

File Name: X2022020

SCHEDULE NAME: UNDERWRITING AND INVESTMENT EXHIBIT - PART 2B - ANALYSIS OF CLAIMS UNPAID PRIOR
YEAR

PAGE NUMBER: 011

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	LINE_NO	ALPHA	10
3	ON_CLMS_INCRD_PR_JAN_1_CURR_YR	NUMERIC	14
4	ON_CLMS_INCRD_DUR_THE_YR_CLMS	NUMERIC	14
5	ON_CLMS_UNPAID_DEC_31_OF_PR_YR	NUMERIC	14
6	ON_CLMS_INCRD_DUR_THE_YR	NUMERIC	14
7	CLMS_INCRD_IN_PR_YEARS	NUMERIC	14
8	EST_CLAIM_RES_CLAIM_LIAB_PY	NUMERIC	14

VALID LINE NUMBERS

LINE NUMBER	LINE DESCRIPTION
01	Comprehensive (hospital and medical) individual
02	Comprehensive (hospital and medical) group
03	Medicare Supplement
04	Dental only
05	Vision only
06	Federal employees health benefits plan
07	Title XVIII - Medicare
08	Title XIX - Medicaid
09	Credit A and H
10	Disability income
11	Long term care
12	Other health
13	Health subtotal
14	Health care receivables (a)
15	Other non-health
16	Medical incentive pools and bonus amounts
17	Totals