QUARTERLY STATEMENT

OF THE

AS OF _____

One copy of this Form bearing original signatures and notarization should be filed with the Department of Financial Services at the following address:

New York State Department of Financial Services Health Bureau, One State Street (11th Floor) New York, New York 10004

In addition, an electronic PDF copy of this Form should be filed with the **New York State Department of Health** at the following email address: **bmcfhelp@health.ny.gov**

2021 Edition

2021

Affix Bar Code	A 1

QUARTERLY STATEMENT FOR THE PERIOD ENDING ____

___ , <u>2021</u>

(Month) (Day)

OF THE CONDITION AND AFFAIRS OF

		(Nai	·	
NAIC Group Code:	Organization organized under th		NAIC Company Code:	
			Certified As An HMO:	
_			ommenced Business:	
			ID Number:	
			TO Number.	
Licetronic 1 milg contac	t L Man Address.			
		OFFIC	· · · · ·	
Secretary:				
Chief Financial Officer:				
		DIREC	TORS ^a	
	Name	State ^(b)	Name	State(b)
	Name	State	<u>Name</u>	State
			<u></u>	
STATE OF				
C4'C4' C-41 1	N Vk Otk C	.14		Cl c
Executive Officer	New York Quarterly Supp	olement	, Secretary,	, Chief
			ne financial records of the HMO) of the	
being duly sworn, each	for himself deposes and says	s that they a	are the above described officers of the said Health Main	itenance
			the herein described assets were the absolute property of	
			erein stated, and that this Statement, together with related etco is a full and true statement of all the assets and liabilities	
			d stated above, and of its income and deductions therefrom	
	ng to the best of their information			i ioi tiie
	W 10 4 1 C 1		THE THE ADDRESS OF THE SECOND STATES OF THE SECOND	.1 1 .
			<u>Filing</u> - The UNDERSIGNED further certify, according to plement electronic filing submitted for the reporting period	
			is, that the filing has been tested against the validations incl	
			ng is identical to the information contained in the 2021 Ne	
Quarterly Supplement bla	ank filed with the New York Sta	ate Departme	ent of Financial Services. In addition, the electronic filing su	
has been scanned through	h a virus detection software pac	ckage and no	viruses are present on the submissions.	
Certification of the NA	IC Quarterly Statement Ele	ctronic Filir	ng - The UNDERSIGNED further certify, according to the	best of
			lealth Statement electronic filing submitted for the reporting	
			on, that the filing has been tested against the validations incl	
			ntained in this filing is identical to the information containe	
			tate Department of Financial Services. In addition, the ele	
			re package and no viruses are present on the submissions.	
filing submitted for such		non, uns cert	ification applies to the NAIC Quarterly Health Statement ele	ectronic
ining submitted for such	There is corporation.			
Subscribed And Sworn T	To Before Me This	Day		Officer
of		20	Se	cretary
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Chief Financial	•
	OTARY PUBLIC	••••••		
	(Seal)		(Corporate Seal)	

 $\underline{2021}$ Edition

^aShow full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

bIndicate state of residency of each director. Also identify the directors who are enrollees of the HMO by using an asterisk (*).

AUTHORIZED SERVICE AREA AND LINE OF BUSINESS

Enter "X" for the counties and line of businesses that the HMO is authorized to write.

							MLTC					
County	Comm	HNY	Medicare	MMC	MA	MAP	Partial	PACE	CHP	HARP	EP	FIDA
A 11	T		1	REG	ION 1 –	ALBANY	AREA	T		T		1
Albany Columbia												
Fulton												
Greene												
Montgomery												
Rensselaer												
Saratoga Schenectady												
Schoharie												
Warren												
Washington												
A 11	1			REG	ION 2 – 1	BUFFALO	AREA	I		I		Ī
Allegany Cattaraugus												
Chautauqua												
Erie												
Genesee												
Niagara												
Orleans												
Wyoming			<u> </u>	REGIO	N 3 – MI	D-HUDSO)N AREA	<u> </u>		<u> </u>		
Delaware				112310	., 5 1/11	LICESC						
Dutchess												
Orange												
Putnam												
Sullivan Ulster												
Uister				REGION	4 – NEV	YORK C	ITY ARE	A				
Bronx				REGIOIN	TILLY	IOME						
Kings												
New York												
Queens												
Richmond												
Rockland Westchester												
Westellestel				REGIO)N 5 – R(OCHESTE	R AREA					
Livingston												
Monroe												
Ontario												
Seneca												
Wayne Yates												
Tates				REGI	ON 6 -S	YRACUSE	EAREA					
Broome				11201	01(0 5							
Cayuga												
Chemung												
Cortland												
Onondaga Schuyler												
Steuben												
Tioga												
Tompkins												
			RE	GION 7 -	-UTICA	/ WATER	TOWN AI	REA				
Clinton			-			1						
Clinton Essex												
Franklin												
Hamilton												
Herkimer												
Jefferson												
Lewis												
Madison												
Oneida Oswego												
Ostego												
St. Lawrence												
				REGIO	N 8 -LO	NG ISLAN	D AREA					
Nassau												
Suffolk												

CHP – Child Health Plus	HARP – Health and Recovery Plan	Medicare – Medicare Advantage					
Comm - Commercial	HNY – Healthy New York	MLTC – Managed Long-Term Care					
EP – Essential Plan	MA – Medicaid Advantage	MMC – Medicaid Managed Care					
FIDA – Fully Integrated Duals Advantage	MAP – Medicaid Advantage Plus	PACE – Program for the All-Inclusive Care of the Elderly					

REPORT 1 – PART A: ASSETS

			Current Period		4
		1	2	3	Prior Year
		Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets
1.	Bonds	Assets	Assets	Assets	Assets
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate: 3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company				
	(less \$ encumbrances.)				
	4.2 Properties held for the production of income				
	(less \$ encumbrances.) 4.3 Properties held for sale (less				
	\$ encumbrances.)				
5.	Cash (\$), cash equivalents (\$)				
	and short-term investments (\$)				
6.	Contract loans	XXX	XXX	XXX	XXX
7. 8.	Derivatives Other invested assets				
9.	Receivable for securities	1	1		
	Securities lending reinvested collateral assets				
11.	Aggregate write-in for invested assets				
12.	Subtotal cash and invested assets (Lines 1 to 11)				
	Title Plant	XXX	XXX	XXX	XXX
	Investment income due and accrued Premiums and considerations:				
13.	15.1 Uncollected premiums and agents' balances in the				
	course of collection				
	15.2. Deferred premiums, agents' balances and installments				
	booked but deferred and not yet due (including				
	\$ earned but unbilled premiums)				
	15.3. Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16.	Reinsurance:				
	16.1. Amounts recoverable from reinsurers				
	16.2. Funds held by or deposited with reinsured companies				
17	16.3. Other amounts receivable under reinsurance contracts				
	Amounts receivables relating to uninsured plans 1. Current federal and foreign income tax recoverable and				
10.	interest thereon				
18.	2. Net deferred tax asset				
	Guaranty funds receivable or on deposit	XXX	XXX	XXX	XXX
	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$)				
22	Net adjustment in assets and liabilities due to foreign				
	exchange rates				
	Receivables from parents, subsidiaries and affiliates				
	Health care (\$) and other amounts receivable				
	Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts Segregated	1	1		
∠0.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)				
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts	XXX	XXX	XXX	XXX
	Total (Lines 26 and 27)				
	TAILS OF WRITE-INS	_			
110					
110					
	8. Summary of remaining write-ins for Line 11 from	†			
	overflow page				
	9. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
250					
250		1	1		
	8. Summary of remaining write-ins for Line 25 from				
	overflow page				
259	9. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

		Current Period		Prior Year End
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	20.0104	21100 (0100	2011	2011
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves	XXX	XXX	XXX	XXX
6. Property/casualty unearned premium reserve	XXX	XXX	XXX	XXX
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued 10.1. Current federal and foreign income tax payable and interest thereon (including \$				
(losses))				
10.2. Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others 13. Remittances and items not allocated				
Borrowed money (including \$				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$				
authorized reinsurers), (\$ unauthorized				
reinsurers) and (\$ certified reinsurers)				
20. Reinsurance in unauthorized (\$) and certified (\$) companies				
21. Net adjustment in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured accident and health plans				
23. Aggregate write-ins for other liabilities (including				
\$ current)				
24. Total liabilities (Lines 1 to 23)				
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock27. Preferred capital stock	XXX	XXX XXX		
28. Gross paid-in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX		
30.1. Required reserves				
30.11. NYS Contingent Reserve	XXX	XXX		
30.12. NYS Escrow Deposit (a)	XXX	XXX		
30.13. Total required reserves (Items 30.11 and 30.12) 30.2. Aggregate write-ins for other surplus funds	XXX	XXX XXX		
31. Unassigned funds (surplus)	XXX	XXX		
32. Less treasury stock, at cost:	11111	71111		
32.1 shares common (value included in Line 26)	XXX	XXX		
32.2 shares preferred (value included in Line 27)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX		
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX		
DETAILS OF WRITE-INS 2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from				
overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) 2501.	XXX	XXX		
2501. 2502.	XXX	XXX		
2502. 2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line				
25 above)	XXX	XXX		
30.201.	XXX	XXX		
30.202.	XXX	XXX		
30.203.	XXX	XXX		
30.298. Summary of remaining write-ins for Line 30.2 from overflow page	XXX	XXX		
30.299. Totals (Lines 30.201 through 30.203 plus 30.298)(Line 30.2 above) (a)Escrow deposit calculation on page NY36.	XXX	XXX		

		1	2	3	4 Budget	5 Actual	6 Variance	7 Prior Year End
		Budget	Actual	Variance	PMPM	PMPM	PMPM	Actual PMPM
1.	Member Months				XXX	XXX	XXX	XXX
2.	Net premium income:							
	2.1 Basic 2.2 Drugs							
	2.3 Other riders							
	2.4 Government programs							
	2.5 Total							
3.	Change in unearned premium reserves and reserve for rate credits:							
	3.1 Basic							
	3.2 Drugs							
	3.3 Other riders							
	3.4 Government programs							
4.	3.5 Total Fee-for-service							
4.	(net of \$ medical expenses)							
5.	Risk revenue							
6.	Aggregate write-ins for other health							
_	care related revenues	*****	*****	*****	*****	*****	*****	*****
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7) tal and Medical:							
10 5p 1 9.1	Hospital (inpatient and outpatient)							
	Medical							
0.	Other professional services							
11.	Outside referrals							<u> </u>
12.	Emergency room and out-of-area Prescription drugs				1		-	
	Aggregate write-ins for other				1		1	
	hospital and medical				1			
	Rider expense							
15.	Incentive pool, withhold adjustments							
_	and bonus amounts							
6. Less:	Subtotal (Lines 9 to 15)							
	Net reinsurance recoveries							
	Federal/State reinsurance recoveries							
7.3.	Federal/State risk-sharing recoveries							
	(payments)							
18.	Total hospital and medical (Lines 16 – 17)							
19.	Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20.	Claims adjustment expenses,	7474	7474	71717	71717	71717	717171	717171
	including \$ cost							
	containment expenses							
21.	General administrative expenses							
22.	Increase in reserves for A&H contracts							
23.	Total underwriting deductions							
	(Lines 18 + 20 through 22)							
24.	Net underwriting gain or (loss)							
25.	(Line 8 – 23) Net investment income earned							
25. 26.	Net investment income earned Net realized capital gains or (losses) less							
20.	capital gains taxes of \$							
27	Net investment gains or (losses)							
	(Lines 25 + 26)							
28.	Net gain or (loss) from agents' or							
	premium balances charged off [(amount recovered \$)							
	(amount charged off \$)							
29.	Aggregate write-ins for other							
	income or expenses							
30.	Net income or (loss) after capital gains tax and before all other federal				1			
	income taxes (Lines 24 + 27 + 28 + 29)							
	Federal and foreign income taxes							
	incurred							
32.	Net income (loss) (Lines 30 – 31)							<u> </u>
	AILS OF WRITE-INS							
0601.					1		-	
)602.)603.					1		+	-
	Summary of remaining write-ins for Line 6							
	from overflow page							
699.	Totals (Lines 0601 through 0603 plus							
4.10	0698)(Line 6 above)				1		1	
4.102								
4.102 4.103					1		1	
	3. Summary of remaining write-ins for Line						1	
	14.1 from overflow page	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u>L.</u>
4.199	O. Totals (Lines 14.101 through 14.103 plus							
001	14.198)(Line 14.1 above)							
2901.					1			
2902. 2903.								
	Summary of remaining write-ins for Line 29				1		1	
,,,,,,,	from overflow page							
999.	Totals (Lines 2901 through 2903 plus							
	2998)(Line 29 above)	l	l	l		İ	I	ĺ

PLAN NAMEQUARTER ENDING

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3		
	CAPITAL & SURPLUS ACCOUNT	Current Year-to-Date	Prior Year-to-Date	Prior Year End		
33.	Capital and surplus prior reporting year					
GAINS A	ND LOSSES TO CAPITAL & SURPLUS:					
34.	Net Income or (loss) from Line 32					
35.	Change in valuation basis of aggregate policy and claim reserve					
36.	Change in net unrealized capital gains and losses less capital gains tax of \$					
37	Change in net unrealized foreign exchange capital gain or (loss)					
38.	Change in net deferred income tax					
39.	Change in nonadmitted assets					
40.	Change in unauthorized and certified reinsurance					
41.	Change in treasury stock					
42.	Change in surplus notes					
43.	Cumulative effect of changes in accounting principles					
44.	Capital Changes:					
	44.1. Paid in					
	44.2. Transferred from surplus (Stock Dividend)					
	44.3. Transferred to surplus					
45	Surplus adjustments:					
	45.1. Paid in					
	45.2. Transferred to capital (Stock Dividend)					
	45.3. Transferred from capital					
46.	Dividends to stockholders					
47.	Aggregate write-ins for gains or (losses) in surplus					
48.	Net change in capital and surplus (Lines 34 to 47)					
49.	Capital and surplus end of reporting year (Line 33 plus 48)					
DETAILS OF WRITE-INS 4701.						
4702.						
4703.						
4798.	Summary of remaining write-ins for Line 47 from overflow page					
4799.	TOTALS (Line 4701 thru 4703 plus 4798) (Line 47 above)					

DI ANINAME	OUARTER ENDING	
FLAN NAME		

REPORT #2Q - QUARTERLY STATEMENT OF REVENUE AND EXPENSES (TOTAL)

Bodget Membra M			1 1		1 2			1 .	
1. Member Mentales 1. Nes prescribent inconners: 2. Program of the			1 Budget	2 Actual	3 Variance				
2. Ne permissi income: 2.3 Paint 2.3 Day Miles 2.4 Generosite programs 2.5 Trail 3.1 Day Miles 3.2 Day Miles 3.2 Day Miles 3.3 Day Miles 3.3 Day Miles 3.4 Change and unband permissin receives and some and analysis of the second of the secon			J						
2.1 Page 2.2 Tongs 2.3 Tongs 2.4 Convenience supragrams 2.5 Total 3. Change in successed promision nearves and 3. Change in successed promision nearves and 3. Change in successed promision nearves and 3. Total 4. Per-for-supragrams 3. Total 4. Per-for-supragrams 4. Total 5. Total 6. Aggregate virious for other health one 7. Aggregate virious for other health one 8. Aggregate virious for other health one 8						XXX	XXX	XXX	XXX
2.2 Drogs 2.3 Other infers 2.4 Convenient programs 2.4 Convenient programs 3.5 Charge in secure for rule credit: 3.1 Easts 3.3 Cher infers 3.3 Cher infers 3.3 Cher infers 3.4 Convenient programs 4.5 Total 4.5 Total 5. Total 6.6 Agerage are self into for other health care 6.7 Agerage are self into for other health care 7. Now health revenues 8. Total venues of infers of infers the self inferse of inferse	2.								
2.4. Generalization recovers and secretary and secretary for an extraction of the secr									
2.5 Total 3. Change in truscemel premium reserves and record for the cockies 1. Total cockies 3.2 Diags 3.3 Dobr iden. 4. Fee-for-service (ret of S									
3. Change in measured promises reserves and reserved for the credities should be considered as a second of the considered as a									
security for rule exhalics 3.1 Bissis 3.2 Bissis 3.3 Bissis 3.3 Bissis 3.3 Bissis 3.3 Giver rulers 3.5 Total 3.4 Giver-interprepares 3.5 Total 4.5 Pose-for-echecky modelal reports 3.5 Total 5. Rich reviews 6. Aggregate sortice into robort leadth care echied reveals 6. Rich reviews 7. Short rulers 8. Work-berth revenues 8. Hardy-berth rev	2								
3.3 Direct rides 3.4 Government programs 3.4 Operations of S	3.	reserve for rate credits:							
3.4 Coverage processes 4. Receiver from anotherist expension 5.5 Total 5.5 Total 5.5 Total 6. Receiver from anotherist expension 6. Agargate with early for other health care related receivers 6. Agargate with early for other health care related receivers 7. Receiver from the final receivers 8. XXX XXX XXX XXX XXX XXX XXX XXX XXX X									
4. Res-Ge-resryice (set of 5		3.4 Government programs							
Treat of St.	1								
5. Risk revenue. Agging are write-ins for other health care reliable frequence. Agging are write-ins for other health care reliable frequence. XXX XXX XXX XXX XXX XXX XXX XXX XXX X	٠.								
related sevenues Not health inventues Not Not health inventue repease Not never health inventues inventues Not Not health inventues inventues Not Not health inventues inventues Not Not health inventues inventues Not Not health inventues inventues Not	5.								
8. Total revenues (Lines 2 to 7) Hompstal and medical: 9. Hospital ingustient and outspation) 9. Modeled: 10. Other professional services 10. Other professional services 11. Dissister defends 12. Energency from and out-of-acea 13. Procurption drugs 14.1. Aggregate write-rise for other hospital and medical 15. Incarrier purel, withfold adjustments and house announts 16. Subtoalt (Lines 9 to 15) Less: 17.1. Net reinsurance recoveries 17.1. Per reinsurance recoveries 17.1. Per reinsurance recoveries 17.1. Procurption and medical (Lines 16 - 17) 17. Probability and medical (Lines 16 - 17) 18. Total hospital and medical (Lines 16 - 17) 19. Non-health claims 20. Claims adjustment expenses, including some contents of the contents o	6.	Aggregate write-ins for other health care related revenues							
Hospital and Medical: 92 Medical 11. Outside referrals 12. Protection drugs 11. Outside referrals 13. Proception drugs 14. Aggregate volume and out-of-acea 13. Proception drugs 14. Laggregate volume and outside referrals 15. Incentive pool, withhold adjustments and bons amounts 16. Substitution of the protection of			XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. Haspital fittpatient and outpatient) 9. Abergand (impatient and outpatient) 10. Outside referrable 11. Outside referrable 12. Emergency room and out-of-area 12. Emergency room and out-of-area 13. Prescription drugs 14.1. Aggregate write-ins for other hospital and medical 15. Roder expense 16. Substant Curses 9 to 15) 16. Substant Curses 9 to 15) 16. Substant Curses 9 to 15) 17. Not reinsurance recoveries 17.1. Not reinsurance recoveries 17.1. Not reinsurance recoveries 17.3. Federal/State risk-sharing recoveries 18. Total hostinal and medical Clains 18 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -									
9.2 Medical 10. Other professional services 11. Outside referrals 12. Energency room and out-of-urea 13. Preventprion drugs 14. Aggregate wite-ins for other hospital and 14.2. Rider expense 15. Incentive pool, withhold adjustments and 16. Incentive pool, withhold adjustments and 16. Subtoal (Lines 9 to 15) 16. Incentive pool, withhold adjustments and 16. Subtoal (Lines 9 to 15) 17. Peferlan/State reinstrantee recoveries 18. Total hospital and medical (Lines 16 – 17) 18. Total hospital and medical (Lines 16 – 17) 19. Non-healfit diains 20. Claims adjustment expenses, including 21. General administrative expenses 22. Total underwriting deductions (Lines 8 – 2) 23. Total underwriting deductions (Lines 8 – 2) 24. Net underwriting again of floss) (Line 8 – 2) 25. Net investment income camed 26. Net realized capital gains of too (Lines 8 – 2) 26. Net realized capital gains of too (Lines 8 – 2) 27. Net investment income camed 28. Net gain of (Loss) (Lines 8 – 2) 29. Net gain of (Loss) (Lines 8 – 2) 30. Net fundered gainst gains of those (Lines 8 – 2) 31. Claim control (Lines 8 – 2) 32. Total underwriting deductions (Lines 8 – 2) 33. Net investment income camed 34. Net underwriting gain of floss) (Line 8 – 2) 34. Net underwriting gain of floss) (Line 8 – 2) 35. Net investment income camed 36. Net gainst (Loss) (Lines 8 – 2) 36. Net gainst (Loss) (Lines 8 – 2) 37. Net investment gainst of (Lines 8 – 2) 38. Net gainst (Loss) (Lines 8 – 2) 39. Net gainst (Loss) (Lines 8 – 2) 30. Net form comment gainst of the comment gainst the state of th	Hospi	tal and Medical:							
9.2 Medical 10. Other professional services 11. Outside referrals 12. Energency room and out-of-urea 13. Preventprion drugs 14. Aggregate wite-ins for other hospital and 14.2. Rider expense 15. Incentive pool, withhold adjustments and 16. Incentive pool, withhold adjustments and 16. Subtoal (Lines 9 to 15) 16. Incentive pool, withhold adjustments and 16. Subtoal (Lines 9 to 15) 17. Peferlan/State reinstrantee recoveries 18. Total hospital and medical (Lines 16 – 17) 18. Total hospital and medical (Lines 16 – 17) 19. Non-healfit diains 20. Claims adjustment expenses, including 21. General administrative expenses 22. Total underwriting deductions (Lines 8 – 2) 23. Total underwriting deductions (Lines 8 – 2) 24. Net underwriting again of floss) (Line 8 – 2) 25. Net investment income camed 26. Net realized capital gains of too (Lines 8 – 2) 26. Net realized capital gains of too (Lines 8 – 2) 27. Net investment income camed 28. Net gain of (Loss) (Lines 8 – 2) 29. Net gain of (Loss) (Lines 8 – 2) 30. Net fundered gainst gains of those (Lines 8 – 2) 31. Claim control (Lines 8 – 2) 32. Total underwriting deductions (Lines 8 – 2) 33. Net investment income camed 34. Net underwriting gain of floss) (Line 8 – 2) 34. Net underwriting gain of floss) (Line 8 – 2) 35. Net investment income camed 36. Net gainst (Loss) (Lines 8 – 2) 36. Net gainst (Loss) (Lines 8 – 2) 37. Net investment gainst of (Lines 8 – 2) 38. Net gainst (Loss) (Lines 8 – 2) 39. Net gainst (Loss) (Lines 8 – 2) 30. Net form comment gainst of the comment gainst the state of th	9.1	Hospital (inpatient and outpatient)							
11. Outside referrals		Medical							
13. Pescription drugs	11.	Outside referrals							
14.1. Age: Age: Age: Age: Age: Age: Age: Age:	12.								
14.2. Rider expense		Aggregate write-ins for other hospital and							
15. Incentive pool, withhold adjustments and bonus amounts 16. Subtotal (Lines 9 to 15) 16. Subtotal (Lines 9 to 15) 17. Net reinsurance recoveries 17. Federal/State risk-sharing recoveries 17. Federal/State risk-sharing recoveries 17. Incentive pool and medical (Lines 16 - 17) 18. Total hospital and medical (Lines 16 - 17) 19. Non-health (Latina Superson Constainment express) 10. Claims adjustment constainment express 10. Claims adjustment express. 10. Claims adjustment express. 11. Total underwriting dealto constainment express 12. Increase in reserves for A&H contracts 12. Increase in reserves for A&H contracts 13. Total underwriting gedun for (Sus) (Line 8 - 23) 15. Not investment income earned 16. Not residued capital gains or (loss) (Line 8 - 23) 15. Not investment income earned 17. Not investment gains or (losses) 18. Not applied to the contract of the contra	14.2.								
16. Subtoal Lines 9 to 15	15.	Incentive pool, withhold adjustments and							
17.1. Net reinsurance recoveries 17.3. Federal/State risk-sharing recoveries 17.3. Federal/State risk-sharing recoveries 17.3. Federal/State risk-sharing recoveries 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims 20. Claims adjustment expenses, including 2	16.								
17.3 Federal State risk-sharing recoveries (payments)		Net reinsurance recoveries							
(payments) 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims 20. Claims adjustment expenses, including 21. General administrative expenses 22. Increase in reserves for A&H contracts 23. Total underwriting deductions (Lines 18 + 20 through 22) 25. Net investment income camed 26. Net realized capital gains (10ses) (Line 8 – 23) 27. Net investment gains or (10ses) (less early all gains tax of 5									
18. Total hospital and medical (Lines 16 – 17)	17.3.								
19. Non-health claims	10								
20. Claims adjustment expenses, including			XXX	XXX	XXX	XXX	XXX	XXX	XXX
S	20.		7070	717171	71771	717171	717171	71717	7272
22. Increase in reserves for A&H contracts									
23. Total underwriting deductions (Lines 18 + 20 through 22) 24. Net underwriting gain or (loss) (Line 8 – 23) 25. Net investment income carned 26. Net realized capital gains or (losses) less capital gains tax of \$5	21.								
+ 20 through 22) 4. Net underwriting gain or (Joss) (Line 8 – 23) 25. Net investment income earned 26. Net realized capital gains or (Josses) less capital gains tax of \$									
24. Net underwriting gain or (loss) (Line 8 – 23)	23.								
25. Net investment income earned 26. Net realized capital gains or (losses) less capital gains tax of \$	24.								
capital gains tax of \$	25.								
27. Net investment gains or (losses)	26.								
(Lines 25 ± 26) 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$		capital gains tax of \$							
balances charged off [[amount recovered \$	27.	(Lines $25 + 26$)							
[(amount recovered S	28.	Net gain or (loss) from agents' or premium							
(amount charged off S		[(amount recovered \$							
29. Aggregate write-ins for other income or expenses 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 + 27 + 28 + 29) 31. Federal and foreign income taxes incurred 32. Net income (loss) (Lines 30 – 31) DETAILS OF WRITE-INS 0601. 0602. 0608. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. Summary of remaining write-ins for Line 29 from overflow page 1701s (Lines 2901 through 2903 plus 2998) (Lines 290 bove) 1 Totals (Lines 2901 through 2903 plus 2998) (Lines 290 bove)									
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 + 27 + 28 + 29) 31. Federal and foreign income taxes incurred 32. Net income (loss) (Lines 30 - 31) DETAILS OF WRITE-INS 0601. 0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 6001 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2999. Summary of remaining write-ins for Line 29 from overflow page 170 Totals (Lines 2901 through 2903 plus 2998) (Lines 290 above)	29.								
and before all other federal income taxes (Lines 24 + 27 + 28 + 29) 31. Federal and foreign income taxes incurred 32. Net income (loss) (Lines 30 – 31) DETAILS OF WRITE-INS 0601. 0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 06999. Totals (Lines 0601 through 0603 plus 06988, Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2999. Summary of remaining write-ins for Line 29 from overflow page 1 from overflow page 1 contact the second of the second									
31. Federal and foreign income taxes incurred 32. Net income (loss) (Lines 30 – 31) DETAILS OF WRITE-INS 0601. 0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 17. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	30.	and before all other federal income taxes							
32. Net income (loss) (Lines 30 – 31) DETAILS OF WRITE-INS 0601. 0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	31					+			
DETAILS OF WRITE-INS	32.								
0601. 0602. 0608. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)						1			<u>. </u>
0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0601.								
10698. Summary of remaining write-ins for Line 6 from overflow page	0602.								
from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.133. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0603.								
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0698.								
14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0699.	Totals (Lines 0601 through 0603 plus							
14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	14 101					1			
14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	14.102	2.							
14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above) 2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)									
14.198)(Line 14.1 above) 2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		14.1 from overflow page							
2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)									
2903. 2998. Summary of remaining write-ins for Line 29 from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	2901. 2902.								
from overflow page 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	2903.	Summary of remaining write ing for Line 20							
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	∠99 8.								
	2999.	Totals (Lines 2901 through 2903 plus 2998)							
of avorable variances should be indicated by parentheses around the amount. Favorable and unfavorable variances of \$2.00 or more in Col. 6 should be explained in a parrative on Page NY35.	T C	,	1.1 =	11		200			D

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

		ı						PAKII											
			Total Excluding HMO ONLY									P.O.S. IN-NETWORK ONLY (a)							
		Tot (5 thru 54,		Gov't Programs Other Insured a Busine (5 thru 26, 47-	and Uninsured	Lar Gro		Small Groups		Individual		Large Groups Community Rated		Large Groups Experienced Rated		Small Groups		Individual	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM
1.	Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Net premium income: 2.1 Basic																		
	2.2 Drugs																		
	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 Basic																		
	3.2 Drugs																		
	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)					1													1
	ital and Medical:			1		1													+
	Hospital (inpatient and outpatient)																		
9.2	Medical																		+
10.	Other professional services					1													+
11.	Outside referrals					1													+
12.	Emergency room and out-of-area																		+
	<i>U</i> ,																		+
13.	Prescription drugs Aggregate write-ins for other hospital and																		+
	medical																		
	Rider expense																		
15.	Incentive pool, withhold adjustments and																		
	bonus amounts																		_
16.	Subtotal (Lines 9 to 15)																		
Less:																			
	Net reinsurance recoveries																		-
17.2.																			
	Federal/State risk-sharing recoveries (payments)																		
18.	Total hospital and medical (Lines 16 – 17)			ļ															<u> </u>
19.	Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20.	Claims adjustment expenses																		
21.	General administrative expenses																		
22.	Increase in reserves for A&H contracts																		
23.	Total underwriting deductions (Lines 18																		
	plus 20 through 22)																		
24.	Net underwriting gain or (loss) (Lines 8 – 23)																		

⁽a) Complete this section only for point-of-service business for which the HMO provides only in-network benefits (i.e., out-of-network benefits are provided by a separate Article 42 or Article 43 insurer).

PLAN NAME	OHARTER ENDING
I LAN NAME	QUARTER ENDING

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

Large Groups				P.O.S. IN	N- AND OU	T-OF-NETV	F-NETWORK (a) GOVERNMENT PROGRAMS												
Community Retard Experience Fixed Compast Individual New York Indicating Part D Not including Part D		Large	Groups							Hea	lthy	Medicare	Advantage						
Page								Indiv	idual							Med	icaid	Medicaid	Advantage
1. Member Months			T				T '				1		ĭ						36
1. Member Monits										<i></i>				_					PMPM
2. Drugs 2.1 Bask 2.2 Drugs 2.3 Ofter riders 2.4 Government programs XXX	1 24 1 24 4	Amount		Amount		Amount		Amount		Amount		Amount		Amount		rimount		7 Milount	
2.1 Basic 2.2 Drugs 2.3 Other riders 2.3 Other riders 2.4 Government programs 2.5 Total 3. Change in uncarned premium reserves and reserve for ance recluis. 3. Other pit ance recluis. 3. Other pit ance recluis. 3. Other riders 3.3 Other riders 3.3 Other riders 3.4 Government programs 3.5 Total 3.4 Government programs 3.5 Total 4.5 Fee for-service net of medical expenses. 5. Rick revenue. 5. Rick revenue. 6. Other health care related revenues. 7. Non-health revenues. 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines			XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.2 Drugs 2.3 Oker irders 2.4 Government programs 2.5 Total 3. Change in unemarch permitum reserves and reserver for rate credits: 3.1 Basic 3.2 Drugs 3.3 Other irders 3.3 Drugs 3.3 Other irders 3.4 Government programs 3.5 Total 4. Pes-dis-convenient programs 3.6 Total 4. Pes-dis-convenient programs 3.7 Total 5. Total 5. Total 6. Other health cave related revenues 6. Other health cave related revenues 7. Non-health cavenues 8. Total revenues (Lines 2 to 7) 1 Hospital and Medical: 9.1 Hospital and medical (impatient and outpatient) 9.2 Medical 10. Other professional services 11. Aggregate write-ins for other hospital and medical (Lines 9 to 15) 11. Aggregate write-ins for other hospital and medical (Lines 9 to 17) 11. Not reinsurance recoveries 12. Emergency room and out-of-area 13. Prescription drugs 14. Aggregate write-ins for other hospital and medical (Lines 9 to 17) 12. Federal State risk-sharing recoveries (payments) 13. Prescription drugs 14. Not reinsurance recoveries 17. Not reinsurance recoveries (payments) 18. Total hospital and medical (Lines 9 to 17) 19. Non-health cave recoveries (payments) 19. Non-health care medical (Lines 9 to 17) 19. Non-health care recoveries (payments) 19. Non-health care medical (Lines 10 - 17) 19. Non-health care medical (Li																			
2.3 Other ruless 2.4 Government programs 2.5 Total 3. Change is uneamed premium reserves and reserve for rule credits: 3.1 Basic 3.3 Drugs 3.4 Government programs 3.5 Drugs 3.6 Government programs 3.7 Storal 3.6 Fee-for-service not or medical expenses 5. Risk revenue 6. Other health care related revenues 7. Non-health revenues 8. Total revenues (Janes 2 to 7) Hospital and Medical: 9.1 Hospital and Medical: 9.1 Hospital mad Medical: 9.1 Hospital and Medica																			
2.4 Government programs 2.5 Total 3. Change in unemend premium reserves and reserve for rule credits: 3.1 Basic reserve for rule credits: 3.2 Drugs 3.3 Drugs 3.3 Other iders 3.4 Government programs 3.5 Total 4. Pee-for-service net of medical expenses 5. Roll reserves 5. Roll reserves 6. Roll reserves 7. Non-health revenues 8. XXX XXX XXX XXX XXX XXX XXX XXX XXX X																			
2.5 Total		vvv	vvv	vvv	vvv	vvv	vvv	vvv	vvv	vvv	vvv								
Change in unearned premium reserves and reserve for rate credits:		ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ								
reserve for rate credits																			
3.1 Basic 3.2 Drugs 3.3 Other riders 3.4 Government programs																			
3.2 Dugs																			
3.3 Other riders 3.4 Government programs 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. XXX XXX XXX XXX XXX XXX XXX XXX XXX X																			
3.4 Government programs	3.3 Other riders																		
3.5 Total		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
S. Risk revenue																			
S. Risk revenue	Fee-for-service net of medical expenses																		
6. Other health care related revenues 7. Non-health revenues 8. XX XXX XXX XXX XXX XXX XXX XXX XXX XX																			
State Total revenues (Lines 2 to 7) Hospital and Medical:	6. Other health care related revenues																		
Hospital (inpatient and decical: 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) 17.1. Net reinsurance recoveries 17.1. Net reinsurance recoveries 17.3. Federal/State risk-sharing recoveries 17.4. Total hospital and medical (Lines 16 – 17) 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims XXX XXX XXX XXX XXX XXX XXX XXX XXX	7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.1 Hospital (inpatient and outpatient) 9.2 Medical 10. Other professional services 9.1 11. Outside referrals 9.2 12. Emergency room and out-of-area 9.3 12. Emergency room and out-of-area 9.3 13. Prescription drugs 9.4 14.1. Aggregate write-ins for other hospital and medical 9.5 14.1. Aggregate write-ins for other hospital and medical 9.5 14.2. Rider expense 9.5 15. Incentive pool, withhold adjustments and bonus amounts 9.5 15. Incentive pool, withhold adjustments and bonus amounts 9.5 15. Incentive pool, withhold adjustments and bonus amounts 9.5 16. Subtotal (Lines 9 to 15) 9. Incentive pool, withhold adjustments 9.5	8. Total revenues (Lines 2 to 7)																		
9.2 Medical	Hospital and Medical:																		
9.2 Medical	9.1 Hospital (inpatient and outpatient)																		
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) Less: 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 – 17) 19. Non-health claims 12. Emergency room and out-of-area 13. Prescription drugs 14. Substance in the su	9.2 Medical																		
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) Less: 17.1. Net reinsurance recoveries 17.2. Federal/State reinsurance recoveries 17.3. Federal/State reinsurance recoveries 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims 10. Subtotal (Lines 16 – 17) 19. Non-health claims 19. Non-heal																			
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) Less: 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 – 17) 19. Non-health claims XXX XXX XXX XXX XXX XXX XXX XXX XXX X	11. Outside referrals																		
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) Less: 17.1. Net reinsurance recoveries 17.2. Federal/State reinsurance recoveries 17.3. Federal/State reinsurance recoveries 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims XXX XXX XXX XXX XXX XXX XXX XXX XXX X	, ,																		
14.2. Rider expense																			
14.2. Rider expense 15. Incentive pool, withhold adjustments and bonus amounts 16. Subtotal (Lines 9 to 15) Less: 17.1. Net reinsurance recoveries 17.2. Federal/State reinsurance recoveries 17.3. Federal/State reinsurance recoveries 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims XXX XXX XXX XXX XXX XXX XXX XXX XXX X																			
15. Incentive pool, withhold adjustments and bonus amounts 16. Subtotal (Lines 9 to 15) Less: 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 – 17) 19. Non-health claims XXX XXX XXX XXX XXX XXX XXX XXX XXX X																			
bonus amounts																			
16. Subtotal (Lines 9 to 15) Less: 17.1. Net reinsurance recoveries 17.2. Federal/State reinsurance recoveries 17.3. Federal/State risk-sharing recoveries (payments) 17.2. Total hospital and medical (Lines 16 – 17) 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims XXX XXX XXX XXX XXX XXX XXX XXX XXX XX																			
Less: 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 – 17) 19. Non-health claims XXX XXX XXX XXX XXX XXX XXX XXX XXX X																			
17.1. Net reinsurance recoveries 17.2. Federal/State reinsurance recoveries 17.2. Federal/State reinsurance recoveries 17.3. Federal/State risk-sharing recoveries (payments) 17.3. Federal/State risk-sharing recoveries (payments) 18. Total hospital and medical (Lines 16 – 17) 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims XXX	` '																		
17.2. Federal/State reinsurance recoveries 17.3. Federal/State risk-sharing recoveries (payments) 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims XXX XXX XXX XXX XXX XXX XXX XXX XXX X																			
17.3. Federal/State risk-sharing recoveries (payments) 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims XXX XXX XXX XXX XXX XXX XXX XXX XXX X																			
(payments) Instruction																			
18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims XXX XXX XXX XXX XXX XXX XXX XXX XXX X																			
19. Non-health claims XXX XXX XXX XXX XXX XXX XXX XXX XXX X																			
		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
		ААА	АЛЛ	AAA	71/1/1	ААА	ААА	XXX	71/1/1	ААА	ААА	ААА	ААА	AAA	AAA	AAA	AAA	AAA	ААА
21. General administrative expenses																			
22. Increase in reserves for A&H contracts	22. Increase in reserves for A&H contracts																		
23. Total underwriting deductions																			
(Lines 18 +20 through 22)	(Lines 18 +20 through 22)																		
24. Net underwriting gain or (loss)(Lines 8–23)																			

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

		1			GC	VERNMEN	T DDOCD	PAKI	3				Grandfather	ad Duginage		1			
		MAP, ML	TC Dortiol		- 60	VEKNIVIEN	11 PROGRA	AMS					Grandramer	ed Busiliess		-			
		PA		Child Hea		НА	RP	Essenti	al Plan	FID)A	Small	Groups	Indiv	idual	Other Insur	red Business	Uninsured 1	Business
		37	38	39	40 PMP	41	42	43	44	45	46	47	48	49	50	51	52	53	54
		Amount	PMPM	Amount	M	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM
1.	Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Net premium income:																	XXX	XXX
	2.1 Basic																		
	2.2 Drugs																	XXX	XXX
	2.3 Other riders																	XXX	XXX
	2.4 Government programs											XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	2.5 Total																	XXX	XXX
3.	Change in unearned premium reserves and reserve for rate credits:																	XXX	XXX
	3.1 Basic																		
	3.2 Drugs																	XXX	XXX
	3.3 Other riders																	XXX	XXX
	3.4 Government programs											XXX	XXX	XXX	XXX	XXX	XXX	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	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)																	XXX	XXX
_	ital and Medical:																	XXX	XXX
9.1	Hospital (inpatient and outpatient)																		
9.2	Medical																		
10.	Other professional services																	XXX	XXX
11.	Outside referrals																	XXX	XXX
12.	Emergency room and out-of-area																	XXX	XXX
13.	Prescription drugs													1				XXX	XXX
	Aggregate write-ins for other hospital and medical													1				XXX	XXX
	Rider expense																	XXX	XXX
15.	Incentive pool, withhold adjustments and bonus amounts																	XXX	XXX
16.	Subtotal (Lines 9 to 15)																	XXX	XXX
Less																		XXX	XXX
17.1.	Net reinsurance recoveries																	XXX	XXX
	Federal/State reinsurance recoveries																	XXX	XXX
17.3.	Federal/State risk-sharing recoveries (payments)																	XXX	XXX
18.	Total hospital and medical (Lines 16 – 17)																	XXX	XXX
19.	Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20.	Claims adjustment expenses																		
21.	General administrative expenses																		
22.	Increase in reserves for A&H contracts																	XXX	XXX
23.	Total underwriting deductions (Lines 18 +20 through 22)																		
24.	Net underwriting gain or (loss)(Lines 8–23)																		1

PLAN NAME	ARTER ENDING
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QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS PART 1

		PAKI I																	
				Total Exc				HMO (ONLY			P.O.S. IN-NETWORK ONLY (a)							
		Tot (5 thru 54,		Gov't Programs Other Insu Uninsured F (5 thru 26, 47-	ared and Businesses	Lar Gro		Sma Grou		Indivi	idual	Large G Communit		Large C		Sma Grou]	ndividual
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM
1.	Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Net premium income:																		
	2.1 Basic																		
	2.2 Drugs																		
-	2.3 Other riders			3/3/3/	3/3/3/	373737	7/7/7/	3/3/3/	3/3/3/	373737	7/7/7/	3/3/3/	3/3/3/	3/3/3/	3/3/3/	3/3/3/	WWW	373737	WWW
-	2.4 Government programs			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2	2.5 Total Change in unearned premium reserves and																		
3.	reserve for rate credits:																		
	3.1 Basic																		
	3.2 Drugs																		
	3.3 Other riders	<u> </u>							1										
	3.4 Government programs	1		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	3.5 Total	1									12222								
4.	Fee-for-service net of medical expenses																		
5.	Risk revenue																		
6.	Other health care related revenues																		
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)																		
Hosi	pital and Medical:																		
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																		
	. Rider expense																		
15.	Incentive pool, withhold adjustments and																		
1.0	bonus amounts																		
16.	Subtotal (Lines 9 to 15)																		
Less	: Net reinsurance recoveries																		
	Federal/State reinsurance recoveries	1																	
	Federal/State risk-sharing recoveries	+																	
17.3.	(payments)																		
18.	Total hospital and medical (Lines 16 – 17)	1																	
19.	Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20.	Claims adjustment expenses										12.1/1				12.1/1				122121
21.	General administrative expenses																		
22.	Increase in reserves for A&H contracts																		
23.	Total underwriting deductions (Lines 18																		
	+ 20 through 22)																		
24.	Net underwriting gain or (loss)																		
	(Lines 8 – 23)								<u></u>										

⁽a) Complete this section only for point-of-service business for which the HMO provides only in-network benefits (i.e., out-of-network benefits are provided by a separate Article 42 or Article 43 insurer).

PLAN NAME	OUARTER ENDING
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QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS PART 2

				P.O.S. IN	- AND OU	T-OF-NETW	ORK (a)					GOVERNMENT PROGRAMS							
		Large (Groups	Large (Groups	Sm	nall			Heal	lthy	Medicare A	Advantage	Medicare	Advantage				
		Commun	ity Rated	Experien	ce Rated	Gro	ups	Indivi	dual	New '	York	Includin	g Part D	Not Includ	ling Part D	Med		Medicaid .	Advantage
		19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
		Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM	Amount	PMPM
1.	Member Months		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Net premium income:																		i
	2.1 Basic																		1
	2.2 Drugs																		
	2.3 Other riders																		i
	2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								1
	2.5 Total																		1
3.	Change in unearned premium reserves and																		1
	reserve for rate credits:																		1
	3.1 Basic																		
	3.2 Drugs																		
	3.3 Other riders	7/7/7/	373737	7/7/7/	373737	7/7/7/	373737	373737	373737	373737	373737								
	3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
4	3.5 Total																		
4. 5.	Fee-for-service net of medical expenses Risk revenue																		
6.	Other health care related revenues																		
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ
	pital and Medical:																		
9.1	Hospital (inpatient and outpatient)																		1
9.2	Medical																		
10.	Other professional services																		
11.	Outside referrals																		1
12.	Emergency room and out-of-area																		1
13.	Prescription drugs																		1
14.1	Aggregate write-ins for other hospital and																		1
	medical																		i
14.2	Rider expense																		i
15.	Incentive pool, withhold adjustments and																		1
	bonus amounts																		1
16.	Subtotal (Lines 9 to 15)																		1
Less																			i
	Net reinsurance recoveries																		
17.2																			
17.3	Federal/State risk-sharing recoveries																		1
10	(payments)																		<u> </u>
18.	Total hospital and medical (Lines 16 – 17) Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	VVV	XXX	XXX	XXX	XXX	XXX
19.		λλλ	λλλ	λλλ	λλλ	ΑΛΛ	ΑΛΛ	ΑΛΛ	λλλ	ΑΛΛ	λλλ	λλλ	λλλ	XXX	ΑΛΛ	ΑΛΛ	ΑΛΛ	ΑΛΛ	
20.	Claims adjustment expenses																		
21.	General administrative expenses Increase in reserves for A&H contracts																		
23.	Total underwriting deductions			-							 		-	1					
23.	(Lines 18 +20 through 22)																		i
24.	Net underwriting gain or (loss)(Lines 8–23)										<u> </u>								
۷٦.	rice under writing gain or (1055)(Lilles 6–25)	1	l	l	1	<u> </u>		l	L		L		1	L	l	<u> </u>			

	GOVERNMENT PROGRAMS Grandfathered Business																	
	14 D 14	ma n 1	1	GO	VERNMEN'I	PROGRA	MS					Grandfathe	red Business	8	4			
	MAP, ML PA	TC-Partial CE	Child He	alth Plus	HA	RP	Essentia	ıl Plan	FIE	DΑ	Small C	Groups	Indiv	idual	Other Insur	red Business	Uninsured	Business
	37 Amount	38 PMPM	39 Amount	40 PMPM	41 Amount	42 PMPM	43 Amount	44 PMPM	45 Amount	46 PMPM	47 Amount	48 PMPM	49 Amount	50 PMPM	51 Amount	52 PMPM	53 Amount	54 PMPM
1. Member Months	Amount	XXX	Amount	XXX	Amount	XXX	Amount	XXX	Amount	XXX	Amount	XXX	Amount	XXX	Amount	XXX	Amount	XXX
Net premium income:		ΑΛΛ		ΛΛΛ		ΑΛΛ												
2.1 Basic																	XXX	XXX
2.1 Basic 2.2 Drugs																	XXX	XXX
2.3 Other riders																	XXX	XXX
2.4 Government programs											XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total											717171	717171	71777	71.77	717171	717171	XXX	XXX
Change in unearned premium reserves and reserve for rate credits:																	XXX	XXX
3.1 Basic																		
3.2 Drugs																	XXX	XXX
3.3 Other riders																	XXX	XXX
3.4 Government programs											XXX	XXX	XXX	XXX	XXX	XXX	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	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)																	XXX	XXX
Hospital and Medical:																	XXX	XXX
9.1 Hospital (inpatient and outpatient)																	717171	212121
9.2 Medical																		
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
Less:																	XXX	XXX
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 – 17)	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	*****	*****	****	****	*****	*****	XXX	XXX
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses								-										
21. General administrative expenses								-									****	*****
22. Increase in reserves for A&H contracts																	XXX	XXX
23. Total underwriting deductions (Lines 18 +20 through 22)																		
24. Net underwriting gain or (loss)(Lines 8–23)																		

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REPORT #3 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES EXCLUDING GOVERNMENT PROGRAMS AND HEALTHY NEW YORK

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
Member Months	1			XXX	XXX	XXX	XXX
Net premium income: 2.1 Basic 2.2 Drugs					11111	11111	
2.3 Other riders 2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total							
Change in unearned premium reserves and reserve for rate credits: 3.1 Basic							
3.2 Drugs 3.3 Other riders							
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total							
4. Fee-for-service net of medical expenses							
Risk revenue Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical: 9.1 Hospital (inpatient and outpatient) 9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
Prescription drugs Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15) Less:							
17.1. Net reinsurance recoveries17.2. Federal/State reinsurance recoveries							
17.2. Federal/State reinsurance recoveries17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses21. General administrative expenses	 					-	
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Lines 8 – 23)							
DETAILS OF WRITE-INS 0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

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REPORT #3Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES EXCLUDING GOVERNMENT PROGRAMS AND HEALTHY NEW YORK

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
Member Months				XXX	XXX	XXX	XXX
Net premium income: 2.1 Basic 2.2 Drugs							
2.3 Other riders 2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.5 Total	717171	717171	7777	717171	71717	71717	71717
Change in unearned premium reserves and reserve for rate credits: 3.1 Basic							
3.2 Drugs 3.3 Other riders							
3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.5 Total							
4. Fee-for-service net of medical expenses							
Risk revenue Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical: 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							
Rescription drugs Aggregate write-ins for other hospital and medical							
14.2. Rider expense							
 Incentive pool, withhold adjustments and bonus amounts 							
16. Subtotal (Lines 9 to 15) Less:							
17.1. Net reinsurance recoveries17.2. Federal/State reinsurance recoveries							
17.2. Federal/State reinsurance recoveries17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18 + 20 through 22)							
24. Net underwriting gain or (loss) (Lines 8 – 23)							
DETAILS OF WRITE-INS 0601.							
0602.							
0603.		-					
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103. 14.198. Summary of remaining write-ins for Line							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus							
14.199. (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

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REPORT #4 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES HEALTHY NEW YORK

		1	2	3	4	5	6	7
		Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
1.	Member Months				XXX	XXX	XXX	XXX
2.	Net premium income: 2.1 Basic							
	2.2 Drugs							
	2.3 Other riders2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	2.5 Total	ЖЖ	7474	AAA	AAA	AAA	AAA	AAA
3.	Change in unearned premium reserves and reserve for rate credits: 3.1 Basic							
	3.2 Drugs							
	3.3 Other riders							
	3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	3.5 Total							
4. 5. 6.	Fee-for-service net of medical expenses Risk revenue Aggregate write-ins for other health care related revenues							
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ
	ital and Medical:							
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. 14.2.	Aggregate write-ins for other hospital and medical							
15.	Incentive pool, withhold adjustments and							
16.	bonus amounts Subtotal (Lines 9 to 15)							
Less:								
	Federal/State reinsurance recoveries							
	Federal/State risk-sharing recoveries (payments)							
18.	Total hospital and medical (Lines 16 – 17)							
19. 20.	Non-health claims Claims adjustment expenses	XXX	XXX	XXX	XXX	XXX	XXX	XXX
21.	General administrative expenses							
22.	Increase in reserves for A&H contracts							
23.	Total underwriting deductions (Lines 18 + 20 through 22)							
24.	Net underwriting gain or (loss) (Lines 8 – 23)							
DET	AILS OF WRITE-INS							
0601.								
0602.								
0603.								
	Summary of remaining write-ins for Line 6 from overflow page							
	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.10								
14.10								
14.10 14.19	13. 18. Summary of remaining write-ins for Line 14.1 from overflow page							
14.19	14.1 Holli overnow page 19. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1above)							

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REPORT #4Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES HEALTHY NEW YORK

		1	2	3	4	5	6	7
		Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
1.	Member Months				XXX	XXX	XXX	XXX
2.	Net premium income: 2.1 Basic 2.2 Drugs							
	2.3 Other riders							
	2.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.	2.5 Total Change in unearned premium reserves and reserve for rate credits: 3.1 Basic 3.2 Drugs							
	3.3 Other riders							
	3.4 Government programs	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	3.5 Total		11111	*****		11111	11111	
4. 5. 6.	Fee-for-service net of medical expenses Risk revenue Aggregate write-ins for other health care related revenues							
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)	2121/1	21/1/1	11111	717171	21/1/1	21/1/1	71711
	ital and Medical:							
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 Incentive pool, withhold adjustments and							
15. 16.	bonus amounts Subtotal (Lines 9 to 15)							
Less:								
	Federal/State reinsurance recoveries							
17.3.	Federal/State risk-sharing recoveries (payments)							
18.	Total hospital and medical (Lines 16 – 17)							
19. 20.	Non-health claims Claims adjustment expenses	XXX	XXX	XXX	XXX	XXX	XXX	XXX
21.	General administrative expenses							
22.	Increase in reserves for A&H contracts							
23.	Total underwriting deductions (Lines 18 + 20 through 22)							
24.	Net underwriting gain or (loss) (Lines 8 – 23)			<u> </u>				
	AILS OF WRITE-INS							
0601.								
0602.								
0603.				ļ				
	Summary of remaining write-ins for Line 6 from overflow page Totals (Lines 0601 through 0603 plus							
14.10	0698)(Line 6 above)							
14.10								
				1				
14.10 14.19	8. Summary of remaining write-ins for Line 14.1 from overflow page							
14.19	9. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1above)							

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REPORT #5 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES MEDICARE ADVANTAGE, INCLUDING PART D

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs 2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and							
reserve for rate credits:							
3.1 Basic 3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue6. Aggregate write-ins for other health care							
Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
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 expense15. Incentive pool, withhold adjustments and							
bonus amounts							
16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries17.2. Federal/State reinsurance recoveries							
17.2. Federal/State reinstrance recoveries 17.3. Federal/State risk-sharing recoveries							
(payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Claims adjustment expenses General administrative expenses							
21. General administrative expenses22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18							
+ 20 through 22)							
24. Net underwriting gain or (loss) (Lines 8 – 23)							
DETAILS OF WRITE-INS							
0601. 0602.	+						
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.				_			
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

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REPORT #5Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES MEDICARE ADVANTAGE, INCLUDING PART D

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
1. Member Months				XXX	XXX	XXX	XXX
2. Net premium income:				717171	71111	71111	711111
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:	1						
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
Emergency room and out-of-area 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)							
Less: 17.1. Net reinsurance recoveries							
17.1. Net remsurance recoveries 17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries							
(payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts 23. Total underwriting deductions (Lines 18							
+ 20 through 22)							
24. Net underwriting gain or (loss) (Lines 8 – 23)						
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.	1		1	1		1	1
0698. Summary of remaining write-ins for Line 6				1		1	1
from overflow page 0699. Totals (Lines 0601 through 0603 plus							
0698)(Line 6 above)							
14.101.	†		1				
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line							
14.1 from overflow page	1						
14.199. Totals (Lines 14.101 through 14.103 plus				1		1	1
14.198) (Line 14.1 above)					l		

PLAN NAME	OUARTER ENDING

REPORT #6 – YEAR–TO-DATE STATEMENT OF REVENUE AND EXPENSES MEDICARE ADVANTAGE, NOT INCLUDING PART D

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
Member Months				XXX	XXX	XXX	XXX
2. Net premium income: 2.1 Basic 2.2 Drugs							
2.3 Other riders							
2.4 Government programs 2.5 Total							
 Change in unearned premium reserves and reserve for rate credits: 3.1 Basic 							
3.2 Drugs 3.3 Other riders							
3.4 Government programs 3.5 Total							
Fee-for-service net of medical expenses							
Risk revenue Aggregate write-ins for other health care related revenues							
7. Non-health revenues 8. Total revenues (Lines 2 to 7)	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Hospital and Medical: 9.1 Hospital (inpatient and outpatient)							
9.2 Medical 10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area13. Prescription drugs							
14.1. Aggregate write-ins for other hospital and medical							
14.2. Rider expense15. Incentive pool, withhold adjustments and							
bonus amounts 16. Subtotal (Lines 9 to 15)							
Less:							
17.1. Net reinsurance recoveries17.2. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries (payments)							
18. Total hospital and medical (Lines 16 – 17)							
Non-health claims Claims adjustment expenses	XXX	XXX	XXX	XXX	XXX	XXX	XXX
21. General administrative expenses							
 Increase in reserves for A&H contracts Total underwriting deductions (Lines 18 + 20 through 22) 							
24. Net underwriting gain or (loss)(Lines 8 - 23)							
DETAILS OF WRITE-INS 0601. 0602.							
0603.			1			1	1
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101. 14.102							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus							
14.198)(Line 14.1 above)							

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PI ANNAME	OUARTER ENDING

REPORT #6Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES MEDICARE ADVANTAGE, NOT INCLUDING PART D

		1	2	3	4	5	6	7 Prior Year
		Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	End Actual PMPM
1.	Member Months				XXX	XXX	XXX	XXX
2.	Net premium income:							
	2.1 Basic							
	2.2 Drugs							
	2.3 Other riders							
	2.4 Government programs 2.5 Total							
3.	Change in unearned premium reserves and							
Э.	reserve for rate credits:							
	3.1 Basic							
	3.2 Drugs							
	3.3 Other riders							
	3.4 Government programs							
	3.5 Total							
4.	Fee-for-service net of medical expenses							
5.	Risk revenue							
6.	Aggregate write-ins for other health care related revenues							
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ
	ital and Medical:			 		 		
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							
	Aggregate write-ins for other hospital and medical							
14.2.	Rider expense							
15.	Incentive pool, withhold adjustments and							
1.0	bonus amounts							
16. Less:	Subtotal (Lines 9 to 15)							
	Net reinsurance recoveries							
	Federal/State reinsurance recoveries							
	Federal/State risk-sharing recoveries							
	(payments)							
18.	Total hospital and medical (Lines 16 – 17)							
19.	Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20.	Claims adjustment expenses							
21.	General administrative expenses							
22.	Increase in reserves for A&H contracts							
23.	Total underwriting deductions (Lines 18 + 20 through 22)							
24.	Net underwriting gain or (loss)(Lines 8 - 23)							
	AILS OF WRITE-INS							
0601.								
0602.								
0603.								
	Summary of remaining write-ins for Line 6 from overflow page							
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.10	1.							
14.102								
14.10								
	8. Summary of remaining write-ins for Line 14.1 from overflow page							
14.19	9. Totals (Lines 14.101 through 14.103 plus 14.198)(Line 14.1 above)							

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PLANNAMA	OHARIBRENING

REPORT #7 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES MEDICAID

		1	2	3	4	5	6	7
		Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual
1	Mambar Mantha				XXX	XXX	XXX	PMPM XXX
1. 2.	Member Months Net premium income:				λλλ	AAA	λλλ	λλλ
۷.	2.1 Basic							
	2.2 Drugs							
	2.3 Other riders							
	2.4 Government programs							
	2.5 Total							
3.	Change in unearned premium reserves and							
	reserve for rate credits:							
	3.1 Basic							
	3.2 Drugs							
	3.3 Other riders							
	3.4 Government programs 3.5 Total							
4.	Fee-for-service net of medical expenses							
5.	Risk revenue							
6.	Aggregate write-ins for other health care							
٥.	related revenues							
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)							
Hospi	ital and Medical:							
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							
	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)							
Less:								
	Net reinsurance recoveries							
	Federal/State reinsurance recoveries							
	Federal/State risk-sharing recoveries							
	(payments)							
18.	Total hospital and medical (Lines 16 – 17)							
19.	Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20.	Claims adjustment expenses							
21.	General administrative expenses							
22.	Increase in reserves for A&H contracts							
23.	Total underwriting deductions (Lines 18							
2.1	+ 20 through 22)							
24.	Net underwriting gain or (loss) (Lines 8 – 23)			<u> </u>	<u> </u>	<u> </u>		
	AILS OF WRITE-INS							
0601. 0602.				 				
0602.								
	Summary of remaining write-ins for Line 6			<u> </u>				+
0070.	from overflow page							
0699	Totals (Lines 0601 through 0603 plus							
	0698)(Line 6 above)							
14.10	/\							
14.10								
14.10	3.							
	8. Summary of remaining write-ins for Line							
	14.1 from overflow page							
14.19	9. Totals (Lines 14.101 through 14.103 plus							
	14.198) (Line 14.1 above)		İ		1	1		

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	OUARTER ENDING
1 12/3/13 13/3/19/19 .	VUANTENDINT

REPORT #7Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES MEDICAID

			1,122101					
		1	2	3	4	5	6	7
		Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual
1	Mambar Mantha				XXX	XXX	XXX	PMPM XXX
1. 2.	Member Months Net premium income:				λλλ	λλλ	λλλ	λλλ
۷.	2.1 Basic							
	2.2 Drugs							
	2.3 Other riders							
	2.4 Government programs							
	2.5 Total							
3.	Change in unearned premium reserves and							
	reserve for rate credits:							
	3.1 Basic							
	3.2 Drugs							
	3.3 Other riders							
	3.4 Government programs 3.5 Total							
4.	Fee-for-service net of medical expenses							
5.	Risk revenue							
6.	Aggregate write-ins for other health care							
	related revenues							
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)							
Hospi	ital and Medical:							
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							
	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)							
Less:								
	Net reinsurance recoveries							
	Federal/State reinsurance recoveries							
	Federal/State risk-sharing recoveries							
	(payments)							
18.	Total hospital and medical (Lines 16 – 17)							
19.	Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20.	Claims adjustment expenses							
21.	General administrative expenses							
22.	Increase in reserves for A&H contracts							
23.	Total underwriting deductions (Lines 18							
24	+ 20 through 22)							
24.	Net underwriting gain or (loss) (Lines 8 – 23)				1			
DET 7 0601.	AILS OF WRITE-INS							
0601.				-		1		+
0603.				+		 		+
	Summary of remaining write-ins for Line 6							
	from overflow page							
0699.	Totals (Lines 0601 through 0603 plus							
	0698)(Line 6 above)							
14.10								
14.10								
14.10								
14.19	8. Summary of remaining write-ins for Line							
44.0	14.1 from overflow page							
14.19	9. Totals (Lines 14.101 through 14.103 plus							
	14.198) (Line 14.1 above)		I	I	I		I	1

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PLANNAMIE	OUARTER ENDING

REPORT #8 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES MEDICAID ADVANTAGE

Г		1	T			T	
	1	2	3	4	5	6	7 Prior Year
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	End Actual PMPM
Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders 2.4 Government programs							
2.5 Total							
 Change in unearned premium reserves ar 	nd						
reserve for rate credits:							
3.1 Basic 3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
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 an medical	d						
14.2. Rider expense15. Incentive pool, withhold adjustments and	1						
bonus amounts	'						
16. Subtotal (Lines 9 to 15)							
Less:							
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 – 1	7)						
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18							
+ 20 through 22)							
24. Net underwriting gain or (loss) (Lines 8	- 23)						
DETAILS OF WRITE-INS				1		1	
0601. 0602.				-		-	
0603.							
0698. Summary of remaining write-ins for Lin from overflow page	e 6						
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							_
14.101.							
14.102.							
14.103. 14.198. Summary of remaining write-ins for Li	ne			1		1	
14.198. Summary of remaining write-ins for Li 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 ph							
14.199. Totals (Lines 14.101 through 14.103 plt 14.198) (Line 14.1 above)	18						

TOT A BY BY A BUTT	OLIA DEED ENDING
PLANNAMIE	OUARTER ENDING

REPORT #8Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES MEDICAID ADVANTAGE

		1	2	3	4	5	6	7 Drien Veen
		Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
1.	Member Months				XXX	XXX	XXX	XXX
2.	Net premium income:							
	2.1 Basic							
	2.2 Drugs							
	2.3 Other riders							
	2.4 Government programs							
	2.5 Total							
3.	Change in unearned premium reserves and							
	reserve for rate credits: 3.1 Basic							
	3.2 Drugs							
	3.3 Other riders							
	3.4 Government programs							
	3.5 Total							
4.	Fee-for-service net of medical expenses							
5.	Risk revenue							
6.	Aggregate write-ins for other health care							
	related revenues							
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)							
Hospi	tal and Medical:							
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							
	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)							
Less:								
	Net reinsurance recoveries							
	Federal/State reinsurance recoveries							
	Federal/State risk-sharing recoveries (payments) Total hospital and medical (Lines 16 – 17)							
18. 19.	Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20.	Claims adjustment expenses	ΑΛΛ	AAA	ΑΛΛ	AAA	AAA	AAA	AAA
21.	General administrative expenses							
22.	Increase in reserves for A&H contracts							
23.	Total underwriting deductions (Lines 18							
	+ 20 through 22)							
24.	Net underwriting gain or (loss) (Lines 8 – 23)			1				
	AILS OF WRITE-INS							
0601.	***			1				
0602.								
0603.								
	Summary of remaining write-ins for Line 6 from overflow page							
0699.	Totals (Lines 0601 through 0603 plus							
	0698)(Line 6 above)			1				
14.101								
14.102								
14.103	3.							
14.198	8. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199	9. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

TOT A BY BY A BUTT	OLIA DEED ENDING
PLANNAMIE	OUARTER ENDING

REPORT #9 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES MAP, MLTC-Partial, PACE

	MAP,	MLTC-Pa	irtial, PAC	E			
	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual
1. Member Months				XXX	XXX	XXX	PMPM XXX
Net premium income:				ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue							
6. Aggregate write-ins for other health care							
related revenues 7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)	ААА	AAA	ΑΛΛ	AAA	ΑΛΛ	AAA	AAA
Hospital and Medical:							
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 expense15. Incentive pool, withhold adjustments and							
bonus amounts 16. Subtotal (Lines 9 to 15)							
Less:							
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 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses 22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18							
+ 20 through 22)							
24. Net underwriting gain or (loss) (Lines 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.		1					
14.101.							
14.103.							
14.198. Summary of remaining write-ins for Line							
14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

TOT A BY BY A BUTT	OLIA DEED ENDING
PLANNAMIE	OUARTER ENDING

REPORT #9Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES MAP, MLTC-Partial, PACE

	MAP,	MLTC-Pa	rtial, PAC	E			
	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual
1				VVV	VVV	VVV	PMPM
Member Months Net premium income:				XXX	XXX	XXX	XXX
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
Fee-for-service net of medical expenses							
5. Risk revenue							
Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)		12.2.1	12121		11111		
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area13. 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)							
Less:							
17.1. Net reinsurance recoveries 17.2. Federal/State reinsurance recoveries							
17.2. Federal/State reinsurance recoveries 17.3. Federal/State risk-sharing recoveries							
(payments) 18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses							
22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18							
+ 20 through 22) 24. Net underwriting gain or (loss) (Lines 8 – 23)							
DETAILS OF WRITE-INS			<u> </u>		<u> </u> 		
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

TOT A BY BY A BUTT	OHADED ENDING
	OUARTER ENDING
1 12/3/13 13/3/19/19 .	VUANTENDINT

REPORT #10 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES CHILD HEALTH PLUS

		1	2	3	4	5	6	7 Drien Veen
		Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
1.	Member Months				XXX	XXX	XXX	XXX
2.	Net premium income:							
	2.1 Basic							
	2.2 Drugs							
	2.3 Other riders							
	2.4 Government programs							
2	2.5 Total							
3.	Change in unearned premium reserves and reserve for rate credits:							
	3.1 Basic							
	3.2 Drugs							
	3.3 Other riders							
	3.4 Government programs							
	3.5 Total							
4.	Fee-for-service net of medical expenses							
5.	Risk revenue							
6.	Aggregate write-ins for other health care			1				
_	related revenues	*****	*****	*****	******	*****	*****	*****
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)							
9.1	ital and Medical: Hospital (inpatient and outpatient)							
9.1	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)							
Less:								
17.1.	Net reinsurance recoveries							
	Federal/State reinsurance recoveries							
17.3.	Federal/State risk-sharing recoveries (payments) Total hospital and medical (Lines 16 – 17)							
19.	Non-health claims	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20.	Claims adjustment expenses					11111	11111	
21.	General administrative expenses							
22.	Increase in reserves for A&H contracts							
23.	Total underwriting deductions (Lines 18							
	+ 20 through 22)							
24.	Net underwriting gain or (loss) (Lines 8 – 23)			<u> </u>				
	AILS OF WRITE-INS			1				
0601.				-				
0602.				1	-			-
0603.	Summary of remaining write-ins for Line 6			+				
0098.	from overflow page							
0699	Totals (Lines 0601 through 0603 plus			1				
	0698)(Line 6 above)			1				
14.10								
14.10								
14.10	3.							
14.19	8. Summary of remaining write-ins for Line 14.1 from overflow page							
14.19	9. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

TOT 1 3 7 3 7 1 3 5 5 7	OTI I DITTO TIMES
	OUARTER ENDING
I LAIN INAIVIE	

REPORT #10Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES CHILD HEALTH PLUS

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
Member Months				XXX	XXX	XXX	XXX
Net premium income:							
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total Change in unearned premium reserves and							
reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses						ļ	ļ
5. Risk revenue							
Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ
Hospital and Medical:							
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							
 Incentive pool, withhold adjustments and bonus amounts 							
16. Subtotal (Lines 9 to 15)							
Less:							
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 – 17)	7/3/3/	373737	3222	7777	37377	373737	373737
Non-health claims Claims adjustment expenses	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses 21. General administrative expenses							
22. Increase in reserves for A&H contracts						1	1
23. Total underwriting deductions (Lines 18							
+ 20 through 22)							
24. Net underwriting gain or (loss) (Lines 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.						-	-
0603. 0698. Summary of remaining write-ins for Line 6							
from overflow page							
0699. Totals (Lines 0601 through 0603 plus							
0698)(Line 6 above)							
14.101. 14.102.							
14.102. 14.103.						+	+
14.198. Summary of remaining write-ins for Line							
14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus							
14.198) (Line 14.1 above)							

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PLANNAMA	OHARIBRENING

REPORT #11 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES HEALTH AND RECOVERY PLAN (HARP)

1								
Budget Actual Variance PMPM PMPM PMPM Actual Actual Variance PMPM PMPM PMPM Actual Actual Variance PMPM PMPM Actual Actual Variance PMPM PMPM Actual Variance PMPM PMPM Actual Variance		1	2	3	4	5	6	7
1. Member Months		Budget	Actual	Variance				End Actual
2. Drugs 2. Drugs 2. 2. Drugs 2. 2. Drugs 2. 2. Drugs 3. 2. Drugs 3. 2. Drugs 3. 2. Comment programs 2. 2. Growth and the server for a fee ceditive 3. Comment programs 3. Change in uncenned premium reserves and reserve for a fee ceditive 3. Drugs	1 Mambau Mantha				vvv	vvv	vvv	
2.1 Basic					ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ
2.2 Drugs 2.3 Other riders 2.4 Government prospenses 2.4 Ford in executive stand reserve for interest executive stand reserve for interest executive stand reserve for interest executive stand reserve for interest executive stand reserve for interest executive stand reserve for interest executive stand reserve for interest executive stand reserve for interest executive standard reserve standard reserves								
2.3 Other riders 2.4 Government programs 2.5 Total 3. Change in uncarned premium reserves and reserve for rate credits: 3.1 Basic 3.2 Drugs 3.3 Other riders 3.3 Owernment programs 4. Fee for service net of medical expenses 5.8 Risk revenue 6. Aggregate write-ins for other health care related revenues (Incept and Company of the Company								
2.5 Total 3. Change in unearmed premium reserves and reserve for rate credits: 3.1 Basic 3.2 Drugs 3.3 Ober index 3.3 Ober index 3.4 Government programs 3.4 Government programs 3.5 Reserves for indical expenses 3.6 Reserves in the formation of the state of the stat								
3. Change in uncarned promium reserves and reserve for rate credits 3.1 Basic 3.2 Drugs 3.3 Other riders 3.4 Government programs 3.5 Total 3.5 Total 4. Fee-for service net of medical expenses 5. Risk revenue 6. Aggregate write-ins for other health care related revenues 7. Non-health revenues 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 9. Medical 9. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs 14. Aggregate write-ins for other hospital and medical 14. Rider expense 15. Incentive pool, withhold adjustments and bonus amounts 16. Subtoad (Lines 9 to 15) 15. Essel 17. Description drugs 18. Total hospital and medical (Lines 16 - 17) 19. Non-health claims) 18. Total hospital and medical (Lines 16 - 17) 19. Non-health claims) 18. Total hospital and medical (Lines 16 - 17) 19. Non-health claims) 18. Total hospital and medical (Lines 16 - 17) 19. Non-health claims) 18. Total hospital and medical (Lines 16 - 17) 19. Non-health claims) 19. Description drugs 10. Claims adjustment expenses 21. General administrative expenses 22. Increase in reveryes for Ads Hoursets 23. Total underwriting gain or (toss) (Lines 8 - 23) DETAILS OF WRITE-INS 0601. 0602. 0603. 0603. 0604. 14.103. 14.109. Summary of remaining write-ins for Line 6 14.109. Summary of remaining write-ins for Line 14.109. Bus 14.109. Bus 14.100 plus								
Reserve for rate credits:								
3.1 Basic 3.2 Drugs 3.3 Other riders 3.4 Government programs 3.5 Total 4. Fee-for-service net of medical expenses 5. Risk revenue 6. Aggregate write-ins for other health care related revenues 7. Non-health revenues 8. Total revenues (Lines 2 to 7) 1. Hospital and Medical: 9.1 Hospital dispatient and outpatient) 9.2 Medical 10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 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 bomus amounts 16. Subboal (Lines 9 to 15) 18. Subboal (Lines 9 to 15) 18. Subboal (Lines 9 to 15) 18. Total revenues (Lines 9 to 17) 19. Total revenues (Lines 9 to 17) 19. Total revenues (Lines 9 to 18) 19. Total revenues (Lines 9 to 19) 19. Total (Lines 10 total revenues (Lines 10 total revenues (Lines 10 total revenues (Lines 10 total revenues (Lines 10 total revenues (Lines 10 total revenues (Lines 10 total revenues (Lines 10 total revenues (Lines 10 total revenues								
3.2 Drags 3.3 Other riders 3.4 Government programs 3.5 Total 4. Fee-for-service net of medical expenses 5. Risk revenue 6. Aggregate write-ins for other health care related revenues 7. Non-health revenues 8. Total revenues 9.1 Hospital and Medical: 9.1 Hospital (inquient and outpatient) 9.2 Medical 10. Other professional services 11. Outside referruls 11. Outside referruls 12. Emergency roon 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) 17.1 Net reinsurance recoveries 17.1. Pet reinsurance recoveries 17.3. Federal State risk-sharing recoveries (payments) 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims) 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims) 20. Claims adjustment expenses 21. Increase in reserves for A&H contracts 22. Increase in reserves for A&H contracts 23. Total underwriting deductions (Lines 8 – 23) DETAILS OF WRITE-INS 6009. 6009. 6099. Coats (Lines 901 through 14,103 plus								
3.3 Other riders 3.4 Government programs 3.5 Total 4. Fee-for-service net of medical expenses 5. Risk revenue 6. Aggregate write-ins for other health care related revenues 7. Non-health revenues 8. Total revenues (Ince 2 to 7) 8. Total revenues (Ince 2 to 7) 8. Total revenues (Ince 2 to 7) 9.1 Hospital and Medical: 9.1 Hospital and Medical: 9.1 Hospital influences 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 medical 14.2. Rider expense 14.1. Aggregate write-ins for other hospital and medical (Ince 1 to 1 to 1) 15. Incentive poly, withhold adjustments and bonus amounts 16. Subboult (Ince 9 to 15) 16. Subboult (Ince 9 to 15) 17.1. Net reinsurance recoveries 17.2. Federal State reinsurance recoveries 17.3. Federal State reinsurance recoveries 17.4. Net reinsurance recoveries 17.5. Federal State reinsurance recoveries 17.6. Federal State reinsurance recoveries 17.7. Federal State reinsurance recoveries 17.8. Total underwriting deductions (Lines 8 to 1 to 1) 18. Total underwriting deductions (Lines 18 to 2) 19. Total culture syenese 22. Increase in reserves for A&H contracts 23. Total underwriting deductions (Lines 18 to 2) to 10								
3.4 Government programs 3.5 Total 4. Fee-for-service net of medical expenses 5. Risk revenue 6. Aggregate write-ins for other health care related revenues 7. Non-health revenues 8. Total revenues (Jines 2 to 7) Hospital and Medical: 9.1 Hospital and Medical: 9.1 Hospital and medical (impatient and outpatient) 9.2 Medical 10. Other professional services 11. Outside referrals 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 (Jines 9 to 15) 16. Subtotal (Jines 9 to 15) 17.1 Net reinsurance recoveries 17.1. Pederal State risk-sharing recoveries (payments) 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims) 18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims 20. Claims adjustment expenses 21. Increase in reserves for A&H contracts 22. Increase in reserves for A&H contracts 23. Total underwriting deductions (Lines 18 + 20 through 22) 24. Net underwriting gedancies (Lines 8 – 23) DETAILS OF WRITE-INS 06981, Lines 600 through 0603 plus 06998. Summany of remaining write-ins for Line 6 from overflow page 14.101. 14.102. 14.103. Summany of remaining write-ins for Line 6 from overflow page 14.101. 14.103. Summany of remaining write-ins for Line 6 from overflow page 14.107. 14.108. Summany of remaining write-ins for Line 6 from overflow page 14.101. 14.109. Total scale state 14.100 through 14.103 plus								
3.5 Total 4. Fee-for-service net of medical expenses 5. Risk revenue 6. Aggregate write-ins for other health care related revenues 7. Non-health evenues 8. Total revenues (Jinse 2 to 7) 1. Hospital and Medical: 9.1 Hospital and Medical: 9.1 Hospital and Medical: 9.1 Hospital and Medical: 9.1 Hospital and Services 1. Outside referrals 1. Outside referrals 1. Description drugs 1. Emergency room and out-of-area 1. Emergency room and out-of-area 1. Emergency room and out-of-area 1. Emergency room and out-of-area 1. Emergency room and out-of-area 1. Receive one of the hospital and medical (Lines of the hospital and medical (Lines of to 15) 1. Receive one of the referrals 1. Receive one of the referrals 1. Receive one of the referrals 1. Total hospital and medical (Lines 16 – 17) 1. Pederal/State refusarance recoveries 17.3. Pederal/State refusarance recoveries 17.4. Pederal/State refusarance recoveries 17.5. Poderal/State refusarance recoveries 17.6. Total hospital and medical (Lines 16 – 17) 18. Non-health claims) 19. Non-health claims) 19. Non-health claims) 20. Claims adjustment expenses 21. General administrative expenses 22. Increase in reserves for A&H contracts 23. Total underwriting dealth claims (16 – 17) 24. Net underwriting geatin or (loss) (Lines 8 – 23) DETAILS OF WRITE-INS 0699, Claik (Jines 0601 through 0603 plus 06990, Totals (Jines 0601 through 0603 plus 06990, Totals (Jines 041 through 14.103 plus								
5. Risk revenue 6. Aggregate write-ins for other health care related revenues 7. Non-health revenues 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 9.1 Hospital and Medical: 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 inpatient pool. Without and instance in medical medical 14.2 Rider expense 15. Incentive pool, withhold adjustments and homus amounts 16. Subtotal (Lines 9 to 15) 16. Subtotal (Lines 9 to 15) 17.2. Federal State rick-sharing recoveries 17.3. Pederal State rick-sharing recoveries 17.4. Proderal State rick-sharing recoveries 17.5. Proderal data rick-sharing recoveries 17.6. Total hospital and medical (Lines 16 - 17) 19. Non-health claims) 19. Non-health claims 19. Non-health claims 10. Total moderwriting dedoutons (Lines 18 + 20 through 22) 21. Increase in reserves for A&H contracts 22. Increase in reserves for A&H contracts 23. Total underwriting dedoutons (Lines 18 + 20 through 22) 24. Net underwriting dedoutons (Lines 18 + 20 through 22) 25. Total (Lines 060) through 0603 plus 0698(Line 6 above) 14.100. 14.110	3.5 Total							
6. Aggregate write-ins for other health care related revenues 7. Non-health revenues 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 9. Hospital and Medical: 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 14.1. Signey room and out-of-area 15. Incentive pool, withhold adjustments and bonus amounts 16. Subtoat (Lines 9 to 15) 17. Net reinsurance recoveries 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 - 17) 19. Non-health claims) 19. XXX XXX XXX XXX XXX XXX XXX XXX 20. Claims adjustment expenses 21. General administrative expenses 22. Increase in reserves for Add contracts 23. Total underwriting deductions (Lines 18 + 20 through 22) 24. Net underwriting gain or (loss) (Lines 8 - 23) DETAILS OF WRITE-INS 06091. 14.100. 14.100. 14.100. 14.190. 14.190. Summary of remaining write-ins for Line 14.1 from overflow page	Fee-for-service net of medical expenses							
Related revenues								
7. Non-health revenues								
State Total revenues (Lines 2 to 7) Hospital and Medical:		VVV	VVV	VVV	VVV	VVV	VVV	VVV
Hospital and Medical:		λλλ	λλλ	λλλ	λλλ	λλλ	λλλ	λλλ
9.1 Mospital (inpatent and outpatient) 9.2 Medical 10. Other professional services 11. Outside referrals 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs 14.1. Aggregate write-ins for other hospital and medical medical mospital and bonus amounts 15. Incentive pool, withhold adjustments and bonus amounts 16. Subtotal (Lines 9 to 15) 17.1. Net reinsurance recoveries 17.2. Federal/State reinsurance recoveries 17.3. Federal/State rishustrance recoveries 17.3. Federal/State rishustrance recoveries 17.4. Pederal/State rishustrance recoveries 17.5. Federal/State rishustrance recoveries 17.6. Total mospital and medical (Lines 16 – 17) 19. Non-health claims) 20. Claims adjustment expenses 21. General administrative expenses 22. Increase in reserves for A&H contracts 23. Total underwriting deductions (Lines 18 + 20 through 22) 24. Net underwriting deductions (Lines 8 – 23) DETAILS OF WRITE-INS 0609. Claims of through 0603 plus 06098. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 06089. (Lines 6001 through 0603 plus 06089. (Lines 101 through 0603 plus 06098. Summary of remaining write-ins for Line 14.11 from overflow page								
Medical								
1.1. Outside referrals								
12. Emergency room and out-of-area	10. Other professional services							
13. Prescription drugs								
14.1. Aggregate write-ins for other hospital and medical medical medical medical	C 2							
Medical								
1.5. Incentive pool, withhold adjustments and bonus amounts 1.6. Subtotal (Lines 9 to 15) 1.7.1. Net reinsurance recoveries 1.7.2. Federal/State reinsurance recoveries 1.7.3. Federal State risk-sharing recoveries (payments) 1.6. Total hospital and medical (Lines 16 – 17) 1.6. Total hospital and medical (Lines 16 – 17) 1.7. Non-health claims) XXX	medical							
bonus amounts								
16. Subtotal (Lines 9 to 15)								
Less:								
17.2. Federal/State reinsurance recoveries								
17.3. Federal State risk-sharing recoveries (payments)	17.1. Net reinsurance recoveries							
(payments)								
18. Total hospital and medical (Lines 16 – 17) 19. Non-health claims XXX								
19. Non-health claims								
20. Claims adjustment expenses 21. General administrative expenses 22. Increase in reserves for A&H contracts 23. Total underwriting deductions (Lines 18 + 20 through 22) 24. Net underwriting gain or (loss) (Lines 8 – 23) 25. Net underwriting gain or (loss) (Lines 8 – 23) 26. Net underwriting gain or (loss) (Lines 8 – 23) 27. Net underwriting gain or (loss) (Lines 8 – 23) 28. Net underwriting gain or (loss) (Lines 8 – 23) 29. Net un		vvv	vvv	vvv	vvv	vvv	vvv	vvv
21. General administrative expenses 22. Increase in reserves for A&H contracts 23. Total underwriting deductions (Lines 18 + 20 through 22) 4. Net underwriting gain or (loss) (Lines 8 – 23) 24. Net underwriting gain or (loss) (Lines 8 – 23) 8. On the contract of the con		ΛΛΛ	ΑΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ
22. Increase in reserves for A&H contracts 23. Total underwriting deductions (Lines 18 + 20 through 22) 24. Net underwriting gain or (loss) (Lines 8 – 23) DETAILS OF WRITE-INS 0601. 0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page								
23. Total underwriting deductions (Lines 18 + 20 through 22) 24. Net underwriting gain or (loss) (Lines 8 – 23) DETAILS OF WRITE-INS 0601. 0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page								
24. Net underwriting gain or (loss) (Lines 8 – 23) DETAILS OF WRITE-INS 0601. 0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 6699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.199. Totals (Lines 14.101 through 14.103 plus	23. Total underwriting deductions (Lines 18							
DETAILS OF WRITE-INS	+ 20 through 22)							
0601. 0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus		<u> </u>		<u> </u>				
0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus 14.199. Totals (Lines 14.101 through 14.103 plus				1				
0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus								
0698. Summary of remaining write-ins for Line 6 from overflow page (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c								
from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus								
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	from overflow page			1				
0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus	0699. Totals (Lines 0601 through 0603 plus							
14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus	0698)(Line 6 above)	1		ļ	1			
14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus								
14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus								
14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus		-		1	-			
14.199. Totals (Lines 14.101 through 14.103 plus								
14.198) (Line 14.1 above)	14.198) (Line 14.1 above)	<u> </u>		<u> </u>			<u> </u>	

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	OUARTER ENDING
1 12/3/13 13/3/19/19 .	VUANTENDINT

REPORT #11Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES HEALTH AND RECOVERY PLAN (HARP)

		1	2	3	4	5	6	7
		Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual
1.	Member Months				XXX	XXX	XXX	PMPM XXX
2.	Net premium income:				71777	717.71	717171	7474
	2.1 Basic							
	2.2 Drugs							
	2.3 Other riders							
	2.4 Government programs							
3.	2.5 Total Change in unearned premium reserves and							
٥.	reserve for rate credits:							
	3.1 Basic							
	3.2 Drugs							
	3.3 Other riders							
	3.4 Government programs							
4	3.5 Total Fee-for-service net of medical expenses							
<u>4.</u> 5.	Risk revenue			 	1	1	 	
6.	Aggregate write-ins for other health care							
	related revenues							
7.	Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.	Total revenues (Lines 2 to 7)							
	ital and Medical:							
9.1	Hospital (inpatient and outpatient) Medical							
10.	Other professional services							
11.	Outside referrals							
12.	Emergency room and out-of-area							
13.	Prescription drugs							
	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)							
Less:								
17.1.	Net reinsurance recoveries							
	Federal/State reinsurance recoveries							
17.3.	Federal/State risk-sharing recoveries							
18.	(payments) Total hospital and medical (Lines 16 – 17)							
19.	Non-health claims)	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20.	Claims adjustment expenses							
21.	General administrative expenses							
22.	Increase in reserves for A&H contracts							
23.	Total underwriting deductions (Lines 18							
24.	+ 20 through 22) Net underwriting gain or (loss) (Lines 8 – 23)			+	+		+	
	AILS OF WRITE-INS		<u> </u>	1	1		1	
0601.								
0602.								
0603.								
0698.	Summary of remaining write-ins for Line 6							
0.000	from overflow page							
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.10				+	 		+	
14.10								
14.10								
	8. Summary of remaining write-ins for Line							
	14.1 from overflow page							
14.19	9. Totals (Lines 14.101 through 14.103 plus							
	14.198) (Line 14.1 above)							

PLAN NAME	OUARTER ENDING
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REPORT #12 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES ESSENTIAL PLAN

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual
1. Member Months				XXX	XXX	XXX	PMPM XXX
Net premium income:				AAA	AAA	AAA	AAA
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total							
Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
4. Fee-for-service net of medical expenses							
5. Risk revenue				1		1	1
Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)		12121	12.121	12.323	12.321	12111	12121
Hospital and Medical:							
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)							
Less: 17.1. Net reinsurance recoveries							
17.1. Net remsurance recoveries 17.2. Federal/State reinsurance recoveries							
17.3. Federal State risk-sharing recoveries							
(payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims)	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
21. General administrative expenses 22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18							
+ 20 through 22)							
24. Net underwriting gain or (loss) (Lines 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.				1		1	1
0603.				1		1	1
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus							
0698)(Line 6 above)							
14.101.							
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line							
14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus				-		-	-
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							
17.170) (Line 17.1 above)			1	I .	l	I .	I .

PLAN	NAME	(DUARTER ENDING	

REPORT #12Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES ESSENTIAL PLAN

			1				
	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
Member Months				XXX	XXX	XXX	XXX
Net premium income:				11111	11111		
2.1 Basic							
2.2 Drugs							
2.3 Other riders							
2.4 Government programs							
2.5 Total Change in unearned premium reserves and							
reserve for rate credits:							
3.1 Basic							
3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
Fee-for-service net of medical expenses Pick revenue							
Risk revenue Aggregate write-ins for other health care							
related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
10. Other professional services							
11. Outside referrals12. 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) Less:							
17.1. Net reinsurance recoveries							
17.1. Federal/State reinsurance recoveries							
17.3. Federal/State risk-sharing recoveries							
(payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims)	XXX	XXX	XXX	XXX	XXX	XXX	XXX
20. Claims adjustment expenses							
General administrative expenses Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18							
+ 20 through 22)							
24. Net underwriting gain or (loss) (Lines 8 – 23)							
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6							
from overflow page 0699. Totals (Lines 0601 through 0603 plus							
0698)(Line 6 above)							
14.101.			†			<u> </u>	
14.102.							
14.103.	_				_		
14.198. Summary of remaining write-ins for Line	-						
14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus							
14.198) (Line 14.1 above)							

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1 12/3/13 13/3/19/19 .	

REPORT #13 – YEAR–TO–DATE STATEMENT OF REVENUE AND EXPENSES FIDA

1 2 3 4 5 6 7 7 7 7 7 7 7 7 7									
Budget Actual Variance PMPM PMPM Actual Variance Budget PMPM PMPM Actual 1. Member Months			1	2	3	4	5	6	·
1. Member Months 2. Net premium income: 2. 1 Basic 2. 2 Drugs 2.3 Object riders 2.2 Drugs 3.3 Object riders 3.1 Rasic 3.1 Rasic 3.2 Drugs 3.3 Object riders 3.1 Rasic 3.2 Drugs 3.3 Object riders 3.4 Government programs 3.5 Total 4. Rescloserwise net of medical expenses 5. Risk revenue 6. Augregate wife-last for other health care 6. Augregate wife-last for other health care 7. Non-health revenues 8. Total revenues (Lines 2 to 7) 8. Total populati and medical (Lines 16 – 17) 8. Total bospital and medical (Lines 16 – 17) 8. Total bospital and medical (Lines 16 – 17) 8. Total bospital and medical (Lines 16 – 17) 8. Total bospital and medical (Lines 16 – 17) 8. Total bospital and medical (Lines 16 – 17) 9. Non-health claims) 9. Total and medical (Lines 16 – 17) 9. Non-health claims) 9. Total and medical (Lines 16 – 17) 9. Non-health claims) 9. Total and medical (Lines 16 – 17) 9. Non-health claims) 9. Total control in gain or (total (Lines 16 – 17) 9. Non-health claims) 9. Total control in gain or (total (Lines 16 – 17) 9. Total population and medical (Lines 16 – 17) 9. Non-health claims) 9. Total control in gain or (total (Lines 16 – 17) 9. Total population and medical (Lines 16 – 17) 9. Total population and medical (Lines 16 – 17) 9. Total population and medical (Lines 16 – 17) 9. Total population and medical (Lines 16 – 17) 9. Total p			Budget	Actual	Variance	_			End Actual
2. Net premium income:	1.	Member Months				XXX	XXX	XXX	
2.2 Drugs 2.3 Other riders 2.4 Government programs 2.5 Total 3. Change in uncarned permitum reserves and reserve for neite credits: 3.1 Basic 3.3 Drug riders 3.3 Drug riders 3.4 Government programs 3.5 Total 4. Fee-for-service net of medical expenses 6. Aggregate write-ins for other health care related revenues 7. Non-health revenues 7. Non-health revenues 8. Total revenues (Lines 2 to 7) 8. Hospital and Medical: 9. Hospital unquiented and outpatient) 9. Dobler professional services 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 needs on the service of									
2.3 Other riders 2.4 Growment programs 2.5 Total 3. Change in uncarned premium reserves and reserve for rate credits: 3.1 Basic 3.2 Dates: 3.2 Dates: 3.3 Other riders 3.3 Other riders 3.4 Dates: 3.5 Overnment programs 4. Per-for-searvice and frontidal expenses 5. Risk revenue 6. Aggregate write-ins for other health care related revenues grain and the reserves for a for the health care related revenues 7. Non-health revenues 8. Total revenues (Janes 2 to 7) 8. Total revenues (Janes 2 to 7) 9.1 Hospital and Medical: 9.1 Hospital and Medical: 9.1 Hospital industrient and outpatient) 9.2 Medical: 10. Other professional services 10. Other professional services 11. Newspring of the professional services 12. Emergency room and out-of-area and the professional services and bonus amounts 13. Prescription drugs 14. Aggregate write-ins for other hospital and bonus amounts 16. Subtoalt (Lines 9 to 15) 17. Pederal State risk-sharing recoveries 17. Federal State risk-sharing recoveries 17. Feder									
2.5 Total programs									
2.5 Total 3. Change in unearned premium reserves and reserve for rate credits: 3.1 Basic 3.2 Drugs 3.3 Other riders 3.3 Other riders 3.4 Government programs 3.4 Government programs 3.5 Rider reserves and reserves		2.3 Other riders							
3. Change in uneamed premium reserves and reserve for mate critics: 3.1 Basic 3.2 Drugs 3.3 Other riders 3.4 Government programs 3.5 Total 4. Fee for-service net of medical expenses 5. Risk revenue 6. Aggregate write-ins for other health care related revenues 7. Non-bealth revenues 8. WXX XXX XXX XXX XXX XXX XXX XXX XXX XX									
Peserve for rate credits:	3								
3.2 Dugs 3.3 Offer riders 3.4 Government programs 3.5 Total 4. Fee-for-service net of medical expenses 5. Risk revenue 6. Aggregate write-ins for other health care related revenues 7. Non-health revenues 8. Total revenues 9. WXX XXX XXX XXX XXX XXX XXX XXX XXX XX									
3.3 Other riders 3.4 Government programs 3.5 Total 4. Fee-for-service net of medical expenses 5. Risk revenue 6. Agergate write-ins for other health care related revenues 7. Non-health revenues		3.1 Basic							
3.4 Government programs 3.5 Total 4. Fee-for service net of medical expenses 5. Risk revenue 6. Aggregate write-ins for other health care related revenues 7. Non-health revenues 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 1 to 7) 8. Total revenues (Lines 2 to 7) 8. Total revenues (Lines 8 to 1 to 8) 8. Total revenues (Lines 8 to 1 to 8) 8. Total revenues (Lines 1 to 1 to 8) 8. Total revenues (Lines 8 to 1 to 8) 8. Total and medical (Lines 16 to 17) 9. Non-bealth claims (Lines 18 to 1 to 10) 9. Non-bealth claims (Lines 8 to 1 to 1) 9. Non-bealth claims (Lines 8 to 1 to 1) 9. Non-bealth claims (Lines 8 to 1 to 1) 9. Non-bealth claims (Lines 8 to 1 to 1) 9. Non-bealth claims (Lines 8 t									
3.5. Total 4. Fee-for-service net of medical expenses 5. Risk revenue 6. Aggregate write-ins for other health care related revenues 7. Non-beath revenues 8. Total revenues (lines 2 to 7) 8. Total revenues (lines 2 to 7) 9.1. Hospital and Medical: 9.1. Hospital and Medical: 9.1. Hospital and Medical: 9.1. Outside referrals 10. Other professional services 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 (Lines 19 to 15) 15. Incentive pool, withhold adjustments and boans amounts 16. Subtocal Clines 9 to 15) 16. Joseph Control of the services (polyments) 17.1. Not reinsurance recoveries 17.2. Federal State reinsurance recoveries 17.3. Federal State reinsurance recoveries 17.4. Federal State reinsurance recoveries 17.5. Federal State reinsurance recoveries 17.6. Federal State reinsurance recoveries 17.7. Not reinsurance recoveries 17.8. Total hospital and medical (Lines 16 – 17) 18. Non-bealth climbs) 19. Non-bealth climbs) 19. Non-bealth climbs) 20. Claims adjustment expenses 21. Increase in reserves for A&H contracts 22. Increase in reserves for A&H contracts 23. Total underwring deductors (Lines 18 + 20 through 22) 24. Net underwring logitorius (Lines 8 – 23) DETAILS OF WRITE-INS 06093. Summary of remaining write-ins for Line 6 from overflow page 14.102. 14.103. 14.103. 14.107. Summary of remaining write-ins for Line 6 from overflow page 14.107. Increase in service (Lines 14 - 10 through 14.105 plus									
4. Fee-for-service net of medical expenses									
5. Risk revenue Related revenues Robert in for other health care related revenues Robert in Ford robert in Ford robert in Ford revenues Robert in Ford robert in Ford	4								
6. Aggregate write-ins for other health care related revenues XXX					1				
Related revenues XXX									
8. Total revenues (Lines 2 to 7) Hospital and Medical: 9.1 Hospital (inpatient and outpatient) 9.2 Medical		related revenues							
			XXX	XXX	XXX	XXX	XXX	XXX	XXX
1. Hospital (inpatient and outpatient)									
Q. Medical									
10. Other professional services									
1.1. Outside referrals									
13. Prescription drugs									
14.12. Aggregate write-ins for other hospital and medical	12.								
Marchitect Mar									
15. Incentive pool, withhold adjustments and bonus amounts		medical							
Subtotal (Lines 9 to 15)	-								
16. Subtotal (Lines 9 to 15)	13.								
Less:	16.								
17.2. Federal/State reinsurance recoveries									
17.3. Federal State risk-sharing recoveries (payments)	17.1.	Net reinsurance recoveries							
(payments)									
18. Total hospital and medical (Lines 16 – 17)	17.3.								
19. Non-health claims XXX	10								
20. Claims adjustment expenses 21. General administrative expenses 22. Increase in reserves for A&H contracts 23. Total underwriting deductions (Lines 18 + 20 through 22) 24. Net underwriting gain or (loss) (Lines 8 – 23) 25. Net underwriting gain or (loss) (Lines 8 – 23) 26. Net underwriting gain or (loss) (Lines 8 – 23) 27. Net underwriting gain or (loss) (Lines 8 – 23) 28. Net underwriting gain or (loss) (Lines 8 – 23) 29. Net un			XXX	XXX	XXX	XXX	XXX	XXX	XXX
21. General administrative expenses				11111		11111		11111	11111
22. Increase in reserves for A&H contracts 23. Total underwriting deductions (Lines 18 + 20 through 22) 24. Net underwriting gain or (loss) (Lines 8 – 23) DETAILS OF WRITE-INS 0601. 0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page	21.								
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0601. 0602. 0603. 0698. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus				<u> </u>		<u> </u>		<u> </u>	
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0698. Summary of remaining write-ins for Line 6 from overflow page 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus									
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0698)(Line 6 above) 14.101. 14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus	0.505	from overflow page							
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14.102. 14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus	1/.10				+				
14.103. 14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus					1				
14.198. Summary of remaining write-ins for Line 14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus					1				
14.1 from overflow page 14.199. Totals (Lines 14.101 through 14.103 plus									
		14.1 from overflow page							
	14.19	9. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

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PLAN NAWE.	OUARTER ENDING

REPORT #13Q – QUARTERLY STATEMENT OF REVENUE AND EXPENSES FIDA

	1	2	3	4	5	6	7
	Budget	Actual	Variance	Budget PMPM	Actual PMPM	Variance PMPM	Prior Year End Actual PMPM
Member Months				XXX	XXX	XXX	XXX
2. Net premium income:							
2.1 Basic 2.2 Drugs							
2.2 Diugs 2.3 Other riders							
2.4 Government programs							
2.5 Total							
3. Change in unearned premium reserves and							
reserve for rate credits:							
3.1 Basic 3.2 Drugs							
3.3 Other riders							
3.4 Government programs							
3.5 Total							
Fee-for-service net of medical expenses							
Risk revenue Aggregate write-ins for other health care related revenues							
7. Non-health revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Total revenues (Lines 2 to 7)							
Hospital and Medical:							
9.1 Hospital (inpatient and outpatient)							
9.2 Medical							
Other professional services Outside referrals							
11. Outside referrals12. 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)							
Less: 17.1. Net reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
17.2. Federal/State reinsurance recoveries							
(payments)							
18. Total hospital and medical (Lines 16 – 17)							
19. Non-health claims)	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Claims adjustment expenses General administrative expenses			-			-	
21. General administrative expenses 22. Increase in reserves for A&H contracts							
23. Total underwriting deductions (Lines 18			1			1	
+ 20 through 22)							
24. Net underwriting gain or (loss) (Lines 8 – 23)							
DETAILS OF WRITE-INS 0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page							
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)							
14.101.			1				
14.102.							
14.103.							
14.198. Summary of remaining write-ins for Line 14.1 from overflow page							
14.199. Totals (Lines 14.101 through 14.103 plus 14.198) (Line 14.1 above)							

PLAN NAME	QUARTER ENDING

VARIANCE NARRATIVES

Please provide explanations for favorable and unfavorable PMPM variances greater than \$2.00, appearing in column 6 on pages NY4, NY6, NY13 through NY34.

PLAN NAMEQUARTER ENDING

REPORT #14 YEAR-TO-DATE EXPENSES FOR OUT OF PLAN SERVICES^(a)

Enrollment:	
Total HMO:	
Point of Service Product:	

	1 Total Plan	2 Out of Plan	3 Percent of Out-of-Plan Expenses
			to Total Plan Expense (Col. 2/Col. 1)
Hospital and Medical:			
Hospital (inpatient and outpatient)			XXX
2. Medical			XXX
3. Other professional services			XXX
4. Outside referrals			XXX
5. Emergency room and out-of-area		XXX	XXX
6. Prescription drugs			XXX
7. Other hospital and medical		XXX	XXX
8. Rider expense			XXX
9. Incentive pool and withhold adjustments		XXX	XXX
10. Subtotal (Items 1 to 8)			XXX
LESS:			
11. Net reinsurance recoveries			XXX
12. Federal/State reinsurance recoveries			XXX
13. Federal/State risk-sharing recoveries (payments)			XXX
14. TOTAL HOSPITAL AND MEDICAL (Line 10 less 11,12 and 13)			

⁽a) The HMO must use the accrual method for reporting expenses using its standard methodology for estimating claims incurred but not reported and other accruals.

The Annual Balance Sheet and Revenue and Expense Statements must show that the HMO meets the 2% Point of Service Contingent Reserve Requirement in addition to the standard contingent reserve requirement of 10 NYCRR 98.11(e) if the HMO writes out-of-network coverage for POS contracts aside from individual "standardized" POS contracts. Do not complete this exhibit if the HMO only writes the individual "standardized" POS contracts.

Pursuant to Section 4406 of the Public Health Law, exclude individual "standardized" Point of Service contracts issued under New York Insurance Law Section 4322 from column 2 of this exhibit.

PLAN NAME	. QUARTER ENDING

REPORT #14 QUARTERLY EXPENSES FOR OUT OF PLAN SERVICES^(a)

Enrollment:	
Total HMO:	
Point of Service Product:	

	1 Total Plan	2 Out of Plan	3 Percent of Out-of-Plan Expenses to Total Plan Expense (Col. 2/Col. 1)
Hospital and Medical:			
Hospital (inpatient and outpatient)			XXX
2. Medical			
3. Other professional services			XXX
4. Outside referrals			XXX
5. Emergency room and out-of-area		XXX	XXX
6. Prescription drugs			XXX
7. Other hospital and medical		XXX	XXX
8. Rider expense			XXX
9. Incentive pool and withhold adjustments		XXX	XXX
10. Subtotal (Items 1 to 8)			XXX
LESS:			
11. Net reinsurance recoveries			XXX
12. Federal/State reinsurance recoveries			XXX
13. Federal/State risk-sharing recoveries (payments)			XXX
14. TOTAL HOSPITAL AND MEDICAL (Line 10 less 11, 12 and 13)			

⁽a) The HMO must use the accrual method for reporting expenses using its standard methodology for estimating claims incurred but not reported and other accruals.

The Annual Balance Sheet and Revenue and Expense Statements must show that the HMO meets the 2% Point of Service Contingent Reserve Requirement in addition to the standard contingent reserve requirement of 10 NYCRR 98.11(e) if the HMO writes out-of-network coverage for POS contracts aside from individual "standardized" POS contracts. Do not complete this exhibit if the HMO only writes the individual "standardized" POS contracts.

Pursuant to Section 4406 of the Public Health Law, exclude individual "standardized" Point of Service contracts issued under New York Insurance Law Section 4322 from column 2 of this exhibit.

services for the current year, or \$100,000) i.e., 5% of most recently filed Annual New York Supplement, Page NY6, Line 16, Col. 9) (a) 2. Contingent Reserve, should equal Page NY3, Line 30.11, Column 3. (b) 3. Escrow Deposit, after offset of the Contingent Reserve (Line 1 less Line 2; minimum of \$0, should equal Page NY3, Line 30.12, Column 3). 4. Total minimum net worth (Line 2 + Line 3; should equal Page NY3, Line 30.13, Column 3). (a) Department of Health Regulation 10 NYCRR 98-1.11(f), requires the HMO to establish an escrow account, in the form of a trust ac with a custodian, for which a deed of trust has been approved by the Superintendent. Also, based on the added pharmacy benefits to the Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO's must include 100% of the projected pharmacy expenses calculation of the escrow requirement that must be on deposit as of March 31, 2021. Details of the account should be reported in Sched (N.Y.) – Part 3, Special Deposits, (b) The Contingent Reserve should equal the Contingent Reserve in the most recently filed Annual New York Supplement, Page NY40 16A, line 7. Escrow Deposit and Contingent Reserve Interrogatories	Health Department Regulation Part 98-1.11(e) and (f) 1. Escrow Deposit requirement (the greater of 5% of the total projected expenditures for health care	
services for the current year, or \$100,000 i.e., 5% of most recently filed Annual New York Supplement, Page NY6, Line 16, Col. 9) (a)		
2. Contingent Reserve, should equal Page NY3, Line 30.11, Column 3.(b) 3. Escrow Deposit, after offset of the Contingent Reserve (Line 1 less Line 2; minimum of \$0, should equal Page NY3, Line 30.12, Column 3). 4. Total minimum net worth (Line 2 + Line 3; should equal Page NY3, Line 30.13, Column 3). (a) Department of Health Regulation 10 NYCRR 98-1.11(f), requires the HMO to establish an escrow account, in the form of a trust ac with a custodian, for which a deed of trust has been approved by the Superintendent. Also, based on the added pharmacy benefits to th Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO's must include 100% of the projected pharmacy expenses calculation of the escrow requirement that must be on deposit as of March 31, 2021. Details of the account should be reported in Sched (N.Y.) – Part 3, Special Deposits, (b) The Contingent Reserve should equal the Contingent Reserve in the most recently filed Annual New York Supplement, Page NY40 16A, line 7. Escrow Deposit and Contingent Reserve Interrogatories the HMO required to file a Medicaid Managed Care Operations Report ("MMCOR")? Yes No answer is "Yes" to interrogatory 1.1, is the total minimum net worth reported in this Supplement the same as the New York at Contingent Reserve Requirement in the MMCOR? Yes No If answer is "No," please explain and reconcile.		
should equal Page NY3, Line 30.12, Column 3). 4. Total minimum net worth (Line 2 + Line 3; should equal Page NY3, Line 30.13, Column 3). (a) Department of Health Regulation 10 NYCRR 98-1.11(f), requires the HMO to establish an escrow account, in the form of a trust ac with a custodian, for which a deed of trust has been approved by the Superintendent. Also, based on the added pharmacy benefits to the Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO's must include 100% of the projected pharmacy expenses calculation of the escrow requirement that must be on deposit as of March 31, 2021. Details of the account should be reported in Sched (N.Y.) – Part 3, Special Deposits, (b) The Contingent Reserve should equal the Contingent Reserve in the most recently filed Annual New York Supplement, Page NY40 16A, line 7. Escrow Deposit and Contingent Reserve Interrogatories the HMO required to file a Medicaid Managed Care Operations Report ("MMCOR")? Yes No answer is "Yes" to interrogatory 1.1, is the total minimum net worth reported in this Supplement the same as the New York at Contingent Reserve Requirement in the MMCOR? Yes No If answer is "No," please explain and reconcile.	2. Contingent Reserve, should equal Page NY3, Line 30.11, Column 3. ^(b)	
4. Total minimum net worth (Line 2 + Line 3; should equal Page NY3, Line 30.13, Column 3). (a) Department of Health Regulation 10 NYCRR 98-1.11(f), requires the HMO to establish an escrow account, in the form of a trust ac with a custodian, for which a deed of trust has been approved by the Superintendent. Also, based on the added pharmacy benefits to th Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO's must include 100% of the projected pharmacy expenses calculation of the escrow requirement that must be on deposit as of March 31, 2021. Details of the account should be reported in Sched (N.Y.) – Part 3, Special Deposits, (b) The Contingent Reserve should equal the Contingent Reserve in the most recently filed Annual New York Supplement, Page NY40 16A, line 7. Escrow Deposit and Contingent Reserve Interrogatories the HMO required to file a Medicaid Managed Care Operations Report ("MMCOR")? Yes No answer is "Yes" to interrogatory 1.1, is the total minimum net worth reported in this Supplement the same as the New York Contingent Reserve Requirement in the MMCOR? Yes No If answer is "No," please explain and reconcile.		
(a) Department of Health Regulation 10 NYCRR 98-1.11(f), requires the HMO to establish an escrow account, in the form of a trust ac with a custodian, for which a deed of trust has been approved by the Superintendent. Also, based on the added pharmacy benefits to the Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO's must include 100% of the projected pharmacy expenses calculation of the escrow requirement that must be on deposit as of March 31, 2021. Details of the account should be reported in Sched (N.Y.) – Part 3, Special Deposits, (b) The Contingent Reserve should equal the Contingent Reserve in the most recently filed Annual New York Supplement, Page NY40 16A, line 7. Escrow Deposit and Contingent Reserve Interrogatories the HMO required to file a Medicaid Managed Care Operations Report ("MMCOR")? Yes No answer is "Yes" to interrogatory 1.1, is the total minimum net worth reported in this Supplement the same as the New York Contingent Reserve Requirement in the MMCOR? Yes No If answer is "No," please explain and reconcile.		
with a custodian, for which a deed of trust has been approved by the Superintendent. Also, based on the added pharmacy benefits to the Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO's must include 100% of the projected pharmacy expenses calculation of the escrow requirement that must be on deposit as of March 31, 2021. Details of the account should be reported in Sched (N.Y.) – Part 3, Special Deposits, (b) The Contingent Reserve should equal the Contingent Reserve in the most recently filed Annual New York Supplement, Page NY40 16A, line 7. Escrow Deposit and Contingent Reserve Interrogatories the HMO required to file a Medicaid Managed Care Operations Report ("MMCOR")? Yes No answer is "Yes" to interrogatory 1.1, is the total minimum net worth reported in this Supplement the same as the New York at Contingent Reserve Requirement in the MMCOR? Yes No If answer is "No," please explain and reconcile.	4. Total illillillillilli liet worth (Ellie 2 + Ellie 3, should equal rage 1v13, Ellie 30.13, Column 3).	
the HMO required to file a Medicaid Managed Care Operations Report ("MMCOR")? Yes No answer is "Yes" to interrogatory 1.1, is the total minimum net worth reported in this Supplement the same as the New Youte Contingent Reserve Requirement in the MMCOR? Yes No If answer is "No," please explain and reconcile.	Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO's must include 100% of the projected pharma calculation of the escrow requirement that must be on deposit as of March 31, 2021. Details of the account should be report (N.Y.) – Part 3, Special Deposits, (b) The Contingent Reserve should equal the Contingent Reserve in the most recently filed Annual New York Supplement	acy expenses in rted in Schedule
answer is "Yes" to interrogatory 1.1, is the total minimum net worth reported in this Supplement the same as the New Yo ate Contingent Reserve Requirement in the MMCOR? Yes No Yes No If answer is "No," please explain and reconcile.		
Ate Contingent Reserve Requirement in the MMCOR? Yes No If answer is "No," please explain and reconcile.	s the HMO required to file a Medicaid Managed Care Operations Report ("MMCOR")? Yes	No
Yes No If answer is "No," please explain and reconcile.		the New York
		No
Explanation:	If answer is "No," please explain and reconcile.	
	Explanation:	

Schedule E Part 3 (N.Y.) – Special Deposits

	1 Book/Adjusted Carrying Value	2 Fair Value
1. Escrow Deposit		
2. All Other Deposits		
3. TOTAL		

PLAN NAME	QUARTER ENDING
	SCHEDULE 1 — ENROLLMENT DATA THIS QUARTER

					Memb	er Months
					5	
	1	2	3	4		6
	Enrollment End of	Additions	Terminations	Net Enrollment	Current	
	Previous Quarter	During Quarter	During Quarter	End of Quarter	Quarter	Year to Date
1. HMO Only						
1.1 Large Group						
1.2 Small Group						
1.3 Individual						
2. P.O.S.						
2.1 Large Group						
2.2 Small Group						
2.3 Individual						
3. Grandfathered Business						
3.1 Small Group						
3.2 Individual						
4. Conversion						
Healthy New York						
6. Essential Plan						
Medicare Advantage,						
Including Part D						
Medicare Advantage,						
Not Including Part D						
9. Medicaid						
Medicaid Advantage						
11. Medicaid Advantage Plus						
12. MLTC-Partial						
13. Child Health Plus	-					
14. HARP						
15. FIDA						
16. Other						
17. Total						

${\bf SCHEDULE~2 - HOSPITAL~UTILIZATION~THIS~QUARTER~INPATIENT~SERVICES}$

Types of Services	1	2	3
(Excluding Medicare)	Number of Cases	Total Cost	Average Cost Per Case
General Medical			
2. Surgical			
3. Obstetrical			
4. Pediatric			
5. Mental Health			
6. New Born			
7. Other			
8. TOTAL			
9. COB			
10. TOTAL			
11. Medicare			
12. Medicaid			
3. Grand Total		_	_

${\bf SCHEDULE~3-QUARTERLY~CLAIMS~UNPAID~DEVELOPMENT~SCHEDULE}$

	Claims Pa the Curr		Current (Estimate	npaid End of Quarter Viz.: ed Liability irrent Quarter	5 Total Claims Paid	
Description of Claims	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Current Year	3 On Claims 4		During the Current Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (1+3)	6 Estimated Liability of Unpaid Claims December 31 of Previous Year
1. Comprehensive					, ,	
(Hospital & Medical)						
2. Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health						
Benefits Plan Premiums						
6. Healthy New York						
7. Essential Plan						
8. Medicare Adv. Inc. Pt. D						
9. Medicare Adv. Not Incl. Pt. D						
10. Medicaid						
11. Medicaid Advantage						
12. Medicaid Advantage Plus						
13. MLTC-Partial						
14. Child Health Plus						
15. HARP						
16. FIDA						
17. Other						
18. Health Subtotal						
19. Healthcare Receivables						
20. Other Non-Health						
21. Medical Incentive Pool						
Accruals & Disbursements						
22. TOTAL						

Direct Direct Pay Direct P		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
County C																		
Pirce Pirc																		
County Total Exchange Exc										Advantage								
County Total Eschange Eschange Eschange Sew York Part Description Medical Advanage PACH Plus HARP Plan PIDA Other			Direct	Direct Pay		Group	Group		Advantage	Not								
1. Albarny 2. Allegany 3. Brons 4. Broome 5. Catraragus 6. Cavuga 7. Chattarqus 7. Chattarqus 8. Chemus 9.			Pay – Off	On	Large			Healthy	Including	Including								
2. Allegary 4. Broone 5. Catarnagus 6. Cyuga 7. Chantangus 8. Chemus 9. Chemus 9. Chemus 10. Cilston 11. Columbia 12. Corland 13. Delaware 14. Duckess 15. Frie 16. Passe 17. Franklin 18. Poline 19. Genesee 20. Greene 21. Hamilton 22. Herkimer 23. Jefferson 24. Kings 25. Lewis 26. Livingston 27. Mailson 28. Monce 29. Mongonery 30. Nassan 31. New York 32. Nagara 33. Oneida		Total	Exchange	Exchange	Group	Exchange	Exchange	New York	Part D	Part D	Medicaid	Advantage	PACE	Plus	HARP	Plan	FIDA	Other
S. Catavagus	1. Albany																	
4. Brome	2. Allegany																	
5. Catraragus																		
6. Cavga																		
7. Chautauqua																		
8. Chenung	6. Cayuga																	
9. Cheango 10. Clinton 11. Columbia 12. Cortland 13. Delaware 14. Dutchess 15. Efric 16. Essex 17. Franklin 18. Fulton 19. Genesse 20. Greene 21. Hamilton 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 31. New York 32. Niagara 31. New York 32. Niagara 33. Oncida																		
10. Cinton	8. Chemung																	
1. Cotland	9. Chenango																	
12. Corland																		
13. Delaware																		
14. Dutchess																		
15.																		
16. Essex																		
17. Franklin																		
18. Fulton 9. Genesee 9. Genesee <td>16. Essex</td> <td></td>	16. Essex																	
19. Genese																		
20. Greene																		
21. Hamilton <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>																		
22. Herkimer 1 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>																		
23. Jefferson 9. Mings																		
24. Kings	22. Herkimer																	
25. Lewis	23. Jefferson																	
26. Livingston <	24. Kings																	
27. Madison <td< td=""><td>25. Lewis</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	25. Lewis																	
28. Monroe	26. Livingston																	
29. Montgomery 9. Montgomery																		
30. Nassau 31. New York 31. New York 32. Niagara 33. Oneida 33. Oneida	28. Monroe																	
31. New York 32. Niagara 33. Oneida 34. Oneida 35. Oneida 35. Oneida 36. Oneida 37.	29. Montgomery																	
32. Niagara																		
33. Oneida																		
	32. Niagara																	
34. Unondaga	34. Onondaga																	

	QUARTER ENDING
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SCHEDULE 4 — Enrollment Data by County (Continued)

(Number of members at end of quarter)

	1	1 2	2	4		6	7	0	9	10	11	12	12	1.4	1.5	16	17
	1	2	3	4	5	6	/	8	9	10	11	12	13	14	15	16	1 1 /
		Direct Pay – Off	Direct Pay On	Large	Small Group Off	Small Group On	Healthy	Medicare Advantage Including	Medicare Advantage Not Including		Medicaid	MAP, MLTC- Partial,	Child Health		Essential		
County	Total	Exchange	Exchange	Group	Exchange	Exchange	New York	Part D	Part D	Medicaid	Advantage	PACE	Plus	HARP	Plan	FIDA	Other
35. Ontario				0.000							l						
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																	1
49. Seneca																	
50. Steuben																	
51. St. Lawrence																	
52. Suffolk																	
53. Sullivan																	
54. Tioga																	1
55. Tompkins																	ļ
56. Ulster																	1
57. Warren																	ļ
58. Washington																	ļ
59. Wayne																	1
60. Westchester																	
61. Wyoming																	
62. Yates		ļ															
63. NY Total		ļ															ļ
64. Other States		ļ															ļ
65. Total																	

The total of Schedule 4, Column 1 should agree with the total of Schedule 1, Line 17, Column 4. For group policies, use location of employer. For individual policies, use location of residence. For line 64, list the states that are included:

						SC	HEDULE 5	— Direct P	remiums by	County							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		Direct	Direct Day		Small	Small		Medicare	Medicare Advantage Not			MAP, MLTC-	Child				
			Direct Pay	T	Group Off	Group	II 141	Advantage	NOU		M-1::1				F4:-1		
County	Total	Pay – Off Exchange	On Exchange	Large Group	Exchange	On Exchange	Healthy New York	Including Part D	Including Part D	Medicaid	Medicaid Advantage	Partial, PACE	Health Plus	HARP	Essential Plan	FIDA	Other
	Total	Exchange	Exchange	Group	Exchange	Exchange	New TOIK	Fait D	Falt D	Medicald	Auvantage	FACE	Fius	ПАКГ	Fian	FIDA	Other
1. Albany																	
2. Allegany 3. Bronx																	
4. Broome																	+
5. Cattaraugus																	
6. Cayuga																	
7. Chautauqua																	
8. Chemung																	
9. Chenango																	
10. Clinton																	1
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																	<u> </u>
34. Onondaga																	

PLAN NAMEQ	
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SCHEDULE 5 — **Direct Premiums by County (Continued)**

						T ========					1				T		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
									3.6.11								1
					C11			Medicare	Medicare			MAD					1
		Dimant	Direct Pay		Small Group	Small			Advantage Not			MAP, MLTC-	Child				1
		Direct Pay – Off	On	Large	Off	Group On	Healthy	Advantage Including	Including		Medicaid	Partial,	Health		Essential		1
County	Total	Exchange	Exchange	Group	Exchange	Exchange	New York	Part D	Part D	Medicaid	Advantage	PACE	Plus	HARP	Plan	FIDA	Other
35. Ontario	Total	Exchange	Exchange	Group	Exchange	Exchange	NCW TOIR	TartD	TartD	Wicarcard	Advantage	TACE	Tius	HARI	1 Ian	TIDA	Other
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. NY Direct – Total																	
64. Less: NY Ceded		1															ļ
65. NY Net Premium		1															
(Lns. 63-64)																	
66. Other States Direct																	
67. Total Direct																	
(All States Lns.		1															1
63+66)							7 1 11 1 675										<u> </u>

The total on Schedule 5, column 1 should agree with the total of NAIC Health Blank, page Q7 – Exhibit of Premiums, Enrollment and Utilization.

For line 66, list the states that are included:

PLA	N NAME	QUARTER ENDING											
					(Name)			•					
				SC	HEDULE H	I (NY)							
				bC.	HEDCLE II	(111)							
Indivi	dually list in Section 1 write-in boxes all health care creditors of \$7,500 or more	or 10% of total o	claims payable (re	eported, excludi	ng amounts with	held), whichever	is larger. Group	the total of all ot	her payables and	enter on line title	ed, "Aggregate A	ccounts Not Indi	vidually Listed."
For bo	oth Sections 1 and 2, age reported claims payable from date of receipt by Compar	ny or, in the case	of capitation and	other non-fee-	for-service claim	expenses, from t	he date payment	is required under	contract or from	the date bill is re	ceived by Compa	any.	•
			Coots	lam 1 Aadi	A l	of Claims I	I						
			Secu	ion 1 – Agn	ng Analysis	of Claims C	npaid						
Γ		1-30	0 Days	31-	60 Days	61-	-90 Days	91-	120 Days	Over	120 Days	7	Fotal
		1	2	3	4	5	6	7	8	9	10	11	12
L	Account	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value
	1. Reserve for Reported Claims Due and Unpaid ^a												
-	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)												+
-	2. Reserve for Reported Claims in Course of Settlement ^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)												
	3. Reserve for Reported Resisted Claims ^c												
	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)			ļ									
	4. Total Reported Claims Unpaid (line 1.3 + 2.3 + 3.3)												
	5. Unreported Claims and Other Claim Reserves ^d	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	xxx	XXX	xxx	
44	6. Total Amounts Withheld 7. Total Claims Unpaid (Lines 4 through 6)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	xxx	xxx	xxx	
	8. Accrued Medical Incentive Pool and Bonus Amounts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
L	8. Accrued Medical Incentive Pool and Bonus Amounts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Г	DETAILS OF WRITE-INS AGGREGATED AT LINE 1.1 FOR INDIVIDUALLY LIS	STED CLAIMS P	AYABLE										
	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)												
	DETAILS OF WRITE-INS AGGREGATED AT LINE 2.1 FOR INDIVIDUALLY LIS	STED CLAIMS PA	AYABLE 										
	2.101 2.102												
	2.102												
	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)												
	DETAILS OF WRITE-INS AGGREGATED AT LINE 3.1 FOR INDIVIDUALLY LIS	STED CLAIMS PA	AYABLE										
	3.101												
	3.102												

If the HMO writes only in New York, then Total Claims Unpaid on line 7 of Section 1 must agree with NAIC Quarterly Statement page 3, line 1, col. 3, Claims Unpaid. See further notes after Section 3 of this Schedule.

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)

PLAN NAME	OUARTER ENDING
1 List 1 (1 11 12 12	QUILLE ELEBERTO

(Name)

SCHEDULE H (NY)

Section 2A – Statutory Aging Analysis (New York Insurance Law Section 3224-a) CLAIMS TRANSMITTED ELECTRONICALLY VIA INTERNET OR ELECTRONIC MAIL

	1-30	Days	Over 3	30 Days	Total*		
A	1	2	3	4	5	6	
Account	Claim	Dollar	Claim	Dollar	Claim	Dollar	
	Count	Value	Count	Value	Count	Value	
1. Reserves for Reported Claims Due and Unpaida							
1.11 Payable to Physicians (capitated) ^e	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) ^f	XXX		XXX		XXX		
1.42 Payable to Others (other than capitated)							
1.5 Subtotal (Lines 1.11 through 1.42)							
2. Reserves for Reported Claims in Course of Settlement ^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) ^f							
2.5 Subtotal (Lines 2.1 through 2.4)							
3. Reserves for Reported Resisted Claims ^c							
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) ^f							
3.5 Subtotal (Lines 3.1 through 3.4)							
4. Total Reported Claims Unpaid (lines 1 through 3)							
4.1 Payable to Physicians (including capitation)							
(Lines 1.11+1.12+2.1+3.1)							
4.2 Payable to Hospitals (including capitation)							
(Lines 1.21+1.22+2.2+3.2)							
4.3 Payable to Subscribers (Lines 1.3+2.3+3.3)							
4.4 Payable to Others (including capitation) ^f							
(Lines 1.41+1.42+2.4+3.4)	1						
4.5 Subtotal (Lines 4.1 through 4.4)							

Section 2B – Statutory Aging Analysis (New York Insurance Law Section 3224-a) PAPER CLAIMS OR CLAIMS SUBMITTED VIA FACSIMILE

PAPER CLAIMS OR CLAIMS SUBMITTED VIA FACSIMILE 1-45 Days Over 45 Days Total*										
	1-45									
Account	1	2	3	4	5	6				
	Claim	Dollar	Claim	Dollar	Claim	Dollar				
	Count	Value	Count	Value	Count	Value				
1. Reserves for Reported Claims Due and Unpaid ^a	Т	1	1	T	1					
1.11 Payable to Physicians (capitated) ^e	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)	XXX		XXX		XXX					
1.42 Payable to Others (other than capitated) ^f										
1.5 Subtotal (Lines 1.11 through 1.42)										
2. Reserves for Reported Claims in Course of Settlement ^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) ^f										
2.5 Subtotal (Lines 2.1 through 2.4)										
3. Reserves for Reported Resisted Claims ^c		•								
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) ^f										
3.5 Subtotal (Lines 3.1 through 3.4)										
4. Total Reported Claims Unpaid (lines 1 through 3)	-	•	•	•	•					
4.1 Payable to Physicians (including capitation)										
(Lines 1.11+1.12+2.1+3.1)										
4.2 Payable to Hospitals (including capitation)										
(Lines 1.21+1.22+2.2+3.2)										
4.3 Payable to Subscribers (Lines 1.3+2.3+3.3)										
4.4 Payable to Others (including capitation) ^f										
(Lines 1.41+1.42+2.4+3.4)										
4.5 Subtotal (Lines 4.1 through 4.4)										
` ' '	1			1	1	i .				

^{*}Section 2A, columns 5 and 6, line 4.5 and Section 2B, columns 5 and 6, line 4.5 must total Section 1, columns 11 and 12, line 4.

SCHEDULE H (NY)

Section 3 – Claims and Interest Penalties Paid During Year

PLAN NAMEOUARTER ENDING

	Clai	ms Paid During Year	N.Y.I.L. Section 3224-a Interest				
Account	1	2	3	4			
	Claim Count	Dollar Value	Claim Count ^I	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.g)	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) ^h	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- Total Dollar Value (line 8, col.2) should agree with page NY37, Schedule 3 Quarterly Claims Unpaid Development Schedule, lines 18 + 21, 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.

Name of contact person for Schedule H (NY):	
Telephone Number:	
E-mail Address:	
.	

PLAN NAME	QUARTER ENDING
(Name)	

SCHEDULE H (NY)

OVERFLOW PAGE FOR WRITE-INS FROM SECTION 1

	1-30	0 Days	31-6	0 Days	61-9	0 Days	91-12	20 Days	Over	120 Days	T	otal
Creditor Name	1	2	3	4	5	6	7	8	9	10	11	12
	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value	Claim Count	Dollar Value
1. Reserves for Reported Claims Due and Unpaid - Companies individually	listed (continue	d from Section 1)										i
												<u> </u>
												<u> </u>
												<u> </u>
												<u> </u>
												<u> </u>
												
Totals overflow for line 1.1 (enter also on page NY40, line 1.198)												<u> </u>
2. Reserves for Reported Claims in Course of Settlement - Companies individual	idually listed (c	ontinued from Sec	ction 1)									i
												<u> </u>
												<u> </u>
												<u> </u>
												<u> </u>
												<u> </u>
												
Totals overflow for line 2.1 (enter also on page NY40, line 2.198)												
3. Reserves for Reported Resisted Claims - Companies individually listed (co	ontinued from S	ection 1)										i
												<u> </u>
												<u> </u>
												<u> </u>
												
												
												<u> </u>
Totals overflow for line 3.1 (enter also on page NY40, line 3.198)												<u> </u>

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 NY42, above Section 1 heading.

PLAN NAMEQU	UARTER ENDING
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NEW YORK INTERROGATORIES

HOLI	DING COMPANY SYSTEM	Yes	No
1.	Is the HMO a member of the holding company system?		
	If yes, complete Interrogatories 2.1 through 2.4.		
2.1	Were there any changes to the holding company system that constitute a change in control of the HMO		
	during the reporting quarter?		
	If yes, provide details on Interrogatories 2.1.1.		
2.1.1			
2.2	Did the HMO acquire any new subsidiaries during the reporting quarter?		
	If yes, provide details on Interrogatories 2.2.1		
2.2.1			
2.3	Did the HMO provide an organizational chart for the entire holding company system in the NAIC Blank on		
	Schedule Y – Part 1?		
2.4	List any new intercompany agreements of which the HMO is a party in Interrogatory Schedule 2 below.		

INTERROGATORY SCHEDULE 2 During the Report Year Only					
Intercompany Agreements with the HMO	Names of Parent, Subsidiary, and Affiliates	Original or Amendments (state #)	Date of Approval (or non-objection)	Any New Agreement, Amendment, or Transactions Pending Approval (Y/N)	
Management Services					
Expense Allocation					
Employee Lease					
Administrative Services					
Tax Allocation					
Reinsurance					
Guarantee					
Capital Contribution					

STO	PLOSS	Yes	No
16.	Complete Interrogatory Schedule 16, Itemization of Stop-Loss Fund Recoveries below.		

INTERROGATORY SCHEDULE 16				
	1	2	3	
	Year-to-Date	Prior Year	Projected	
Direct Payment Stop-Loss Fund				
Per Insurance Law § 4321-a				
2. Direct Payment Out-of-Plan Stop-Loss Fund				
Per Insurance Law § 4322-a				
3. Small Employer Stop-Loss Fund				
Per Insurance Law § 4327				
4. Qualifying Individual Stop-Loss Fund				
Per Insurance Law § 4327				
5. TOTAL				

Line 5, Columns 1 and 2 should agree with Page NY4, Report #2, Statement of Revenue and Expenses, Line 17.2, columns 2 and 7. Line 5, Column 3 should agree with Page NY6, Report #2, Projected Revenue and Expenses, Line 17.2, column 9.

REG	ULATION 146 (11NYCRR 361)	Yes	No
17.	Complete Interrogatory Schedule 17, Itemization of Regulation 146 Pool Activity below.		

INTERROGATORY SCHEDULE 17			
	1	2	3
	Year-to-Date	Prior Year	Projected
1. Demographic Pool Income (Expense)			
2. SMC Pool Income (Expense)			
3. TOTAL			

PLAN NAME	. QUARTER ENDING
OVERFLOW PAGE FOR W	RITE-INS

GENERAL INFORMATION AND INSTRUCTIONS — QUARTERLY

For Filing The New York Supplement For HEALTH MAINTENANCE ORGANIZATIONS:

GENERAL

- 1. An electronic PDF copy of this report to be filed with the Department of Health, to the email address shown on the cover of this report. One hard copy of this report and one electronic copy are to be filed with the Department of Financial Services (see the Department's website at www.dfs.ny.gov for further information).
- 2. Date of Filing: This report is required to be filed with the Department of Health and the Department of Financial Services, Health Bureau, no later than 45 days after the close of the quarters ending March 31, June 30 and September 30.
- 3. The New York Supplement must be filed with pages that are 8 ½" 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 website.
- 4. All pages of the New York Supplement MUST be bound together along the left margin, MUST have a cover sheet that precedes the Jurat page and MUST include these instructions. Supplements returned as loose pages without covers or in a larger or smaller size will not be accepted as meeting the filing requirements.
- 5. Unanswered questions and blank lines or schedules will not be accepted as meaning anything. If no answers or entries are to be made, write "None", "Not Applicable (N/A)", or "-0-" in the space provided.
- 6. Any item that cannot be readily classified under one of the printed items should be entered as a write-in item and adequately described.
- 7. If additional supporting statements or schedules are added in connection with answering interrogatories or providing information on the financial statement, the additions should properly refer to the item being explained (Example "Assets, line 4"). The reporting date and the name of the HMO should be indicated on the supporting statements/schedules.
- 8. The jurat (Page NY1) of all filed statements, including reproduced copies, must be manually signed by the appropriate corporate officers, have the corporate seal affixed thereon where appropriate and be properly notarized.
- 9. If this report does not contain the information asked for in the blanks or is not prepared in accordance with these instructions, it will not be accepted.
- 10. All PMPM entries are to be entered in dollars and cents. Percent entries (Report 14, line 14, column 3) are to be entered to the nearest one-tenth of one percent. Entries that call for 'average cost per case' (Schedule 2, col. 3) are to be entered to the nearest whole number.
- 11. All entries in columns titled "Prior Years" are to reflect the prior year filed annual statement.
- 12. The New York Supplement is patterned after the NAIC Health Blank. The NAIC Health Blank balance sheet includes several accounts that do not apply to HMOs (e.g., "contract loans" on page NY2, line 6). These accounts have been included in the New York Supplement to maintain consistency with the NAIC blank; however, such accounts are to be disregarded.

SPECIAL INSTRUCTIONS FOR HMOs THAT ARE LINES OF BUSINESS OF ARTICLE 43 HEALTH SERVICE CORPORATIONS

An Article 43 Health Service Corporation that operates a line of business HMO <u>SHOULD NOT</u> submit a NAIC Quarterly Health Statement solely for the HMO line of business. However, such a corporation <u>SHOULD</u> submit the Quarterly New York Supplement for the HMO line of business. Additionally, the Article 43 Health Service Corporation is required to complete the NAIC Quarterly Health Statement and the New York Quarterly Article 43 Corporation Supplement for its entire book of business, which includes its HMO business.

FINANCIAL STATEMENT

The Balance Sheet and Statement of Revenues and Expenses follow the format of the NAIC Quarterly Health blank. Therefore, these schedules should be completed in accordance with the NAIC Quarterly Statement Instructions for the Health blank, and with the NAIC Accounting Practices and Procedures Manual, except where New York law or regulations or the Department of Financial Services policy would require or allow a different treatment.

JURAT PAGE

The "Service Area (Counties)" entry should state the counties in which the HMO is authorized to do business, pursuant to its Certificate of Authority issued pursuant to Public Health Law Article 44. Limitations shown on the COA, such as "Medicaid Only" for certain counties, should also be shown.

This instruction applies to the Jurat Pages in the Company's NAIC filing and this Supplement. The Jurat Page should reflect officers and directors as of the statement date, not the filing date. However, the signature section of the Jurat must reflect current executive officers, i.e. the Chief Executive Officer ("CEO"), the Secretary and the Chief Financial Officer ("CFO"). The Company may not substitute titles for the CEO, Secretary or CFO, except that if the Company does not use those titles, the Company shall substitute such titles in the Jurats with the titles of the equivalent Company executives.

LIABILITIES

Funds held by the reporting HMO, owed to a health care provider pursuant to a risk-sharing arrangement in satisfaction of the financial security deposit requirement of Regulation 164, Section 101.5(b), should be reported as write-ins to Line 23 (Page NY3) under the account title "Funds Held Per Reg. 164, Section 101.5(b)(3)."

SURPLUS

Lines:

- 29. Surplus Notes Include loans under Section 1307 of the New York Insurance Law. Such loans should be accompanied by the following footnote, at the bottom of Page NY3:
 - "Pursuant to Section 1307 of the New York Insurance Law, no liability appears in this statement for a loan in the amount of \$...... of principal and \$...... of interest accrued thereon. The principal and interest may be repaid only with the permission of the Superintendent of Financial Services.
- 30.1. Required Reserves —N.Y.S. Contingent Reserve, pursuant to 10 NYCRR 98-1.11(e); N.Y.S. Escrow Deposit, pursuant to 10 NYCRR 98-1.11(f). Also, based on the added pharmacy benefits to the Medicaid, HARP and HIV SNP benefits packages on October 1, 2011, MCO's must include 100% of the projected pharmacy expenses in the calculation of the escrow requirement that must be on deposit as of March 31, 2021. The Contingent Reserve amount should be shown in its entirety. The Escrow Deposit should be offset by the Contingent Reserve; therefore, the Escrow Deposit should be shown only to the extent that it exceeds the Contingent Reserve. HOWEVER The HMO is required to fund the ENTIRE Escrow Account. This requirement holds even though not the entire Escrow Deposit is shown in the Surplus portion of the Balance Sheet. Report #16A demonstrates compliance of this requirement.

IMPORTANT NOTE – The amounts that appear on line 30.1 are to also appear on page 3 of the NAIC Health Blank, as write-ins to line 30.

REVENUES AND EXPENSES

Lines:

1. Member-Months

A member-month is equivalent to one person for whom the HMO has recognized premium revenue for one month. (A family of four persons enrolled for one month constitutes four member-months.) Where the revenue is recognized for only part of a month (or other relevant time period) for a given individual, a pro-rated partial member may be counted for that month.

- 2. Net Premium Income:
 - 2.1. Basic, 2.2 Drugs, 2.3 Other Riders

Include the portion of premiums directly from subscribers for government-subsidized programs (i.e., Medicare, Child Health Plus, and HARP).

2.4. Government Programs

Include the portion of premiums from Government agencies for coverage pursuant to Medicare, Medicaid, Child Health Plus, Health and Recovery Plan, and Essential Plan.

2.5. Total

This line should equal line 2 of the Statement of Revenue and Expenses in the NAIC Health blank.

- 3.5. Change in Unearned Premium Reserves and Reserves for Rate Credits, Total
 - This line should equal line 3 of the Statement of Revenue and Expenses in the NAIC Health blank.
- Prescription Drugs

This line should agree with the corresponding line in the NAIC Health blank and should be determined in accordance with the NAIC Annual Statement instructions.

14.2. Rider Expense

Expenses for all riders other than prescription drugs.

- 17.2 Federal/State reinsurance recoveries includes anticipated recoveries from the Insurance Law Section 4321-a direct payment stop-loss fund, the Section 4322-a direct payment out-of-plan stop-loss fund, the Section 4327 small employer stop-loss fund and the Section 4327 qualifying individual stop-loss fund, for claims paid during the reporting period.
- 17.3. Federal/State risk-sharing recoveries (payments) includes activity per Regulation 146 [11 NYCRR 361].

Page NY4 – REPORT #2 - YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES (TOTAL)

Reflects year-to-date operating results of the entire HMO. Columns 2 and 5 should agree with columns 1 and 2 of the Year-to-Date Statement of Revenue and Expenses by Line of Business on page NY7.

Page NY6 – REPORT #2 - QUARTERLY STATEMENT OF REVENUE AND EXPENSES (TOTAL)

Reflects quarterly operating results of the entire HMO. Columns 2 and 5 should agree with columns 1 and 2 of the Quarterly Statement of Revenues and Expenses by Line of Business on page NY10.

Pages NY7, NY8 and NY9 -YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

Columns 1 and 2 should agree with page NY4, Report #2 – Year to Date Statement of Revenue and Expenses (Total), columns 2 and 5. Columns 1 and 2 are the sums of columns 5 thru 54.

Columns 3 and 4 should agree with page NY13, Report #3 – Year to Date Statement of Revenue and Expenses Excluding Government Programs and Healthy New York, columns 2 and 5. Columns 3 and 4 are the sums of columns 5 thru 26 plus columns 45 thru 50

Columns 5 thru 10 should reflect HMO Only business, i.e. contracts with no point-of-service option.

Columns 11 thru 18 should reflect point-of-service business in which the reporting HMO writes only the in-network portion of a point-of-service service contract. An affiliated insurance company would generally write the out-of-network portion.

Columns 19 thru 26 should reflect point-of-service business in which the reporting HMO writes both the in-network and out-of-network portions of a point-of-service service contract. These columns should not duplicate any experience that is already reported in columns 11 thru 18.

Columns 27 and 28 should agree with page NY15, Report #4 – Year to Date Statement of Revenue and Expenses – Healthy New York, columns 2 and 5.

Columns 29 and 30 should agree with page NY17, Report #5 – Year to Date Statement of Revenue and Expenses – Medicare Advantage Including Part D, columns 2 and 5.

Columns 31 and 32 should agree with page NY19, Report #6 – Year to Date Statement of Revenue and Expenses – Medicare Advantage Not Including Part D, columns 2 and 5.

Columns 33 and 34 should agree with page NY21, Report #7 – Year to Date Statement of Revenue and Expenses – Medicaid, columns 2 and 5.

Columns 35 and 36 should agree with page NY23, Report #8– Year to Date Statement of Revenue and Expenses – Medicaid Advantage, columns 2 and 5.

Columns 37 and 38 should agree with page NY25, Report #9 – Year to Date Statement of Revenue and Expenses – MAP, MLTC-Partial, and PACE, columns 2 and 5.

Columns 39 and 40 should agree with page NY27, Report #10 – Year to Date Statement of Revenue and Expenses – Child Health Plus, columns 2 and 5.

Columns 41 and 42 should agree with page NY29, Report #11 – Year to Date Statement of Revenue and Expenses – HARP, columns 2 and 5.

Columns 43 and 44 should agree with page NY31, Report #12 – Year to Date Statement of Revenue and Expenses – Essential Plan, columns 2 and 5.

Columns 45 and 46 should agree with page NY33, Report #13 – Year to Date Statement of Revenue and Expenses – FIDA, columns 2 and 5.

Pages NY10, NY11 and NY12 –QUARTERLY STATEMENT OF REVENUE AND EXPENSES BY LINE OF BUSINESS

This statement should show underwriting results on a quarterly, rather than a year-to-date basis. All columns should parallel the experience shown in the Year-to-Date Statement of Revenue and Expenses by Line of Business on pages NY10, NY11 and NY12.

 $Columns\ 1\ and\ 2\ should\ agree\ with\ page\ NY6,\ Report\ \#2Q-Quarterly\ Statement\ of\ Revenue\ and\ Expenses\ (Total),\ columns\ 2\ and\ 5.$

Columns 3 and 4 should agree with page NY14, Report #3Q – Quarterly Statement of Revenue and Expenses Excluding Government Programs and Healthy New York, columns 2 and 5.

Columns 27 and 28 should agree with page NY16, Report #4Q – Quarterly Statement of Revenue and Expenses – Healthy New York, columns 2 and 5.

Columns 29 and 30 should agree with page NY18, Report #5Q – Quarterly Statement of Revenue and Expenses – Medicare Advantage Including Part D, columns 2 and 5.

Columns 31 and 32 should agree with page NY20, Report #6Q – Quarterly Statement of Revenue and Expenses – Medicare Advantage Not Including Part D, columns 2 and 5.

Columns 33 and 34 should agree with page NY22, Report #7Q – Quarterly Statement of Revenue and Expenses – Medicaid, columns 2 and 5.

Columns 35 and 36 should agree with page NY24, Report #8Q- Quarterly Statement of Revenue and Expenses - Medicaid Advantage, columns 2 and 5.

Columns 37 and 38 should agree with page NY26, Report #9Q – Quarterly Statement of Revenue and Expenses – MAP, MLTC-Partial, and PACE, columns 2 and 5.

Columns 39 and 40 should agree with page NY28, Report #10Q – Quarterly Statement of Revenue and Expenses – Child Health Plus, columns 2 and 5.

Columns 41 and 42 should agree with page NY30, Report #11Q - Quarterly Statement of Revenue and Expenses - HARP, columns 2 and 5

Columns 43 and 44 should agree with page NY32, Report #12Q – Quarterly Statement of Revenue and Expenses – Essential Plan, columns 2 and 5.

Columns 45 and 46 should agree with page NY34, Report #13 – Quarterly Statement of Revenue and Expenses – FIDA, columns 2 and 5.

Page NY13 – REPORT #3 - YEAR TO DATE STATEMENT OF REVENUE AND EXPENSES EXCLUDING GOVERNMENT PROGRAMS AND HEALTHY NEW YORK

and

Page NY14 – REPORT #3Q - QUARTERLY STATEMENT OF REVENUE AND EXPENSES EXCLUDING GOVERNMENT PROGRAMS AND HEALTHY NEW YORK

Reflects year-to-date and quarterly operating results for the HMO's individual (direct pay) and its commercial small group and large group contracts. Do not include experience resulting from Medicare, Medicaid, Child Health Plus, HARP, Essential Plan or the Healthy New York programs. Columns 2 and 5 should agree with columns 3 and 4 of the Year-to-Date Statement of Revenues and Expenses by Line of Business on page NY7 and NY10 respectively.

Page NY36 - Report #16A, Schedule E - Part 3 (N.Y.)

Department of Health Regulation 10 NYCRR 98-1.11(e) and (f), concerning the Contingent Reserve and the Escrow Account.

Section 10 NYCRR 98-1.11(f) requires the HMO to establish an escrow deposit account, in the form of a trust account with a custodian, for which a deed of trust has been approved by the superintendent. The details of the account should be reported in Schedule E – Part 3 (N.Y.), Special Deposits. The escrow deposit amount is also used in the calculation of the HMO's minimum net worth, and therefore should be entered in Report #16A, Line 1.

In addition to this requirement, the HMO is to establish a reserve for the Escrow Account in the capital and surplus section of its Annual Statement. This reserve may be offset by the Contingent Reserve established pursuant to NYCRR 98-1.11(e). HOWEVER – even though the escrow deposit might not be shown in its entirety in the capital and surplus portion of the balance sheet, the HMO is required to fund the ENTIRE escrow deposit asset account.

For the March 31, 2021 New York Supplement, the escrow deposit shall equal at least the greater of 5% of total projected expenditures for health care services for the current calendar year (i.e. 2021) as shown in the most recently filed Annual New York Supplement, with no deductions for reinsurance, stop-loss pools or Regulation 146 contributions or receipts, or \$100,000. The escrow deposit amount will be recalculated similarly each March 31 thereafter.

Section 10 NYCRR 98-1.11(e) indicates that the Contingent Reserve is based on net premium income, net of reinsurance ceded only for reinsurance contracts that have been approved by the Superintendent of Financial Services. The Contingent Reserve was initially established at 5% of net premium income. This percentage increases over time in accordance with the schedule set forth in 10 NYCRR 98-1.11(e).

For the March 31, 2021 New York Supplement, the Contingent Reserve shall be based on 2020 net premium income as shown in the 12/31/20 annual New York Supplement, net of reinsurance ceded only for reinsurance contracts that have been approved by the Superintendent of Financial Services. The Contingent Reserve will be recalculated each March 31 thereafter, based on net premium income as shown in the most recently filed annual New York Supplement, net of reinsurance ceded only for reinsurance contracts that have been approved by the Superintendent of Financial Services.

Pages NY9, NY12, and NY37: "Grandfathered Business" means pre-2014 policy forms, including all small group and individual contracts, (other than Healthy New York and other products separately indicated, 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 renewals January 1, 2014 and later.

SPECIAL INSTRUCTIONS

MSQ2020URAT1 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 Column 6 = Web Address

MSQ2020JURAT2 COMPANY NAME INFORMATION

MSQ2020JURAT3 COMPANY ADDRESS INFORMATION

Column 1 = Street Address

Column 2 = City Column 3 = State Column 4 = Zip Code

Column 5 = Fax

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

MSQ2020JURAT4 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

Column 6 = Fax

Line 1 = Annual Statement Contact Line 2 = Electronic Filing Contact

MSQ2020JURAT5 COMPANY OFFICERS/DIRECTORS/TRUSTEES

Table Length: Variable

Column 1 = Last Name Column 2 = First Name Column 3 = Middle Name

Column 4 = Suffix

Column 5 = New Officer Indicator

Column 6 = State of Residence (Only needed if the company is an Article 44 HMO) Column 7 = Enrollee/Representative (Only needed if the company is an Article 44 HMO)

Value for Column 5 = #
Value for Line 5 Column 7 = *

Line 1 = Chief Executive Officer

Line 2 = Secretary

Line 3 = Chief Financial Officer Lines 04.01-04.99 = Other Officers Lines 05.01-05.99 = Directors/Trustees

Lines 6 = Administrator

MSQ2020JURAT6 VENDOR INFORMATION

Column 1 = Vendor Name

Column 2 = Vendor Version Number

Column 3 = Vendor Code

MSQ2020JURAT7 DATES

Column 1 = HMO Certified Date Column 2 = Federally Qualified Date Column 3 = Fiscal Year End Date

Values for Columns 1, 2 and 3 = MMDDYYYYY

MSQ2020JURAT8 SERVICE AREAS OR COUNTIES

Table Length: Variable Column 1 = Service Areas or Counties

MSQ2020RP13F REPORT 13 YEAR-TO-DATE EXPENSES FOR OUT OF PLAN SERVICES

Column 1F = Total HMO

Column 2F = Point of Service Product

MSQ2020RP13QTR4F REPORT 13 QUARTERLY EXPENSES FOR OUT OF PLAN SERVICES

Column 1F = Total HMO

Column 2F = Point of Service Product

MSQ2020SCHSN1W SCHEDULE H - SECTION 1 AGING ANALYSIS OF CLAIMS UNPAID

MSQ2020SCHSN1W
Table Length: Variable

$\underline{MSQ2020SCHSN3F} \qquad \text{SCHEDULE H-SECTION 3 FOOTNOTE}$

Column 1F = Last Name Column 2F = First Name Column 3F = Middle Name Column 4F = Phone Number Column 5F = E-Mail Address

Line 0000001 = Schedule H Contact