

ARTICLE 43 CORPORATIONS

**NEW YORK STATE
DEPARTMENT OF
FINANCIAL SERVICES**

**SUPPLEMENT TO
ARTICLE 43
CORPORATIONS
ANNUAL STATEMENT**

**To be filed with the
Annual Statement – December 31, 2022
of the**

Name of Insurer

2022 Edition

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

2022

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
ANNUAL STATEMENT SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022

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(a)

Chief Executive Officer
Secretary
Chief Financial Officer
Vice-Presidents

DIRECTORS OR TRUSTEES(a)

Table with 4 columns: Provider, Public, Subscriber, Officer-Employee. Each column has 8 rows of dotted lines for text entry.

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 2022 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 2022 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.

Table with 2 columns: Print Name, Signature. Rows for Chief Executive Officer, Secretary, Chief Financial Officer.

Subscribed and sworn to before me this day of
a. Is this an original filing? Yes () No ()
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

(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.

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?
If “Yes,” attach a statement providing full information.

Yes [] No []

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?
If “Yes,” what was the amount at year end of:

3.1 Principal

3.2 Accrued Interest

Yes [] No []

\$.....

\$.....

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?
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?

7.4 State the Company’s methodology of COB recovery:

Yes [] No []

\$.....

Yes [] No []

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?
If “Yes”, complete the following and answer questions below:

Yes [] No []

| | 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?
10.1 If “Yes”, give detailed explanation of each loan.

Yes [] No []

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. _____

Yes [] No []

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. _____

Yes [] No []

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. _____

Yes[] No[] N/A[]
Yes [] No []

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.

Yes [] No []

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. _____

Yes[] No[] N/A[]
Yes[] No[] N/A[]

17. The Company is to attach a copy of the minutes of the Annual Meeting of the Board of Directors.
Have such minutes been attached?

Yes [] No []

18. Provide a brief description of the business reported in Columns 69 and 70 (Other Insured Business) of the Statement of Revenue and Expenses by Line of Business – Part 5 (Page NY19). _____

NEW YORK INTERROGATORIES SCHEDULES

INTERROGATORY SCHEDULE 1
TABLE OF ENROLLMENT CONCENTRATION

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

Showing All Real Estate OWNED December 31 of Current Year at Amortized Values and Fair Values

9999999 Totals

not

(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 \$200,000, 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.
** All other compensation including stock awards, option awards, sign-on payments, severance payments, and any amounts deferred pursuant to a deferred compensation plan and/or employee saving plan.

| 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 | |
| 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 \$200,000* | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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 | |
| | | | 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

| | 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 |
| Account | | | | | | | | | | | | |
| 1. Reserve for Reported Claims Due and Unpaid ^a | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| 2. Reserve for Reported Claims in Course of Settlement ^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) | | | | | | | | | | | | |
| 3. Reserve for Reported Resisted Claims ^c | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| 4. Total Reported Claims Unpaid (line 1.3 + 2.3 + 3.3) | | | | | | | | | | | | |
| 5. Unreported Claims and Other Claim Reserves ^d | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |
| 6. Total Amounts Withheld | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |
| 7. Total Claims Unpaid (Lines 4 through 6) | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |
| 8. Accrued Medical Incentive Pool | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |

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| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DETAILS OF WRITE-INS AGGREGATED AT LINE 1.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS AGGREGATED AT LINE 2.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE | | | | | | | | | | | | |
| 2.101 | | | | | | | | | | | | |
| 2.102 | | | | | | | | | | | | |
| 2.103 | | | | | | | | | | | | |
| 2.198 (Summary of remaining write-ins for 2.1 from overflow page) | | | | | | | | | | | | |
| 2.199 Totals (Lines 2.101 through 2.103 plus 2.198)(Line 2.1 above) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS AGGREGATED AT LINE 3.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE | | | | | | | | | | | | |
| 3.101 | | | | | | | | | | | | |
| 3.102 | | | | | | | | | | | | |
| 3.103 | | | | | | | | | | | | |
| 3.198 (Summary of remaining write-ins for 3.1 from overflow page) | | | | | | | | | | | | |
| 3.199 Totals (Lines 3.101 through 3.103 plus 3.198)(Line 3.1 above) | | | | | | | | | | | | |

Total Claims Unpaid on line 7 of Section 1 must agree with N.A.I.C Annual Statement page 3, line 1, col. 3, Claims Unpaid.
Section 2A, columns 5 and 6, line 4.5 and Section 2B, columns 5 and 6, line 4.5 must total Section 1, columns 11 and 12, line 4.
See further notes after Section 3 of this Schedule.

SCHEDULE H (NY)
Section 2A – Statutory Aging Analysis (New York Insurance Law Section 3224-a)
CLAIMS TRANSMITTED ELECTRONICALLY VIA INTERNET OR ELECTRONIC MAIL

| Account | 1-30 Days | | Over 30 Days | | Total* | |
|--|-------------|--------------|--------------|--------------|-------------|--------------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| | Claim Count | Dollar Value | Claim Count | Dollar Value | Claim Count | Dollar Value |
| 1. Reserves for Reported Claims Due and Unpaid ^a | | | | | | |
| 1.11 Payable to Physicians (capitated) ^e | 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) ^f | xxx | | xxx | | xxx | |
| 1.42 Payable to Others (other than capitated) | | | | | | |
| 1.5 Subtotal (Lines 1.11 through 1.42) | | | | | | |
| 2. Reserves for Reported Claims in Course of Settlement ^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) ^f | | | | | | |
| 2.5 Subtotal (Lines 2.1 through 2.4) | | | | | | |
| 3. Reserves for Reported Resisted Claims ^c | | | | | | |
| 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) ^f | | | | | | |
| 3.5 Subtotal (Lines 3.1 through 3.4) | | | | | | |
| 4. Total Reported Claims Unpaid (lines 1 through 3) | | | | | | |
| 4.1 Payable to Physicians (including capitation) (Lines 1.11+1.12+2.1+3.1) | | | | | | |
| 4.2 Payable to Hospitals (including capitation) (Lines 1.21+1.22+2.2+3.2) | | | | | | |
| 4.3 Payable to Subscribers (Lines 1.3+2.3+3.3) | | | | | | |
| 4.4 Payable to Others (including capitation) ^f (Lines 1.41+1.42+2.4+3.4) | | | | | | |
| 4.5 Subtotal (Lines 4.1 through 4.4) | | | | | | |

Section 2B – Statutory Aging Analysis (New York Insurance Law Section 3224-a)
PAPER CLAIMS OR CLAIMS SUBMITTED VIA FACSIMILE

| 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 |
| 1. Reserves for Reported Claims Due and Unpaid ^a | | | | | | |
| 1.11 Payable to Physicians (capitated) ^e | 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) | xxx | | xxx | | xxx | |
| 1.42 Payable to Others (other than capitated) ^f | | | | | | |
| 1.5 Subtotal (Lines 1.11 through 1.42) | | | | | | |
| 2. Reserves for Reported Claims in Course of Settlement ^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) ^f | | | | | | |
| 2.5 Subtotal (Lines 2.1 through 2.4) | | | | | | |
| 3. Reserves for Reported Resisted Claims ^c | | | | | | |
| 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) ^f | | | | | | |
| 3.5 Subtotal (Lines 3.1 through 3.4) | | | | | | |
| 4. Total Reported Claims Unpaid (lines 1 through 3) | | | | | | |
| 4.1 Payable to Physicians (including capitation) (Lines 1.11+1.12+2.1+3.1) | | | | | | |
| 4.2 Payable to Hospitals (including capitation) (Lines 1.21+1.22+2.2+3.2) | | | | | | |
| 4.3 Payable to Subscribers (Lines 1.3+2.3+3.3) | | | | | | |
| 4.4 Payable to Others (including capitation) ^f (Lines 1.41+1.42+2.4+3.4) | | | | | | |
| 4.5 Subtotal (Lines 4.1 through 4.4) | | | | | | |

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 ⁱ | 4 Interest Paid During Year |
| 1.1. Paid to Physicians (capitated) | xxx | | xxx | xxx |
| 1.2. Paid to Physicians (other than capitated) | | | | |
| 2.1. Paid to Hospitals (capitated) | xxx | | xxx | xxx |
| 2.2. Paid to Hospitals (other than capitated) | | | | |
| 3. Paid to Subscribers | | | | |
| 4.1. Paid to Others (Benefits) (capitated) | xxx | | xxx | xxx |
| 4.2. Paid to Others (Benefits) (other than capitated) | | | | |
| 5.1. Total Capitated (Lines 1.1 + 2.1 + 4.1) | xxx | | xxx | xxx |
| 5.2. Total Other than Capitated (Lines 1.2 + 2.2 + 3 + 4.2) | | | | |
| 5.3. Paid to Others (Miscellaneous ^g) | xxx | | xxx | xxx |
| 6. Subtotal (Lines 5.1 + 5.2 + 5.3) | xxx | | | |
| 7. Medical Incentive Pool and Bonus Amounts | xxx | | xxx | xxx |
| 8. Grand Total (Lines 6 + 7) ^h | xxx | | | |

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.

NEW YORK SUPPLEMENT FOR THE YEAR 2022 OF THE
(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 |
| 1. Reserves for Reported Claims Due and Unpaid - Companies individually listed (continued from Section 1) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Totals overflow for line 1.1 (enter also on page 1, line 1.198) | | | | | | | | | | | | |
| 2. Reserves for Reported Claims in Course of Settlement - Companies individually listed (continued from Section 1) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Totals overflow for line 2.1 (enter also on page 1, line 2.198) | | | | | | | | | | | | |
| 3. Reserves for Reported Resisted Claims - Companies individually listed (continued from Section 1) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Totals overflow for line 3.1 (enter also on page 1, line 3.198) | | | | | | | | | | | | |

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 ^(a) 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 Non-managed Care Contracts with Utilization Review Provisions | | | |
| 3. Other Non-managed Care Contracts without Utilization Review Provisions | | | |
| 4. Total Non-managed Care Contracts ^(b) (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 “non-managed 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 non-managed 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

NY13

| | MANAGED CARE CONTRACTS ^(a) | | | 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 ^(b) | Number of Utilization Review Determinations per Section 4903 ^(b) | Number of Utilization Review Appeals per Section 4904 ^(b) | Number of Grievances per Section 4802 as required by Section 4306-c for contracts included in Part 1, line 1.3 ^(c) | Number of Utilization Review Determinations 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 Determinations 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 | | | | | | | | | |
| 3.1 Number Closed in Current Year, Resulting in Reversal (in whole or part) of Insurer's Original Determination | | XXX | | | XXX | | XXX | | |
| 3.2 Number of Approvals Closed in Current Year | XXX | | XXX | XXX | | XXX | | XXX | XXX |
| 4.1 Number Closed in Current Year in which the Insurer's Original Determination was Upheld | | XXX | | | XXX | | XXX | | |
| 4.2 Number of Denials Closed in Current Year | XXX | | XXX | XXX | | XXX | | XXX | XXX |
| 5. Total Number Closed in Current Year (line 3.1 or 3.2 + line 4.1 or 4.2) | | | | | | | | | |
| 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) | | | | | | | | | |

(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 2021 and appealed in a timely manner in 2022 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 2021 and appealed in a timely manner in 2022 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

| Number of Appeals of Prior Years Grievances and Expedited UR Appeals (excluding those pertaining to HMO contracts) (SHOULD NOT BE REPORTED IN PART TWO ABOVE) | MANAGED CARE CONTRACTS ^(a) | | NONMANAGED CARE CONTRACTS | | |
|--|---|--|---|--|--|
| | For contracts included in Part 1, line 5 | | For contracts included in Part 1, line 1.3 ^(b) | | For contracts included in Part 1, line 2 |
| | (1) Prior year first level grievances reported as closed in Part Two <i>of prior year</i> but appealed in current year | (2) 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 | (3) Prior year first level grievances reported as closed in Part Two <i>of prior year</i> but appealed in current year | (4) 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 | (5) 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.

[illegible]

[illegible]

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 | 55 Amount | 56 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) | | | | | | | | | | | | |
| Hospital and Medical: | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| Less: | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |

[illegible]

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 |
| 1. All HMO Business | | | | | | | |
| 2. Comprehensive or Major Medical: | | | | | | | |
| 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 | | | | | | | |
| 3. Non-Comprehensive: | | | | | | | |
| 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 | | | | | | | |
| 4. Grandfathered Business: | | | | | | | |
| 4.1 Small Groups | | | | | | | |
| 4.2 Direct Payment and Group Conversions | | | | | | | |
| 4.3 TOTAL | | | | | | | |
| 5. Accident & Specified Disease | | | | | | | |
| 6. Prescription Drugs: | | | | | | | |
| 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 | | | | | | | |
| 7. Dental: | | | | | | | |
| 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 |
| 8. Medicare Carve-Out | | | | | | | |
| 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 | | | | | | | |
| 9. Medicare Supplement | | | | | | | |
| 10. Healthy New York Government Programs (Other than programs included in the HMO): | | | | | | | |
| 11. Essential Plan | | | | | | | |
| 12. Medicare Other than Part D | | | | | | | |
| 13. Medicare Part D | | | | | | | |
| 14. Medicaid | | | | | | | |
| 15. Child Health Plus | | | | | | | |
| 16. Health and Recovery Plan | | | | | | | |
| 17. Other Insured Business (Including out of network coverage provided to another company's in network product) | | | | | | | |
| 18. TOTAL | | | | | | | |

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 NY Direct | | | | | | | |
| 64. NY Ceded | | | | | | | |
| 65. NY Net (lines 63 - 64) | | | | | | | |

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 NY | | | | | | | |

Note: Line 63, Col. 1 must agree with page NY21, line 18, Col. 7 and NAIC Exhibit 1 – Enrollment by Product Type For Health Business Only, line 7, Col. 5.

NY23

SCHEDULE T (NY) – Part 2
Section 1A— Direct Premium by New York Counties

| 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 Essential Plan | 12 Medicare | 13 Medicaid | 14 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 New York Counties

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|----------------------------|-------|--|----------------|-------------------------------|--------------------------------|---------------------------|----------------------------|--------------------------------------|---------------------------------------|------------------------|-------------------|----------|----------|-------|
| County | Total | Health Maintenance Organizations | Large Group | Small Group On Exchange | Small Group Off Exchange | Direct Pay On Exchange | Direct Pay Off Exchange | Stand-Alone Dental On Exchange | Stand-Alone Dental Off Exchange | Medicare Supplement | Essential Plan | Medicare | Medicaid | 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 NY Direct | | | | | | | | | | | | | | |
| 64. NY Ceded | | | | | | | | | | | | | | |
| 65. NY Net (lines 63 - 64) | | | | | | | | | | | | | | |

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

SCHEDULE T (NY) – Part 2
Section 2A— Enrollment by New York Counties

| 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 Essential Plan | 12 Medicare | 13 Medicaid | 14 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 New York Counties

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|------------------|-------|--|----------------|-------------------------------|--------------------------------|---------------------------|----------------------------|--------------------------------------|---------------------------------------|------------------------|-------------------|----------|----------|-------|
| County | Total | Health Maintenance Organizations | Large Group | Small Group On Exchange | Small Group Off Exchange | Direct Pay On Exchange | Direct Pay Off Exchange | Stand-Alone Dental On Exchange | Stand-Alone Dental Off Exchange | Medicare Supplement | Essential Plan | Medicare | Medicaid | 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 NY | | | | | | | | | | | | | | |

Note: column 1 must agree with Schedule T (NY) – Part 1, Section 2, 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 2022 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 -3.7: 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.

| | | |
|---|--|---|
| 1. Beginning Premium Base (see Instruction #1) | | |
| ADJUSTMENTS | | |
| 2. Additions (See Instruction #2) | | |
| 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) | | |
| 3. Deductions (See Instruction #3) | | |
| 3.1 Employer/Employee Contributions | | |
| 3.2 FEBHA | | |
| 3.3 CHIP/Child Health Plus | | |
| 3.4 Health and Recovery Plan | | |
| 3.5 Medicare, including Part D, and/or Medicaid Premiums | | |
| 3.6 Other (b) | | |
| 3.7 Total Deductions (Lines 3.1 through 3.6) | | |
| 4. Adjusted Premium Base (Line 1 plus 2.4 minus 3.7) | | |
| 5. Prior Year Adjusted Premium Base | | |
| 6. Difference from Prior Year (Line 4 minus Line 5) | | |
| 7. Percent Difference (Line 6 divided by Line 5) (c) | | % |
| (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)

FINANCIAL STATEMENT FOR EACH RISK-BEARING ENTITY

Part A: BALANCE SHEET as of the Most Recently Ended Fiscal Year

NAME OF RISK BEARING ENTITY:

| | 1 Current Year End | 2 Previous Year End |
|---|--------------------------|---------------------------|
| ASSETS: | | |
| 1. Cash | | |
| 2. Investments | | |
| 3. Accrued Interest Receivable | | |
| 4. Capitation Refund Receivable | | |
| 5. Stop-loss Insurance Receivable ^(a) | | |
| 6. Accounts Receivable | | |
| 7. Intercompany Clearing | | |
| 8. Aggregate Write-ins for Other Assets | | |
| 9. TOTAL ASSETS | | |
| LIABILITIES AND FUND BALANCE: | | |
| LIABILITIES: | | |
| 10. Claims Payable — Reported | | |
| 11. Claims Payable — Incurred But Not Reported | | |
| 12. Reserve for Contingency | | |
| 13. Accrued Expenses | | |
| 14. Withhold Payable | | |
| 15. Other Accrued Expenses | | |
| 16. Aggregate Write-ins for Other Liabilities | | |
| 17. TOTAL LIABILITIES | | |
| FUND BALANCE | | |
| 18. Fund Balance (Deficit) | | |
| 19. TOTAL LIABILITIES AND FUND BALANCE | | |
| DETAILS OF WRITE-INS | | |
| 0801. | | |
| 0802. | | |
| 0803. | | |
| 0898. Summary of items for 8 from overflow page | | |
| 0899. Total (Items 0801 thru 0803 plus 0898)(Item 8 above) | | |
| 1601. | | |
| 1602. | | |
| 1603. | | |
| 1698. Summary of items for 16 from overflow page | | |
| 1699. Total (Items 1601 thru 1603 plus 1698)(Item 16 above) | | |

(a) Stop-loss insurance provider:NAIC No.:

Part B: STATEMENT OF OPERATIONS (For the year Ending.....)

NAME OF RISK BEARING ENTITY:

| | Aggregate Amount | | Reporting Entity ^(c) | |
|--|-------------------|--------------------|---------------------------------|--------------------|
| | 1 Current Year | 2 Previous Year | 3 Current Year | 4 Previous Year |
| INCOME: | | | | |
| 1. Capitation Revenue | | | | |
| 2. Stop-loss Insurance Premiums | | | XXX | XXX |
| 3. Investment Income | | | XXX | XXX |
| 4. Aggregate Write-ins for Other Income | | | XXX | XXX |
| 5. TOTAL INCOME (Line 1 – 2 + 3 + 4) | | | XXX | XXX |
| EXPENSES: | | | | |
| 6. Claims Incurred | | | | |
| 7. Stop-loss Insurance Recoveries | | | XXX | XXX |
| 8. Administrative Expense | | | XXX | XXX |
| 9. Aggregate Write-ins for Other Expenses | | | XXX | XXX |
| 10. Total Expenses (Line 6 – 7 + 8 + 9) | | | XXX | XXX |
| 11. Gain/(Loss) (Line 5 – 10) | | | XXX | XXX |
| 12. Prior Period Adjustment ^(a) | | | XXX | XXX |
| 13. Extraordinary Adjustments ^(b) | | | XXX | XXX |
| 14. Aggregate Write-ins for Gain or Loss to Fund Balance | | | XXX | XXX |
| 15. Changes to Fund Balances (Line 11 + 12 + 13 + 14) | | | XXX | XXX |
| DETAILS OF WRITE-INS: | | | | |
| 0401. | | | XXX | XXX |
| 0402. | | | XXX | XXX |
| 0403. | | | XXX | XXX |
| 0498. Summary for Item 4 from overflow page | | | XXX | XXX |
| 0499. Totals (Lines 0401 thru 0403 plus 0498)(Line 4 above) | | | XXX | XXX |
| 0901. | | | XXX | XXX |
| 0902. | | | XXX | XXX |
| 0903. | | | XXX | XXX |
| 0998. Summary for Item 9 from overflow page | | | XXX | XXX |
| 0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) | | | XXX | XXX |
| 1401. | | | XXX | XXX |
| 1402. | | | XXX | XXX |
| 1403. | | | XXX | XXX |
| 1498. Summary for Item 14 from overflow page | | | XXX | XXX |
| 1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) | | | XXX | XXX |

- (a) Describe the Prior Period Adjustment:
- (b) Describe the Extraordinary Adjustment:
- (c) For the risk-bearing entity’s operating results as respect to the reporting entity (i.e. columns 3 and 4), only line #1, Capitation Revenue, and line #6, Claims Incurred, need to be completed.

Part C:

List all other insurers, HMOs, PHSPs and other entities with which the risk-bearing entity contracts to assume risk:

| 1 Name of Insurer/HMO/Other |
|--------------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Part D: Regulation 164 Risk Transfer Arrangement Required Data For the Year

NAME OF RISK BEARING ENTITY:

1. Name of the Chief Financial Officer of Risk-bearing entity.
.....
2. Effective date of the Risk Transfer Arrangement: _____
3. This year’s total estimated annual in-network capitation from all insurers, HMOs, PHSPs and other entities:\$ _____
4. This year’s total estimated annual in-network capitation from reporting entity: \$ _____
- 5.1. This year’s total estimated annual in-network capitation from reporting entity excluded from financial security deposits: \$ _____
- 5.2. Reason for exclusion: (see footnote) _____
- 6.1. Amount of financial security deposit with reporting entity: \$ _____
- 6.2. Form of financial security deposit: (see footnote) _____
- 7.1 Has the risk transfer agreement been approved by the Department pursuant to Regulation 164? Yes [] No []
- 7.2 If Yes, what was the date approved? _____

Enter corresponding number for Line 5.2 Response:

1. Health care services provided directly by health care provider that is not an intermediary.
2. Health care services provided directly by health care provider’s guaranteeing parent corp., which is a health care facility.
3. Health care services provided by employees of the health care provider.
4. Health care services provided directly by employees of the health care provider’s guaranteeing parent corp. which is a health care facility.
5. Health care services provided by sub-capitated participating provider who is paid by the health care provider no later than the first day of the month following receipt by the health care provider.
6. Health care services provided by a participating provider who is paid a salary by the health care provider.
7. Health care provider is eligible for elimination of financial security deposit, per Regulation 164, Part 101.5(c).

Enter corresponding number for Line 6.2 Response:

1. Letter of Credit
2. Trust Arrangement
3. Stop Loss Insurance
4. Funds Withheld
5. Guaranteeing Parent Corporation
6. Other Method, per Reg. 164, Part 101.5(b)(5)

Funds held by the reporting entity, owed to a health care provider pursuant to a risk-sharing arrangement in satisfaction of the financial security deposit requirement of Regulation 164, Section 101.5(b), should be reported on Page 2 of the NAIC Health Blank in the appropriate category of invested assets (e.g., cash). The reporting entity should establish a corresponding liability, which should be reported on Page 3 of the NAIC Health Blank as write-in to Line 23 under the account title “Funds Held Per Reg. 164, Section 101.5(b)(3).

Pursuant to Department of Financial Services Insurance Regulation 164 [11 NYCRR 101.5(b)(3)], financial security deposits in the form of funds held must be kept in individual accounts separate from all other funds. If the reporting entity is holding more than one such security deposit, they must be kept in different accounts, or in different, clearly identifiable subaccounts of the same master account. The reporting entity should itemize the accounts in the NAIC Annual Statement, Schedule E – Part 3 – Special Deposits. The total amount of such deposits in Schedule E – Part 3 should agree with the corresponding liability on page 3.

.....
Affix Bar Code Here

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT INSTRUCTIONS

This exhibit is required to be filed no later than April 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 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. This Exhibit should not include any data pertaining to double indemnity, waiver of premiums, and other disability benefits embodied in life contracts.
- 6. Direct Premiums Earned (Column 5) should not include the change in contract reserves, but both Direct Premiums Written (Column 3) and Premiums Earned should include membership charges, modal loadings, and policy fees, if any.
- 7. “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.
- 8. The entries in Columns (17), (18), (23) and (25) 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 for dental only coverage (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) issued as stand-alone dental or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category. Does not include self-insured business, as well as federal employee's health benefits plans (FEHBP), or Medicare and Medicaid programs.

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, 2022

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 April 1, 2023)

| (1) Policy Form Number (Listed by Policy Form) | (2) Years Issued | (3) Direct Premiums Written | (4) Increase in Premiums Reserves | (5) Direct Premiums Earned | (6) Assumed Premiums Earned | (7) Ceded Premiums Earned | (8) Net Premiums Earned (5)+(6)-(7) | (9) Dividends | (10) Paid Claims | (11) Change in Contract Reserves | (12) Increase in Claim Reserves | (13) Direct Incurred Claims Amount | (14) Assumed Incurred Claims Amount |
|--|---------------------|-----------------------------------|---|----------------------------------|-----------------------------------|------------------------------------|---|------------------|------------------------|---|--|---|--|
| A. INDIVIDUAL BUSINESS | | | | | | | | | | | | | |
| 1. Comprehensive major medical | | | | | | | | | | | | | |
| A019999 Subtotal | | | | | | | | | | | | | |
| 2.1 Short-Term Medical – 6 Months or Less | | | | | | | | | | | | | |
| A021999 Subtotal | | | | | | | | | | | | | |
| 2.2 Short-Term Medical – Over 6 Months..... | | | | | | | | | | | | | |
| A022999 Subtotal | | | | | | | | | | | | | |
| 2.3 Subtotal Short-Term Medical (2.1+2.2) | | | | | | | | | | | | | |
| A023999 sum of A021999 and A022999 | | | | | | | | | | | | | |
| 3. Other Medical (Non-Comprehensive)..... | | | | | | | | | | | | | |
| A039999 Subtotal | | | | | | | | | | | | | |
| 4. Specified/Named Disease..... | | | | | | | | | | | | | |
| A049999 Subtotal | | | | | | | | | | | | | |
| 5. Limited Benefit..... | | | | | | | | | | | | | |
| A059999 Subtotal | | | | | | | | | | | | | |
| 6. Student..... | | | | | | | | | | | | | |
| A069999 Subtotal | | | | | | | | | | | | | |
| 7. Accident Only or AD&D..... | | | | | | | | | | | | | |
| A079999 Subtotal | | | | | | | | | | | | | |
| 8. Disability Income – Short-Term | | | | | | | | | | | | | |
| A089999 Subtotal | | | | | | | | | | | | | |
| 9. Disability Income – Long-Term..... | | | | | | | | | | | | | |
| A099999 Subtotal | | | | | | | | | | | | | |
| 10. Long-Term Care..... | | | | | | | | | | | | | |
| A109999 Subtotal | | | | | | | | | | | | | |
| 11. Medicare Supplement (Medigap)..... | | | | | | | | | | | | | |
| A119999 Subtotal | | | | | | | | | | | | | |
| 12. Dental..... | | | | | | | | | | | | | |
| A129999 Subtotal | | | | | | | | | | | | | |
| 13. State Children’s Health Insurance Program | | | | | | | | | | | | | |
| A139999 Subtotal | | | | | | | | | | | | | |
| 14. Medicare..... | | | | | | | | | | | | | |
| A149999 Subtotal | | | | | | | | | | | | | |
| 15. Medicaid..... | | | | | | | | | | | | | |
| A159999 Subtotal | | | | | | | | | | | | | |
| 16. Medicare Part D – Stand-Alone..... | | | | | | | | | | | | | |
| A169999 Subtotal | | | | | | | | | | | | | |
| 17. Vision..... | | | | | | | | | | | | | |
| A179999 Subtotal | | | | | | | | | | | | | |
| 18. Other Individual Business..... | | | | | | | | | | | | | |
| A189999 Subtotal | | | | | | | | | | | | | |
| 19. Grand Total Individual | | | | | | | | | | | | | |
| A199999 Grand Total Sum of A019999 through A189999, exclude A023999 | | | | | | | | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

| (1) Policy Form Number (Listed by Policy Form) | (2) Years Issued | (3) Direct Premiums Written | (4) Increase in Premiums Reserves | (5) Direct Premiums Earned | (6) Assumed Premiums Earned | (7) Ceded Premiums Earned | (8) Net Premiums Earned (5)+(6)-(7) | (9) Dividends | (10) Paid Claims | (11) Change in Contract Reserves | (12) Increase in Claim Reserves | (13) Direct Incurred Claims Amount | (14) Assumed Incurred Claims Amount |
|---|---------------------|-----------------------------------|---|----------------------------------|-----------------------------------|------------------------------------|---|------------------|------------------------|---|--|---|--|
| B. GROUP BUSINESS | | | | | | | | | | | | | |
| Comprehensive Major Medical | | | | | | | | | | | | | |
| 1.1 Single Employer – Small Employer..... | | | | | | | | | | | | | |
| B011999 Subtotal | | | | | | | | | | | | | |
| 1.2 Single Employer – Other Employer..... | | | | | | | | | | | | | |
| B012999 Subtotal | | | | | | | | | | | | | |
| 1.3 Single Employer Subtotal (1.1+1.2) | | | | | | | | | | | | | |
| B013999 sum of B011999 and B012999 | | | | | | | | | | | | | |
| 2. Multiple Employer Assns and Trusts..... | | | | | | | | | | | | | |
| B029999 Subtotal | | | | | | | | | | | | | |
| 3. Other Associations and Discretionary Trusts | | | | | | | | | | | | | |
| B039999 Subtotal | | | | | | | | | | | | | |
| 4. Other Comprehensive Major Medical..... | | | | | | | | | | | | | |
| B049999 Subtotal | | | | | | | | | | | | | |
| 5. Comprehensive/Major Medical Subtotal | | | | | | | | | | | | | |
| B059999 sum of B013999 through B049999 | | | | | | | | | | | | | |
| Other Medical (Non-Comprehensive) | | | | | | | | | | | | | |
| 6. Specified/Named Disease..... | | | | | | | | | | | | | |
| B069999 Subtotal | | | | | | | | | | | | | |
| 7. Limited Benefit..... | | | | | | | | | | | | | |
| B079999 Subtotal | | | | | | | | | | | | | |
| 8. Student..... | | | | | | | | | | | | | |
| B089999 Subtotal | | | | | | | | | | | | | |
| 9. Accident Only or AD&D..... | | | | | | | | | | | | | |
| B099999 Subtotal | | | | | | | | | | | | | |
| 10. Disability Income – Short-term..... | | | | | | | | | | | | | |
| B109999 Subtotal | | | | | | | | | | | | | |
| 11. Disability Income – Long-term..... | | | | | | | | | | | | | |
| B119999 Subtotal | | | | | | | | | | | | | |
| 12. Long-Term Care..... | | | | | | | | | | | | | |
| B129999 Subtotal | | | | | | | | | | | | | |
| 13. Medicare Supplement (Medigap)..... | | | | | | | | | | | | | |
| B139999 Subtotal | | | | | | | | | | | | | |
| 14. Federal Employees Health Benefits Plan | | | | | | | | | | | | | |
| B149999 Subtotal | | | | | | | | | | | | | |
| 15. Tricare..... | | | | | | | | | | | | | |
| B159999 Subtotal | | | | | | | | | | | | | |
| 16. Dental..... | | | | | | | | | | | | | |
| B169999 Subtotal | | | | | | | | | | | | | |
| 17. Medicare..... | | | | | | | | | | | | | |
| B179999 Subtotal | | | | | | | | | | | | | |
| 18. Medicare Part D – Stand-Alone..... | | | | | | | | | | | | | |
| B189999 Subtotal | | | | | | | | | | | | | |
| 19. Vision..... | | | | | | | | | | | | | |
| B199999 Subtotal | | | | | | | | | | | | | |
| 20. Other Group Care..... | | | | | | | | | | | | | |
| B209999 Subtotal | | | | | | | | | | | | | |
| 21. Grand Total Group Business | | | | | | | | | | | | | |
| B219999 Grand Total Sum of B059999 through B209999 | | | | | | | | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

| (1) Policy Form Number (Listed by Policy Form) | (2) Years Issued | (3) Direct Premiums Written | (4) Increase in Premiums Reserves | (5) Direct Premiums Earned | (6) Assumed Premiums Earned | (7) Ceded Premiums Earned | (8) Net Premiums Earned (5)+(6)-(7) | (9) Dividends | (10) Paid Claims | (11) Change in Contract Reserves | (12) Increase in Claim Reserves | (13) Direct Incurred Claims Amount | (14) Assumed Incurred Claims Amount |
|--|---------------------|-----------------------------------|---|----------------------------------|-----------------------------------|------------------------------------|---|------------------|------------------------|---|--|---|--|
| C. OTHER BUSINESS | | | | | | | | | | | | | |
| 1. Credit (Individual and Group) | | | | | | | | | | | | | |
| C019999 Subtotal | | | | | | | | | | | | | |
| 2. Stop Loss/Excess Loss | | | | | | | | | | | | | |
| C029999 Subtotal | | | | | | | | | | | | | |
| 3. Administrative Services Only | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| C039999 Subtotal | | | | | | | | | | | | | |
| 4. Administrative Services Contracts | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| C049999 Subtotal | | | | | | | | | | | | | |
| 5. Grand Total Other Business | | | | | | | | | | | | | |
| C059999 Grand Total Sum of C019999 through C049999 | | | | | | | | | | | | | |
| D. TOTAL BUSINESS | | | | | | | | | | | | | |
| 1. Total Non-U.S. Policy Forms | | | | | | | | | | | | | |
| D019999 Subtotal | | | | | | | | | | | | | |
| 2. Grand Total Individual, Group and Other Business | | | | | | | | | | | | | |
| D029999 Grand Total Sum of A199999, B219999 and C059999 | | | | | | | | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

| | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) |
|--|---------------------------------|--|--|----------------------------------|--|---|------------------|---------------------------------|------------------------------------|------------------------|------------------------------------|
| (Listed by Policy Form) | Ceded Incurred Claims Amount | Net Incurred Claims Amount (13)+(14)-(15) | Ratio of Incurred Claims To Premium Earned (13)/(5) | Loss Ratio [(11)+(13)]/(5) | Number of Policies or Certificates As of Dec. 31 | Number of Covered Lives as of Dec. 31 | Member Months | Number Of Reported Claims | Expected Lifetime Loss Ratio | Commission Incurred | Rate of Commission and Expenses |
| A. INDIVIDUAL BUSINESS | | | | | | | | | | | |
| 1. Comprehensive major medical | | | | | | | | | | | |
| A019999 Subtotal | | | | | | | | | | | |
| 2.1 Short-Term Medical – 6 Months or Less | | | | | | | | | | | |
| A021999 Subtotal | | | | | | | | | | | |
| 2.2 Short-Term Medical – Over 6 Months | | | | | | | | | | | |
| A022999 Subtotal | | | | | | | | | | | |
| 2.3 Subtotal Short-Term Medical (2.1+2.2) | | | | | | | | | | | |
| A023999 sum of A021999 and A022999 | | | | | | | | | | | |
| 3. Other Medical (Non-Comprehensive) | | | | | | | | | | | |
| A039999 Subtotal | | | | | | | | | | | |
| 4. Specified/Named Disease | | | | | | | | | | | |
| A049999 Subtotal | | | | | | | | | | | |
| 5. Limited Benefit | | | | | | | | | | | |
| A059999 Subtotal | | | | | | | | | | | |
| 6. Student | | | | | | | | | | | |
| A069999 Subtotal | | | | | | | | | | | |
| 7. Accident Only or AD&D | | | | | | | | | | | |
| A079999 Subtotal | | | | | | | | | | | |
| 8. Disability Income – Short-Term | | | | | | | | | | | |
| A089999 Subtotal | | | | | | | | | | | |
| 9. Disability Income – Long-Term | | | | | | | | | | | |
| A099999 Subtotal | | | | | | | | | | | |
| 10. Long-Term Care | | | | | | | | | | | |
| A109999 Subtotal | | | | | | | | | | | |
| 11. Medicare Supplement (Medigap) | | | | | | | | | | | |
| A119999 Subtotal | | | | | | | | | | | |
| 12. Dental | | | | | | | | | | | |
| A129999 Subtotal | | | | | | | | | | | |
| 13. State Children's Health Insurance Program | | | | | | | | | | | |
| A139999 Subtotal | | | | | | | | | | | |
| 14. Medicare | | | | | | | | | | | |
| A149999 Subtotal | | | | | | | | | | | |
| 15. Medicaid | | | | | | | | | | | |
| A159999 Subtotal | | | | | | | | | | | |
| 16. Medicare Part D – Stand-Alone | | | | | | | | | | | |
| A169999 Subtotal | | | | | | | | | | | |
| 17. Vision | | | | | | | | | | | |
| A179999 Subtotal | | | | | | | | | | | |
| 18. Other Individual Business | | | | | | | | | | | |
| A189999 Subtotal | | | | | | | | | | | |
| 19. Grand Total Individual | | | | | | | | | | | |
| A199999 Grand Total Sum of A019999 through A189999, exclude A023999 | | | | | | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022

| | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) |
|---|---------------------------------|--|--|----------------------------------|--|---|------------------|---------------------------------|------------------------------------|------------------------|------------------------------------|
| (Continued)(Listed by Policy Form) | Ceded Incurred Claims Amount | Net Incurred Claims Amount (13)+(14)-(15) | Ratio of Incurred Claims To Premium Earned (13)/(5) | Loss Ratio [(11)+(13)]/(5) | Number of Policies or Certificates As of Dec. 31 | Number of Covered Lives as of Dec. 31 | Member Months | Number Of Reported Claims | Expected Lifetime Loss Ratio | Commission Incurred | Rate of Commission and Expenses |
| B. GROUP BUSINESS | | | | | | | | | | | |
| Comprehensive Major Medical | | | | | | | | | | | |
| 1.1 Single Employer – Small Employer..... | | | | | | | | | | | |
| B011999 Subtotal | | | | | | | | | | | |
| 1.2 Single Employer – Other Employer..... | | | | | | | | | | | |
| B012999 Subtotal | | | | | | | | | | | |
| 1.3 Single Employer Subtotal (1.1+1.2) | | | | | | | | | | | |
| B013999 sum of B011999 and B012999 | | | | | | | | | | | |
| 2. Multiple Employer Assns and Trusts..... | | | | | | | | | | | |
| B029999 Subtotal | | | | | | | | | | | |
| 3. Other Associations and Discretionary Trusts | | | | | | | | | | | |
| B039999 Subtotal | | | | | | | | | | | |
| 4. Other Comprehensive Major Medical..... | | | | | | | | | | | |
| B049999 Subtotal | | | | | | | | | | | |
| 5. Comprehensive/Major Medical Subtotal | | | | | | | | | | | |
| B059999 sum of B013999 through B049999 | | | | | | | | | | | |
| Other Medical (Non-Comprehensive) | | | | | | | | | | | |
| 6. Specified/Named Disease..... | | | | | | | | | | | |
| B069999 Subtotal | | | | | | | | | | | |
| 7. Limited Benefit..... | | | | | | | | | | | |
| B079999 Subtotal | | | | | | | | | | | |
| 8. Student | | | | | | | | | | | |
| B089999 Subtotal | | | | | | | | | | | |
| 9. Accident Only or AD&D | | | | | | | | | | | |
| B099999 Subtotal | | | | | | | | | | | |
| 10. Disability Income – Short-term..... | | | | | | | | | | | |
| B109999 Subtotal | | | | | | | | | | | |
| 11. Disability Income – Long-term..... | | | | | | | | | | | |
| B119999 Subtotal | | | | | | | | | | | |
| 12. Long-Term Care | | | | | | | | | | | |
| B129999 Subtotal | | | | | | | | | | | |
| 13. Medicare Supplement (Medigap) | | | | | | | | | | | |
| B139999 Subtotal | | | | | | | | | | | |
| 14. Federal Employees Health Benefits Plan | | | | | | | | | | | |
| B149999 Subtotal | | | | | | | | | | | |
| 15. Tricare..... | | | | | | | | | | | |
| B159999 Subtotal | | | | | | | | | | | |
| 16. Dental..... | | | | | | | | | | | |
| B169999 Subtotal | | | | | | | | | | | |
| 17. Medicare | | | | | | | | | | | |
| B179999 Subtotal | | | | | | | | | | | |
| 18. Medicare Part D – Stand-Alone..... | | | | | | | | | | | |
| B189999 Subtotal | | | | | | | | | | | |
| 19. Vision..... | | | | | | | | | | | |
| B199999 Subtotal | | | | | | | | | | | |
| 20. Other Group Care | | | | | | | | | | | |
| B209999 Subtotal | | | | | | | | | | | |
| 21. Grand Total Group Business | | | | | | | | | | | |
| B219999 Grand Total Sum of B059999 through B209999 | | | | | | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

| | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) |
|---|---------------------------------|--|--|----------------------------------|--|---|------------------|---------------------------------|------------------------------------|------------------------|------------------------------------|
| (Listed by Policy Form) | Ceded Incurred Claims Amount | Net Incurred Claims Amount (13)+(14)-(15) | Ratio of Incurred Claims To Premium Earned (13)/(5) | Loss Ratio [(11)+(13)]/(5) | Number of Policies or Certificates As of Dec. 31 | Number of Covered Lives as of Dec. 31 | Member Months | Number Of Reported Claims | Expected Lifetime Loss Ratio | Commission Incurred | Rate of Commission and Expenses |
| C. OTHER BUSINESS | | | | | | | | | | | |
| 1. Credit (Individual and Group)..... | | | | | | | | | | | |
| C019999 | | | | | | | | | | | |
| 2. Stop Loss/Excess Loss..... | | | | | | | | | | | |
| C029999 | | | | | | | | | | | |
| 3. Administrative Services Only..... | XXX | XXX | XXX | XXX | | | | XXX | XXX | XXX | XXX |
| C039999 | | | | | | | | | | | |
| 4. Administrative Services Contracts..... | XXX | XXX | XXX | XXX | | | | XXX | XXX | XXX | XXX |
| C049999 | | | | | | | | | | | |
| 5. Grand Total Other Business | | | | | | | | | | | |
| C059999 sum of C019999 through C049999 | | | | | | | | | | | |
| D. TOTAL BUSINESS | | | | | | | | | | | |
| 1. Total Non-U.S. Policy Forms..... | | | | | | | | | | | |
| D019999 | | | | | | | | | | | |
| 2. Grand Total Individual, Group and Other Business | | | | | | | | | | | |
| D029999 sum of A199999, B219999 and C059999 | | | | | | | | | | | |

OVERFLOW PAGE FOR WRITE-INS

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 1st. 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 the NAIC Annual Statement and the New York Supplement must be signed by the same officers and notarized. Photocopies will not be accepted.

This instruction applies to the Jurat Pages in the Company's NAIC filing and this Supplement. The Jurat Page should reflect officers and directors as of the statement date, not the filing date. However, the signature section of the Jurat must reflect current executive officers, i.e. the Chief Executive Officer ("CEO"), the Secretary and the Chief Financial Officer ("CFO"). The Company may not substitute titles for the CEO, Secretary or CFO, except that if the Company does not use those titles, the Company shall substitute such titles in the Jurats with the titles of the equivalent Company executives.

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 12 of SSAP No. 40R.

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 \$200,000 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 stock awards, option awards, sign-on payments, severance payments, and any amounts deferred pursuant to a deferred compensation plan and/or employee saving plan. Exclude commissions.

The \$200,000 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 \$200,000, column 6 requires the reporting of the total compensation of officers and employees of parents and affiliates if they are in excess of \$200,000.

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 \$200,000, 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). The Certificate of Compliance in the hardcopy submission must be original. Photocopy will not be accepted.

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 4317(a)(1) of the Insurance Law as being group remittance policies written pursuant to Section 4305 of the Insurance Law and group policies covering up to one hundred employees or members, exclusive of dependents and spouses. All other community rated group contracts (community rated groups covering over one hundred 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 14. Line of business results for these contracts should not be fragmented and reported as part of other columns.
6. Columns 15 through 22, Non-Comprehensive, should include contracts that provide hospital only coverage and contracts that provide surgical-medical only coverage.
7. Columns 23 through 26, "Grandfathered business" means pre-2014 policy forms, including all small group and individual contracts (other than Healthy New York and other products separately included, such as conversion) that were written on policy forms approved to be used with new and renewals December 31, 2013 and earlier. This would not include contracts written on new ACA compliant policy forms used for new and renewal contracts effective January 1, 2014 and later.
8. Columns 29 through 36, Prescription Drugs, and columns 37 through 44, 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.
9. Columns 45 through 52, Medicare Carve-outs should not include the standardized Medicare Supplemental plan designs.
10. Columns 53 and 54, Medicare Supplemental should include all Medicare Supplemental, whether written on a group or direct pay basis.
11. Columns 61 and 62, Medicare Part D should include Medicare Advantage Employer Group Waiver Plans.

- 12. Columns 69 and 70, Other Business should include insured business not included under other categories; and should also include other business (except for business properly recorded in Columns 71 and 72), such as business recorded as fee-for-service.
- 13. Columns 71 and 72, Uninsured Business should include the results of Administrative Services Contracts (ASC) and Administrative Services Only (ASO) business.
- 14. Line 17.2, Federal/State reinsurance recoveries includes New York State stop-loss recoveries per New York Insurance Law Sections 4321-a, 4322-a and 4327.
- 15. Line 17.3, Federal/State risk-sharing recoveries (payments) includes activity per Regulation 146 [11 NYCRR 361].

PAGES NY20 THRU NY21 - ENROLLMENT BY LINE OF BUSINESS

- 1. Line 18, Total should reflect total contracts and participants. This line should equal the sum of the totals on lines -1, 2.5, 3.5, 4.3, 5, 6.5, 7.5, 8.5, and 9 thru 17.
- 2. Small group contracts are defined in Section 4317(a)(1) of the Insurance Law as being group remittance policies written pursuant to Section 4305 of the Insurance Law and group policies covering up to one hundred employees or members, exclusive of dependents and spouses. All other community rated group contracts (community rated groups covering over one hundred 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 8.1 through 8.5, Medicare Carve-outs should not include the standardized Medicare Supplemental plan designs.
- 6. Row 9, Medicare Supplemental should include all Medicare Supplemental, whether written on a group or direct pay basis.
- 7. Rows 6.1 through 6.5, Prescription Drugs, and Rows 7.1 through 7.5, 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 T (NY) — Pages NY22 and NY27

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.

Report direct premiums for entire current year.

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 NY28

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

**FINANCIAL STATEMENT FOR EACH RISK-BEARING ENTITY - Parts A through D
Pages NY29 through NY31**

This Report is to be completed for risk-bearing entities (for example, IPA’s and hospitals that assume risk pursuant to a contract entered into with the reporting insurer to provide member benefits) that have received or are projected to receive in-network capitation from the reporting insurer of more than \$250,000 during any twelve-month period. “Capitation” shall be defined per Department of Financial Services Insurance Regulation 164, Section 101.3(a); i.e., contractually based prepayments (any payments made prior to the last day of the month shall be deemed a payment of the entire month’s capitation) made to a healthcare provider, on a per member per month or a percentage of premium basis.

The insurer should complete separate Parts A through D for each risk-bearing entity for which this Report is required. This Supplement can accommodate up to thirteen Reports. If the insurer is required to complete more Reports than this Supplement can accommodate, the insurer should manually complete the additional reports and attach them to this Supplement.

Part A is the balance sheet of the risk-bearing entity.

Part B is the income statement of the risk-bearing entity. Columns 1 and 2 should reflect the entire operations of the risk-bearing entity. Columns 3 and 4 should reflect the risk-bearing entity’s activity with regards to the reporting insurer, for which only line #1, Capitation Revenue, and line #6, Claims Incurred, need to be completed.

Part D tests compliance with the risk-bearing entity’s required demonstration of financial responsibility, per Department of Financial Services Insurance Regulation 164, Section 101.5. Lines 5.2 and 6.2 are to be completed with numerical references to the appropriate footnotes at the bottom of page NY31.

SPECIAL INSTRUCTIONS

HS2022JURAT1

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

HS2022JURAT2

COMPANY NAME INFORMATION

HS2022JURAT3

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

HS2022JURAT4

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

HS2022JURAT5

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

HS2022JURAT6

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

HS2022JURAT8

Table Length: Variable

SERVICE AREAS OR COUNTIES

HS2022INTER

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

HS2022INTERSC2

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.

HS2022SCANY

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.

HS2022SCG

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 & 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

HS2022SCPPT1 thru 1M

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

HS2022PREMTAXI 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

HS2022JURAT10

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