

**REVISIONS TO
2026 NAIC ANNUAL STATEMENT INSTRUCTIONS – HEALTH**

OCTOBER 2026

PAGE 313:

General Interrogatories, Part 2

Revision:

Remove crosscheck from interrogatory #10.

Reason:

Remove the crosscheck from General Interrogatory #10 because the crosscheck will not work as intended because Exhibit 7 is for full claim amounts and the interrogatory is for the bonus/withhold amounts. *This update will be shown on the Blank Working Group's December 3rd call's editorial list.*

EDITOR'S NOTE:

The above changes are highlighted on the revised pages that follow.

Recent Blanks (E) Working Group agenda items (exposure drafts) may be viewed in detail on the BWG web page at <https://content.naic.org/committees/e/blanks-wg>.

EXAMPLE 2 (Reporting Entity provides Comprehensive Care):

Highest Attachment Point (Retention)	\$	75,000	
Reinsurance Coverage		90% of \$1,000,000 in excess of \$75,000	
Maximum reinsured coverage	\$	1,075,000	(\$75,000 + \$1,000,000)
Maximum Retained Risk =	\$	75,000	deductible
	+	0	(\$750,000 - \$1,075,000)
	+	\$ 67,500	(10% of \$675,000) coverage layer)
	=	\$ 142,500	

8. A participating provider is defined as a provider that, under a contract with the health entity or with its contractor or subcontractor, has agreed to provide health care services to covered persons with an expectation of receiving payment other than co-payments or deductibles, directly or indirectly from the health entity with the understanding that the provider will look solely to the health entity, its contractor or subcontractor for payment other than copays or deductibles.

9. This interrogatory only applies to those lines of accident and health business that include a medical trend risk, i.e., Comprehensive Medical, Medicare Supplement, Dental, and Stop-Loss and Minimum Premium. Premiums entered should be earned premium for the current calendar year period and not for the entire period of the rate guarantees. Premium amounts should be shown net of reinsurance only when the reinsurance ceded premium is also subject to the same rate guarantee.

10.21 Report the maximum incentive pool/bonus arrangement amounts contractually available to be paid out for the reporting year.

10.22 Report the actual amount paid to the providers during the reporting year as required by the bonus arrangements.

10.23 Report the maximum amount of withholds contractually available to be paid to providers for the reporting year.

10.24 Report the actual amount of withholds paid to the providers during the reporting year.

EXAMPLE (10.2 If yes):

10.21	Maximum amount payable bonuses	\$	1,000,000
10.22	Amount actually paid for year bonuses	\$	750,000
10.23	Maximum amount payable withholds	\$	1,250,000
10.24	Amount actually paid for year withholds	\$	500,000

~~Line 10.22 plus 10.24 should equal Exhibit 7, Part 1, Column 1, Line 7 plus 8.~~

11. If the Plans' statutory minimum capital and surplus requirement is based upon a contingency reserve for statutory minimum capital and surplus that is other than a flat dollar amount, the calculation must be shown. An example of the disclosure of a calculation based upon 2% of the net capitation revenue from risk contracts is:

Net earned subscription revenue	\$	33,103,906
		2%
Addition to Reserve		662,078
Reserve Balance Beginning of Year		353,689
Reserve Balance End of Year		1,025,767

Item 11.4 should equal Column 1, Line 3 of the Five-Year History Page.