

**NEW YORK STATE  
DEPARTMENT OF  
FINANCIAL SERVICES**

**SUPPLEMENT TO  
ARTICLE 43  
CORPORATIONS  
QUARTERLY STATEMENT**

To be filed with the  
Quarterly Statement — As of \_\_\_\_\_

of the

\_\_\_\_\_  
Name of Insurer

Quarterly Supplements are to be filed in duplicate at the New York City office of the New York State Department of Financial Services. Completed Supplements should be addressed to the New York State Department of Financial Services, Health Bureau, One State Street, New York, NY 10004-1511. 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 in a larger or smaller size will not be accepted as meeting the filing requirements.

The March 31 Supplement is to be filed on or before May 15.

The June 30 Supplement is to be filed on or before August 15.

The September 30 Supplement is to be filed on or before November 15.

2015 Edition

**2015**

**ARTICLE 43 CORPORATIONS QUARTERLY**

# NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES QUARTERLY STATEMENT SUPPLEMENT

AS OF \_\_\_\_\_

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<sup>(a)</sup>

President \_\_\_\_\_  
 Secretary \_\_\_\_\_  
 Treasurer \_\_\_\_\_

Vice-Presidents { \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## DIRECTORS OR TRUSTEES<sup>(a)</sup>

Provider:	Public:	Subscriber:	Officer-Employee:
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

## JURAT

State of ..... )  
 County of ..... )

**Certification of the New York Quarterly 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, this Supplement together with the accompanying Quarterly 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, pursuant to the laws of the State of New York, and of its income and deductions therefrom for the quarter ended on that date, according to the best of their information, knowledge and belief.

**Certification of the New York Quarterly 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 \_\_\_\_\_, 20\_\_\_\_ Quarterly 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 Quarterly Statement Supplement Electronic Filing** - The UNDERSIGNED further certify, according to the best of their information, knowledge and belief, that the NAIC Quarterly Health Statement electronic filing submitted for the reporting period stated above was prepared in compliance with the NAIC specifications, that the filing has been tested against the validations included in these specifications, and that the quarterly statement information contained in this filing is identical to the information contained in the \_\_\_\_\_, 20\_\_\_\_ Quarterly 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.

Print Name	Signature
President _____	_____
Secretary _____	_____
Treasurer _____	_____

Subscribed and sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 2015  
 \_\_\_\_\_

(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.

## PART 2C (NY) - QUARTERLY CLAIMS UNPAID DEVELOPMENT SCHEDULE

Line of Business	Claims Paid During the Year		Claims Unpaid End of Current Quarter, Viz: Estimated Liability End of Current Quarter		5 Total Claims Paid During the Current Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Liability on Unpaid Claims December 31 of Previous Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Previous Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
1.1 Large Groups						
1.2 Small Groups						
1.3 Direct Payment						
1.4 Subtotal						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1.4 to 8)						
10. Health care receivables						
11. Other non-health						
12. Medical incentive pools & bonus amounts						
13. Totals (Lines 9-10+11+12)						

NY2

Footnote: The subtotals shown on line 1.4 must agree with NAIC Quarterly Statement, Page 9, Analysis of Claims Unpaid, line 1. The remainder of this schedule must agree with the NAIC schedule.

**SCHEDULE H (NY)**

Individually list in Section 1 all health care creditors of \$7,500 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." Report 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 required under contract or from the date bill is received by Company.

**Section 1 - Aging Analysis of Claims Unpaid**

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

NY

<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 1.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE</b>												
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)												
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 2.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE</b>												
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)												
<b>DETAILS OF WRITE-INS AGGREGATED AT LINE 3.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE</b>												
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)												

**Footnote:** Totals shown in Section 1, columns 11 and 12, lines 4 through 8, must be identical to those of Section 2, columns 5 and 6, lines 4.5 through 8. Total Claims Unpaid on line 7 of Section 1 and line 7 of Section 2 must agree with N.A.I.C. Health Quarterly Statement page 3, line 1, col. 3, Claims Unpaid. Is Schedule H (NY) so reported in this statement? Yes [ ] No [ ]  
 If No, explain. \_\_\_\_\_

**SCHEDULE H (NY)**  
**Section 2 - Statutory Aging Analysis**

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
<b>1. Reserves for Reported Claims Due and Unpaid<sup>a</sup></b>						
1.11 Payable to Physicians (capitated) <sup>e</sup>	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) <sup>f</sup>	xxx		xxx		xxx	
1.42 Payable to Others (other than capitated) <sup>f</sup>						
1.5 Subtotal (Lines 1.11 through 1.42)						
<b>2. Reserves for Reported Claims in Course of Settlement<sup>b</sup></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) <sup>f</sup>						
2.5 Subtotal (Lines 2.1 through 2.4)						
<b>3. Reserves for Reported Resisted Claims<sup>c</sup></b>						
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) <sup>f</sup>						
3.5 Subtotal (Lines 3.1 through 3.4)						
<b>4. Total Reported Claims Unpaid (lines 1 through 3)</b>						
4.1 Payable to Physicians (including capitation)(Line 1.11+1.12+2.1+3.1)						
4.2 Payable to Hospitals (including capitation)(Line 1.21+1.22+2.2+3.2)						
4.3 Payable to Subscribers (Line 1.3+2.3+3.3)						
4.4 Payable to Others (including capitation) <sup>f</sup> (Line 1.41+1.42+2.4+3.4)						
4.5 Subtotal (Lines 4.1 through 4.4)						
<b>5. Unreported Claims and Other Claim Reserves<sup>d</sup></b>	xxx	xxx	xxx	xxx	xxx	
<b>6. Total Amounts Withheld</b>	xxx	xxx	xxx	xxx	xxx	
<b>7. Total Claims Unpaid (Lines 4.5 through 6)</b>	xxx	xxx	xxx	xxx	xxx	
<b>8. Accrued Medical Incentive Pool and Bonus Amounts</b>	xxx	xxx	xxx	xxx	xxx	

**Footnote:** Totals shown in Section 1, columns 11 and 12, lines 4 through 8 must be identical to those of Section 2, columns 5 and 6, lines 4.5 through 8. Total Claims Unpaid on line 7 of Section 1 and line 7 of Section 2 must agree with N.A.I.C Health Quarterly Statement page 3, line 1, col. 3, Claims Unpaid.

**SCHEDULE H (NY)**  
**Section 3 - Claims and Interest Paid, Current Year to Date**

Account	Claims Paid During Year		N.Y.I.L. Section 3224-a Interest	
	1 Claim Count	2 Dollar Value	3 Claim Count <sup>i</sup>	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. <sup>g</sup> )	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 (Line 6 + 7) <sup>h</sup>	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 page NY2, Part 2C(NY), Quarterly Claims Unpaid Development Schedule, line 13, col. 1 + col. 2.
- i- Line 8, 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.

**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
<b>1. Reserves for Reported Claims Due and Unpaid - Companies individually listed</b> (continued from Section 1)												
Totals overflow for line 1.1 (enter also on page NY3, line 1.198)												
<b>2. Reserves for Reported Claims in Course of Settlement - Companies individually listed</b> (continued from Section 1)												
Totals overflow for line 2.1 (enter also on page NY3, line 2.198)												
<b>3. Reserves for Reported Resisted Claims - Companies individually listed</b> (continued from Section 1)												
Totals overflow for line 3.1 (enter also on page NY3, line 3.198)												

916

**Footnote:** Health care creditors should be individually listed only if the claim is for \$7,500 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. See instructions on page NY3, above Section 1 heading.

**YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 1**

	Total (5 thru 69, Amounts)		Total Excluding HMO, Healthy NY, Gov't Programs, Other Insured Business, and Uninsured Business (7 thru 53, Amounts)		All HMO Business (Should agree with Totals in NY Data Requirements, page NY4, col. 1)		Comprehensive or Major Medical							
							Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
	1 Amount	2 PMPM XXX	3 Amount	4 PMPM XXX	5 Amount	6 PMPM XXX	7 Amount	8 PMPM XXX	9 Amount	10 PMPM XXX	11 Amount	12 PMPM XXX	13 Amount	14 PMPM XXX
1. Member Months		XXX		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
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
3.5 Total														
4. Fee-for-service net of medical expenses														
5. Risk revenue														
6. Other health care related revenues														
7. Non-health revenues					XXX	XXX								
8. Total revenues (Lines 2 to 7)														
<b>Hospital and Medical:</b>														
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)														
<b>Less:</b>														
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					XXX	XXX								
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)														

NY7

**YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 2**

	Non-Comprehensive								Grandfathered Business				Accident & Specified Disease	
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Small Groups		Direct Payment and Group Conversions			
	15 Amount	16 PMPM	17 Amount	18 PMPM	19 Amount	20 PMPM	21 Amount	22 PMPM	23 Amount	24 PMPM	25 Amount	26 PMPM		
1. Member Months		XXX		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	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	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)														
<b>Hospital and Medical:</b>														
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)														
<b>Less:</b>														
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)														

**YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 3**

	Prescription Drugs								Dental							
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
	29 Amount	30 PMPM	31 Amount	32 PMPM	33 Amount	34 PMPM	35 Amount	36 PMPM	37 Amount	38 PMPM	39 Amount	40 PMPM	41 Amount	42 PMPM	43 Amount	44 PMPM
1. Member Months		XXX		XXX		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	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	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)																
<b>Hospital and Medical:</b>																
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)																
<b>Less:</b>																
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)																

6X9

**YEAR-TO-DATE 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		
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)												
<b>Hospital and Medical:</b>												
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)												
<b>Less:</b>												
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)												

**YEAR-TO-DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 5**

	Government Programs (Other than programs included in the HMO Business column)										Other Business (Including out of network coverage provided to another company's in network product)		Uninsured Business	
	Medicare Other than Part D		Medicare Part D		Medicaid		Child Health Plus		Family Health Plus					
	57 Amount	58 PMPM	59 Amount	60 PMPM	61 Amount	62 PMPM	63 Amount	64 PMPM	65 Amount	66 PMPM	67 Amount	68 PMPM	69 Amount	70 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:														
2.1 Base medical plan													XXX	XXX
2.2 Drug riders													XXX	XXX
2.3 Other riders													XXX	XXX
2.4 Government programs													XXX	XXX
2.5 Total													XXX	XXX
3. Change in unearned premium reserves and reserve for rate credits:														
3.1 Base medical plan													XXX	XXX
3.2 Drug riders													XXX	XXX
3.3 Other riders													XXX	XXX
3.4 Government programs													XXX	XXX
3.5 Total													XXX	XXX
4. Fee-for-service net of medical expenses													XXX	XXX
5. Risk revenue													XXX	XXX
6. Other health care related revenues													XXX	XXX
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
8. Total revenues (Lines 2 to 7)													XXX	XXX
<b>Hospital and Medical:</b>														
9.1. Hospital (inpatient and outpatient)													XXX	XXX
9.2. Medical													XXX	XXX
10. Other professional services													XXX	XXX
11. Outside referrals													XXX	XXX
12. Emergency room and out-of-area													XXX	XXX
13. Prescription drugs													XXX	XXX
14.1. Aggregate write-ins for other hospital and medical													XXX	XXX
14.2. Rider expense													XXX	XXX
15. Incentive pool, withhold adjustments and bonus amounts													XXX	XXX
16. Subtotal (Lines 9 to 15)													XXX	XXX
<b>Less:</b>														
17.1. Net reinsurance recoveries													XXX	XXX
17.2. Federal/State reinsurance recoveries													XXX	XXX
17.3. Federal/State risk-sharing recoveries (payments)													XXX	XXX
18. Total hospital and medical (Lines 16 minus 17)													XXX	XXX
19. Non-health claim benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
20. Claims adjustment expenses														XXX
21. General administrative expenses														XXX
22. Increase in reserves for A&H contracts													XXX	XXX
23. Total underwriting deductions (Lines 18 to 22)														XXX
24. Net underwriting gain or (loss) (Lines 8 minus 23)														XXX

NY 11

QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 1

	Total (5 thru 69, Amounts)		Total Excluding HMO, Healthy NY, Gov't Programs, Other Insured Business, and Uninsured Business (7 thru 53, Amounts)		All HMO Business (Should agree with Totals in NY Data Requirements, page NY4, col. 1)		Comprehensive or Major Medical							
	1 Amount	2 PMPM	3 Amount	4 PMPM	5 Amount	6 PMPM	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
							7 Amount	8 PMPM	9 Amount	10 PMPM	11 Amount	12 PMPM	13 Amount	14 PMPM
1. Member Months		XXX		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
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
3.5 Total														
4. Fee-for-service net of medical expenses														
5. Risk revenue														
6. Other health care related revenues														
7. Non-health revenues					XXX	XXX								
8. Total revenues (Lines 2 to 7)														
<b>Hospital and Medical:</b>														
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)														
<b>Less:</b>														
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					XXX	XXX								
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)														

NY12

**QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 2**

	Non-Comprehensive								Grandfathered Business				Accident & Specified Disease	
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Small Groups		Direct Payment and Group Conversions			
	15 Amount	16 PMPM	17 Amount	18 PMPM	19 Amount	20 PMPM	21 Amount	22 PMPM	23 Amount	24 PMPM	25 Amount	26 PMPM		
1. Member Months		XXX		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	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	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)														
<b>Hospital and Medical:</b>														
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)														
<b>Less:</b>														
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)														

**QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 3**

	Prescription Drugs								Dental							
	Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions		Large Groups (Experience Rated)		Large Groups (Community Rated)		Small Groups		Direct Payment and Group Conversions	
	29 Amount	30 PMPM	31 Amount	32 PMPM	33 Amount	34 PMPM	35 Amount	36 PMPM	37 Amount	38 PMPM	39 Amount	40 PMPM	41 Amount	42 PMPM	43 Amount	44 PMPM
1. Member Months		XXX		XXX		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	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	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)																
<b>Hospital and Medical:</b>																
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)																
<b>Less:</b>																
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)																

**QUARTERLY 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
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)												
<b>Hospital and Medical:</b>												
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)												
<b>Less:</b>												
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)												

NY15

**QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS - PART 5**

	Government Programs (Other than programs included in the HMO Business column)										Other Business (Including out of network coverage provided to another company's in network product)		Uninsured Business	
	Medicare Other than Part D		Medicare Part D		Medicaid		Child Health Plus		Family Health Plus					
	57 Amount	58 PMPM	59 Amount	60 PMPM	61 Amount	62 PMPM	63 Amount	64 PMPM	65 Amount	66 PMPM	67 Amount	68 PMPM	69 Amount	70 PMPM
1. Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Net premium income:														
2.1 Base medical plan													XXX	XXX
2.2 Drug riders													XXX	XXX
2.3 Other riders													XXX	XXX
2.4 Government programs													XXX	XXX
2.5 Total													XXX	XXX
3. Change in unearned premium reserves and reserve for credits:														
3.1 Base medical plan													XXX	XXX
3.2 Drug riders													XXX	XXX
3.3 Other riders													XXX	XXX
3.4 Government programs													XXX	XXX
3.5 Total													XXX	XXX
4. Fee-for-service net of medical expenses													XXX	XXX
5. Risk revenue													XXX	XXX
6. Other health care related revenues													XXX	XXX
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
8. Total revenues (Lines 2 to 7)													XXX	XXX
<b>Hospital and Medical:</b>														
9.1. Hospital (inpatient and outpatient)													XXX	XXX
9.2. Medical													XXX	XXX
10. Other professional services													XXX	XXX
11. Outside referrals													XXX	XXX
12. Emergency room and out-of-area													XXX	XXX
13. Prescription drugs													XXX	XXX
14.1. Aggregate write-ins for other hospital and medical													XXX	XXX
14.2. Rider expense													XXX	XXX
15. Incentive pool, withhold adjustments and bonus amounts													XXX	XXX
16. Subtotal (Lines 9 to 15)													XXX	XXX
<b>Less:</b>														
17.1. Net reinsurance recoveries													XXX	XXX
17.2. Federal/State reinsurance recoveries													XXX	XXX
17.3. Federal/State risk-sharing recoveries (payments)													XXX	XXX
18. Total hospital and medical (Lines 16 minus 17)													XXX	XXX
19. Non-health claim benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
20. Claims adjustment expenses														XXX
21. General administrative expenses														XXX
22. Increase in reserves for A&H contracts													XXX	XXX
23. Total underwriting deductions (Lines 18 to 22)														XXX
24. Net underwriting gain or (loss) (Lines 8 minus 23)														XXX

NY16

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

**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 N.Y.							
64. Other							
65. Total							

Note: Line 65, column 1 must tie into NAIC Quarterly page 14, Schedule T, line 61, column 8.  
 NY19

**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 N.Y.							
64. Other							
65. Total							

Note: Line 65, column 1 must agree with NAIC Quarterly page 7, Exhibit of Premiums, Enrollment and Utilization.  
 NY20

QUARTERLY STATEMENT SUPPLEMENT AS OF ..... OF THE .....

**SCHEDULE T (NY) – Part 2**  
**Section 1A— Direct Premium by Market Segment**

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 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											

QUARTERLY STATEMENT SUPPLEMENT AS OF ..... OF THE .....

)

**SCHEDULE T (NY) – Part 2**  
**Section 1B — Direct Premium by Market Segment**

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 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 N.Y.											
64. Other											
65. Total											

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

QUARTERLY STATEMENT SUPPLEMENT AS OF ..... OF THE .....

**SCHEDULE T (NY) – Part 2**  
**Section 2A — Enrollment by Market Segment**

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 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											

QUARTERLY STATEMENT SUPPLEMENT AS OF ..... OF THE .....

**SCHEDULE T (NY) – Part 2**  
**Section 2B — Enrollment by Market Segment**

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 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 N.Y.											
64. Other											
65. Total											

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

NY24

# INSTRUCTIONS

## For completing the New York Article 43 Corporations Supplement to the NAIC Health Quarterly Statement

### GENERAL

1. Two hardcopies of this Supplement, completed according to these instructions, should be filed by all Article 43 insurers licensed in New York, together with two hardcopies of the NAIC Health Quarterly 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 May 15<sup>th</sup>, August 15<sup>th</sup> and November 15<sup>th</sup>. Address the Supplement to:  
  
Health Bureau  
New York State Department of Financial Services  
One State Street  
New York City, NY 10004
3. Blank schedules will not be considered properly filed. If no entries are to be made, write "None" across the schedule in question.

### JURAT — PAGE NY1

The jurats in both copies of the NAIC Quarterly Statement and the New York Supplement must be signed by the same officers and notarized. Photocopies will not be accepted.

### PAGES NY7 THRU NY16 - STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

1. The Year-to-Date schedule should set forth results for the entire calendar year. The Quarterly schedule should set forth results for the current quarter only.
2. Column 1 totals should be in agreement with NAIC Statement of Revenue and Expenses, page 4.
3. Small group contracts are defined in Department Regulation 145 (11 NYCRR 360), Section 360.2(f), as being group remittance policies written pursuant to Section 4304 of the Insurance Law and group policies covering up to fifty employees or members, exclusive of dependents and spouses. All other community rated group contracts (community rated groups covering over fifty 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 13. Line of business results for these contracts should not be fragmented and reported as part of other columns.  
  
Columns 15 through 22, Non-Comprehensive, should include contracts that provide hospital only coverage and contracts that provide surgical-medical only coverage.
6. Columns 45 through 52, Medicare Carve-outs should not include the standardized Medicare Supplemental plan designs.
7. Columns 53 and 54, Medicare Supplemental should include all Medicare Supplemental, whether written on a group or direct pay basis.
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 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.  
  
Columns 67 and 68, Other Business should include insured business not included under other categories; and should also include other business (except for business properly recorded in Columns 69 and 70), such as business recorded as fee-for-service.  
  
Columns 69 and 70, Uninsured Business should include the results of Administrative Services Contracts (ASC) and Administrative Services Only (ASO) business.
10. 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.
11. Line 17.3, Federal/State risk-sharing recoveries (payments) includes activity per Regulation 146 [11 NYCRR 361].

## PAGES NY17 THRU NY18 - ENROLLMENT BY LINE OF BUSINESS

1. Line 17, Total should reflect total contracts and participants. This line should equal the sum of the totals on lines -1, 2.5, 3.5, 4.5, 5, 6.5, 7.5, 8.5, 9, and 10 thru 16.
2. Small group contracts are defined in Department Regulation 145 (11 NYCRR 360), Section 360.2(f), as being group remittance policies written pursuant to Section 4304 of the Insurance Law and group policies covering up to fifty employees or members, exclusive of dependents and spouses. All other community rated group contracts (community rated groups covering over fifty 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 through 6.5, Prescription Drugs, and Rows 7 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.

## PAGES NY19 and NY24 - SCHEDULE T (NY)

1. 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.
2. Schedule T (NY) – Part 1 product types shall have the same definition as in NAIC Exhibit 1 – Enrollment by Product Type for Health Business Only.
3. Schedule T (NY) – Part 1, Column 2, HMO In-Network Only should reflect enrollment/premium of members whose contracts provide in-network benefits only. Contracts that provide both in- and out-of-network benefits should be shown in Column 5, Point of Service.
4. Schedule T (NY) – Part 2, Column 2, Health Maintenance Organization should reflect all business of a line of business HMO, and this column should agree with column 1 of page NY4 of the New York Data Requirements.
5. Schedule T (NY) – Part 2, Columns 8 and 9, Stand-Alone Dental should be comprised of enrollees who are covered pursuant to a stand-alone contract for dental benefits. Enrollees covered for such benefits pursuant to a rider that is attached to a contract providing hospital or medical benefits should be counted in the appropriate Large Group, Small Group or Direct Pay column.
6. Schedule T (NY) – Part 2, Column 11, Other should include enrollees who are covered pursuant to a stand-alone contract for eyeglasses or prescription drug benefits. Enrollees covered for such benefits pursuant to a rider that is attached to a contract providing hospital or medical benefits should be counted in the appropriate Large Group, Small Group or Direct Pay column.
7. Parts 1 and 2, Column 1, Total should be identical to each other. Total in each schedule break down enrollment or premiums differently, and each schedule should reflect 100% of enrollment or premiums.

## SPECIAL INSTRUCTIONS

### HSQ2014JURAT1

#### **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

### HSQ2014JURAT2

#### **COMPANY NAME INFORMATION**

### HSQ2014JURAT3

#### **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

### HSQ2014JURAT4

#### **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

### HSQ2014JURAT5

#### **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

### HSQ2014JURAT6

#### **VENDOR INFORMATION**

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

### HSQ2014JURAT8

#### **SERVICE AREAS OR COUNTIES**

Column 1 = Service Areas or Counties

### HSQ2014SCHSN1F

#### **SCHEDULE H - SECTION 1 FOOTNOTE**

Column 1F = Yes/No Response  
Column 2F = Explanation