## NAIC BLANKS (E) WORKING GROUP

**Blanks Agenda Item Submission Form**

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|---|---|---|
| | **DATE:** 10/21/2021 | **FOR NAIC USE ONLY**<br>Agenda Item # 2021-19BWG MOD<br>Year 2022<br>Changes to Existing Reporting [ X ]<br>New Reporting Requirement [ ] |
| **CONTACT PERSON:** | | **REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT**<br>No Impact [ X ]<br>Modifies Required Disclosure [ ] |
| **TELEPHONE:** | | |
| **EMAIL ADDRESS:** | | |
| **ON BEHALF OF:** | | |
| **NAME:** | Steve Drutz | **DISPOSITION** |
| **TITLE:** | Chief Financial Analyst | [ ] Rejected For Public Comment<br>[ ] Referred To Another NAIC Group<br>[ ] Received For Public Comment<br>[ X ] Adopted Date 03/29/2022<br>[ ] Rejected Date<br>[ ] Deferred Date<br>[ ] Other (Specify) |
| **AFFILIATION:** | WA Office of the Insurance Commissioner | |
| **ADDRESS:** | | |

### BLANK(S) TO WHICH PROPOSAL APPLIES

| | | |
|---|---|---|
| [ X ] **ANNUAL STATEMENT** | [ X ] **INSTRUCTIONS** | [ X ] **CROSSCHECKS** |
| [ X ] **QUARTERLY STATEMENT** | [ X ] **BLANK** | |
| [ ] Life, Accident & Health/Fraternal | [ ] Separate Accounts | [ ] Title |
| [ ] Property/Casualty | [ ] Protected Cell | [ ] Other |
| [ X ] Health | [ ] Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

### IDENTIFICATION OF ITEM(S) TO CHANGE

Add columns and lines to U&I (Parts 1, 2, 2A, 2B and 2D) and the Exhibit of Premiums, Enrollment and Utilization in the annual statement bring the lines of business reporting in line with Life/Fraternal and Property. Add columns and lines to the Exhibit of Premiums, Enrollment and Utilization and U&I Analysis of Claims Unpaid quarterly pages. The appropriate adjustments to the instructions are also being made.

### REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of this proposal is to bring consistency in lines of business reporting across all statement types that report health business. This proposal brings the Health Statement in line with Life/Fraternal and Property Statements.

### NAIC STAFF COMMENTS

Comment on Effective Reporting Date:

Other Comments:

**** This section must be completed on all forms.** **Revised 7/18/2018**

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 – PREMIUMS

Written premium is defined as the contractually determined amount charged by the reporting entity to the policyholder for the effective period of the contract based on the expectation of risk, policy benefits, and expenses associated with the coverage provided by the terms of the insurance contract. For health contracts without fixed contract periods, premiums written will be equal to the amount collected during the reporting period plus uncollected premiums at the end of the period less uncollected premiums at the beginning of the period.

Column 1 – Direct Business

Include: Experience rating refunds and return retrospective premiums. Deduct any experience rating refunds and return retrospective premiums paid. Refer to *SSAP No. 66—Retrospectively Rated Contracts* for accounting guidance.

Accrued return premium adjustments for contracts subject to redetermination.

Column 4 – Net Premium Income

For companies that record premium on a cash basis, make adjustments for uncollected premiums at the beginning and end of the year to reflect premiums on a written basis.

Line 1 – Comprehensive (Hospital & Medical) – Individual
Line 2 – Comprehensive (Hospital & Medical) – Group

Include: Policies providing for medical coverages including hospital, surgical and major medical. Include State Children's Health Insurance Program (SCHIP) Medicaid Program (Title XXI), risk contracts.

Exclude: Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefit plan (FEHBP) premiums, medical only policies, Medicare (Title XVIII) and Medicaid (Title XIX) risk contracts, Medicare Supplement, Vision only and Dental only business.

Line ~~2~~3 – Medicare Supplement

Include: Business reported in the Medicare Supplement Insurance Experience Exhibit of the annual statement.

Exclude: Revenue as a result of an arrangement between the reporting entity and the Centers for Medicare & Medicaid Services (CMS), on a cost or risk basis, for services to a Medicare beneficiary.

Line ~~3~~4 – Dental Only

Include: Premiums for policies providing for dental only coverage issued as stand alone dental or as a rider to a medical policy that is not related to the medical policy through deductibles or out-of-pocket limits.

Line ~~4~~5 – Vision Only

Include: Premiums for policies providing for vision only coverage issued as stand alone vision or as a rider to a medical policy that is not related to the medical policy through deductibles or out-of-pocket limits.

Line ~~5~~6 – Federal Employees Health Benefits Plan (FEHBP)

Include: Net premiums written attributable to the FEHBP.

Line ~~6~~7 – Title XVIII - Medicare

Include: Revenue as a result of a risk arrangement between the reporting entity and the Centers for Medicare & Medicaid Services (CMS), for services to a Medicare beneficiary. Policies providing Medicare Part D Prescription Drug Coverage through a Medicare Advantage product.

Exclude: Medicare Supplement or Medicare wrap-around premiums. Policies providing stand alone Medicare Part D Prescription Drug Coverage.

Line ~~7~~8 – Title XIX - Medicaid

Include: Revenue resulting from an arrangement between the reporting entity and a Medicaid state agency for services to a Medicaid beneficiary.

Line ~~10~~9 – Credit A&H

Include: Coverage provided to, or offered to, borrowers in connection with a consumer credit transaction where the proceeds are used to repay a debt or an installment loan in the event the consumer is disabled as the result of an accident, including business not exceeding 120 months duration (Group and Individual).

Line ~~11~~10 – Disability Income

Include: The term 'disability income' includes contracts providing disability income coverage, both short-term and long-term.

Line ~~12~~11 – Long-Term Care

Include: Any insurance policy or rider that provides coverage for not less than twelve (12) consecutive months for each covered person on an expense incurred, indemnity, prepaid or other basis, for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services, provided in a setting other than an acute care unit of a hospital.

A policy or rider that provides for payment of benefits based upon cognitive impairment or the loss of functional capacity.

Line ~~8~~12 – Other Health

Include: Other health revenues not included in any other column, including stop loss~~, disability income and long-term care~~. Policies providing stand alone Medicare Part D Prescription Drug Coverage.

Exclude: ASO (administrative services only) contracts and ASC (administrative service contracts). Refer to *SSAP No. 47—Uninsured Plans* for accounting guidance. Policies providing Medicare Part D Prescription Drug Coverage through a Medicare Advantage product.

Line ~~9~~13 – Health Subtotal

Column 1 should equal Schedule T, Line 61 sum of Columns 2, 3, 5 and 6.

Line ~~10~~14 – Life

Include: Revenue for life insurance.

Column 1 should equal Schedule T, Line 61, Column7.

Line ~~11~~15 – Property/Casualty

Include: Revenue for property/casualty insurance.

Column 1 should equal Schedule T, Line 61, Column 8.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 – CLAIMS INCURRED DURING THE YEAR

Column ~~9~~13 – Other Health

Include: Claims incurred for other health lines of business not included in any other column, including stop loss~~, disability income and long-term care~~.

Column ~~10~~14 – Other Non-health

Include: Claims incurred for life and property/casualty lines of business.

Line 1 – Payments During the Year

Report payments net of pharmaceutical rebates collected and risk share amount collected. Refer to *SSAP No. 84—Health Care and Government Insured Plan Receivables* for accounting guidance.

Line 1.3 should include only those reinsurance recoveries received during the year.

Exclude: Medical incentive pools and bonuses.

Line 2 – Paid Medical Incentive Pools and Bonuses

Equals Underwriting and Investment, Part 2B, Columns 1 and 2, Line ~~12~~16.


Line 12 – Incurred Benefits

Line 12.1 = Line 1.1 + Line 3.1 + Line 4.1 – Line 6 – Line 8.1 – Line 9.1

Line 12.2 = Line 1.2 + Line 3.2 + Line 4.2 – Line 8.2 – Line 9.2

Line 12.3 = Line 1.3 + Line 3.3 + Line 4.3 + Line 7 – Line 8.3 – Line 9.3 – Line 11

Line 12.4 = Line 1.4 + Line 3.4 + Line 4.4 – Line 6 – Line 7 – Line 8.4 – Line 9.4 + Line 11

Line 12.1 – Incurred Benefits: Direct

Column 1 minus Column ~~10~~14, Line 12.1 should agree with the sum of Lines 9 through 14 on the Statement of Revenue and Expenses.

Line 13 – Incurred Medical Incentive Pools and Bonuses

This should agree with Line 2 + Line 5 – Line 10.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

Refer to *SSAP No. 55—Unpaid Claims, Losses and Loss Adjustment Expenses* for accounting guidance. Include recoverables for anticipated coordination of benefits and subrogation as a reduction to unpaid claims.

Column ~~9~~13 – Other Health

Include: Claims liability for other health lines of business not included in any other column, including stop loss, ~~disability income and long-term care~~.

Column ~~10~~14 – Other Non-health

Include: Claims liability for life and property/casualty lines of business.

Line 1 – Reported in Process of Adjustment

Include: Liability for all claims that have been reported to the company on or before December 31 of the current year. Provision for claims of the current year or prior years, if any, reported after that date would be made in Line 2 as Incurred but Unreported. Portions of reported claims for which payments are due after December 31 of the current year are reported in Underwriting and Investment Exhibit, Part 2D, Line 9.

Line 2 – Incurred but Unreported

Except where inapplicable, the reserve included in these lines should be based on past experience, modified to reflect current conditions, such as changes in exposure, claim frequency or severity.

Line 3 – Amounts Withheld from Paid Claims and Capitations

Report the amounts withheld from paid claims and capitations that have not been distributed and the anticipated withholds from estimated incurred but not reported losses.

Line 4.4 – Net Total Claim Liability

This amount should agree to Page 3, Line 1, Column 3.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR – NET OF REINSURANCE

Claims are to include amounts paid or accrued for capitation, and any other means of payment, for medical or other health care services including, under other medical costs, amounts for occupancy, depreciation and amortization as it relates to medical and hospital expenses.

Incentive pool, withhold, and bonus amounts are defined as: amounts to be paid to providers by the Health entity as an incentive to achieve goals such as effective management of care. Some arrangements involve paying an agreed-on amount for each claim, and then paying a bonus at the end of the contract period. Other arrangements involve a set amount to be withheld from each claim, and then paying a portion (which could be none or all) of the withheld amount at the end of the contract period.

For arrangements involving amounts withheld, the claim payments should be recorded net of the withhold, and the unpaid withholds should be held as an additional liability until paid or formally retained. The amount due should be supported by signed agreements and the basis for establishing the liability should be documented when determining the amount of this liability.

### Columns 1 and 2

Enter in Columns 1 and 2, Lines 1 through ~~8~~12, all payments made during the year. Record actual payments only, net of applicable Coordination of Benefits, deductibles, copayments, pharmaceutical rebates collected, risk share amounts collected, reinsurance, subrogation, and provider discounts. Refer to *SSAP No. 84—Health Care and Government Insured Plan Receivables* for accounting guidance.

Include in Columns 1 and 2, Line ~~10~~14, the portion of current health care receivables balance relating to claims paid in the current year on insured plans. This would not include those health care receivables, such as loans or advances to non-related party hospitals, established as prepaid assets that are not expensed until the related claims have been received from the provider as the claims have not been paid as of the statement date. Refer to *SSAP No. 84—Health Care and Government Insured Plan Receivables* for accounting guidance.

Include on Line ~~12~~ 16 actual payments from provider incentive pools and bonus arrangements or supplemental facility settlements (distributions of utilization savings).

All claim payments made relating to service dates prior to the current reporting year should be reported in Column 1. Report in Column 2 all claim payments for service dates in the current reporting year.

### Columns 3 and 4

Enter in Columns 3 and 4 all claims related liabilities and reserves held at the end of the current year. This includes liability for both reported and unreported claims and should be net of anticipated reductions for coordination of benefits, deductibles, copayments, provider discounts or reinsurance recoveries on unpaid claims.

Include in Columns 3 and 4, Line ~~10~~ 14 the portion of current health care receivables of insured plans relating to claims in the process of adjustment, excluding those health care receivables, such as loans or advances to non-related party hospitals, established as prepaid assets that are not expensed until the related claims have been received from the provider. Refer to *SSAP No. 84—Health Care and Government Insured Plan Receivables* for accounting guidance.

Report on Lines 1 through ~~8~~ 12 the claims unpaid gross of the actual withholds on paid claims and net of settlement adjustments to prior withholds. Estimated incurred but unreported losses reported on Lines 1 through ~~8~~ 12 should be calculated in accordance with *SSAP No. 54R—Individual and Group Accident and Health Contracts* and may include estimations as to return of withhold on claims incurred, but not yet paid. Liability for provider incentive pools and supplemental facility settlements should also be included on Line ~~12~~16.

Line ~~9~~ 13 plus Line ~~11~~ 15 of Columns 3 and 4 should agree to Underwriting and Investment Exhibit – Part 2A, Column 1, Line 4.4 plus Underwriting and Investment Exhibit – Part 2D, Column 1, Line 14.

Line ~~9~~ 13 plus Line ~~11~~15, Columns 3 and 4 should equal Page 3, Line 1 plus Line 7, Column 3.

Line ~~13~~17, Columns 1 through 4, less Column 6 should agree to Page 4, Line 18 plus Line 19, Column 2.

The sum of Columns 3 and 4, Line ~~13~~ 17 plus ~~10~~ 14 should agree to the sum of Lines 1, 2 and 7, Page 3, Column 3.

Line ~~8~~12 – Other Health

Report the unpaid claims for other health business not included in any other line. This category includes all unspecified business written under the Company's health line of business authority including stop loss ~~as well as business that does not qualify for the Health Statement Test (e.g., disability income and long-term care)~~.

Line ~~10~~14 – Health Care Receivables

This line is based on the gross health care receivable, not just the admitted portion.

Columns 1 and 2 report the amounts of health care receivables associated with claims paid during the year, excluding those health care receivables, such as loans or advances to non-related party hospitals, established as prepaid assets that are not expensed until the related claims have been received from the provider.

Columns 3 and 4 report the health care receivable amount attributable to those claims remaining unpaid as of the reporting date. This will include those amounts of pharmaceutical rebates that are estimated in accordance with *SSAP No. 84—Health Care and Government Insured Plan Receivables* guidelines.

The sum of Columns 1 through 4 on the Underwriting and Investment Exhibit, Part 2B, Line ~~10~~ 14 should equal the health care receivables on Exhibit 3, Column 6 plus Column 7, excluding those health care receivables, such as loans or advances to non-related party hospitals, established as prepaid assets that are not expensed until the related claims have been received from the provider. If health care receivables reported on Underwriting and Investment Exhibit, Part 2B are affected by reinsurance, then the sum of Column 1 through Column 4 may be different from the amounts of health care receivables reported on Exhibit 3, which are gross of reinsurance.

If health care receivables are not affected by reinsurance, then Line ~~10~~14, Column 1 through Column 4 should be no more than Exhibit 3, Line 0799999, Column 6 plus Column 7 and be no less than to Exhibit 3, Line 0799999, Column 6 plus Column 7 minus Exhibit 3, Line 0399999, Column 6 plus Column 7. If health care receivables are affected by reinsurance, then Line ~~10~~14, Column 1 through Column 4 should be more/less than Exhibit 3, Line 0799999, Columns 6 plus 7 minus Exhibit 3, Line 0399999, Column 6 and Column 7.

Column 6 reports the amounts of prior year health care receivables, excluding those health care receivables, such as loans or advances to non-related party hospitals, established as prepaid assets that are not expensed until the related claims have been received from the provider.

Footnote (a) Line ~~10~~ 14 reports those health care receivables, such as loans or advances to non-related party hospitals, established as prepaid assets that are not expensed until the related claims have been received from the provider.

Line ~~11~~15 – Other Non-health

Report the unpaid claims for life and property/casualty business.

Line ~~12~~16 – Medical Incentive Pools and Bonus Amounts

Include disbursements for incentive pool and bonus amounts in Column 1 and 2. Include liability for incentive pool and bonus amounts in Column 3 and 4.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

Exclude reserves or other amounts relating to uninsured accident and health plans and the uninsured portion of partially insured accident and health plans from this exhibit.

Column ~~9~~13 – Other

Include: Stop loss~~, disability income and long-term care.~~

Line 1 – Unearned Premium Reserves

Refer to *SSAP No. 54R—Individual and Group Accident and Health Contracts* for accounting guidance.

**Detail Eliminated to Conserve Space**

Details of Write-ins Aggregated on Line 5 for Other Policy Reserves

List separately all policy reserves for which there is no pre-printed line.

Include: Accrued return premium adjustments for contracts subject to redetermination.

Details of Write-ins Aggregated on Line 11 for Other Claim Reserves

List separately all claim reserves for which there is no pre-printed line.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

A schedule must be prepared and submitted to the state of domicile for each jurisdiction in which the company has written direct business, or has direct amounts paid, incurred or unpaid for provisions of health care services. In addition, a schedule must be prepared and submitted that contains the grand total (GT) for the company. To other states in which the company is licensed it should submit a schedule for that state.

Written premium is defined as the contractually determined amount charged by the reporting entity to the policyholder for the effective period of the contract based on the expectation of risk, policy benefits, and expenses associated with the coverage provided by the terms of the insurance contract. For health contracts without fixed contract periods, premiums written will be equal to the amount collected during the reporting period plus uncollected premiums at the end of the period less uncollected premiums at the beginning of the period.

Column 1 – Total

Include: All members.

Columns 2 through ~~10~~13 – Lines of Business

See Appendix – Definitions of Lines of Business in determining with which source information is associated. Stop loss~~, disability income and long-term care are~~ is to be included in the Other column.

Column 4 – Medicare Supplement

Include: Medicare Supplement contracts as defined by the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#650) and Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#651).

Contracts sold primarily to Medicare eligible persons and designed to coordinate with Medicare but that are exempt from the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#650) and Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#651).

Column 8 – Title XVIII Medicare

Include only amounts collected from the Federal Government for Medicare benefits and the amounts collected from enrollees over and above that collected from the Federal Government as authorized under Title XVIII.

Column ~~10~~13 – Other

Include: Policies providing stand-alone Medicare Part D Prescription Drug Coverage.

Column 14 – Other Non-health

Include: Claims incurred for life and property/casualty lines of business.

Line 1 – Total Members at End of Prior Year

A member is a person who has been enrolled as a subscriber, or an eligible dependent of a subscriber, and for whom the reporting entity has accepted the responsibility for the provision of basic health services as provided by contract.

Line 12 – Health Premiums Written

Include: Direct premiums written.

Column 1 should equal Underwriting and Investment Exhibit, Part 1, Column 1, Line ~~9~~13.

Line 13 – Life Premiums Direct

Include: Direct premiums and annuity considerations for life contracts excluding reinsurance assumed and without deduction of reinsurance ceded.

Column 1 should equal Underwriting and Investment Exhibit, Part 1, Column 1, Line ~~10~~14.

Line 14 – Property/Casualty Premiums Written

Include: Direct premiums for property and casualty lines of business excluding reinsurance assumed and without deduction of reinsurance ceded.

Column 1 should equal Underwriting and Investment Exhibit, Part 1, Column 1, Line ~~11~~15.

Line 15 – Health Premiums Earned

Include: Direct written premium plus the change in unearned premium reserves and reserve for rate credits.

Sum of General Interrogatories Part 2, Lines 1.61, 1.64, 1.71 and 1.74 should equal Column 4, Grand Total Exhibit of Premiums, Enrollment and Utilization page.

**Detail Eliminated to Conserve Space**

Footnote (a) – Complete the information regarding number of persons covered under PPO managed care products and number of persons covered under indemnity only products. Include in PPO business health insurance products that provide access to higher level of benefits whenever participating provider networks are used. This will include all blended products whereby an indemnity product is sold and issued in conjunction with an HMO product. Health business includes all business equivalent to that included in the health blank.

Footnote (b) – Report Medicare Title XVIII premiums that are exempted from state taxes or other fees by Section 1854(g) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. This includes but is not limited to premiums written under a Medicare Advantage product, a Medicare PPO product, or a stand-alone Medicare part D product.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

**Detail Eliminated to Conserve Space**

Column 1 – Total

Include: All members.

Columns 2 through ~~10~~13 – Lines of Business

See Annual Statement Appendix – Definitions of Lines of Business and Product Lines in determining with which source information is associated. Stop loss~~, disability income and long term care are~~ is to be included in the Other column.

Column 4 – Medicare Supplement

Include: Medicare Supplement contracts as defined by the NAIC *Medicare Supplement Insurance Minimum Standards Model Act (#650)* and *Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#651)*.

Contracts sold primarily to Medicare eligible persons and designed to coordinate with Medicare but that are exempt from the NAIC *Medicare Supplement Insurance Minimum Standards Model Act (#650)* and *Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#651)*.

Column 8 – Title XVIII Medicare

Include only amounts collected from the Federal Government for Medicare benefits and the amounts collected from enrollees over and above that collected from the Federal Government as authorized under Title XVIII. Policies providing Medicare Part D Prescription Drug Coverage through a Medicare Advantage product.

Column ~~10~~13 – Other

Include: Policies providing stand-alone Medicare Part D Prescription Drug Coverage.

Column 14 – Other Non-health

Include: Claims incurred for life and property/casualty lines of business.

Line 1 – Total Members at End of Prior Year

A member is a person who has been enrolled as a subscriber, or an eligible dependent of a subscriber, and for whom the reporting entity has accepted the responsibility for the provision of basic health services as provided by contract.

Line 2 – Total Members at End of First Quarter

Show total members (cumulative) at the end of the quarter.

**Detail Eliminated to Conserve Space**

## UNDERWRITING AND INVESTMENT EXHIBIT

## ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR NET OF REINSURANCE

Information should be reported for current year-to-date.

Refer to *SSAP No. 54R—Individual and Group Accident and Health Contracts*, and *SSAP No. 66—Retrospectively Rated Contracts*, for accounting guidance.

Exclude: From the appropriate lines and columns, those amounts attributable to the Federal Employees Health Benefit Plan (FEHBP) that are exempted from state taxes or other fees by Section 8909(f)(1) of Title 5 of the United States Code.

Amounts attributable to uninsured plans and the uninsured portion of partially insured plans.

Claims are to include amounts paid or accrued for capitation, and any other means of payment, for medical or other health care services including, under other medical costs, amounts for occupancy, depreciation and amortization as it relates to medical and hospital expenses.

Incentive pool, withhold and bonus amounts are defined as amounts to be paid to providers by the Health entity as an incentive to achieve goals such as effective management of care. Some arrangements involve paying an agreed-on amount for each claim and then paying a bonus at the end of the contract period. Other arrangements involve a set amount to be withheld from each claim and then paying a portion (which could be none or all) of the withheld amount at the end of the contract period.

For arrangements involving amounts withheld, the claim payments should be recorded net of the withhold, and the unpaid withholds should be held as an additional liability until paid or formally retained. The amount due should be supported by signed agreements and the basis for establishing the liability should be documented when determining the amount of this liability.

**Columns 1 and 2:**

Enter in Columns 1 and 2, Lines 1 through ~~8~~ 12 and ~~11~~15, all payments made year-to-date. Record actual payments only, net of applicable Coordination of Benefits, deductibles, copayments, pharmaceutical rebates collected, risk share amounts collected, reinsurance, subrogation and provider discounts. Refer to *SSAP No. 84—Health Care and Government Insured Plans Receivables*, for accounting guidance.

Include in Columns 1 and 2, Line ~~10~~14, the current health care receivables balance relating to claims paid year-to-date on insured plans. Refer to *SSAP No. 84—Health Care and Government Insured Plans Receivables*, for accounting guidance.

Include on Line ~~12~~ 16 actual payments from provider incentive pools and bonus arrangements or supplemental facility settlements (distributions of utilization savings).

All claim payments made relating to service dates prior to the current reporting year should be reported in Column 1. Report in Column 2 all claim payments for service dates in the current reporting year.

**Columns 3 and 4:**

Enter in Columns 3 and 4 all claims related liabilities and reserves held at the end of the current quarter. This includes liability for both reported and unreported claims and should be net of anticipated reductions for coordination of benefits, deductibles, copayments, provider discounts or reinsurance recoveries.

Included in Columns 3 and 4, Line ~~10~~ 14 current health care receivables of insured plans relating to claims in the process of adjustment. Refer to *SSAP No. 84—Health Care and Government Insured Plans Receivables*, for accounting guidance.

Report on Line 1 through ~~8~~ 12 and ~~11~~15, the claims unpaid gross of the actual withholds on paid claims and net of settlement adjustments to prior withholds. Estimated incurred but unreported losses reported on Lines 1 through ~~8~~ 12 should be calculated in accordance with *SSAP No. 54R—Individual and Group Accident and Health Contracts* and may include estimations as to return of withhold on claims incurred, but not yet paid. Liability for provider incentive pools and supplemental facility settlements should also be included on Line ~~12~~16.

Line ~~9~~ 13 plus Line ~~11~~15, Column 3 and 4 should equal Page 3, Line 1 plus Line 7, Column 3.

Line ~~13~~17, Columns 1 through 4, less Column 6 should agree to Page 4, Line 18 plus Line 19, Column 2.

The sum of Columns 3 and 4, Line ~~13~~ 17 plus ~~10~~ 14 should agree to the sum of Lines 1, 2 and 7, Page 3, Column 3.

Line ~~8~~12 – Other Health

Report the unpaid claims for other health business not included in any other line. This category includes all unspecified business written under the Company's health line of business authority, including stop loss ~~as well as business that does not qualify for the Health Statement Test (e.g., disability income and long-term care)~~.

Line ~~10~~14 – Health Care Receivables

This line is based on the gross health care receivable, not just the admitted portion.

Columns 1 and 2 report the amounts of health care receivables associated with claims paid year-to-date.

Columns 3 and 4 report the health care receivable amount attributable to those claims remaining unpaid as of the end of the current quarter. This will include those amounts of pharmaceutical rebates that are estimated in accordance with *SSAP No. 84—Health Care and Government Insured Plans Receivables*, guidelines.

Line ~~11~~15 – Other Non-health

Report the unpaid claims for life and property/casualty business.

Line ~~12~~16 – Medical Incentive Pools and Bonus Amounts

Include disbursements for incentive pool and bonus amounts in Column 1 and 2. Include liability for incentive pool and bonus amounts in Column 3 and 4.

## UNDERWRITING AND INVESTMENT EXHIBIT
### PART 1 – PREMIUMS

| Line of Business | 1<br>Direct Business | 2<br>Reinsurance Assumed | 3<br>Reinsurance Ceded | 4<br>Net Premium Income (Cols. 1+2-3) |
|---|---|---|---|---|
| 1. Comprehensive (hospital and medical) Individual | | | | |
| 2. Comprehensive (hospital and medical) Group | | | | |
| ~~2~~3. Medicare Supplement | | | | |
| ~~3~~4. Dental only | | | | |
| ~~4~~5. Vision only | | | | |
| ~~5~~6. Federal Employees Health Benefits Plan | | | | |
| ~~6~~7. Title XVIII – Medicare | | | | |
| ~~7~~8. Title XIX – Medicaid | | | | |
| 9. Credit A&H | | | | |
| 10. Disability Income | | | | |
| 11. Long-Term Care | | | | |
| ~~8~~12. Other health | | | | |
| ~~9~~13. Health subtotal (Lines 1 through ~~8~~12) | | | | |
| ~~10~~14. Life | | | | |
| ~~11~~15. Property/casualty | | | | |
| ~~12~~16. Totals (Lines ~~9~~ 13 to ~~11~~15) | | | | |

# UNDERWRITING AND INVESTMENT EXHIBIT
## PART 2 – CLAIMS INCURRED DURING THE YEAR

| | | 1 | Comprehensive (Hospital & Medical)2 | | ~~3~~4 | 45 | ~~5~~6 | ~~6~~7 | ~~7~~8 | ~~8~~9 | 10 | 11 | ~~12~~13 | ~~9~~13 | ~~10~~14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Total | 2 ~~Comprehensive (Hospital & Medical)~~ Individual | 3 Group | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health |
| 1. | Payments during the year: | | | | | | | | | | | | | | |
| | 1.1 Direct | | | | | | | | | | | | | | |
| | 1.2 Reinsurance assumed | | | | | | | | | | | | | | |
| | 1.3 Reinsurance ceded | | | | | | | | | | | | | | |
| | 1.4 Net | | | | | | | | | | | | | | |
| 2. | Paid medical incentive pools and bonuses | | | | | | | | | | | | | | |
| 3. | Claim liability December 31, current year from Part 2A: | | | | | | | | | | | | | | |
| | 3.1 Direct | | | | | | | | | | | | | | |
| | 3.2 Reinsurance assumed | | | | | | | | | | | | | | |
| | 3.3 Reinsurance ceded | | | | | | | | | | | | | | |
| | 3.4 Net | | | | | | | | | | | | | | |
| 4. | Claim reserve December 31, current year from Part 2D: | | | | | | | | | | | | | | |
| | 4.1 Direct | | | | | | | | | | | | | | |
| | 4.2 Reinsurance assumed | | | | | | | | | | | | | | |
| | 4.3 Reinsurance ceded | | | | | | | | | | | | | | |
| | 4.4 Net | | | | | | | | | | | | | | |
| 5. | Accrued medical incentive pools and bonuses, current year | | | | | | | | | | | | | | |
| 6. | Net health care receivables (a) | | | | | | | | | | | | | | |
| 7. | Amounts recoverable from reinsurers December 31, current year | | | | | | | | | | | | | | |
| 8. | Claim liability December 31, prior year from Part 2A: | | | | | | | | | | | | | | |
| | 8.1 Direct | | | | | | | | | | | | | | |
| | 8.2 Reinsurance assumed | | | | | | | | | | | | | | |
| | 8.3 Reinsurance ceded | | | | | | | | | | | | | | |
| | 8.4 Net | | | | | | | | | | | | | | |
| 9. | Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | | | | | |
| | 9.1 Direct | | | | | | | | | | | | | | |
| | 9.2 Reinsurance assumed | | | | | | | | | | | | | | |
| | 9.3 Reinsurance ceded | | | | | | | | | | | | | | |
| | 9.4 Net | | | | | | | | | | | | | | |
| 10. | Accrued medical incentive pools and bonuses, prior year | | | | | | | | | | | | | | |
| 11. | Amounts recoverable from reinsurers December 31, prior year | | | | | | | | | | | | | | |
| 12. | Incurred benefits: | | | | | | | | | | | | | | |
| | 12.1 Direct | | | | | | | | | | | | | | |
| | 12.2 Reinsurance assumed | | | | | | | | | | | | | | |
| | 12.3 Reinsurance ceded | | | | | | | | | | | | | | |
| | 12.4 Net | | | | | | | | | | | | | | |
| 13. | Incurred medical incentive pools and bonuses | | | | | | | | | | | | | | |

(a) Excludes $……. loans or advances to providers not yet expensed.

# UNDERWRITING AND INVESTMENT EXHIBIT
## PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

| | 1 | Comprehensive (Hospital & Medical)2 | | 3~~4~~ | 4~~5~~ | 5~~6~~ | 6~~7~~ | 7~~8~~ | 8~~9~~ | 10 | 11 | 12 | 9~~13~~ | 10~~14~~ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total | 2 ~~Comprehensive (Hospital and Medical)~~ Individual | 3 Group | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health |
| 1. Reported in Process of Adjustment: | | | | | | | | | | | | | | |
| 1.1 Direct | | | | | | | | | | | | | | |
| 1.2 Reinsurance assumed | | | | | | | | | | | | | | |
| 1.3 Reinsurance ceded | | | | | | | | | | | | | | |
| 1.4 Net | | | | | | | | | | | | | | |
| 2. Incurred but Unreported: | | | | | | | | | | | | | | |
| 2.1 Direct | | | | | | | | | | | | | | |
| 2.2 Reinsurance assumed | | | | | | | | | | | | | | |
| 2.3 Reinsurance ceded | | | | | | | | | | | | | | |
| 2.4 Net | | | | | | | | | | | | | | |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | | | | | |
| 3.1 Direct | | | | | | | | | | | | | | |
| 3.2 Reinsurance assumed | | | | | | | | | | | | | | |
| 3.3 Reinsurance ceded | | | | | | | | | | | | | | |
| 3.4 Net | | | | | | | | | | | | | | |
| 4. TOTALS: | | | | | | | | | | | | | | |
| 4.1 Direct | | | | | | | | | | | | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | | | | | |
| 4.3 Reinsurance ceded | | | | | | | | | | | | | | |
| 4.4 Net | | | | | | | | | | | | | | |

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid During the Year | | Claim Reserve and Claim Liability December 31 of Current Year | | 5 | 6 |
|---|---|---|---|---|---|---|
| | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid December 31 of Prior Year | 4<br>On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
| 1. Comprehensive (hospital and medical) Individual | | | | | | |
| 2. Comprehensive (hospital and medical) Group | | | | | | |
| ~~2~~3. Medicare Supplement | | | | | | |
| ~~3~~4. Dental Only | | | | | | |
| ~~4~~5. Vision Only | | | | | | |
| ~~5~~6. Federal Employees Health Benefits Plan | | | | | | |
| ~~6~~7. Title XVIII – Medicare | | | | | | |
| ~~7~~8. Title XIX – Medicaid | | | | | | |
| 9. Credit A&H | | | | | | |
| 10. Disability Income | | | | | | |
| 11. Long-Term Care | | | | | | |
| ~~8~~12. Other health | | | | | | |
| ~~9~~13. Health subtotal (Lines 1 to ~~8~~12) | | | | | | |
| ~~10~~14. Health care receivables (a) | | | | | | |
| ~~11~~15. Other non-health | | | | | | |
| ~~12~~16. Medical incentive pools and bonus amounts | | | | | | |
| ~~13~~17. Totals (Lines ~~9~~13-~~10~~14+~~11~~15+~~12~~16) | | | | | | |

(a) Excludes $…….. loans or advances to providers not yet expensed.

# UNDERWRITING AND INVESTMENT EXHIBIT
## PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

| | | 1 | Comprehensive (Hospital &Medical)2 | | 34 | 45 | 56 | 67 | 78 | 89 | 10 | 11 | 12 | 913 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 2 Comprehensive (Hospital &Medical) Individual | 3 Group | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other |
| 1. | Unearned premium reserves | | | | | | | | | | | | | |
| 2. | Additional policy reserves (a) | | | | | | | | | | | | | |
| 3. | Reserve for future contingent benefits | | | | | | | | | | | | | |
| 4. | Reserve for rate credits or experience rating refunds (including $..... for investment income) | | | | | | | | | | | | | |
| 5. | Aggregate write-ins for other policy reserves | | | | | | | | | | | | | |
| 6. | Totals (gross) | | | | | | | | | | | | | |
| 7. | Reinsurance ceded | | | | | | | | | | | | | |
| 8. | Totals (Net) (Page 3, Line 4) | | | | | | | | | | | | | |
| 9. | Present value of amounts not yet due on claims | | | | | | | | | | | | | |
| 10. | Reserve for future contingent benefits | | | | | | | | | | | | | |
| 11. | Aggregate write-ins for other claim reserves | | | | | | | | | | | | | |
| 12. | Totals (gross) | | | | | | | | | | | | | |
| 13. | Reinsurance ceded | | | | | | | | | | | | | |
| 14. | Totals (Net) (Page 3, Line 7) | | | | | | | | | | | | | |
| **DETAILS OF WRITE-INS** | | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | | |
| 0502. | | | | | | | | | | | | | | |
| 0503. | | | | | | | | | | | | | | |
| 0598. | Summary of remaining write-ins for Line 5 from overflow page | | | | | | | | | | | | | |
| 0599. | Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | | | | | | | | | | | |
| 1101. | | | | | | | | | | | | | | |
| 1102. | | | | | | | | | | | | | | |
| 1103. | | | | | | | | | | | | | | |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | | | | | | | | | | | | | |
| 1199. | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | | | | | | | | | | |

(a) Includes $..... premium deficiency reserve.

Affix Bar Code Above

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____
(LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____ DURING THE YEAR NAIC Company Code _____

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | ~~10~~14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Dental ~~Vision~~ Only | Vision ~~Dental~~ Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products____ and number of persons insured under indemnity only products____.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $……

## QUARTERLY STATEMENT BLANK – HEALTH

### EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | ~~10~~14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Dental ~~Vision~~ Only | Vision ~~Dental~~ Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | | | |
| 12. Health Premiums Written (a) | | | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $…….

## UNDERWRITING AND INVESTMENT EXHIBIT
### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 |
|---|---|---|---|---|---|---|
| | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid Dec. 31 of Prior Year | 4<br>On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
| 1. Comprehensive (hospital and medical) Individual | | | | | | |
| 2. Comprehensive (hospital and medical) Group | | | | | | |
| ~~2~~3. Medicare Supplement | | | | | | |
| ~~3~~4. Dental only | | | | | | |
| ~~4~~5. Vision only | | | | | | |
| ~~5~~6. Federal Employees Health Benefits Plan | | | | | | |
| ~~6~~7. Title XVIII – Medicare | | | | | | |
| ~~7~~8. Title XIX – Medicaid | | | | | | |
| 9. Credit A&H | | | | | | |
| 10. Disability Income | | | | | | |
| 11. Long-Term Care | | | | | | |
| ~~8~~12. Other health | | | | | | |
| ~~9~~13. Health subtotal (Lines 1 to ~~8~~12) | | | | | | |
| ~~10~~14. Health care receivables (a) | | | | | | |
| ~~11~~15. Other non-health | | | | | | |
| ~~12~~16. Medical incentive pools and bonus amounts | | | | | | |
| ~~13~~17. Totals (Lines ~~9~~13-~~10~~14+~~11~~15+~~12~~16) | | | | | | |

(a) Excludes $……. loans or advances to providers not yet expensed.

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