REPORT ON EXAMINATION

OF

AETNA HEALTH INSURANCE COMPANY OF NEW YORK

AS OF DECEMBER 31, 2020

EXAMINERS: **BARRY ARMSTRONG, CFE**
GAIL A. ROSS

DATE OF REPORT: **JUNE 17, 2025**

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June 17, 2025

Honorable Adrienne A. Harris
Superintendent of Financial Services
Albany, New York 12257

Madam:

Pursuant to the requirements of the New York Insurance Law and acting in accordance with the instructions contained in Appointment Number 32204, dated July 1, 2021, attached hereto, we have made an examination into the condition and affairs of Aetna Health Insurance Company of New York, an accident and health insurer licensed pursuant to Article 42 of the New York Insurance Law, as of December 31, 2020, and submit the following report thereon.

The examination was conducted remotely due to restrictions relating to the COVID-19 pandemic.

Wherever the designations "AHIC" or the "Company" appear herein, without qualification, they should be understood to indicate Aetna Health Insurance Company of New York.

Wherever the designations "CVS Health" or the "Parent" appear herein, without qualification, they should be understood to indicate CVS Health Corporation, the ultimate parent of AHIC.

Wherever the designation “Aetna” appears herein, without qualification, it should be understood to indicate Aetna, Inc., an indirect wholly owned subsidiary of CVS Health and a direct wholly owned subsidiary of CVS Pharmacy, Inc.

Wherever the designations “AHI” or the “HMO” appear herein, without qualification it should be understood to indicated Aetna Health Inc., an affiliated accident and health insurer licensed pursuant to Article 44 of the New York Insurance Law.

Wherever the designation the “Department” or “DFS” appears herein, without qualification, it should be understood to indicate the New York State Department of Financial Services.

Wherever the designation the “Companies” appears herein, without qualification, it should be understood to indicate Aetna Health Inc., and Aetna Health Insurance Company of New York, collectively.

1. SCOPE OF THE EXAMINATION

AHIC was previously examined as of December 31, 2015. This examination of the Company was a financial examination as defined in the National Association of Insurance Commissioners ("NAIC") *Financial Condition Examiners Handbook, 2021 Edition* ("the Handbook"), and it covered the five-year period, January 1, 2016, through December 31, 2020. The examination was conducted observing the guidelines and procedures in the Handbook and, where deemed appropriate by the examiners, transactions occurring subsequent to December 31, 2020, were also reviewed.

The examination was conducted on a risk-focused basis in accordance with the provisions of the Handbook, which provides guidance for the establishment of an examination plan based on the examiners' assessment of risk in AHIC's operations and utilizes that evaluation in formulating the nature and extent of the examination. The examiners planned and performed the examination to evaluate AHIC's current financial condition, as well as identify prospective risks that may threaten the future solvency of AHIC.

The examiners identified key processes, assessed the risks within those processes, and assessed the internal control systems and procedures used to mitigate those risks. The examination also included an assessment of the principles used and significant estimates made by management, an evaluation of the overall financial statement presentation, and determined management's compliance with the Department's statutes and guidelines, Statutory Accounting Principles, as adopted by the Department, and annual statement instructions.

Information concerning AHIC's organizational structure, business approach and control environment were utilized to develop the examination approach. The examination evaluated

AHIC's risks and management activities in accordance with the NAIC's nine branded risk categories. These categories are as follows:

- Pricing / Underwriting
- Reserving
- Operational
- Strategic
- Credit
- Market
- Liquidity
- Legal
- Reputational

The examination also evaluated AHIC's critical risk categories in accordance with the NAIC's ten critical risk categories. These categories are as follows:

- Valuation / Impairment of Complex or Subjectively Valued Invested Assets
- Liquidity Considerations
- Appropriateness of Investment Portfolio and Strategy
- Appropriateness / Adequacy of Reinsurance Program
- Reinsurance Reporting and Collectability
- Underwriting and Pricing Strategy / Quality
- Reserve Data
- Reserve Adequacy
- Related Party / Holding Company Considerations
- Capital Management

AHIC was audited annually for the years 2016 through 2018, by the accounting firm of KPMG, LLP ("KPMG") and for the years 2019 and 2020, by the accounting firm of Ernst & Young, LLP ("EY"). AHIC received an unmodified opinion in each of those years. Certain audit workpapers of EY were reviewed and relied upon in conjunction with this examination. A review was also made of Aetna's Internal Audit function, Sarbanes-Oxley Act / Model Audit Rule function, and Enterprise Risk Management program, as they relate to the Company.

This examination was conducted as a coordinated examination, as such term is defined in the Handbook (an examination of one insurer or a group of insurers performed by examiners from more than one state whereby the participating states share resources and allocate work among the examiners), of the insurance subsidiaries of CVS Health. The examination was led by the state of Connecticut with participation from twenty-six (26) other states: Arizona, Florida, Georgia, Iowa, Illinois, Kansas, Louisiana, Maryland, Maine, Michigan, Minnesota, Missouri, Nebraska, North Carolina, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, Vermont, Washington, and West Virginia. Since the lead and participating states are accredited by the NAIC, all states deemed it appropriate to rely on each other's work. The examination team, representing the participating states, identified and assessed the risks for key functional activities across all of the CVS Health insurance subsidiaries. The examination team also assessed the relevant prospective risks as they related to the insurance entities.

Additionally, as part of this coordinated examination and in accordance with the provisions of the Handbook, an information systems review was made on a risk-focused basis of CVS Health's computer systems and operations that support AHIC.

The examiners reviewed the corrective actions taken by the Company with respect to the recommendations concerning financial issues contained in the prior report on examination. The results of the examiners' review are contained in Item 5 of this report.

A concurrent examination regarding the financial condition of Aetna Health Inc., a New York Corporation, was performed as of December 31, 2020. A separate financial report on examination was issued thereon.

This report on examination is confined to financial statements and comments on those matters which involve departure from laws, regulations, or rules, or which require explanation or description.

2. DESCRIPTION OF THE COMPANY

Aetna Health Insurance Company of New York was incorporated under the laws of the State of New York on April 19, 1985, as Adirondack Life Insurance Company ("Adirondack") and was licensed to transact insurance business in the State of New York on August 29, 1986.

On July 31, 1990, U.S. Healthcare Inc. ("U.S. Healthcare"), a Pennsylvania corporation and the Company's parent at that time, purchased 100% of the common stock of Adirondack from Pacific Western Holding Company. On October 26, 1990, the Company amended its charter to change its name to U.S. Health Insurance Company (a New York Corporation) and to remove its life and annuity writing authority. The Company was licensed, effective October 26, 1990, and authorized to write accident and health insurance, as defined in Section 1113(a)(3) of the New York Insurance Law.

On July 19, 1996, U.S. Healthcare merged with Aetna Life and Casualty Company, pursuant to an Agreement and Plan of Merger dated March 30, 1996. Aetna Inc., a Connecticut corporation, was incorporated on March 25, 1996, for the purpose of effectuating the merger and became the sole owner of the two companies, effective July 19, 1996. After the merger, U.S. Healthcare, Inc. became a subsidiary of Aetna Inc. and its name was changed to Aetna U.S. Healthcare, Inc. Aetna U.S. Healthcare, Inc., the parent company of numerous health maintenance organizations ("HMOs"), was one of the core businesses of Aetna Inc. The other businesses were insurance and financial services, both domestic and international.

On December 13, 2000, Aetna U.S. Healthcare, Inc. became the ultimate parent company and was renamed Aetna Inc.

The Company's name was changed from U.S. Health Insurance Company to Aetna Health Insurance Company of New York, effective May 8, 2002. The Company's name change, as reflected in its charter, was approved by its Board of Directors and by the Department.

The Company, as of December 31, 2015, had issued 200,000 shares of common stock, $10 par value, outstanding and issued to Aetna Inc. There was no change to this capital structure during the examination period.

Effective October 1, 2016, AHI withdrew from the State of New York's small and large group commercial health insurance markets. AHIC covered the out of network portion of these policies and continued to manage run-off claims stemming from its large and small group comprehensive book of business as of December 31, 2020.

As part of the New York Department of Financial Services approval of CVS Health's acquisition of AHIC on November 23, 2018, CVS Health was required to offer, through an existing or new insurer domiciled in New York, one or more new products available to the small and large group markets within two years from the consummation of CVS acquisition of AHIC.

On November 28, 2018, CVS Health, a Delaware corporation acquired control of Aetna and its subsidiaries including AHIC. Aetna is now an indirect wholly owned subsidiary of CVS Pharmacy, Inc., a Rhode Island corporation, which is a direct wholly owned subsidiary of CVS Health. Aetna's initial business plan was to merge the domestic insurer, AHIC, into Aetna Life

Insurance Company ("ALIC"). Aetna later advised the Department on March 22, 2019, that AHIC will not be merging into ALIC.

A. Management and Controls

Pursuant to the Company's charter and by-laws that were in effect during the period under examination, management of the Company is to be vested in a Board of Directors ("BOD") consisting of not less than seven (7) or more than twelve (12) members.

The seven (7) Directors of AHIC and their principal business affiliation as of December 31, 2020, are as follows:

Name and Residence	Principal Business Affiliation
Christopher J. Bradbury South Carolina	Chief Executive Officer and President Aetna Health Insurance Company of New York
Michael S. Costa New Jersey	Network Market Head, CVS Health/Aetna
Jeffrey J. Drzazgowski Connecticut	Vice President and Valuation Actuary, CVS Health/Aetna
Terry J. Golash New York	Medical Director, CVS Health/Aetna
Brian K. Madden South Carolina	Director, Account Management, CVS Health/Aetna
John P. Maroney Connecticut	Executive Director, Enterprise Management, CVS Health/Aetna
Thomas E. Pownall New Jersey	Senior Compliance Director, CVS Health/Aetna

A review of the minutes of the BOD meetings held during the examination period revealed that the meetings were generally well attended, with all members attending at least 50% of the meetings they were eligible to attend. The review also found that management reviewed reports

that were essential to the operations of the Company and that the Company was in compliance with the certification requirements of Department Circular Letter No. 9 (1999) – Adoption of Procedure Manuals.

Section 1411(a) of the New York Insurance Law states:

> "(a) Authorization of, and restrictions on, investments. (a) No domestic insurer shall make any loan or investment, except as provided in subsection (h) hereof, unless authorized or approved by its board of directors or a committee thereof responsible for supervising or making such investment or loan. The committee's minutes shall be recorded and a report submitted to the board of directors at its next meeting."

It is noted that the BOD did not authorize or approve all investment transactions in a timely manner in violation of Section 1411(a) of the New York Insurance Law.

The Company is directed to come into compliance with Section 1411(a) of the New York Insurance Law and have the BOD review and approve the investment transactions in a timely manner.

The principal officers of the Company as of December 31, 2020, were as follows:

Name	Title
Christopher J. Bradbury	President and Chief Executive Officer
Robert J. Parslow	Principal Financial Officer and Controller
Gregory S. Martino	Vice President and Secretary
Tracy L. Smith	Vice President and Treasurer

B. Corporate Governance

CVS Health is a publicly traded, diversified health plan subject to the Sarbanes-Oxley Act of 2002 ("SOX"). The Company is required to be compliant with Insurance Regulation No. 203

– Enterprise Risk Management and Own Risk Solvency Assessment . Controls are identified by management and testing managed and monitored by the SOX Controls and Assurance Group that reports up through the Aetna Internal Audit Department ("IAD"). Shared services are managed by CVS Health and include information technology, risk management, investments, accounting, and internal audit.

i. Enterprise Risk Management

CVS Health has adopted an Enterprise Risk Management framework for proactively addressing and mitigating risks, including prospective business risks. Exhibit M of the Handbook (*Understanding the Corporate Governance Structure*) was utilized by the examiners as guidance for assessing corporate governance. It appears that the Company's BOD and key executives maintain an effective control environment.

ii. Internal Audit Department

CVS Health assumed the IAD function, which is independent of management, to serve the CVS Health Audit Committee of the BOD. In addition, CVS Health has established an Audit Council to address the requirements of Insurance Regulation No. 118 (11 NYCRR 89) – Audited Financial Statements and assist management at the local level with any insurance regulatory reviews.

During the course of this examination consideration was given to the significance and potential impact of certain IAD and SOX Control and Assurance ("SCA") findings. To the extent possible, the examiners relied upon the work performed by the IAD, as prescribed by the Handbook.

No exceptions were noted by the examiners relative to the Company's corporate governance.

C. Territory and Plan of Operation

As of December 31, 2020, the Company was licensed to write accident and health insurance as defined in Section 1113(a)(3) of the New York Insurance Law.

AHIC's business is comprised of group health insurance business primarily related to the sale of AHI's non-referred Quality Point-of-Service ("QPOS") product, and small group health insurance business related to the sale of AHI's New York Neighborhood network. The QPOS is a dual contract point-of-service product where the in-network benefits are covered by AHI and the out-of-network benefits are covered by AHIC. Effective October 1, 2016, AHI withdrew from the State of New York's small and large group commercial health insurance markets. The Company continued to manage run-off claims stemming from its large and small group comprehensive book of business as of December 31, 2020.

After the acquisition of control by CVS Health in 2018, the Company advised the Department of its intention to start writing commercial business in New York beginning in 2020. The proposal was approved by the Department on September 24, 2019. During 2020, the Company began to commence business for new small group products in the State. The Company's member months increased by 13 members as of December 31, 2020. The Company did not have any members in the prior year.

The following table displays AHIC's net admitted assets, capital and surplus, net premium income, and net income during the period under examination:

	Net Premiums Written	Net Paid Health Claims	Net Income	Policyholder Surplus	Ratio of Net Premiums Written to Surplus
2016	$157,474	$156,424	$ 4,617	$10,174,175	0.015
2017	26,295	(2,964)	89,478	10,267,179	0.003
2018	0	561	136,950	10,353,693	0.000
2019	0	352	233,336	10,631,931	0.000
2020	21,200	5,346	142,491	10,771,754	0.002

The following chart shows annual membership changes during the examination period by number and percentage:

	2016	2017	2018	2019	2020
Member months	1,629	26	0	0	13
% of Change	(92.79)%	(98.40)%	(100)%	0%	———

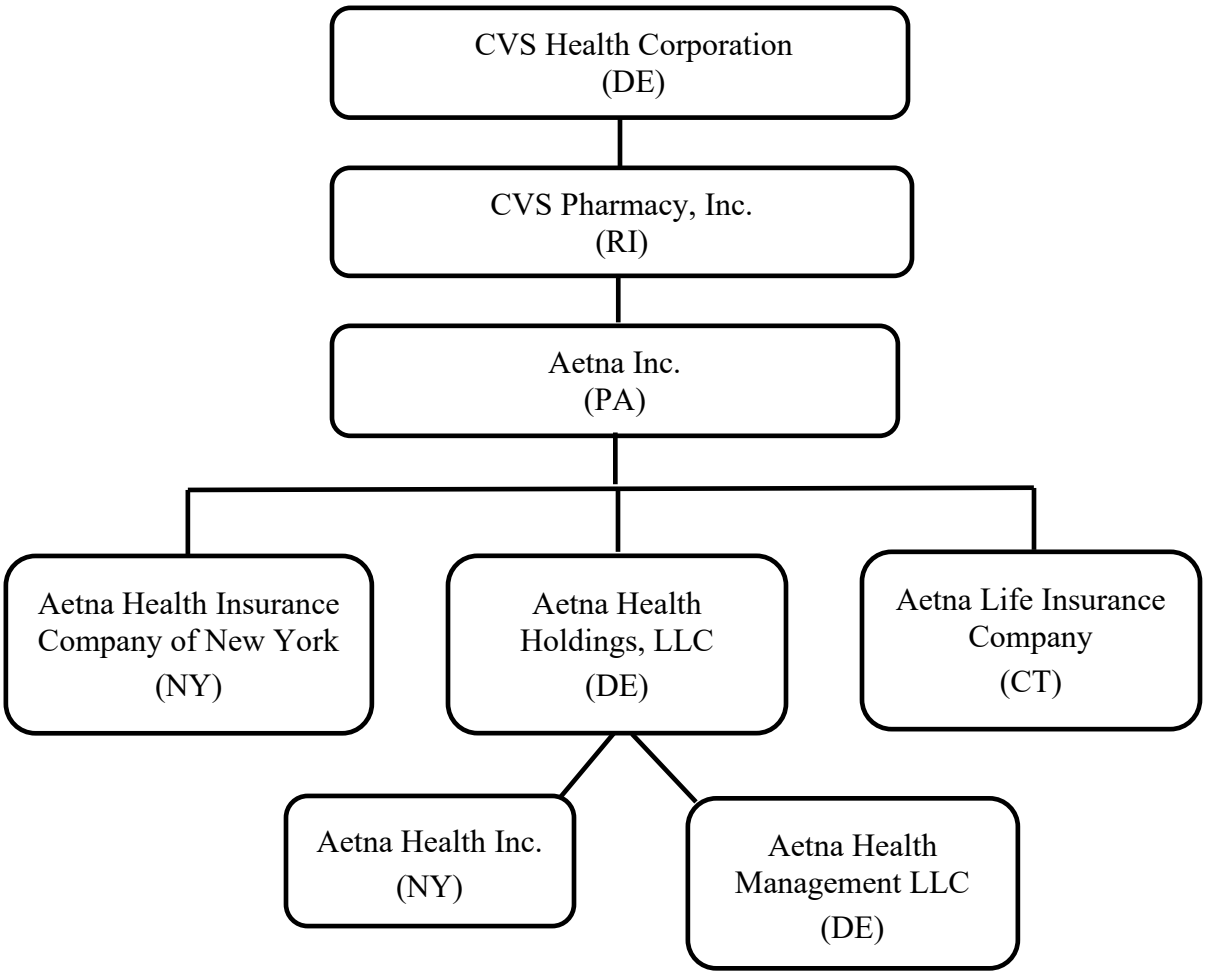
D. Risk-Based Capital

Risk-Based Capital ("RBC") measures the minimum amount of capital appropriate for the Company to support its overall business operations in consideration of its size and inherent risks. An RBC ratio of 300 or below may result in regulatory action.

The Company's RBC during the examination period was above the regulatory action level.

E. Holding Company System

The following chart depicts the Company's abbreviated holding company system as of December 31, 2020:



The Company, during the examination period, was a party to inter-company agreements with its affiliates, which were subject to the Department's review and approval. These agreements involved activities such as administrative services, cash management, investment management, and tax allocation.

Inter-company agreements and amendments for AHIC that were in place as of December 31, 2020, included the following:

- Inter-company transfer agreement – The Company entered into an inter-company transfer agreement effective January 1, 2000, with U.S Healthcare, Inc., now known as AHI. This The agreement provides for point-of-service ("POS") premiums to be allocated equitably

between the Company and AHI, based on the combined medical cost ratio for the in-network and out-of-network components of the POS products, in order to achieve identical cost ratios. Agreement was approved by the New York Department of Health on November 9, 2000, and non-disapproved by the Department on January 1, 2000.

- Tax sharing agreement – The Company, with several of its affiliates, files a consolidated Federal income tax return. This agreement was effective January 1, 2006. The agreement stipulates that the taxes paid are determined as if each of the subsidiaries filed their taxes separately. The agreement was amended effective January 1, 2019, and non-disapproved by the Department on March 19, 2019. The amendment reflects the change in the ultimate parent from Aetna Inc. to CVS Health.

- Expense allocation and rebate services agreement – The Company entered into an expense allocation and rebate services agreement with Aetna Health Management, LLC ("AHM"), a wholly-owned subsidiary of Aetna Inc., effective January 1, 2006. Under the terms of this agreement, AHM provides certain administrative services to the Company. The agreement also permits the Company to receive manufacturers' pharmacy rebates from AHM. The agreement obligates the Company to pay to AHM the cost of providing such services as outlined within the agreement. The agreement was non-disapproved by the department on April 5, 2005.

- Expense allocation agreement – The Company entered into an expense allocation agreement with Aetna Inc. effective January 1, 2006. The agreement, which was non-disapproved by the Department on April 5, 2005, obligates the Company to pay Aetna Inc. the cost of providing administrative services incurred by Aetna Inc. on behalf of the Company.

- Personnel services and expense reimbursement agreement – The Company entered into a personnel services and expense reimbursement agreement with Aetna Life Insurance Company ("ALIC"), a wholly-owned subsidiary of Aetna Inc., effective January 1, 2005. Under this agreement, ALIC provides the Company with the personnel necessary to perform administrative services, including: accounting, payment of claims, quality assessment and pharmacy benefit management services related to the Company's commercial, Medicaid, Medicare and self-insured members. The personnel services agreement obligates the Company to pay ALIC the cost of providing such services. The agreement was non-disapproved by the Department on April 5, 2005.

F. Evaluation in Controls of Information Technology

The Examiner performed an evaluation of the Information Technology ("IT") controls in accordance with the guidelines and procedures set forth in Exhibit C - Evaluation of Controls in Information Technology of the Handbook ("Exhibit C").

The Examiner's objectives were to determine whether IT resources align with the Company's objectives and to ensure that significant risks (strategic, operational, reporting, and compliance) arising out of its IT environment were appropriately mitigated by strategies and controls as outlined in the Handbook's Exhibit C Part Two – Evaluation of Controls in IT.

The objectives above were achieved through a combination of reviewing the Company's policies and procedures, testing in key areas related to Exhibit C, interviewing the Company's senior IT management, reviewing IT risk assessment processes, and leveraging the risk assessment procedures performed by the Company and by EY.

Based upon the risk-focused assessment and review, no material findings were noted which would have a significant effect on the annual statement. As a result of this review, it was determined that the IT general controls at the Company were effective.

3. FINANCIAL STATEMENTS

The following statements show the assets, liabilities, capital and surplus as of December 31, 2020, as contained in the Company's 2020 filed annual statement, a condensed summary of operations and a reconciliation of the capital and surplus account for each of the years under review. The examiners' review of a sample of transactions did not reveal any differences which materially affected the Company's financial condition as presented in the financial statements contained in the December 31, 2020, filed annual statement.

EY was retained by CVS Health to audit AHIC's combined statutory basis statements of financial position as of December 31st for 2019 and 2020, and the related statutory-basis statements of operations, capital and surplus, and cash flows for the years then ended. KPMG was retained by Aetna to audit AHIC's combined statutory basis statements of financial position as of December 31st for 2016, 2017, and 2018, and the related statutory-basis statements of operations, capital and surplus, and cash flows for the years then ended.

EY and KPMG concluded that the statutory financial statements presented fairly, in all material respects, the financial position of the Company at the respective audit dates. Balances reported in these audited financial statements were reconciled to the 2019 and 2020 annual statements with no discrepancies noted.

A. Balance Sheet

Assets

Bonds	$ 7,731,600
Cash, cash equivalents and short-term investments	3,014,230
Investment income due and accrued	18,858
Uncollected premiums in the course of collection	2,372
Current federal and foreign income tax recoverable and interest thereon	8,071
Health care and other amounts receivable	10
Aggregate write-ins for other than invested assets:	
Prepaid premium taxes	1,285
State income tax receivable	1,812
Total assets	$10,778,238

Liabilities

Claims unpaid	$ 72
Aggregate health policy reserves	415
Aggregate health claim reserves	28
General expenses due and accrued	2
Net deferred tax liability	3,565
Amounts due to parent, subsidiaries and affiliates	2,402
Total liabilities	$ 6,484

Capital and Surplus

Common capital stock	$ 2,000,000
Gross paid-in and contributed surplus	4,459,702
Unassigned funds	4,312,052
Total capital and surplus	$10,771,754
Total liabilities, capital and surplus	$10,778,238

Note 1: The Internal Revenue Service ("IRS") routinely conducts a Compliance Assurance evaluation of tax returns for CVS Health and its affiliates. There were no known IRS findings reported from the Compliance Assurance evaluation completed for December 31, 2016, December 31, 2017, December 31, 2018, December 31, 2019, or December 31, 2020. The examiners are unaware any potential exposure of issues related to AHIC for any tax assessments and no liability has been established herein relative to such contingency.

Note 2: AHIC files its tax returns on a consolidated basis with other affiliated companies within the CVS Health holding company.

B. Statement of Revenue and Expenses and Changes in Capital and Surplus

The Company's capital and surplus increased by $607,005 during the five-year examination period, January 1, 2016, through December 31, 2020, detailed as follows:

Revenue		
Premium income	$205,384	
Change in unearned premium reserve	(415)	
Total revenue		$ 204,969
Hospital and Medical Expenses		
Hospital medical benefits	$ 83,717	
Other professional services	656	
Emergency room and out-of-area	(3)	
Prescription drugs	263	
Incentive pool, withhold adjustments and bonus amounts	9	
Total hospital and medical expenses	$ 84,642	
Claims adjustment expenses	3,591	
General administrative expenses	363,458	
Total underwriting deductions		$ 451,691
Net underwriting loss		$(246,722)
Net investment income earned		927,786
Net realized capital loss less capital gains tax		(14,005)
Net investment gains		913,781
Net income after capital gains tax and before federal income taxes		$ 667,059
Federal and foreign income taxes incurred		60,187
Net income		$ 606,872

Changes in Capital and Surplus

Capital and surplus, per report on examination, as of December 31, 2015			$10,164,749
	Gains in Surplus	Losses in Surplus	
Net income	$606,872		
Net change in unrealized capital gains			
Change in net deferred income tax	586		
Change in non-admitted assets		$453	
Net increase in capital and surplus			$ 607,005
Capital and surplus, per report on examination as of December 31, 2020			$10,771,754

4. COMPLIANCE WITH PRIOR REPORT ON EXAMINATION

The prior report on examination as of December 31, 2015, contained the following three (3) comments and recommendations pertaining to the financial portion of the examination (page number refers to the prior report on examination):

ITEM NO.		PAGE NO.
	Intercompany Agreements	
1.	It is recommended that all future capital support agreements be filed for review with the Department prior to implementation.	13
	The Company has complied with this recommendation.	
	Intercompany Expense Allocations	
2.	It is recommended that the allocation methodology between AHI and AHIC be amended to ensure that costs allocated to AHIC only pertain to the products offered by AHIC. It is also recommended that all Medicare related costs allocated to AHIC in error be reimbursed to AHIC.	15
	The Company has complied with this recommendation.	
	Statutory Filings	
3.	It is recommended that the Company review its statutory reporting of compensation processes and report accurate, reconciled amounts within its filed annual statements.	17
	The Company has complied with this recommendation.	

5. VIOLATIONS, RECOMMENDATIONS AND COMMENTS

ITEM		PAGE NO.
A.	Investment Approvals	
	The Company is directed to come into compliance with Section 1411(a) of the New York Insurance Law and have the BOD review and approve the investment transactions in a timely manner.	9

Respectfully submitted,

_____
Barry Armstrong, CFE
Examiner in charge

STATE OF NEW YORK)
) SS.
)
COUNTY OF NEW YORK)

Barry Armstrong, being duly sworn, deposes and says that the foregoing report submitted by him is true to the best of his knowledge and belief.

_____
Barry Armstrong

Subscribed and sworn to before me
this _____ day of_____2025.

Respectfully submitted,

_____

Gail A. Ross
Supervising Examiner

STATE OF NEW YORK)
) SS.
)
COUNTY OF NEW YORK)

Gail A. Ross, being duly sworn, deposes and says that the foregoing report submitted by her is true to the best of her knowledge and belief.

_____

Gail A. Ross
Supervising Examiner

Subscribed and sworn to before me
this _____ day of_____2025.

APPOINTMENT NO. **32204**

NEW YORK STATE

DEPARTMENT OF FINANCIAL SERVICES

I, ***LINDA A. LACEWELL****, Superintendent of Financial Services of the State of New York, pursuant to the provisions of the Financial Services Law and the Insurance Law, do hereby appoint:*

Noble Consulting Services, Inc.

as a proper person to examine the affairs of

Aetna Health Insurance Company of New York

and to make a report on organization to me in writing of the condition of said

Company

with such other information as they shall deem requisite.

In Witness Whereof, I have hereunto subscribed my name and affixed the official Seal of the Department at the City of New York

this 1st day of July, 2021

Linda A. Lacewell
Superintendent of Financial Services

By: Alice W. McKenney

Alice McKenney
Deputy Bureau Chief
Health Bureau