or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said insurer as of the thirty-first day of December last, pursuant to the laws of the State of New York, and of its income and deductions therefrom for the year ended on that date, according to the best of their information, knowledge and belief.

**Certification of the New York Annual Statement Supplement Electronic Filing** - The UNDERSIGNED further certify, according to the best of their information, knowledge and belief, that the New York Supplement electronic filing submitted for the reporting period stated above was prepared in compliance with the New York specifications, that the filing has been tested against the validations included in these specifications, and that the information contained in this filing is identical to the information contained in the 2014 New York Annual Statement supplement blank filed with the New York State Department of Financial Services. In addition, the electronic filing submitted has been scanned through a virus detection software package and no viruses are present on the submissions.

**Certification of the NAIC Annual Statement Electronic Filing** - The UNDERSIGNED further certify, according to the best of their information, knowledge and belief, that the NAIC Annual Health Statement electronic filing submitted for the reporting period stated above was prepared in compliance with the NAIC specification, that the filing has been tested against the validations included in these specifications, and that the annual statement information contained in this filing is identical to the information contained in the 2014 Annual Health Statement blank filed with the insurer's domiciliary state insurance department. In addition, the electronic filing submitted has been scanned through a virus detection software package and no viruses are present on the submissions.

Print Name	Signature
President _____	_____
Secretary _____	_____
Treasurer _____	_____

Subscribed and sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 2015  
 \_\_\_\_\_

(a) Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated positions in the previous year's statement. Indicate Chairman of the Board of Directors.

(Name)

## NEW YORK INTERROGATORIES

1. Were any of the assets reported in this statement purchased during the year pursuant to Section 1404(b) of the New York Insurance Law? Yes [ ] No [ ]  
 If "Yes," attach a statement providing full information.
  
2. State the largest amount invested in or loaned upon, the securities of any one institution at any time during the year. (Include partnership and other equity interests; exclude U.S. Government and insurance subsidiary investments). \$.....
  
3. Has the Company borrowed funds pursuant to Section 1307 of the New York Insurance Law? Yes [ ] No [ ]  
 If "Yes," what was the amount at year end of:
 

3.1	Principal	\$.....
3.2	Accrued Interest	\$.....
  
4. Have all the transactions of the Company of which notice was received at the home office on or before the close of business December 31, been truthfully and accurately entered on its books? Yes [ ] No [ ]
  
5. Except as shown in the next succeeding question, does this statement show the condition of the Company as shown by the books, records, and data at the home office at the close of business December 31? Yes [ ] No [ ]
  
6. Have there been included in the statement proper reserves to cover liabilities which may have been actually incurred on or before December 31, but of which no notice was received at the home office until subsequently? Yes [ ] No [ ]
  
7. Provide the following information with respect to Coordination of Benefits (COB):
  - 7.1 Has the Company included COB provisions in all of its group and group remittance contracts? Yes [ ] No [ ]  
 If "No," please explain \_\_\_\_\_  
 \_\_\_\_\_
  - 7.2 State the amount of COB recoveries made during the year. \$.....
  - 7.3 Does the Company have a written COB procedure? Yes [ ] No [ ]
  - 7.4 State the Company's methodology of COB recovery:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. Provide the following information with respect to Administrative Services Only (ASO) contracts:
 

8.1 Administrative Fees Earned	\$.....
8.2 Administrative Expenses	\$.....
8.3 Net Income (8.1 – 8.2)	\$.....
  
9. Guaranteed subscriber rates (in force): Does the Company have guaranteed subscribers rates in force pertaining to its non-HMO community rated contracts? Yes [ ] No [ ]  
 If "Yes", complete the following and answer questions below:
 

	Anniversary Date Month	(Sample) Premium Volume	(Actual) Premium Volume
9.1	January	\$200,000	_____
9.2	February	500	_____
9.3	March	600	_____
9.4	April	2,000	_____
9.5	May	300	_____
9.6	June	2,500	_____
9.7	July	220,000	_____
9.8	August	2,000	_____
9.9	September	300	_____
9.10	October	500	_____
9.11	November	1,000	_____
9.12	December	12,000	_____
9.13	Total	\$441,700	_____
  
- 9.14. Are the premiums in force for the guaranteed rates higher than the currently approved subscriber rates? Yes [ ] No [ ]
- 9.15. Is any change in the volume of guaranteed rates contemplated for next year? Yes [ ] No [ ]
- 9.16. Are guaranteed rates only available in group contracts? Yes [ ] No [ ]
- 9.17. Is a contingent liability for any short-fall in premium established in writing for employer groups that are given guaranteed rates? Yes [ ] No [ ]
- 9.18. Does the Company set up a liability for funds collected in excess of approved premium rates? Yes [ ] No [ ]
- 9.19. Are guaranteed rates issued for periods in excess of one year? Yes [ ] No [ ]
- 9.20. In the year covered by this report, did the Company recover all short-falls in premium? Yes [ ] No [ ]
  
10. Was money loaned during the year to any officer, director or trustee of the Company? Yes [ ] No [ ]  
 10.1 If "Yes", give detailed explanation of each loan. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NEW YORK INTERROGATORIES
(continued)

- 11. Are there any loans outstanding at end of year to any officer, director or trustee of the Company?
11.1 If "Yes", give detailed explanation of each loan.
12. Provide the following information with respect to statutory reserve fund:
12.1 State the amount of the statutory reserve fund reported at the close of business December 31:
12.2 Detail the Company's calculation of its statutory reserve fund:
13. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?
13.1 If "Yes", give detailed explanation of each commission.
14. Has the Company elected to value its real estate at ninety percent of its current market value, less encumbrances, pursuant to Section 4310(l) of the Insurance Law and Section 83.4(j)(1) of Regulation 172 (11 NYCRR 83)?
14.1 If "Yes", has the Company completed Supplemental Schedule A (NY)?
14.2 If "Yes", state the name(s) and qualifications of the independent appraiser(s) engaged to determine the current market value of each property.
14.3 If "Yes", state the determination date of the annual appraisal.
15. Were any obligations of American institutions rated at BBB or higher purchased during the year pursuant to Section 4310(b)(2) of the New York Insurance Law?
If "Yes," attach a statement providing full information.
16. With reference to Regulation 20 (11 NYCRR 125.3), has the insurer notified the Superintendent:
16.1 of any reinsurance recoverable from any single assuming insurer, or group of affiliated assuming insurers that exceeded 50% of the insurer's last reported surplus to policyholders?
16.2 that the insurer has ceded an amount more than 20% of its total gross written premium in the prior calendar year to any single assuming insurer, or group of affiliated assuming insurers; or that the insurer has determined that the reinsurance ceded to any single assuming insurer, any group described in Section 125.4(d)(1) of Regulation 20, or group of affiliated assuming insurers, is likely to exceed this limit?
16.3 If "Yes," identify the assuming insurer(s) and amount of reinsurance recoverable.

## NEW YORK INTERROGATORIES SCHEDULES

### INTERROGATORY SCHEDULE 1 TABLE OF ENROLLMENT CONCENTRATION

1 Type of Account <sup>(a)</sup>	2 <sup>(c)</sup> Percentage of Total Enrollment	3 <sup>(d)</sup> Renewal Date Month/Day/Year
<b>Federal Employees:</b> 0100001.....	.....	.....
<b>County and Municipal Employees:</b> 0200001.....	.....	.....
<b>State Employees:</b> 0300001.....	.....	.....
<b>Corporate Nonpublic—Service Sector:</b> 0400001.....	.....	.....
<b>Corporate Nonpublic—Manufacturing:</b> 0500001.....	.....	.....
<b>Union and Trust Funds:<sup>(b)</sup></b> 0600001.....	.....	.....
<b>Medicaid:</b> 0700001.....	.....	.....
<b>Medicare:</b> 0800001.....	.....	.....
<b>Other:</b> 0900001.....	.....	.....

- (a) Provide the following information for accounts that are ten percent (10%) or more of total enrollment.
- (b) Account contract should be with a union or trust fund; do not include accounts for contracts with any of the other listed types even if these are unionized.
- (c) Percentage of Total Enrollment—please provide the percentage of total enrollment represented by this account.
- (d) Renewal Date—please provide the renewal date (month/day/year) for this account’s contract



(Name)

**SCHEDULE G (NY)**

Affix Bar Code Above

Showing (1) all payments in excess of \$5,000 to each Trade Association, Service Organization, Statistical, Actuarial or Rating Bureau or Organization during the year; and (2)\* all salaries, bonuses and other compensations, except commissions paid to or retained by agents, paid in the current year to (a) each director or trustee regardless of the amount thereof, (b) each of the ten officers or employees receiving the largest amounts, (include in this schedule the aggregate amount received by the officer or employee attributable to his services to the reporting insurer whether paid directly by the insurer or by related or affiliated companies) and (c) any other officers or employees, who received in excess of \$160,000, and (3) any other person, firm or corporation, excluding medical providers, if the amount received was in excess of \$160,000.

Salaries should be reported gross before any adjustments for tax sheltered programs and the like.

Report in Column 5 gross bonus & all other compensation including any amounts deferred pursuant to a deferred compensation plan and/or employee saving plan.

\*For categories 2(a), 2(b) and 2(c) – If the reporting entity does not belong to a holding company system, column 7 should equal column 6.

1	2	3	4	5	6	7
Title	Name of Payee	Location of Payee	Salary Paid by Company and All Other Companies in Holding Company System	Bonus & all other Compensation Deferred or Paid by Company and All Other Companies in Holding Company System	Total Amount Paid by Company and All Other Companies in Holding Company System (4)+(5)	Amount Paid by or Amount Allocated to Company
(1) Trade Association, Service Organization, Statistical, Actuarial or Rating Bureau or Organization	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
0199999 Total	XXX	XXX	XXX	XXX	XXX	-----
(2a) Directors or Trustees	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
0299999 Totals	XXX	XXX	-----	-----	-----	-----
(2b) Ten Officers or Employees Receiving the Largest Amounts	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
0399999 Total	XXX	XXX	-----	-----	-----	-----
(2c) Remaining Officers & Employees in excess of \$160,000	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----
0499999 Total	XXX	XXX	-----	-----	-----	-----
(3) Any Other Person, Firm or Corporation, Excluding Medical Providers, in excess of \$160,000.	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
	-----	-----	XXX	XXX	XXX	-----
0599999 Total	XXX	XXX	XXX	XXX	XXX	-----
9999999 Grand Total	XXX	XXX	-----	-----	-----	-----

**SCHEDULE H (NY)**

Individually list in Section 1 write-in boxes all health care creditors of \$5,000 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. Group the total of all other payables and enter on line titled, "Aggregate Accounts Not Individually Listed." For both Sections 1 and 2, age reported claims payable from date of receipt by Company or, in the case of capitation and other non-fee-for-service claim expenses, from the date payment is required under contract or from the date bill is received by Company.

**Section 1 - Aging Analysis of Claims Unpaid**

Account	1-30 Days		31-60 Days		61-90 Days		91-120 Days		Over 120 Days		Total	
	1 Claim Count	2 Dollar Value	3 Claim Count	4 Dollar Value	5 Claim Count	6 Dollar Value	7 Claim Count	8 Dollar Value	9 Claim Count	10 Dollar Value	11 Claim Count	12 Dollar Value
<b>1. Reserve for Reported Claims Due and Unpaid<sup>a</sup></b>												
1.1 Aggregate write-ins for Individually Listed Claims Payable (line 1.199)												
1.2 Aggregate Accounts Not Individually Listed												
1.3 Subtotal (Lines 1.1 plus 1.2)												
<b>2. Reserve for Reported Claims in Course of Settlement<sup>b</sup></b>												
2.1 Aggregate write-ins for Individually Listed Claims Payable (line 2.199)												
2.2 Aggregate Accounts Not Individually Listed												
2.3 Subtotal (Lines 2.1 plus 2.2)												
<b>3. Reserve for Reported Resisted Claims<sup>c</sup></b>												
3.1 Aggregate write-ins for Individually Listed Claims Payable (line 3.199)												
3.2 Aggregate Accounts Not Individually Listed												
3.3 Subtotal (Lines 3.1 plus 3.2)												
<b>4. Total Reported Claims Unpaid (line 1.3 + 2.3 + 3.3)</b>												
<b>5. Unreported Claims and Other Claim Reserves<sup>d</sup></b>	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>6. Total Amounts Withheld</b>	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>7. Total Claims Unpaid (Lines 4 through 6)</b>	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>8. Accrued Medical Incentive Pool</b>	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

NY7

<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 1.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE</b>												
1.101												
1.102												
1.103												
1.198 (Summary of remaining write-ins for 1.1 from overflow page)												
1.199 Totals (Lines 01.101 through 01.103 plus 1.198)(Line 1.1 above)												
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 2.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE</b>												
2.101												
2.102												
2.103												
2.198 (Summary of remaining write-ins for 1.1 from overflow page)												
2.199 Totals (Lines 2.101 through 2.103 plus 2.198)(Line 2.1 above)												
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 3.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE</b>												
3.101												
3.102												
3.103												
3.198 (Summary of remaining write-ins for 1.1 from overflow page)												
3.199 Totals (Lines 3.101 through 3.103 plus 3.198)(Line 3.1 above)												

Totals shown in Section 1, columns 11 and 12, lines 4 through 8 must be identical to those of Section 2, columns 5 and 6, lines 4.5 through 8. Total Claims Unpaid on line 7 of Section 1 and line 7 of Section 2 must agree with N.A.I.C Annual Statement page 3, line 1, col. 3, Claims Unpaid. See further notes after Section 3 of this Schedule.

**SCHEDULE H (NY)**  
**Section 2 - Statutory Aging Analysis**

Account	1-45 days		Over 45 days		Total	
	1	2	3	4	5	6
	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value
<b>1. Reserves for Reported Claims Due and Unpaid<sup>a</sup></b>						
1.11 Payable to Physicians (capitated) <sup>e</sup>	xxx		xxx		xxx	
1.12 Payable to Physicians (other than capitated)						
1.21 Payable to Hospitals (capitated)	xxx		xxx		xxx	
1.22 Payable to Hospitals (other than capitated)						
1.3 Payable to Subscribers						
1.41 Payable to Others (capitated) <sup>f</sup>	xxx		xxx		xxx	
1.42 Payable to Others (other than capitated) <sup>f</sup>						
1.5 Subtotal (Lines 1.11 through 1.42)						
<b>2. Reserves for Reported Claims in Course of Settlement<sup>b</sup></b>						
2.1 Payable to Physicians (including capitation)						
2.2 Payable to Hospitals (including capitation)						
2.3 Payable to Subscribers						
2.4 Payable to Others (including capitation) <sup>f</sup>						
2.5 Subtotal (Lines 2.1 through 2.4)						
<b>3. Reserves for Reported Resisted Claims<sup>c</sup></b>						
3.1 Payable to Physicians (including capitation)						
3.2 Payable to Hospitals (including capitation)						
3.3 Payable to Subscribers						
3.4 Payable to Others (including capitation) <sup>f</sup>						
3.5 Subtotal (Lines 3.1 through 3.4)						
<b>4. Total Reported Claims Unpaid (lines 1 through 3)</b>						
4.1 Payable to Physicians (including capitation)(Line 1.11+1.12.+2.1+3.1)						
4.2 Payable to Hospitals (including capitation)(Line 1.21+1.22+2.2+3.2)						
4.3 Payable to Subscribers (Line 1.3+2.3+3.3)						
4.4 Payable to Others (including capitation) <sup>f</sup> (Line1.41+1.42+2.4+3.4)						
4.5 Subtotal (Lines 4.1 through 4.4)						
<b>5. Unreported Claims and Other Claim Reserves<sup>d</sup></b>	xxx	xxx	xxx	xxx	xxx	
<b>6. Total Amounts Withheld</b>	xxx	xxx	xxx	xxx	xxx	
<b>7. Total Claims Unpaid (Lines 4.5 through 6)</b>	xxx	xxx	xxx	xxx	xxx	
<b>8. Accrued Medical Incentive Pool</b>	xxx	xxx	xxx	xxx	xxx	

Totals shown in Section 1, columns 11 and 12, lines 4 through 8 must be identical to those of Section 2, columns 5 and 6, lines 4.5 through 8. Total Claims Unpaid on line 7 of Section 1 and line 7 of Section 2 must agree with N.A.I.C Annual Statement page 3, line 1, col. 3, Claims Unpaid. See further notes after Section 3 of this Schedule.

**SCHEDULE H (NY)  
Section 3 - Claims and Interest Penalties Paid During Year**

Account	Claims Paid During Year		N.Y.I.L. Section 3224-a Interest	
	1 Claim Count	2 Dollar Value	3 Claim Count <sup>i</sup>	4 Interest Paid During Year
<b>1.1. Paid to Physicians (capitated)</b>	<b>xxx</b>		<b>xxx</b>	<b>xxx</b>
<b>1.2. Paid to Physicians (other than capitated)</b>				
<b>2.1. Paid to Hospitals (capitated)</b>	<b>xxx</b>		<b>xxx</b>	<b>xxx</b>
<b>2.2. Paid to Hospitals (other than capitated)</b>				
<b>3. Paid to Subscribers</b>				
<b>4.1. Paid to Others (Benefits) (capitated)</b>	<b>xxx</b>		<b>xxx</b>	<b>xxx</b>
<b>4.2. Paid to Others (Benefits) (other than capitated)</b>				
<b>5.1. Total Capitated (Lines 1.1 + 2.1 + 4.1)</b>	<b>xxx</b>		<b>xxx</b>	<b>xxx</b>
<b>5.2. Total Other than Capitated (Lines 1.2 + 2.2 + 3 + 4.2)</b>				
<b>5.3. Paid to Others (Miscellaneous<sup>g</sup>)</b>	<b>xxx</b>		<b>xxx</b>	<b>xxx</b>
<b>6. Subtotal (Lines 5.1 + 5.2 + 5.3)</b>	<b>xxx</b>			
<b>7. Medical Incentive Pool and Bonus Amounts</b>	<b>xxx</b>		<b>xxx</b>	<b>xxx</b>
<b>8. Grand Total (Lines 6 + 7)<sup>h</sup></b>	<b>xxx</b>			

**Footnotes:**

- a- Reserves for Reported Claims Due and Unpaid: A reserve for due and unpaid claims is established to pay claims which have been approved, but for which payment checks have not been sent.
- b- Reserves for Reported Claims in Course of Settlement: Reserves for claims in the course of settlement are established for claims that are on file in the company at the time the valuation is done, but have not yet been approved or paid.
- c- Reserves for Reported Resisted Claims: Reserves for resisted claims are established for those claims in dispute and/or where the obligation to pay such claim is not reasonably clear as of the statement date.
- d- Unreported Claims and Other Claim Reserves: Include reserves for IBNR claims and other claim reserves. Other Claim Reserves include non-benefit-related liabilities required to be reported as claims, e.g. Regulation No. 146 pool liabilities.
- e- Line 1.11 should include Doctors and IPA corporations reimbursed on a capitated basis.
- f- Payable to Others: Include all claim-related payments to intermediaries (other than those to IPA corporations, which are to be accounted for as "Payable to Physicians") and other vendors, such as suppliers of durable medical equipment. Include reported claims payable not classified as payable to physicians, hospitals, or subscribers.
- g- Includes Regulation 146 pool payments, payments to bad debt and charity pools, prompt payment claim interest penalties, etc.
- h- Grand total Dollar Value (line 8, col. 2) should agree with NAIC Annual Statement, page 11, Part 2B, Analysis of Claims Unpaid, line 13, Col. 1 + Col. 2.
- i- Line 6, col. 3, grand total Claim Count pertains to the number of claims upon which N.Y.I.L. Section 3224-a interest penalties have been paid.

(Name)

**SCHEDULE H (NY)**

**OVERFLOW PAGE FOR WRITE-INS FROM SECTION 1**

Creditor Name	1-30 Days		31-60 Days		61-90 Days		91-120 Days		Over 120 Days		Total	
	1 Claim Count	2 Dollar Value	3 Claim Count	4 Dollar Value	5 Claim Count	6 Dollar Value	7 Claim Count	8 Dollar Value	9 Claim Count	10 Dollar Value	11 Claim Count	12 Dollar Value
<b>1. Reserves for Reported Claims Due and Unpaid - Companies individually listed</b> (continued from Section 1)												
Totals overflow for line 1.1 (enter also on page 1, line 1.198)												
<b>2. Reserves for Reported Claims in Course of Settlement - Companies individually listed</b> (continued from Section 1)												
Totals overflow for line 2.1 (enter also on page 1, line 2.198)												
<b>3. Reserves for Reported Resisted Claims - Companies individually listed</b> (continued from Section 1)												
Totals overflow for line 3.1 (enter also on page 1, line 3.198)												

NY10

Health care creditors should be individually listed only if the claim is for \$5,000 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. See instructions on page NY7, above Section 1 heading.

### CERTIFICATE OF COMPLIANCE

Filed pursuant to requirements of Regulation No. 34 (11 NYCRR 215)  
regarding Advertisements of Accident and Health Insurance

State of )  
 ) SS:  
County of )

\_\_\_\_\_ being duly sworn  
deposes and says that (he, she) is the \_\_\_\_\_ of the

\_\_\_\_\_ Company and hereby  
certifies that, to the best of (his, her) knowledge, information and belief, advertisements  
disseminated by said insurer during the past calendar year complied, or were made to comply, with  
the provisions of the Insurance Law of the State of New York and the requirements of Regulation  
No. 34 promulgated pursuant to said Law.

\_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_

**SCHEDULE M - GRIEVANCES AND UTILIZATION REVIEW APPEALS  
 HEALTH INSURANCE CONTRACTS EXCLUDING HMO CONTRACTS**

**PART ONE**

Type of Health Insurance Contract (excluding those pertaining to HMO contracts)	Approximate Number of Persons Covered by Such Contracts in the State of New York		(3) Direct Premiums Written <sup>(a)</sup> Jan. 1 through Dec. 31, Current Year
	(1) June 30, Current Year	(2) December 31, Current Year	
1.1 Comprehensive Contracts with a Provider Network with Utilization Review Provisions			
1.2 Comprehensive Contracts with a Provider Network without Utilization Review Provisions			
1.3. Total Comprehensive Contracts with a Provider Network			
2. Other Nonmanaged Care Contracts with Utilization Review Provisions			
3. Other Nonmanaged Care Contracts without Utilization Review Provisions			
4. Total Nonmanaged Care Contracts <sup>(b)</sup> ( line 1.3 + line 2 + line 3)			
5. Managed Care Contracts per Section 4801(c) of the New York State Insurance Law			
6. All Health Contracts ( line 4 + line 5 )			

(a) Direct Premium Written in Part One, column 3, line 6 should equal NAIC page 8, Underwriting and Investment Exhibit, Part 1, column 1, line 12.

(b) The term “nonmanaged care contracts” refers to health insurance contracts other than managed care contracts as defined in Section 4801(c) of the NYS Insurance Law.

**Note:** Insurers offering a contract that meets the definition of a managed care health insurance contract in Section 4801(c) of the New York Insurance Law or that offers a nonmanaged care contract that provides comprehensive coverage through a provider network as described in Section 4306-c should report in Part Two, line 2, the number of initial grievances filed in the current reporting year. Insurers should not report grievance information in Part Two if they do not have a product meeting the description above. Circular Letter No. 5, dated February 19, 1999, states in part, “Those insurers that have voluntarily implemented a grievance procedure not subject to the provisions of Chapter 705 of the Laws of 1996 are encouraged to report grievance information; be certain, however, to note that such information comes from a voluntary program.” Filers of voluntary program data should file a separate report to the Department and not commingle voluntary program data with statutorily required data used to complete this Supplement.

(Name)

**SCHEDULE M - GRIEVANCES AND UTILIZATION REVIEW APPEALS  
HEALTH INSURANCE CONTRACTS EXCLUDING HMO CONTRACTS - PART TWO**

	MANAGED CARE CONTRACTS <sup>(a)</sup>			NONMANAGED CARE CONTRACTS					EXTERNAL APPEALS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Number of Grievances, Utilization Review Appeals, and External Appeals (excluding those pertaining to HMO contracts)	Number of Grievances per Section 4802 <sup>(b)</sup>	Number of Utilization Review Denials per Section 4903 <sup>(b)</sup>	Number of Utilization Review Appeals per Section 4904 <sup>(b)</sup>	Number of Grievances per Section 4802 as required by Section 4306-c for contracts included in Part 1, line 1.3 <sup>(c)</sup>	Number of Utilization Review Denials per Section 4903 for contracts included in Part 1, line 1.1	Number of Utilization Review Appeals per Section 4904 for contracts included in Part 1, line 1.1	Number of Utilization Review Denials per Section 4903 for contracts included in Part 1, line 2	Number of Utilization Review Appeals per Section 4904 for contracts included in Part 1, line 2	Per Section 4910 of the NYS Insurance Law
1. Number Pending on December 31, Prior Year									
2. Number Filed in Current Year									
3. Number Closed in Current Year, Resulting in Reversal (in whole or part) of Insurer's Original Determination		XXX			XXX		XXX		
4. Number Closed in Current Year in which the Insurer's Original Determination was Upheld		XXX			XXX		XXX		
5. Total Number Closed in Current Year (line 3 + line 4)		XXX			XXX		XXX		
6. External Appeals Closed in Current Year by Agreement of Insurer and Member, Prior to Decision of External Review Agent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Number Pending on December 31, Current Year (lines 1+ 2 - 5 - 6)									

NY13

(a) As defined in Section 4801(c) of the New York Insurance Law

(b) Sections 4802, 4903 and 4904 of the New York Insurance Law were effective April 1, 1997 and apply to all contracts issued, renewed, modified, altered, or amended on or after that date.

(c) Section 4306-c of the New York Insurance Law was effective January 1, 2011, and applies to a corporation that issues a comprehensive contract that utilizes a network of providers and is not a managed care health insurance contract as defined in Section 4801(c).

**Note:** Section 4802 of the Insurance Law provides for two levels of internal review of grievances, an initial (first level) grievance review and an appeal of that initial determination. A first level grievance should be considered closed, for purposes of Part Two, if the subscriber does not appeal the grievance determination within the calendar year in which the first level grievance determination was rendered. If the subscriber appeals the first level grievance determination in the subsequent calendar year, in a timely manner, the disposition of that appeal should be reported in Part Three. For example, a first level grievance closed in 2013 and appealed in a timely manner in 2014 would be reported in this Supplement in Part Three. If a subscriber files a grievance appeal within the same calendar year as the initial first level grievance determination is made, and the appeal is pending when the calendar year ends, the grievance should be reported as pending in Part Two.

Article 49 of the Insurance Law provides for expedited and non-expedited utilization review appeals. A non-expedited utilization review appeal should be considered closed when the utilization review agent notifies a subscriber of the appeal determination. An expedited utilization review appeal should be considered closed, for purposes of Part Two, when the utilization review agent notifies the subscriber of the expedited appeal determination and the subscriber does not further appeal the determination within the calendar year in which the expedited appeal determination was rendered. If the subscriber appealed the expedited appeal in the subsequent calendar year, in a timely manner, the disposition of the appeal should be reported in Part Three. For example, expedited utilization review appeals closed in 2013 and appealed in a timely manner in 2014 would be reported in this Supplement in Part Three. If a subscriber files a utilization review appeal, and the appeal is pending when the calendar year ends, the utilization review appeal should be reported as pending in Part Two.

**SCHEDULE M - GRIEVANCES AND UTILIZATION REVIEW APPEALS  
 HEALTH INSURANCE CONTRACTS EXCLUDING HMO CONTRACTS**

**PART THREE**

	MANAGED CARE CONTRACTS <sup>(a)</sup>		NONMANAGED CARE CONTRACTS		
	For contracts included in Part 1, line 5		For contracts included in Part 1, line 1.3 <sup>(b)</sup>		For contracts included in Part 1, line 2
	(1)	(2)	(3)	(4)	(5)
Number of Appeals of Prior Years Grievances and Expedited UR Appeals (excluding those pertaining to HMO contracts) <b>(SHOULD NOT BE REPORTED IN PART TWO ABOVE)</b>	Prior year first level grievances reported as closed in Part Two <i>of prior year</i> but appealed in current year	Prior year expedited U.R. Appeals (per Section 4904) reported as closed in Part Two <i>of prior year</i> but appealed in current year	Prior year first level grievances reported as closed in Part Two <i>of prior year</i> but appealed in current year	Prior year expedited U.R. Appeals (per Section 4904) reported as closed in Part Two <i>of prior year</i> but appealed in current year	Prior year expedited U.R. Appeals (per Section 4904) reported as closed in Part Two <i>of prior year</i> but appealed in current year
1. Number Pending on December 31, Prior Year					
2. Number Reported as Closed in the previous year's Schedule M which were appealed in a timely manner in current year					
3. Number Resulting in a reversal (in the current year) of the insurer's original determination					
4. Number in which the insurer's original determination was upheld (in the current year)					
5. Number still pending on December 31, Current Year (lines 1 + 2 - 3 - 4)					

(a) As defined in Section 4801(c) of the New York Insurance Law

(b) Section 4306-c of the New York Insurance Law was effective January 1, 2011, and applies to a corporation that issues a comprehensive contract that utilizes a network of providers and is not a managed care health insurance contract as defined in Section 4801(c).

**Note:** Include appeals of initial grievance determinations and appeals of expedited utilization review determinations made in a calendar year subsequent to the calendar year within which the corresponding first level grievance determination or expedited appeal determination was made.

STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 1

	Total (5 thru 69, Amounts)		Total Excluding HMO, Healthy NY, Gov't Programs, Other Insured Business, and Uninsured Business (7 thru 53, Amounts)		All HMO Business (Should agree with Totals in NY Data Requirements, page NY4, col. 1)		Comprehensive or Major Medical							
							Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
	1 Amount	2 PMPM	3 Amount	4 PMPM	5 Amount	6 PMPM	7 Amount	8 PMPM	9 Amount	10 PMPM	11 Amount	12 PMPM	13 Amount	14 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:														
2.1 Base medical plan														
2.2 Drug riders														
2.3 Other riders														
2.4 Government programs			XXX	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total														
3. Change in unearned premium reserves and reserve for rate credits:														
3.1 Base medical plan														
3.2 Drug riders														
3.3 Other riders														
3.4 Government programs			XXX	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total														
4. Fee-for-service net of medical expenses														
5. Risk revenue														
6. Other health care related revenues														
7. Non-health revenues					XXX	XXX								
8. Total revenues (Lines 2 to 7)														
<b>Hospital and Medical:</b>														
9.1. Hospital (inpatient and outpatient)														
9.2. Medical														
10. Other professional services														
11. Outside referrals														
12. Emergency room and out-of-area														
13. Prescription drugs														
14.1 Aggregate write-ins for other hospital and medical														
14.2 Rider expense														
15. Incentive pool, withhold adjustments and bonus amounts														
16. Subtotal (Lines 9 to 15)														
<b>Less:</b>														
17.1. Net reinsurance recoveries														
17.2. Federal/State reinsurance recoveries														
17.3. Federal/State risk-sharing recoveries (payments)														
18. Total hospital and medical (Lines 16 minus 17)														
19. Non-health claim benefits					XXX	XXX								
20. Claims adjustment expenses														
21. General administrative expenses														
22. Increase in reserves for A&H contracts														
23. Total underwriting deductions (Lines 18 to 22)														
24. Net underwriting gain or (loss) (Lines 8 minus 23)														

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STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 2

	Non-Comprehensive								Grandfathered Business				Accident & Specified Disease	
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Small Groups		Direct Payment and Group Conversions			
	15 Amount	16 PMPM	17 Amount	18 PMPM	19 Amount	20 PMPM	21 Amount	22 PMPM	23 Amount	24 PMPM	25 Amount	26 PMPM			27 Amount	28 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:														
2.1 Base medical plan														
2.2 Drug riders														
2.3 Other riders														
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total														
3. Change in unearned premium reserves and reserve for rate credits:														
3.1 Base medical plan														
3.2 Drug riders														
3.3 Other riders														
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total														
4. Fee-for-service net of medical expenses														
5. Risk revenue														
6. Other health care related revenues														
7. Non-health revenues														
8. Total revenues (Lines 2 to 7)														
<b>Hospital and Medical:</b>														
9.1 Hospital (inpatient and outpatient)														
9.2 Medical														
10. Other professional services														
11. Outside referrals														
12. Emergency room and out-of-area														
13. Prescription drugs														
14.1 Aggregate write-ins for other hospital and medical														
14.2 Rider expense														
15. Incentive pool, withhold adjustments and bonus amounts														
16. Subtotal (Lines 9 to 15)														
<b>Less:</b>														
17.1 Net reinsurance recoveries														
17.2 Federal/State reinsurance recoveries														
17.3 Federal/State risk-sharing recoveries (payments)														
18. Total hospital and medical (Lines 16 minus 17)														
19. Non-health claim benefits														
20. Claims adjustment expenses														
21. General administrative expenses														
22. Increase in reserves for A&H contracts														
23. Total underwriting deductions (Lines 18 to 22)														
24. Net underwriting gain or (loss) (Lines 8 minus 23)														

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STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 3

	Prescription Drugs								Dental							
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
	29 Amount	30 PMPM	31 Amount	32 PMPM	33 Amount	34 PMPM	35 Amount	36 PMPM	37 Amount	38 PMPM	39 Amount	40 PMPM	41 Amount	42 PMPM	43 Amount	44 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:																
2.1 Base medical plan																
2.2 Drug riders																
2.3 Other riders																
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total																
3. Change in unearned premium reserves and reserve for rate credits:																
3.1 Base medical plan																
3.2 Drug riders																
3.3 Other riders																
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total																
4. Fee-for-service net of medical expenses																
5. Risk revenue																
6. Other health care related revenues																
7. Non-health revenues																
8. Total revenues (Lines 2 to 7)																
<b>Hospital and Medical:</b>																
9.1. Hospital (inpatient and outpatient)																
9.2. Medical																
10. Other professional services																
11. Outside referrals																
12. Emergency room and out-of-area																
13. Prescription drugs																
14.1 Aggregate write-ins for other hospital and medical																
14.2 Rider expense																
15. Incentive pool, withhold adjustments and bonus amounts																
16. Subtotal (Lines 9 to 15)																
<b>Less:</b>																
17.1. Net reinsurance recoveries																
17.2. Federal/State reinsurance recoveries																
17.3. Federal/State risk-sharing recoveries (payments)																
18. Total hospital and medical (Lines 16 minus 17)																
19. Non-health claim benefits																
20. Claims adjustment expenses																
21. General administrative expenses																
22. Increase in reserves for A&H contracts																
23. Total underwriting deductions (Lines 18 to 22)																
24. Net underwriting gain or (loss) (Lines 8 minus 23)																

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STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 4

	Medicare Carve-out								Medicare Supplement		Healthy New York	
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Direct Payment			
	45 Amount	46 PMPM	47 Amount	48 PMPM	49 Amount	50 PMPM	51 Amount	52 PMPM	53 Amount	54 PMPM		
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:												
2.1 Base medical plan												
2.2 Drug riders												
2.3 Other riders												
2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total												
3. Change in unearned premium reserves and reserve for rate credits:												
3.1 Base medical plan												
3.2 Drug riders												
3.3 Other riders												
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total												
4. Fee-for-service net of medical expenses												
5. Risk revenue												
6. Other health care related revenues												
7. Non-health revenues												
8. Total revenues (Lines 2 to 7)												
<b>Hospital and Medical:</b>												
9.1. Hospital (inpatient and outpatient)												
9.2. Medical												
10. Other professional services												
11. Outside referrals												
12. Emergency room and out-of-area												
13. Prescription drugs												
14.1 Aggregate write-ins for other hospital and medical												
14.2 Rider expense												
15. Incentive pool, withhold adjustments and bonus amounts												
16. Subtotal (Lines 9 to 15)												
<b>Less:</b>												
17.1. Net reinsurance recoveries												
17.2. Federal/State reinsurance recoveries												
17.3. Federal/State risk-sharing recoveries (payments)												
18. Total hospital and medical (Lines 16 minus 17)												
19. Non-health claim benefits												
20. Claims adjustment expenses												
21. General administrative expenses												
22. Increase in reserves for A&H contracts												
23. Total underwriting deductions (Lines 18 to 22)												
24. Net underwriting gain or (loss) (Lines 8 minus 23)												

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STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 5

Government Programs (Other than programs included in the HMO Business column)												Other Insured Business (Including out of network coverage provided to another company's in network product)		Uninsured Business	
		Medicare Other than Part D		Medicare Part D		Medicaid		Child Health Plus		Family Health Plus		67 Amount	68 PMPM	69 Amount	70 PMPM
		57 Amount	58 PMPM	59 Amount	60 PMPM	61 Amount	62 PMPM	63 Amount	64 PMPM	65 Amount	66 PMPM	67 Amount	68 PMPM	69 Amount	70 PMPM
1.	Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Net premium income:														
	2.1 Base medical plan													XXX	XXX
	2.2 Drug riders													XXX	XXX
	2.3 Other riders													XXX	XXX
	2.4 Government programs													XXX	XXX
	2.5 Total													XXX	XXX
3.	Change in unearned premium reserves and reserve for rate credits:														
	3.1 Base medical plan													XXX	XXX
	3.2 Drug riders													XXX	XXX
	3.3 Other riders													XXX	XXX
	3.4 Government programs													XXX	XXX
	3.5 Total													XXX	XXX
4.	Fee-for-service net of medical expenses													XXX	XXX
5.	Risk revenue													XXX	XXX
6.	Other health care related revenues													XXX	XXX
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
8.	Total revenues (Lines 2 to 7)													XXX	XXX
<b>Hospital and Medical:</b>															
9.1.	Hospital (inpatient and outpatient)													XXX	XXX
9.2.	Medical														
10.	Other professional services													XXX	XXX
11.	Outside referrals													XXX	XXX
12.	Emergency room and out-of-area													XXX	XXX
13.	Prescription drugs													XXX	XXX
14.1.	Aggregate write-ins for other hospital and medical													XXX	XXX
14.2.	Rider expense													XXX	XXX
15.	Incentive pool, withhold adjustments and bonus amounts													XXX	XXX
16.	Subtotal (Lines 9 to 15)													XXX	XXX
<b>Less:</b>															
17.1.	Net reinsurance recoveries													XXX	XXX
17.2.	Federal/State reinsurance recoveries													XXX	XXX
17.3.	Federal/State risk-sharing recoveries (payments)													XXX	XXX
18.	Total hospital and medical (Lines 16 minus 17 )													XXX	XXX
19.	Non-health claim benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
20.	Claims adjustment expenses														XXX
21.	General administrative expenses														XXX
22.	Increase in reserves for A&H contracts													XXX	XXX
23.	Total underwriting deductions (Lines 18 to 22)													XXX	XXX
24.	Net underwriting gain or (loss) (Lines 8 minus 23)														

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**ENROLLMENT BY LINE OF BUSINESS - PART 1**

	Number of Contracts					Number of Participants	
	1. At End of Previous Year	2. Add New Business	3. Deduct Net Cancellations	4. Add Transfers	5. Total Outstanding At End of Year	6. At End of Previous Year	7. Total Outstanding At End of Year
<b>1. All HMO Business</b>							
<b>2. Comprehensive or Major Medical:</b>							
2.1 Large Groups (Experience Rated)							
2.2 Large Groups (Community Rated)							
2.3 Small Groups							
2.4 Direct Payment and Group Conversions							
2.5 TOTAL							
<b>3. Non-Comprehensive:</b>							
3.1 Large Groups (Experience Rated)							
3.2 Large Groups (Community Rated)							
3.3 Small Groups							
3.4 Direct Payment and Group Conversions							
3.5 TOTAL							
<b>4. Grandfathered Business:</b>							
4.1 Small Groups							
4.2 Direct Payment and Group Conversions							
4.3 TOTAL							
<b>5. Accident &amp; Specified Disease</b>							
<b>6. Prescription Drugs:</b>							
6.1 Large Groups (Experience Rated)							
6.2 Large Groups (Community Rated)							
6.3 Small Groups							
6.4 Direct Payment and Group Conversions							
6.5 TOTAL							
<b>7. Dental:</b>							
7.1 Large Groups (Experience Rated)							
7.2 Large Groups (Community Rated)							
7.3 Small Groups							
7.4 Direct Payment and Group Conversions							
7.5 TOTAL							

**ENROLLMENT BY LINE OF BUSINESS - PART 2**

	Number of Contracts					Number of Participants	
	1. At End of Previous Year	2. Add New Business	3. Deduct Net Cancellations	4. Add Transfers	5. Total Outstanding At End of Year	6. At End of Previous Year	7. Total Outstanding At End of Year
<b>8. Medicare Carve-Out</b>							
8.1 Large Groups (Experience Rated)							
8.2 Large Groups (Community Rated)							
8.3 Small Groups							
8.4 Direct Payment and Group Conversions							
8.5 TOTAL							
<b>9. Medicare Supplement</b>							
<b>10. Healthy New York</b>							
<b>Government Programs (Other than programs included in the HMO):</b>							
<b>11. Medicare Other than Part D</b>							
<b>12. Medicare Part D</b>							
<b>13. Medicaid</b>							
<b>14. Child Health Plus</b>							
<b>15. Family Health Plus</b>							
<b>16. Other Insured Business (Including out of network coverage provided to another company's in network product)</b>							
<b>17. TOTAL</b>							



(Name)

**SCHEDULE P – PART 1B (NY)  
HOSPITAL – EXPERIENCE RATED  
(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX			XXX		XXX			XXX	XXX
2. 2011.....										
3. 2012.....										
4. 2013.....										
5. 2014										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1C (NY)  
SURGICAL-MEDICAL – COMMUNITY RATED  
(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX			XXX		XXX			XXX	XXX
2. 2011.....										
3. 2012.....										
4. 2013.....										
5. 2014										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1D (NY)**  
**SURGICAL-MEDICAL – EXPERIENCE RATED**  
**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX.....	.....	.....	XXX.....	.....	XXX.....	.....	.....	XXX.....	XXX.....
2. 2011.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2013.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2014.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1EA (NY)**  
**MAJOR MEDICAL OR COMPREHENSIVE – COMPREHENSIVE CONTRACTS – COMMUNITY RATED**  
**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX.....	.....	.....	XXX.....	.....	XXX.....	.....	.....	XXX.....	XXX.....
2. 2011.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2013.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2014.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1EB (NY)**  
**MAJOR MEDICAL OR COMPREHENSIVE – RIDERS – COMMUNITY RATED**  
**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX.....			XXX.....		XXX.....			XXX.....	XXX.....
2. 2011.....										
3. 2012.....										
4. 2013.....										
5. 2014										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1EC (NY)**  
**MAJOR MEDICAL OR COMPREHENSIVE – MEDICARE CARVE OUT – COMMUNITY RATED**  
**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX.....			XXX.....		XXX.....			XXX.....	XXX.....
2. 2011.....										
3. 2012.....										
4. 2013.....										
5. 2014										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

(Name)

**SCHEDULE P – PART 1F (NY)**  
**MAJOR MEDICAL OR COMPREHENSIVE – ALL TYPES – EXPERIENCE RATED**  
**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX			XXX		XXX			XXX	XXX
2. 2011.....										
3. 2012.....										
4. 2013.....										
5. 2014										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1G (NY)**  
**PRESCRIPTION DRUG – COMMUNITY RATED**  
**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX			XXX		XXX			XXX	XXX
2. 2011.....										
3. 2012.....										
4. 2013.....										
5. 2014										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

(Name)

**SCHEDULE P – PART 1H (NY)  
 PRESCRIPTION DRUG – EXPERIENCE RATED  
 (\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX.....			XXX.....		XXX.....			XXX.....	XXX.....
2. 2011.....										
3. 2012.....										
4. 2013.....										
5. 2014.....										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1I (NY)  
 DENTAL – COMMUNITY RATED  
 (\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX.....			XXX.....		XXX.....			XXX.....	XXX.....
2. 2011.....										
3. 2012.....										
4. 2013.....										
5. 2014.....										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

NY27

(Name)

**SCHEDULE P – PART 1J (NY)  
DENTAL – EXPERIENCE RATED  
(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX.....	.....	.....	XXX.....	.....	XXX.....	.....	.....	XXX.....	XXX.....
2. 2011.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2013.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2014.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

**SCHEDULE P – PART 1K (NY)  
HMO – COMMUNITY RATED  
(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX.....	.....	.....	XXX.....	.....	XXX.....	.....	.....	XXX.....	XXX.....
2. 2011.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2013.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2014.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

(Name)

**SCHEDULE P – PART 1L (NY)**

**HMO – EXPERIENCE RATED**

**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX			XXX		XXX			XXX	XXX
2. 2011.....										
3. 2012.....										
4. 2013.....										
5. 2014										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

NOTE: Circular Letter No. 26, dated August 3, 2000, permitted the experience rating of the in-network component of large group HMO POS products.

**SCHEDULE P – PART 1M (NY)**

**MEDICARE SUPPLEMENTAL**

**(\$000 omitted)**

(1) Year in which Premiums were Earned and Claims were Incurred	(2) Premiums Earned	(3) Claim Payments	(4) Claim Adjustment Expense Payments	(5) (Col. 4/3) Percent	(6) Claim and Claim Adjustment Expense Payments (Col. 3 + 4)	(7) (Col. 6/2) Percent	(8) Claims Unpaid	(9) Unpaid Claims Adjustment Expenses	(10) Total Claims and Claims Adjustment Expense Incurred (Col. 6 + 8 + 9)	(11) (Col. 10/2) Percent
1. Prior to 2011.....	XXX			XXX		XXX			XXX	XXX
2. 2011.....										
3. 2012.....										
4. 2013.....										
5. 2014										
6. Totals (LINE 1 + 2 + 3 + 4 + 5)	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
7. Totals (LINE 2 + 3 + 4 + 5)										

SCHEDULE P PART 1(NY) INTERROGATORIES

1. The term "claim adjustment expense" as defined in SAAP No. 85, includes all costs defined as cost containment expenses and other claim adjustment expenses. Examples of expenses incurred in these activities are case management activities, utilization review, detection and prevention of fraudulent claims, network access fees to PPOs, allocated internal costs associated with network development and/or provider contracting, consumer education solely relating to health improvement and relying on the direct involvement of health personnel, expenses for internal and external appeals processes, estimating amounts of claims, disbursing claim payments, maintaining records, general clerical, secretarial, office maintenance, occupancy costs, utilities, computer maintenance, supervisory and executive duties, supplies and postage.

Are they so reported in this statement?

Yes [ ]

No [ ]

If No, explain. \_\_\_\_\_

2. The claim adjustment expense payments paid during the most recent calendar year should be distributed to the various years in which claims were incurred as follows: (1) 45% to the most recent year, (2) 5% to the next most recent year, and (3) the balance of all years, including the most recent, in proportion to the amount of claim payments paid for each year during the most recent calendar year. If the distribution in (1) or (2) produces an accumulated distribution to such year in excess of 10% of premiums earned for such year, disregarding all distribution made under (3), such accumulated distribution should be limited to 10% of premium earned and the balance distributed in accordance with (3). Are they so reported in this statement?

Yes [ ] No [ ]

If No, explain. \_\_\_\_\_

**Schedule P – Part 2 (NY) Summary All Market Segments and Lines of Business (\$000 omitted)**

(1) Year in which Claims were <u>Incurred</u>	CLAIMS INCURRED REPORTED AT YEAR END				DEVELOPMENT <sup>(b)</sup>	
	(2) 2011	(3) 2012	(4) 2013	(5) 2014	(6) <u>One Year</u>	(7) <u>Two Year</u>
1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2A (NY) Hospital – Community Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2B (NY) Hospital – Experience Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2C (NY) Surgical-Medical – Community Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

(a) Reported reserves only. Subsequent development relates only to subsequent payments and reserves.

(b) Current year less first or second year, showing (redundant) or adverse.

**Schedule P – Part 2D (NY) Surgical-Medical – Experience Rated (\$000 omitted)**

(1) Year in which Claims were Incurred	CLAIMS INCURRED REPORTED AT YEAR END				DEVELOPMENT <sup>(b)</sup>	
	(2) 2011	(3) 2012	(4) 2013	(5) 2014	(6) <u>One Year</u>	(7) <u>Two Year</u>
1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2EA (NY) Major Medical or Comprehensive – Comprehensive Contracts – Community Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2EB (NY) Major Medical or Comprehensive – Riders – Community Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2EC (NY) Major Medical or Comprehensive – Medicare Carve Out – Community Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

(a) Reported reserves only. Subsequent development relates only to subsequent payments and reserves.

(b) Current year less first or second year, showing (redundant) or adverse.

**Schedule P – Part 2F (NY) Major-Medical or Comprehensive – All Types – Experience Rated (\$000 omitted)**

CLAIMS INCURRED REPORTED AT YEAR END					DEVELOPMENT <sup>(b)</sup>	
(1) Year in which Claims were Incurred	(2)	(3)	(4)	(5)	(6) <u>One Year</u>	(7) <u>Two Year</u>
1. Prior..... <sup>(a)</sup>	2011	2012	2013	2014		
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2G (NY) Prescription Drug – Community Rated – (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2H (NY) Prescription Drug – Experience Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2I (NY) Dental – Community Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

(a) Reported reserves only. Subsequent development relates only to subsequent payments and reserves.

(b) Current year less first or second year, showing (redundant) or adverse.

**Schedule P – Part 2J (NY) Dental – Experience Rated (\$000 omitted)**

(1) Year in which Claims were Incurred	CLAIMS INCURRED REPORTED AT YEAR END				DEVELOPMENT <sup>(b)</sup>	
	(2) 2011	(3) 2012	(4) 2013	(5) 2014	(6) <u>One Year</u>	(7) <u>Two Year</u>
1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2013.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2K (NY) HMO – Community Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

**Schedule P – Part 2L (NY) HMO – Experience Rated (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

NOTE: Circular Letter No. 26, dated August 3, 2000, permitted the experience rating of the in-network component of large group HMO POS products.

**Schedule P – Part 2M(NY) Medicare Supplemental (\$000 omitted)**

1. Prior..... <sup>(a)</sup>						
2. 2011.....						
3. 2012.....	XXX					
4. 2013.....	XXX	XXX				XXX
5. 2014	XXX	XXX	XXX		XXX	XXX
6. Totals						

(a) Reported reserves only. Subsequent development relates only to subsequent payments and reserves.

(b) Current year less first or second year, showing (redundant) or adverse.

**Schedule P – Part 3 (NY) – All Experience Rated  
 Lines of Business (\$000 omitted)**

CUMULATIVE PREMIUMS EARNED AT YEAR END				
(1)	(2)	(3)	(4)	(5)
Years in which Premiums were Earned and Claims were Incurred	2011	2012	2013	2014
1. Prior.....	000			
2. 2011.....				
3. 2012.....	XXX			
4. 2013.....	XXX	XXX		
5. 2014.....	XXX	XXX	XXX	

(Name)

**SCHEDULE T (NY) – Part 1**  
**Section 1 – Direct Premium by Product Type**

County	1 Total	2 HMO In-Network Only	3 Provider Service Organizations	4 Preferred Provider Organizations	5 Point of Service	6 Indemnity Only	7 Other
1. Albany							
2. Allegany							
3. Bronx							
4. Broome							
5. Cattaraugus							
6. Cayuga							
7. Chautauqua							
8. Chemung							
9. Chenango							
10. Clinton							
11. Columbia							
12. Cortland							
13. Delaware							
14. Dutchess							
15. Erie							
16. Essex							
17. Franklin							
18. Fulton							
19. Genesee							
20. Greene							
21. Hamilton							
22. Herkimer							
23. Jefferson							
24. Kings							
25. Lewis							
26. Livingston							
27. Madison							
28. Monroe							
29. Montgomery							
30. Nassau							
31. New York							
32. Niagara							
33. Oneida							
34. Onondaga							
35. Ontario							
36. Orange							
37. Orleans							
38. Oswego							
39. Otsego							
40. Putnam							
41. Queens							
42. Rensselaer							
43. Richmond							
44. Rockland							
45. Saratoga							
46. Schenectady							
47. Schoharie							
48. Schuyler							
49. Seneca							
50. Steuben							
51. St. Lawrence							
52. Suffolk							
53. Sullivan							
54. Tioga							
55. Tompkins							
56. Ulster							
57. Warren							
58. Washington							
59. Wayne							
60. Westchester							
61. Wyoming							
62. Yates							
63. Total N.Y.							
64. Other							
65. Total							

Note: Line 65, column 1 must tie into NAIC page 8, Part 1 – Premiums, line 12, column 1, Direct Premiums.

**SCHEDULE T (NY) – Part 1**  
**Section 2 – Enrollment by Product Type**

County	1 Total	2 HMO In-Network Only	3 Provider Service Organizations	4 Preferred Provider Organizations	5 Point of Service	6 Indemnity Only	7 Other
1. Albany							
2. Allegany							
3. Bronx							
4. Broome							
5. Cattaraugus							
6. Cayuga							
7. Chautauqua							
8. Chemung							
9. Chenango							
10. Clinton							
11. Columbia							
12. Cortland							
13. Delaware							
14. Dutchess							
15. Erie							
16. Essex							
17. Franklin							
18. Fulton							
19. Genesee							
20. Greene							
21. Hamilton							
22. Herkimer							
23. Jefferson							
24. Kings							
25. Lewis							
26. Livingston							
27. Madison							
28. Monroe							
29. Montgomery							
30. Nassau							
31. New York							
32. Niagara							
33. Oneida							
34. Onondaga							
35. Ontario							
36. Orange							
37. Orleans							
38. Oswego							
39. Otsego							
40. Putnam							
41. Queens							
42. Rensselaer							
43. Richmond							
44. Rockland							
45. Saratoga							
46. Schenectady							
47. Schoharie							
48. Schuyler							
49. Seneca							
50. Steuben							
51. St. Lawrence							
52. Suffolk							
53. Sullivan							
54. Tioga							
55. Tompkins							
56. Ulster							
57. Warren							
58. Washington							
59. Wayne							
60. Westchester							
61. Wyoming							
62. Yates							
63. Total N.Y.							
64. Other							
65. Total							

Note: Line 65, Col. 1 must agree with page NY21, line 17, Col. 7 and NAIC Exhibit 1 – Enrollment by Product Type For Health Business Only, line 7, Col. 5.

**SCHEDULE T (NY) – Part 2**  
**Section 1A– Direct Premium by Market Segment**

County	1 Total	2 Health Maintenance Organizations	3 Large Group	4 Small Group On Exchange	5 Small Group Off Exchange	6 Direct Pay On Exchange	7 Direct Pay Off Exchange	8 Stand-Alone Dental On Exchange	9 Stand-Alone Dental Off Exchange	10 Medicare Supplement	11 Other
1. Albany											
2. Allegany											
3. Bronx											
4. Broome											
5. Cattaraugus											
6. Cayuga											
7. Chautauqua											
8. Chemung											
9. Chenango											
10. Clinton											
11. Columbia											
12. Cortland											
13. Delaware											
14. Dutchess											
15. Erie											
16. Essex											
17. Franklin											
18. Fulton											
19. Genesee											
20. Greene											
21. Hamilton											
22. Herkimer											
23. Jefferson											
24. Kings											
25. Lewis											
26. Livingston											
27. Madison											
28. Monroe											
29. Montgomery											
30. Nassau											
31. New York											
32. Niagara											
33. Oneida											

**SCHEDULE T (NY) – Part 2**  
**Section 1B – Direct Premium by Market Segment**

County	1 Total	2 Health Maintenance Organizations	3 Large Group	4 Small Group On Exchange	5 Small Group Off Exchange	6 Direct Pay On Exchange	7 Direct Pay Off Exchange	8 Stand-Alone Dental On Exchange	9 Stand-Alone Dental Off Exchange	10 Medicare Supplement	11 Other
34. Onondaga											
35. Ontario											
36. Orange											
37. Orleans											
38. Oswego											
39. Otsego											
40. Putnam											
41. Queens											
42. Rensselaer											
43. Richmond											
44. Rockland											
45. Saratoga											
46. Schenectady											
47. Schoharie											
48. Schuylar											
49. Seneca											
50. Steuben											
51. St. Lawrence											
52. Suffolk											
53. Sullivan											
54. Tioga											
55. Tompkins											
56. Ulster											
57. Warren											
58. Washington											
59. Wayne											
60. Westchester											
61. Wyoming											
62. Yates											
63. Total N.Y.											
64. Other											
65. Total											

Note: column 1 must agree with Schedule T (NY) – Part 1, column 1.

**SCHEDULE T (NY) – Part 2**  
**Section 2A– Enrollment by Market Segment**

County	1 Total	2 Health Maintenance Organizations	3 Large Group	4 Small Group On Exchange	5 Small Group Off Exchange	6 Direct Pay On Exchange	7 Direct Pay Off Exchange	8 Stand-Alone Dental On Exchange	9 Stand-Alone Dental Off Exchange	10 Medicare Supplement	11 Other
1. Albany											
2. Allegany											
3. Bronx											
4. Broome											
5. Cattaraugus											
6. Cayuga											
7. Chautauqua											
8. Chemung											
9. Chenango											
10. Clinton											
11. Columbia											
12. Cortland											
13. Delaware											
14. Dutchess											
15. Erie											
16. Essex											
17. Franklin											
18. Fulton											
19. Genesee											
20. Greene											
21. Hamilton											
22. Herkimer											
23. Jefferson											
24. Kings											
25. Lewis											
26. Livingston											
27. Madison											
28. Monroe											
29. Montgomery											
30. Nassau											
31. New York											
32. Niagara											
33. Oneida											

**SCHEDULE T (NY) – Part 2  
Section 2B – Enrollment by Market Segment**

County	1 Total	2 Health Maintenance Organizations	3 Large Group	4 Small Group On Exchange	5 Small Group Off Exchange	6 Direct Pay On Exchange	7 Direct Pay Off Exchange	8 Stand-Alone Dental On Exchange	9 Stand-Alone Dental Off Exchange	10 Medicare Supplement	11 Other
34. Onondaga											
35. Ontario											
36. Orange											
37. Orleans											
38. Oswego											
39. Otsego											
40. Putnam											
41. Queens											
42. Rensselaer											
43. Richmond											
44. Rockland											
45. Saratoga											
46. Schenectady											
47. Schoharie											
48. Schuyler											
49. Seneca											
50. Steuben											
51. St. Lawrence											
52. Suffolk											
53. Sullivan											
54. Tioga											
55. Tompkins											
56. Ulster											
57. Warren											
58. Washington											
59. Wayne											
60. Westchester											
61. Wyoming											
62. Yates											
63. Total N.Y.											
64. Other											
65. Total											

Note: column 1 must agree with Schedule T (NY) – Part 1, column 1.

**COMPUTATION OF SECTION 206 PREMIUM BASE  
New York Domiciled Companies Only  
Section 206 – NYS Financial Services Law**

This schedule is to be completed by New York domiciled companies only and is for the purpose of determining the premium base that will be used to compute the 2014 final Section 206 Assessment under the NYS Financial Services Law.

Instructions:

1. Line 1: Beginning Premium Base of this schedule, is taken from the NAIC Annual Statement, Schedule T, Line 33, columns 2 (Accident & Health Premiums), 6 (Life & Annuity Premiums & Other Considerations) and 7 (Property/Casualty Premiums).
2. Lines 2.1 -2.4: Additions should be those premiums that are not already included in the Beginning Premium Base on Line 1.
3. Lines 3.1 -3.8: Deductions should be those premiums that are already included in the Premium Base on Line 1, but are not subject to assessment.

NOTE: Adjustments to the premium base are subject to review. Supporting documentation should be available, if requested by the Department.

<b>1. Beginning Premium Base (see Instruction #1)</b>	
<b><u>ADJUSTMENTS</u></b>	
<b>2. Additions (See Instruction #2)</b>	
2.1 Unauthorized reinsurance premiums assumed (less returned premiums)	_____
2.2 Unauthorized states (states in which company is not licensed)	_____
2.3 Other (a)	_____
2.4 Total Additions (Lines 2.1 through 2.3)	_____
<b>3. Deductions (See Instruction #3)</b>	
3.1 Employer/Employee Contributions	_____
3.2 FEBHA	
3.3 CHIP/Child Health Plus	
3.4 Family Health Plus	
3.5 Medicare, including Part D, and/or Medicaid Premiums	
3.6 Other (b)	
3.7 Total Deductions (Lines 3.1 through 3.6)	_____
<b>4. Adjusted Premium Base (Line 1 plus 2.4 minus 3.7)</b>	_____
<b>5. Prior Year Adjusted Premium Base</b>	_____
<b>6. Difference from Prior Year (Line 4 minus Line 5) (c)</b>	_____
(a) Specify Line 2.3 addition(s):	
(b) Specify Line 3.6 deduction(s):	
(c) If difference is +/- 25% from prior year, please provide an explanation for the change:	

\_\_\_\_\_  
(Prepared by)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(E-Mail Address)

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT INSTRUCTIONS****This exhibit is required to be filed no later than March 1****This form has been restructured to be more consistent with the insurance categories and columns in the NAIC version of the Accident and Health Policy Experience Exhibit. Please refer to the Instructions for that exhibit also when completing this exhibit.**

1. The name of the company must be clearly shown at the top of each page or pages.
2. Dollar amounts should be reported in whole dollars.
3. The Exhibit will show information concerning direct business written on policy forms approved for use in the United States with a final total for all policy forms (including non-U.S. policy forms) on the bottom line of the Exhibit. If a group or individual form was ever issued in New York, its experience must be reported separately by policy form number, unless prior approval has been obtained from the Superintendent to combine experience. Insert as many lines under each classification as are needed. The form numbers should appear in alphanumeric form number order within each category. The experience for combinations of policy forms of the same category type with a premium volume less than 5% of the total for that category that were never issued in New York may be merged and reported on a single line. Such combinations should be identified as "Non-New York." Other policy forms never issued in New York whose experience is reported by policy form should be identified as a Non-New York form, by placing the designation (Z) to the left of the policy form number.
4. The Exhibit will show information for each listed product for Individual, Group, and Other business categories. Subtotals by product within each individual category are required for all columns, except Years Issued, Expected Lifetime Loss Ratio, and Rate of Commission And Expense. All Section Totals should agree with Section Totals in the NAIC version of the Accident and Health Experience Exhibit.
5. A Summary Page shows a reconciliation with Schedule H for Individual, Group and Credit policies separately and in total for companies filing the Life, Accident and Health, Fraternal and Property/Casualty Annual Statement, and a reconciliation of these policies in total only with the specified exhibits of the Health Annual Statement for companies filing that statement.
6. This Exhibit should not include any data pertaining to double indemnity, waiver of premiums, and other disability benefits embodied in life contracts.
7. Premiums Earned (Column 5) should not include the change in contract reserves, but both Premiums Written (Column 3) and Premiums Earned should include membership charges, modal loadings, and policy fees, if any.
8. "Years issued" should be presented as the first year the form was issued followed by a hyphen followed by the last year issued; e.g., 1998-2000.
9. The entries in Columns (11), (12), (17) and (19) should be expressed as **ratios**, not percents, and should be rounded to three places to the right of the decimal point.

**DEFINITIONS****Accident Only or AD&D**

Policies that provide coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accidents. Types of coverage include student accident, sports accident, travel accident, blanket accident, specific accident or accidental death and dismemberment (AD&D).

**Administrative Services Only (ASO) and Administrative Services Contract (ASC)**

An uninsured accident and health plan is where an administrator performs administrative services for a third party that is at risk, but has not issued an insurance policy. The health plan bears all of the insurance risk, and there is no possibility of loss or liability to the administrator caused by claims incurred related to the plan. Under an ASO plan, claims are paid from a bank account owned and funded directly by the uninsured plan sponsor; or, claims are paid from a bank account owned by the administrator, but only after receiving funds from the plan sponsor that are adequate to fully cover the claim payments. Under an ASC plan, the administrator pays claims from its own bank accounts, and only subsequently receives reimbursement from the plan sponsor.

## **Comprehensive/Major Medical**

Policies that provide fully insured indemnity, HMO, PPO, or Fee for Service coverage for hospital, medical, and surgical expenses. This category excludes Short Term Medical Insurance, the Federal Employees Health Benefit Program and non-comprehensive coverage such as basic hospital only, medical only, hospital confinement indemnity, surgical, outpatient indemnity, specified disease, intensive care, and organ and tissue transplant coverage as well as any other coverage described in the other categories of this exhibit.

Group business is further segmented under this category as follows (please note there is a separate category for Administrative Services Only/Administrative Services Contract business):

### Single Employer:

Group policies issued to one employer for the benefit of its employees. This would include affiliated companies that have common ownership.

Small Employer: Group policies issued to single employers that are subject to the definition of Small Employer business, when so defined, in the group's state of situs.

Other Employer: Group policies issued to single employers that are not defined as Small Employer business.

Multiple Employer Associations and Trusts: Group policies that are issued to an association or to a trust. This category also includes policies issued to one or more trustees of a fund established or adopted by two or more employers, or by one or more labor unions or similar employee organizations. The organizations include those that are exempt and also those that are non-exempt from statewide community rating. This category does not exclude policies providing coverage to employees of small employers, as defined in the employer's state of situs.

Other Associations and Discretionary Trusts: Group policies issued to associations and trusts that are not included in the Small Employer, Other Employer or Multiple Employer Associations and Trusts group categories. This category does not exclude insurance providing coverage to employees of small employers, as defined in the employer's state of situs. This category does include blanket and franchise accident and sickness insurance, and insurance for any group that includes members other than employees, such as an association that has both employees of participating employers and also individuals as members.

Other Comprehensive/Major Medical: Group policies providing comprehensive or major medical benefits that are not included in any of the categories listed above.

## **Contract Reserves**

Reserves set up when, due to the gross premium structure, the future benefits exceed the future net premium. Contract reserves are in addition to claim and premium reserves.

## **Credit**

Individual or group policies that provide benefits to a debtor for full or partial repayment of debt associated with a specific loan or other credit transaction upon disability or involuntary unemployment of debtor, except in connection with first mortgage loans. In some states, involuntary unemployment credit insurance is not included in health insurance. This category should not include that type of credit insurance in those states.

## **Dental**

Policies providing only dental treatment benefits such as routine dental examinations, preventive dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category.

## **Disability Income– Long Term**

Policies that provide a weekly or monthly income benefit for more than five years for individual coverage and more than one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Overhead Expense Benefits. Does not include credit disability.

**Disability Income– Short Term**

Policies that provide a weekly or monthly income benefit for up to five years for individual coverage and up to one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Statutory DBL Benefits and Overhead Expense Benefits. Does not include credit disability.

**Federal Employees Health Benefits Program (FEHBP)**

Coverage provided to Federal employees, retirees and their survivors and administered by the Office of Personnel Management.

**Group Business**

Health insurance where the policy issued to employers, associations, trusts, or other groups covering employees or members and/or their dependents, to whom a certificate of coverage may be provided.

**Individual Business**

Health insurance where the policy is issued to an individual covering the individual and/or their dependents. This includes conversions from group policies.

**Limited Benefit**

Policies that provide coverage for vision, prescription drug, and/or any other single service plan or program. Also include short-term care policies that provide coverage for less than one year for medical and other services provided in a setting other than an acute care unit of the hospital.

**Long-Term Care**

Policies that provide coverage for not less than one year for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital, including policies that provide benefits for cognitive impairment or loss of functional capacity. This includes policies providing only nursing home care, home health care, community based care, or any combination. Do not include coverage provided under comprehensive/major medical policies, Medicare Advantage, or for accelerated death benefit-type products.

**Medicaid**

Policies issued in association with the Federal/State entitlement program created by Title XIX of the Social Security Act of 1965 that pays for medical assistance for certain individuals and families with low incomes and resources.

**Medicare**

Policies issued as Medicare Advantage Plans providing Medicare benefits to Medicare eligible beneficiaries created by title XVIII of the Social Security Act of 1965. This includes Medicare Managed Care Plans (i.e. HMO and PPO) and Medicare Private Fee-for-Service Plans.

**Medicare Part D – Stand Alone**

Stand-alone Part D coverage written through individual contracts, stand-alone Part D coverage written through group contracts and certificates, and Part D coverage written on employer groups where the reporting entity is responsible for reporting claims to the Centers for Medicare & Medicaid Services (CMS).

**Medicare Supplement**

Policies that qualify as Medicare Supplement policy forms as defined in the NAIC Medicare Supplement Insurance Minimum Standards Model Act. This includes standardized plans, pre-standardized plans and Medicare select.

**Other Business**

Any business that is not included in the Individual Business or Group Business listed above, including credit insurance, stop loss/excess loss, administrative services only and administrative services contract.

**Other Group Business**

Group policies providing health insurance benefits that are not included in any other group business category of this exhibit should be reported as other group business.

**Other Individual Business**

Individual policies providing health insurance benefits that are not included in any other individual business category of this exhibit should be reported as other individual business.

**Other Medical (Non-Comprehensive)**

Policies such as hospital only, hospital confinement, surgical, outpatient indemnity, intensive care, mental health/substance abuse, and organ and tissue transplant (including scheduled type policies), etc. Expense reimbursement and indemnity plans should be included. This category does not include TRICARE/CHAMPUS Supplement, Medicare Supplement, or Federal Employee Health Benefit Program coverage.

**Short Term Medical**

Policies that provide major medical coverage for a short period of time, typically 30 to 180 days. These policies may be renewable for multiple periods.

**Specified/Named Disease**

Policies that provide benefits only for the diagnosis and/or treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem or as a principal sum.

**State Children's Health Insurance Program**

Policies issued in association with the Federal/State partnership created by title XXI of the Social Security Act.

**Stop Loss/Excess Loss**

Individual or group policies providing coverage to a health plan, a self-insured employer plan, or a medical provider providing coverage to insure against the risk that any one claim or an entire plan's losses will exceed a specified dollar amount.

**Student**

Policies that cover students for both accident and health benefits while they are enrolled and attending school or college. These can be either individual policies or group policies sponsored by the school or college.

**TRICARE**

Policies issued in association with the Department of Defense's health care program for active duty military, active duty service families, retirees and their families, and other beneficiaries.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT  
FOR THE YEAR ENDED DECEMBER 31, 2014

ADDRESS(City, State and Zip Code) \_\_\_\_\_  
 NAIC GROUP CODE \_\_\_\_\_ NAIC COMPANY CODE \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(THIS EXHIBIT IS TO BE FILED NO LATER THAN MARCH 1, 2014)

(1) Policy Form Number (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio $\frac{(8)+(10)}{(5)}$	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
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A. INDIVIDUAL BUSINESS

<b>1. Comprehensive Major Medical</b>																		
With Contract Reserves:																		
0119999	XXX															XXX		XXX
Without Contract Reserves:																		
0129999	XXX															XXX		XXX
0199999	XXX															XXX		XXX
<b>2. Short Term Medical</b>																		
With Contract Reserves:																		
0219999	XXX															XXX		XXX
Without Contract Reserves:																		
0229999	XXX															XXX		XXX
0299999	XXX															XXX		XXX

<b>3. Other Medical (Non-Comprehensive)</b>																		
With Contract Reserves:																		
0319999	XXX															XXX		XXX
Without Contract Reserves:																		
0329999	XXX															XXX		XXX
0399999	XXX															XXX		XXX
<b>4. Specified / Named Disease</b>																		
With Contract Reserves:																		
0419999	XXX															XXX		XXX
Without Contract Reserves:																		
0429999	XXX															XXX		XXX
0499999	XXX															XXX		XXX
<b>5. Limited Benefit</b>																		
With Contract Reserves:																		
0519999	XXX															XXX		XXX
Without Contract Reserves:																		
0529999	XXX															XXX		XXX
0599999	XXX															XXX		XXX

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

(1) Policy Form Number  (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8 + (10) (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
<b>6. Student</b>																		
With Contract Reserves:																		
0619999	XXX															XXX		XXX
Without Contract Reserves:																		
0629999	XXX															XXX		XXX
0699999	XXX															XXX		XXX
<b>7. Accident Only or AD&amp;D</b>																		
With Contract Reserves:																		
0719999	XXX															XXX		XXX
Without Contract Reserves:																		
0729999	XXX															XXX		XXX
0799999	XXX															XXX		XXX
<b>8. Disability Income – Short Term</b>																		
With Contract Reserves:																		
0819999	XXX															XXX		XXX
Without Contract Reserves:																		
0829999	XXX															XXX		XXX
0899999	XXX															XXX		XXX
<b>9. Disability Income – Long Term</b>																		
With Contract Reserves:																		
0919999	XXX															XXX		XXX
Without Contract Reserves:																		
0929999	XXX															XXX		XXX
0999999	XXX															XXX		XXX
<b>10. Long Term Care</b>																		
With Contract Reserves:																		
1019999	XXX															XXX		XXX
Without Contract Reserves:																		
1029999	XXX															XXX		XXX
1099999	XXX															XXX		XXX
<b>11. Medicare Supplement (Medigap)</b>																		
With Contract Reserves:																		
1119999	XXX															XXX		XXX
Without Contract Reserves:																		
1129999	XXX															XXX		XXX
1199999	XXX															XXX		XXX

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

(1) Policy Form Number  (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8) + (10) (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
<b>12. Dental</b>																		
With Contract Reserves:																		
1219999	XXX															XXX		XXX
Without Contract Reserves:																		
1229999	XXX															XXX		XXX
1299999 Subtotal	XXX															XXX		XXX
<b>13. State Children's Health Insurance Program</b>																		
With Contract Reserves:																		
1319999	XXX															XXX		XXX
Without Contract Reserves:																		
1329999	XXX															XXX		XXX
1399999 Subtotal	XXX															XXX		XXX
<b>14. Medicare</b>																		
With Contract Reserves:																		
1419999	XXX															XXX		XXX
Without Contract Reserves:																		
1429999	XXX															XXX		XXX
1499999 Subtotal	XXX															XXX		XXX
<b>15. Medicaid</b>																		
With Contract Reserves:																		
1519999	XXX															XXX		XXX
Without Contract Reserves:																		
1529999	XXX															XXX		XXX
1599999 Subtotal	XXX															XXX		XXX
<b>16. Medicare Part D – Stand Alone</b>																		
With Contract Reserves:																		
1619999	XXX															XXX		XXX
Without Contract Reserves:																		
1629999	XXX															XXX		XXX
1699999 Subtotal	XXX															XXX		XXX
<b>17. Other Individual Business</b>																		
With Contract Reserves:																		
1719999	XXX															XXX		XXX
Without Contract Reserves:																		
1729999	XXX															XXX		XXX
1799999 Subtotal	XXX															XXX		XXX
<b>18. TOTAL INDIVIDUAL BUSINESS</b>																		
1819999 With Contract Reserves:	XXX															XXX		XXX
1829999 Without Contract Reserves:	XXX															XXX		XXX
1899999 GRAND TOTAL INDIVIDUAL: (sum of 0199999 thru 1799999)	XXX															XXX		XXX

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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

(1) Policy Form Number <small>(Listed by Policy Form)</small>	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio $(8) + (10) / (5)$	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
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**B. GROUP BUSINESS**

<b>Comprehensive Major Medical</b>																		
30. Single Employer																		
Small Employer:																		
3019999	XXX															XXX		XXX
Other Employer:																		
3029999	XXX															XXX		XXX
3099999 Subtotal	XXX															XXX		XXX
31. Multiple Employer Assns & Trusts																		
3199999 Subtotal	XXX															XXX		XXX
32. Other Associations and Discretionary Trusts																		
3299999 Subtotal	XXX															XXX		XXX
33. Other Comprehensive Major Medical																		
3399999 Subtotal	XXX															XXX		XXX
3499999 Comprehensive Major Medical: (sum of 3099999 thru 3399999)	XXX															XXX		XXX
<b>Other Medical (Non-Comprehensive)</b>																		
40. Specified / Named Disease																		
4099999 Subtotal	XXX															XXX		XXX
41. Limited Benefit																		
4199999 Subtotal	XXX															XXX		XXX
42. Student																		
4299999 Subtotal	XXX															XXX		XXX
43. Accident Only or AD&D																		
4399999 Subtotal	XXX															XXX		XXX
44. Disability Income – Short Term																		
4499999 Subtotal	XXX															XXX		XXX

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**NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2014 OF THE ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)**

(1) Policy Form Number  (Listed by Policy Form)	(2) Years Issued	(3) Premiums Written	(4) Increase in Premium Reserves	(5) Premiums Earned	(6) Dividends	(7) Paid Claims	(8) Change in Contract Reserves	(9) Increase in Claim Reserves	(10) Incurred Claims Amount	(11) Ratio of Incurred Claims to Premiums Earned	(12) Loss Ratio (8) + (10) (5)	(13) Number of Policies or Certificates As of Dec. 31	(14) Number of Covered Lives As of Dec. 31	(15) Member Months	(16) Number of Reported Claims	(17) Expected Lifetime Loss Ratio	(18) Commission Incurred	(19) Rate of Commission And Expense
45. Disability Income – Long Term																		
4599999 Subtotal	XXX															XXX		XXX
46. Long Term Care																		
4699999 Subtotal	XXX															XXX		XXX
47. Medicare Supplement (Medigap)																		
4799999 Subtotal	XXX															XXX		XXX
48. Federal Employees Health Benefit Plans																		
4899999	XXX															XXX		XXX
49. Tricare																		
4999999	XXX															XXX		XXX
50. Dental																		
5099999 Subtotal	XXX															XXX		XXX
51. Medicare																		
5199999 Subtotal	XXX															XXX		XXX
52. Medicare Part D – Stand Alone																		
5299999 Subtotal	XXX															XXX		XXX
53. Other Group Care																		
5399999 Subtotal	XXX															XXX		XXX
5499999 Other Medical Subtotal: (sum of 4099999 thru 5399999)	XXX															XXX		XXX
5599999 GRAND TOTAL Group Business (sum of lines 3499999 and 5499999)	XXX															XXX		XXX

**C. OTHER BUSINESS**

7099999 Credit (Individual & Group)	XXX															XXX		XXX
7199999 Stop Loss / Excess Loss	XXX															XXX		XXX
7299999 Administrative Services Only	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX	XXX	XXX
7399999 Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX	XXX	XXX
7499999 GRAND TOTAL Other Business	XXX															XXX		XXX

**D. TOTAL BUSINESS**

7599999 Total Non-US Policy Forms	XXX															XXX		XXX
7699999 GRAND TOTAL: Sum of lines 1899999, 5599999, 7499999 and 7599999	XXX															XXX		XXX

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR 2014

PART 1 INDIVIDUAL POLICIES  
SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio <u>(2) + (3)</u> (1)
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

PART 2 GROUP POLICIES  
SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio <u>(2) + (3)</u> (1)
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

PART 3 CREDIT POLICIES (Individual and Group)  
SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio <u>(2) + (3)</u> (1)
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

PART 4 All INDIVIDUAL, GROUP, AND CREDIT POLICIES  
SUMMARY

Line	Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio <u>(2) + (3)</u> (1)
1	U.S. Forms Direct Business				
2	Other Forms Direct Business				
3	Total Direct Business				
4	Reinsurance Assumed				
5	Less Reinsurance Ceded				
6	GRAND TOTAL				

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**OVERFLOW PAGE FOR WRITE-INS**

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## INSTRUCTIONS

### For completing the New York Article 43 Corporations Supplement to the NAIC Health Annual Statement

#### GENERAL

1. One hardcopy of this Supplement, completed according to these instructions, should be filed by all Article 43 insurers licensed in New York, together with one hardcopy of the NAIC Health Annual Statement, completed pursuant to the laws of the State of New York. The Supplement must be filed with pages that are 8 1/2" wide x 14" long, and must be filed in the same sequence as presented by the Department in the electronic prototypes available to each insurer through the Department's web site. All pages of the Supplement MUST be bound along the left margin and MUST have a cover sheet that precedes the Jurat page. Supplements returned as loose pages without covers or merely stapled or in a larger or smaller size will not be accepted as meeting the filing requirements. Refer to the Department's website for instructions pertaining to electronic filing of this Supplement.
2. This Supplement is to be filed on or before March 1<sup>st</sup>. Address the Supplement to: Health Bureau, New York State Department of Financial Services, 1 State Street, New York, New York 10004.
3. All interrogatories contained on pages NY2, NY3 and NY4 must be answered.
4. Blank schedules will not be considered properly filed. If no entries are to be made, write "None" across the schedule in question.
5. The Supplement requires the use of bar codes on the jurat page, Schedule G (NY) and the Certificate of Compliance. Please refer to bar coding instructions in the NAIC Annual Statement General Instructions.

#### INSTRUCTION FOR REPORTING MLR LIABILITIES IN THE NAIC STATEMENT

Reporting of liabilities associated with minimum loss ratio (MLR) requirements:

NAIC instructions require the liability for rebates payable under the Public Health Service Act to be reported on Page 3, Line 4 (Aggregate health policy reserves - with the liability disclosed in the inset) of the NAIC balance sheet, and require the change in the liability to be reported on Page 4, Line 3 (Change in unearned premium reserves and reserve for rate credits).

The NAIC instructions should be followed only for product rebates payable under the Public Health Service Act. Medicare Supplemental is not subject to such Act, and MLR rebates for Medicare Supplemental should be reported as follows:

The liability shall appear as a write-in item on page 3, in an account titled: New York Insurance Law section 3231(e)(1) or section 4308(c) Dividend/Credit Payable for Medicare Supplemental. The distribution of such dividends and credits are to be reported as a negative write-in for other income or expenses in the Statement of Revenue and Expenses on page 4, line 29, Aggregate write-ins for income and expenses.

#### JURAT – PAGE NY1

The jurats in both copies of the NAIC Annual Statement and the New York Supplement must be signed by the same officers and notarized. Photocopies will not be accepted.

#### SUPPLEMENTAL SCHEDULE A (NY) – PAGE NY5

Section 4310(1) of the Insurance Law and Section 83.4(j)(1) of Regulation 172 (11 NYCRR 83) permit Article 43 corporations and not-for-profit P.H.L. HMO's the option of valuing real estate owned and held at ninety percent of its current market value, less encumbrances. For purposes of the completion of this Supplement, "market value, less encumbrances" shall have the same meaning as "fair value, less encumbrances." If the reporting entity elects this option, Supplemental Schedule A (NY) must be completed for what the current amortized book value would have been had the election not been made. Supplemental Schedule A (NY) is for informational purposes only and is not intended to supersede the NAIC Schedule A which would be completed with the market value election. Notwithstanding the valuation methodology permitted in Section 83.4(j)(1) of Regulation 172 and the instructions of Section 83.4(j)(1), properties that the reporting entity has the intent to sell, or is required to sell, shall be classified as properties held for sale and carried at the lower of depreciated cost or current market value less encumbrances and estimated sales costs consistent with the requirement of paragraph 10 of SSAP No. 40.

## SCHEDULE G (NY) – PAGE NY6

Nothing in these instructions shall obviate the basic Schedule G (NY) instructions included on page NY6.

Column 2, Name of Payee: Payees should be listed in the following order: (1) Trade Association, Service Organization, Statistical, Actuarial or Rating Bureau or Organization, (2a) Directors or Trustees, (2b) Ten Officers or Employees Receiving the Largest Amounts, (2c) the remaining Officers and Employees, if the amount received was in excess of \$160,000 and (3) Any Other Person, Firm or Corporation, Excluding Medical Providers, in excess of \$160,000. Each of the aforementioned categories is to be listed separately. Within each category, the payees are to be listed in descending order from the highest paid to the lowest paid.

Column 3, Location of Payee: For directors, officers and employees state the principal work location (city and state) of person listed. For vendors, also state the city and state where the vendor is located.

Column 4, Salary Paid by Company and All Other Companies in the Entire Holding Company System: With respect to directors, officers and employees, column 4 will include salaries excluding commissions, before any adjustment for tax sheltered programs, paid by the entire holding company.

Column 5, Bonus & all other Compensation Paid by Company and All Other Companies in the Entire Holding Company System: Report gross bonus & all other compensation including any amounts deferred pursuant to a deferred compensation plan and/or employee saving plan. Exclude commissions.

The \$160,000 trigger in Schedule G's instructions is applicable not only to officers and employees who are employees of the reporting entity. **It is also applicable to individuals who are employees of the parent or an affiliate of the reporting entity and whose salaries are then allocated wholly or partially to the reporting entity.** Thus, even if the salary allocated to the reporting entity in column 7 is under \$160,000, column 6 requires the reporting of the total compensation of officers and employees of parents and affiliates if they are in excess of \$160,000.

Column 6, Total Amount Paid by the Entire Holding Company System: Sum of columns 4 and 5.

Column 7, Amount Paid by or Amount Allocated to Company: Amount Paid to category (1) the Trade Association, Service Organization, Statistical, Actuarial or Rating Bureau or Organization, and category (3) Any Other Person, Firm or Corporation, Excluding Medical Providers, in excess of \$160,000.

With respect to directors, officers and employees, if the amount paid was in excess of \$160,000, indicate the amount of compensation allocated to the reporting entity as a joint expense.

For categories 2(a), 2(b) and 2(c) – If the reporting entity does not belong to a holding company system, column 7 should equal column 6.

## CERTIFICATE OF COMPLIANCE – PAGE NY11

Companies must evidence compliance with the advertising requirements of Department Regulation 34 (11 NYCRR 215).

## SCHEDULE M – PAGES NY12, NY13 & NY14

Section 4802(a) of the Insurance Law requires Article 43 corporations that offer managed care products to establish grievance procedures with regard to those products. Pursuant to such procedures, subscribers are entitled to seek a review of determinations made by Article 43 corporations. Excluded from these reviews are determinations subject to Article 49 of the Insurance Law.

Article 49 of the Insurance Law establishes utilization review (“UR”) standards and reporting requirements for Article 43 corporations. UR is generally defined as the review to determine whether health care services are medically necessary. Subscribers who receive adverse UR determinations are entitled to appeal such determinations.

Statistics pertaining to HMO grievances and UR appeals are to be excluded from Schedule M. These statistics are to be reported separately in N.Y. Schedule M in the Data Requirements for Health Maintenance Organizations.

## PAGES NY15 THRU NY19 - STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

1. The schedule should set forth results for the entire calendar year.
2. Column 1 totals should be in agreement with NAIC Statement of Revenue and Expenses, page 4.
3. Small group contracts are defined in Insurance Department Regulation 145 (11 NYCRR 360), Section 360.2(f), as being group remittance policies written pursuant to Section 4304 of the Insurance Law and group policies covering up to fifty employees or members, exclusive of dependents and spouses. All other community rated group contracts (community rated groups covering over fifty employees or members, dental or vision service contracts, etc.) are to be classified as large group contracts.
4. The experience of an HMO that is a line of business of the reporting Article 43 Corporation should be reported in its entirety in Columns 5 and 6, All HMO Business. Line of business results for contracts issued by a line of business HMO should not appear in any other columns except as part of Columns 1 and 2, Total.
5. The experience of major medical contracts and comprehensive contracts should be reported in their entirety in columns 7 through 13. Line of business results for these contracts should not be fragmented and reported as part of other columns.
6. Columns 31 through 38, Medicare Carve-outs should not include the standardized Medicare Supplemental plan designs.
7. Columns 39 and 40, Medicare Supplemental should include all Medicare Supplemental, whether written on a group or direct pay basis.
8. Columns 43 through 50, Prescription Drugs, and columns 51 through 58, Dental are for stand-alone plans. Riders to major medical or comprehensive plans should be included in Columns 7 through 14, Comprehensive or Major Medical.

## PAGES NY20 THRU NY21 - ENROLLMENT BY LINE OF BUSINESS

1. Line 16, Total should reflect total contracts and participants. This line should equal the sum of the totals on lines -1, 2.5, 3.5, 4.5, 5.5, 6, 7, 8.5, 9.5 and 10 thru 15.
2. Small group contracts are defined in Insurance Department Regulation 145 (11 NYCRR 360), Section 360.2(f), as being group remittance policies written pursuant to Section 4304 of the Insurance Law and group policies covering up to fifty employees or members, exclusive of dependents and spouses. All other community rated group contracts (community rated groups covering over fifty employees or members, dental or vision service contracts, etc.) are to be classified as large group contracts.
3. Enrollment data for an HMO that is a line of business of the reporting Article 43 Corporation should be reported in its entirety on Line 1 - All HMO Business. Line of business results for contracts issued by a line of business HMO should not appear on any other line.
4. The experience of major medical contracts and comprehensive contracts should be reported in their entirety in rows 2.1 through 2.5. Line of business results for these contracts should not be fragmented and reported as part of other rows.
5. Rows 5.1 through 5.5, Medicare Carve-outs should not include the standardized Medicare Supplemental plan designs.
6. Row 6, Medicare Supplemental should include all Medicare Supplemental, whether written on a group or direct pay basis.
7. Rows 8 through 8.5, Prescription Drugs, and Rows 9 through 9.5, Dental are for stand-alone plans. Riders to major medical or comprehensive plans should be included in Rows 2.1 through 2.5, Comprehensive or Major Medical.

### SCHEDULE P – PART 1 (NY)

Schedule P – Part 1 is intended to display a summary containing four years of historical data for all unpaid claims and unpaid claim adjustment expense liabilities. Schedule P – Part 1 is designed to provide retrospective tests of reported liabilities through four subsequent calendar years.

The contract categories required in Schedule P Parts 1A through 1M are Hospital, Surgical-Medical, Major Medical, Prescription Drug, Dental, HMO and Medicare Supplemental. Each of these lines, except Medicare Supplemental, are fragmented into community and experience-rated market segments. Schedule P – Parts 1EA, 1EB, and 1EC further fragment the community-rated market segment of the major medical line of business into comprehensive contracts, riders and Medicare carve-out.

Comprehensive contracts, as required by Schedule P – Part 1EA, are defined as contracts offering the coverages of hospital, surgical-medical and major medical in one contract and, also, contracts which are not major medical contracts, but which do offer both hospital and surgical-medical in one contract. Riders, as required by Schedule P – Part 1EB, are defined as riders which, when attached to hospital and surgical-medical basic contracts, offer major medical coverage. Medicare carve-out, as required by Schedule P – Part 1EC, pertains to riders which provide carve-out benefits. Carve-out benefits are defined as the difference between Medicare benefits and a member's major medical group coverage, to the extent the group coverage pays more than Medicare.

Schedule P – Part 1M Medicare Supplemental is to contain only group and direct payment Medicare supplementary and complementary contracts. Medicare carve-out pertaining to community-rated major medical group contracts is not to be included in Schedule P – Part 1M, but instead is to be segregated in Schedule P – Part 1EC as discussed above. Similarly, carve-outs pertaining to community-rated hospital only group contracts are to be included in Schedule P – Part 1A.

Generally, the columnar headings of Schedule P – Part 1 provide adequate instructions for completion. However, the following clarifications should be of assistance:

1. Report all dollar amounts in Schedule P – Part 1 in thousands of dollars (000 omitted), by either rounding or truncating.
2. Earned premium is on a calendar year basis. Premiums earned, once entered into column 2 of each part, will become "frozen." No retrospective adjustments are to be made for experience-rated contracts.
3. Claims incurred should be assigned to the year in which the event occurred that triggered coverage under the contract.
4. Total claims unpaid, column 8, line 6, is expected to represent the ultimate amounts to be paid, including anticipated inflation, and is to agree in total with claims unpaid defined as page 3 line 1 plus line 2 of the NAIC Annual Statement. Column 8, line 7 is to equal the aggregate claims unpaid pertaining to the four incurral years presented in lines 2, 3, 4 and 5.
5. Total unpaid claims adjustment expense, column 9, line 6, is to agree in total with unpaid claims adjustment expenses on page 3, line 3 of the NAIC Annual Statement. Column 9, line 7 is to agree with the aggregate unpaid claims adjustment expense pertaining to the four incurral years presented in lines 2, 3, 4 and 5.
6. With the exception of line 1 entitled, "Prior to 2011," claim and claim adjustment expense payments are to be maintained on a cumulative basis. Thus, incurral year 2011 will represent claim or expense payments made from inception, January 1, 2011, to date, December 31, 2014. Incurral year 2012 will represent claim or expense payments made from inception, January 1, 2012, to date, December 31, 2014 and so on.

Claim and claim adjustment expenses reported on line 1, "Prior to 2011" should not be cumulative, but should only pertain to payments made in 2014 on incurral year 2010 and prior claims. The purpose of this instruction is to account for all claim and expense payments in 2014 without reflecting a large cumulative to inception number of questionable value in the "Prior to 2011" line.

7. Total claim adjustment expenses paid are set forth in N.A.I.C. Annual Statement Part 3 – Analysis of Expenses, column 1 + 2, line 31. Claim adjustment expense payments paid during the most recent calendar year should be distributed to the various years in which claims were incurred as follows: (1) 45% to the most recent year, (2) 5% to the next most recent year, and (3) the balance to all years, including the most recent, in proportion to the amount of loss payment paid for each year during the most recent calendar year. If the distribution in (1) or (2) produces an accumulated distribution to such year in excess of 10% of the premiums earned for such year, disregarding all distributions made under (3), such accumulated distribution should be limited to 10% of premiums earned and the balance distributed in accordance with rule (3) of this paragraph.
8. Schedule P – Parts 1A through 1M should total to and be in agreement with Schedule P – Part 1 Summary all Market Segments and Lines of Business.
9. To assist preparers in the completion of Schedule P – Part 1, the following completion chart describes what is to be included in columns 3, 4, 8 and 9:

**SCHEDULE P – PART 1 – COMPLETION CHART**

(1) Years in which Premiums were Earned and Claims were Incurred	(3)  <u>Claim Payments</u>	(4)  <u>Adjustment Expense Payments</u>	(8)  <u>Claims Unpaid</u>	(9)  <u>Unpaid Claim Adjustment Expenses</u>
1. Prior to 2011	Paid in 14 on <11	Paid in 14 on <11	Rsvs on <11 @ Year 14	Rsvs on <11 @ Year 14
2. 2011	Paid thru 14 on 11	Paid thru 14 on 11	Rsvs on 11 @ Year 14	Rsvs on 11 @ Year 14
3. 2012	Paid thru 14 on 12	Paid thru 14 on 12	Rsvs on 12 @ Year 14	Rsvs on 12 @ Year 14
4. 2013	Paid thru 14 on 13	Paid thru 14 on 13	Rsvs on 13 @ Year 14	Rsvs on 13 @ Year 14
5. 2014	Paid thru 14 on 14	Paid thru 14 on 14	Rsvs on 14 @ Year 14	Rsvs on 14 @ Year 14

**SCHEDULE P – PART 2 (NY)**

Schedule P – Part 2 displays claims incurred data reported in Schedule P – Part 1, of the current and prior years, except as directed in the footnotes. The schedule format provides a retrospective test of all unpaid claims reported in the Annual Statement which will show developments through twelve and twenty-four months.

Claim adjustment expenses should be excluded from Schedule P – Part 2.

Report all amounts in thousands of dollars (000 omitted), by either rounding or truncating.

Line of business categories are identical to those set forth in Schedule P – Part 1.

Column 6, the twelve month development, is equal to column 5 minus column 4 for lines 1 through 4 only. Column 7, the twenty-four month development, is equal to column 5 minus column 3 for lines 1 through 3 only. Line 6, totals for columns 6 and 7 is the sum of lines 1 through 5 of the respective columns.

Line 1 “Prior,” column 2, is equal to unpaid claim reserves at year end 2011 for all incurral years prior to 2011.

Line 1, “Prior,” column 3, is equal to unpaid claim reserves at year end 2012 for all incurral years prior to 2011 plus claim payments made during 2012 for all incurral years prior to 2011.

Line 1, “Prior,” columns 4 and 5 are equal to the same outstanding reserves at the specified year-end for all incurral years prior to 2011 plus the cumulative claim payments made after 2011 and before the specified year end for all incurral years to 2011.

**SCHEDULE P – PART 2 – COMPLETION CHART**

To assist preparers in the completion of Schedule P – Part 2, the following completion chart describes what is to be included in columns 2 through 5:

(1)	(2)	(3)	(4)	(5)
<b>Claims Incurred Reported at Year End</b>				
<b><u>Years in which Claims were Incurred</u></b>	<b><u>2011</u></b>	<b><u>2012</u></b>	<b><u>2013</u></b>	<b><u>2014</u></b>
Prior	Unpaid Claims rsvs on <11 @ Year 11 only	Paid in 12 + rsvs on <11 @ Year 12	Paid thru 13 + rsvs on <11 @ Year 13	Paid thru 14 + rsvs on <11 @ Year 14
2011	Paid in 11 + rsvs on 11 @ Year 11	Paid thru 12 + rsvs on 11 @ Year 12	Paid thru 13 + rsvs on 11 @ Year 13	Paid thru 14 + rsvs on 11 @ Year 14
2012		Paid in 12 + rsvs on 12 @ Year 12	Paid thru 13 + rsvs on 12 @ Year 13	Paid thru 14 + rsvs on 12 @ Year 14
2013			Paid in 13 + rsvs on 13 @ Year 13	Paid thru 14 + rsvs on 13 @ Year 14
2014				Paid in 14 + rsvs on 14 @ Year 14

**SCHEDULE P – PART 3 (NY)**

In Schedule P, Part 3, the premiums to be reported are exposure or coverage year earned premiums, recalculated each subsequent year to reflect audits, retrospective adjustments based on claim experience, accounting lags and etc. Mechanically, the written premium file would be restated and the earned premium calculation repeated each year. Premium adjustments for policy periods that cover more than one calendar year should be proportionately distributed between the calendar years covered by the policy period. The objective is to develop earned premiums by calendar year of coverage consistent with the claim and claim adjustment expense by incurral year in Schedule P-Part 1 and Schedule P-Part 2.

Schedule P-Part 3 must include all experience rated lines of business only.

Report all amounts in thousands of dollars (000 omitted), by either rounding for truncating.

Line 1 (Prior) will not show total premiums earned for any period. Line 1 should only show non-cumulative adjustments for years prior to 2011 made respectively in calendar years 2012, 2013 and 2014. Line 1, column 2 will always be "000."

To assist preparers in the completion of Schedule P-Part 3, the following completion chart describes what is to be included:

**SCHEDULE P – PART 3 – COMPLETION CHART**

(1)	(2)	(3)	(4)	(5)
<b>Restatement of Experience Rated Premiums</b>				
<b><u>Years in which Claims were Incurred</u></b>	<b><u>2011</u></b>	<b><u>2012</u></b>	<b><u>2013</u></b>	<b><u>2014</u></b>
Prior	000	Adjustments to <11 premiums in 12	Adjustments to <11 premiums in 13	Adjustments to <11 premiums in 14
2011	Earned during 11 @ Ye 11	Earned during 11 Restated thru Ye 12	Earned during 11 Restated thru Ye 13	Earned during 11 restated thru Ye 14
2012	XXX	Earned during 12 @ Ye 12	Earned during 12 Restated thru Ye 13	Earned during 12 restated thru Ye 14
2013	XXX	XXX	Earned during 13 @ Ye 13	Earned during 13 Restated thru Ye 14
2014	XXX	XXX	XXX	Earned during 14

**SCHEDULE T (NY)— Pages NY36 and NY41**

Location of residence should be used for allocating direct payment premiums and enrollment to counties. Location of employer should be used for allocating group premiums and enrollment to counties.

Schedule T (NY) product types shall have the same definition as in NAIC Exhibit 1 – Enrollment by Product Type for Health Business Only.

**COMPUTATION OF SECTION 206 PREMIUM BASE – Page NY42**

This form is required to be filed by all New York domiciled companies, except accredited reinsurers. The form is due by March 1.

## ***SPECIAL INSTRUCTIONS***

### **HS2014JURAT1**

#### **COMPANY INFORMATION**

Column 1 = Current Period Group Code  
Column 2 = Prior Period Group Code  
Column 3 = NAIC Company Code  
Column 4 = FEIN  
Column 5 = State of Domicile

### **HS2014JURAT2**

#### **COMPANY NAME INFORMATION**

### **HS2014JURAT3**

#### **COMPANY ADDRESS INFORMATION**

Column 1 = Street Address  
Column 2 = City  
Column 3 = State  
Column 4 = Zip Code  
Column 5 = e-Mail Address

Line 01 = Statutory Home Office  
Line 02 = Main Administrative Office  
Line 03 = Mail Address  
Line 04 = Primary Location of Books and Records  
Line 05 = Electronic Contact Address

### **HS2014JURAT4**

#### **COMPANY CONTACT INFORMATION**

Column 1 = Contact Last Name  
Column 2 = Contact First Name  
Column 3 = Contact Middle Name  
Column 4 = Phone Number  
Column 5 = E-Mail Address

Line 1 = Annual Statement Contact  
Line 2 = Electronic Filing Contact

### **HS2014JURAT5**

Table Length: Variable

#### **COMPANY OFFICERS/DIRECTORS/TRUSTEES**

Column 1 = Last Name  
Column 2 = First Name  
Column 3 = Middle Name  
Column 4 = Suffix  
Column 5 = New Officer Indicator

Line 1 = President  
Line 2 = Secretary  
Line 3 = Treasurer  
Line 4 = Actuary  
Lines 05.01-05.99 = Vice Presidents  
Lines 06.01-06.99 = Provider Directors/Trustees  
Lines 07.01-07.99 = Public Directors/Trustees  
Lines 08.01-08.99 = Subscriber Directors/Trustees  
Lines 09.01-09.99 = Officer/Employee Directors/Trustees

### **HS2014JURAT6**

#### **VENDOR INFORMATION**

Column 1 = Vendor Name  
Column 2 = Vendor Version Number  
Column 3 = Vendor Code

### **HS2014JURAT8**

Table Length: Variable

#### **SERVICE AREAS OR COUNTIES**

### **HS2014INTER**

#### **NEW YORK INTERROGATORIES**

Column 1 = Yes/No Response  
Column 2 = Numeric Response  
Column 3 = Date  
Column 4 = Explanation

Values for Column 1: Yes = Yes / No = No / Not Applicable = NA

**HS2014INTERSC2**

Table Length: Variable

**NEW YORK INTERROGATORY - SCHEDULE 1**

Column 1 = Type of Account

Column 2 = % of Total Enrollment

Column 3 = Renewal Date (MMDDYYYY)

Lines 0100001-0199996 = Federal Employees as needed

Lines 0200001-0299996 = County and Municipal Employees as needed

Lines 0300001-0399996 = State Employees as needed

Lines 0400001-0499996 = Corporate Nonpublic - Service Sector as needed

Lines 0500001-0599996 = Corporate Nonpublic - Private Sector as needed

Lines 0600001-0699996 = Union and Trust Funds as needed

Lines 0700001-0799996 = Medicaid as needed

Lines 0800001-0899996 = Medicare as needed

Lines 0900001-0999996 = Other as needed

If this schedule is not used, or any section thereof, all xx00001 lines are required and all columns must be left blank.

**HS2014SCANY**

Table Length: Variable

**SUPPLEMENTAL SCHEDULE A (NY)**

Column 1 = Description of Property

Column 2 = Code. (See NAIC Instructions)

Column 3 = City

Column 4 = State

Column 5 = Date Acquired (MMDDYYYY)

Column 6 = Date of last appraisal (MMDDYYYY)

Lines 0100001-0199996 = Properties occupied by the reporting entity – Health Care Delivery.

Lines 0200001-0299996 = Properties occupied by the reporting entity – Administrative.

Lines 0399999 = Total properties occupied by the reporting entity.

Lines 0400001-0499996 = Properties held for the production of income.

Lines 0500001-0599996 = Properties held for sale.

Lines 9999999 = Totals

If this schedule is not used, or any section thereof, all xx00001 lines are required and all columns must be left blank.

**HS2014SCG**

Table Length: Variable

**SCHEDULE G**

Column 1 = Title of Payee

Column 2 = Name

Column 3A = City

Column 3B = State Abbreviation

Column 4 = Salary Paid by the entire holding company

Column 5 = Bonus &amp; all other compensation paid by the entire holding company

Column 6 = Total Amount paid by the entire holding company

Column 7 = Amount Paid or Amount allocated to Company

Lines 0100001-0199996 = Trade Association, Service Organization, Statistical, Actuarial or Rating Bureau or Organization

Lines 0200001-0299996 = Directors or Trustees

Lines 0300001-0399996 = Ten Officers or Employees Receiving the Largest Amounts

Lines 0400001-0499996 = Remaining Officers and Employees in excess of \$160,000

Lines 0500001-0599996 = Any Other Person, Firm or Corporation, Excluding Medical Providers, in excess of \$160,000

Line 9999999 = Total

**HS2014SCPPT1 thru 1M**

Columns 5, 7 &amp; 11 should be a percentage reported to the nearest 1/10th

**HS2014PREMTAXI COMPUTATION of Section 206 PREMIUM BASE**

Line 02.3, Column 1 = Description of Other Addition on line 2.3

Line 03.6, Column 1 = Description of Other Deduction on line 3.6

**HS2014JURAT10****COMPUTATION of Section 206 PREMIUM BASE**

Line 01 = Column 1 = Schedule Contact Name

Column 2 = Schedule Contact Title

Column 3 = Phone Number

Column 4 = E-Mail Address