ANNUAL STATEMENT INSTRUCTIONS – HEALTH

EXHIBIT 7 – PART 1B – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Please note that Exhibit 7- Part 1B is for information-only and will not impact RBC calculations.

This schedule requires disclosure of claim payments by type of managed care arrangement.

<u>TableColum</u>	n-2 –	Net Reinsurance Ame	<u>ount</u>
		Amount of payment of	ceded to reinsurance
<u>TableColum</u>	n 3 –	Medical Expense Pay	ment (Net of Reinsurance)
		<u>Table 1 - 2</u>	
Line 7	_	Bonus/Withhold Arra	angements – Fee-for-Service
		Include:	Payments to contracting providers that, absent the withhold arrangement or bonus arrangement, would otherwise be reported on Line 5, Fee-for-Service.
Line 7.1	_	Bonus Payment Expo	<u>osure</u>
		Include:	Include total bonus payments providers were eligible for in the prior year.
Line 7.2	_	Bonus Payments Mad	<u>de</u>
		Include:	Include bonus payments made to these providers in the prior year.
Line 8	_	Bonus/Withhold Arra	angements – Contractual Fee Payments
		Include:	Payments to contracting providers that, absent the withhold or bonus arrangement, would otherwise be reported on Line 6.
Line 8.1	_	Bonus Payment Expo	<u>osure</u>
		Include:	Include total bonus payments providers were eligible for in the prior year.
Line 8.2	_	Bonus Payments Mad	<u>de</u>
		Include:	Include bonus payments made to these providers in the prior year.
Line 9	_	Bundled Payments	
		Include:	Fixed payments to contracting providers or intermediaries for all services associated with an episode of care.
Line 10	_	Upside and Downside	e Risk Sharing
		Include:	Payments to contracting providers or intermediaries that are subject to shared savings relative to a target with both an up and downside risk component. Arrangements can be comprehensive population, condition specific population, or episode based.
Line 10.1		Downside Risk Expo	<u>sure</u>

		Include:	Include total downside risk that the contracting provider or intermediary could
			have been exposed to in the prior year. If downside risk is unlimited, cap at the
			total expected claim cost.
			Example A: 85% of premium target with a downside cap at 90%, include 5% of
			premium.
			Example B: 85% of premium target with no downside cap, include 85% of
			premium.
T: 10.2		D - '1 D' 1 D	/ D 1
Line 10.2		Downside Risk Due	/ Received
		Include:	Include total downside risk that the contracting provider or intermediary has paid
		merade.	or would otherwise be required to pay, before considering impacts of deficit
			forgiveness or contract termination in the prior year.
			Torgiveness of contract termination in the prior year.
			Example A: 85% of premium target with a downside cap at 90%, actual costs are
			92% of premium, include 5% of premium.
			Example B: 85% of premium target with no downside cap, actual costs are 92%
			of premium, include 7% of premium.
Line 10.3	_	Actual Recovered D	ownside Risk
		T 1 1	
		Include:	Include total downside risk that the contracting provider or intermediary has paid
			or would otherwise be required to pay, after considering the impacts of deficit
			torgiveness or contract termination in the prior year.
			Example A: 85% of premium target with a downside cap at 90%, actual costs are
			Example A: 85% of premium target with a downside cap at 90%, actual costs are 92% of premium, but all deficits are forgiven, include 0% of premium. Example B: 85% of premium target with no downside cap, actual costs are 92% of premium, only 2% of deficits are collected, include 2% of premium.

ANNUAL STATEMENT BLANK – HEALTH

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
					Column 1	Column 1
	Direct Medical	Column 1	Total	Column 3	Expenses	Expenses Paid to
Payment	Expense	as a % of	Members	as a % of	Paid to Affiliated	Non-Affiliated
Method	Payment	Total Payments	Covered	Total Members	Providers	Providers
Capitation Payments:						
Medical groups						
2. Intermediaries						
3. All other providers						
Total capitation payments						
Other Payments:						
5. Fee-for-service			XXX	XXX		
Contractual fee payments			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments			XXX	XXX		
13. Total (Line 4 plus Line 12)		100%	XXX	XXX	·	

EXHIBIT 7 – PART 1B – SUMMARY OF TRANSACTIONS WITH PROVIDERS DIRECT MEDICAL PAYMENTS TABLE 1

Comprehensive (Hospital & Medical) -	Comprehensive (Hospital &							
	(Hospital &						Stand-Alone	
Medical) -							Medicare	
	Medical) -	Title XVIII -	<u>Title XIX -</u>	Medicare			Part D	
<u>Individual</u>	<u>Group</u>	<u>Medicare</u>	<u>Medicaid</u>	<u>Supplement</u>	Vision Only	Dental Only	<u>Coverage</u>	Other Health
	<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
	<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
	<u></u>	<u></u>	<u></u>		<u></u>	<u></u>	<u></u>	
	<u></u>	<u></u>	<u></u>			<u></u>	<u></u>	
	<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
<u></u>	<u></u>		<u></u>		<u></u>		<u></u>	
<u></u>	<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
·····	<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
	<u></u>	<u></u>	<u></u>				<u></u>	<u></u>
	<u></u>		<u></u>			<u></u>	<u></u>	
	<u></u>		<u></u>			<u></u>	<u></u>	
	<u></u>		<u></u>			<u></u>	<u></u>	
·····	<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	<u></u>
	<u></u>					<u></u>		
·····	<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	<u></u>
	<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
	<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
	<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
	<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
	Medical) - Individual	Medical) - Group Medical) - Group	Medical) - Group Title XVIII - Medicare	Medical) - Group Title XVIII - Medicaid Title XIVIII - Medicaid Title XIVIII - Medicaid Title XIVIII - Medicaid Title XIV - Medicaid	Medical) - Individual Medical) - Group Title XVIII - Medicare Title XIX - Medicare Medicare Supplement	Medical) - Individual Medical) - Group Title XVIII - Medicaid Title XIX - Medicaid Medicare Supplement Vision Only	Medical) - Individual Medical) - Group Title XVIII - Medicaid Title XIX - Medicaid Medicare Supplement Vision Only Dental Only	Medical)-Individual Medical)-Group Title XVIII-Medicaid Medicaid Medicare Supplement Vision Only Dental Only Part D Coverage

14. Total other payments			1		ĺ	
15. Total (Line 4 plus Line 14)						

EXHIBIT 7 – PART 1B – SUMMARY OF TRANSACTIONS WITH PROVIDERS CEDED REINSURANCE AMOUNT TABLE 2

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	9
	Community	Community and in						Stand-Alone	
	Comprehensive	Comprehensive							
Doywood	(<u>Hospital &</u> Medical) -	(<u>Hospital &</u> Medical) -	Title XVIII -	Title XIX -	Medicare			Medicare Part D	
Payment Method	Individual	Group	Medicare	Medicaid	Supplement	Vision Only	Dental Only	Coverage	Other Health
Capitation Payments:	individual	Отопр	Wicdicarc	Wicdicald	Supplement	vision Only	Delital Only	Coverage	Other Health
1. Medical groups									

3. All other providers.									
4. Total capitation payments Other Payments:								<u></u>	
5. Fee-for-service									
6. Contractual fee payments		***************************************							
7. Bonus/withhold arrangements – fee-for-service									
7.1 Bonus payment exposure									
7.1 Bonus payment exposure 7.2 Bonus payments made									
Bonus/withhold arrangements – contractual fee payments									
6. Bonds/ withhold arrangements Contractual fee payments									
8.1 Bonus payment exposure		<u></u>							
8.2 Bonus payments made									
9. Bundled payments		<u></u>							
10. Upside and downside risk sharing		<u></u>		<u></u>					
10.1 Downside risk exposure						<u> </u>			
10.2 Downside risk due / received									
10.3 Actual recovered downside risk									
11. Non-contingent salaries									
12. Aggregate cost arrangements									
13. All other payments									
14. Total other payments									
15. Total (Line 4 plus Line 14)									
15. Total (Ellie + plus Ellie 14)					l .	l	l		

EXHIBIT 7 – PART 1B – SUMMARY OF TRANSACTIONS WITH PROVIDERS NET MEDICAL EXPENSE PAYMENT TABLE 3

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
	Comprehensive	Comprehensive						Stand-Alone	
	(Hospital &	(Hospital &						Medicare	
<u>Payment</u>	Medical) -	Medical) -	Title XVIII -	Title XIX -	Medicare			Part D	
<u>Method</u>	<u>Individual</u>	Group	Medicare	Medicaid	Supplement	Vision Only	Dental Only	Coverage	Other Health
Capitation Payments:									
1. Medical groups		<u></u>	<u></u>	<u></u>		<u></u>	<u></u>		
2. Intermediaries									
3. All other providers		<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
4. Total capitation payments								<u></u>	
Other Payments:									
5. Fee-for-service			<u></u>						<u></u>
6. Contractual fee payments		<u></u>		<u></u>				<u></u>	
7. Bonus/withhold arrangements – fee-for-service		<u></u>		<u></u>					
7.1 Bonus payment exposure		<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
7.2 Bonus payments made		<u></u>		<u></u>				<u></u>	
8. Bonus/withhold arrangements – contractual fee payments									
		<u></u>		<u></u>		<u></u>	<u></u>	<u></u>	
8.1 Bonus payment exposure									

8.2 Bonus payments made		<u></u>	 <u></u>	 <u></u>	<u></u>	<u></u>	
9. Bundled payments			 	 			
10. Upside and downside risk sharing			 	 			
10.1 Downside risk exposure		<u></u>	 	 			
10.2 Downside risk due / received			 	 			
10.3 Actual recovered downside risk	<u></u>		 	 <u></u>			
11. Non-contingent salaries			 	 			
12. Aggregate cost arrangements		<u></u>	 	 			
13. All other payments			 	 			
14. Total other payments							
15. Total (Line 4 plus Line 14)							

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC	Name of	Capitation	Average Monthly	Intermediary's Total	Intermediary's Authorized
Code	Intermediary	Paid	Capitation	Adjusted Capital	Control Level RBC
9999999 Totals			XXX	XXX	XXX